Leeds and York Partnership
NHS Foundation Trust

PUBLIC MEETING OF THE COUNCIL OF GOVERNORS
will be held at 12.30pm on Tuesday 5 February 2019
at Create@2 Room, Horizon Leeds (3rd Floor), 2 Brewery Wharf,
Kendell Street, Leeds, LS10 1JR

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
1	**Welcome and introductions** (verbal)	Prof Sue Proctor
2	**Apologies** (verbal)	Prof Sue Proctor
3	**Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda Items** (verbal)	Prof Sue Proctor
4	**Minutes of the public Council of Governors meeting held on the 8 November 2018** (paper to read)	Prof Sue Proctor
5	**Matters arising** (verbal)	Prof Sue Proctor
6	**Cumulative Action Log – actions outstanding from previous public meetings** (paper to read)	Prof Sue Proctor
7	**Chair's Report** (paper to read)	Prof Sue Proctor
8	**Chief Executive Report** (paper to read)	Dawn Hanwell
PATIENT CENTRED		
9	**Clinical Outcome Measures Briefing Report** (paper to read)	Tom Mullen and Dr Sophie Roberts
10	**Report from the Chair of the Finance and Performance Committee** (verbal)	Sue White
11	**Performance and Finance Report** (paper to read)	Dawn Hanwell
12	**Findings from the External Patient Experience Review** (verbal)	Cathy Woffendin

USE OF RESOURCES

13	**Update on the Business Case to establish a new unit on the St James's site** (verbal)	Dawn Hanwell

GOVERNANCE

14	**Support for the Appointment of the Senior Independent Director** (paper to read)	Cath Hill
15	**Update Report on the Board to Board Action Plan** (paper to read)	Cath Hill
16	**Process for the Nomination and Election for the Lead Governor** (paper to read)	Cath Hill

The next public meeting of the Council of Governors will be held on Tuesday 9 May 2019 at 12.30pm in the Large Function Room, St. George's Centre, Great George Street, Leeds, LS1 3DL the meeting will be advertised on our website www.leedsandyorkpft.nhs.uk

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

Name: **Cath Hill (Associate Director for Corporate Governance / Trust Board Secretary)**
Email: **chill29@nhs.net**
Telephone: **0113 8555930**

Name: **Prof Sue Proctor (Chair of the Trust)**
Email: **sue.proctor1@nhs.net**
Telephone: **0113 8555913**

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM

4

Minutes of the Public Meeting of the Council of Governors held on Thursday 8 November 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
Steve Howarth
Les France
Ivan Nip
Niccola Swan
Peter Webster

Staff Governors
Sarah Chilvers
Andrew Johnson
Joanne Goode
Sarah Layton
Sally Rawcliffe-Foo

Appointed Governors
Cllr Jenny Brooks
Helen Kemp

IN ATTENDANCE:

Helen Grantham – Non-executive Director
Cath Hill – Associate Director for Corporate Governance / Trust Board Secretary
Claire Holmes – Director of Organisational Development and Workforce
Dr Sara Munro – Chief Executive of the Trust
Margaret Sentamu – Non-executive Director
Sue White – Non-executive Director (Deputy Chair of the Trust)
Steven Wrigley-Howe – Non-executive Director / Senior Independent Director
Emily Whitfield – Corporate Governance Assistant (Secretariat)
Four members of the public

18/036 Welcome and introductions (agenda item 1)

Professor Sue Proctor opened the meeting at 1.38pm and welcomed everyone.

Cath Hill reported that there would not be an election to the Appointments and Remuneration Committee as planned. Governors **noted** that ballot papers for the election would be circulated in the post. The Council **supported** this new process.

18/037 Apologies (agenda item 2)

Apologies were received from the following governors: Marc Pierre Anderson, Service User: Leeds; Gill Galea, Staff Clinical: Leeds and York & North Yorkshire; Christopher Hobbs, Carer: Leeds; Kirsty Lee, Public: Leeds; Ellie Palmer, Service User and Carer: Rest of UK; and Ann Shuter, Service User: Leeds.

The Council was quorate.

Sue Proctor went onto inform the Council that: Prof John Baker, Non-executive Director; Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive; Joanna Forster Adams, Chief Operating Officer; Dr Claire Kenwood, Medical Director; Cathy Woffendin, Director of Nursing, Professions and Quality; and Martin Wright, Non-executive Director had given their apologies for the meeting.

18/038 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (agenda item 3)

Cllr Jenny Brooks requested a new declaration of interest form. **EW**

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

18/039 Minutes of the public Council of Governors meeting held on the 3 July 2018 (agenda item 4.1)

Joanne Goode pointed out that her title was incorrect. It was agreed that this would be amended. Andrew Johnson queried minute 18/027 and stated that the incident fire in Ward 5 at the Becklin Centre had been recorded as 'serious' in the minutes when it was officially classed as 'critical'. The Council noted that at the time of the meeting, the incident was reflected as 'serious', thus the minutes would not be changed. **EW**

The minutes of the public meeting that was held on the 3 July 2018 were **approved** as a true record.

18/040 Minutes of the Annual Members' Meeting held on the 31 July 2018 (agenda item 4.2)

Joanne Goode and Ivan Nip requested that their titles were corrected. **EW**

The minutes of the Annual Members' meeting that was held on the 31 July 2018 were **approved** as a true record.

18/041 Matters arising (agenda item 5)

There were no matters arising.

18/042 Cumulative action log – actions outstanding from previous public meetings (agenda item 6)

Sue Proctor presented the cumulative action log. The Council agreed that the following actions should be closed: 'understanding finance and the external audit function' workshop to be arranged; outcome of the discussion that took place in Quality Committee of the learning from the Gosport Report to be presented to the Council; Jo Goode to receive a new declaration of interest form; Martin Wright to be recorded on the register of attendance for non-executive directors at Council of Governors' meetings; Board Assurance Framework style list of risks to be presented to the Council; and an update of the 'Council of Governors' meeting etiquette' document.

It was confirmed that the update on the Trustwide Outcomes Group from Tom Mullen (Clinical Director, Leeds Care Group) would be presented at the Council of Governors' meeting in February 2019. **Tom Mullen**

Finally, the Council noted that the action regarding the Membership Team working with the Patient Experience Team would be revised. **CH**

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

18/043 Chair's report (agenda item 7)

Sue Proctor presented the Chair's report. The Council noted that the only change to the Executive Team was Claire Holmes beginning her role as Director of Organisational Development and Workforce.

Sue White pointed out that the attendance for non-executive directors at the Council of Governors' meeting on the 3 July 2018 was recorded incorrectly. Cath Hill agreed to amend this to accurately represent the attendance at that meeting. **CH**

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

18/044 Chief Executive report (agenda item 8)

Dr Sara Munro presented the Chief Executive report to the Council. She reported that Ward 5 at the Becklin Centre was now back up and running and gave thanks to the Estates and Facilities Department, and all clinical staff involved in the support and development of the Ward. The Council noted that thanks had been passed to the staff at Bradford District Care Trust. Sara then reported that she had attended an admin team coordination session for the second time and reported that engagement and enthusiasm for making a difference was high amongst staff.

Next, Sara Munro spoke about the Learning Disability Service. The Council noted that she had spent time with the Community Team and that the Health Facilitation Team had been shortlisted at the Nursing Times Awards.

Sara Munro reported that the Trust's World Mental Health Day and Nursing and Allied Health Professions Strategy Launch had been a success. She outlined that the Workforce Race Equality Network (WREN) launch event took place where staff were asked what it was like to be Black Minority Ethnic (BME) staff. Sara explained that this would be a new network that BME staff would lead on and would be a platform for voicing any extra support that might be needed. Margaret Sentamu agreed that the WREN session was good and had been inspiring to hear some attendees' stories. Margaret said that there was a good mix of attendees at the event.

Sue Proctor informed the Council of a Stonewall survey that she had heard on the radio about the effect of the Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) community on mental health and the prevalence of depression in particular. The Council noted the partnership work that the Trust was doing with the Rainbow Alliance on de-stigmatising and challenging the stigma around LGBTQ and mental illness. The Council welcomed an update at a later date from the Rainbow Alliance to hear about the work that they have been doing around this, focussing on diversity and also the vulnerability to mental illness in this community. **Kate Ward**

Sara Munro then went on to talk about regulatory matters. She explained that for Health and Safety Executive (HSE) inspections, the Trust was chosen out of 20 other trusts and there would be a full day in clinical and non-clinical environments, focussing on violence and aggression and musculoskeletal injuries. Sara explained that there would be a meeting on the 15 November 2018 to discuss feedback from the inspections. She reported that the staff that were inspected had said they would recommend the Trust to their own family members. The Council noted that during the same week of the HSE inspections, the Care Quality Commission (CQC) would complete their system review of Leeds including the pressure on mental health services. Next, Sara reported that the Fire Safety Improvement Collaborative Task and Finish Group had been initiated, which was looking at supporting staff in the event of a fire. The Council noted that this Group would provide assurance that risks were being considered (for example, the risk of smoking). The Council questioned how the Trust would manage identified risks. Helen Grantham informed the Council that the Audit Committee meeting (taking place in the following week) members would be looking at health and safety management issues, including RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations – a

formal reporting process), risks and hazards. The Council noted that there would be a verbal update on this from Martin Wright (chair of the Audit Committee) at the next Board of Directors meeting on the 29 November 2018. Governors were encouraged to attend this public Board meeting. Niccola Swan noted the area within the HSE inspection on aggression towards staff members, she pointed out that it is an area that is prominent in staff survey results. Sara reported that at the start of the HSE inspections, the inspectors had a 'zero tolerance' against aggression towards staff. She informed the Council that the inspectors realised quickly that it was more complicated than this in mental health services, and did not raise any issues following the inspections after this. Sara informed the Council that one of the ways that the Board had decided would be best to try and reduce violence and aggression would be to reduce restrictive interventions, as well as looking at how to implement things such as smoking policies.

Next, Sara Munro provided a system update. She reported that there would be bi-monthly meetings of the Leeds Providers Integrated Care Collaborative (LPICC) Committees in Common. The Council noted the things that were considered, such as: what was causing pressure in services in Leeds and service users' recovery pathway. Sara then spoke about the West Yorkshire and Harrogate Integrated Care Partnership where she said that they had had the Executive Team Workshop where they were reviewing what the longer term plans to continue to work as a collaborative could be. She highlighted that they would be looking at other areas to improve, such as suicide prevention and that in the budget report, mental health remained a priority.

Sue White noted that the Joint Strategic Needs Assessment (JSNA) had been discussed at the Mental Health Legislation Committee, where there had been an action to look at findings from 2017's JSNA called 'Leeds in Mind'. Sue asked how the Trust is connected to the JSNA. Sara Munro reported that the Health and Wellbeing Board, which she is a member of, is connected to the JSNA. She said that older people had been a key area of discussion for this year and it had been looked at as to whether the funding is going into the right place for this as the demand for old people services grows.

Finally, Sara highlighted her reasons to be proud, starting with the Trust's Learning Disability Community Team on being shortlisted at the Nursing Times Awards. She confirmed that Dr Ahmed Hankir had won the Core Psychiatric Trainee of the Year award at the Royal College of Psychiatrists annual awards ceremony, the Council congratulated him. The Council congratulated the specialist Personal Disorder service and the Connect Eating Disorder Team winning the Positive Practice awards, with the Rainbow Alliance being highly commended.

Finally, Helen Grantham fed back that the Trust has a positive reputation as an employer and organisation in terms of recruitment and retention.

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

18/045 Quality and Performance Outcome Report (agenda item 9)

The Council noted that the aim of the Quality and Performance Outcome Report was to outline the Trust's performance over the last three months and to gain an insight into any recent discussions within the Board of Directors around performance. The Council were invited to take part in an open discussion on the contents of the report.

Sue Proctor drew the open discussion to a close and feedback was shared to the group.

The Council then noted that there is access to further information by governors observing Board of Directors meetings and this was another way for the governors to gain assurance.

Steven Wrigley-Howe assured the Council that the processing of information was efficient and that the Quality Committee was starting to look at 'did the service help you?' It was queried about whether targets in this report were necessary. The Council noted the importance of targets when analysing data and evidencing performance. It was noted that in certain contracting arrangements target reporting was required. The Council noted that the Finance and Performance Committee also scrutinise the wider Quality and Performance report prior to being presented to the Board of Directors.

The Council **noted** the contents of this report and **welcomed** the development of future iterations of it.

18/046 Outcome of the learning from the Gosport Report being presented to the Quality Committee (agenda item 11)

Steven Wrigley-Howe presented the paper on the outcome of learning from the Gosport Report following it being discussed at the Quality Committee. He explained that the Gosport Report was the external investigation into the deaths of over 450 patients at the Gosport War Memorial Hospital (community hospital) in the 1990s. The Council noted that the report that went to the Quality Committee was published in June 2018. Steven went onto describe what important learning the report highlighted. The Council noted that assurance had been given at the discussion in the Quality Committee meeting that the issues had been considered and continuous review and improvements were in place. It was noted that the report had strengthened the Trust's focus on the issue of isolated staff (geographically and also within a role, or working patterns).

Sue White reported that she, Ivan Nip and Andrew Johnson had visited the Pharmacy Team recently and Jane Riley (Chief Pharmacist) had provided a report around Gosport, what some of the risks were and how the Trust would get assurance that there are processes in place to avoid it happening again. Joanne Goode added that the pharmacists formally check the controlled drugs on a monthly basis, and provide a report back to the Chief Pharmacist on a three-monthly basis. She said that staff members are vigilant in checking wards on a weekly basis.

The Council noted that John Verity (Freedom to Speak Up Guardian) had been to visit isolated staff and services to help ensure that they are being kept up to date with processes as they change. Sue Proctor reported that John meets with herself, Sara Munro and the Senior Independent Director (Steven Wrigley-Howe) regularly and provides a bi-annual report to the Board of Directors.

The Council noted the importance of resilience and not losing focus on safe standards.

The Council **noted** the outcome of the learning from the Gosport Report being presented to the Quality Committee. The Council was **assured** that the Board are acting on the learning from the report.

