**PUBLIC MEETING OF THE COUNCIL OF GOVERNORS**
**will be held at 1.00pm on Tuesday 16 July 2019**
**at Duchess of Hamilton Suite, National Railway Museum,**
**Leeman Road, York YO26 4XJ**

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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 |
| **4** | **Minutes of the public Council of Governors meeting held on the 9 May 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** | **Chair's Report** (paper to read) | Prof Sue Proctor |
| **8** | **Chief Executive Report** (paper to read) | **Discussion** |
| **9** | **Lead Governor Report** (verbal) | Peter Webster |

| **PATIENT CENTRED CARE** | | |
|---|---|---|
| **10** | **Audit Committee Annual Report 2018/19** (paper to read) | Martin Wright |
| **11** | **Report on the Annual Audit of the Trust's Accounts and Quality Report (Account) 2018/19** (presentation) | Rashpal Khangura |
| **12** | **Quarterly Performance and Quality Update Report** (paper to read) | **Discussion** |
| **13** | **Trust Priorities and Summary of Our 2019 – 2020 Operational Plan** (paper to read) | Sara Munro |

## USE OF RESOURCES

| | | |
|---|---|---|
| **14** | **Update on the Trust's Sustainability Development Management Plan** (paper to read) | Sue White |

## GOVERNANCE

| | | |
|---|---|---|
| **15** | **Review of the Council of Governors' Terms of Reference** (paper to read) | Cath Hill |

The next public meeting of the Council of Governors will be held
on 7 November 2019 at 1pm at Create@2 Room,
Horizon Leeds (3rd Floor), 2 Brewery Wharf, Kendell Street, Leeds, LS10 1JR
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**

# Minutes of the Public Meeting of the Council of Governors
## held on Tuesday 9 May 2019 at Large Function Room, Great George Street, St George's Centre, Leeds, LS1 3DL.

**PRESENT:**
Professor Sue Proctor – Chair of the Trust (Chair of the meeting)

| **Public Governors** | **Staff Governors** |
|---|---|
| Steve Howarth | Gill Galea |
| Kirsty Lee | Andrew Johnson |
| Ivan Nip | Sarah Layton |
| Niccola Swan | Sally Rawcliffe-Foo |
| Peter Webster | |

| **Appointed Governors** | **Service User Governors** |
|---|---|
| Helen Kemp | Marc Pierre Anderson |

**IN ATTENDANCE:**

John Baker – Non-executive Director
Rose Cooper – Corporate Governance Officer
Dawn Hanwell – Chief Financial Officer (Deputy Chief Executive)
Cath Hill – Associate Director for Corporate Governance / Trust Board Secretary
Fran Limbert – Corporate Governance Team Leader / Deputy Trust Board Secretary (Secretariat)
Andrew Marran – Non-executive Director
Kerry McMann – Corporate Governance Officer
Margaret Sentamu –Non-executive Director
Sue White – Non-executive Director (Deputy Chair of the Trust)
Cathy Woffendin – Director of Nursing, Professions and Quality
Martin Wright – Non-executive Director and Senior Independent Director
Six members of the public

**19/017   Welcome and introductions** (agenda item 1)

Professor Sue Proctor opened the meeting at 12.32pm and welcomed everyone.

**19/018   Apologies** (agenda item 2)

Apologies were received from the following governors: Les France, Public: Leeds and Ann Shuter, Service User: Leeds.

The Council was quorate.

Sue Proctor went onto inform the Council that: Joanna Forster Adams, Chief Operating Officer; Claire Holmes, Director of Organisation Development and Workforce; Claire Kenwood, Medical Director; Dr Sara Munro, Chief Executive; and Helen Grantham, Non-executive Director had given their apologies for the meeting.

**19/019   Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items** (agenda item 3)

Peter Webster declared a conflict of interest in respect of agenda item 7. No other governor indicated a change to their declared interests or declared any conflicts of interest in respect of agenda items.

**19/020   Annual declarations for governors** (agenda item 3.1)

The Council of Governors **received** and **noted** all interests declared by governors as at the end of March 2019.

**19/021   Non-executive Directors' Annual Declarations of Interests, Independence, and Fit and Proper Person** (agenda item 3.2)

The Council of Governors **noted** the declarations of interests as per the matrix, they **noted** that all directors had been judged and declared themselves to be fit and proper and that all non-executive directors had declared they are independent.

**19/022   Minutes of the public Council of Governors meeting held on the 5 February 2019** (agenda item 4)

The minutes of the public Council of Governors meeting that was held on the 5 February 2019 were **approved** as a true record.

**19/023 Matters arising** (agenda item 5)

There were no matters arising.

**19/024 Cumulative action log – actions outstanding from previous public meetings** (agenda item 6)

Sue Proctor presented the cumulative action log. The Council noted and agreed those actions reported as completed.

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

**19/025 Ratification of the outcome of the Lead Governor Election** (agenda item 7)

Cath Hill thanked the candidates for the time and effort they put into standing and also thanked rest of the Council for voting in the election for Lead Governor. Cath was pleased to announce that Peter Webster had been elected by a margin of 7 votes to 5.

The Council **ratified** the appointment of Peter Webster as Lead Governor for a period of two years commencing from 9 May 2019.

**19/026 Proposal for the Annual Members' Day 2019** (agenda item 10)

Oliver Tipper, Head of Communications, outlined the proposed plan for this year's Annual Members' Day on Tuesday 30 July that will see service users, carers and staff come together to look back at the Trust's previous year, and help shape the next. Oliver advised that the 2019 event would have a similar format as the previous two years but with a few tweaks following feedback from last year's event, including 30 minutes of protected time for the Question & Answer session in the statutory Annual Members' Meeting.

Oliver and Cathy Woffendin explained that this year the focus would be on patient experience and involvement and the proposed theme for the 'Big Conversation' was being developed in conjunction with service users and carers via the Patient Experience Team. During the 'Big Conversation' members would be asked to help set the priorities for the three work streams that sat under the Patient Experience and Involvement Strategic Steering Group. These priorities would then inform the

Patient Experience, Carer and Involvement Strategy. Sue Proctor suggested a short narrative on the 'Big Conversation' be circulated to governors for their reference. Dawn Hanwell added that it was a good opportunity to get members involved in shaping the priorities from a patient experience perspective given the focus on mental health as a national priority area.

**RC**

Sue White asked if the order of the day could be shifted so that it did not begin with the Annual General Meeting (AGM). Cath Hill advised that the timing of the AGM had already been publicised and therefore could not be changed. However, Sue Proctor suggested that as part of this year's feedback request people could be asked to reflect on the order of the day.

**CH**

The Council discussed the governor stall and the importance of engaging members in the role of the governor and Peter Webster asked for volunteers to help with this on the day. Sue Proctor also asked if staff governors could have an active role on the stall as they had a unique contribution to offer and Cath Hill agreed to feed this into the plans. Sue Proctor asked the governors to let Kirsty Lee and Peter Webster know if they had any other ideas that could be fed into the planning group meetings.

**CH**

The Council fed back their thoughts on the proposal and **committed** to promoting the event and also participating on the day where possible.

**19/027    Chair's Report** (agenda item 8)

Sue Proctor presented the Chair's report. She reported that Ellie Palmer had stepped down due to other commitments outside of the Trust and Sarah Chilvers had stepped down as a staff governor due to her having left the Trust. Sue advised that she had passed on thanks and gratitude to them both for their contribution on behalf of the Council. It was also noted that Cllr Keith Wakefield's term as a councillor concluded at the local elections in the previous week and it was anticipated that a replacement governor for him would be advised at the end of June 2019.

Niccola Swan then provided feedback to the Council on the service visit that took place on 8 May 2019 to the North East Community Mental Health Team. She discussed the positive impact that the community redesign was having and also outlined some of the challenges faced by the service. These included the pressure caused by long waiting lists for psychological therapies, staff arranging their own clinical supervision, access to safeguarding training and also issues with effective use of space and room bookings.

Cathy Woffendin responded to the point on safeguarding. She advised that due to recent national changes it had been agreed that CMHT staff needed to complete level 3 safeguarding training but that an offer had been made to provide this directly with the teams affected by the service redesign. With regard to clinical supervision, Cathy explained that a clear policy was in place where staff chose their own supervisor wherever possible. Steve Howarth asked if there was a live list of people

that staff could use to arrange clinical supervision and Cathy confirmed that there was. With regard to Niccola's point on access to psychological therapies, Dawn Hanwell added that as part of the current retender process the Clinical Commissioning Group had recognised that greater investment in Improving Access to Psychological Therapies (IAPT) was required.

Sue White positively encouraged governors to get involved in future service visits and suggested that there was an opportunity for direct feedback from the visits to be presented to future Council meetings and this was agreed. The Council also discussed the potential value of joint visits with Leeds Teaching Hospitals Trust to better understand services that care for patients with both physical and mental health needs. This would be considered for the upcoming forward plan of service visits.

**CH**

**RC**

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

**19/028    Chief Executive Report** (agenda item 8)

Sue Proctor introduced the Chief Executive report and invited the Council to have an open discussion on the topics covered. Firstly, Sue White fed back on behalf of her group. They had felt it was a comprehensive report but had noted the complex arrangement of external partnership boards referenced in the paper and suggested a joint governor and Board session to learn more about these and what positive outcomes might be expected from them. Sue Proctor agreed to have a conversation with Cath Hill about allocating some time for this at the Board to Board session in September 2019, along with an update on the proposed changes to the current primary legislation relating to the NHS. Sue Proctor also asked that the Trust's response to the proposed changes in health legislation was circulated to the Council. Helen Kemp noted that there were also partnership meetings involving LYPFT and the third sector which had not been reflected in the report.

**CH**

**RC**

John Baker then fed back on behalf of his group. The main topic they had discussed was the rising levels of stress amongst the workforce and asked if staff could be supported better when working in stressful environments. Sue Proctor advised that staff wellbeing would feature in the ongoing work plan for governors. Steve Howarth also asked whether there needed to be a more robust process in place to support staff with clinical supervision.

Steve then noted the work of the Mental Health, Learning Disability and Autism Collaborative to support the completion of the five year strategy required for the West Yorkshire and Harrogate Integrated Care System and asked what outcomes might be expected from this. Sue Proctor explained the purpose of the Five Year Forward View and the NHS Long Term Plan. Dawn Hanwell added that there was a strong focus on working with partners to improve delivery over the next five years at Integrated Care System (ICS) level against the backdrop of the NHS Long Term Plan. Dawn also explained why the Trust participated in these partnerships, some of which were mandated but others offered financial freedoms that could benefit the Trust. Andrew Marran then fed back on behalf of his group. They had discussed the

CQC inspection update in the report, the evidence that had been submitted as part of the Provider Information Request (PIR) and how the CQC's scoring system worked.

Niccola Swan then referred to the recent debate in Westminster Hall about the under-resourcing of mental health services in Leeds that was led by Fabian Hamilton MP and asked how the Trust was responding to instances of negative press coverage. Oliver Tipper explained that the Trust had been asked to provide information in advance to support a parliamentary briefing for the Department of Health and Social Care but because the debate took place in parliament the Trust had no right of reply to the points that were raised on the day. The Council was advised that a meeting had been arranged between Fabian Hamilton MP, Sara Munro, Chief Executive of the Trust, and Thea Stein, Chief Executive of Leeds Community Healthcare NHS Trust to discuss this matter further. Sue Proctor suggested there may be opportunities for shared learning and reflection across the mental health collaborative.

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

**19/029**  **Proposal for the production of a Governor Video** (agenda item 11)

Tricia Thorpe explained that she and Mat Dale were working with services across the Trust to produce information videos that would be used to help people to understand what care is provided by each service. Tricia then explained that she wanted to make a video about the role of governors and asked for volunteers. It was agreed that Tricia would be provided with a list of the governors who nominated themselves at the meeting.                                                              **RC**

The Council **thanked** Tricia for her presentation and **welcomed** the proposal.

**19/030**  **Care Quality Commission Presentation** (agenda item 12)

Cathy Woffendin introduced the Care Quality Commission (CQC) presentation that outlined the improvements made since the last CQC inspection, the peer reviews that had taken place, and the NHS Improvement 'Moving to Good' programme. Cathy explained that an action plan had been developed from the 'must dos' and 'should dos' following the last inspection and that this was monitored on a monthly basis via the CQC Project Group. Cathy talked through the breaches from the previous inspection and what actions had been taken to resolve these, such as the plans to move the National Institute for Psychological Therapies to the St James' site. Cathy also assured the Council that clinical supervision was currently at 80.1%, which was the highest it has been. Cathy then explained that the findings of the Mental Health Act visits undertaken by the CQC were fed into the Mental Health Legislation Committee where themes and trends could be monitored and areas of concern could be addressed.

