NHS
Leeds and York Partnership
NHS Foundation Trust

PUBLIC MEETING OF THE COUNCIL OF GOVERNORS
will be held at 12.30pm on Thursday 9 May 2019
at Large Function Room, St. George's Centre,
Great George Street, Leeds, LS1 3DL

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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
	3.1 **Annual declarations for governors** (paper to read)	Cath Hill
	3.2 **Non-executive Directors' Annual Declarations of Interests, Independence, and Fit and Proper Person** (paper to read)	Cath Hill
4	**Minutes of the public Council of Governors meeting held on the 5 February 2019** (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	**Ratification of the outcome of the Lead Governor Election** (paper to read)	Cath Hill
8	**Chair's Report** (paper to read)	Prof Sue Proctor
9	**Chief Executive Report** (paper to read)	<u>**Discussion**</u>

PATIENT CENTRED

10	**Proposal for the Annual Members' Day 2019** (paper to read)	Oliver Tipper
11	**Proposal for the production of a Governor Video** (paper to read)	Tricia Thorpe and Mat Dale

12	**Care Quality Commission Presentation** (presentation on the day)	Rebecca Le-Hair
13	**Feedback from the NHS Providers Regional Governor Workshop that took place on the 4 April 2019** (paper to read)	Peter Webster
14	**Performance and Finance Report** (paper to read)	<u>Discussion</u>
15	**Annual Report from the Chair of the Quality Committee** (verbal)	Prof John Baker

WORKFORCE

16	**NHS Staff Survey 2018 – Initial Results** (paper to read)	Angela Earnshaw and Tracey Needham

GOVERNANCE

17	**Process for upcoming elections to the Council of Governors** (paper to read)	Cath Hill
18	**Approval of the Code of Conduct and Standards of Behaviour for Governors (CG-0001)** (paper to read)	Cath Hill

The next public meeting of the Council of Governors will be held
on Tuesday 16 July 2019 at 12.30pm in the Duchess of Hamilton Suite,
National Railway Museum, Leeman Road, York YO26 4XJ
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

AGENDA ITEM
3.1

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Annual Declarations for Governors
DATE OF MEETING:	9 May 2019
PRESENTED BY: (name and title)	Cath Hill – Associate Director for Corporate Governance
PREPARED BY: (name and title)	Rose Cooper – Corporate Governance Officer

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

All members of the Council of Governors are required to complete a Declaration of Interest form annually. Declaration forms were sent out to all Governors with a request to declare interests as at 31 March 2019. Completed forms are held on file by the Associate Director for Corporate Governance. They are a matter of public record and are available for inspection should such a request be made.

Whilst these forms are required to be completed as part of an annual declaration process, Governors are reminded that should any change occur they are required to submit an updated form to the Associate Director for Corporate Governance, and inform the Council at its next meeting. For clarity, because a declaration has been made this does not mean that it constitutes a conflict of interest.

It should also be noted that no governor declared any reason why they were not fit to be a Governor on the Council. These declarations have been made in accordance with the criteria set out in the Constitution and the Provider Licence (governors are not required to declare they are 'fit and proper' under the CQC's Regulation 5).

It should also be noted that a declaration form has not yet been received from one of the governors as listed on the attached. Governors are asked to return these outstanding forms to the Associate Director for Corporate Governance as soon as possible and these will be reported to the Council at the next meeting in July 2019.

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	

RECOMMENDATIONS

The Council of Governors is asked to receive and note all Interests declared by governors as at the end of March 2019.

Annual Declaration of Interests for the Council of Governors
(as at 29 April 2019)

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co-habiting partner / close family member
ELECTED GOVERNORS								
Marc Pierre Anderson	None.	None.	None.	None.	None.	None.	None.	None.
Leslie France	None.	None.	None.	None.	None.	None.	None.	None.
Gillian Galea	None.	None.	None.	None.	None.	None.	None.	None.
Steve Howarth	None.	None.	None.	None.	None.	None.	None.	**Alzheimer's Society – Memory Support Worker** The UK's leading dementia support and research charity, supporting individuals affected by any form of dementia in England, Wales and Northern Ireland.
Andrew Johnson	None.	None.	None.	None.	None.	None.	None.	None.
Sarah Layton	None.	None.	None.	None.	None.	None.	None.	None.

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Kirsty Lee	None.	None.	None.	None.	None.	None.	None.	None.
Ivan Nip	None.	None.	None.	**Trustee – Advonet** Offers a range of advocacy services tailored to people from diverse backgrounds living in the Leeds area.	**Trustee – Advonet** Offers a range of advocacy services tailored to people from diverse backgrounds living in the Leeds area.	**Trustee – Advonet** Offers a range of advocacy services tailored to people from diverse backgrounds living in the Leeds area.	**Member – Leeds Citizens** An alliance of faith, education and community organisations, working together for the common good of Leeds.	
Sally Rawcliffe-Foo	None.	None.	None.	None.	None.	None.	None.	None.
Ann Shuter	None.	None.	None.	None.	None.	None.	None.	None.
Niccola Swan	None.	None.	None.		None.	None.	None.	None.
Peter Webster	**Non-executive Director – Compass UK** Community-based health and wellbeing services for children, young people and adults.	None.	None.	**Non-executive Director – Compass UK** Community-based health and wellbeing services for children, young people and adults	None.	None.	None.	None.

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co-habiting partner / close family member
APPOINTED GOVERNORS								
Councillor Jenny Brooks **Last submitted a form March 2018**	*NON-SUBMISSION*	*NON-SUBMISSION*	*NON-SUBMISSION*	*NON-SUBMISSION*.	*NON-SUBMISSION*	*NON-SUBMISSION*	*NON-SUBMISSION*	*NON-SUBMISSION*
Helen Kemp	None.	None.	None.	**Chief Executive – Leeds Mind** Independent mental health charity. **Trustee – PSI Volition** Volition (a mental health charity) and PSI Network (physical and sensory impairment network) collectively form Forum Central, the health and care third sector network for Leeds. **Trustee – Leeds Survivor Led Crisis Service** Person centred, radical and innovative services to people experiencing mental health crisis. **Trustee – Phoenix Health & Wellbeing** A registered charity	**Chief Executive – Leeds Mind** Independent mental health charity. **Trustee – PSI Volition** Volition (a mental health charity) and PSI Network (physical and sensory impairment network) collectively form Forum Central, the health and care third sector network for Leeds. **Trustee – Leeds Survivor Led Crisis Service** Person centred, radical and innovative services to people experiencing mental health crisis. **Trustee – Phoenix**	**Chief Executive – Leeds Mind** Independent mental health charity. **Trustee – PSI Volition** Volition (a mental health charity) and PSI Network (physical and sensory impairment network) collectively form Forum Central, the health and care third sector network for Leeds. **Trustee – Leeds Survivor Led Crisis Service** Person centred, radical and innovative services to people experiencing mental health crisis. **Trustee – Phoenix Health & Wellbeing**	**Independent member of the Resources Committee – Joseph Rowntree Foundation (JRF)** An independent social change organisation working towards solving UK poverty.	

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				that provides support for people with chronic health issues. The support is in the form of counselling and therapies.	**Health & Wellbeing** A registered charity that provides support for people with chronic health issues. The support is in the form of counselling and therapies.	A registered charity that provides support for people with chronic health issues. The support is in the form of counselling and therapies.		

AGENDA ITEM
3.2

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Non-executive Directors' Annual Declarations of Interests, Independence, and Fit and Proper Person
DATE OF MEETING:	9 May 2019
PRESENTED BY: (name and title)	Cath Hill – Associate Director for Corporate Governance
PREPARED BY: (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
At least annually all members of the Board of Directors are required to complete Declaration of Interest forms, fit and proper person annual declarations, and for Non-Executive Directors (NEDs) only, a declarations for their independence.

This paper provides assurance to the Council of the declarations relating to the NEDs; that all interests have been declared and are attached on the matrix; that all NEDs have declared and been deemed to be independent, with details on the attached matrix; and that all NEDs have declared themselves to be fit and proper. |

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 note:

- The declarations of interests as per the attached matrix
- That all directors have been judged and declared themselves to be fit and proper
- That all NEDs have declared they are independent which was agreed at the March Board of Directors' meeting. |

Declaration of Interests for members of the Non-executive Directors

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
NON-EXECUTIVE DIRECTORS								
Susan Proctor Non-executive Director	**Owner / director** SR Proctor Consulting Ltd Independent company offering consultancy on specific projects relating to complex and strategic matters working with Boards and senior teams in health and faith sectors. Investigations into current and historical safeguarding matters.	None.	None.	None.	**Associate** Capsticks Law firm. **Independent Chair** Safeguarding Adults Board North Yorkshire Count Council	None.	**Member** Lord Chancellor's Advisory Committee for North and West Yorkshire **Chair** Safeguarding Group, Diocese of York **Member** Royal College Veterinary Surgeons' Veterinary Nurse Council **Chair** Adult Safeguarding Board, North Yorkshire	Partner: Employee of Link
John Baker Non-executive Director	None.	None.	None.	None.	None.	**Professor** University of Leeds	None.	None
Helen Grantham Non-executive Director	**Director and Co-owner,** Entwyne Ltd	**Director and Co-owner,** Entwyne Ltd	**Director and Co-owner,** Entwyne Ltd	None	None	None	**Interim Director - HR and OD** at Manchester City Council	None

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
Andrew Marran Non-executive Director	**Chairman Leeds Students Residences Ltd** Delivering housing and accommodation services across Leeds **Non-executive Director MoreLife (UK) Ltd** Delivers tailor-made, health improvement programmes to individuals, families, local communities; within workplaces and schools **Non-executive Director My Peak Potential Ltd** An organisational development company that specialises in leadership and management development using the outdoors as a vehicle for learning **Non-executive Director Rhodes Beckett Ltd** A University associated company which developed a Wellbeing app and website to provide access to staff.	None.	None.	None. .	None. .	None.	None.	None.

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
Margaret Sentamu Non-executive Director	None.	None.	None.	**President Mildmay International** Pioneering HIV charity delivering quality care and treatment, prevention work, rehabilitation, training and education, and health strengthening in the UK and East Africa.	None.	None.	None.	None.
Susan White Non-executive Director	None.	None.	None.	None.	None.	None.	None.	None.
Martin Wright Non-executive Director	None.	None.	None.	**Trustee** of Roger's Almshouses (Harrogate) A charity providing sheltered housing, retirement housing, supported housing for older people,	None.	None.	None.	None.

Declarations pertaining to non-executive directors being a Fit and Proper Person under the CQC Regulation 5 and meeting all the criteria in the Provider Licence and the Trust's Constitution to be and continue to be a director

Each director has been checked in accordance with the criteria for fit and proper persons and have completed the necessary self-declaration forms to show that they do not fit within any definition of an "unfit person" as set out in the provider licence, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008 or the Trust's constitution; that they meet all the criteria for being a fit and proper person as defined in the Social Care Act 2008 (Regulated Activities) Regulations 2008; and that there are no other grounds under which I would be ineligible to continue in post.

		Executive Directors Non-executive Directors						
		SP	**MS**	**HG**	**SW**	**JB**	**AM**	**MW**
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

**Minutes of the Public Meeting of the Council of Governors
held on Tuesday 5 February 2019 at Horizon Leeds, 2 Brewery Wharf, Kendell
Street, Leeds, LS10 1JR.**

PRESENT:

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

Public Governors	**Staff Governors**
Steve Howarth	Sarah Chilvers
Les France	Andrew Johnson
Ivan Nip	Sarah Layton
Peter Webster	Sally Rawcliffe-Foo

Appointed Governors	**Service User Governors**
Cllr Jenny Brooks	Marc Pierre Anderson
Helen Kemp	Ann Shuter
Cllr Keith Wakefield	

IN ATTENDANCE:

Joanna Forster Adams – Chief Operating Officer
Helen Grantham – Non-executive Director
Dawn Hanwell – Chief Financial Officer (Deputy Chief Executive)
Cath Hill – Associate Director for Corporate Governance / Trust Board Secretary
Claire Holmes – Director of Organisational Development and Workforce
Fran Limbert – Corporate Governance Team Leader / Deputy Trust Board Secretary
Sue White – Non-executive Director (Deputy Chair of the Trust)
Cathy Woffendin – Director of Nursing, Professions and Quality
Emily Whitfield – Corporate Governance Assistant (Secretariat)
Eleven members of the public

19/001 Welcome and introductions (agenda item 1)

Professor Sue Proctor opened the meeting at 12.35pm and welcomed everyone.

19/002 Apologies (agenda item 2)

Apologies were received from the following governors: Gill Galea, Staff Clinical: Leeds and York & North Yorkshire; Kirsty Lee, Public: Leeds; Ellie Palmer, Service User and Carer: Rest of UK; and Niccola Swan, Public: Rest of England and Wales.

The Council was quorate.

Sue Proctor went onto inform the Council that: Prof John Baker, Non-executive Director; Dr Sara Munro, Chief Executive; Margaret Sentamu, Non-executive Director; Martin Wright, Non-executive Director; and Steven Wrigley-Howe, Non-executive Director and Senior Independent Director had given their apologies for the meeting.

19/003 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (agenda item 3)

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

19/004 Clinical Outcome Measures Briefing Report (agenda item 9)

Dr Claire Kenwood introduced the Clinical Outcome Measures Briefing Report. The Council noted that outcomes should be tailored to different service needs to ensure that they are meaningful. Claire informed the Council that clinicians from a variety of services, each at different stages in the outcomes process, would be discussing what they are doing within their service area to support the delivery of measuring outcomes. The Council were invited to take part in an open discussion with the clinicians that were present.

Dr Claire Kenwood drew the open discussion to a close and invited the Council to feedback.

The Council feedback that they were assured of the good progress being made in the specialist services. The Council welcomed the new electronic patient records system, Care Director, and noted that it provided one universal system to capture outcomes. It was agreed that Nick Venters (Consultant Psychiatrist and Chief Clinical Information Officer) and Bill Fawcett (Chief Information Officer) would lead a 'question and answer' session at a future governor meeting on the new Care Director electronic patient records system.

Bill Fawcett/ Nick Venters

The Council queried if collecting and processing a number of different outcomes is making a difference, or if there was a way to simplify it. Joanna Forster Adams reported that there would be consideration on how outcome data could feature within the service level annual quality and safety reports in the future. It was agreed that feedback would be presented to the governors that supports how outcomes are used to evidence the difference that is made to people's lives. The Council noted the importance of exploring different methods of collecting outcomes data to benefit service development and for IT to sustain the capturing of the information. The importance of making this routine for was emphasised.

JFA

Cllr Keith Wakefield highlighted the diversity of Leeds as a district. It was reported that work within the Trust was taking place on equality and Population Health Management. It was agreed that there would be a presentation on this at a future Council of Governors meeting.

CH

The Council **noted** the feedback on the open discussion with the clinicians from the variety of services and **reflected** on how this work could be supported in the future. The importance of diversity and getting this model right was recognised.

19/005 Minutes of the public Council of Governors meeting held on the 8 November 2018 (agenda item 4)

The minutes of the public Council of Governors meeting that was held on the 8 November 2018 were **approved** as a true record.

19/006 Matters arising (agenda item 5)

There were no matters arising.