18/047 Report from the Chair of the Mental Health Legislation Committee (agenda item 12)

The Council noted that this report was a new standing item as part of the Council of Governors agendas. Each Board sub-committee is chaired by a non-executive director who will present an update on the meeting that they chair in each Council of Governors meeting, by means of an annual report.

Margaret Sentamu presented the Mental Health Legislation Committee Chair's report. She started by inviting governors to observe these meetings to get more insight into what happens. The Council noted that Margaret was the Chair of the Committee and Sue White was the Deputy Chair. Cathy Woffendin (Director of Nursing, Professions and Quality) and Andy Weir (Deputy Chief Operating Officer) were also members. The Council noted that the purpose of the Committee was to provide assurance to the Board of the application of aspects of the Mental Health Act 1983, including the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards within the Trust. Margaret reported that some of the duties of the Committee included monitoring and reviewing the adequacy of the Trust's processes of administering the Mental Health Act; working with the Mental Health Act Managers' forum; ensuring performance and regulatory compliance by receiving assurance from the Mental Health Legislation Operational Steering Group, including compliance with the Care Quality Commission's (CQC) requirements; ensuring that there is sufficient training to maintain the required competency levels in clinical teams; providing assurance to the Board of Directors and the Council of Governors; and ensuring service users and carers contribute to discussions and agree on proper use of the legislation.

Margaret then reported that there were concerns over the fact that the target compliance of staff completing the required compulsory training was not being achieved. The Council were assured that Cathy Woffendin was looking into this. Finally, Margaret Sentamu also reported that there had been an increase in the use of Section 136 of the Mental Health Act which gives the police the power to remove a person from a public place, when they appear to be suffering from a mental disorder, to a place of safety. Peter Webster enquired if there was any data

regarding the numbers of people with learning disabilities who are taken to a safe place under section 136 of the Mental Health Act. It was agreed that this would be looked into. **SL**

It was agreed that Margaret Sentamu would send the overview report on the work of the Mental Health Legislation Committee to Cath Hill to be circulated to the Council. **MS/CH**

The Council **welcomed** the report from the Chair of the Mental Health Legislation Committee and **noted** the invitation to observe a Mental Health Legislation Committee as part of undertaking the governor role.

18/048 Thematic Report following Annual Members' Day 2018 (agenda item 13)

Oliver Tipper (Head of Communications) presented the thematic report following the Annual Members' Day 2018. The report contained the outputs and evaluation from the meeting that took place on the 31 July 2018. He confirmed that the 2019 Annual Members' Day themes and structure of the day was being considered, and so far it was planned for the Service User Network (SUN) to be involved. The Council noted that engagement would be looked at in the planning of Annual Members' Day 2019.

Helen Kemp queried how all of the work from the Big Conversation fits into the overall Leeds plan. She noted Leeds should be working collectively together on improving services, rather than just the Trust on its own. Oliver said that it was a challenge for staff to know the full picture of all services.

The Council **welcomed** the thematic report following Annual Members' Day 2018 and **noted** its contents. The Council **agreed** to the outlined action plan created from the Big Conversation and to receive an update on these actions during the 2019 Annual Members' Day. **Oliver Tipper**

18/049 Report following the Board to Board event on the 5 September 2018 (agenda item 14)

Cath Hill presented the feedback from the Board to Board meeting on the 5 September 2018. She outlined that the full-day event was attended by eleven governors and twelve Board members. The Council noted that 'Board to Board' meetings are designed to allow an informal, open dialogue between governors and directors on the Trust's key strategic issues. Cath reminded the Council that the topics discussed at the meeting were collective leadership; working with partners; and Trust finances. Cath highlighted that during the day there were presentations from executive directors, followed by group discussions, and then feedback to the whole group.

Cath went onto present the key themes that were captured during the Board to Board meeting and asked that any actions would be agreed by executive directors in terms of lead and timescales. It was agreed that there would be an update at the **CH**

Council of Governors meeting in February 2019 on this.

The Council **noted** the contents of the report following the Board to Board event on the 5 September 2018.

18/050 The Trust's Key Strategic Risks (agenda item 15)

Cath Hill outlined the information on the Trust's Key Strategic Risks. She explained that the Board of Directors had agreed on what these specific risks were in November 2017. She highlighted where the risks are received and monitored closely by the Board of Directors and its sub-committees. Niccola Swan commented that some of the top risks were generic and could apply to any trust. Sue White responded by saying that some are clearly NHS-wide, but still apply as the top risks to our Trust. Cath Hill said that there was a subsidiary list and a full report would be going to the next Board of Directors meeting in November 2018. It was agreed that Cath would think of a way to distil the list down in its future iterations. **CH**

The Council **noted** the information on the Trust's Key Strategic Risks.

18/051 Annual Cycle of Business (agenda item 16.1)

Cath Hill presented the Annual Cycle of Business for the Council of Governors' formal meetings, the Annual Members' meeting and the Board to Board meeting. The paper highlights the standing items; statutory and non-statutory duties; work involving non-executive directors; and administrative business for the Council of Governors. Cath explained that the Annual Cycle of Business is used to see what agenda items would be in each meeting.

Cath Hill asked the Council to be assured that the Annual Cycle of Business includes all of the statutory duties which the Council must carry out; alongside the areas which governors have asked to be informed on.

The Council **noted** and **approved** the Annual Cycle of Business.

18/052 Refresh of the Governor Role Description (agenda item 16.2)

Cath Hill presented the refreshed Governor Role Description. She highlighted that this was a public document which would be uploaded onto the website once approved. **EW**

The Council **noted** the refreshed Governor Role Description and **agreed** the amendments that had been made.

18/053 Refresh of the Appointments and Remuneration Committee Terms of Reference (agenda item 16.3)

Cath Hill presented the refreshed Terms of Reference for the Appointments and Remuneration Committee. She outlined that following discussion at the Council of Governors' meeting on the 3 July 2018, a revision had been made in terms of the membership of the Committee.

The Council **noted** the amendments that were made as part of the review by the Corporate Governance Team, and **ratified** the refreshed terms of reference for the Appointments and Remuneration Committee.

18/054 2019 meeting dates (agenda item 16.4)

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

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 3.50pm. She thanked governors and members of the public for their attendance.

Signed (Chair of the Trust) …….

Date ……

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM

6

Cumulative Action Report for the Public Council of Governors' Meeting

OPEN ACTIONS

Key to status =
Still outstanding/awaiting completion
Completed

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
18/031 – May 2018 – Measuring outcomes across Trust services (agenda item 11) Update on the Trustwide Outcomes Group to be presented to the public meeting of the Council of Governors.	**Tom Mullen**	~~November 2018~~ February 2019	**COMPLETED** 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 5 February 2019

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
18/038 – November 2018 - Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (agenda item 3) Blank declaration of interest form to be provided to Cllr Jenny Brooks.	**Emily Whitfield**	February 2019	
18/039 – November 2018 - Minutes of the public Council of Governors meeting held on the 3 July 2018 (agenda item 4.1) Title for Joanne Goode to be corrected in the minute document for the meeting that took place on the 3 July 2018.	**Emily Whitfield**	February 2019	**COMPLETED** The Council is asked to consider this action closed.
18/040 – November 2018 - Minutes of the Annual Members' Meeting held on the 31 July 2018 (agenda item 4.2) Title for Joanne Goode and Ivan Nip to corrected in the minute document for the meeting that took place on the 31 July 2018.	**Emily Whitfield**	February 2019	**COMPLETED** The Council is asked to consider this action closed.

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
18/043 – November 2018 - Chair's report (agenda item 7) Non-executive director attendance at the meeting that took place on the 3 July 2018 to be corrected.	**Cath Hill**	February 2019	**COMPLETED** The Council is asked to consider this action closed.
18/049 – November 2018 - Report following the Board to Board event on the 5 September 2018 (agenda item 14) Update on the action plan that was created following the 2018 Board to Board meeting.	**Cath Hill**	February 2019	**COMPLETED** The Council is asked to consider this action closed. This is scheduled on the agenda for the meeting on the 5 February 2019.
18/052 – November 2018 - Refresh of the Governor Role Description (agenda item 16.2) Refreshed Governor Role Description document to be uploaded onto the website.	**Emily Whitfield**	February 2019	**COMPLETED** The Council is asked to consider this action closed. The refreshed role description has been uploaded to the Trust's website.

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
18/050 – November 2018 - The Trust's Key Strategic Risks (agenda item 15) Developmental work to take place on the next iteration of the Trust's Strategic Risk report following feedback presented by the governors at the November 2018 meeting.	**Cath Hill**	November 2019	
18/044 – November 2018 - Chief Executive report (agenda item 8) Rainbow Alliance to attend a future meeting of the Council of Governors to outline work that they are involved in on anti-stigma.	**Kate Ward**	November 2019	
18/025 – May 2018 – Chair's report (agenda item 7) 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.	**Sayed Ahmed and Cath Hill**	Management action	**COMPLETED** The Council is asked to consider this action closed. This action has been superseded with the specific work that will be picked up under the leadership of the Director of Nursing, Professions and Quality in light of the externally commissioner patient experience and engagement review.

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
18/047 – November 2018 - Report from the Chair of the Mental Health Legislation Committee (agenda item 12) The number of people with learning disabilities that are taken to a safe place under section 136 of the Mental Health Act to be presented back to the governors.	**Sarah Layton**	Management action	**COMPLETED** The Council is asked to consider this action closed. Service user diagnostics are not captured when people are admitted to the 136 Suite. Total admittance figures for the whole of 2018 have been shared with governors. These are categorised by month, and the age range of those service users.
18/047 – November 2018 - Report from the Chair of the Mental Health Legislation Committee (agenda item 12) Cath Hill to circulate the overview report on the work of the Mental Health Legislation Committee to the governors.	**Cath Hill**	Management action	**COMPLETED** The Council is asked to consider this action closed.
18/048 – November 2018 - Thematic Report following Annual Members' Day 2018 (agenda item 13) An update on the action plan for the Big Conversation 2018 actions to be presented as part of the 2019 Annual Members' Meeting.	**Oliver Tipper**	Management action	**COMPLETED** The Council is asked to consider this action closed. This will be managed within the Annual Members' Meeting Project Task and Finish Group.

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
7

CHAIR'S REPORT

PUBLIC COUNCIL OF GOVERNORS' MEETING
HELD 5 FEBRUARY 2019

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

Since the November Council of Governors' meeting there have been two changes to the governors on the Council.

On 9 November 2018 Dr Chris Hobbs stepped down as a carer governor due to competing pressures. In addition to this Jo Goode (clinical staff governor) stepped down from her role on 12 December 2018. We would like to thank both Chris and Jo for the time they have spent being a governor; in particular Jo for all her hard work most recently on the Appointments and Remuneration Committee supporting the appointment of our new non-executive director.

One other change is that Steven Howarth has come to the end of his term of office as Lead Governor and governors will have the opportunity to mark this at the meeting and to personally thank him for the duties he has carried out on behalf of the Council. I would like to take this opportunity of thanking Steven for the help and support he has offered in not only the appointment of the NEDs, but also in supporting me with their annual appraisals; and for the added responsibilities he has taken on at the Annual Members' 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 there have been no changes to the executive director team.

Non-executive Director Team

At the last Council meeting governors confirmed the appointment of Andrew Marran as the new non-executive director who will take up his appointment on the 17 February 2019. Andrew has been appointed to the Board in light of Steven Wrigley-Howe coming to the end of his term of office on 16 February 2019.

I am sure that the Council will want to thank Steven for his dedication to the role of NED over the last 6 years and wish him all the very best in his future endeavours. I am also sure that the Council will want to welcome Andrew Marran to his new role and to look forward to meeting him at future Council meetings.

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	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	29 November 2018	18 December (extraO)
Sue Proctor (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
John Baker	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Helen Grantham	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Margaret Sentamu	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓
Julie Tankard	-											
Sue White	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Martin Wright		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Steven Wrigley-Howe	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Executive Directors

Name	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	29 November 2018	18 December (extraO)
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 February 2018	15 May 2018	3 July 2018	8 November 2018
Non-executive directors				
Sue Proctor (Chair)	✓	✓	✓	✓
John Baker	-	✓	✓	-
Helen Grantham	✓	✓	✓	✓
Margaret Sentamu	✓	✓	-	✓
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)	14November 2017	6 December 2017 (private extraordinary meeting)	14 February 2018	15 May 2018	3 July 2018	8 November 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	-	-	✓	✓	✓	-
Niccola Swan	E	✓	-	✓	✓	✓	✓
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

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Title: **Council of Governors' Strategy Committee**
Contributor: **Cath Hill**
Status of item: **For information**

The Council is reminded that it agreed to disband the Strategy Committee. This committee had been set up to facilitate governors feeding into the forward plans of the Trust. However, this committee was only for a specific number of governors and did not fully meet the needs of governors in carrying out this statutory role. In place of this the Council has agreed that there will be an annual Board to Board meeting to which all governors and Board members are invited. This creates a dedicated space in which to seek the views of governors on a range of plans and strategies being developed in the organisation.

In addition to this the Chair of the Trust has one to one meetings with all governors where they have the opportunity to talk about what is important to them. This is fed into the work of the Council and influences the issues that governors are involved in through their meetings.

The Council is asked to formally note that the Strategy Committee has been disbanded and references to it will be removed from any formal documentation as it is reviewed.

Title: **NED and Governor Service Visits**
Contributor: **Cath Hill**
Status of item: **For information**

The table attached details all service visits undertaken by non-executive directors since September 2018. Also included are the most recent feedback forms highlighting key observations from each of the visits. These forms have already been shared with the services involved, the executive director and the Quality Committee.

Governors are asked to note that non-executive directors have raised any areas of particular concern they had identified during their visit either personally with executive directors or as part of the Board and Board sub-committee meeting discussion.