Rebecca Le-Hair, Head of Quality and Clinical Governance, talked through the NHS Improvement 'Moving to Good' Programme and what tools and support they had gathered throughout this. She explained the work being done in conjunction with the Institute of Health Improvement (IHI) and how they were carrying forward their recommendations. Rebecca noted that 22 services had completed self-assessments and Key Lines of Enquiry (KLoE) documentation and all had scored 'Good' or 'Outstanding' across the five domains. She explained this was a robust exercise where the self-assessments had been assessed by a group of objective senior managers. Cathy also noted that the team was working through the new guidance published by the CQC.

Cathy asked if the Council felt assured by the information provided. Steve Howarth asked if the Trust was restricting itself with self-identified ratings of 'Good' rather than 'Outstanding'. Cathy responded that the evidence had been carefully checked against the criteria and there was a clear definition from the CQC which indicated that 'Outstanding' services needed to go above and beyond and that a score of 'Good' was a realistic approach. Ivan Nip asked if the Trust was prepared for the new inspection framework that was in place and Cathy responded that the project team was fully aware of any differences in the new framework and had responded to these.

Cath Hill then set out the statutory duties of the Council and outlined other activities governors had been involved in over the last year, such as service visits, observing Board sub-committees and receiving training as part of their development.

The Council **thanked** Cathy, Rebecca and Cath for the information provided.

**19/031 Feedback from the NHS Providers Regional Governor Workshop that took place on the 4 April 2019** (agenda item 13)

Peter Webster fed back on the NHS providers Regional Governor Workshop that was held on 4 April 2019 which was also attended by Andrew Johnson and Ivan Nip. Peter shared some ideas for the future development of the Council. This included pre-meetings for governors before the main public meeting to discuss the forthcoming agenda and what issues they would like to have assurance on as well as having an opportunity to input into future agendas. This would start at the July 2019 meeting and Peter encouraged governors to attend where possible. The Council supported this recommendation. Sue Proctor added that there would be an opportunity for governors' hot topics to be raised under the Lead Governor agenda item.

**CH**

Peter then asked to be able to communicate with governors on an individual basis in his new capacity as Lead Governor. The Corporate Governance Team would share Peter's NHS contact information with the rest of the Council who could then get in touch with him directly if they agreed to this. Cath added that if any other governors wished to have an NHSmail account they could contact the Corporate Governance Team to make the arrangements.

**RC**

The Council **thanked** Peter for his feedback.

**19/032   Annual Report from the Chair of the Quality Committee** (agenda item 15)

John Baker presented the Annual Report from the Quality Committee and explained that the purpose of this Committee was to scrutinise the Trust's performance data on a monthly basis. He described the Committee's relationship with the Trustwide Clinical Governance Group and the Board of Directors and how information flowed between the meetings. John also discussed the annual cycle of performance and quality reports where each month a different service was invited to do a presentation to the Committee. John Baker then encouraged governors to observe the Quality Committee and Andrew Johnson asked for the Board sub-committee meeting dates to be recirculated to the Council.                                **RC**

The Council **noted** the contents of this report and **thanked** John Baker.

**19/033   NHS Staff Survey 2018 – Initial Results** (agenda item 16)

Tracey Needham introduced the paper that provided a summary of the results and outcomes of the 2018 Staff Survey. She explained that the paper looked at how these results compared to those of 2017 and highlighted any emerging themes. Tracey also explained that the NHS Coordination Centre had changed Staff Survey reporting for 2018 to breakdown into 10 key themes instead of the 32 key findings of previous years. She noted that the response rate for 2018 had increased to 58%. She explained that teams were currently in the process of creating their action plans based on their team-level results to help to encourage ownership of the results at a local level. These plans would be monitored via the Workforce and Organisational Development Committee. Sarah Layton asked if teams had to be over a certain number for their results to be accessed. Tracey explained that for confidentially reasons only teams of more than 11 could access their data as any fewer could potentially identify specific staff's responses.

Andrew Johnson expressed concern at the figures relating to stress-related sickness amongst staff which showed a 2% increase in the last 12 months and asked for assurance on what actions are being taken to address this. Tracey Needham responded that wellbeing advisors from across the organisation had been introduced during this quarter to support staff and also referred to the initiative Sara Munro was leading on called the 'Culture Club'. Lindsay Jensen also updated the Council on the Trust's initiatives to improve health and wellbeing locally and provide a clear offer of support for staff. This included local health and wellbeing groups, one of which was being run in the Specialist and Learning Disabilities Care Group which they were working to replicate in the Leeds Care Group. She also referred to the mental health first aid training that had begun and the plans to recruit a health and wellbeing manager for the Trust. She added that HR was working to identify hotspots for stress related sickness and then speaking to the relevant managers to find out how best to support them.

Niccola Swan noted the areas where improvements were being made but asked what could be done to better support staff day to day. Tracey advised that they were looking at bringing in Management Essentials training with a particular focus on bands 6 and 7 to strengthen the offer of training for managers. Tracey also described the work being done by the Learning and Organisational Development Team to support the managers involved in the community services redesign. Sue Proctor referred to the recent IHI feedback that emphasised authentic leadership and how this linked with the work Sara Munro was doing as part of the 'Culture Club'.

Steve Howarth noted the slight decline in the Equality and Diversity score and asked how the Trust was responding to this. Tracey acknowledged this position but noted that the Trust was still above the sector average. Sue Proctor added that this was an area the Trust was very cognisant of and advised that the Board of Directors had recently had a session on equality and diversity. It was noted that Rainbow Alliance were also scheduled to do a presentation at the November Council of Governors' meeting.

> The Council of Governors **received** and **noted** the outcome of the 2018 National Staff Survey results.

**19/034** **Performance and Finance report** (agenda item 14)

Sue Proctor introduced the Quarterly Performance and Quality Update Report and opened it up for questions. Peter Webster asked about people with learning disabilities being detained under the Mental Health Act. He noted the figure on page 8 of the report reflected the total number of patients detained, with approximately 50 of those being people with learning disabilities or autism, and asked for more information on what happens to those people during the process. John Baker responded that the Quality Committee had recently asked for an additional suite of quality and performance measures specific to the Learning Disability services which were due to come back in the next few months. John also talked about the measure used in the report and advised the Council this was to be discussed at a future Quality Committee meeting. He was asked to provide a view on this once the Committee had looked at the information. **JB**

Niccola Swan asked for some assurance on the Out of Area Placements (OAPs) figure which had seen a spike in March 2019. Sue White responded that this had been discussed in some detail at the Finance and Performance Committee meetings. She explained that the high level of bed occupancy and higher than target rates of delayed transfers of care reflected the increasing pressure in the system. She also reported there had been an unprecedented level of demand on acute services recently which was adding to this. Sue White noted that the Committee had registered significant concerns about the continued high levels of OAPs but also reported that it was confident in the systems and processes that had been put in place to achieve the zero trajectory by this time next year. She added that the Clinical Excellence Programme was working to increase consistency

across clinical practice in the Trust and that an update on that area of work was coming to a future Finance and Performance Committee meeting. Sue felt that overall the Committee had been assured that as much was being done as possible in the circumstances.

Steve Howarth asked if the following Leeds Autism Diagnostic Service (LADS) metric was too ambitious: 'percentage receiving a diagnosis within 26 weeks of referral' as it had a target of 80% but had only received 36.9% in Mach 2019. John Baker referred to the recent presentation on the LADS at the March 2019 Board of Directors' meeting where Rob Baskind, Consultant Psychiatrist, had discussed the impact the rising level of demand was having on service delivery. Sue White added that the indicator was in the process of being changed to a more meaningful measure that related to access targets. Cathy Woffendin advised that she had visited the service recently and could confirm new target had been agreed with commissioners.

Andrew Marran asked how the increasing demand being placed on services was being managed with commissioners. Dawn Hanwell explained that the services were commissioned on a block contract and as a result there was only a finite amount of resource available but conversations were taking with commissioners about providing non-recurrent investment to help the Trust achieve its future trajectories.

Niccola Swan asked what was being done to improve the Trust's vacancy figures. Cathy Woffendin explained that there had been a significant amount of work done around workforce planning, including working with universities to secure third year students; creating new roles in the Trust to respond to the lack of development opportunities and the NHS Improvement retention programme. She added that she had recently met with Ruth May, Chief Nursing Officer for England, and they had committed to working to increase the number of nursing placements in universities and better supporting students with training costs. Dawn Hanwell added that the National Workforce Strategy would be launched in Autumn 2019 and they hoped this would support the work being done by the Trust. Niccola felt encouraged by the responses and the pro-active work in progress. She then asked about the plan for non-nursing vacancies in the Trust. Dawn responded that recruitment to the medical workforce continued to be a highly challenging area and there was a concerted piece of work ongoing to respond to this. The governors discussed the importance of understanding the impact of vacancies across the Trust.

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

**19/035   Process for upcoming elections to the Council of Governors** (agenda item 17)

Cath Hill outlined the seats that were currently vacant and noted the governors who were due to come to the end of their term of office in August 2019. Cath discussed ways that the team had raised the profile of the elections to members and also the benefits of opting for the longer timetable of election that would allow an increased period for nominations.

> The Council **agreed** the timetable for the forthcoming elections to the Council of Governors which would conclude at the end of the July 2019.

**19/036    Approval of the Code of Conduct and Standards of Behaviour for Governors (CG-0001)** (agenda item 18)

> The Council **approved** the procedure and were **assured** that the content was still reflective of the way in which governors carried out their duties.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust 3.41pm.  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 |
| --- | --- | --- | --- |
| **19/009 - February 2019 – Chief Executive Report** (agenda item 8)<br><br>The Trust's priorities and summary of the Operational Plan to be presented to a future Council of Governors meeting. | **Dawn Hanwell** | July 2019 | **COMPLETED**<br>The Council is asked to consider this action closed. This is on the agenda for the July meeting. |
| **19/028 – May 2019 – Chief Executive Report** (agenda item 8)<br><br>The Council discussed the complex arrangement of external partnership boards referenced in the paper and suggested a joint governor and Board session to learn more about these and what positive outcomes might be expected from them. It was suggested this take | **Cath Hill** | September 2019 – Board to Board event | **COMPLETED**<br>The Council is asked to consider this action closed. This will be presented to the governors at the Board to Board meeting taking place on 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 |
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| place at the Board to Board session in September 2019, along with an update on the proposed changes to the current primary legislation relating to the NHS. | | | |
| **18/050 – November 2018 - The Trust's Key Strategic Risks** (agenda item 15)<br><br>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 2019 meeting. | **Cath Hill** | November 2019 | This has been added to the forward plan for the November 2019 Council meeting. |
| **18/044 – November 2018 - Chief Executive report** (agenda item 8)<br><br>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 are confirmed to attend. |
| **19/004 - February 2019 – Clinical Outcomes Measures Briefing Report** (agenda item 9)<br><br>Work underway in the Trust on equality and how it connects to the Population Health | **Claire Holmes** | Management action | **ONGOING**<br>A Board workshop is planned for October 2019 and an update will be provided to governors following that. |

| 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 |
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| Management agenda to be presented to a future meeting of the Council of Governors. | | | |
| **19/012 - February 2019 – Findings from the External Patient Experience Review** (agenda item 12)<br><br>Easy read version of the patient experience report to be shared with governors. | **Cathy Woffendin** | Management action | **COMPLETED**<br>The Council is asked to consider this action closed. This has been actioned. |
| **19/026 – May 2019 – Proposal for the Annual Members' Day 2019** (agenda item 10)<br><br>Sue Proctor suggested a short narrative on the 'Big Conversation' be circulated to governors for their reference. | **Rose Cooper** | Management action | **COMPLETED**<br>The Council is asked to consider this action closed. This has been actioned. |
| **19/026 – May 2019 – Proposal for the Annual Members' Day 2019** (agenda item 10)<br><br>Sue White asked if the order of the day could be shifted so that it did not begin with the Annual General Meeting (AGM). Sue Proctor suggested that as part of this year's feedback request people could be asked to reflect on the order of | **Cath Hill** | Management action | **COMPLETED**<br>The Council is asked to consider this action closed. This question has been included in the feedback form that will be offered to all attendees. |

| 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 |
|---|---|---|---|
| the day. | | | |
| **19/026 – May 2019 – Proposal for the Annual Members' Day 2019** (agenda item 10)<br><br>Sue Proctor asked if staff governors could have an active role on the stall as they had a unique contribution to offer and Cath Hill agreed to feed this into the plans. | **Cath Hill** | Management action | **COMPLETED**<br>The Council is asked to consider this action closed. Staff governors will have their own section on the governor display showcasing their role. |
| **19/027 – May 2019 – Chair's Report** (agenda item 8)<br><br>It was agreed that there would be an opportunity for direct feedback on the visits to be presented to future Council meetings. | **Cath Hill** | Management action | **COMPLETED**<br>The Council is asked to consider this action closed. This has been added to the cycle of business for the Council meetings. A report will be given to each Council meeting where available. |
| **19/027 – May 2019 – Chair's Report** (agenda item 8)<br><br>The Council discussed the potential value of joint visits with Leeds Teaching Hospitals Trust to better understand services that care for patients with both physical and mental health needs. This would be considered for the | **Rose Cooper** | Management action | **COMPLETED**<br>The Council is asked to consider this action closed. Jo Bray at LTHT has been contacted and has extended an offer to the Trust for non-exec directors and governors to join them on relevant visits. |