19/007 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: update on measuring outcomes across trust services; minutes from the public Council of Governors meeting held on 3 July 2018 to be amended; minutes from the Annual Members' Meeting held on 31 July 2018 to be amended; non-executive director attendance at the meeting on the 3 July 2018 to be corrected in the Chair's report; update on the action plan created following the Board to Board meeting 2018; refreshed Governor Role Description to be uploaded onto the website; update and overview report from the Mental Health Legislation Committee to be circulated to governors; and update on the action plan from the Big Conversation at the Annual Members' Meeting 2018.

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

19/008 Chair's report (agenda item 7)

Sue Proctor presented the Chair's report. She reported that Andrew Marran would be starting as the newly appointed non-executive director in February 2019. Steven Wrigley-Howe would be coming to the end of his term of office as non-executive director and Senior Independent Director in February 2019. The Council also noted that Dr Christopher Hobbs and Joanne Goode both stepped down from their governor roles because of competing priorities since the previous Council of Governors meeting. It was Steve Howarth's last meeting as Lead Governor. The Council thanked Steve for his time as Lead Governor and acknowledged the work that he had been involved in.

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

19/009 Chief Executive report (agenda item 8)

Dawn Hanwell presented the Chief Executive report to the Council. The Council noted that there had been service visits from the Chief Executive to the Gender Identity Services. She confirmed that the NHS 10 Year Long Term Plan had been published in January 2019 which included a lot of operational guidance. Dawn said that the West Yorkshire Integrated Care System (ICS) were working through the One Year Operational Plan and the development of a five year capital investment plan. She said there was clear and focused engagement and mental health was positioned well in the Leeds Plan. She said that there was a sense of importance around being able to track and evidence mental health investment in the long term plan. She said that Dr Sara Munro (Chief Executive) was working closely with the Clinical Commissioning Group (CCG) to see where the investment for mental health was going.

Dawn informed the Council that there was good progress with the new care model for the Eating Disorder Services which was having a positive outcome on people's recovery. The Council noted that the Trust remains actively engaged with the new Child and Adolescent Mental Health Services (CAMHS) new care model. Dawn confirmed that the new CAMHS unit at St. Mary's Hospital was at the stage of finalising the scheme design and working through planning arrangements.

The Council noted the progress made on the West Yorkshire and Harrogate Partnerships. Sue Proctor reported that the Board of Directors receive assurance that the mental health sector is benefitting from the partnerships. Ivan Nip highlighted the importance of working in partnerships. The first draft of the One Year Plan was being completed in February 2019 and the Five Year Plan in Autumn 2019. It was agreed that there would be an update at a future governors meeting on the direction of travel and the Trust's priorities for the One Year, and **DH**

the Five Year Plan. It was confirmed that there would be an update on the Five Year Capital Investment Plan at the Board to Board meeting in September 2019.   **DH**

Les France asked if work was underway within the Trust around Brexit. To which the Council were assured that the Trust was sighted on the requirements by the government. Dawn assured the Council that there would be business continuity. Sue Proctor reported that the Board of Directors would be looking at any emerging or existing risks in terms of Brexit and how to mitigate against them going forward.

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

19/010 Report from the Chair of the Finance and Performance Committee (agenda item 10)

Sue White presented the report of the Finance and Performance Committee. She outlined the terms of reference of the Committee. She said that the purpose of this Board sub-committee was to provide assurance to the Board of financial governance and performance; strategic matters in relation to procurement; the Trust's Estates Plan; information technology and information management; and key performance matters. She explained that the membership of the Finance and Performance Committee included three non-executive directors including herself. The other two being Steven Wrigley-Howe, who Andrew Marran would be replacing, and Martin Wright.

Sue explained that if there are more complex financial issues to discuss with the Committee then financial experts would be brought in as attendees to help. The Council noted that the Finance and Performance Committee looks at the Combined Quality and Performance Report before the Board of Directors do each month. Sue reported that the Committee looks at workforce issues as if they relate to finance and performance, but not in terms of quality. The Committee also receives a financial report from Dawn Hanwell and a verbal Chair's report then gets presented to the Board which highlights the discussion which had taken place from the Committee meeting.

Marc Pierre Anderson queried what extent governors can be involved in the Finance and Performance Committee. Sue White responded by saying that governors are all invited to attend in an observational capacity. It was agreed that   **FL** details to observe meetings would be circulated to governors.

Sue went onto explain what the Finance and Performance Committee discussed at their most recent meeting on the 29 January 2019. She reported that the Committee were pleased to see improvement in some access targets. She said that there were some limited areas of progress, including the Autism Diagnosis Service. She the referred to the performance of the Gender Identity Service. She said that there was a wait for NHS England to publish a national tender on a national Gender Identity Service, to be delivered around the country. The Council noted that the delay of this publication meant the Trust's waiting times within this service would deteriorate. She clarified that there could be opportunities to expand

the service once the tender had been published. She reported that the Executive Team had reassured the Committee that there would be thought going into this going forward.

Sue reported that the Committee had reviewed the performance of out of area placements. She said that the Trust wanted to have eliminated all out of area placements by Spring 2020 and that the Committee was assured by the large amount of detail in the actions that were being taken to support the accomplishment of this.

Sue reported that the Trust is currently exceeding the national agency cap, and this is something that the Finance and Performance Committee is monitoring. She informed the Council that the private part of the meeting looked at the risks associated with Brexit, of which the Board then looked at in the private part of their meeting following this.

The Council **noted** the contents of this report and **thanked** Sue White.

19/011 Performance and Finance report (agenda item 11)

Dawn Hanwell presented the Performance and Finance report. She highlighted the Trust's current performance in the last three months and the financial position of the Trust.

Dawn explained the financial position of the Trust in terms of the income and the high surplus which had been generated. She confirmed that there would be an update on the Five Year Capital Investment Plan in a future governors meeting.

Joanna Forster Adams informed the Council that the reason for unacceptable waiting times in the Gender Identity Service is because the demand is so much more than the Trust is commissioned to deliver. The Council noted the significant operational and cost pressures in the Trust. Another pressure is winter pressures, which seem to be improved in 2019 compared to previous winters. Joanna Forster Adams reported that there was a need to see alternatives to admission to help the issue of bed occupancy, for example by getting patients home quicker. Cathy Woffendin outlined that the Quality Committee was looking into this.

The Council **noted** the contents of the Performance and Finance Report.

19/012 Findings from the external Patient Experience Review (agenda item 12)

Cathy Woffendin presented the findings from the external Patient Experience Review. She said that the final report was presented at the Board of Directors meeting on the 31 January 2019 and that a steering group, led by Cathy, would be formulated where strategic plans would be created and monitored. The Council noted some of the findings. Cathy reported that there would be a patient

involvement workshop on the 22 March 2019 which Martin Wright was attending, and that governors should inform Cathy if they are interested in being involved in this project.

The Council noted that there would be an 'easy read' version of the Review shared with the governors in due course.   **CW**

The Council **noted** the findings of the Patient Experience Review and **welcomed** future updates.

19/013   Update on the Business Case to establish a new unit on then St James's site (agenda item 13)

The Council noted that the Trust was working with Leeds Teaching Hospitals Trust to open a new unit on the St James's Hospital site. It was agreed that the Council would receive a further update on the information to establish the new unit on the St James's site in Autumn 2019 at the Board to Board meeting, once it had been approved by the Board of Directors.   **DH**

The Council **welcomed** the update on the business case to establish a new unit on the St. James's site.

19/014   Support the appointment of the Senior Independent Director (agenda item 14)

Cath Hill presented the paper on the support of the appointment of the Senior Independent Director (SID). She reminded the Council that the role of the SID is for members and governors who might need an alternative method of escalation for concerns when it would not be appropriate for them to share with the Chair, Chief Executive, Chief Financial Officer, or the Trust Board Secretary.

The Council noted that the current SID is Steven Wrigley-Howe until he comes to the end of his term of office on the 16 February 2019. Cath informed the Council that the Board of Directors were asked to agree the appointment of Martin Wright as SID at the meeting on the 31 January 2019 and the Council of Governors now were asked to support this appointment.

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

19/015   Update report on the Board to Board Action Plan (agenda item 15)

Cath Hill presented the report of the Board to Board Action Plan. Cath reported that the Trust would be hosting a collaborative training event, with other Trusts, on the 27 March 2019. NHS Providers would be providing bespoke training and the Trust's Organisational Development Team would be finalising the design and launch of the

governors' training programme. Cath noted that the governors would be receiving a letter inviting members of the Council to show expressions of interest to take part in the training.   **FL**

> The Council **welcomed** the update on the Board to Board Action Plan and **noted** the upcoming invitation to the NHS Providers governor training.

19/016   Process for the Nomination and Election for the Lead Governor (agenda item 16)

Cath Hill explained the process for the nomination and election of the next Lead Governor. Steve Howarth outlined the role in more detail. He said contributing to the appraisals of the non-executive directors and the Chair was a very useful part of the role.

> The Council **thanked** Steve Howarth for undertaking the role of Lead Governor for the past two years. They **noted** the timeline associated with the process of the nomination and election of the new Lead Governor, and **supported** the proposal for the process for the nomination and election of the next Lead Governor. It was **noted** that there would be a letter to governors explaining this and giving them details on how to submit a nomination.   **FL**

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

Signed (Chair of the Trust) ……………………………………………………

Date ……………………

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
18/038 – 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	**COMPLETED** The Council is asked to consider this action closed. A new declaration of interest form has been provided as requested.
19/009 - February 2019 – Chief Executive Report (agenda item 8) The Trust's priorities and summary of the Operational Plan to be presented to a future Council of Governors meeting.	**Dawn Hanwell**	July 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
19/013 - February 2019 – Update on the Business Case to establish a new unit on the St James's site (agenda item 13) Information the plans to establish a new unit on the St James's site to be presented to the governors.	**Dawn Hanwell**	September 2019 – Board to Board event	**COMPLETED** The Council is asked to consider this action closed. This work will be presented to the governors at the Board to Board meeting taking place on Tuesday 3 September 2019.
19/009 - February 2019 – Chief Executive Report (agenda item 8) Information on the Long Term Plan for the Trust, and the five year capital investment plan to be presented to the governors.	**Dawn Hanwell** **(Amanda Bennett and David Brewin)**	September 2019 – Board to Board event	**COMPLETED** The Council is asked to consider this action closed. This work will be presented to the governors at the Board to Board meeting taking place on Tuesday 3 September 2019.
19/004 - February 2019 – Clinical Outcomes Measures Briefing Report (agenda item 9) Bill Fawcett, Chief Information Officer, and Nick Venters, Consultant Psychiatrist, to be invited to lead a session with the governors on the implementation of Care Director, the new electronic patient records system.	**Bill Fawcett and Nick Venters**	September 2019 – Board to Board event	**COMPLETED** The Council is asked to consider this action closed. This work will be presented to the governors at the Board to Board meeting taking place on Tuesday 3 September 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
18/050 – 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	Kate Ward, Rhys Davies, Ben Green, and a volunteer confirmed to attend.
19/004 - February 2019 – Clinical Outcomes Measures Briefing Report (agenda item 9) Consideration to be given on how outcome data could feature within the service level annual quality and safety reports. Feedback to be presented to the governors that supports how outcomes are used to evidence the difference that is made to people's lives.	**Joanna Forster Adams**	Management action	The annual quality and safety reporting process has been revised so that all reports presented to Quality Committee include an update on patient outcomes. Revisions made to this process will be presented to the Committee on the 14 May 2019 with further updates been made as required from that point on.

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
19/004 - February 2019 – Clinical Outcomes Measures Briefing Report (agenda item 9) Work underway in the Trust on the equality and how it connects to the Population Health Management agenda to be presented to a future meeting of the Council of Governors.	**Claire Holmes**	Management action	
19/010 - February 2019 – Report from the Chair of the Finance and Performance Committee (agenda item 10) Details of the Board sub-committee meetings to be circulated to governors so that they can attend in an observational capacity.	**Fran Limbert**	Management action	<u>**COMPLETED**</u> The Council is asked to consider this action closed. This has been actioned.
19/016 – February 2019 - Process for the Nomination and Election for the Lead Governor (agenda item 16) Letter outlining the process for the Lead Governor nomination and election to be sent to governors.	**Fran Limbert**	Management action	<u>**COMPLETED**</u> The Council is asked to consider this action closed. This has been actioned.

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
19/012 - February 2019 – Findings from the External Patient Experience Review (agenda item 12) Easy read version of the patient experience report to be shared with governors.	**Cathy Woffendin**	Management action	This document will be shared with the governors when it has been finalised.

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Ratification of the outcome of the Lead Governor Election
DATE OF MEETING:	9 May 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

The Council is reminded that at its February meeting it approved the timetable for the election of the Lead Governor. This process was carried out in accordance with the process previously agreed by the Council and the timeline agreed in February. This was as follows:

1. Governors interested in standing as Lead Governor were asked to submit a short statement (300 words maximum) on how they are suited to the role. This was to be sent to the Trust Board Secretary by 8 March 2019. Two nominations were received; one from Les France and the other from Peter Webster.

2. The Trust Board Secretary will then wrote to all governors sharing with them the statements from the nominees and a ballot paper inviting governors to vote in support of their preferred candidate. Governors had until the 12 April 2019 to return their ballot paper.

3. By the 12 April there were nine votes cast (7 for Peter Webster and 5 for les France). This was a close run election, with the outcome that Peter Webster was elected as your Lead Governor.

This paper now asks the Council to acknowledge the outcome of the election to formally thank the two candidates for all the time and effort they have put into standing and to ratify the appointment of Peter Webster as Lead Governor for a period of 2 years commencing from 9 May 2019.

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

This Council of Governors is asked to:

- Acknowledge the outcome of the election.
- Formally thank the two candidates for all the time and effort they have put into standing.
- Ratify the appointment of Peter Webster as Lead Governor for a period of 2 years commencing from 9 May 2019.

CHAIR'S REPORT

PUBLIC COUNCIL OF GOVERNORS' MEETING
HELD 9 MAY 2019

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

Since the February Council of Governors' meeting there have been two changes to the elected governors on the Council. On 22 March 2019 Ellie Palmer stepped down due to other commitments outside of the Trust; and on 28 March 2019 Sarah Chilvers stepped down as a staff governor due to her leaving the Trust.

With regard to appointed governors on 2 May 2019 Cllr Keith Wakefield stepped down as an appointed governor of Leeds City Council; we anticipate that a replacement governor for Keith will be advised at the end June 2019.

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

Executive Team

Since the last Council meeting there have been no changes to the executive director team.

Non-executive Director Team

Since the last Council meeting there have been no changes to the non-executive director team.