Date of visit	Venue	Non-exec Director	Exec / Governor(s)
17 September 2018	Estates Various sites	Martin Wright	Dawn Hanwell
18 October 2018	Pharmacy Becklin Centre	Sue White	Ivan Nip Andrew Johnson
21 November 2018	Acute Inpatient Service Becklin Centre	Sue White	Ann Shuter
15 January 2019	Specialised Supported Living Team	John Baker	No governor available
January 2019	East North East Community Learning Disability Team	Helen Grantham and Cleveland Henry	This was a service visit which was carried out as part of the induction programme for an Insight NED

The Corporate Governance Team also keep a forward plan of visits. The following visits are scheduled / being planned to take place

February 2019	Specialised Supported Living Team	John Baker	TBC
February / March 2019	East North East Community Learning Disability Team	Helen Grantham & Cleveland Henry	TBC
February / March 2019	Domestic Team	Sue White	TBC
February / March 2019	CMHT	Margaret Sentamu	TBC
5 March 2019	IT Support Services (with a focus on EPR)	Martin Wright	TBC

Prof Sue Proctor
Chair of the Trust,
FEBRUARY 2019

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
8

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Chief Executive Report
DATE OF MEETING:	5 February 2019
PRESENTED BY: (name and title)	Dawn Hanwell – Chief Financial Officer and Deputy Chief Executive
PREPARED BY: (name and title)	Dr Sara Munro – Chief Executive

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (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?	**State below 'Yes' or 'No'**	If yes please set out what action has been taken to address this in your paper

RECOMMENDATION

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

MEETING OF THE COUNCIL OF GOVERNORS

5TH FEBRUARY 2019

Chief Executive's Report

The purpose of this paper is to update the Council of Governors on the activities of the Chief Executive.

1. Staff Engagement and Service Visits

This section is divided into two parts – firstly, routine visits to services and secondly, the festive period.

Service visits

Gender ID Service – The Board has been well aware of the pressures faced by our Gender ID Team due to the level of demand and referrals exceeding the size of the service that is commissioned. Added to this is the pressure caused by the national review and development of a new service specification that has had significant delays. We have seen significant turnover in medical staffing in recent months which is adding to the pressure that the team face. Joanna Forster Adams, Chief Operating Officer, Claire Holmes, Director of Organisational Development and Workforce, and I spent some time with the team to understand the service in more detail; the challenges faced by them; support in place; and what more we can do. Plans are now being developed to improve the support provided to the team over the coming months.

Leeds Autism Diagnostic Service (LADS) – similar to Gender Services, the LADS Service has seen a significant increase in referrals over time and is exploring ways in which it can be more responsive without compromising the quality and the effectiveness of the service. They are being supported by the Trust Service Improvement Team to do this. So far they have managed to avoid creating a waiting list and recognise the pathway, and time to diagnosis can vary due to the complexity of people's lives. I was able to see some of the improvement work the team is doing

internally which includes piloting a quality assurance/accreditation process with the National Autistic Society. Dr Stansfield, the Clinical Lead, is also working closely with Bradford services that face different but significant challenges also. In the meantime we are in discussions with the CCG to review the current Key Performance Indicators (KPIs) to ensure they are fit for purpose for this service.

Forensic Services Stakeholder Event – the Leadership Team for Forensic Services hosted an event which was attended by staff within the Trust as well as colleagues from NHS England. The aim was to showcase the journey the service has been on for the past two years moving from a culture of mistrust and blame with poor staff morale to one where there is now much more stable. Including within the Nursing and Associate Health Partners Workforce, and there is evidence of ongoing improvements to staff experience and patient experience. Having visited the wards the week prior, it was clear to me that the work was having an impact on the wards with very positive feedback and discussions with ward staff. The learning from the Forensic Service is being applied to other services in the Trust.

Festive Focus

Staff Santa – for the second year the Staff Engagement Team led by Tracey Needham, Engagement and Organisational Development Lead, went to all teams and departments as Staff Santa to give out chocolates and thank you cards as a small gesture to show our appreciation of the hard work that staff do throughout the year. Feedback has been positive as it was the first year we ran it. I want to add a special thanks to Tracey and the team for doing this and bringing some festive fun to the organisation.

Keeping with the festive theme over the Christmas and New Year period I visited Inpatient Services across the Trust and the Crisis Team. The visits were informal and an opportunity to check in how staff and services were managing. Overall, the wards and staff I met with were in high spirits and it was great to hear how the ward staff had made extra efforts to support patients to either get home for Christmas or to make the day special for those that couldn't. We know it can be especially difficult for our service users, and our staff certainly demonstrated the value of caring. We did, of course, have challenges in terms of sickness affecting some of our wards leading to temporary closure to admissions and impacting on staffing levels, but these were all managed day to day by managers to minimise the impact on the services.

2. Regulatory Update

The Long Term Plan

The long term plan for the NHS was published in January 2019 and sets out the expectations for the NHS over the next 10 years. The board have reviewed the plan and the implications for us at a workshop on the 24th January. Some key activities include the development of a 5 year strategy for Integrated care Systems over the next few months and work has already commenced for west Yorkshire and Harrogate. We are still expecting a lot more detailed guidance to be published in the comings months especially in relation to targets, milestones and investment in mental health and learning disability services but we do welcome the fact that they are seen as priority areas.

Attached is an easy read version of the long term plan for more information.

Fire safety

The Fire Safety Task and Finish Group is nearing completion of its work plan with a final meeting scheduled for February 2019. This will be a closure meeting with the transfer of ongoing governance/assurance and escalation arrangements in to the estates and facilities functions. This is being overseen by the Associate Director for Corporate Governance.

Key improvements developed by the group include:

- Development of a new training programme for Inpatient Services which is now being piloted with the Becklin Centre, the Newsam Centre and Clifton House. We have now secured an Service Level Agreement with Leeds Teaching Hospitals who are delivering the training as well as supporting our wider fire safety arrangement in the Trust. We see this as beneficial given they have a larger team and more expertise that we can draw upon.
- Introduction of robust daily environmental checks across the wards coupled with the production of clearer guidance for patients and staff on what personal belongings can be accommodated. This has led to improvements in our ward environments
- The action above has alleviated some of the issues of storage and bedrooms being over crowded with belongings. We do however have issues for patients with longer stays, for example in Forensic Services. Solutions have been identified to create additional storage in the next 3 months.
- All inpatient units now have lockers for patients to use to store items that are classed as contraband (e.g. lighters, cigarettes).

- Staff confidence in the search of patients was an area of concern and additional training is taking place this month for staff. Ward staff have looked at this in the context of reducing restrictive interventions and are now utilising alternative approaches to maintaining safety rather than a search being seen as the only option. Initial feedback has been positive and services will be using the Datix data to monitor this and review locally.
- Smoking policy and achieving 'smoke free' has also been under the scope of this group to ensure active engagement across the Trust. A separate paper has been included by the Director of Nursing and Quality and this work will continue beyond the end date of the Fire Safety Group.
- Improved governance including oversight, audit, escalation and assurance. This has been managed through the task and finish group whilst Cath Hill, Associate Director for Corporate Governance has led a review and developed a clear map of how this will be managed within our main governance structures. There has been learning in terms of better use of incident data, clarity of what gets reported where, improving the use of audit which will be supported by Leeds Teaching Hospitals Trust.

The risk of fire can never be eliminated in our organisation but it was clear that there was more we could do to share and embed learning across the Trust from the incidents we had last year. Through much more integrated working across teams and departments we have now achieved significant improvements in the safety of our impatient environments and identified ways to better support, train and prepare our staff. There have been improvements already as a result of this work and there will be ongoing oversight and assurance embedded in our governance and reporting structures.

We have shared with West Yorkshire Fire Service the work that we have been doing on fire safety which has been well received. Their own investigation continues and they will take into consideration the work that we have done. We don't anticipate any outputs from their review for several months but will advise the Board accordingly.

3. Leeds System

The CQC inspection, draft and final report has been a significant focus of the Leeds System in the past two months followed closely by winter preparations. It has been covered at the Partnership Executive Group and meeting of the Health and Wellbeing Boards in January 2019.

CQC Report

The Leeds System Review has now been published by the CQC and is seen as a fair reflection on the progress and challenges faced within the Leeds System. Many of the actions are already captured within existing work plans, following the work with Newton Europe and preparation for winter. One new area of learning and action is: routinely seeking feedback on the experiences of people in receipt of services and using a system lens rather than single organisational focus. A summit was held in December, chaired by Social Care Institute for Excellence exploring the findings and potential improvements that can be taken. The action plan in response to the report is now being finalised and approved by the Health and Wellbeing Board for submission to the CQC at the end of January 2019. We are well connected through System Review Assurance Board to the actions impacting on us. In addition, I take the lead on workforce for the city and am in the process of working with relevant colleagues to develop a strategic plan for the city, which was one of the recommendations.

<u>Recommended Strategic Areas for Improvement</u>

- The Health and Wellbeing Board should continue to maintain oversight and hold system leaders to account for the delivery of the Health and Wellbeing Strategy.
- The remit of the Integrated Commissioning Executive should be further developed so that it extends more widely to underpin the development of wider integrated working.
- There is recognition from system partners that hospital pressures should be addressed as a system. This should be reflected in system-wide strategic plans.
- The culture of 'home first' and moving people away from hospital needs to be embedded throughout the system, especially in the hospital setting where there remains a risk averse approach to discharge and a lack of understanding for community support.
- Communication between Health and Social Care professionals and their leaders needs to be addressed across the system. Although there are good relationships at system leader level,

and where multidisciplinary working is embedded, this can become fragmented at other levels leading to a breakdown in communication which can impact on people's care.

- The Workforce Strategy for Leeds should be developed at pace, pulling together the different strands of activity to develop deliverables and timescales which include the independent social care sector.
- There should be improved engagement with GPs and Adult Social Care providers in the development of the strategy and delivery of services in Leeds.

Recommended Operational Areas for Improvement

- A clear process should be implemented so that health and social care professionals can be assured that they are able to identify and support the members of their communities who are most at risk.
- Signposting to services in the community needs to be clearer so that people can access the wide range of services on offer and get the support that they need.
- There should also be consistent and proactive input from GPs to support care homes
- Specific pilot schemes were helping people to receive support in the community. There should be evaluations and exit plans in place to reassure or inform people who benefitted from good support about what their future options were.
- Wards for people who are medically fit for discharge should have a plan in place to reduce the numbers of beds on these and to reduce the reliance on these as part of the discharge process.
- Systems should be put in place to ensure that people who go into hospital are seen in the appropriate wards and remain there until they are medically fit for discharge without multiple moves.
- System leaders should continue the work to reduce hospital admissions as admissions are higher than the England average.
- The Patient Choice Policy should be rolled out as a priority and leaders should have a system to gain assurance that this is understood and implemented.
- The system should ensure that staff, particularly hospital staff understand and respect the dignity of people who use services and to understand the impact that issues such as multiple ward moves can have on people's wellbeing.

Leeds Providers Committee in Common

We held our third meeting this month and myself and Sue Proctor, Chair of the Trust, attended on behalf of the Trust. We discussed our plan of work going forward including a blueprint for the future service models, development of integrated services around frailty, connectivity to population health management, transformation funds to support development and testing of new service models, and integration of specialist service in and out of hospital. A more detailed briefing will be prepared for all boards in due course.

4. West Yorkshire and Harrogate Partnership

The long term plan was the focus of the January Senior Leadership Executive Group with a discussion facilitated by the Kings Fund on what the implications are for our local system. It was agreed to establish an editorial group to oversee the production of the five year strategy with is now required for the summer of 2019. This was the same approach used to develop the memorandum of understanding and maintains the collective approach that has been established.

The approach to 2019/20 operational planning has also been discussed as each place is required to produce an aligned plan across all commissioners and providers. Work has commenced in Leeds for this to happen and this will be overseen at the West Yorkshire and Harrogate level by NHS England and NHS Improvement to ensure overall alignment. As Senior Responsible Officer for mental health and learning disability in the ICS I will be leading on oversight of the mental health investment standard in all place based plans. The partnership is committed to parity of investment and so the expectation is all places will deliver on this. Where there are issues or concern that is not the case we have agreed to escalate this to the senior leadership executive group.

5. Mental Health Collaborative

Programme Support

We are now underway with substantive recruitment to the posts to support the collaborative funding through transformation monies allocated to the ICS and from across the four NHS Trusts. Interviews are taking place on the 30 January 2019 for the Programme Director role which reports to myself.

Two project managers will also be recruited, one of which will support the rehabilitation work for which we have also been allocated national capital funds.

New Care Models Update

The new care models for Eating Disorder Services and CAMHS are nearing their first full year and so we undertook a stocktake of progress at the January 2019 New Care Models Board.

Key highlights for the Connect Eating Disorder Service which the Trust Leads are

- The model was based on increasing the scope of community provision to reduce admissions and the service is working as expected.
- All posts have been recruited to.
- There have been no patients placed out of area since the beginning of September 2018, which is significantly ahead of the forecast trajectory.
- The number of bed days for April – October 2018/19 is 3,504, compared to a baseline of 4,596 (pro rata), a reduction of 24%.
- Admissions have reduced from 81 in 2017/18 to 24 for April – October 2018/19.
- The average length of stay for patients admitted and discharged since the community team has been in place is 38 days, compared to an average of 85 days for 2017/18.
- Financial reconciliation has been agreed with NHSE and therefore we don't anticipate any issues.

The CAMHS new care model led by Leeds Community Trust is similarly showing reductions in out of area placements and occupied bed days however until the new unit is built for the region; increasing bed numbers from 8 to 22 out of area placements will not be eliminated. Some of the savings from this work are being invested in community services across west Yorkshire however the variation in provision is significant and we will be looking at this year's CCG allocations to increase overall investment in CAMHS provision for West Yorkshire and Harrogate. We have also agreed that some of the savings should be used to support the development needed for the new unit and will be following this up with NHSE.

Work is progressing on the development of a new care model approach for Forensic Services and is being led by South West Yorkshire NHS Trust. We don't have a firm deadline for this (unlike last year) but aim to have a business case that will need board approval in the next 3 months.

6. Reasons to be proud

High Standards in our Library and Knowledge Services

For the second year running our Library and Knowledge Service has achieved 99% in the NHS Library Quality Assurance Framework compliance result.

At the same time they also won the innovation award at the Yorkshire and Humber Health Library Knowledge Network Christmas Study day! Pictured below with David Steward, Director of Health Libraries North (HEE). This was for the work they did building the Quality Improvement bookcase.