**COUNCIL OF GOVERNORS** – Cumulative Action Log (public meeting)

| 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 |
|---|---|---|---|
| upcoming forward plan of service visits. | | | |
| **19/028 – May 2019 – Chief Executive Report** (agenda item 8)<br><br>Sue Proctor asked that the Trust's response to the proposed changes in health legislation was circulated to the Council. | **Rose Cooper** | Management action | <u>**COMPLETED**</u><br>The Council is asked to consider this action closed.<br>This has been actioned. |
| **19/029 – May 2019 – Proposal for the production of a governor video** (agenda item 11)<br><br>It was agreed that Tricia would be provided with a list of the governors who nominated themselves at the meeting. | **Rose Cooper** | Management action | <u>**COMPLETED**</u><br>The Council is asked to consider this action closed.<br>This has been actioned. |
| **19/031 – May 2019 – Feedback from the NHS Providers Regional Governor Workshop that took place on the 4 April 2019** (agenda item 13)<br><br>Sue Proctor added that there would be an opportunity for governors' hot topics to be raised under the Lead Governor agenda item. | **Cath Hill** | Management action | <u>**COMPLETED**</u><br>The Council is asked to consider this action closed.<br>It has been agreed with Peter that this will be covered under the Lead Governor item. |

| 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 |
|---|---|---|---|
| | | | |
| **19/031 – May 2019 – Feedback from the NHS Providers Regional Governor Workshop that took place on the 4 April 2019** (agenda item 13) <br><br> The Corporate Governance Team would share Peter's NHS contact information with the rest of the Council who could then get in touch with him directly if they agreed to be contacted. | **Rose Cooper** | Management action | <u>**COMPLETED**</u> <br> The Council is asked to consider this action closed. This has been actioned. |
| **19/032 – May 2019 – Annual Report from the Chair of the Quality Committee** (agenda item 15) <br><br> Andrew Johnson asked for the Board sub-committee meeting dates to be recirculated to the Council. | **Rose Cooper** | Management action | <u>**COMPLETED**</u> <br> The Council is asked to consider this action closed. This has been actioned. |
| **19/034 – May 2019 – Performance and Finance report** (agenda item 14) <br><br> Peter asked about people with learning disabilities being detained under the Mental Health Act. John responded that the Quality | **John Baker** | Management action | John to feedback once the discussion has taken place at the Quality Committee meeting. |

| 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 |
|---|---|---|---|
| Committee had recently asked for an additional suite of quality and performance measures specific to the Learning Disability services that were due to come back in the next few months. John also talked about the measure used in the report and advised the Council this was to be discussed at a future Quality Committee meeting. He was asked to provide a view on this once the Committee had looked at the information. | | | |

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

# CHAIR'S REPORT

# PUBLIC COUNCIL OF GOVERNORS' MEETING
# HELD 16 JULY 2019

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

Since the May Council of Governors' meeting there have been no changes to the elected governors on the Council XXX. We are currently in the process of concluding our latest round of elections which will finish on 24 July after which we will be welcoming new governors to the Council. A communication will be sent out to governors following the conclusion of the election to advise of the outcome.

With regard to appointed governors we have been notified of a new governor who has been appointed by the City of York Council. The new appointed governor is Councillor Anna Perrett. Cllr Perrett will take over from Cllr Jenny Brooks who stepped down in May. The Council would like to thank Cllr Brooks for all her support of the work of the governors and welcome Cllr Perrett.

| 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 | 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 | 23 May 2019 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Sue Proctor (Chair) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| John Baker | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | - | ✓ |
| Helen Grantham | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Andrew Marran | | | | | | | | ✓ | ✓ | ✓ | ✓ |
| Margaret Sentamu | ✓ | ✓ | ✓ | - | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Sue White | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Martin Wright | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Steven Wrigley-Howe | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | |

**Executive Directors**

| Name | 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 | 9 May 2019 |
|---|---|---|---|---|---|
| **Non-executive directors** | | | | | |
| Prof Sue Proctor | ✓ | ✓ | ✓ | ✓ | ✓ |
| Prof John Baker | ✓ | ✓ | - | - | ✓ |
| Helen Grantham | ✓ | ✓ | ✓ | ✓ | - |
| Andrew Marran | | | | | ✓ |
| 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 | | | |
| --- | --- | --- | --- | --- | --- |
| | | 3 July 2018 | 8 November 2018 | 5 February 2019 | 9 May 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 below details the forward plan of service visits. The Council is asked to note that no visits have taken place since the last meeting (the visit to the Acute Liaison Psychiatry Service that had been scheduled for May will now take place in July) and therefore there are no feedback forms to be presented to the Council.

The plan of visits set out below has been informed by the NED appraisals and takes account, where possible, of their preference for the services they would like to visit.  Updates on the outcome of these visits will be presented at future Council meetings.

| Date of visit | Venue | Non-exec Director |
|---|---|---|
| **16 July 2019** | Acute Liaison Psychiatry Service<br>Beckett Wing | Helen Grantham |
| **18 July 2019** | Crisis Resolution Intensive Support Service (CRISS)<br>Becklin Centre | Andrew Marran |
| **23 July 2019** | Forward Leeds<br>Irford House | Sue White |
| **9 September 2019** | Inpatient Dementia Services | Sue White |
| **10 September** | Performance Team<br>St Mary's House | John Baker |

| Date of visit | Venue | Non-exec Director |
|---|---|---|
| **25 September 2019** | National Deaf CAMHS<br>York | Martin Wright |
| **8 October 2019** | Chronic Fatigue Syndrome/ME Team<br>Newsam Centre | John Baker |
| **6 November 2019** | Workforce Support Services Team<br>St Mary's Hospital | Martin Wright |
| **November 2019** | 136 Suites<br>Becklin Centre | John Baker |
| **6 or 27 November 2019** | Healthy Living Service<br>Becklin Centre and The Mount | Helen Grantham |
| **December 2019** | Gambling Addiction Clinic | Helen Grantham |

Prof Sue Proctor
**Chair of the Trust**
**JULY 2019**

| AGENDA ITEM |
|:---:|
| **8** |

## MEETING OF THE COUNCIL OF GOVERNORS

| **PAPER TITLE:** | Chief Executive Report |
|---|---|
| **DATE OF MEETING:** | 16 July 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 |
|---|:---:|---|
| | **No** | |

### RECOMMENDATION

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

**MEETING OF THE COUNCIL OF GOVERNORS**

**16 July 2019**

**Chief Executives 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**

   Following two separate serious incidents in the month of May 2019 I have visited community staff at St Mary's House and inpatient staff on Ward 5 Newsam.  Council members can be assured that all appropriate steps have been taken to manage these incidents and support staff.  The primary reason for visiting personally was to provide support and reassurance on behalf of the Board and to seek feedback on whether there is any more we can do.  We already know that the job our staff do has an impact on them personally and so by focusing on providing the right support when it is needed we aim to reduce the stress and distress staff experience as well as reinforce a culture based on learning.

2. **Leeds Health and Care Academy Showcase**

   The Leeds Health and Care Academy is a Leeds Academic Health Partnership (LAHP) project. As one of only two UK members of the Association of Academic Health Centers International, the LAHP was invited to present the Academy – its ambition, vision and progress - at its Global Issues Forum in Washington DC on 6 May.   Myself as Senior Responsible Officer (SRO) for workforce in the city and the academy and Jenny Lewis (Executive Lead and Director of Human Resources and Organisational Development, Leeds Teaching Hospitals NHS Trust) gave the presentation to an international audience comprising clinical and operational directors, academics and system leaders on behalf of Leeds and all LAHP partners.  The Academy is thought to be unprecedented in scope,

ambition and scale and therefore a great story for positioning Leeds and its health and care sector in the vanguard.

Since going live in April, the Academy is focusing on laying foundations across the city's workforce. For example:

- it is training extra mental health first aiders from within its partner organisations to increase and enhance support for all staff

- it has recruited the first 22 Academy ambassadors from among health and care practitioners, who are visiting local schools, colleges and its most deprived communities, to promote careers in health and care

- it is rolling out across the city a training programme to help those in leadership roles begin to focus more on the city as a whole and to think and plan for the whole 'system' rather than just their own organisational needs

- and, – for the 3,000 or so people who join the Leeds health and care sector every year – the Academy has launched a citywide induction, with more than 1,000 having watched the introductory film. Whichever role or organisation someone is joining, they will understand from the start that they are part of a 'one workforce' culture and approach.

The film that was produced for the presentation and for wider communication of the academy work can be viewed through the following link

https://www.youtube.com/watch?v=HOy2crGXQIE

The presentation was very well received and some of the questions and comments reinforced the uniqueness of this work.  For example, including our offer to volunteers, social care being an integral partner, growing our own through community engagement were some of the areas of interest.  There were wider benefits to us of attending the conference.  Many of the discussions explored the importance of addressing the social determinants of ill-health from a wider system perspective and the opportunities with health and academia to contribute to this was a very strong theme.  Cultural diversity and migrant

health also featured heavily along with supporting innovation and outward facing research initiatives that generate learning back for organisations.

3. **Update on the Refresh of the Leeds Plan**

Following a refresh of the Joint Strategic Needs Assessment for Leeds and the requirement to develop the five year strategy for the West Yorkshire and Harrogate Partnership, the Leeds Partnership Executive Group (PEG) agreed to undertake a review of the Leeds Plan. Work has been ongoing through a range of engagement exercises and targeted consultation with various stakeholders to inform this review. Building on the success of the Children's Strategy in Leeds we have agreed to adopt an approach which focuses the system on key obsessions. At the May PEG meeting we reviewed the proposed obsessions and these are outlined below. Further work is being done with all partners to refine these obsessions and determine key indicators and metrics as well as ensuring we have the right infrastructure in place to support delivery. A final draft will be taken to the Health and Wellbeing Board (HWB) in September. We are in the midst of attending all the community committees of elected councillors across Leeds to update on the Leeds plan, the refresh of this and to ask for the committees to elect a councillor to become a member of each local care partnership across Leeds further strengthening the connectivity between health, care and local communities.

| Area One | **Reducing inequalities through better prevention** |
| --- | --- |
| | **Proposed obsession:** Prevention of ill health and reducing inequalities |
| | Scope: Health and Care role in doing more around prevention. |
| | Key "risky" behaviours: smoking, alcohol, poor diet, inactivity and stressful living. |
| | Priority groups to be identified: 10% most deprived, pregnant women, people with mental health problems. |
| Area Two | **Place of care being someone's home / community / Promoting independence** |
| | **Proposed obsession:** That people live well in their own homes and |

| | communities. |
| | |
| | (This would include beds in acute mental health and inpatient learning disabilities services) |
| Area Three | **Good mental health** |
| | **Proposed obsession:** 'Improved mental health outcomes (for people living in) communities with the poorest mental health' **or** 'Leeds will be a mentally healthy city for all ages' |

## 4. Update on Mental Health Strategy for Leeds

The Mental Health Partnership Board for Leeds was tasked with developing a new strategy by the Health and Wellbeing Board (HWB) as one of their priorities is to promote mental and physical health equally.