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	24 May 2018	28 June 2019	26 July 2018	27 September 2018	25 October 2018	29 November 2018	18 December (extraO)	31 January 2019	28 February 2019	28 March 2019	25 April 2019
Sue Proctor (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
John Baker	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-
Helen Grantham	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Andrew Marran									✓	✓	✓
Margaret Sentamu	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓
Sue White	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Martin Wright	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Steven Wrigley-Howe	✓	✓	✓	✓	✓	✓	✓	✓			

Executive Directors

Name	24 May 2018	28 June 2019	26 July 2018	27 September 2018	25 October 2018	29 November 2018	18 December (extraO)	31 January 2019	28 February 2019	28 March 2019	25 April 2019
Sara Munro	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Joanna Forster Adams	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dawn Hanwell	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Claire Holmes					✓	✓	✓	✓	✓	✓	✓
Lindsay Jensen		✓	✓	✓							
Claire Kenwood	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓
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	15 May 2018	3 July 2018	8 November 2018	5 February 2019
Non-executive directors				
Prof Sue Proctor	✓	✓	✓	✓
Prof John Baker	✓	✓	-	-
Helen Grantham	✓	✓	✓	✓
Margaret Sentamu	-	-	✓	-
Sue White	✓	✓	✓	✓
Martin Wright	✓	✓	-	-
Steven Wrigley-Howe	-	-	✓	-

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

Name	Appointed (A) or elected (E)	COUNCIL BUSINESS MEETINGS ATTENDED			
		15 May 2018	3 July 2018	8 November 2018	5 February 2019
Marc Pierre Anderson	E	-	-	-	✓
Councillor Jenny Brooks	A	✓	-	✓	✓
Sarah Chilvers	E	✓	✓	✓	✓
Les France	E	-	-	✓	✓
Gill Galea	E	✓	✓	-	-
Steve Howarth	E	✓	✓	✓	✓
Andrew Johnson	E	✓	✓	✓	✓
Helen Kemp	A	✓	✓	✓	✓
Sarah Layton	E	✓	✓	✓	✓
Kirsty Lee	E	-	✓	-	-
Ellie Palmer	E	-	✓	-	-
Ivan Nip	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.

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	Andrew Marran	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

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	Governor(s)	Feedback form circulated to Execs
25 February 2019	mHabitat Team Co>Space North	Martin Wright	---	
27 February 2019	Specialised Supported Living Team	John Baker	---	es
5 March 2019	IT Department St Mary's House	Martin Wright	None available	Yes
17 April 2019	Domestic and Catering Services St Mary's Hospital	Sue White	Ann Shuter	Yes

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

Date of visit	Venue	Non-exec Director	Governor(s)	Feedback form circulated to Execs
8 May 2019	North East Community Mental Health Team South Wing at St Mary's House	Margaret Sentamu	Sarah Layton Niccola Swan	
May 2019	Acute Liaison Psychiatry Service Beckett Wing	Helen Grantham	TBC	

Prof Sue Proctor
Chair of the Trust,
MAY 2019

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Chief Executive Report
DATE OF MEETING:	9 May 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 Trust's 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

9 May 2019

Chief Executive's Report

The purpose of this paper is to update the Council of Governors on the activities of the Chief Executive. This report will cover significant events from March to May 2019.

1. **Staff Engagement and Service Visits**

   There are two main themes I want to highlight from the service visits conducted over the last three months. Firstly is the focus on identifying each of our services as a speciality in its own right and creating a culture which supports and enables these services to thrive through integrated compassionate leadership. This all connects with our aspirations for the culture club we will be establishing.

   Secondly is the recurring conversation with our services about staff support and wellbeing. We know the work our staff do can be emotionally and psychologically demanding and if not well supported affects their health and wellbeing and the care they provide to our service users and carers. Each of the services I visited shared with me how the support and wellbeing of staff is very much embedded in the teams and is having a positive impact on retention, morale and ultimately patient care. What was clear from talking to a larger group of clinical leads is that there is more to do so this is in place for every team and equally we need to ensure our managers and leaders are supported just as much as front line staff. This will come as no surprise to the Board given our staff survey results and absence reports due to stress and Claire Holmes is identifying ways in which we can do more for our staff over the coming months.

   Complex Mental Health Service for Veterans
   This was my first visit to the team that have now been up and running for 12 months. Whilst initially concentrated for 2 years we have already had confirmation it will be commissioned for a further two years taking us to 2022. The team is now almost fully established with full

caseloads and it was great to hear the stories of the work they are doing. The team possess a specialist combination of skills which include experience themselves within the armed forces and mental health expertise which is required to effectively engage with the veteran's population.

National Inpatient Centre for Psychological Medicine

It was great to visit the team the day after our patient story at the February Board from a service user who had been on the NICPM last year. The staff were delighted to know the Board had heard the story and continue to support the work they are doing. Work is ongoing to develop the business case for the new unit and with NHS England on future commissioning arrangements.

Forensic Services at Clifton House

The Council of Governors will be well aware of the improvement journey our Forensic Services have been on and this has been my second visit in the past 3 months. It was a great opportunity to reinforce our support and appreciation to the staff for the hard work they have put in which is having an impact staff experience and on the quality of care they are providing which was evident in recent Mental Health Act visit by the CQC. The service is not without its challenges most notably in recruitment of consultant psychiatrists but they have had success in filling all nursing posts.

I was also able to meet with the manager and clinical lead for the Forensic Outreach Service. This is a service we are expanding in line with wider developments in the Humber Coast and Vale STP and our ambition to transform the model of forensic care to support more people out of hospital. The team are approximately up to 50% establishment now and working with local partners to establish with the service will offer.

Meeting with Clinical Leads

Each of our service lines has a dedicated operational manager and a clinical lead. The clinical lead roles are varied both in terms of time, professional background of the post holder and remit. The purpose of the meetings was to begin a conversation about how we better support each of our services as specialist services in their own right and to do this ensuring the clinical leads have the tools they need to drive services forward. As an executive team we have agreed that integrated leadership at a service line level is essential

to ensuring all our clinical services can be outstanding and this was very much welcomed by our clinical leads. We will continue to work with our leaders to ensure we are providing the right development for them individually and as a leadership team over the coming months. This will be aligned with our work on the culture club, staff survey results and the findings from the work with the Institution for Healthcare Improvement (IHI).

2. Regulatory Matters

CQC

On the 28 March 2019 I received the Provider Information Request (PIR) from the CQC which signals the commencement of the annual inspection process for the Trust. We had been expecting this and Cathy Woffendin the executive lead for the CQC put in place appropriate arrangements such that a comprehensive response was submitted in the agreed timescales on the 24 April 2019. I would like to say thanks to all the staff and teams across all departments that have been involved so far.

NHSI

Our operational plan has been submitted as required and we have accepted the control total set out to us by NHSI for 2019/2020. The West Yorkshire and Harrogate Integrated Care System (ICS) has been asked to agree to an integrated financial plan which in essence means an aggregated control total for the system. A detailed discussion is being had at the Finance and Performance Committee as we are required to confirm by the 24 April 2019 if we are in agreement. Our CFO/DCE Dawn Hanwell has been actively involved in discussing the implications of this with finance colleagues and the recommendation to the Committee is we accept this. Our view is this is low financial risk for the Trust and high benefit for the system due to transformation monies being made available up front which will support the collaborative programme.

NHSI/E

A consultation is currently underway on proposed legislative changes that will have an impact on the NHS including potential changes to Foundation Trust freedoms, capital allocations, roles and relationships between commissioners and providers. These have been discussed by the Board of Directors and we will be responding to the consultation at the end of April 2019. There will also be a response from the Leeds System and the West

Yorkshire and Harrogate Integrated Care System. Cath Hill can provide a further update at the Council of Governors meeting.

Fire Safety Investigation

In April we have received formal notification from West Yorkshire Fire and Rescue Service that they have now closed down their investigation following the fire last year. This is in response to updating them on the work we have done through the fire safety task and finish group and the joint arrangements we have now put in place with Leeds Teaching Hospitals Trust (LTHT).

3. **System Updates**

West Yorkshire and Harrogate ICS

The March Senior Leadership Group (SLEG) meeting was a development session with all those who will be members of the partnership board invited, chaired by Cllr Swift and facilitated by the Kings Fund.   The focus of the session was on how the partnership board will work in order to add value to the work of the ICS. The board will be a large group and some of the actions involved practical suggestions for the meetings as well as ideas on what we want to achieve. What was clear was the unanimous view that we need to maintain the inclusive approach in the ICS involving all partners equally and avoiding a narrow focus on the NHS. Secondly, the clear commitment that everything starts in place and where people live was reinforced. The challenge will be ensuring meaningful and ongoing public involvement through this board and always checking back on ourselves that what we are focusing on are the right things from the point of view of the citizens of West Yorkshire and Harrogate. The first formal partnership board meeting is scheduled to take place in June 2019 and its first priority will be to oversee and finally approve the 5 year strategy for West Yorkshire and Harrogate which is mandated in the long term plan.

Leeds System

System performance during the winter months – There was significant partnership planning and preparation in the lead up to winter 2018/19 and to date as a system performance has been significantly better than the previous year. There has been robust inter agency working and proactive management of flow in and out of the hospital in

particular to ensure safe patient care. Phil Corrigan is now stepping down from chairing the SRAB and I have agreed to take over the chair along with Cath Roff from Adult Social Care.

Workforce Strategy for the City and Health and Care Academy – following a recommendation from the CQC we have now developed a draft workforce strategy for the city which we will do further engagement work on over the next three months before it is finalised. I am the Senior Responsible Officer (SRO) for this work along with the academy development. The strategy has been developed in response to the key drivers in the city of shortage in existing workforce; inclusive growth strategy; changing models of care in the future.

Through the strategy we have now brought together the academy and the workforce strategy for the city establishing the health and care academy as the delivery mechanism. We have made significant progress in the past six months of engaging all partners and beginning the mobilisation of the academy in April 2019. However, there is still significant work to do to achieve the original ambitions. Key to this is maintaining strong links with the universities and being more outward facing.

The Academy concept was originally created through the Leeds Academic Health Partnership Board (LAHP) chaired by Sir Alan Langlands Vice Chancellor at the University of Leeds and we continue to provide progress reports to this board. The LAHP board also enables us to connect in to wider academic work on personalised medicine, health tech and digital developments in the region. The LAHP has also secured a conference presentation on the academy at the Association of Academic Health Centres Global Issues Forum in Washington in May 2019 which myself and Jenny Lewis from LTHT will be attending.

Mental Health and Learning Disability Collaborative

The collaborative and I were tasked with reviewing and providing assurance (or not) that all CCGs are complying with the Mental Health Investment Standard in the operational planning round for 2019/2020. This has been a significant piece of work and at the programme board on the 21 March 2019 we were able to confirm that the investment standard is being achieved and the targeted growth in all services and for children and young people is being met.

We decided to undertake more detailed work that will track what the investment is actually being spent on over the year and the impact this will have on those in receipt of services. This will enable us to build in more robust oversight, challenge and evaluation to ensure money is being invested to good effect.

We are also in the process of reviewing the work streams of the collaborative in preparation for a check and challenge session in May 2019 with the ICS leadership team. This will then support the completion of the 5 year strategy required for the West Yorkshire and Harrogate Partnership which will need to demonstrate plans to implement the long term plan for mental health learning disability and autism. We are also aware that there will continue to be money made available nationally that we can access through the ICS to support priority areas from the long term plan.

I have established a core cross partnership team that will lead on the strategy work pending the start of the new programme director in June 2019. Interim programme management capacity has also been secured to maintain momentum. Additional input to the board has been arranged in the form of local authority representation and a trainee consultant in public health who will focus on the suicide prevention work, addressing health inequalities and how population health management approaches may feature in the longer term strategy.

A West Yorkshire and Harrogate board for transforming care and learning disability services will now be established from April 2019, chaired by Helen Hirst the accountable officer for Bradford Clinical Commissioning Group. This will report into the collaborative programme board and will enable us to provide a much stronger focus on learning disability services going forward. We have also agreed and identified senior locality authority representation on this board.

The Committee in Common met and received an update on work to date, plans for the programme review and recruitment of the new programme director. They also agreed to postpone the planned non-executive director and governor engagement session until June 2019 due to a clash with an event for governors regionally and to enable the stocktake to be completed which we will then share and pre planning work to be done for the future strategy. The chair role of the committee in common has been undertaken by Professor Proctor for the last 12 months. As per our memorandum of understanding after 12 months

a new chair is selected and it was agreed Angela Monaghan from South West Yorkshire will take the chair for the next 12 months.

Leeds Providers Committee in Common

The third meeting of the committee took place in March 2019 and key areas to make the Council aware of are:

- The introduction of the new GP contract which supports the development of primary care networks and the implementation of a broader multi-disciplinary approach to meet the needs of populations of 30 – 50,000 people. This work is being aligned to the development of local care partnerships in Leeds and an update was provided to Leeds Providers Integrated Care Collaborative (LPICC) on how this is being progressed.

- Developing a new integrated approach to frailty which will be overseen by LPICC and Dr Chris Mills is the SRO. Joanna Forster Adams is ensuring we have the right engagement from our clinical services in this work stream as it provides an opportunity to integrate mental health within the new approach.

- Urgent Treatment Centres. We have agreed to take a partnership approach and make a proposal to the commissioners on what we believe would be the right model for Leeds. Again this is an area where we are keen to have mental health integral to this new development which has been welcomed.

- Future role and remit of LPICC. A stocktake has been done after six months and it was recognised that there is still work to do on the future of LPICC and how it supports the delivery of the Leeds Plan which is being refreshed. We agreed to hold a workshop with a more strategic focus in three months and to secure senior representation from the regional team of NHS England / Improvement and the ICS. We also agreed to secure an independent chair and agree how we will do this at the workshop.

4. **Reasons to be proud**

Your Health Matters on National TV

Channel 5 news broadcast a feature on the importance of health checks for people with a learning disability because nationally uptake is very poor. Our service was featured in because of the work they have done to support people with a learning disability and primary care teams to enable more people to have their health check. This work is led by the team

at Your Health Matters including Dean Milner-Bell who produce accessible information that is free for anyone to access on the Easy on The I website. If you haven't seen it the link is below.

https://www.youtube.com/watch?v=b2FKhbc7Ie8&pbjreload=10

More success for our Trainee Doctors

Dr Zoe Goff, a Core Trainee with us has done exceptionally well and received the Royal College of Psychiatrists, Old Age Faculty, Mohsen Naguib Prize. This prize was originally established in memory of the late Dr Mohsen Naguib. Dr Naguib originated from Egypt and worked at the Maudsley Hospital, notably in the area of paraphrenia. He died suddenly at the age of 44, leaving a young family. SHOs, SpRs, specialty trainees ST 1-6 or new consultants in the UK presenting work undertaken during the training period are eligible, as are comparable colleagues in Europe. Zoe presented brilliantly against tough competition including an associate professor and second year PhD student and we have already shared our congratulations with her for such a fantastic achievement so early on in her career.

Dr Claire Eccles, a CT1 in training with the Trust has been appointed as one of the Royal College of Psychiatrists Neuroscience Champions. This following a very competitive national selection process. As a CT1, this is such a great achievement.

Staff Survey Benchmark Data

The Board has been well sighted on the Trust's staff survey results for 2018 and have asked for any benchmarking data that is available. I am pleased to share two documents, a scatter plot for all Trusts and a table specific for mental health trusts both of which demonstrate that we continue to make significant improvements both internally and when compared to peers and the wider NHS. The League Table shows that we are now at number 13, up three places on last year, and one of only seven Trusts to show year on year growth. This reinforces the approach we are taking in line with our workforce and organisational development strategy is the right one.

HSJ Patient Safety Awards Shortlist

Our CONNECT service which has been established in the last 12 months as a new care model to support people with eating disorders across the whole of West Yorkshire is in the running for two HSJ awards, for specialist services and for mental health services. The

team have presented to a panel earlier this month and will be attending the awards ceremony on the 23 May 2019 so watch this space!