Family Feedback Ward 4 The Mount

On the 21 January 2019 I received the following email from a relative which speaks for itself.

Dear Dr Munro,

My mum, Dora, sadly passed away at The Mount in December, but I have nothing but praise for the truly outstanding care and compassion shown to her by all the doctors and staff on Ward 4.

Mum had two lengthy stays during 2018, and despite her continued distress, we always knew she was in safe hands and being looked after by a team of outstanding individuals.

The examples I could share are too numerous to mention, but should you care to discuss things in more detail I would be delighted to speak with you at some convenient point.

In addition to the doctors and staff, the Ward Manager, Julie Lynch, and Sister Nikki Murphy were sources of tremendous support throughout very difficult times, and I feel it would be very appropriate if you could please pass on our family's heartfelt appreciation and gratitude.

With kind regards,

Michael

I have shared this with the Matron, Ward Manager and Sister, who will also share with all the team members. I have added our own thanks for what they do and the difference they clearly make in people's lives, especially at such a difficult time.

Dr Sara Munro
Chief Executive
24 January 2019

The NHS Long Term Plan

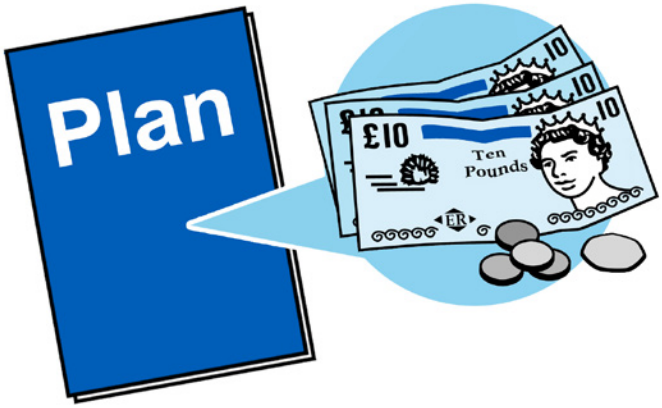
easy read

About this document

This document uses easy words and pictures.

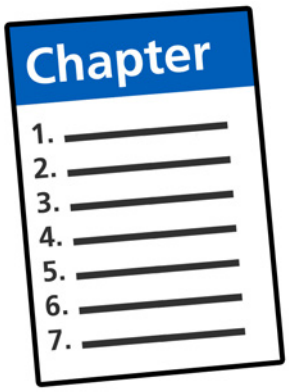
You might want to read through it with someone else to help you to understand it more.

The Prime Minister asked the NHS to write a plan for the next 10 years.



The plan shows how extra money for the NHS will be spent to help people.

It is based on what the public and NHS staff thought the NHS needs.



The plan has seven chapters which look at different things the NHS wants to make better.

Chapter 1

We want to make sure that the NHS works in the best way possible so that people can get help more easily, and they can get care close to where they live when they need it.

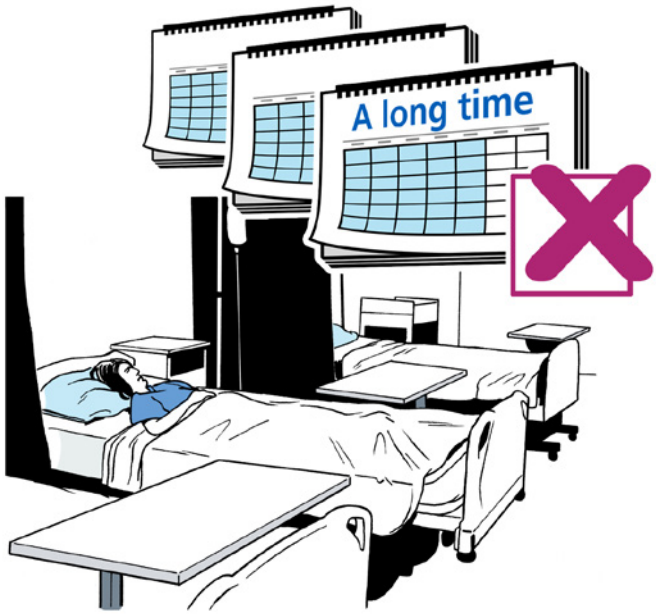
This includes things like:

- giving everybody the right to be able to talk to their doctor on their computer, tablet or smartphone if they want to.

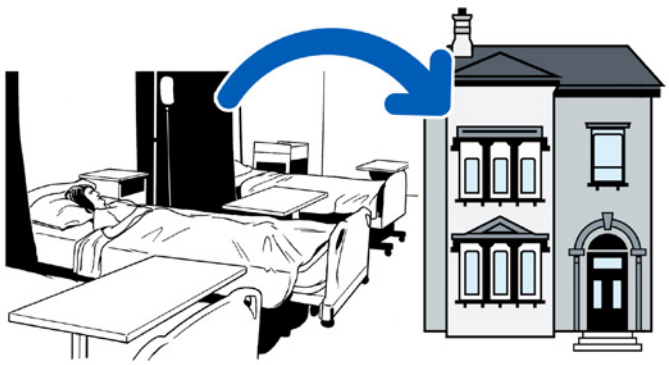
- supporting GP practices to offer more services nearer to where people live.

- helping people to use services in their community to improve their health and wellbeing – this could be something like a cookery group run by a local charity.

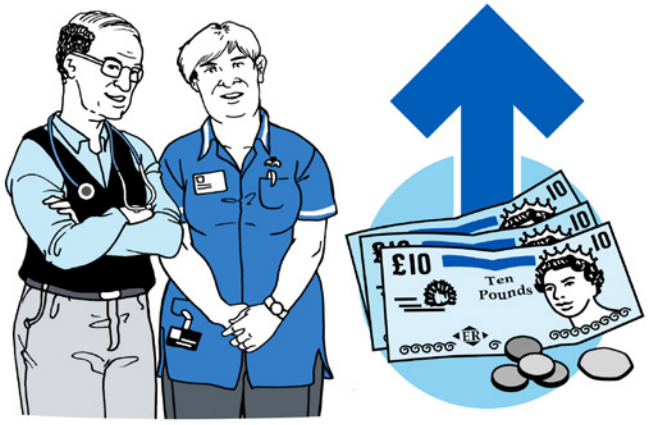
- making sure that people get the treatments they need easier and faster so that they don't always need to go to hospital.



- making sure that people who do need to go to hospital don't stay longer than they need to.



- making sure that people who are well enough to go home can leave the hospital without any delays.



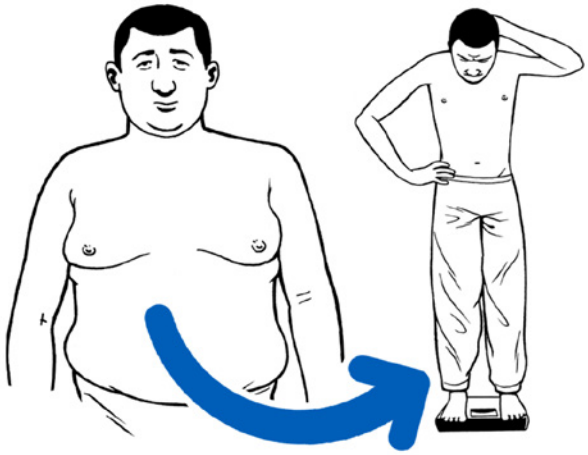
We can do these things because the NHS has been promised more money to spend on community services.

Chapter 2

We want to get better at helping people to stay well.

This includes things like:

- helping people to stop smoking.



- helping people to be a healthy weight.

- lowering the number of people who need to go to hospital because of drinking too much alcohol.

- helping to lower pollution – this is about the air we breathe.

We also want to make sure that people's health isn't worse because of things like:

- where they live.

- what services and treatments they can get.

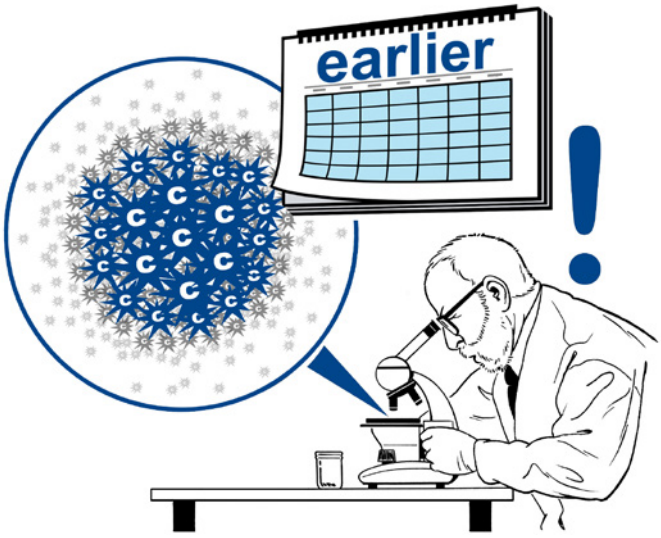
- not having very much money.

To do this, the NHS will look at where money is needed most and work with NHS organisations to make sure local services are helping to make this better.

The plan also includes things the NHS will do to:

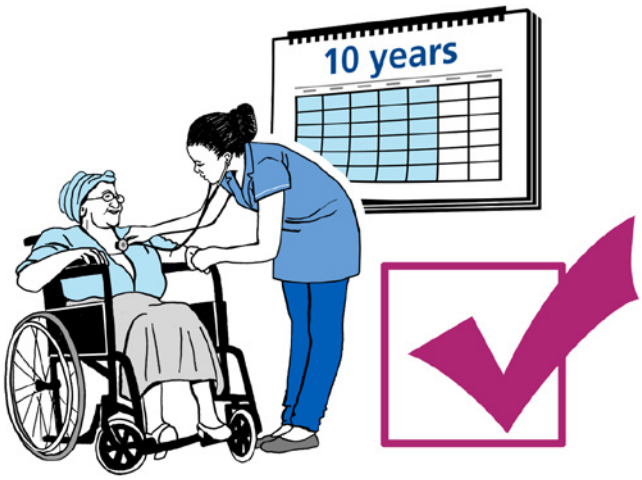
- help people not smoke during pregnancy.

- support homeless people.



- help people get tested for cancer earlier.

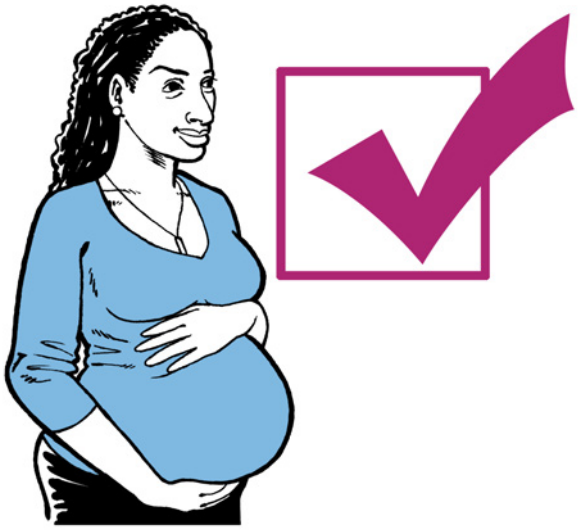
Chapter 3



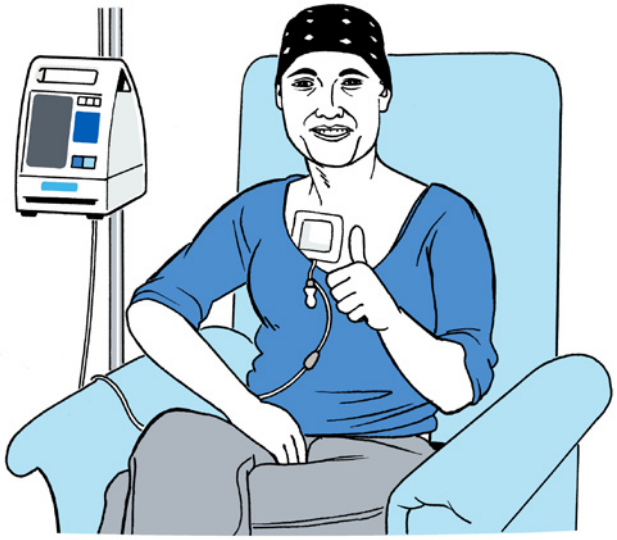
We want to make care better.

We already know that:

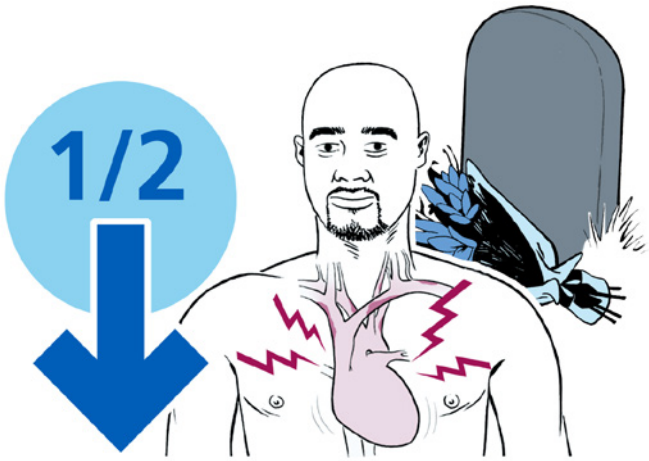
- people are getting better after treatment more now than they did 10 years ago.



- having a baby now is the safest it has ever been.



- more people than ever survive cancer.

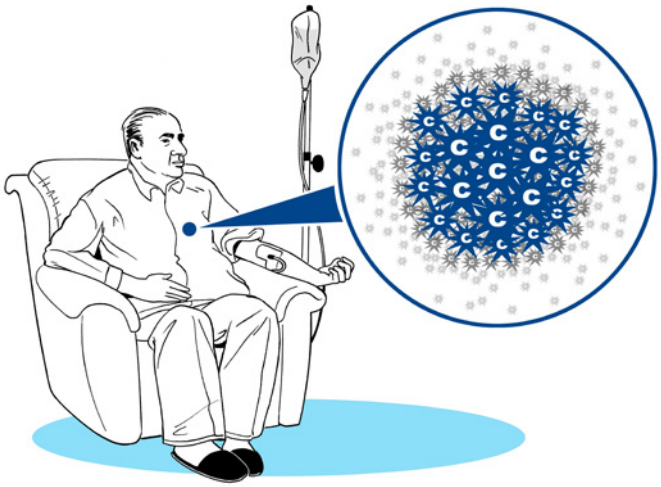


- half as many people die from heart disease now as they did in 1990.