The strategy will cover the full breadth of mental health and illness from prevention and the range of community based services through to inpatient treatment. It is intended to complement existing strategies. The development of this new strategy is underway and the Trust is actively involved in this. There are direct links to the obsessions proposed for the Leeds Health and Care Plan which we see as very positive to ensure alignment and focus on mental health in the city. The feedback so far from the community committees also reinforces the importance of prioritising mental health as one of the Leeds obsessions. The strategy is much broader than the work of our organisation but we are a key partner and through our involvement the issues faced by people with complex mental health needs that we support are included in the priorities for action. An update on progress was shared at the HWB at the end of April to obtain support to carry out further consultation using a range of networks and forums during May. This will be followed by targeted engagement work with specific groups not previously approached or involved.

*Vision*

The vision is for Leeds to be a mentally health city for all and four passions have been proposed;

1. Close the inequalities gap and reduce the number of people with the poorest health
2. Reduce the numbers of suicides and people who self-harm
3. Reduce the numbers of people from BAME backgrounds who are detained under the Mental Health Act
4. Increase the numbers of people with mental health needs in education, training and employment

*Priorities*

- Preventing mental health problems and promoting good mental health
- Making available the right information at the right time
- Supporting every child to achieve the best possible start in life through improved perinatal mental health provision
- Supporting self-care, with more people managing their own mental health
- Reducing health inequalities by focussing on key groups that we know are at risk and therefore need targeted support
- Talking a whole person, Think Family approach, recognising the impact that adult mental health needs can have on children's health and wellbeing
- Improving the social, emotional, mental health and wellbeing of children and young people
- Meeting both mental and physical health needs
- Improving accommodation support for people with moderate to severe mental health problems
- Changing services to better meet the needs of older people
- Developing more community based crisis support services

*Intended Outcomes for the people of Leeds*

- People of all ages and communities will be comfortable talking about their mental health and wellbeing
- People will live in and create mentally healthy, safe and supportive families and communities
- People living with the impact of complex trauma will be able to access appropriate mental health services and will lead healthy and fulfilling lives
- People's quality of life will be improved by swift access to appropriate mental health services and information
- People will be actively involved in their mental health and their care
- People with long term mental health conditions will live longer and lead fulfilling, healthy lives

## 5. Tackling Inequalities in Care provided to BAME communities in Leeds

The Trust Board received a presentation in February from Dr Dissanyaka on experiences of BAME in the context of the services we provide, wider evidence base and the review of the Mental Health Act that has recently been carried out. The Executive Management Team (EMT) were tasked with considering what additional actions we could take to make longer term changes which mean BAME citizens feel and experience much more appropriate care and treatment from the Trust. The EMT revisited the notes from the Board session at our away time in April and reviewed the work that is being proposed within the Wider System of which we are an active partner. The Board has been assured that since the session in February we are taking forward these actions with the full support of the wider system which is outlined below.

One of the areas of focus in the wider Leeds Mental Health Strategy and which is also one of the proposed obsessions for the Leeds plan relates to the experiences of BAME citizens in accessing and receiving mental health care and treatment. This also includes addressing the differences in crisis support and rates of detention under the Mental Health Act which was a significant focus of our previous discussions. A partnership has now been created between ourselves, public health, Forum Central (third sector collaborative) and the Synergi Collaborative.

*The Synergi Collaborative Centre*

The Lankelly Chase Foundation has commissioned Queen Mary University of London, the University of Manchester and Words of Colour Productions to establish an independent centre of excellence on ethnic inequalities, severe mental illness and multiple disadvantages.

Synergi aims to better understand and tackle ethnic inequalities in the *risk* and *consequences* of severe mental illnesses among ethnic minority people. A key focus of the work is to crystallise the evidence and transform this into co-created/-produced actions which are more likely to be successful.

Synergi will be working with Leeds, Birmingham and Manchester (and other potential municipalities) to support systems change. This will include action across the following domains:

- Collate, collect, analyse, interpret and communicate data and knowledge on ethnic inequalities in mental health and related systems, and how this relates to severe and multiple disadvantages.

- Bring together the full range of stakeholders through models of co-production, and co-curation of knowledge, to develop and implement solutions.

- Place lived experience narratives centre stage.

- Use creative, digital and evidence-based platforms to share these narratives to a variety of stakeholders with the view to strategically inform policy development.

- Become a focal point for action, leading to systems change tackling ethnic inequalities and multiple disadvantages in mental health services.

- Identify additional opportunities to reduce and prevent ethnic inequalities to improve the health of individuals and populations.

1

At a stakeholder meeting with strategic leaders (February 2019), it was agreed that partners in Leeds would collaborate with Synergi in order to address health inequalities, specifically related to mental health detentions.

The proposal is as follows:

- Leeds City Council, Forum Central and Leeds & York Partnership Foundation Trust, to work in partnership with Synergi in order to develop new approaches to understanding the drivers of inequalities experienced by people from Black, Asian and other ethnic minority backgrounds, including people of Mixed Ethnicity; and to reduce these.

- The specific area of interest is compulsory detention and ethnicity, and how various pathways track into this outcome. The partnership will consider how interventions at the various stages of the pathways towards this outcome can become the focus of preventive actions to reduce inequalities.

- Synergi will support Leeds to develop a shared/common understanding about 'what's happening' and why. The first action to enable this will be a facilitated Creative Spaces event with a range of stakeholders in September 2019.

We also know that the experiences of our BAME staff in the Trust, is an area for improvement, and this was reinforced in our staff survey results this year.  Myself and Claire Holmes have met with the Chief Executive of Touchstone and the HR Director to learn about their approach to inclusion and diversity and develop closer working relationships. Touchstones are one of the top organisations nationally for their work on inclusion and have been number one employer for the past three years.  Alison Lowe has agreed to support our work in the Trust and Claire Holmes will take this forward as there is clearly a lot we can learn from other organisations.


## 6. West Yorkshire and Harrogate Partnership Update

The first partnership board held in public took place in June 2019 which brought together Chairs, Chief Executives, Elected Members, Voluntary sector and lay representatives for the first time.  This board will oversee and sign off the five year strategy for the partnership at its next meeting.  This is a significant step in the partnership and there is a clear

commitment to ensure we develop integrated plans that focus on citizens and that this is done in public.   At its first meeting the board were asked to discuss and agree how £8.75 million pounds of transformation funds allocated to the Partnership should be spent this year.  Further discussions were held in each of the Health and Wellbeing Boards and a recommendation agreed at the July Executive Group to allocate to the core programmes – one of which is the mental health, learning disability and autism collaborative which will receive £1.4 million pounds.

Thank you to Council members who attended the workshop we held at the end of June which provided a detailed update on the work we have done in the mental health, learning disability and autism collaborative over the past year.  We also shared an early draft of the five year strategy for the collaborative followed by presentations on dementia, CAMHS and autism.  Feedback on the day has been collated and will inform the next iteration on the strategy.  We have had some initial feedback on the event which has been very helpful and discussed at the Committee in Common meeting held on the 28 June 2019.  For future sessions we will have a smaller number of items on the agenda to allow much more meaningful discussion and engagements with governors as well as arrange a bigger room.  We agreed at the Committee in Common that we would develop three strategic plans, one each for mental health, learning disability and autism and we will work with company secretaries and lead governors to agree how to share these with Council members in the next two to three months.

7.  **Reasons to be Proud**

*Publishing Success for the Leeds Autism Diagnostic Team (LADS)*

*ABC of Autism* ([https://www.wiley.com/en-gb/ABC+of+Autism-p-9781119317258)](https://www.wiley.com/en-gb/ABC+of+Autism-p-9781119317258)) provides clinicians and medical students with a succinct, evidence-based overview of the symptoms, evaluation, treatment, and management of autism in both daily practice and for ongoing patient support plans. This accessible and informative guide allows primary healthcare professionals to quickly reference the essential information required for appropriate patient care.  The book contains 16 chapters – half of which have been authored by members of our LADS team.

*Accreditation of specialist skills in Mental Health Pharmacy*

Michael Dixon who is one of our Trust's pharmacists was recently re-credentialed as a member of the College of Mental Health Pharmacy following an assessment of his clinical practice. The College of Mental Health Pharmacy promotes the role of pharmacists as experts in medication use within the field of psychiatry. This is in part achieved by credentialing individual pharmacist's clinical competence. The assessors fed back that Michael demonstrated a very high standard of competence within psychiatric therapeutics and was therefore granted continued membership of the College and so it is clearly our privilege to have Michael working in our organisation.

*Queens Garden Party*

This year we encouraged a number of staff to apply to attend the Queen's garden party in recognition of the outstanding commitment and work they do in the Trust. Two of the staff have been successful which is fantastic; Mary Dresser who works at the Becklin Centre and Julie Foster a community mental health nurse.

*Easy on the I shortlisted in Awards*

The National Learning Disabilities & Autism Awards celebrate excellence in the support for people with learning disabilities and aim to pay tribute to those individuals or organisations that excel in providing quality care. Easy on the I who have also recently featured in a national news programme produce a wide range of communication aids that support individuals who have a learning disability to better access and understand health and social care. The materials are co-produced with service users and widely available through their dedicated website

**Dr Sara Munro**
**Chief Executive**
**5 July 2019**

**MEETING OF THE COUNCIL OF GOVERNORS**

| | |
|---|---|
| **PAPER TITLE:** | Audit Committee Annual Report 2018/19 |
| **DATE OF MEETING:** | 16 July 2019 |
| **LEAD DIRECTOR:** (name and title) | Martin Wright , Non-executive Director and Chair of the Audit Committee |
| **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 Audit Committee is a sub-committee of the Board of Directors. It is the senior governance committee in the Trust and is made up of non-executive directors. Its primary function is to provide assurance to the Board of Directors so it can be assured of the strength (or otherwise) of the systems and processes in place in the organisation.

It is independent of, and has the authority to seek assurance from, any part of the management structure in the organisation on any area of work; and whilst it is supported by a number of officers in the management structure they are not members of the Committee.

The Annual Report attached is for the financial year 2018/19 and comes to the Council of Governors for information and so it can be assured on the work of the external auditors (which the Council appoints).

The Annual Report was presented to the May 2019 Board of Directors' meeting as part of the Committee's assurance process to demonstrate that it is working in accordance with its Terms of Reference as set by the Board to support the information provided in the Annual Governance Statement which is part of the Annual Report.

Governors are asked to note that in addition to presenting the committee's annual report, the chair of the Audit Committee will provide a verbal report on the work of the committee. This is part of the cycle of reports from the chairs of the Board sub-committees. The report from the Chair of the Audit Committee has been scheduled to coincide with the meeting at which the committee's annual report is presented.

| 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 the 2018/19 Annual Report for the Audit Committee and to be assured of the work of the external auditors in relation to providing assurance to the Audit Committee.

The Audit Committee

Annual Report

Financial Year 1 April 2018 to 31 March 2019

**CONTENTS**

# 1 PERIOD COVERED BY THIS REPORT

This report covers the work of the Audit Committee (the Board of Directors' primary governance committee) for the financial year 1 April 2018 to 31 March 2019.

# 2 INTRODUCTION

The Audit Committee provides an independent and objective review of our internal controls. It seeks high-level assurance on the effectiveness of: the Trust's governance (corporate and clinical); risk management; and systems of internal control.  It reports to the Board of Directors on its level of assurance.

The committee receives assurance from the executive team and other areas of the organisation through reports, both regular and bespoke.  It validates the information it receives through the work of internal audit, external audit, counter-fraud, and where appropriate, clinical audit.  Assurance is also brought to the committee through the knowledge that non-executive directors gain from other areas of their work, not least their own specialist areas of expertise; attending Board and Council of Governors' meetings; visiting services; and talking to staff.

Further information about the work of the committee can be found in Section 7 below.

Should our external auditors (KPMG) carry out any non-audit work, the Audit Committee has responsibility for ensuring that their independence is maintained.  The committee will do this by reviewing and approving the scope of the work and the fees charged prior to the work being undertaken.

The substantive membership of the Audit Committee is made up three non-executive directors.  The Chair of the Trust may not be a substantive member of the committee, but is invited to attend one meeting during the financial year.  The other non-executive directors may be invited to attend on an ad-hoc basis, either when it is deemed appropriate for other non-executive directors to attend for a particular agenda item, or to ensure quoracy.

Further information about the membership of the committee can be found in Section 5 below.

# 3 TERMS OF REFERENCE FOR THE AUDIT COMMITTEE

In July 2018 the committee reviewed its Terms of Reference (ToR) and found that only minor changes needed to be made.  The revised Terms of reference were ratified by the Board of Directors in July 2018.  The ToR relate to the work of the committee during 2018/19 and are attached to this report.