Dr Sara Munro
Chief Executive
18 April 2019

Listening into Action

2017/2018 LiA League Table – MENTAL HEALTH & LD Trusts

2017-2018 Ranking	+/-	Trust
1	-	South Staffordshire and Shropshire Healthcare FT
2	2	Dudley and Walsall Mental Health Partnership
3	2	Tees, Esk and Wear Valleys FT
4	2	Northumberland Tyne & Wear FT
5	2	Surrey & Borders Partnership FT
6	13	Tavistock & Portman FT
7	3	Lincolnshire Partnership FT
8	2	Hertfordshire Partnership FT
9	-	Kent & Medway NHS & Social Care Partnership Trust
10	4	2gether FT
11	-	North Staffordshire Combined Healthcare Trust
12	4	Devon Partnership Trust
13	3	Leeds and York Partnership FT
14	1	Camden & Islington FT
15	-	Central & North West London FT
16	4	West London Mental Health Trust
17	n/a	Mersey Care FT
18	6	Sussex Partnership FT
19	-	South London and Maudsley FT
20	4	South West London & St George's MHT
21	4	Sheffield Health and Social Care FT
22	-	Isle of Wight Mental Health Sector Trust
23	2	Avon & Wiltshire Mental Health Partnership Trust
24	-	Norfolk & Suffolk FT
25	2	Birmingham & Solihull Mental Health FT

Analysis of NHS National Staff Survey for 52 Key Findings 2018-2019

Listening into Action

LiA Scatter Map 2018-19 for ALL NHS Provider Trusts

Contact: Gordon Forbes: 07734 812311
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Key

- 🟥 Acute
- 🟧 Acute and Community (pink)
- 🟨 Acute Specialist
- 🟩 Mental Health / Learning Disability
- 🟢 Mental Health / Learning Disability / Community
- 🟦 Community
- 🔵 Ambulance (cyan)
- ⬜ 2 Trusts of different types occupy same grid reference

Difference between key findings above/below average (y-axis)

Difference between key findings trending positively/negatively (x-axis)

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AGENDA ITEM

10

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Proposal for the Annual Members' Meeting 2019
DATE OF MEETING:	9 May 2019
PRESENTED BY: (name and title)	Oliver Tipper – Head of Communications
PREPARED BY: (name and title)	Sarah Firth – Communications and Engagement Officer

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 proposed plan for this year's Annual Members' Meeting on Tuesday 30 July. The event is being organised by a project team led by the Trust's Communications Team with support from Corporate Governance & Membership and Patient Experience. The event will see service users, carers and staff come together to look back at the Trust's previous year, and help shape the next.

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: • Make comments and feedback their thoughts.   • Commit to promoting the event and widening participation in it both on the day and via social media before, during and after.

MEETING OF THE COUNCIL OF GOVERNORS

Thursday 9 May 2019

Annual Members' Meeting 2019

1   Executive Summary

This paper outlines the proposed plan for this year's Annual Members' Meeting on Tuesday 30 July.

The event is being organised by a project team led by the Trust's Communications Team with support from Corporate Governance & Membership and Patient Experience. The event will see service users, carers and staff come together to look back at the Trust's previous year, and help shape the next.

2   Annual Members' Meeting

This year's Annual Members' Meeting will be held on Tuesday 30 July at the Horizon Centre, in Leeds as it was last year.

The 2019 event will have a similar format as the previous two years, but with changes to reflect the feedback from last year's event and slight tweaks to maximise the use of time and make best use of the venue. See Appendix 1 for proposed itinerary.

The event will be held over a half-day, from 12.30pm to 5pm. The whole floor of the venue has been booked to ensure we make full use of the space available.

It will comprise three distinct elements;

- the formal Annual General Meeting (AGM)
- installations to show actions arising from last year's Big Conversation and to showcase Trust projects and services
- a 'Big Conversation' workshop with a key theme

Annual General Meeting (AGM)

The AGM will be hosted by our Chair, Sue Proctor and feature presentations from Chief Executive Sara Munro, Lead Governor and Chief Financial Officer, Dawn Hanwell.

The itinerary has been adjusted to allow 30 minutes of protected time for the Q&A session following feedback about this last time. There will be a suggested number of slides to help make the presentations more concise and there will be one video, rather than three, in the AGM part of the day.

During the AGM, we'll be looking at what has been done with the feedback we captured at last year's Annual Members' Meeting and we're asking our Lead Governor to take a lead on presenting some of the 'you said we did' elements from last year's 'Big Conversation' in their AGM presentation.

Following on from that we are proposing to showcase how we're meeting our strategic objectives through innovative practice in a short video as part of the Chief Executive's presentation.

The Big Conversation

This year, the proposed theme for the 'Big Conversation' is being developed in conjunction with service users and carers via the Patient Experience Team. This is in response to feedback from last year's event and based on discussions from three sources; The Service User Network (SUN) Question Time 2018, the Valuing Inclusion of People Workshop in March and April's SUN meeting.

There will be one big question, rather than three to ensure that enough time is given for consideration.

The proposed theme will be considered at the Patient Experience Team meeting on 30 April, so a verbal update will be provided at the Chair of Governors meeting.

The project team is recruiting table facilitators via the Patient Experience Team and they will receive some training to effectively facilitate discussions.

Help us shape the 2019 Annual Members' Meeting

We'd like our governors to help shape the event by providing feedback at this meeting. We would also like governors to promote the event via their networks to ensure we widen

participation on the day and get conversations going on social media (where governors are able and comfortable to do this) before, during and after the event.

The discussions from last year's event generated a number of suggestions for improvement in the way we deliver person-centred care and which are being taken forward by executive sponsors in their action plans.

3   Conclusion

The Annual Members' Meeting will follow a similar format as the previous two years, but with changes to reflect the feedback from last year's event and slight tweaks to maximise the use of time and make best use of the venue.

4   Recommendation

The Council of Governors is asked to:

- make comments and feedback their thoughts
- commit to promoting the event and widening participation in it both on the day and via social media before, during and after

Sarah Firth
Communications and Engagement Officer
16 April 2019

Appendix 1

Proposed itinerary for the Annual Members' Meeting 2019

Timing	Length	Agenda
12.30pm – 1pm	30 mins	Arrival and registrations Networking View installations
1pm – 2.30pm	90 mins	Short AGM presentations and facilitated Q&A
2.30pm - 2.50pm	20 mins	Short comfort break
2.50pm – 3.35pm	45 mins	'The Big Conversation' – a table top workshop with attendees Theme to be confirmed Introduction and scene-setting by Sue Proctor Session facilitated by TBC Followed by group discussion on tables facilitated by Trust staff
3.35pm – 4.10pm	35 mins	Afternoon tea style refreshments served View installations
4.10pm - 4.40pm	30 mins	Feedback from tables (one point per table, 20 minutes) Capture and next steps by Sue Proctor (10 minutes)
4.40pm – 4.45pm	5 mins	Closing remarks and thanks, Sue Proctor
4.45pm - 5pm	15 mins	Attendees to complete evaluation forms Further networking View installations
5pm		Close

Videos for LYPFT

Brief

19th March 2019

The Trust's Executive Management Team has asked Tricia Thorpe and Mat Dale to lead on all of the production of videos for all LYPFT services; one of the projects requested from the Executive management team is to film each service for public, as well as staff, information. This document outlines the purpose, what they will consist of, how they will be developed and how we want services to get involved.

Background

Public information about NHS services has traditionally taken the form of printed material (such as leaflets and posters) available in care settings or information libraries. Over the last 10-15 years this has evolved into web-based information which has been made available on care provider's websites and other online forums i.e. www.nhs.uk

Over the last five years we've seen a rise in the availability and use of video content to help the public gain information and understanding about NHS services, and to help them make informed choices about their healthcare. This is in line with web and social media trends in public life. In a recent survey, nearly three quarters (72%) of people in the UK said they would opt for video to learn about a product or service when video and text are available on the same web page[1].

In the last three years we have seen the development and publication of some successful videos allowing staff, carers and service users to share their stories, to help shape services and to use for training.

There is no central corporate budget for the production of video content for services; these videos have been produced in an ad hoc way. The Trust's Communications Team has provided consultancy for care services in line with its service offer usually when funding is identified. The Trust had a Single Provider Procurement Framework in place with a video production company called Deadline Digital, and they were used primarily to produce such videos since the contract came into force in 2017.

Approach

Tricia Thorpe over the last three years has developed herself as an in house videography resource for the Trust, mainly connected with her role as Anti-Stigma Co-ordinator and for the purposes of sharing stories of people with lived experience of mental health or learning disabilities. She has now been commissioned to produce all video content, information and training videos, and filming

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[1] Wyzowl's State of Video Marketing 2018 survey

will only be outsourced to an external company if Tricia and Mat do not have the resource at the time to produce a film request.

Purpose and principles of the service videos
The purpose of the service video project is for Tricia and Mat to work with all services to produce information videos.

The purpose of the videos will be to explain:

- What the service does.
- Who it is for?
- How it can help people.
- How it can be accessed i.e. usually via GP or health care professional referral
- What kind of staff work within it.
- What other services it works with (NHS, third sector, local authority, police etc.)
- And to give personal insights from staff and patient/carer perspectives with full and informed consent using the Trust's consent process.

The videos will:
- Help people to make informed choices about their health care by gaining understanding.
- Promote mental health and learning disability services in a positive way, avoiding stigmatising language, images and labels.
- Allow insight on how a service is run and to help remove doubts or fears about the service, and to encourage people to seek help and be more open about their mental wellbeing.

The format of the videos will all:
- Be up to an optimal length of between 3-5 minutes.
- Be branded in line with LYPFT brand guidelines and visual identity – including our values of integrity, simplicity and caring.
- Contain subtitles for accessibility purposes and for silent viewing – in line with online viewing trends.
- The videos will be held on the Trust website.
- Be hosted on the LYPFT You Tube channel and displayed on each of the relevant services web page (subject to quality assurance and sign off with the service). They will also be offered to other key partner organisations such as Mindwell, MindMate etc.

To ensuring that, where possible, that the film include staff, service users and carers from a variety of genders, ages and ethnicities.

What we need from services:

To help us make these videos, we need:

- To identify a member of staff from your service to work with – someone who can explain how the service works.
- A service user and/or carer who can give their personal perspective of the service in the video, they will also have to informed consent to appear.
- Background information about the service i.e. existing and up to date service information.

- We need to be able to come and film in the area of work and in care settings, be that a ward environment, outpatient clinic, therapeutic environment, practical activities, home-based treatment etc.

Examples of videos can be viewed

End Stigma Leeds You tube page:
Host of Triangle of Care, Older people films, carers plus young carers and learning disabilities. Please feel free to watch.
https://www.youtube.com/channel/UCxdM6XzHu90IzGsT_fSBlqA

Also Trust based, Staying at Mill Lodge Inpatient CAMHS
https://www.youtube.com/watch?v=Z0_jp8DOPLc&t=6s

Liaison Psychiatry in Leeds
https://www.youtube.com/watch?v=IauGwDOWp6A&t=5s

You will be contacted by the team to agree a suitable date and time, however please feel free to also get in touch to find out more and to book in to make your service film:

Tricia Thorpe
Anti-Stigma Co-ordinator
tricia.thorpe@nhs.net
0113 85 55555
The Mount
Leeds

MEETING OF THE COUNCIL OF GOVERNORS	AGENDA ITEM
9 May 2019	**13**

Feedback from NHS Providers Regional Governor Workshop, 4 April 2019

The purpose of this paper is to allow those governors who attended the NHS Providers Regional Governor Workshop on the 4 April to feedback on the event and share their ideas for future development of the Council.

This event was attended by Andrew Johnson (Staff: Clinical), Ivan Nip (Public: Leeds) and Peter Webster (Public: Leeds) from Leeds and York Partnership NHS Foundation Trust and was hosted by the Governor Support Team at NHS Providers, the membership organisation and trade association for NHS Foundation Trusts, as part of their GovernWell programme. The meeting was chaired by Suzy Brain England, Chair of the Board at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, and was aimed at sharing useful information with Governors from across the Yorkshire & Humberside Region as well as providing opportunities for attendees to ask questions and share best practice.

Presentations were made on the following topics.

1. CQC inspections: working in partnership with stakeholders

Two members of the CQC inspection team gave an update on the "next phase" approach to inspections, including inspection frequencies, inspection priorities and the methodology which is based on 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to peoples' needs?

- Is it well-led?

The role of governors in CQC inspections was clarified, with an emphasis on how they hold non-executive directors (NEDs) to account and how they represent the interests of members and the public. It was recommended that as governors we are able to describe our ability as a group to contribute to the following:

- Changes in the Trust's constitution
- Appointment of the Chief Executive
- Appointing and removing the Chair and other NEDs and deciding on their remuneration, allowances and terms & conditions
- Appointing and removing the external auditor
- Giving governors' views on the forward plan and canvassing the views of the public, then feeding back to the Board of Directors.

2. Introduction to NHS Governor Support and the Governor Advisory Committee

Mark Price, Programme Manager of Governor Support at NHS Providers, gave an insight into who NHS Providers are and what their Governor Support Programme offers in terms of:

- GovernWell training
- Governor focus conference
- Governor focus newsletters
- Regional workshops
- Induction toolkit
- Website information
- Signposting
- Ad hoc telephone/email enquiries.

Mark also explained the working of the Governor Advisory Committee (GAC), which guides the Governor Support Programme, advises on the support they offer and provides intelligence on governor issues.

3. NHS update – a national perspective on topical issues for Governors

Claire Helm, Analysis Manager at NHS Providers, gave an update on the operational, political and external environmental issues which the NHS is currently facing. She provided detailed analysis on:

- The Long-Term Plan for the NHS
- The still-awaited Workforce Implementation Plan
- Changes in regulation, especially the creation of a new organisation to replace both NHS England and NHS Improvement
- System working, including Sustainability and Transformation Partnerships becoming Integrated Care Systems, changes in commissioning to blend health and social care budgets and the implications for governance and accountability etc.

4. Sharing Good Practice

Jagdeep Singh, CEO of Leeds Involving People (LIP) gave an account of various projects to support people with lived experience to get involved with service planning and design and the breadth of the networks to which LIP contributes.

Amy Rebane, Patient and Public Involvement / Engagement Manager at the National Institute for Health Research (NIHR) Leeds Biomedical Research Centre, shared her experience of involving the public with some good practice examples plus the challenges and pitfalls to avoid.

Carly Holliday, Special Project Manager at NHS Providers, gave some good practice examples of governors engaging with the membership around the country.

5. Sharing Good Practice – relationships with the board

Mark Price facilitated a group discussion on good practice where the council and board have a good working relationship, with examples of how the relationship has been developed.

Areas to highlight for LYPFT:

The following points were highlighted by the LYPFT Governors attending the workshop:

- Patient and public engagement
- The working relationship between governors and board
- CQC Hospital Directorate next phase approach to inspection: a more targeted, responsive and collaborative approach to regulation so more people get high quality care
- NHS Providers "GovernWell" Governor Support Programme and Governor Advisory Committee
- NHS Providers Strategic Policy Update: covers NHS Long Term Plan, Workforce, Regulation and System Working

Suggestions for development that our governors could collectively think about:

- Pre-meeting and / or post-meeting for Governors
- NEDs to take a more active role in Governors' Council meetings and be held more accountable by governors
- We should define our message for LYPFT's members along the lines of what difference becoming a member makes, what they can expect from us and what we expect from them
- We need to look at opportunities to engage better with our constituencies, e.g. join Leeds Involving People to access their networks, attend NHS Youth Forum meetings to contact potential young Governors, feature individual Governors in LYPFT newsletters
- Ensure strategic formation, discussion, monitoring etc. tasks in governor meetings instead of operational discussion. It would be useful to hear comments from our NEDs on the Trust's strategic priorities, where they think we stand and what they are doing, individually and collectively, to ensure we meet our strategic objectives
- Rethink the Terms of Reference and the role of governors in LYPFT, consider creating a task and finish focus group.