- the number of men who take their own lives (commit suicide) is lower now than at any time in the last 31 years.

Even though the NHS is doing a good job, we need to get even better at looking after people with:

- diabetes.



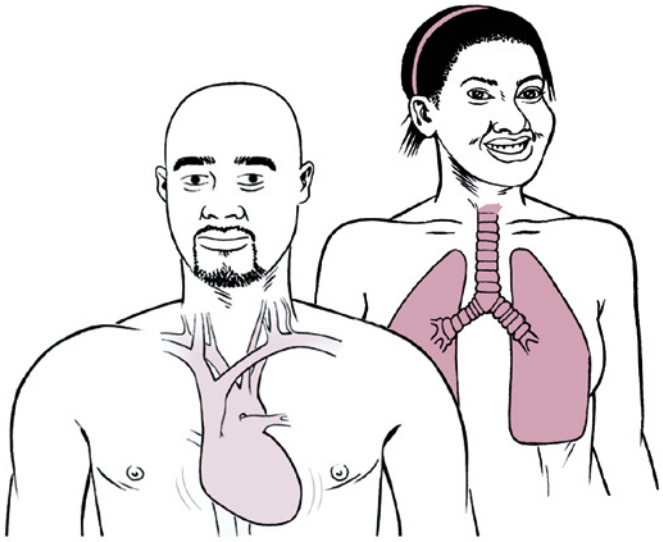
- cancer.

- mental health.

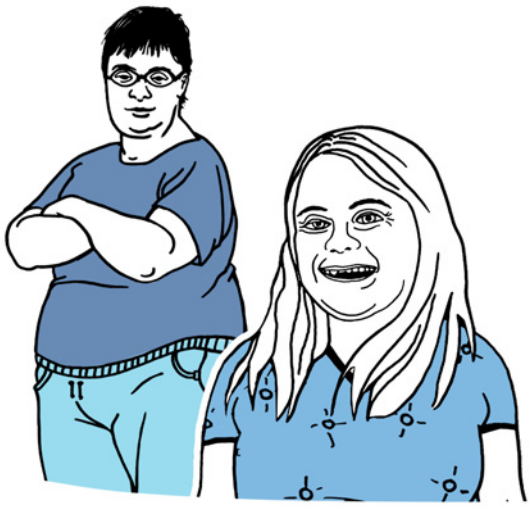
- dementia.

We also want to focus on:

- children's health.



- heart and lung conditions.

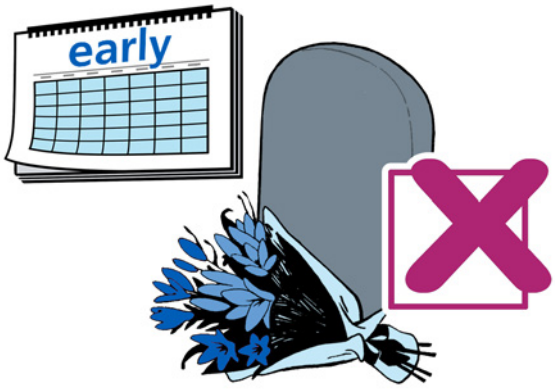


- learning disabilities.

- autism.

For people with a learning disability, autism or both this includes:

- helping people to live happier, healthier lives.

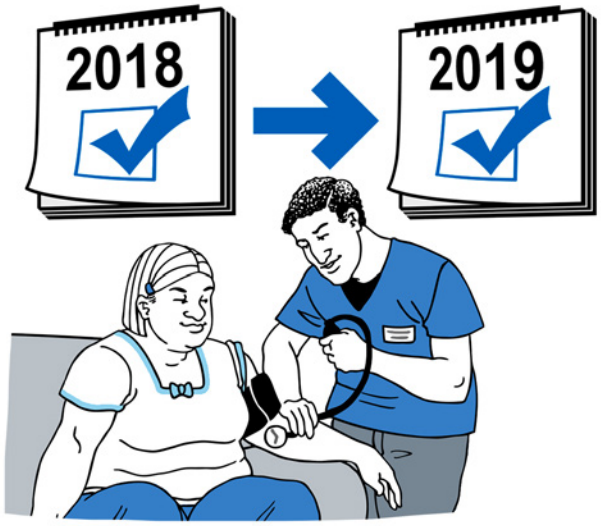


- stopping people dying earlier than they should.

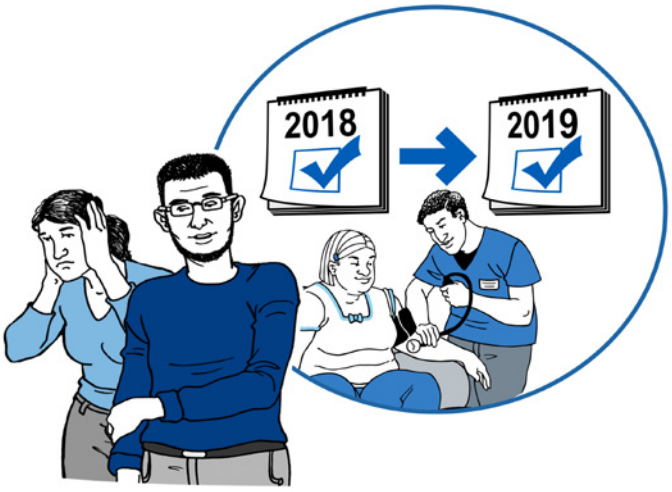
- telling staff what kind of support each person needs by adding more information onto their computer record at the doctors.

- helping staff understand people and their needs better.

- making sure that people and their families get better care.



- supporting more people with a learning disability to get a check-up at the doctor each year to keep them well.



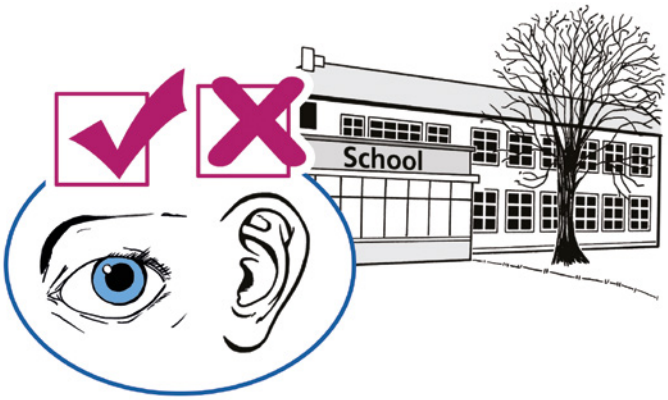
- finding out if the same types of health check would work for autistic people too.

- making sure that if people need medication, that they get the right medication, at the right time and for the right reason.

- making sure that people have more say about their own care and support.

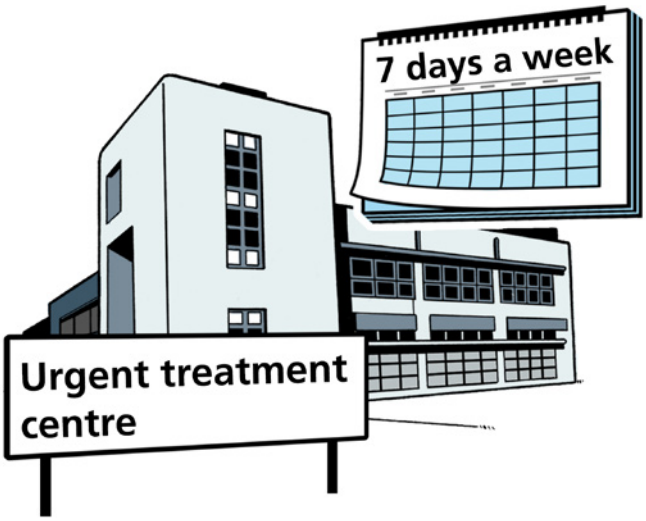
- making sure that children and their families get the best start in life by supporting them better.

- making sure that each child and young person with a learning disability, autism or both with the most complex needs has a named keyworker by 2024.



- bringing hearing, sight and dental checks to specialist schools for autistic children and children with a learning disability.

- helping people to live in homes that they choose and not in hospitals.



- making sure that when people need support very quickly that they can get it, on any day of the week, even weekends.

- carrying on listening to people and working together.

- making sure that more people with a learning disability, autism or both have a job if they want one, and that the NHS is a good place to work for people.

Chapter 4

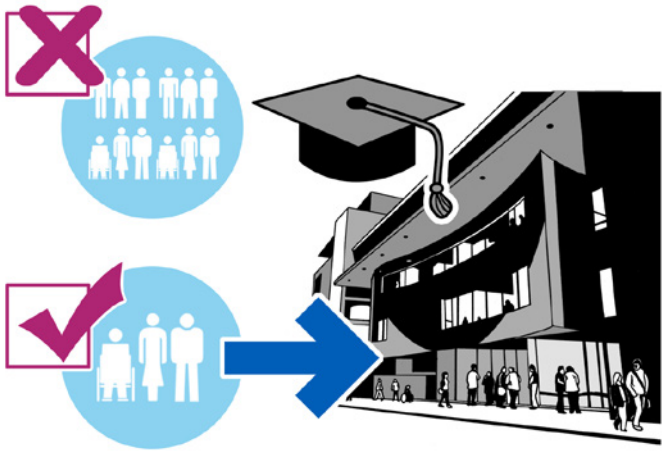
We want to support our staff better and look at the things which make their jobs hard.

We already know that:

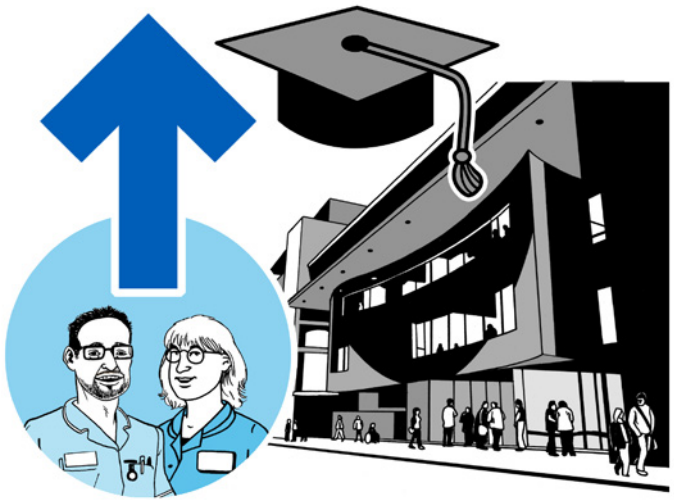
- in the last 10 years the NHS hasn't had enough staff.

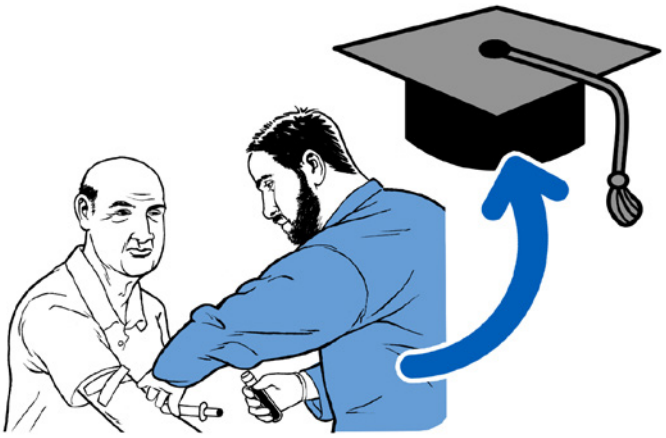
- the NHS hasn't helped staff to have a good balance of work and personal time.

- staff haven't been given enough chances to move into more senior jobs.



- there are more people who want to go to university to study nursing and medicine but there are not enough places available.





The plan includes things we will do to make this better, including:

- making more university places available, especially for nursing.
- making more money available for medical students to study in different places.
- having different ways of becoming a nurse or health professional.
- guaranteeing jobs for students after they qualify.

- having more trained staff from other countries.

And things we will do for our staff:

- make the times and days staff work more flexible.

- make more money available so that staff can learn and develop their skills.

- make sure that we treat everyone fairly.

We will also help staff and patients by supporting more people to volunteer for the NHS.

Chapter 5

We will put more money into new technology and online services and systems.

We want everybody to be able to use services from their computer, tablet or phone if they want to.

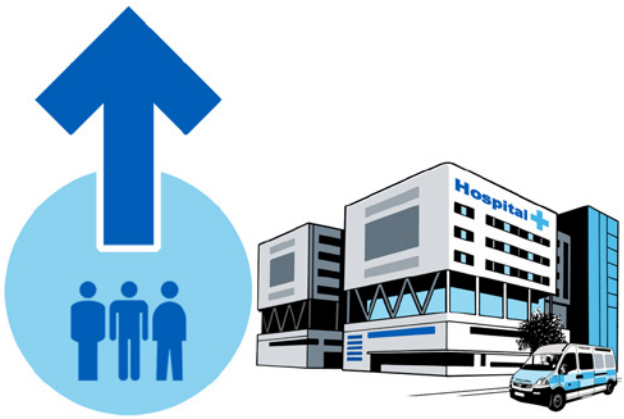
This will mean:

- people and their families and carers can look after their own health better.