The committee also carried out a review of its effectiveness in July 2018 and concluded that there was a high level of effectiveness of the committee and that there were no areas of concern which it needed to bring to the attention of the Board.

## 4 MEETINGS OF THE COMMITTEE

In respect of the period covered by this report the committee met on five occasions:

- 17 April 2018
- 21 May 2018 (extraordinary meeting for the year-end accounts, annual report, quality report and compliance statements)
- 17 July 2018
- 20 November 2018
- 22 January 2019

## 5 MEMBERSHIP OF THE COMMITTEE AND ATTENDANCE AT MEETINGS

Membership of the Audit Committee is made up three non-executive directors.

The Chair of the Trust may not be a substantive member of the committee, but is invited to attend one meeting during the financial year. In 2018/19 the Chair attended the meeting in 20 November 2018.

The table below shows attendance for members of the committee for the period 1 April 2018 to 31 March 2019.

**Attendance at Audit Committee meetings 2018/19**

| Name | 17 April 2018 | 21 May 2018 | 17 July 2018 | 20 November 2018 | 22 January 2019 |
|---|---|---|---|---|---|
| **Substantive non-executive director members** | | | | | |
| Martin Wright (chair of the committee) | ✓ | ✓ | ✓ | ✓ | ✓ |
| Margaret Sentamu | ✓ | ✓ | ✓ | X | ✓ |
| Helen Grantham | ✓ | ✓ | ✓ | ✓ | ✓ |

During 2018/19 meetings of the Audit Committee were attended on a regular basis by the Chief Financial Officer; and the Associate Director for Corporate Governance.

Internal audit and counter fraud representation was provided by the NHS Audit Yorkshire. External audit representation was provided by the audit team from KMPG.

In addition to the officers that regularly attend the committee, invitations were extended to members of the executive team and senior managers who attended meetings to present papers and make assurances as required.

To ensure that committee members have the skills required to carry out their role on

the committee they have the opportunity to attend training courses.  Some of these are provided by NHS Audit Yorkshire and they cover topics which are relevant specifically to members of the audit committees and also those which are relevant to the issues facing NHS organisations.

## 6     REPORTS MADE TO THE BOARD OF DIRECTORS

The chair of the Audit Committee makes a report regarding the most recent meeting of the committee at the next scheduled Board of Directors' meeting.  This report assures the Board of the main items discussed by the committee.  Should it be necessary to make the Board aware of any matters of concern this will be done by the chair of the committee in that report, and an outline given of how the committee will take this forward.  Where the matter is of significant concern the committee will ask for direction from the Board, or it may be that the Board takes a decision to receive reports directly.

During 2018/19 the chair of the committee made reports to the April, May, July, November and January Board meetings.  These assured the Board on matters that the committee had considered.  Whilst these matters where identified for onward reporting to the Board there were no matters of significant concern that the committee felt necessary to escalate to the Board.

Conversely where the Board wants greater assurance on a matter this can be referred to the Audit Committee.

In July 2018 the Board asked the committee to receive assurances on the action plan to come from the audit of the Commercial Procurement Collaborative (CPC) procurement process in relation to the Bowel Cancer Screening Programme.  The committee received a report from the CPC in relation to progress against the agreed actions and was able to provide assurance to the November 2018 Board meeting on those actions that had been completed and those that were still progressing.  The Audit Committee received final assurance on the outstanding actions at the January 2019 committee meeting and concluded its assurance on this plan.

In addition to the reports made by the chair of the committee this annual report also goes to the Board of Directors.  Once received by the Board it will go to the Council of Governors as one method of providing assurance as to how the non-executive directors have held the executive directors to account for the performance of the Board.  It also provides the Council with an outline of the work carried out by the external auditors (whom they appoint).  The committee's Annual Report for 2017/18 was presented to the 3 July 2018 Council of Governors' meeting by Martin Wright.

## 7     THE WORK OF THE COMMITTEE DURING 2018/19

For 2018/19 the chair and members of the Audit Committee confirm that the committee has fulfilled its role as the primary governance and assurance committee in accordance with its Terms of Reference, which are attached at Appendix 1 for information.

In 2018/19 the committee approved the work plans for both the internal and external auditors and the counter-fraud service. It received and reviewed both regular progress reports and concluding annual reports for the work of internal and external audit and the counter-fraud team. This allowed the committee to determine its level of assurance in respect of progress with various pieces of work and the findings. These reports have also provided assurance on the Trust's internal controls. The committee assessed the effectiveness of these functions by reviewing the periodic reports from the auditors and monitoring the pre-agreed key performance indicators.

Areas of work on which the committee received assurance during 2017/18 are set out below. Details of the work of the committee can be found in the minutes of its meetings which are available from the Associate Director for Corporate Governance (chill29@nhs.net).

**Quality Report:**
- At its May 2018 reviewed the Quality Report for 2017/18 before being presented to the Board of Directors for approval. It also received the audit report on the Quality Report for 2017/18 and was advised that there were no significant matters to report.

**Risk Management:**
- The Director of Nursing, Professions and Quality attended the committee to make assurances on the risk management system and the system for recording risks, noting that significant progress had been made in relation to these systems.

**Health and Safety:**
- The committee received assurances on the actions being taken to address the findings from a Health and Safety Executive Inspection that had taken place in 2018. A final report will be presented to the April 2019 meeting.
- It also asked to be assured on the management arrangements in respect of Health and Safety noting that an external consultant had been appointed to look in detail at these arrangements and make recommendations. The committee will continue to receive assurances on the sufficiency of the arrangements and the actions needed to strengthen these through 2019/20.

**Board Assurance Framework:**
- Received the Board Assurance Framework for assurance on both the content and the process.

**Annual Report and Accounts for 2017/18:**
- The Annual Report and Accounts for 2017/18 were reviewed prior to being presented to the Board of Directors for adoption in May 2018
- The ISA 260 (which is the report to those charged with governance on the annual accounts) was also received and the findings from the audit of the annual accounts discussed. It was noted that there were no matters of any significance to bring to the committee's attention by the auditors
- The Head of Internal Audit Opinion and the Annual Governance Statement were reviewed and found to be consistent
- Assurance was received on the process for the declarations required by

General Condition G6 and Condition FT4 (for foundation trust governance) of the NHS Provider Licence
- Reviewed the Corporate Governance Statement and the statement on training for governors and was assured of the process by which the declarations were made and the completeness of the evidence provided to support the statements
- Reviewed compliance with NHS Improvement's Code of Governance.

**Internal Audit, Counter-fraud:**
- Approved the Audit Annual Plan and the Counter Fraud Annual Plan for 2018/19
- Received assurances about the processes in place to tackle fraud and bribery
- Received internal audit progress reports on a regular basis to update the committee on the major findings, with assurance being provided on the actions taken to address any weaknesses in the systems of control
- The Internal Audit Annual Report was received which brought together all the findings from across the year
- Local Counter-fraud progress reports were received on a regular basis in respect of those cases that can be reported to the committee in order to update the committee on the major findings and any lessons learnt from individual cases
- The Counter-fraud Annual Report was also received which brought together to work from across the year.

In addition to the update reports received from Internal Audit the committee also received specific assurances from the lead executive directors in respect of "limited assurance" reports. For 2018/19 these were in respect of the audit on Delayed Transfers of Care (DToC) and Out of Area Placements and the audit of the Appraisal Process. The lead executive directors assured the committee on the actions being taken to address the recommendations and also on the progress against those actions.

**External audit:**
- Reviewed and approved the work plan for 2018/19 and the associated fee
- Received regular update reports about the work of the auditors and also information about changes within the health sector which will impact on the Trust
- Received details of relevant sector updates along with assurances on how the executive directors had implemented or taken account of the guidance contained in the update report.
- Reviewed the wording for the year-end Letter of Representation.

**Action Tracking:**
- Received regular reports in respect of progress with the implementation by managers of agreed audit recommendations and sought assurance on progress in particular with a number of old and outstanding actions. The committee also received specific assurance on the process for dealing with and monitoring outstanding actions, with particular reference to the role of the Executive Risk Management Group which has oversight of the actions.

**Registers:**
- The committee carried out a review of the Hospitality Register, the Sponsorship Register, register for the use of Management Consultants and the Losses and Special Payments Register, to ensure the appropriateness and completeness of the content.

**Tender and Quotation Exception reports:**
- Assurance received on the reasons for the Tender and Quotation procedures being waived during 2018/19.

**Other governance items:**
- Reviewed and approved changes to the Scheme of Delegation.

**Supported the Trust becoming a formal member of the NHS Audit Yorkshire Consortium**
- The committee received a report from the Chief Financial Officer (CFO) which set out the intention for the Trust to be a formal member of the NHS Audit Yorkshire consortium rather than a client. The committee noted the reasons for this, not least the financial benefits, and supported the decision of the CFO.

## 8    Conclusion

As the primary governance committee of the Board of Directors the Audit Committee preserved its independence from operational management by not having executive membership (although executive directors support the committee by providing information and context only).

It added value by maintaining an open and professional relationship with internal and external audit, counter-fraud and clinical audit. It carried out its work diligently, discussed issues openly and robustly, and kept the Board of Directors apprised of any possible issues or risks. The Audit Committee fulfilled its work programme for 2018/19 and provided assurances to the Board for any issues referred to it.

The chair of the Audit Committee considers that the committee has fulfilled its role as the Board of Directors' senior governance committee and provided assurance to the Board on the adequacy and effective operation of the organisation's internal control systems.

Members of the Audit Committee would like to thank all those who have responded to its requests during the year and who have supported it in carrying out its duties.

April 2019

**Martin Wright**
Chair of the Audit Committee

**AUDIT COMMITTEE**

**Terms of Reference**

**(Ratified by the Board of Directors - 28 July 2018)**

## 1    NAME OF COMMITTEE

The name of this committee is the Audit Committee.

## 2    COMPOSITION OF THE GROUP / COMMITTEE

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

**Members**

| Title | Role in the committee |
|-------|----------------------|
| Non-executive director | Committee chair and responsible for evaluating the assurance given and identifying if further consideration / action is needed. |
| 2 non-executive directors | Responsible for evaluating the assurance given and identifying if further consideration / action is needed. Either of the routine non-executive members may chair if the chair of the committee is absent. |

While specified non-executive directors will be regular members of the Audit Committee any other non-executive can attend the meeting on an ad-hoc basis if they wish and will be recognised as a member for that particular meeting and if necessary will count towards the quoracy.

**In attendance**

| Title | Role in the committee | Attendance guide |
|-------|----------------------|------------------|
| Chief Financial Officer | Key responsibilities regarding audit and reporting | Every meeting |
| Internal Audit representation | Independent assurance providers | Every meeting |
| External Audit representation | Independent assurance providers | Every meeting |
| Local Counter Fraud representation | Independent assurance providers | Dependant on the agenda |

| Title | Role in the committee | Attendance guide |
|---|---|---|
| Associate Director for Corporate Governance | Committee support and advice | Every meeting |

The chair of the Audit Committee shall be seen as independent and therefore must not chair any other governance committee either of the Board of Directors or wider within the Trust.

Executive directors and other members of staff may attend by invitation in order to present or support the presentation of agenda items / papers to the committee. In particular, executive directors will be invited to attend a meeting where a limited assurance report has been issued by Internal Audit and is on the agenda to be discussed.

The Chair of the Trust and the Chief Executive will be invited to attend the Audit Committee once per year.

## 3    QUORACY

**Number:** The minimum number of members for a meeting to be quorate is 2. Attendees do not count towards this number. If the chair of the committee is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by another non-executive director.

**Deputies:** Non-executive directors do not have deputies. Non-core non-executive directors may be asked to attend if there is a risk to the meeting not being quorate.

Attendees should nominate a deputy to attend in their absence. A schedule of deputies, attached at appendix 1, this should be reviewed at least annually to ensure adequate cover exists.

**Non-quorate meeting:** Non-quorate meetings may go forward unless the chair decides otherwise. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

**Alternate chair:** If the Chair of the Audit Committee is not available the meeting shall be chaired by one of the other non-executive directors.

## 4    MEETINGS OF THE COMMITTEE

**Frequency:** The Audit Committee will normally meet as required but will in any case meet no fewer than four times per year.

**Urgent meeting**: Any of the committee members may, in writing to the chair, request an urgent meeting. The chair will normally agree to call an urgent meeting to discuss the specific matter unless the opportunity exists to discuss the matter in a more expedient manner (for example at a Board meeting).

**Minutes:** The Associate Director for Corporate Governance will ensure there are minutes of the meeting and that appropriate support for the meeting is provided. The minutes will be provided to the Chair of the committee for checking.