Peter Webster
Governor
11 April 2019

AGENDA ITEM
14

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Council of Governors: Quarterly Performance and Quality Update Report
DATE OF MEETING:	9 May 2019
PRESENTED BY: (name and title)	Joanna Forster-Adams – Chief Operating Officer Dawn Hanwell – Chief Financial Officer 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 3 months and provide an insight to the Governors from 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
	No	

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
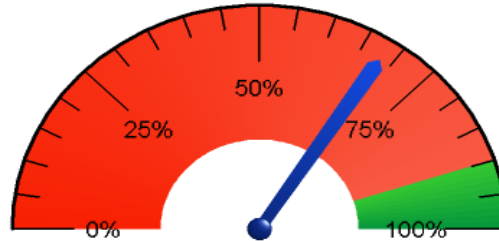**Leeds and York Partnership**
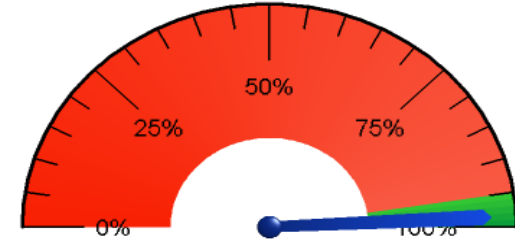**NHS Foundation Trust**

Our Service Performance

Access & Responsiveness: Our response in a Crisis
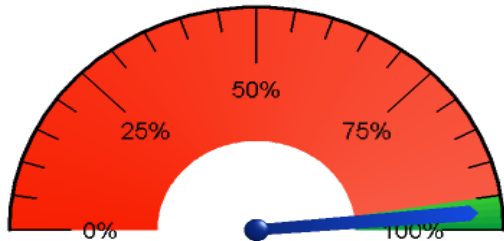
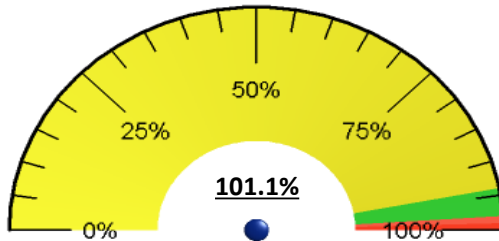**Percentage of referrals to the crisis team with a crisis plan in place within 24 hours of referral**

Percentage with Timely Access to a MH Assessment by the ALPs team in the LTHT Emergency Department (1 hour)

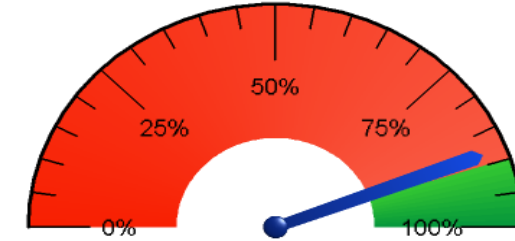**Percentage of admissions to inpatient services that had access to crisis resolution / home treatment teams**

Our Acute Patient Journey

101.1%

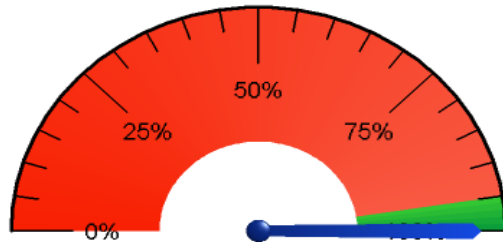**Bed Occupancy rates for (adult acute) inpatient services**
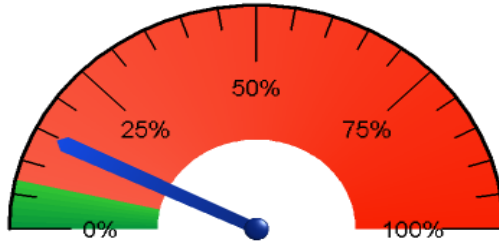
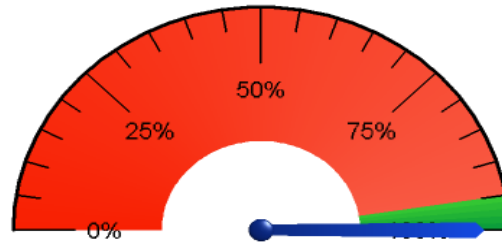**Percentage of Delayed Transfers of Care**

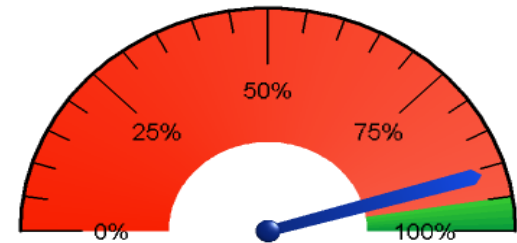**Liaison In-Reach: attempted assessment within 24 hours**

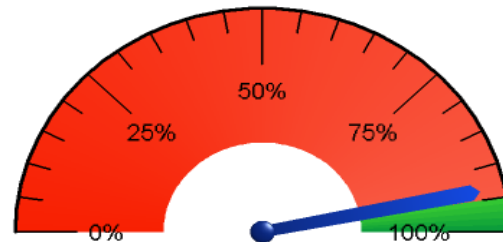# Access & Responsiveness: Our Specialist Services - Quarter 4

CAMHS inpatients: Honosca & CGAS: % completed at discharge (quarterly) Q4
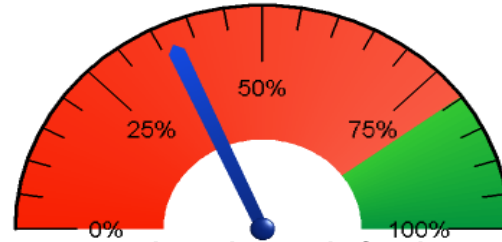

CAMHS inpatients: Honosca & CGAS: % completed at admission (quarterly) Q4

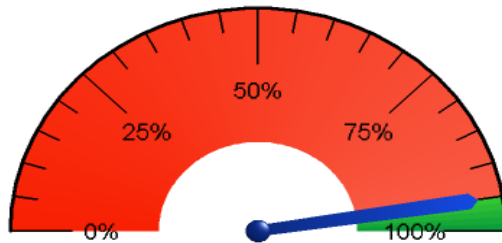**Forensics: HCR20: Percentage completed within 3 months of admission (quarterly) Q4**

Forensics: HCR20 & HoNOS Secure: Percentage completed (LOS greater than 9 months) (quarterly) Q4

Leeds Autism Diagnostic Service (LADS): Percentage receiving a diagnosis within 26 weeks of referral (quarterly) Q4

Our Community Care

Percentage of inpatients followed up within 7 days of discharge
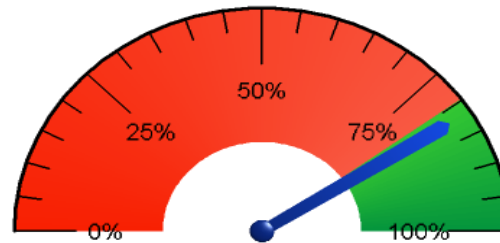
Percentage of referrals seen (face to face) within 15 days of receipt of referral to a community mental health team
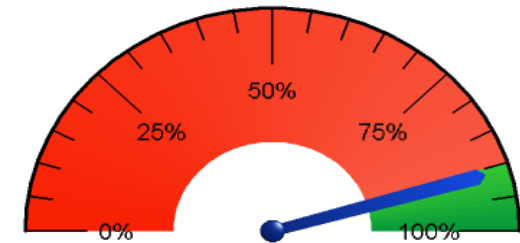
Waiting Times Access to Memory Services; Referral to first Face to Face Contact within 8 weeks (quarter to date)
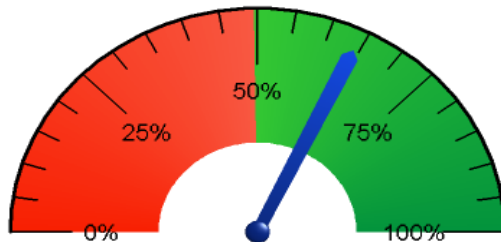
Memory Services – Time from Referral to Diagnosis within 12 weeks

Clinical Record Keeping: Mandated requirements
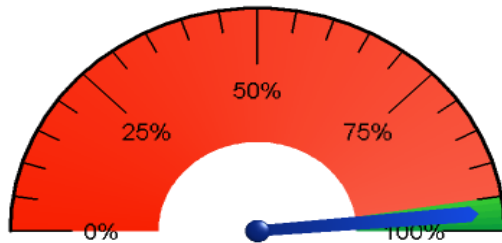
Data Quality Maturity Index (MHSDS)
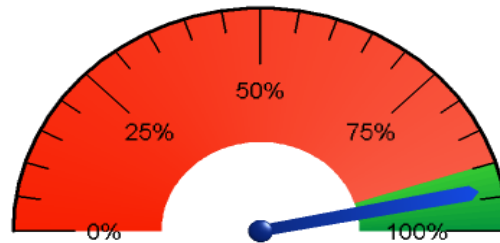
Percentage of service users with ethnicity recorded (service users seen in month)

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

Percentage of NHS number recorded

Proportion of in scope patients assigned to a cluster

NHS Classic Safety Thermometer Percentage of Harm Free Care

Performance and Quality Metrics Summary

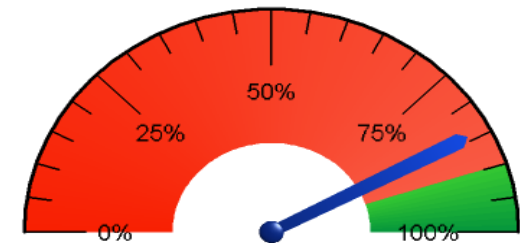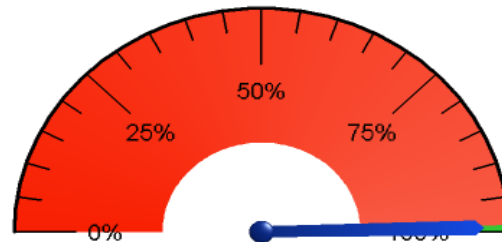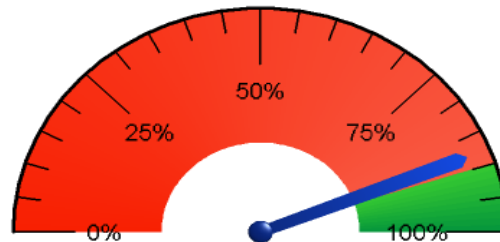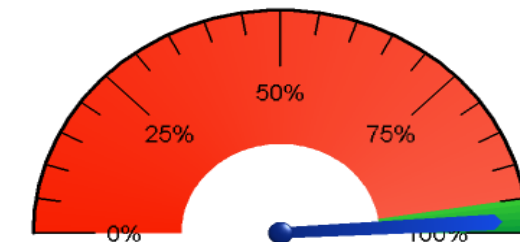| Services: Access & Responsiveness: Our response in a crisis	Target	Jan-19	Feb-19	Mar-19
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	76.7%	78.2%	79.6%
Percentage of referrals to the crisis team with a crisis plan in place within 24 hours of referral	95%	95.4%	98.0%	97.3%
Percentage of admissions gatekept by the crisis teams	95%	100.0%	100.0%	98.5%
Percentage of ALPS referrals responded to within 1 hour	90%	81.8%	75.7%	68.2%
Services: Access & Responsiveness: Our Specialist Services	**Target**	**Jan-19**	**Feb-19**	**Mar-19**
Gender Identity Service - Median wait for those currently on the waiting list (weeks)	-	33.1	33.4	35.4
Gender Identity Service: Number on waiting list	-	1,350	1,381	1,413
Leeds Autism Diagnostic Service (LADS): Percentage receiving a diagnosis within 26 weeks of referral (quarterly)	80%	-	-	36.9%
Leeds Autism Diagnostic Service (LADS): Percentage receiving an assessment within 13 weeks	-	40.4%	60.9%	72.7%
CAMHS inpatients: Honosca & CGAS: % completed at admission (quarterly)	95%	-	-	100.0%
CAMHS inpatients: Honosca & CGAS: % completed at discharge (quarterly)	95%	-	-	100.0%
Deaf CAMHS: wait from referral to first face to face contact in days (monthly)	-	70.4	57.6	54.6
Forensics: HCR20: Percentage completed within 3 months of admission (quarterly)	95%	-	-	90.9%
Forensics: HCR20 & HoNOS Secure: Percentage completed (LOS greater than 9 months) (quarterly)	95%	-	-	93.6%
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency)	-	-	-	-
Perinatal Community: Percentage waiting less than 2 weeks for first contact (routine)	-	-	100.0%	77.8%
Perinatal Outreach: Average wait from referral to first contact (all urgencies)	-	-	-	-
Services: Our acute patient journey	**Target**	**Jan-19**	**Feb-19**	**Mar-19**
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	88.2%	93.5%	94.1%
Crisis Assessment Unit (CAU) length of stay at discharge	-	6.3	7.2	9.4
Liaison In-Reach: attempted assessment within 24 hours	90%	86.9%	83.4%	88.3%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94-98%	99.8%	101.4%	101.1%
• Becklin – ward 1	-	100.0%	101.7%	102.2%
• Becklin – ward 3	-	99.3%	102.1%	99.9%
• Becklin – ward 4	-	98.5%	100.3%	99.3%
• Becklin – ward 5	-	100.9%	102.8%	100.3%
• Newsam – ward 4	-	100.2%	101.4%	104.0%
• Older adult (total)	-	88.4%	93.4%	85.3%
• The Mount – ward 1	-	95.3%	100.0%	95.8%
• The Mount – ward 2	-	96.1%	98.1%	94.6%
• The Mount – ward 3	-	81.9%	79.9%	70.7%
• The Mount – ward 4	-	85.3%	99.3%	86.6%