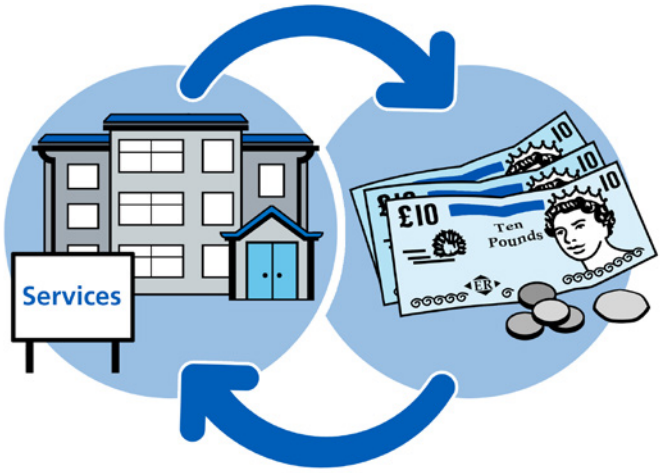
- doctors and other health professionals will be able to make some decisions better and faster.

Chapter 6

We will use the extra money to make sure the NHS works well in the future.



To do this we have looked at lots of things including how the NHS will keep up with more people needing to use it.

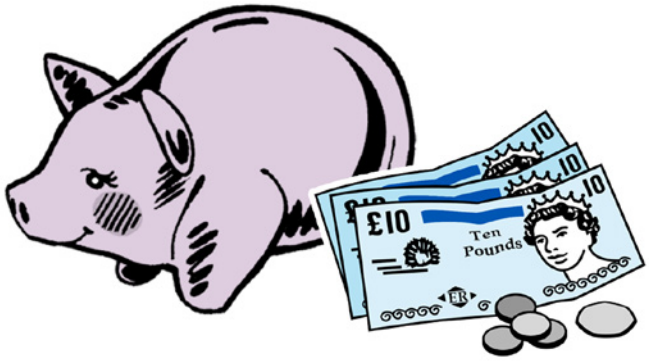


These include:

- spending more money on services in the community.

- working with local NHS services to use this plan as well.

- making sure that the services we have are working as well as they can.



By doing these things we hope we will save money which we can then spend on services people need.

Chapter 7

What happens next?

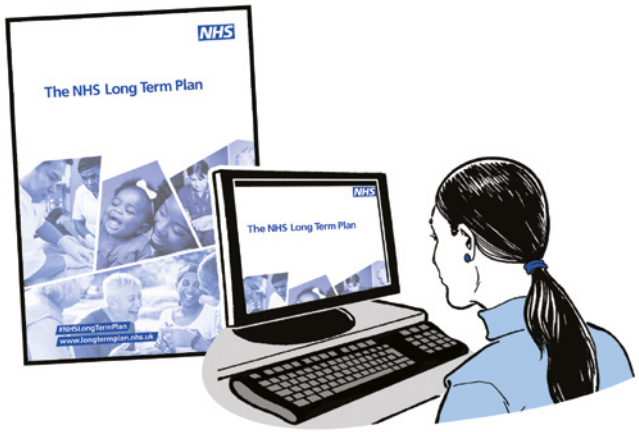
- We will set up a group called the NHS Assembly which will bring professionals, patients and the public together to make this plan work.

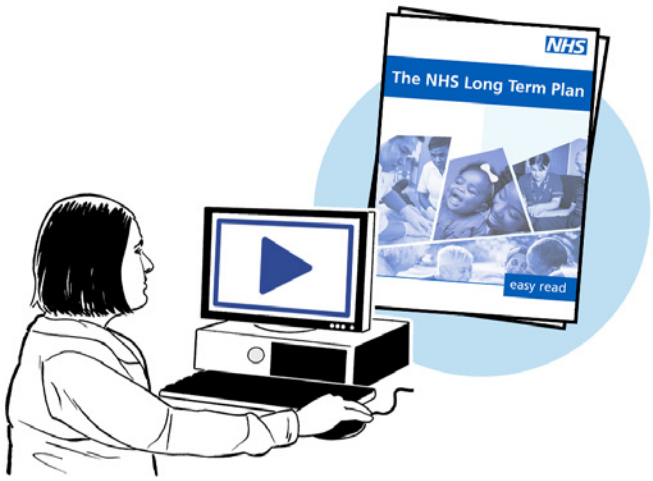
- NHS organisations and the people they work with will come together to think about how the plan can help local people.

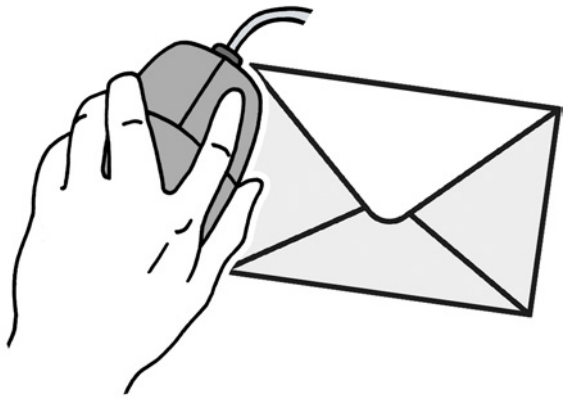
- The NHS will work with Parliament and the Government to make some changes to the law to help make these things happen faster.

- The NHS will start setting up ways for NHS organisations and local councils to work closer together to make health and care better for everyone – these will be called Integrated Care Systems.

More information







- You can read the non-easy read NHS Long Term Plan here:

  https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

- You can can watch a short video about the plan here:

  https://youtu.be/dWFs70mcilU

- If you have any questions, you can email us at england.ltp@nhs.net

CHANGE

This easy read document has been produced by CHANGE
www.changepeople.org

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
9

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Clinical Outcome Measures Briefing Report
DATE OF MEETING:	5 February 2019
LEAD DIRECTOR: (name and title)	Dr Claire Kenwood - Medical Director
PAPER AUTHOR: (name and title)	Sara Sewell – Care Programme Approach Development Manager Tom Mullen - Clinical Director

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (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 highlights the work of the Trust wide Outcomes Group in 2018, noting progress made and challenges to further development.

The principle of this work is that each service is moving towards having meaningful outcomes and that these will differ depending upon the work of the service.

It provides the background of work to date to support the discussions at the Council of Governors.

At the meeting there will be an opportunity to understand how a range of services are doing with this challenge and help them understand what is needed for success in this area.

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'**	If yes please set out what action has been taken to address this in your paper
	No	

RECOMMENDATION

- Talk with services at the Council of Governors meeting to understand the successes and challenges of working to use outcomes in the Trust.
- Take the opportunity to hear from a variety of services, their outcomes use and future plans.
- Reflect on how this agenda can be supported.

MEETING OF THE COUNCIL OF GOVERNORS
5 February 2018

Clinical Outcome Measures Briefing Report

1. The Purpose

The purpose of this paper is to provide an overview of the work carried out and led by the Trust Wide Outcomes Group in 2018, as we seek to further implement and embed Clinical Outcome Measures and to set out the Trust's future direction of travel in this area. This paper supports the Trust's work going forward against its strategic objective 1 Quality and Outcomes; we *provide excellent quality, evidence based, safe care that involves people and promotes recovery and wellbeing.* One of the priorities against this strategic objective is *'measuring and improving outcomes'.*

2. Background

The Trust is committed to gaining an understanding of what difference we are making to the lives of the people who use our services. One way of demonstrating this is through the development of outcome measures. Within our organisation it is a stated priority to work with service users and carers, commissioners and partners to develop and implement validated outcome measurement tools that will provide information to service users, carers, clinicians and commissioners to help assess people's progress. However, achieving this across all services, all of the time, is a considerable task for any Mental Health Trust. Within LYPFT, the routine use of outcomes to inform care varies greatly across our diverse range of services and populations served. We would hope to explore this further within the Governors meeting on the 5th February 2019 and we'd wish to further the understanding of all with regards to reasons for such variation and the very real challenges we face in making progress in all clinical areas.

3. Work to date…

Clinician Rated Outcome Measures (CROM)

The Health of the Nation Outcome Scale (HoNOS) was chosen as the CROM of choice by the LYPFT Outcomes Task & Finish Group in 2013. The rationale for this was that the majority of services within the Leeds Care Group are in scope for clustering and the Mental Health Clustering Tool should be used for all service users at initial assessments and key review points. The first twelve items in the Mental Health Clustering Tool are actually HoNOS items.However, an issue with HoNOS is that it is a generic Clinician Rated Outcome Measure. Clinical effectiveness cannot

really be demonstrated by changes in total score. The 4 factor model (based on negative wellbeing factors) was developed in an attempt to show clinical effectiveness though its application is widely accepted as limited.

A proposal to review which CROM should be used was undertaken and it was agreed that the Clinical Global Impression scale (CGI) would be used in Leeds Care Group services. The CGI and Cluster Tool have been combined in PARIS as an easy to complete form with embedded guidance.
Further work however is still required to ensure that teams, individual clinicians and individual service users are able to access timely reports which can inform them of change over time and support care planning and future interventions.

Patient Reported Outcome Measures (PROM)

A one year pilot of the Patient Reported Outcome Measure called Recovering Quality of Life-10 (ReQoL-10) was undertaken in a number of Leeds Care Group services in 2017. The recommendations from the original pilot were to undertake a further pilot in the Rehabilitation and Recovery Services for 10 months (January – October 2018). The Trust-wide Clinical Outcomes group has the further development of the ReQoL pilot as one of its key priorities in its Terms of Reference and therefore oversees the pilot and makes recommendations for next steps.

The CPA Development Manager has worked closely with the lead ReQoL Champion/Clinical Psychologist to support an extended pilot within this service. The training package was reviewed and dates to deliver the training were provided to all three involved teams. The refined training package included information on how to interpret ReQoL scores and understand whether a change in score is clinically meaningful, guidance on how to access crystal reports in PARIS which provide individual service user ReQoL data as line graphs, and how the data can be used to inform service user care. New information leaflets for service users and carers have been developed which include how and why the tool is being used as well as how it can be beneficial to support care.

A change in the way ReQoL was used operationally was undertaken – previously any member of staff (qualified or non-qualified) could support service users to complete ReQoLs; however staff were not routinely discussing ReQoL scores with service users after the data had been collected. It was therefore agreed that any member of staff could support service users to complete ReQoL, but only the Key Worker would review ReQoL scores and discuss them with service users. This method provides more consistency in the analysis of outcomes data and aligns better to the services' care pathway as the Key Worker completes the preparatory documentation for the multi-disciplinary team (MDT) meetings every three weeks (ReQoL collection aligns to this process). The teams are trying to embed this new way of working so that ReQoL scores and narratives from service users can be included in MDT meetings.

Ways of retrieving outcomes data through COGNOS reports were explored with the Informatics Team. The current reports illustrate the number of ReQoLs offered, completed, declined, and not clinically appropriate to offer. The data is presented at team level but can also be viewed for individual service users. New reports which focus on the service user journey through the whole service, as opposed to the three individual teams are currently being developed. The new reports will include entry and exit scores, score change, and whether the change was a clinically significant and reliable change.

There continues to be positive feedback from both staff and service users on the use of ReQoL. Two acute inpatient wards were involved in the original pilot and during this time staff from across other inpatient wards were keen to use it, thus we have agreed that all acute inpatient wards will use ReQoL as their main PROM.

We have also agreed to use ReQoL as our standard outcome measure across working age community services as part of implementing the Community Redesign of services.

Patient Reported Experience Measures (PREM)

As a specialist Mental Health Trust we endeavour to be able to collect and use feedback from our service users' to understand what their experience of our services is. We already collect some service user feedback through the use of Patient Reported Outcome Measures (PROMs) and staff reported feedback through Clinician Rated Outcome Measures (CROMs) as detailed above; however much of the current literature states that the best measure of service user experience and satisfaction is from using PREMs.

One of the priorities of the trust-wide Clinical Outcomes Group is for all services to develop a PREM. Prior to initiating this piece of work, we did not have a way of routinely evidencing what service users say about our services, what areas we need to improve, or if we have made improvements; how we did this and how we measured its success. Our services were at different stages of developing and/or implementing PREMs and we needed to get to a point where we are routinely receiving regular feedback from service users. It was therefore agreed, as part of the Trust-wide Clinical Outcomes Group that all services should aspire to co-produce PREMs with service users. The purpose of co-producing all PREMs was to ensure the measures are as meaningful as possible to our service users.

To support this project, the Outcomes Group held a PREM event in September 2018 which was open to all members of staff and service users across the Trust to come together and share learning, as well as consider how we can begin to develop service specific experience measures across our diverse range of services. The event included an overview of the types of service user feedback and the different ways of capturing it as well as how we utilise experience measures, analyse the results and use them to improve the quality of care we provide.

Attendees benefitted from hearing from a member of our Service User Network (SUN) who is an Expert by Experience. He described his experience of receiving support from our services and how it impacted on his recovery journey. Finally, staff from some of our Specialist Care Group services provided presentations detailing the development of their own PREMs or implementation of nationally agreed PREMs, tips to successfully embed it, and the challenges staff faced when implementing a new way of working.

Prior to agreeing to develop co-produced PREMs, The Patient Experience Team was promoting the use of the Friends and Family Test (FFT). The team visited teams and held information sessions with staff. The team also has four volunteers who were supporting the FFT work. The Trust uses Quality Health to collate and return FFT feedback; however the Patient Experience Team also shares feedback internally through 'You Said, We Did' posters so the feedback and actions are shared with services as quickly as possible.

The Patient Experience Team is now looking to support services to develop co-produced Patient Reported Experience Measures (PREM). The Team are currently supporting ten services, the majority of which are at stage one of the project (planning and discussion stage). Some teams have moved on to the second stage (project registration) which means a plan with objectives and milestones has been agreed. Services on stage two also have a Patient Experience Involvement Co-ordinator allocated to support the PREM development. The team are also offering to deliver PREM awareness sessions to services if there is a training/educational requirement.

A number of our services have embedded PREMs and are making great use of the feedback through their Governance groups to recognise examples of great practice and implement changes in service delivery where indicated.

Trust-Wide Clinical Outcomes Group

The Trust-wide Clinical Outcomes Group was formed in February 2018 to support the development, implementation and effective utilisation of outcome measurement as routine business in all clinical services. The Group has membership from across both Care Groups, is multi-disciplinary and spans inpatient and community services. The priorities for 2018 were:

1. To identify the range of outcome measures in current use across all clinical services.

2. To identify areas of best practice where outcome measurement is routine, embedded in robust governance and contributing to developing practice, in order to better understand how this has been achieved and to share the learning to inform developments across all services.