The chair will give a verbal update to the Board of Directors which may be in advance of the Audit Committee formally approving the minutes of the prior meeting. This is to ensure any urgent information is reported promptly to the Board of Directors.

**Private Sessions of the Committee**

At least once a year the committee will meet privately with representatives from internal audit and external audit.

At the discretion of the chair of the committee, it may also choose to meet privately with the Director of Finance and any other key senior officer in the Trust as may be required.

Members of the committee will also meet together in private at a frequency determined by the Chair.

## 5 AUTHORITY

**Establishment**: In accordance with the NHS Act 2006 and the Code of Governance the Board of Directors is required to establish an Audit Committee as one of its sub-committees.

**Powers**: The committee is a non-executive committee of the Board of Directors and has no executive powers. The committee is authorised by the Board of Directors to seek assurance on any activity. It is authorised to seek any information or reports it requires from any employee, function, group or committee; and all employees are directed to co-operate with any request made by the committee.

The committee is authorised by the Board of Directors to obtain outside legal or other independent professional advice and to secure the attendance of persons outside the Trust with relevant experience and expertise if it considers this necessary.

**Cessation:** The Audit Committee is a standing committee in that its responsibilities and purpose are not time limited. While the functions of the Audit Committee are required by statute the exact format may be changed as a result of its annual review of its effectiveness.

In addition, the Trust should periodically review its governance structure for continuing effectiveness and as a result of such a review the Board may seek to alter the format or the number of non-executive director core members of the Audit Committee.

## 6 ROLE OF THE COMMITTEE

### 6.1 Purpose of the Committee

The purpose of the Audit Committee is to provide the Board of Directors with assurance that:

- Clinical, financial reporting, compliance, risk management, and internal control principles and standards are being appropriately applied and are effective, reliable and robust
- An effective governance framework is in place for monitoring and continually improving the quality of health care provided to service users to enable the Trust's strategic objectives to be achieved.

| Objective | How the group / committee will meet this objective |
|---|---|
| We deliver great care that is high quality and improves lives | The Audit Committee has a core responsibility to scrutinise the Trust's governance arrangements to determine that these are operating effectively and that the Trust is able to provide high quality care through these arrangements. |
| We use our resources to deliver effective sustainable care | The Audit Committee exercises scrutiny of the annual financial reporting of the organisation; on-going financial health; and controls designed to deliver efficiency, effectiveness and economy for all Trust functions |

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

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

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

**6.3 Duties of the group / committee**

Notwithstanding any area of business on which the committee wishes to receive assurance the following shall be those items on which the committee shall receive assurance:

**Board Assurance Framework**

- Be assured that the organisation has in place an effective Board Assurance Framework

- Be presented with the Board Assurance Framework and receive assurance that this presents the up to date position in respect of controls, assurances and that gaps are being addressed, and be assured as to the completeness of the information included in the Framework
- Use the Board Assurance Framework to inform the committee's forward work plan, in particular focussing on those gaps that pose a major risk to the organisation.

**Quality Report**

- Be assured in respect of the process for delivering the Quality Report
- Be presented with the final version of the Quality Report before being presented to the Board
- Be presented with the audit opinion on the Quality Report and be advised as to the findings and be assured that the recommendations are being addressed by management and be assured that there are no (or otherwise) significant findings.

**Risk Management**

- Receive assurance as to the Risk Management Process (including structures processes and responsibilities for managing key risks), including the process for capturing and reviewing high and extreme risks.

**Health and Safety**

- Receive an annual report on health and safety management within the Trust.

**Compliance and Disclosure Statements**

- Be assured of the action taken by officers who have operated outside of the tender and quotation procedures
- Be presented with notification of any waivers of the Standing Financial Instructions and Standing Orders (for the Board of Directors and Board of Governors) and be assured of their appropriateness.

**Annual Accounts and Annual Report**

- Be presented with and review the main items / contentious items in the Annual Accounts, taking advice from the Chief Accounting Officer and the External Auditors as to accuracy, prior to advising the Board if the Accounts can be adopted
- Be presented with the ISA260 Report on the Annual Accounts and be assured as to the findings and the management actions agreed, also be assured that either there were no (or otherwise) significant findings
- Be presented with a periodic report setting out the progress against the recommendations made in the ISA 260 reports (pertaining to the last set of

annual accounts), and be assured as to progress against recommendations / action plans.

**Annual Governance Statement and Head of Internal Audit Opinion**

- Be presented with the draft Annual Governance Statement and have an opportunity to input to the content
- Be presented with the final version of the Annual Governance Statement and be assured that it provides an accurate picture of the processes of internal control within the organisation
- Be presented with the Head of Internal Audit Opinion and be assured that this is an accurate assessment of the Trust and also be assured that the opinion is in accordance with the Annual Governance Statement.

**Registers**

- Be presented with the Losses and Special Payments Report to be assured as to the appropriateness of payments made and that control weaknesses have been addressed
- Be presented with the Sponsorship Register to be assured that it is complete and that sponsorship received by the organisation / individuals is appropriate and has been applied for according to the procedure
- Be presented with the Hospitality Register to be assured that it is complete and that hospitality received by individuals is appropriate, proportionate, and unable to be considered an inducement and has been recorded according to the procedure
- Be presented with the register of Management Consultants to be assured that it is complete and that consultants have been appointed appropriately, and according to the procedure.

**Internal Audit**

- The committee shall ensure there is an effective Internal Audit function established by management that meets mandatory NHS Internal Audit standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board of Directors. This will be achieved by:

  - Consideration of the provision of the Internal Audit service, the cost of the audit function and (where the service is provided in-house) any questions of resignation and dismissal
  - Review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation
  - Consideration of the major findings of Internal Audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources

- Ensuring that the Internal Audit function is adequately resourced and has appropriate standing with the organisation.

**External Audit**

- The committee shall review the work and findings of the External Auditor. In addition to this the committee will:

    - Make recommendations to the Council of Governors as to the appointment, reappointment, termination of appointment and fees of the External Auditor, and if the Council of Governors rejects the Audit Committee's recommendations, it will prepare an appropriate statement for the Board of Directors to be included in the Trust's Annual Report
    - Review the audit program of work and fees and discuss with the External Auditor, before audit work commences, the nature and scope thereof
    - Review External Audit reports together with the management response, and the annual governance report (or equivalent)
    - Consider whether it is appropriate and beneficial to the Trust for the External Auditor to undertake investigative and advisory work for the Trust.

**Counter Fraud**

- The committee's responsibilities regarding counter fraud are governed by Section 47 of the Base Model Contract between Foundation Trusts and PCTs and Schedule 13 of this contract and the duties of the Audit Committee are set out in this contract specifically that:

    - The committee shall allow the Local Counter Fraud Specialist service (LCFSs) to attend Audit Committee meetings
    - The committee shall receive a summary report of all fraud cases from the LCFSs
    - The committee shall receive reports from the LCFSs regarding weaknesses in fraud related systems
    - The committee shall receive and review the LCFSs' Annual Report of Counter Fraud Work
    - The committee shall receive the LCFSs' annual work plan for comment.

## 7    RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES

The Audit Committee is the primary governance committee providing an overarching governance role, having a direct relationship with other Board sub-committees.

The Board sub-committees will provide one of the main sources of assurance to the Audit Committee. However, this assurance will be validated by the work of, and reports from other sources of assurance including, but not exclusively, Internal Audit, External Audit, Counter Fraud Services,.

The following is a diagram setting out the governance structure in respect of assurance:

```
                          Board of
                          Directors
                              |
   ┌──────────┬──────────┬────┴─────┬──────────┬──────────┐
 Audit      Finance and  Quality   Mental Health Nominations Remuneration
Committee   Performance  Committee  Legislation  Committee   Committee
            Committee               Committee
```
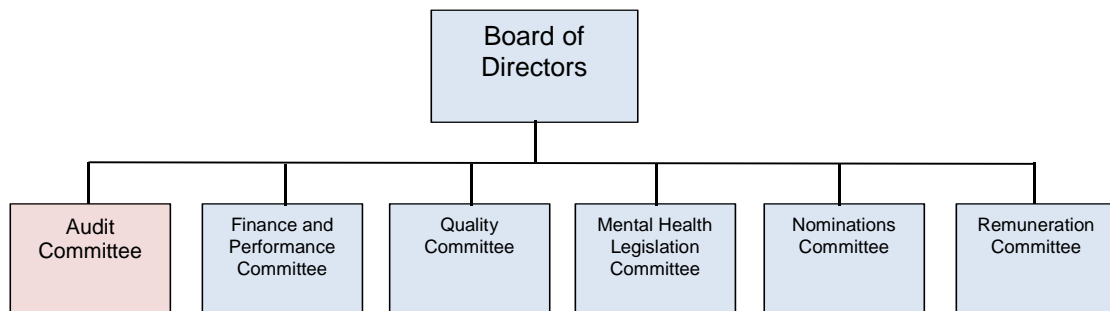
## 8 DUTIES OF THE CHAIRPERSON

The chair of the group / committee shall be responsible for:

- Agreeing the agenda
- Directing the meeting ensuring it operates in accordance with the Trust's values
- Giving direction to the minute taker
- Ensuring everyone at the meeting has a reasonable chance to contribute to the discussion
- Ensuring discussions are productive, and when they are not productive they are efficiently brought to a conclusion
- Deciding when it is beneficial to vote on a motion or decision
- Checking the minutes
- Ensuring sufficient information is presented to the Board in respect of the work of the group / committee
- Ensuring the Chair's report is submitted to the Board as soon as possible.

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

In the event of there being a dispute between any groups in the hierarchy it will be for the chairs of those groups to ensure there is an agreed process for resolution; that the dispute is reported to the groups concerned and brought to the attention of the "parent group"; and that when a resolution is proposed that the outcome is reported back to the all groups concerned for agreement.

## 9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

The terms of reference shall be reviewed by the committee at least annually, and then presented to the Board of Directors for ratification, where there has been a change.

In addition to this the chair must ensure the committee carries out an annual assessment of how effectively it is carrying out its duties and make a report to the Board of Directors including any recommendations for improvement.

**Schedule of deputies**

It may not be necessary or appropriate for all members (or attendees) to have a deputy attend in their absence. If this is the case please state below "no deputy required".

| Full member (by job title) | Deputy (by job title) |
|---|---|
| Not applicable as non-executive directors do not have deputies | |

| Attendee (by job title) | Deputy (by job title) |
|---|---|
| Chief Financial Officer | Deputy Director of Finance |
| Chief Operating Officer | Deputy Chief Operating Officer |
| Associate Director for Corporate Governance | Governance Officer |

## MEETING OF THE COUNCIL OF GOVERNORS

| **PAPER TITLE:** | Report on the Annual Audit of the Trust's Accounts and Quality Report (Account) 2018/19 |
|---|---|
| **DATE OF MEETING:** | 16 July 2019 |
| **LEAD DIRECTOR:** (name and title) | Rashpal Khangura, Director, Public Sector Audit, KPMG |
| **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

Attached are the audit opinions that were issued by KPMG following the audit of the Annual Report and Accounts and the Quality Report. These opinions were included in the Annual Report which was submitted to Parliament in June.

The auditors will give a presentation to the Council on the findings to come out of the audits. The Annual Report and Accounts and the Quality Report will be formally presented to the Council at the Annual Members' meeting on 30 July.

| 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 content of the audit opinions which will help support and inform the presentation that will be provided by the auditors at the July Council meeting.

# KPMG

# Independent auditor's report

## to the Council of Governors of Leeds and York Partnership NHS Foundation Trust

### REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

#### 1. Our opinion is unmodified

We have audited the financial statements of Leeds and York Partnership NHS Foundation Trust ("the Trust") for the year ended 31 March 2019 which comprise the statement of comprehensive income, statement of financial position, statement of changes in equity, statement of cash flows, and the related notes, including the accounting policies in note 1.