Performance and Quality Metrics Summary continued

Services: Our acute patient journey	Target	Jan-19	Feb-19	Mar-19
Percentage of delayed transfers of care	<7.5%	12.4%	12.5%	14.5%
Number of out of area placement bed days versus trajectory (in days: cumulative per quarter)	-	+108	+101	+262
Acute: Number of out of area placements beginning in month	-	2	16	15
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	322	182	366
PICU: Number of out of area placements beginning in month	-	4	5	6
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	26	51	31
Older people: Number of out of area placements beginning in month	-	0	0	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	0	0	0
Services: Our community care	**Target**	**Jan-19**	**Feb-19**	**Mar-19**
Percentage of inpatients followed up within 7 days of discharge	-	97.1%	93.8%	95.1%
Percentage of inpatients followed up within 7 days of discharge (quarterly data)	95%	-	-	95.4%
Number of service users in community mental health team care (caseload)	-	4,898	4,860	-
Percentage of referrals seen (face to face) w/in 15 days by a community mental health team	80%	76.7%	83.3%	82.0%
Percentage of referrals to memory services seen (face to face) within 8 weeks (quarter to date)	90%	85.2%	88.7%	91.0%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50%	64.6%	59.9%	64.2%
Services: Clinical Record Keeping	**Target**	**Jan-19**	**Feb-19**	**Mar-19**
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	97.4%	97.4%	97.2%
Percentage of service users with ethnicity recorded (service users seen in month)	90%	94.5%	94.4%	93.7%
Percentage of service users with ethnicity recorded (NHS Standard Contract)	90%	85.1%	85.2%	84.3%
Percentage of NHS number recorded	99%	99.4%	99.5%	99.3%
Percentage of in scope patients assigned to a mental health cluster	-	89.4%	89.1%	87.9%
Timely Communication with GPs: Percentage notified in 7 days	-	43.9%	38.3%	35.3%
Quality: Our effectiveness	**Target**	**Dec-18**	**Jan-19**	**Feb-19**
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)	-	87.8%	89.9%	88.9%
Classic Safety Thermometer: Percentage of harm free care (point prevalence survey)	95%	98.4%	99.5%	100.0%
Percentage of service users in Employment	-	15.1%	15.7%	15.9%
Percentage of service users in Settled Accommodation (definition reviewed and changed from August)	-	80.0%	79.9%	81.3%

Performance and Quality Metrics Summary continued

Quality: Caring / Patient Experience	Target	Dec-18	Jan-19	Feb-19
Friends & Family Test: Percentage recommending services	-	71.8% (23)	74.6% (59)	39% (13)
Mortality:	Qrterly	-	-	-
· Number of deaths reviewed	Qrterly	40	-	-
· Number of deaths reported as serious incidents	Qrterly	1	-	-
· Number of deaths reported to LeDeR	Qrterly	0	-	-
Number of complaints received	-	5	13	20
Percentage of complaints acknowledged within 3 working days	-	100.0%	100.0%	100.0%
Percentage of complaints allocated an investigator within 3 working days	-	75.0%	77.0%	78.0%
Percentage of complaint responses sent to the complainant within 30 working days	-	77.0%	77.0%	60.0%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	129	179	171
Quality: Safety	**Target**	**Dec-18**	**Jan-19**	**Feb-19**
Number of incidents recorded	-	975	1,047	908
Percentage of incidents reported within 48 hours of identification as serious	100%	100% (1)	100% (3)	100% (2)
Number of never events	0	0	0	0
Number of restraints and restrictive interventions	-	102	147	110
No. of patients detained under the Mental Health Act (includes Community Treatment Orders/conditional discharges)	-	482	485	467
Adult acute including PICU: % detained on admission	-	70.2%	55.8%	34.9%
Adult acute including PICU: % of occupied bed days detained	-	85.4%	81.8%	69.9%
Flu uptake (moving CQUIN target: 50% or less = no payment)**	75%	77.3%	77.0%	79.3%
Number of medication errors	Qrterly	111	-	-
Percentage of medication errors resulting in no harm	Qrterly	0.9189	-	-
Safeguarding Adults: Number of advice calls received by the team	-	50	47	71
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	-	6% (3)	6.4% (3)	4% (3)
Safeguarding Children: Number of advice calls received by the team	-	24	26	21
Safeguarding Children: Percentage of advice calls to safeguarding that resuled in a referral to social care	-	12.5% (3)	38.5% (10)	19% (4)
Number of falls	-	46	70	66

Performance and Quality Metrics Summary continued

Our Workforce	Target	Dec-18	Jan-19	Feb-19
Percentage of staff with an appraisal in the last 12 months	85%	76.9%	76.9%	82.8%
Percentage of mandatory training completed	85%	87.5%	87.4%	88.9%
Safeguarding: Prevent Level 3 training compliance (month end snapshot)	85%	92.0%	93.0%	93.0%
Percentage of staff receiving clinical supervision	85%	61.0%	68.0%	81.9%
Staff Turnover (Rolling 12 months)	8-10%	10.3%	9.9%	8.9%
Sickness absence rate	4.60%	4.8%	4.8%	4.8%
Percentage of sickness due to musculoskeletal issues (MSK)	14.7%	13.9%	13.9%	13.0%
Percentage of sickness due to Mental Health & Stress	15.0%	32.6%	32.9%	34.3%
Band 5 inpatient nursing vacancies	-	0.2	58.7	58.7
Band 6 inpatient nursing vacancies	-	0.0	3.2	3.2
Band 5 other nursing vacancies	-	0.3	30.4	24.7
Band 6 other nursing vacancies	-	0.0	0.0	0.0
Percentage of vacant posts	-	10.7%	9.8%	11.0%

Overview of Finance

Single Oversight Framework – Finance Score
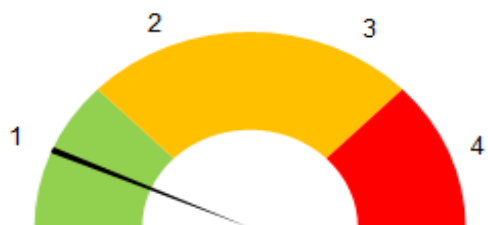
Income and Expenditure Position (£000s)
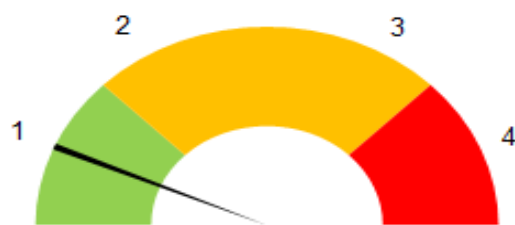
Cost Improvement Programme (£000s)

Cash (£000s)
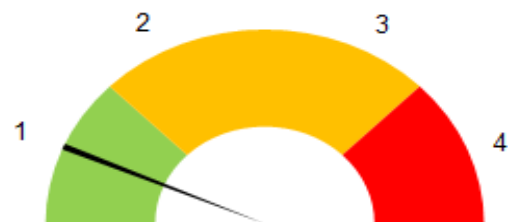
Capital (£000s)

Agency spend (£000s)
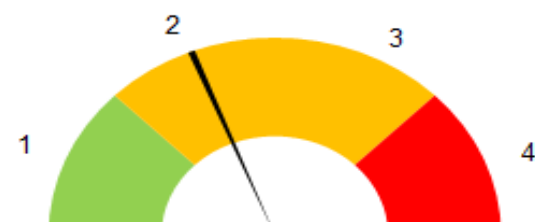
Finance metrics

Finance	Target	Jan-19	Feb-19	Mar-19
Single Oversight Framework: Overall Finance Score	1	1	1	1
Single Oversight Framework: Income and Expenditure Rating	1	1	1	1
Income and Expenditure: Surplus		£25.16m	£28.75m	£30.03m
Cost Improvement Programme versus plan (% achieved)	100%	99.72%	99.63%	100.00%
Cost Improvement Programme: achieved		£2.36m	£2.62m	£2.89m
Single Oversight Framework: Cash Position Liquidity Rating	1	1	1	1
Cash Position	-	£65.27m	£68.06m	£69.42m
Capital Expenditure (Percentage of plan used) (YTD)	100%	77.10%	83.99%	96.43%
Single Oversight Framework: Agency Spend Rating	1	2	2	2
Agency spend: Actual	-	£4.30m	£4.70m	£5.14m
Agency spend (Percentage of capped level used)	-	103.00%	104.00%	104.00%

Finance metrics continued

Single Oversight Framework - Finance Score The Trust achieved the plan at month 12 with an overall Finance Score of 1.	**Income and Expenditure Position (£000s)** £30.03m surplus income and expenditure position at month 12. Overall net surplus £1.99m better than plan due to additional support for out of area placement pressures (pressure now fully mitigated) and improvement in commercial activities. Achieved a rating of 1 (highest rating).
Cost Improvement Programme (£000s) CIP performance at month 12 is fully achieved against plan, £2.89m CIP achieved (100%)	**Cash (£000s)** The cash position of £69.42m is £0.39m below plan at the end of month 12 and achieved a liquidity rating of 1 (highest rating)
Capital (£000s) Capital expenditure (£4.44m) is behind plan at month 12 (96.43% of plan).	**Agency spend (£000s)** Compares actual agency spend (£5.14m at month 12) to the capped target set by the regulator (£4.96m at month 12). The Trust reported agency spending 4% above the capped level and achieved a rating of 2.
Areas of Financial Risk as at March 2019 - Out of area placements run rate deterioration. - Wards overspending. - Agency spending run rate.	

Trust Board Assurance: Key discussions, issues and actions

Points to note:
The transition of our community teams into the new model "went live" at the end of March. Whilst there is the inevitable period of embedding new ways of working, the Board has recognised the hard work and considerable preparation that has gone into minimising any negative impact on our service users. In spite of the upheaval, the key targets for access into CMHTs, follow up for inpatient discharges and assessment & diagnosis within memory services were all achieved.
In spite of the best efforts of the Acute Liaison Psychiatry Service and the In-reach Service, the year end 90% targets (1hour for ALPs and 24 hours for inreach) were not met following increased demand and staffing issues. These targets will continue into 2019/20.

Key issues, risks and actions:

Capacity and flow across our acute pathway remains a risk. Delayed discharges and bed occupancy for our acute inpatient beds is high and impacting upon the number of service users being sent to out of area placements. The Trust's trajectory for inappropriate out of area bed days has been renegotiated with the CCG in recognition of the whole system approach required to enable a sustainable position to be reached.

Trust Board Discussion Summary:

At the March board, the benefits and burdens of technology and ensuring staff recruitment and retention were common themes across a variety of papers discussed.

Technology and Systems: The report back from the Mental Health Legislation Committee highlighted record keeping issues on the Trust's record system, PARIS, particularly in relation to capacity assessments. Whilst the reaudit undertaken showed improvement, the discussion centred around ensuring that the system processes are simple for staff rather than adding additional burden. This topic was discussed again around the potential opportunities CareDirector (our new patient record system currently in development) could bring in 2019/20. Whilst better use of technology is accepted, the practicalities (such as minimising clicks and being intuitive to use) were noted as challenging but critical to success. Making it as easy as possible for staff to record information can lead to improved productivity and efficiency but it was recognised that this can be difficult to measure. Having visited the CareDirector project team, one of the Non-Executive Directors noted the progress being made and the governance around the project to provide assurance.

Recruitment and Retention: Discussions centred around nursing and Occupational Therapy staff in particular. New initiatives being developed such as simplifying internal recruitment to support staff to gain more experience by staying within the organisation rather than leaving and relaunching the retire and return opportunities were mentioned. Whilst some positive results were being seen in recruiting and retaining nurses with a reduction in turnover, further work is to be undertaken to understand the situation with the Allied Health Professional group where turnover is continuing to rise. Recognition was given for the success of the offers to third year students due to qualify that has seen over 70 offered employment upon their qualification.

	AGENDA ITEM 16

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	NHS Staff Survey 2018 – Initial Results
DATE OF MEETING:	9 May 2019
PRESENTED BY: (name and title)	Angela Earnshaw – Head of Learning and Organisational Development Tracey Needham – Organisational Development and Engagement Lead
PREPARED BY: (name and title)	Lucy Heffron – Engagement and Organisational Development Practitioner

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 provides the Council of Governors with a summary of the results and outcomes of the 2018 Staff Survey. The paper looks at how the Trusts results compare to the 2017 results and highlights any emerging themes on where we have made improvements or seen deterioration.

The NHS Coordination Centre changed Staff Survey reporting this year to breakdown into 10 Key Themes instead of the 32 Key Findings of previous years. Therefore this report discusses the results in consideration of the new themes.

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 receive and note the outcome of the 2018 National Staff Survey results.

NHS Staff Survey 2018 – Initial Results

Introduction

The purpose of this report is to provide a summary of the main points from the outcome of the 2018 survey results provided by Quality Health (QH) for the Leeds and York Partnership NHS Foundation Trust (LYPFT). The results were published by NHS England on February 28th 2019.

The reporting outputs have changed this year to now produce scores for 10 Key Themes instead of the 32 Key Findings of previous years.

Internally we have also changed our reporting to make all data available on Cognos, a business intelligence tool. All staff within the Trust have access to Cognos and can see the results at Trust, Care Group, Service and Team level.

Background

The 2018 LYPFT Staff Survey ran from 1 October- 30 November 2018. The official sample size for the Trust was 2,459 which represented a full census of all substantive staff in post on 1 September 2018. Once again we deployed a Task & Finish Group and a communications campaign to encourage participation.

The table shows the Trust response rate over the years, benchmarked against our sector average:

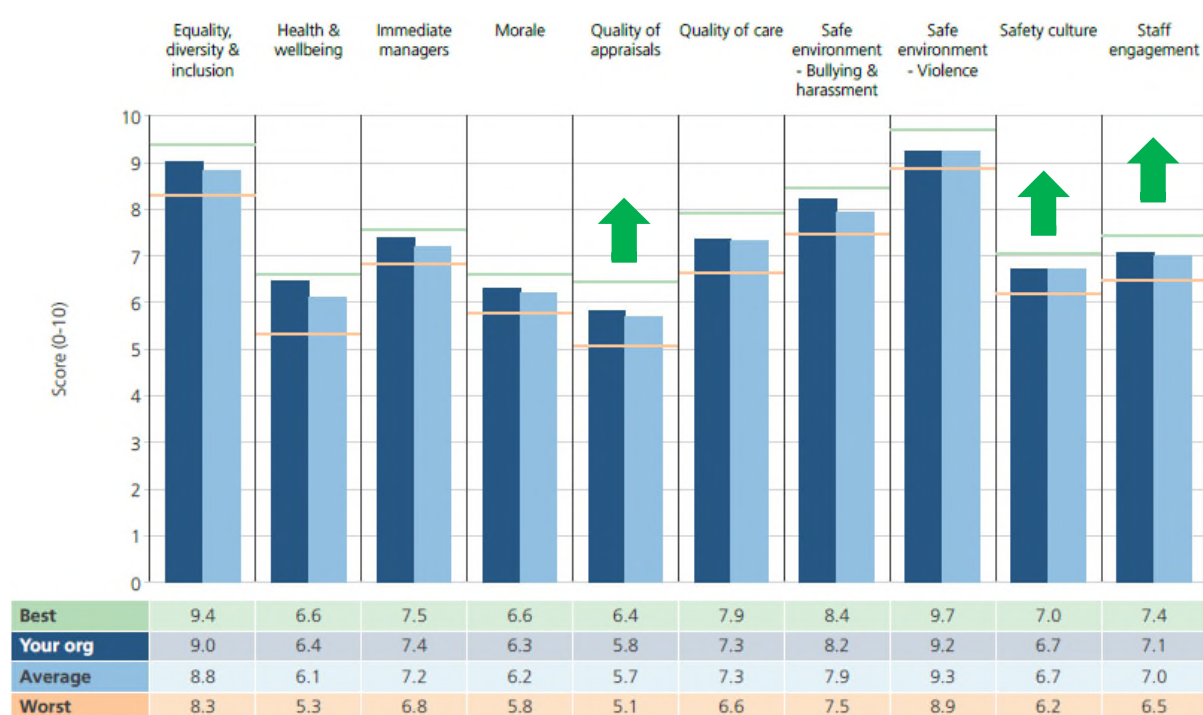| 2018 Survey		2017 Survey		2016 Survey		
Trust	National average	Trust	National average	Trust	National average	Trust movement 2017-2018
58.1%	54%	56.3%	52%	53%	50%	+1.8%

2018 Results

The data from all 90 Key Questions (KQs) indicates that we have improved or remained static in 84% of the 81 questions with comparable 2017 data:

- **59 KQs have shown an improvement** in comparison to 2017
- **13 KQs have shown a decline** in comparison to 2017
- **9 KQs have remained static** in comparison to 2017
- 9 KQs are new and we have no comparable data

Our results also show that we are showing significant improvements in 3 out of the 10 new Key Themes (arrow shows overleaf). In 2017 we had only showed significant improvements on 2016 in 2 out of the then 32 Key Findings:

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.4	6.6	7.5	6.6	6.4	7.9	8.4	9.7	7.0	7.4
Your org	9.0	6.4	7.4	6.3	5.8	7.3	8.2	9.2	6.7	7.1
Average	8.8	6.1	7.2	6.2	5.7	7.3	7.9	9.3	6.7	7.0
Worst	8.3	5.3	6.8	5.8	5.1	6.6	7.5	8.9	6.2	6.5

This table shows that compared to other MH and LD Trusts, 70% of our theme scores are performing above the sector average. Only one theme; 'Safe Environment – Violence', is below the sector average.