3. To establish agreed outcome measures for use with Mental Health Care Clusters 16 and 17 in our Assertive Outreach Team as per the Service Delivery Improvement Plan (SDIP) requirement from the Clinical Commissioning Group (CCG).

4. To conduct a refined pilot of Recovering Quality of Life – 10 (ReQoL-10) Patient Reported Outcome Measure in a small number of specific service areas, to inform local learning, and as part of a national programme of evaluation.

5. To develop co-produced Patient Reported Experience Measures in all clinical services. This will require joint working between staff and service users to agree a meaningful measure for each service, and determining means of collecting, collating, interpreting and acting upon the reported information.

The Group identified a number of measures in use across both Care Groups. These were not, however, all being used routinely, nor was the data being regularly shared with service users. Further discussions will need to take place to review the use of outcome measures in connection with the change of electronic patient referral system. It has become apparent that the Specialist and Learning Disability Care Group have greater service specific outcome measures embedded than the Leeds Care Group services. There may be a number of reasons for this e.g. culture, leadership, smaller caseloads, different commissioning requirements which include the routine collection of outcome measures. Further work to embed outcome measures in the Leeds Care Group has involved bringing together clinicians and service users from across services to share their experience in this work to support wider implementation.

The Group receives updates at every meeting on the progress of the ongoing ReQoL pilot from the lead ReQoL Champion/Clinical Psychologist and Care Programme Approach Development Manager who are leading on this piece of work. A Project Initiation Document (PID) was shared with the Group, which included engagement and training strategies for staff, dissemination of information to service users and carers, and how the project will be evaluated. The ReQoL pilot is being supported by the Trust's Informatics service that have developed graphs illustrating individual service user outcomes data as well as data on a team and service level. These graphs are constantly being amended and improved to reflect the needs of service users and staff. Finally, a ReQoL steering group has been formed to support the ongoing work of embedding this tool into the service's care pathway.

The Group also receives regular updates on the progress of the PREM development across the Trust. The Head of Patient Experience and the Patient Experience Team (PET) is supporting services to develop co-produced Patient Reported Experience Measures.

4. Challenges going forward

- Regular engagement with outcomes process and data by all clinical staff
- Operationalising the use of outcome measures in all clinical services
- Clinical understanding / clinical leadership
- The Informatics department to continue to design and develop suitable and easy to interpret data reports for service users (and carers), clinical staff, managers and commissioners to ensure maximum accessibility, understanding and use of outcome measures.
- Accessing and interpreting outcomes reports is time consuming and skilful work. Without repeat practice, within the context of competing priorities, these skills get forgotten or deprioritised.
- Resourcing, to support teams to embed and maintain practice.

5. Next steps/Recommendations

- The CROMs which are currently in use will continue to be used going forward.
- The use of ReQoL-10 will be rolled out across all Leeds Care Group adult services as the PROM of choice. A new training package for staff will be developed and delivered in 2019.
- All services trust-wide will continue to develop co-produced PREMs and ensure feedback is utilised to improve service delivery and service user satisfaction.
- The Trust-wide Clinical Outcomes group has been most successful when bringing together staff and service users to share experience, innovation and challenges. We will continue to host events of this nature throughout the year, building upon the impressive work which is growing across our services to further support our less developed services to take forward steps.However the overall Clinical Outcomes Group work plan will be combined with the Care And Safety Planning And Recovery (CASPAR) Group in 2019. The rationale for this is that all projects are intrinsically linked, some members sit on both Groups and by combining the Groups, clinical staff will require less time away from clinical work, thus increasing staff engagement and attendance.

Sara Sewell
Care Programme Approach Development Manager

Tom Mullen, Clinical Director

January 2019

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
11

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Performance and Finance Report
DATE OF MEETING:	5 February 2019
PRESENTED BY: (name and title)	Dawn Hanwell - Director of Finance and Deputy Chief Executive
PREPARED BY: (name and title)	Nikki Cooper - Head of Performance Management and Informatics

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (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 to highlight and outline the trust's current performance over the last three 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?	**State below 'Yes' or 'No'**	If yes please set out what action has been taken to address this in your paper
	N	

RECOMMENDATION

The Council are asked to note the contents.

Council of Governors: Quarterly Performance and Quality Update Report

- Overview of Key Performance Indicators.

- Performance and Quality metrics summary.

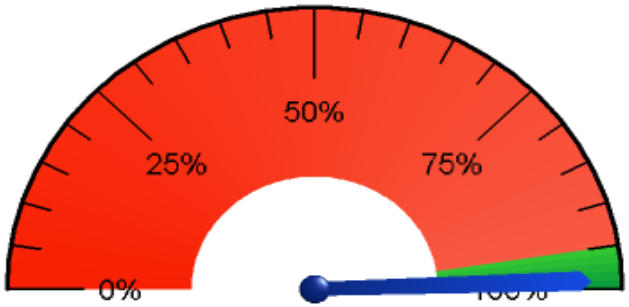
- Trust Board Assurance: Key discussions, issues and actions.

NHS
Leeds and York Partnership
NHS Foundation Trust

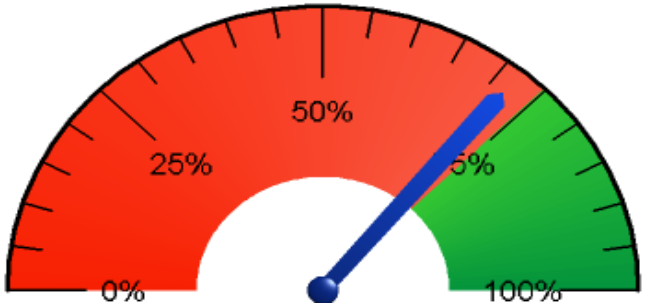
Overview of Key Performance Indicators

Access and Responsiveness: Our response in a crisis

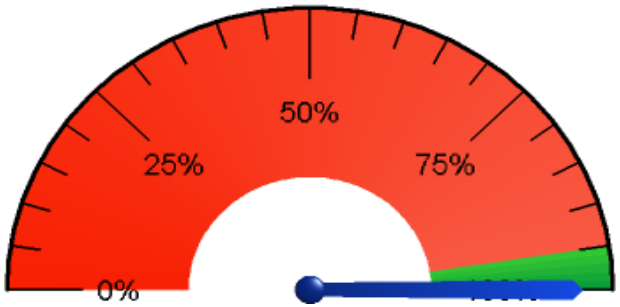
Percentage of referrals to the crisis team with a crisis plan in place within 24 hours of referral



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

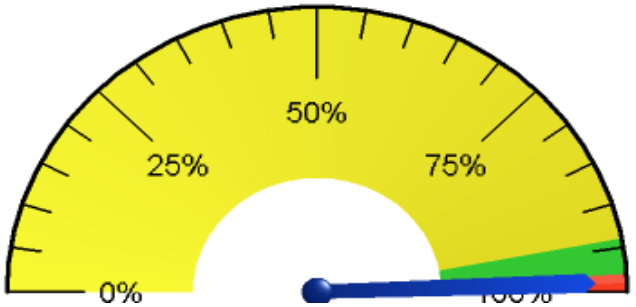


Percentage of admissions to inpatient services that had access to crisis resolution / home treatment teams

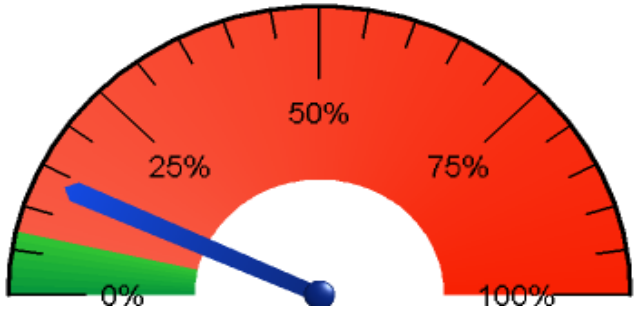


Our Acute Patient Journey

Bed Occupancy rates for (adult acute) inpatient services



Percentage of delayed transfers of care

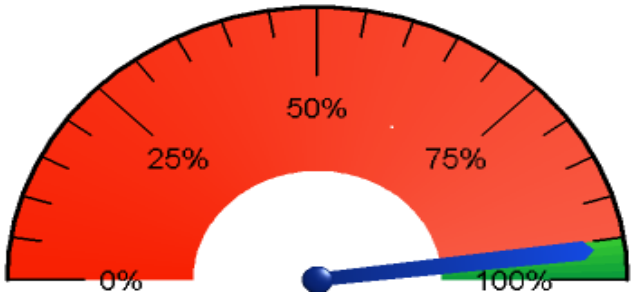


Overview of Key Performance Indicators continued

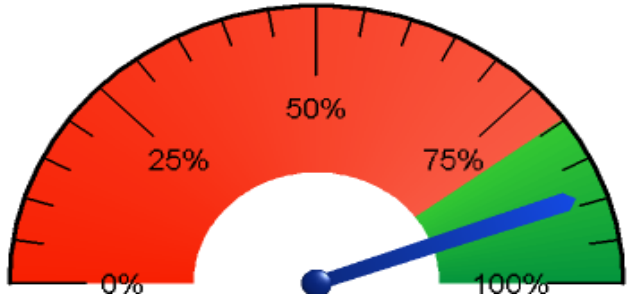
Our Community Care

Percentage of inpatients followed up within 7 days of discharge

QUARTER TO DATE

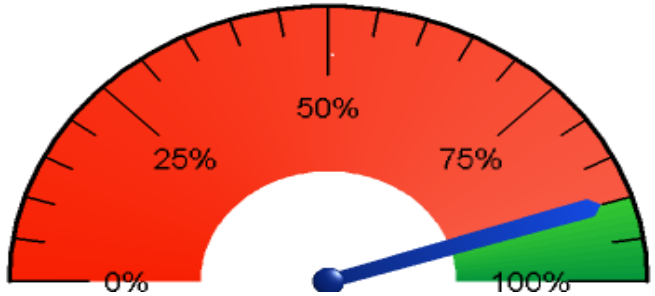


Percentage of referrals seen (face to face) within 15 days of receipt of referral to a community mental health team



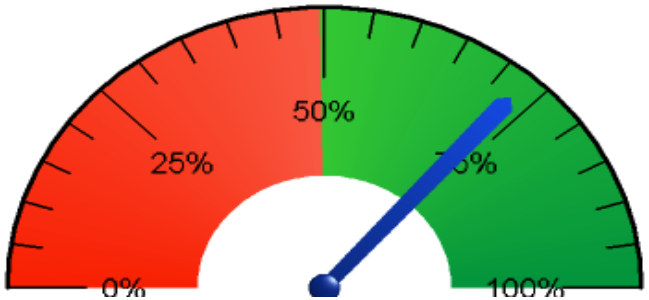
Percentage of referrals to memory services seen (face to face) within 8 weeks

QUARTER TO DATE

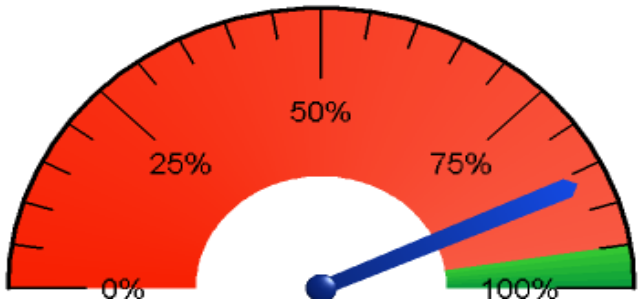


Percentage of referrals to memory services with a diagnosis recorded within 12 weeks

QUARTER TO DATE



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



Performance and Quality Metrics Summary

Services: Access & Responsiveness: Our response in a crisis	Target	Oct-18	Nov-18	Dec-18
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	80.40%	80.20%	79.80%
Percentage of referrals to the crisis team with a crisis plan in place within 24 hours of referral	95%	96.8%	98.0%	99.0%
Percentage of admissions gatekept by the crisis teams	95%	100.0%	98.7%	100.0%
Percentage of ALPS referrals assessed within 1 hour (*target replaced from 3 hours to 1 hour)*	90%	61.8%	78.8%	71.8%
Services: Access & Responsiveness: Our Specialist Services	**Target**	**Oct-18**	**Nov-18**	**Dec-18**
Gender Identity Service - Average wait for those currently on the waiting list (weeks)	-	31	32	33.4
Gender Identity Service: Number on waiting list	-	1,229	1,267	1,281
Leeds Autism Diagnostic Service (LADS): Percentage receiving a diagnosis within 26 weeks of referral (quarterly)	80%	-	-	26.00%
CAMHS inpatients: Honosca & CGAS: % completed at admission (quarterly)	80%	-	-	100%
CAMHS inpatients: Honosca & CGAS: % completed at discharge (quarterly)	95%	-	-	100%
Deaf CAMHS: wait from referral to first face to face contact in days (monthly)	-	33.7	44.7	43.4
Forensics: HCR20: Percentage completed within 3 months of admission (quarterly)	95%	-	-	100%
Forensics: HCR20 & HoNOS Secure: Percentage completed (LOS greater than 9 months) (quarterly)	95%	-	-	97.10%
Perinatal: Average wait from referral to first face to face contact in days (monthly)	-	28.1	21.4	15.9
Services: Our acute patient journey	**Target**	**Oct-18**	**Nov-18**	**Dec-18**
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Service (CAS) bed occupancy	-	93.00%	84.40%	91.40%
Crisis Assessment Service (CAS) length of stay at discharge	-	8.2	6.2	9.3
Liaison In-Reach: attempted assessment within 24 hours	-	76.0%	84.8%	79.3%
Bed Occupancy rates for (adult acute) inpatient services	94-98%	99.8%	99.1%	98.9%
• Adult Acute (total)	-	99.8%	99.1%	98.9%
• Becklin – ward 1	-	98.4%	100.8%	98.2%
• Becklin – ward 3	-	98.8%	98.8%	95.3%
• Becklin – ward 4	-	101.6%	97.0%	99.9%
• Becklin – ward 5 (Lynfield Mount June 2018)	-	99.0%	99.7%	100.6%
• Newsam – ward 4	-	101.1%	99.4%	100.6%
• Older adult (total)	-	97.8%	96.0%	89.9%
• The Mount – ward 1	-	96.0%	99.4%	92.6%
• The Mount – ward 2	-	85.4%	71.8%	76.8%
• The Mount – ward 3	-	101.1%	100.7%	92.7%
• The Mount – ward 4	-	103.5%	103.9%	93.4%
Percentage of delayed transfers of care	<7.5%	13.7%	14.3%	13.6%
Number of out of area placement bed days versus trajectory (in days: cumulative per quarter)	-	-271	254	626
Acute: Number of out of area placements beginning in month	-	11	6	12
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	511	459	368
PICU: Number of out of area placements beginning in month	-	5	0	1
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	121	66	4
Older people: Number of out of area placements beginning in month	-	1	0	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	17	0	0
Services: Our community care	**Target**	**Oct-18**	**Nov-18**	**Dec-18**
Percentage of inpatients followed up within 7 days of discharge	-	96.91%	95.37%	96.00%
Percentage of inpatients followed up within 7 days of discharge (quarterly data)	95%	-	-	96.06%
Number of service users in community mental health team care (caseload)	-	5,096	5,061	5,056
Percentage of referrals seen (face to face) w/in 15 days by a community mental health team (quarter to date) *(target replaced from 14 days to 15 days*)	80%	80.00%	79.82%	89.00%
Percentage of referrals to memory services seen (face to face) within 8 weeks (quarter to date)	90%	88.3	87.8	90.00%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50%	77.50%	72.90%	72.80%
Percentage of Care Programme Approach patients receiving a formal review in the last 12 months	95%	86.0%	85.0%	86.5%