In our opinion:

— the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2019 and of its income and expenditure for the year then ended; and

— the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2018/19 and the Department of Health Group Accounting Manual 2018/19.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

| Overview | | |
|---|---|---|
| **Materiality:** financial statements as a whole | | £2.9m 1.63% of total revenue |

| Risks of material misstatement | | vs 2018 |
|---|---|---|
| Event driven | **New:** Accounting treatment of the PFI refinancing | n/a |
| | **New:** Fraudulent expenditure recognition | n/a |
| | Revenue recognition | equal |
| | Valuation of land and buildings | equal |

## 2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on:the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In arriving at our audit opinion above, the key audit matters, in decreasing order of audit significance, were as follows:

| | The risk | Our response |
|---|---|---|
| **PFI Refinancing** <br><br> (Finance Income: £6.5m; 2018 £0.136m. ) <br><br> *Refer to page Audit Committee Report within the 'Board of Directors' Report in the Trust's Annual Report and Accounts, Section 1.7 of Note 1 to the Accounts (accounting policies) and Note 10 to the accounts (Finance Income).* | **Accounting treatment:** <br><br> The Trust re-financed its PFI scheme and recognised the gain of £6.5m in 2018/19. This represents a material transaction in the Trust's financial statements. <br><br> The Department of Health Guidance *Accounting for PFI Under IFRS* (the Guidance) states that the accounting treatment of refinancing gains received in the form of cash lump sums depends on whether or not the gain could be recovered by the Operator as a consequence of any future termination of the agreement by the Trust or the Operator. Where the gain could be recovered the accounting treatment is to recognise the gain as revenue over the remaining life of the agreement. Where there is no prospect of recovery the gain can be recognised in full in the year it is received <br><br> There is a risk that the Trust, in recognising the gain in full in 2018/19 may have made judgements that are inconsistent with the terms of the PFI project agreement and the guidance issued by the Department. | Our procedures included: <br><br> ▪ **Test of detail:** We agreed the PFI gain to the updated Deed of Safeguard and confirmed the Trust has received this payment by testing it back to the bank statement. <br><br> ▪ **Critical assessment of the Trust's accounting treatment:** We critically assessed the Trust's rationale for recognising the refinancing gain in the year rather than recognising it over the remaining life of the agreement, by reference to the Guidance. <br><br> ▪ **Critical assessment of the Project Agreement for the PFI scheme:** We critically assessed the type of PFI contract the Project Agreement was based on and in particular the Operator and Trust Default provisions within that Project Agreement to determine if there was any conditionality of the PFI refinancing gain. |

*KPMG*

| The risk | | Our response |
|---|---|---|

**Fraudulent expenditure recognition**

(Accruals £7.4m; 2018: £5.9 million)

*Refer to page Audit Committee Report within the 'Board of Directors' Report in the Trust's Annual Report and Accounts, Section 1.6 of Note 1 to the Accounts (accounting policies) and Note 20 to the accounts (Trade and Other Payables)*

**Effects of irregularities**

In the public sector, auditors also consider the risk that material misstatements due to fraudulent financial reporting may arise from the manipulation of expenditure recognition (for instance by deferring expenditure to a later period). This may arise due to the audited body manipulating expenditure to meet externally set targets.

As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition may in some cases be greater than the risk of material misstatements due to fraud related to revenue recognition and so we had regard to this when planning and performing our audit procedures.

Our procedures included:

- **Control design and operation**: We considered the extent to which budgetary controls have been in operation throughout the year and have been found to operate effectively;

- **Control design and operation**: We considered the application of appropriate segregation of duties between those responsible for monitoring budgets and those preparing the financial statements which helps to prevent fraudulent manipulation of expenditure;

- **Test of detail**: We have completed a substantive analytical review of expenditure compared to the prior year in order to gain assurance over the completeness of the expenditure in year.

- **Test of detail**: We tested a sample of expenditure around the year end to gain assurance that cut off procedures at the Trust are working effectively and that that expenditure around the year end has been recognised in the correct financial year.

- **Test of detail**: We tested a sample of accruals in the year to test they were calculated on a reasonable basis and related to the 2018/19 financial year.

KPMG

| The risk | | Our response |
|---|---|---|

**NHS Revenue Recognition**

(NHS income £168.2 million; 2018: £141.5 million and NHS receivables £25.7 million; 2018: £3.2 million, Non NHS income £18 million; 2018 £15 million)

*Refer to page Audit Committee Report within the 'Board of Directors' Report in the Trust's Annual Report and Accounts, Section 1.20 of Note 1 to the Accounts (accounting policies) and Notes 1.5-1.55 to the accounts and Note 17 (Trade and Other receivables)*

**Effects of irregularities**

The main source of income for the Trust is the provision of healthcare services to the public under contracts with NHS commissioners, which make up over 90% of income from activities.

The Trust participates in the Agreement of Balances (AoB) exercise which is mandated by the Department of Health (the Department), covering the English NHS only, for the purpose of ensuring that intra-NHS balances are eliminated on the consolidation of the Department's resource account. The AoB exercise identifies mismatches between income and expenditure and receivable and payable balances recognised by the Trust and its counter parties at the balance sheet date.

Mismatches can occur for various reasons, but the most significant arise where the Trust and commissioners are yet to validate the level of estimated accruals for completed healthcare spells which have not yet been invoiced, accruals for non-contracted out-of- area treatments are not recognised by commissioners or potential contract penalties for non-performance are yet to be finalised. Where there is a lack of agreement, mismatches can be classified as formal disputes and referred to NHS England Area Teams for resolution.

We recognise that the incentives in the NHS differ significantly to those in the private sector which have driven the requirement to make a rebuttable presumption that this is a significant risk. These incentives in the NHS include the requirement to meet regulatory and financial targets rather than financial incentives related to remuneration.

We have classified Revenue from Patient Care Activities and Other Operating Revenue as a significant risk to respond to this requirement.

Our procedures included:

- **Test of detail:** We compared the actual income received from the Trust's CCG commissioners against the contracts agreed at the start of the year. We agreed any significant variations between the actual income and the agreed contract to signed contract variations and other correspondence agreeing the variation to the contract;

- **Test of detail:** We critically assessed the output from the Department of Health's Agreement of Balances exercise. We obtained evidence and explanations regarding the Trust's recognition of their income, where the output indicated by the Trust's income was not matched by corresponding expenditure in other NHS organisations' accounts;

- **Test of detail:** We agreed the receipt and recognition of Sustainability and Transformation Funding monies to correspondence from NHS Improvement;

- **Test of detail:** We agreed a sample of income received in March and April 2019 to supporting evidence to assess whether income had been accounted for in the correct financial year.

| The risk | | Our response |
|---|---|---|

**Valuation of land and buildings**

(£37.9 million; 2017: £41.4 million)

*Refer to page Audit Committee Report within the 'Board of Directors' Report in the Trust's Annual Report and Accounts, Section 1.6.2 of Note 1 to the Accounts (accounting policies) and Notes 14 (Property, Plant and Equipment) to the accounts.*

**Subjective valuation**

Land and buildings are initially recognised at cost. Non-specialised property assets in operational use are subsequently recognised at current value in existing use (EUV). Specialised assets(such as hospitals) where a market value is not readily ascertainable, are subsequently recognised at the depreciated replacement cost (DRC) of a modern equivalent asset that has the same service potential as the existing property (MEAV).

Trusts are responsible for ensuring their land and buildings are fairly valued. Guidance from NHSI has suggested that Trusts typically achieve this by performing an annual review for impairment, a periodic desk top valuation (usually every three years) and a full valuation(usually in five yearly intervals). The asset valuation and impairment review processes are both estimates and therefore present a significant risk to the audit.
There is significant judgment involved in determining the appropriate basis (EUV or DRC) for each asset according to the degree of specialization, as well as over the assumptions made in arriving at the valuation.

The effect of these matters is that, as part of our risk assessment, we determined that the valuation of land and buildings has a high degree of estimation uncertainty, with a potential range of reasonable outcomes greater than our materiality for the financial statements as a whole.

**Our procedures included:**

- **Control design and operation**: Assessing the competence, capability, objectivity and independence of the Trust's external valuer and considering the information provided to the Trust, to inform its assessment of market value movements, for consistency with the requirements of the Department of Health Group Accounting Manual;

- **Test of detail:** Considering whether the information provided to the valuer by the Trust, relating to the assets requiring to be valued, including details of in-year capital expenditure, changes in use and land area and floor space, was complete and agreed to the Trust's fixed asset records;

- **Test of detail:** Critically assessing the calculation of market value indices movements completed by the Trust, including re-performance of this calculation to confirm that no material movement in the value of land and building assets is indicated;

- **Test of detail:** Agreeing the data underpinning the Trust's calculation of market value movements to the RICS data obtained by the Valuation Office, the Trust's valuer, and corresponding with audit teams at other Trusts in the region to assure ourselves that indices are comparable

- **Test of detail:** Critically assessing the Trust's formal consideration of indications of impairment and surplus assets within its estate, including the process undertaken and the adequacy of the formal, written decision document used in the process;

- **Test of detail:** Testing a sample of the 2018/19 capital expenditure additions to confirm that the additions were appropriately valued in the financial statements; and

- **Test of detail:** Considering the adequacy of the disclosures about the key judgements and degree of estimation involved in a review of indices which concluded that there has been no material movement in the value of land and buildings since 31 March 2018.

**KPMG**

### 3. Our application of materiality

Materiality for the Trust financial statements as a whole was set at £2.9 million (2017/18: £2.5 million), determined with reference to a benchmark of total revenue (of which it represents approximately 1.63% (2017/18 2%)). We consider operating income to be more stable than a surplus- or deficit-related benchmark.

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £145k (2017/18: £125k), in addition to other identified misstatements that warranted reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above and was all performed at the Trust's headquarters in Leeds.

**Total revenues**
£178.5m (2017: £156.5m)

**Materiality**
£2.9m (2017/18: £2.5m)



**£2.9m**
Trust whole financial statements materiality (2017/18: £2.5m)

**£145k** Misstatements reported to the audit committee (2017/18: £125k)

■ Total revenue
■ Materiality
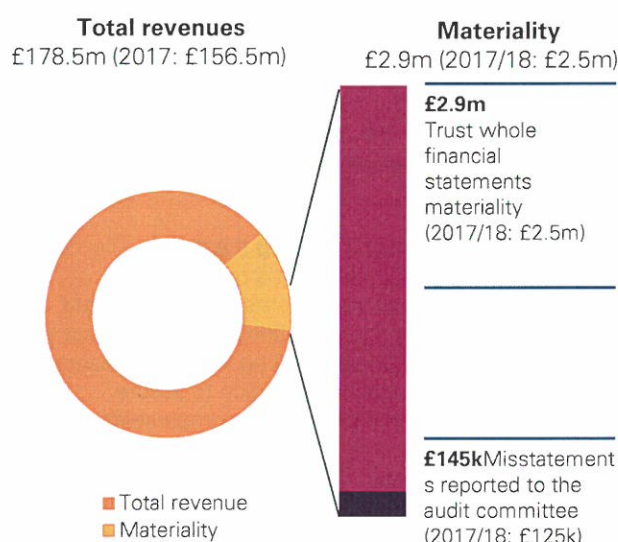
### 4. We have nothing to report on going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

Our responsibility is to conclude on the appropriateness of the Accounting Officer's conclusions and, had there been a material uncertainty related to going concern, to make reference to that in this audit report. However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks to the Trust's business model, including the impact of Brexit, and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period. We evaluated those risks and concluded that they were not significant enough to require us to perform additional audit procedures.

Based on this work, we are required to report to you if we have anything material to add or draw attention to in relation to the Accounting Officers statement in Note 1.1.2 to the financial statements on the use of the going concern basis of accounting with no material uncertainties that may cast significant doubt over the Trust's use of that basis for a period of at least twelve months from the date of approval of the financial statements.

We have nothing to report in these respects, and we did not identify going concern as a key audit matter.

### 5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

Corporate governance disclosures

We are required to report to you if:

— we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or

— the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or

— the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

## 5. Respective responsibilities

### Accounting Officer's responsibilities

As explained more fully in the statement set out on page 91, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity

### Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

## REPORT ON OTHER LEGAL AND REGULATORY MATTERS

### We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

— any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.

— any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

### Our conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources is qualified

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources .

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

The significant risk identified during our risk assessment is set out below together with the findings from the work we carried out in that area.
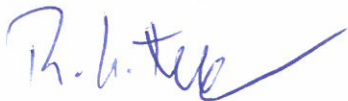
| The risk | Our response |
|---|---|

**Financial Sustainability**

As part of our responsibilities in relation to reaching our use of resources conclusion we are required to perform any work that we regard as necessary to allow us to conclude on whether the Trust has effectively, efficiently and economically exercised its functions.

Due to the significant financial challenge in the sector we have undertaken a detailed consideration of the financial position and financial sustainability.

Our work included:

**Financial sustainability:** We assessed the Trust's financial sustainability. This considered whether the financial results included significant non-recurring items of income within the reported headline result. We also considered the Trust's management of its cash position and delivery of CIPs through the year.