Areas where the Trust has significantly improved its scores in 2018 in comparison with 2017:

Quality of appraisals
This score increased from 5.4 in 2017 to 5.8 in 2018 which takes us above the sector average score of 5.7. This is really encouraging as there has been a lot of effort across the Trust to increase appraisal compliance rates and train managers undertaking appraisals, so it is positive to

see that staff report that the quality of appraisals has improved. This has also shown a significant increase (at least +5%) in in the Trust values being discussed as part of the process (19e) and staff feeling that their work is valued (19d).

We have however, seen a decrease (-3%) in the number of staff receiving an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review over the last 12 months (19a).

Safety Culture
This score has increased from 6.5 in 2017 to 6.7 in 2018 and sees us now achieving the sector average of 6.7. With regards to near misses, errors and incidents more staff are feeling that we treat staff involved fairly (17a) and take action (17c) to ensure they don't happen again. Staff also feel increasingly that the organisation encourages them to report errors, near misses or incidents (17b).

We also saw an increase in the number of staff who would feel secure raising concerns about unsafe clinical practice (18b), and confident that the Trust would address their concern (18c). There was also an increase in staff feeling the Trust would act on concerns raised by service users too (21b).

Staff engagement
Our score has increased from 6.9 in 2017 to 7.1 in 2018 and takes us above the sector average score of 7.0. Staff engagement covers a number of questions in the survey and our most above average scores are that staff look forward to going to work, feel there are frequent opportunities to show initiative and suggest improvements, and are able to make these improvements happen. Question 2c ('Time passes quickly when I am working') was the only question within this theme to show a decline, at -1% to give a 72% result for 2018.

Areas where the Trust has seen a decline in scores in 2018 compared with 2017:

Equality and Diversity
This is the only theme with a lower score in 2018 than in 2017, declining from 9.1 to 9.0. While this is only a slight decline we can see it links to the 2% decrease (87% in 2017, 85% in 2018) around staff feeling the organisation 'acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?' We have also seen an increase in staff experiencing discrimination at work from service users, but a decrease in discrimination from their manager/other colleagues.

A new question was added to this theme for 2018 with 77% of staff saying their employer has made adequate adjustments to enable them to carry out their work

It is important to note while we saw a decrease in score for this theme, we are still above the sector average of 8.8.

Areas where our score is lower than the sector average:

Safe Environment – Violence
This is the only theme where our score (of 9.2) is slightly less than the sector average (9.3). Our score does however show an improvement on our 2017 score of 9.1. The questions in this theme cover whether staff have experienced violence at work from either service users (their relatives or other members of the public), managers, or other colleagues. All of these scores declined for 2018 but violence from service users remains high at 22%.

Recurring themes 2016-18

The 2018 results highlight a couple of recurring themes and areas where the Trust continues to **perform poorly** including:

No.	Question	2016	2017	2018
11c	During the last 12 months have you felt unwell as a result of work related stress?	35%	38%	40%
11g	Have you put yourself under pressure to come to work?	91%	92%	94%
13d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	64%	65%	61%

However on a positive note we have **continued to improve** in the following areas:

No.	Question	2016	2017	2018
19e	The values of my organisation were discussed as part of the appraisal process.	30%	34%	40%
5h	How satisfied are you with the opportunities for flexible working patterns?	59%	61%	66%
5f	How satisfied are you with the extent to which the organisation values your work?	39%	40%	50%

21c	I would recommend my organisation as a place to work.	56%	57%	66%
5a	How satisfied are you with the recognition you get for good work?	54%	56%	64%

Top 5 overall highest scoring questions for 2018

1. **0%** of staff have personally experienced physical violence at work from their manager in the last 12 months (1% in 2017)
2. **1%** of staff have personally experienced physical violence at work from other colleagues (2% in 2017)
3. **97%** of staff (or their colleague) reported the last error, near miss or incident they saw that could have hurt staff or patients / service users (98% in 2017)
4. **96%** of staff feel if they were concerned about unsafe clinical practice, they would know how to report it (95% in 2017)
5. **94%** of staff (or their colleague) reported physical violence at work the last time they experienced it (90% in 2017)

Bottom five overall lowest scoring questions for 2018

1. **94%** off staff have put themselves under pressure to come to work (92% in 2017)
2. **26%** of staff felt their appraisal helped them improve how they do their job (21% in 2017)
3. **32%** felt their work was valued by the Trust after their appraisal (25% in 2017)
4. **34%** of staff believe senior managers are acting on staff feedback (32% in 2017)
5. **36%** of staff feel the Trust takes a positive action on health and wellbeing (34% in 2017)

Next Steps

Teams are currently in the process of creating their action plans based on their team level results for the 2018 Staff Survey and we have asked for these to be submitted by Friday 26th April in order to submit these to the June meeting of the Workforce & Organisational Development Group (W&ODG) for governance purposes. Further updates of the action plans will also be submitted in September and December, and these will go to the W&ODG for governance too. Teams are responsible for updating their actions locally as part of their regular business meetings.

A full, detailed breakdown of the results is available in appendix 1.

Appendix 1

Detailed breakdown of the Staff Survey results 2016-2018. New questions are highlighted in pink.

Any questions which have changed *favourably* by 5% or more are highlighted green. There were no questions which have changed *unfavourably* by 5% or more, but questions which have changed *unfavourably* by 3-4% are amber.

Questions which are in italics are worded in a way that means a lower percentage is actually more favourable. Therefore, a percentage decrease is more favourable in these cases too.

	2016	2017	2018	Diff +/-
Number of respondents:	1265	1347	1420	73

National Staff Survey 2018 Leeds and York Partnership NHS Foundation Trust	All LYPFT Weighted Data	% +/- YOY Difference

THEME 1: Equality, Diversity & Inclusion	2016	2017	2018	% Diff
Q14 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	87%	87%	85%	-1%
Q15a In the last 12 months have you personally experienced discrimination at work from any of the following? Patients / service users, their relatives or other members of the public	9%	9%	10%	1%
Q15b In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / team leader or other colleagues	7%	7%	5%	-1%
Q28b Has your employer made adequate adjustment(s) to enable you to carry out your work?			77%	n/a
THEME 1: SCORE	9.4	9.1	9	

THEME 2: Health and Wellbeing				
Q5h How satisfied with …..The opportunities for flexible working patterns.	59%	61%	66%	5%
Q11a Does your organisation take positive action on health and well-being?	33%	34%	36%	2%
Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	20%	19%	21%	2%
Q11c During the last 12 months have you felt unwell as a result of work related stress?	35%	38%	40%	2%
Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?	53%	53%	51%	-2%
THEME 2: SCORE	6.3	6.4	6.4	

THEME 3: Immediate Managers					
Q5b	How satisfied with …..The support I get from my immediate manager.	73%	77%	78%	1%
Q8c	My immediate manager gives me clear feedback on my work.	66%	70%	70%	0%
Q8d	My immediate manager asks for my opinion before making decisions that affect my work.	61%	63%	65%	2%
Q8f	My immediate manager takes a positive interest in my health and well-being.	75%	77%	77%	0%
Q8g	My immediate manager values my work.	76%	77%	80%	3%
Q19g	My manager supported me to receive this training, learning or development.	59%	63%	67%	4%
THEME 3: SCORE		**7.1**	**7.3**	**7.4**	

THEME 4: Morale					
Q4c	I am involved in deciding on changes introduced that affect my work area / team / department.	54%	56%	58%	3%
Q4j	I receive the respect I deserve from my colleagues at work.			76%	n/a
Q6a	I have unrealistic time pressures.			29%	n/a
Q6b	I have a choice in deciding how to do my work.			61%	n/a
Q6c	Relationships at work are strained (rarely or never)			50%	n/a
Q8a	My immediate manager encourages me at work.			79%	n/a
Q23a	I often think about leaving this organisation.			29%	n/a
Q23b	I will probably look for a job at a new organisation in the next 12 months.			23%	n/a
Q23c	As soon as I can find another job, I will leave this organisation.			15%	n/a
THEME 4: SCORE				**6.3**	

THEME 5: Quality of Appraisals					
Q19b	It helped me to improve how I do my job.	74%	21%	26%	4%
Q19c	It helped me agree clear objectives for my work.	86%	36%	40%	3%
Q19d	It left me feeling that my work is valued by my organisation.	25%	25%	32%	7%
Q19e	The values of my organisation were discussed as part of the appraisal process.	30%	34%	40%	6%
THEME 5: SCORE		**5.2**	**5.4**	**5.8**	

THEME 6: Quality of Care					
Q7a	I am satisfied with the quality of care I give to patients / service users.	83%	78%	81%	3%
Q7b	I feel that my role makes a difference to patients / service users	90%	87%	87%	-1%
Q7c	I am able to deliver the care I aspire to	67%	62%	65%	3%
THEME 6: SCORE		**7.5**	**7.2**	**7.3**	

THEME 7: Safe Environment - Bullying and Harassment					
Q13a	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public	32%	30%	30%	0%
Q13b	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers	10%	9%	8%	-1%
Q13c	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues	16%	15%	16%	0%

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THEME 7: SCORE		**8.1**	**8.2**	**8.2**	

THEME 8: Safe Environment - Violence					
Q12a	*In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public*	28%	22%	22%	-1%
Q12b	*In the last 12 months how many times have you personally experienced physical violence at work from...? Managers*	1%	1%	0%	-1%
Q12c	*In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues*	3%	2%	1%	-1%
THEME 8: SCORE		**9**	**9.1**	**9.2**	

THEME 9: Safety Culture					
Q17a	My organisation treats staff who are involved in an error, near miss or incident fairly.	45%	51%	58%	7%
Q17c	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	65%	65%	70%	5%
Q17d	We are given feedback about changes made in response to reported errors, near misses and incidents.	55%	57%	58%	1%
Q18b	I would feel secure raising concerns about unsafe clinical practice.	70%	71%	72%	2%
Q18c	I am confident that my organisation would address my concern.	57%	56%	59%	3%
Q21b	My organisation acts on concerns raised by patients / service users.	70%	69%	73%	4%
THEME 9: SCORE		**6.4**	**6.5**	**6.7**	

THEME 10: Staff Engagement					
Q2a	I look forward to going to work.	55%	54%	60%	6%
Q2b	I am enthusiastic about my job.	71%	71%	73%	2%
Q2c	Time passes quickly when I am working.	71%	74%	72%	-1%
Q4a	There are frequent opportunities for me to show initiative in my role.	73%	73%	79%	5%
Q4b	I am able to make suggestions to improve the work of my team / department.	78%	78%	81%	3%
Q4d	I am able to make improvements happen in my area of work.	58%	60%	62%	2%
Q21a	Care of patients / service users is my organisation's top priority.	69%	70%	77%	7%
Q21c	I would recommend my organisation as a place to work.	56%	57%	66%	8%
Q21d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	58%	59%	64%	5%
THEME 10: SCORE		**6.8**	**6.9**	**7.1**	

Questions not linked to Key Themes					
Q3a	I always know what my work responsibilities are.	83%	83%	83%	0%
Q3b	I am trusted to do my job.	89%	90%	91%	1%
Q3c	I am able to do my job to a standard I am personally pleased with.	78%	77%	79%	2%
Q4e	I am able to meet all the conflicting demands on my time at work.	45%	45%	49%	4%
Q4f	I have adequate materials, supplies and equipment to do my work.	62%	63%	65%	2%
Q4g	There are enough staff at this organisation for me to do my job properly.	30%	33%	38%	5%
Q4h	The team I work in has a set of shared objectives.	70%	71%	72%	1%
Q4i	The team I work in often meets to discuss the team's effectiveness.	63%	64%	67%	2%
Q5a	How satisfied with .....The recognition I get for good work.	54%	56%	64%	7%

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Q5c	How satisfied with …..The support I get from my work colleagues.	82%	82%	84%	3%
Q5d	How satisfied with …..The amount of responsibility I am given.	74%	73%	78%	5%
Q5e	How satisfied with …..The opportunities I have to use my skills.	70%	69%	74%	4%
Q5f	How satisfied with …..The extent to which my organisation values my work.	39%	40%	50%	10%
Q5g	How satisfied with …..My level of pay?	36%	34%	39%	6%
Q8b	My manager…. can be counted on to help me with a difficult task at work.	78%	78%	78%	0%
Q8e	My immediate manager (who may be referred to as your 'line manager') is supportive in a personal crisis.	79%	80%	82%	2%
Q9a	I know who the senior managers are here.	78%	82%	84%	2%
Q9b	Communication between senior management and staff is effective.	34%	36%	42%	6%
Q9c	Senior managers here try to involve staff in important decisions.	33%	36%	40%	3%
Q9d	Senior managers act on staff feedback.	28%	32%	34%	2%
Q10b	On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?	31%	30%	30%	0%
Q10c	On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?	58%	55%	54%	-1%
Q11e	Have you felt pressure from your manager to come to work?	18%	18%	15%	-3%
Q11f	Have you felt pressure from colleagues to come to work?	18%	18%	17%	0%
Q11g	Have you put yourself under pressure to come to work?	91%	92%	94%	2%
Q12d	The last time you experienced physical violence at work, did you or a colleague report it?	94%	90%	94%	4%
Q13d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	64%	65%	61%	-3%
Q16a	In the last month have you seen any errors, near misses or incidents that could have hurt staff?	22%	20%	19%	-1%
Q16b	In the last month have you seen any errors, near misses or incidents that could have hurt patients / service users?	25%	23%	25%	2%
Q16c	The last time you saw an error, near miss or incident that could have hurt staff or patients / service users, did you or a colleague report it?	97%	98%	97%	-1%
Q17b	My organisation encourages us to report errors, near misses or incidents.	87%	85%	88%	3%
Q18a	If you were concerned about unsafe clinical practice, would you know how to report it?	96%	95%	96%	1%
Q19a	In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	91%	92%	88%	-3%
Q19f	Were any training, learning or development needs identified?	64%	65%	68%	3%
Q20	Have you had any training, learning or development in the last 12 months?	73%	73%	71%	-2%
Q22a	Is patient / service user experience feedback collected within your directorate / department? (e.g. Friends and Family Test, patient surveys etc.)	90%	86%	86%	0%
Q22b	I receive regular updates on patient / service user experience feedback in my directorate / department (e.g. via line managers or communications teams).	52%	51%	51%	0%
Q22c	Feedback from patients / service users is used to make informed decisions within my directorate / department.	55%	54%	56%	2%

AGENDA ITEM
17

<p style="text-align:center">**MEETING OF THE COUNCIL OF GOVERNORS**</p>

NAME OF PAPER:	Process for the upcoming elections to the Council of Governors
DATE OF MEETING:	9 May 2019
PRESENTED BY: (name and title)	Cath Hill – Associate Director for Corporate Governance
PREPARED BY: (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

The Council of Governors is advised that the following seats are currently vacant will be included in the next round of elections:

- Public: Leeds (1 seat)
- Public: York and North Yorkshire (1 seat)
- Carer: Leeds (3 seats)
- Carer: York and North Yorkshire (1 seat)
- Service user: Leeds (2 seats)
- Service user: York and North Yorkshire (1 seat)
- Service user and carer: Rest of UK (1 seat)
- Staff: clinical (1 seat)
- Staff: non-clinical (1 seat)

The Council is also asked to note that the following seats currently have elected governors in office, but these governors will come to the end of their term of office in August 2019. Each one is eligible to stand for election again should they wish:

- Public: Leeds (Steve Howarth) (1 seat)
- Public: Leeds (Les France) (1 seat)
- Public: Leeds (Peter Webster) (1 seat)
- Public: Rest of England and Wales (Niccola Swan) (1 seat)

These two groups together make a total of 16 seats in all that will be included in the next round of elections.