*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	Sep-18	Oct-18	Nov-18
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	97.4%	97.3%	97.3%
Percentage of service users with ethnicity recorded (service users seen in month)	90%	93.8%	93.9%	94.0%
Percentage of service users with ethnicity recorded (NHS Standard Contract)	90%	85.2%	84.9%	84.9%
Percentage of NHS number recorded	99%	99.4%	99.6%	99.5%
Percentage of in scope patients assigned to a mental health cluster	-	89.8%	90.4%	89.7%
Timely Communication with GPs: Percentage notified in 7 days	-	21.60%	30.7%	36.3%
Quality: Our effectiveness	**Target**	**Sep-18**	**Oct-18**	**Nov-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)	-	85.8%	87.5%	88.8%
Classic Safety Thermometer: Percentage of harm free care (point prevalence survey)	95%	98.6%	98.1%	98.5%
Percentage of service users in Employment	-	14.7%	15.0%	15.2%
Percentage of service users in Settled Accommodation (definition reviewed and changed from August)	-	78.4%	79.3%	79.8%
Quality: Caring / Patient Experience	**Target**	**Sep-18**	**Oct-18**	**Nov-18**
Friends & Family Test: Percentage recommending services	-	57.1% (77)	82.3% (17)	80.9% (41)
Mortality:	Qrterly	-	-	-
· Number of deaths reviewed	Qrterly	106		
· Number of deaths reported as serious incidents	Qrterly	3		
· Number of deaths reported to LeDeR	Qrterly	0		
Number of complaints received	-	16	20	18
Percentage of complaints acknowledged within 3 working days	-	100%	100%	100%
Percentage of complaints allocated an investigator within 3 working days	-	83%	85%	78%
Percentage of complaints with a draft report completed within 20 working days	-	27%	50%	50%
Percentage of complaint responses sent to the complainant within 30 working days	-	20%	45%	63%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	120	145	106

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	Sep-18	Oct-18	Nov-18
Number of incidents recorded	-	787	801	1,013
Percentage of incidents reported within 48 hours of identification as serious	100%	100% (2)	100% (5)	100% (2)
Number of never events	0	0	0	0
Number of restraints and restrictive interventions	-	140	135	98
No. of patients detained under the Mental Health Act (includes Community Treatment Orders/conditional discharges)	-	473	474	468
Adult acute including PICU: % detained on admission	-	-	72.2%	64.0%
Adult acute including PICU: % of occupied bed days detained	-	-	85.3%	83.4%
Flu uptake (moving CQUIN target: 50% or less = no payment)**	75%	-	48%	69.0%
Number of medication errors	Qrterly	157	-	-
Percentage of medication errors resulting in no harm	Qrterly	89.8	-	-
Safeguarding Adults: Number of advice calls received by the team	-	62	66	70
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	-	8% (5)	4.5% (3)	7.14% (5)
Safeguarding Children: Number of advice calls received by the team	-	28	29	39
Safeguarding Children: Percentage of advice calls to safeguarding that resuled in a referral to social care	-	17.9% (5)	13.8% (4)	5.13% (2)
Number of falls	-	59	76	69
Our Workforce	**Target**	**Sep-18**	**Oct-18**	**Nov-18**
Percentage of staff with an appraisal in the last 12 months	85%	74.3%	75.2%	74.3%
Percentage of mandatory training completed	85%	85.4%	85.9%	87.2%
Safeguarding: Prevent Level 3 training compliance (month end snapshot)	85%	90%	91%	92%
Percentage of staff receiving clinical supervision	85%	58.1%	48.8%	52.6%
Staff Turnover (Rolling 12 months)	8-10%	10.1%	10.2%	10.2%
Sickness absence rate	4.60%	4.6%	4.7%	4.7%
Percentage of sickness due to musculoskeletal issues (MSK)	14.7%	14.4%	13.9%	14.4%
Percentage of sickness due to Stress	27.2%	27.3%	28.7%	31.0%
Band 5 inpatient nursing vacancies	-	-	-	23.4%
Band 6 inpatient nursing vacancies	-	-	-	2.5%
Band 5 other nursing vacancies	-	-	-	21.1%
Band 6 other nursing vacancies	-	-	-	+1.6%
Percentage of vacant posts	-	12%	11%	11%

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:

To follow from Board meeting

Key issues, risks and actions:

Trust Board Discussion Summary:

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
14

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Support for the Appointment of the Senior Independent Director
DATE OF MEETING:	5 February 2019
LEAD DIRECTOR: (name and title)	Cath Hill – Associate Director for Corporate Governance
PAPER AUTHOR: (name and title)	Cath Hill – Associate Director for Corporate Governance

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (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

Under the Code of Governance it is the role of the Board of Directors to appoint one of the independent non-executive directors (NED) to be the Senior Independent Director (SID). It is the role of the SID to be available to members and governors if they have concerns which contact through the normal channels of chairman, chief executive or finance director has failed to resolve or for which such contact is inappropriate.

The Council is reminded that the current SID is Steven Wrigley-Howe who comes to his final term of office on 16 February 2019 and as such the Board needs to appoint another NED to this position.

At its meeting on the 31 January 2019 the Board of Directors will be asked to agree to appoint Martin Wright as the new SID. The Council of Governors is asked to support this appointment given that the SID is one route open to governors to raise concerns should they need to.

A copy of the role description of the SID is attached for information.

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'**	If yes please set out what action has been taken to address this in your paper
	No	

RECOMMENDATION

The Council of Governors is asked to support the appointment of Martin Wright as the Senior Independent Director with effect from 17 February 2019.

Leeds and York Partnership NHS
NHS Foundation Trust

ROLE DESCRIPTION

TITLE	**Senior Independent Director**
REPORTS TO	**The SID seeks to be independent in all matters and does not have one route of reporting; this will depend on the nature of the matter**
ACCOUNTABLE TO	**Board of Directors**

1. JOB SUMMARY

The Senior Independent Director (SID) will be a non-executive director (NED) with all the general duties of a NED in common with other NEDs, but with the enhanced duties of the SID as set out in section 4 below (the SID appointment will not attract any extra remuneration).

In summary the SID will be available to directors, governors or members if they have concerns which have not or cannot be resolved through normal contact with the Chair of the Trust, the Chief Executive, or the Trust Board Secretary (Head of Corporate Governance), or where such contact is considered to be inappropriate.

2. CRITERIA FOR ELIGIBILITY

The SID is to be a NED who is appointed by the Board of Directors and who is considered to fulfil the criteria of 'independent' as set out by Monitor in the NHS Foundation Trust Code of Governance.

The Chair of the Trust is not eligible to be the SID. The Deputy Chair whilst eligible to be the SID, cannot carry out this role when acting as Chair of the Trust, due to the need to be independent of the Chair role. The Senior Independent Director does not have to be the chair of the Audit and Assurance Committee.

The Board of Directors will review the appointment normally every two years, and may re-appoint the incumbent SID or choose another person from amongst the independent non-executive directors as it sees fit. For clarity the appointment period for the SID will normally be two years unless there are operational reasons as to why the Board may wish to vary the term of appointment.

3. WORKING RELATIONSHIPS

The SID will be appointed by the Board of Directors. The Board of Directors should consult the Council of Governors in respect of the individual who is to be appointed.

The SID will have the normal working relationships of a NED, however with specific reference to the role of the SID the main working relationships will be with:

- Governors
- Members
- Directors (including NEDs)
- The Board of Directors
- The Council of Governors
- Chair of the Trust
- Head of Corporate Governance (acting as Trust Board Secretary)

4. PRINCIPLE DUTIES AND AREAS OF RESPONSIBILITY

In addition to the general duties of a NED, the SID will have the following specific duties:

- Be available to directors (executive and non-executive) if they have concerns about the performance of the Board or the welfare of the Trust, which contact through the normal channels of Chair of the Trust, the Chief Executive, or the Trust Board Secretary (Head of Corporate Governance) has failed to resolve or for which such contact is inappropriate
- Be available to governors and members if they have concerns about: the performance of the Board of Directors; the Trust's compliance with the terms of its licence or the welfare of the Trust; where contact through the normal channels of Chair of the Trust, the Chief Executive, or the Trust Board Secretary (Head of Corporate Governance), has failed to resolve or for which such contact is inappropriate
- Help resolve any disagreements that may arise between the Council of Governors and Board of Directors, in accordance with any procedures agreed by the Trust and set out in the Constitution
- Maintain sufficient dialogue with governors (including regularly attending Council of Governors' meetings) in order to develop a balanced understanding of their issues and concerns
- When appropriate ensure that the issues and concerns of members and governors are communicated to the other non-executive directors and, as necessary, the Board as a whole
- Carry out the annual appraisal of the Chair of the Trust and make a report to the Appointments and Remuneration Committee and the Council of Governors on the outcome

- Meet with the non-executive directors, in the absence of the Chair of the Trust, at least annually to discuss his/her performance as part of the annual appraisal process (or for any other reason which may require the NEDs to meet without the Chair of the Trust)

- Chair the Nominations Committee and the Appointments and Remuneration Committee when matters concerning the incumbent Chair of the Trust are being considered

- Support the Chair of the Trust in leading the Board of Directors, acting as a sounding board and source of advice for the chair.

5. TIME COMMITMENT

The Senior Independent Director should ensure they will have sufficient time to meet the rigours of the role and the additional responsibilities.

6. APPROVAL

This role description was approved by the Board of Directors at its meeting held on 30 May 2013.

Any subsequent changes to the role description will be agreed by the Board of Directors.

AGENDA ITEM

15

Board-to-Board Session – Action Plan

5 September 2018

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	**Closed as an action**
The Organisational Development Team is to complete the design of and launch the governors' training programme.	Dan Fawkes	End January 2019	**Ongoing** The OD team are negotiating with NHS Providers for there to be a locally run training course for governors in this Trust and other foundation trusts in the area.

Action	Lead	Timescale	Status
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	**Completed**
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	

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
16

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Process for the Nomination and Election of a Lead Governor
DATE OF MEETING:	5 February 2019
PRESENTED BY: (name and title)	Cath Hill – Associate Director for Corporate Governance / Trust Board Secretary
PREPARED BY: (name and title)	Fran Limbert – Corporate Governance Team Leader / Deputy Trust Board Secretary

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (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 outlines the process for the nomination and election of the Lead Governor. It is taken from the Lead Governor role description document as agreed by the Council in November 2017.

The Council is reminded that Steve Howarth's term as Lead Governor comes to an end in February 2019. On behalf of the governors, the Trust, and the members, we would like to formally thank Steve for the contributions that he has made whilst undertaking this additional role.

As this is a two year appointment the Council will need to elect another governor into this position and attached is a paper which sets out the process for this and the steps that the Corporate Governance Team will undertake on your behalf to ensure the delivery of this election.

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'**	If yes please set out what action has been taken to address this in your paper
	No	

RECOMMENDATION

The Council of Governors is asked to:

- Acknowledge the offer of thanks to Steve Howarth for undertaking the role of Lead Governor for the last two years
- Note the timeline associated with the process for the nomination and election of the Lead Governor
- Support the proposal for the process for the nomination and election of the Lead Governor.

Process for the Nomination and Election of a Lead Governor

The nomination and election process outlined below will be followed when electing a new Lead Governor:

1. The Chair of the Trust (via the Trust Board Secretary) will write to all governors inviting self-nominations for the position of Lead Governor. The letter will be sent after the Council of Governors' meeting has taken place on the **5 February 2019**.

2. Any governor interested in standing as Lead Governor should submit a short statement (300 words maximum) on how they are suited to the role (referencing the role description which will be circulated with the letter).

3. The statement should be sent to the Trust Board Secretary by **8 March 2019** so it can be circulated to members of the Council. Any governor who wishes to speak with the chair about this role may do so and should contact.

4. The Trust Board Secretary will then write to all governors sharing with them the statement/s from the nominees and a ballot paper inviting governors to vote in support of their preferred candidate. Governors will have until the **12 April 2019** to return their ballot paper.

5. The ballot will determine who will be elected as the Lead Governor.

6. Where there are two or more governors standing as part of the election, the governor with the highest number of votes will be elected as Lead Governor.

7. Where there is only one governor standing they will be elected if the majority of governors present vote for them as opposed to against and/or abstaining from the vote.

8. The Council of Governors will formally ratify the appointment of the Lead Governor in its formal meeting on the **9 May 2019**.

Fran Limbert
Corporate Governance Team Leader / Deputy Trust Board Secretary
25 January 2019