The timetable for the elections is as follows:

ELECTION STAGE	OPTION 1
Notice of Election / nomination open	Tuesday, 7 May 2019
Nominations deadline	Wednesday, 5 Jun 2019
Summary of valid nominated candidates published	Thursday, 6 Jun 2019
Final date for candidate withdrawal	Monday, 10 Jun 2019
Electoral data to be provided by Trust	Thursday, 13 Jun 2019
Notice of Poll published	Wednesday, 26 Jun 2019
Voting packs despatched	Thursday, 27 Jun 2019
Close of election	Monday, 22 Jul 2019
Declaration of results	**Tuesday, 23 Jul 2019**

The elections will be overseen by the Electoral Reform Services who will be the returning officer and the Associate Director for Corporate Governance will be the Trust's co-ordinating officer working with the Corporate Governance Team and ERS to ensure the completion of the elections in accordance with the Trust's internal timetable and the Trust's Constitution (Annex 5) 'Election Rules'.

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	

RECOMMENDATIONS

The Council of Governors is asked to agree the timetable for the forthcoming elections to the Council of Governors which will conclude at the end of July 2019.

AGENDA ITEM

18

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Approval of the Code of Conduct and Standards of Behaviour for Governors (CG-0001)
DATE OF MEETING:	9 May 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

Within the suite of documents that governors have to support them in carrying out their role is CG-0001 - the Code of Conduct and Standards of Behaviour for Governors.

All procedures in the Trust have a review period. This means that they will need to be looked at periodically to make sure they are still fit for purpose. As the review date for this procedure is due, the Associate Director for Corporate Governance has reviewed of the content and has made some presentational changes (i.e. put this into the Trust's format). No other changes have been made to the content as this has been deemed to be still fit for purpose.

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 be assured that the content is still reflective of the way in which governors will carry out their duties is asked to approve this procedure.

NAME OF PROCEDURAL DOCUMENT

The key messages the reader should note about this document are:

1. Governors are required to sign a copy of the Code of Conduct on appointment
2. The Coproporate Governance Team will hold a copy of the Code signed by the governor
3. Governors are required to abide by the Code of Conduct

DOCUMENT SUMMARY SHEET
ALL sections of this form must be completed.

Document title	Code of Conduct and Standards of Behaviour for Governors
Document Reference Number	CG - 0001
Key searchable words	*Conduct, behaviour, standards*
Executive Team member responsible (title)	Cheif Executive
Document author (name and title)	Cath Hill – Associate Director for Corproate Governance
Approved by (Committee/Group)	Council of Governors
Date approved	XXX
Ratified by	Council of Governors
Date ratified	XXX
Review date	XXX
Frequency of review	*At most every three years*

Amendment detail

Version	Amendment	Reason
1	Produce the Code in the new format	To comply with the Risk Management Standards and the Procedure for the Development and Management of Procedural Documents.
2	All content – to put the Code into the newest format as agreed by the NHSLA	To comply with the Risk Management Standards and the Procedure for the Development and Management of Procedural Documents.
3	All content	Checked to ensure it is consistent with the changes brought about by the Health and Social Care Act 2012.
4	New format	To ensure that the code is still fit for purpose

Version	Amendment	Reason
		and that it is in the new Trust template format

CONTENTS			
Section	**Description**		**Page**
1	The content of the procedural document		<mark>X</mark>
	1.1	Flow chart of procedure (if relevant)	<mark>X</mark>
	1.2	Description of procedure/process	<mark>X</mark>
2	Appendices included as relevant (include Appendices or a link to the relevant documents on staffnet)		<mark>X</mark>

1. THE PROCEDURE

1.1 Flow chart of procedure (if relevant)

Not relevant

1.2 Description of Procedure/Process

A governor must abide by the Code whenever he / she carries out either the business of the Trust or that of the Council of Governors. A governor must ensure that they have read and understood the Code (contained in Part A of this document) and that they have signed the declaration set out in this Code and returned it to the Associate Director for Corporate Governance, who will hold the signed copy on file.

1.2.1 The Nolan Principles

The principles underpinning the Code are drawn from the 'Seven Principles of Public Life' as defined by the Nolan Committee report (1996) and are listed below. A fuller description is contained at Appendix A.

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership.

1.2.2 NHS Core Principles

The NHS Core Principles also inform the Code and should guide the activities of the Council of Governors. These principles are set out at Appendix B.

1.2.3 Confidentiality

Given the confidential, and often sensitive nature of the issues considered by the Council of Governors all governors are required to respect the confidentiality of information they are privy to as a result of their role. Governors must fully comply with the Data Protection Act; and must comply with the Trust's confidentiality policies and procedures.

Governors must maintain a high level of confidentiality and not disclose any information given to them in confidence by anyone. They must not disclose any information they acquire which is, or which they believe to be, of a confidential nature without the consent of a person who is authorised to give

such consent. This is unless a governor is required to disclose such information by law. Governors must also not prevent another person from gaining access to information which that person is entitled to have by law.

1.2.4 Declarations of Interest

In accordance with the Constitution, governors must properly disclose and declare any actual or perceived personal, pecuniary or conflict of interest in any matter under discussion or consideration. The chair of the meeting will advise whether it is necessary for the governor to refrain from participating in discussion or voting on the matter, or whether they should withdraw from the meeting.

Governors must make an annual declaration of interests in accordance with the provisions of the Constitution. If such a declaration proves to be or becomes inaccurate or incomplete, a further declaration must be made by the governor at the earliest opportunity. This process will be facilitated by the Associate Director for Corporate Governance.

Failure to comply with this paragraph is likely to constitute a breach of this Code.

1.2.5 Personal Conduct

Governors are required to adhere to the highest standards of conduct in the performance of their duties. They are required to:

1.2.5.1 Uphold the seven Nolan Principles of Public Life (further details of these are included in Appendix A)

1.2.5.2 Abide by the NHS Core Principles (further details of these are included in Appendix B)

1.2.5.3 Act in the best interests of the Trust and actively support the Trust's vision, aims and priorities ensuring the needs and best interests of the public, service users, relatives, carers and staff are represented when making decisions

1.2.5.4 Abide by the Trust's Values

1.2.5.5 Comply with the Trust's Constitution, including those Annexes relevant to members and governors; undertake any training identified as required and receive and abide by any guidance or procedures in respect of governors' responsibilities

1.2.5.6   Act as an ambassador for the Trust ensuring personal conduct is in a manner that reflects positively on the Trust, promoting the Trust's achievements and good work; not acting in a way that will bring the office of governor, the Council of Governors or the Trust into disrepute

1.2.5.7   Not misrepresent your role as a governor; not act outside of your remit nor outside of the duties as set out in the governors' role description or the terms of reference of any committee on which you serve

1.2.5.8   Not act in a manner that will damage the reputation of the Trust, or its staff individually or collectively; and not take part in any activity that might damage the reputation of the Trust

1.2.5.9   Recognise that governors, directors and management have a common purpose to ensure the success of the Trust and demonstrate a commitment to working as a team with all colleagues in the NHS and wider community to achieve this

1.2.5.10   Exercise responsibilities in a corporate manner, and ensure decisions are taken collectively by the Council of Governors; and support and abide by the decisions taken by the Council of Governors even where a decision may not personally be agreed with

1.2.5.11   Seek to ensure that fellow governors are valued and that judgements are consistent, fair, unbiased and properly founded

1.2.5.12   Ensure that others are treated with respect

1.2.5.13   Seek to ensure that they do not act in a discriminatory manner or act contrary to any laws in respect of discrimination in respect of any protected characteristics

1.2.5.14   Ensure that no political, religious or sectarian views influence any decisions

1.2.5.15   Recognise that if a governor is also a member of any trade union, political party or other such organisation (other than where a governor has been appointed to the Council of Governors by a partner organisation), the views of that organisation are not being represented

1.2.5.16   Raise any matters of concern relating to the activities of the Council, the Board of Directors or services within the Trust through the appropriate channels

1.2.5.17 Ensure that at no time or for any reason no contact is made with the press or media in any official capacity as a governor unless authorised to do so by the Board of Directors or the Trust's Communication Department; and if approached by the press or media direct all enquiries to the Trust's Communication Department

1.2.5.18 Ensure that, when acting as a governor, no visit is made to any area or setting in which treatment is provided, except where such a visit has been arranged by the Board of Directors or its representative

1.2.5.19 Demonstrate active commitment and participation by attending all meetings of the Council of Governors, including any committee they are a member of, or providing input to meetings by submitting views

1.2.5.20 Abide by the meeting etiquette as set out in CG-0010

1.2.5.21 Participate in any appraisal / review process or meeting either for individual governors or the Council of Governors as a whole as required by the Chair of the Trust

1.2.5.22 Comply with the Trust's policy on the completion of criminal records checks (DBS).

1.2.6 Non-compliance with the code

If in the Chair's opinion the individual has failed to observe any part of the Code the Chair is authorised to take such action as may be deemed immediately necessary including suspension until the matter is resolved.

Where is it determined that there is a prima facie case for the removal of a governor due to a breach in the Code the matter will be dealt with in accordance with the provisions set out in Annex 6, paragraph 4 of the Constitution.

2   Appendices

Appendix A – The Nolan Principles of Public Life
Appendix B – The NHS Core Principles

PERSONAL DECLARATION

I (full name) ……………………………………………….… declare that I have read, understood and agree to comply with the Leeds and York Partnership NHS Foundation Trust 'Code of Conduct and Standards of Behaviour for Governors' (the Code) as set out in Part A of the document and appendices A and B. I also agree to inform the Associate Director for Corporate Governance if at any time I become unable to comply with the Code or any part of the Code.

If during the course of my duties as a governor I become involved with, or become aware of any confidential information, including that relating to any person for example service user, carer, visitor member of staff; or any information relating to any Trust business, I will not at any time during or after my term of office as a governor use or disclose such information in a way that is inconsistent with this Code.

I understand that a breach of this Code, including the general obligation of confidentiality may be considered as non-compliance with this Code and will be dealt with as set out in Section 1.2.6 of the Code.

I also understand that if I act unlawfully (for example breaking any laws relating to data protection or discrimination) I may be personally liable for my actions.

I understand that it is a requirement of the Constitution to sign the Code of Conduct and Standards of Behaviour for Governors and that failure to do so will preclude me from continuing in office as a governor.

Signature …………………………………………………………………………….

Date ………………………………………………………………………….

Appendix A

Nolan Principles of Public Life

- **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or material benefits for themselves, their family or their friends.

- **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their office.

- **Objectivity** – In carrying out public business, including making public appointments or recommending individuals for rewards and benefits, holders of public office should make choices based on merit alone.

- **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

- **Openness** – Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

- **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

- **Leadership** – Holders of public office should promote and support these principles by leadership and example.

Appendix B

The NHS Core Principles

- The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief

- Access to NHS services is based on clinical need, not an individual's ability to pay

- The NHS aspires to the highest standards of excellence and professionalism

- NHS services must reflect the needs and preferences of patients, their families and their carers

- The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population

- The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources

- The NHS is accountable to the public, communities and the patients it serves.

PART B

3 IDENTIFICATION OF STAKEHOLDERS

The table below should be used as a summary. List those involved in development, consultation, approval and ratification processes.

Stakeholder	Level of involvement
Associate Director for Corporate Governance	Document author
Governors	Consulataion
Council of Governors	Approval and ratification

4 REFERENCES, EVIDENCE BASE

The Trust's Constitution
The seven Nolan Principles of Public Life
The NHS Constitution

5 ASSOCIATED DOCUMENTATION (if relevant)

- The Role and Responsibilities of Governors (the governors' role description)
- Local Working Instructions for Meeting Etiquette (CG-0010)
- The Trust's Constitution, including those Annexes relating to members and governors

6 STANDARDS/KEY PERFORMANCE INDICATORS (if relevant)

All govenrors will have a signed copy of the Code of Conduct held on file by the Corporate Governance Team.

7.   EQUALITY IMPACT

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. Consideration must be given to any potential impacts that the application of this policy/procedure might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Declaration: The potential impacts on the application of this policy/procedure have been fully considered for all nine protected groups. Through this process I have not identified any potential negative impacts for any of the nine protected groups.

Print name: Cath Hill

Job title: Associate Director for Corporate Governance

Date: 26 April 2019

If any potential negative impacts are identified the Diversity Team must be contacted for advice and guidance: email; diversity.lypft@nhs.net.

CHECKLIST

To be completed and attached to any draft version of a procedural document when submitted to the appropriate group/committee to support its consideration and approval/ratification of the procedural document.

This checklist is part of the working papers.

	Title of document being newly created / reviewed:	Yes / No/
1.	**Title**	
	Is the title clear and unambiguous?	*Yes*
	Is the procedural document in the correct format and style?	*Yes*
2.	**Development Process**	
	Is there evidence of reasonable attempts to ensure relevant expertise has been used?	*Yes*
3.	**Content**	
	Is the Purpose of the document clear?	*Yes*
5.	**Approval**	
	Does the document identify which committee/group will approve it?	*Yes*
6.	**Equality Impact Assessment**	
	Has the declaration been completed?	*Yes*
7.	**Review Date**	
	Is the review date identified?	*Yes*
	Is the frequency of review identified and acceptable?	*Yes*
8.	**Overall Responsibility for the Document**	
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	*Yes*

Name of the Chair of the Committee / Group approving			
If you are assured this document meets requirements and that it will provide an essential element in ensuring a safe and effective workforce, please sign and date below and forward to the chair of the committee/group where it will be ratified.			
Name	*Sue Proctor*	Date	*9 May 2019*
Name of the chair of the Group/Committee ratifying			
If you are assured that the group or committee approving this procedural document have fulfilled its obligation please sign and date it and return to the procedural document author who will ensure the document is disseminated and uploaded onto Staffnet.			
Name	*Sue Proctor*	Date	*9 May 2019*