**Future forecasts:** We reviewed the future forecasts for the Trust. This included:

- Performing an analysis of the Trust's forecast run rate position;
- Considering the core assumptions in the Trust's 2018/19 Annual Plan submission;
- Considering the extent to which recurrent cost improvement schemes were achieved in 2018/19 and identified for 2019/20; and
- Reviewing contracts with commissioners which have been agreed for 2019/20 and the supporting risk analysis reported to the Board.

**Findings from our work:**

Our work has confirmed that the Trust has adequate arrangements to deliver financial sustainability.

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**Response to Care Quality Commission (CQC) inspection**

The Trust was subject to a Care Quality Commission inspection during January 2018. The report was published on 27 April 2018 and concluded on overall ratings of 'Requires Improvement'. This was the third successive 'Requires Improvement/ rating for the Trust.

The CQC conclusion on whether the Trust's services were Well-Led was 'Good', and their conclusion on whether services 'are caring' and 'are responsive' were also 'Good'. The conclusions on whether services were 'safe' and 'effective' were 'required improvement'.

Our work included:

- **Review of Processes**: Reviewing the Trust's process to monitor and report on progress: having reviewed the CQC report and the Trust's process to develop an improvement plan to the CQC report in 2017/18. We reviewed the Trust's monitoring and reporting during 2018/19. We considered the Trust's plans for monitoring and reviewing the 2019 CQC Inspection Action Plan,

We confirmed that the Trust's arrangements through 2018/19 were appropriate, including reporting to the 'CQC Fundamentals Group' and Board on the progress of the CQC Action Plans. We also confirmed that the Trust's plans for the current Inspection Action Plan will include the same approach as has operated through 2018/19.

**Findings from our work:**

Our work has confirmed that the Trust has adequate arrangements in place to address the findings of the CQC report.

**KPMG**

## THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

## CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Leeds and York Partnership Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

**Rashpal Khangura for and on behalf of KPMG LLP
(Statutory Auditor)**

*Chartered Accountants*
1 Sovereign Square, Sovereign St, Leeds, LS1 4DA

24 May 2019

**KPMG**

**KPMG**

# INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF Leeds and York Partnership NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of Leeds and York Partnership NHS Foundation Trust to perform an independent assurance engagement in respect of Leeds and York Partnership NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the 'Quality Report') and certain performance indicators contained therein.

## Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following two national priority indicators:

- inappropriate out-of-area placements for adult mental health services

- 100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital.

We refer to these national priority indicators collectively as the 'indicators'.

## Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance;

- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2018/19* ('the Guidance'); and

- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2018 to May 2019;

- papers relating to quality reported to the board over the period April 2018 to May 2019;

- feedback from commissioners, dated 25 April 2019;

- feedback from governors, dated 23 April 2019;

- feedback from local Healthwatch organisations, dated 2 April 2019;

- feedback from Overview and Scrutiny Committee, dated 2 April 2019;

- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;

- the national patient survey, dated 9 August 2018;

- the national staff survey, dated 6 March 2018;

- Care Quality Commission Inspection, dated 27 April 2018

- the 2018/19 Head of Internal Audit's annual opinion over the trust's control environment, dated 20 May 2019; and

- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Leeds and York Partnership NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Leeds and York Partnership NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

## Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;

- making enquiries of management;

- testing key management controls;

- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;

- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and

- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

## Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by Leeds and York Partnership NHS Foundation Trust.

**Conclusion**

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;

- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and

- the indicator in the Quality Report subject to limited assurance has not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP
Chartered Accountants
Leeds

24 May 2019

**AGENDA ITEM**

**12**

## MEETING OF THE COUNCIL OF GOVERNORS

| PAPER TITLE: | Council of Governors: Quarterly Performance and Quality Update Report |
|---|---|
| DATE OF MEETING: | 16 July 2019 |
| PRESENTED BY: (name and title) | Joanna Forster Adams, Chief Operating Officer<br>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'<br><br>**No** | If yes please set out what action has been taken to address this in your paper |
|---|---|---|

| RECOMMENDATION |
|---|
| The Council are asked to note the contents of this report. |

# 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
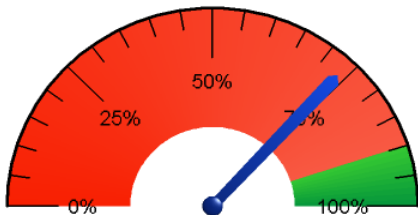


**Percentage with timely access to a MH assessment by the ALPs team in the LTHT Emergency Department (1 hour)**
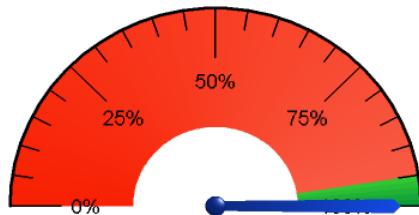
**Percentage of admissions to inpatient services that had access to crisis resolution / home treatment teams**
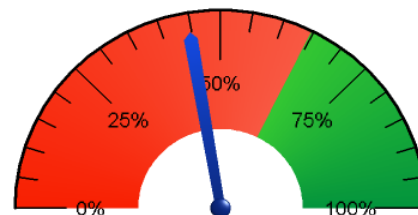
**Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of**
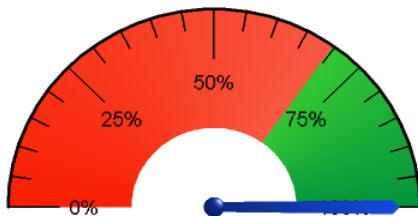
**Percentage of service users who have stayed on CRISS caseload for less than 6 weeks**
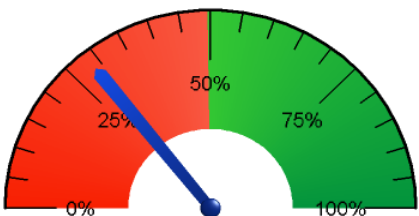
**Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support**

# Our Specialist Services
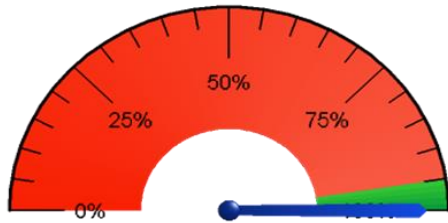


**CAMHS inpatients: Honosca & CGAS: % completed at discharge (quarterly) Q4**
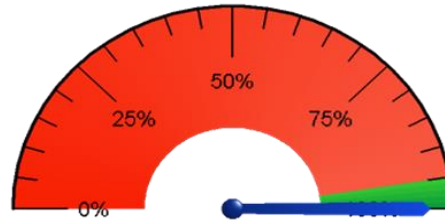


**CAMHS inpatients: Honosca & CGAS: % completed at admission (quarterly) Q4**
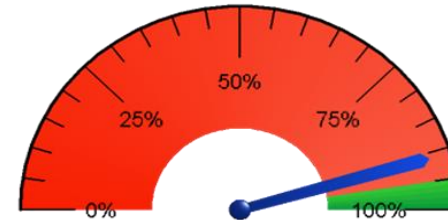


**Forensics: HCR20: Percentage completed within 3 months of admission (quarterly) Q4**
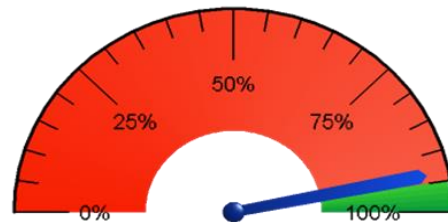


**Forensics: HCR20 & HoNOS Secure: Percentage completed (LOS greater than 9 months) (quarterly) Q4**
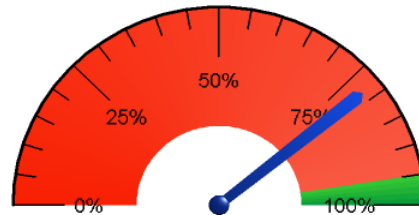


**Leeds Autism Diagnostic Service (LADS): Percentage starting their assessment within 13 weeks of referral**

## Our Specialist Services Continued
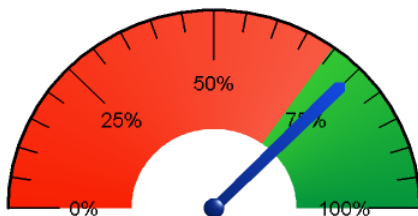


**Community LD: Percentage of referrals seen within 4 weeks**



**Community LD: Care plans reviewed within the previous 12 months**

## Our Acute Patient Journey



100.1%
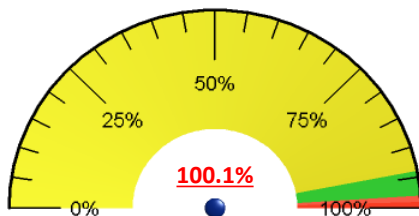
**Bed Occupancy rates for (adult acute) inpatient services**
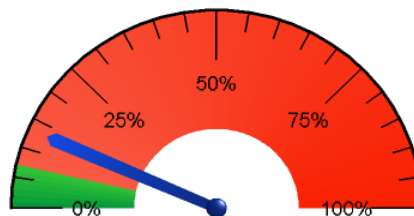


**Percentage of Delayed Transfers of Care**
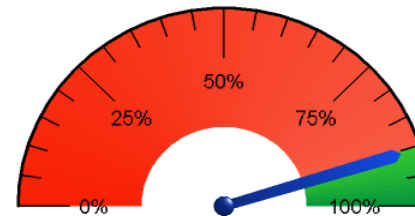


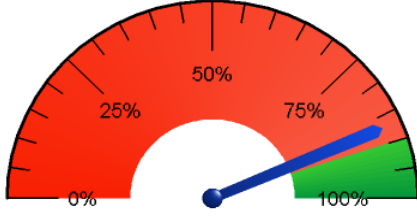**Liaison In-Reach: attempted assessment within 24 hours**

# Our Community Care
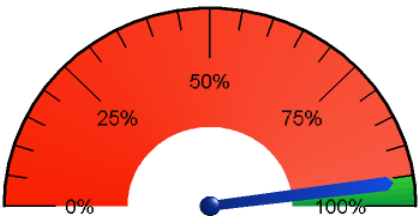


**Percentage of inpatients followed up within 7 days of discharge**
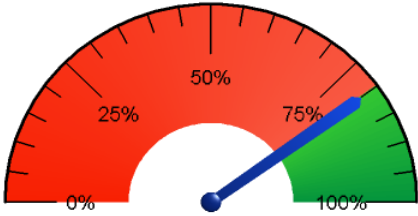


**Percentage of referrals seen (face to face) within 15 days of receipt of referral to a community mental health team**
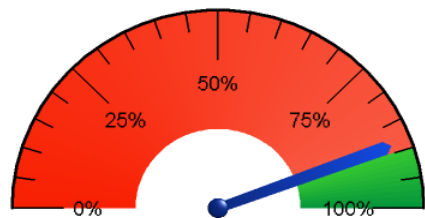


**Waiting Times Access to Memory Services; Referral to first Face to Face Contact within 8 weeks (quarter to date)**
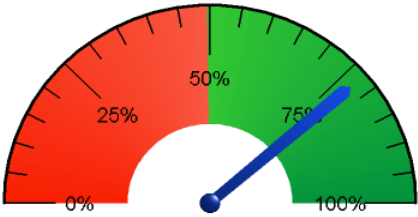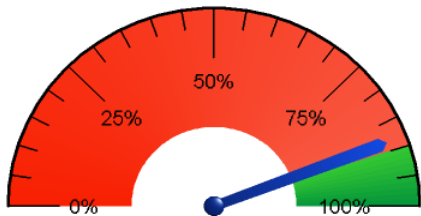


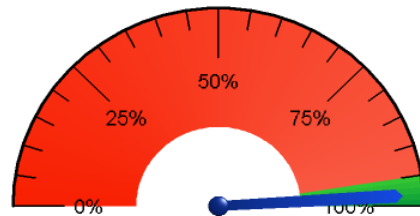**Memory Services – Time from Referral to Diagnosis within 12 weeks**

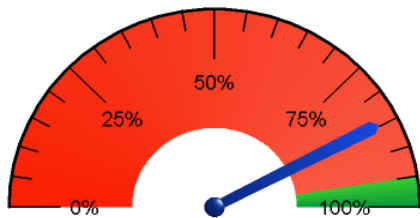# Clinical Record Keeping: Mandated requirements



**Percentage of service users with ethnicity recorded**



**Proportion of in scope patients assigned to a cluster**



**NHS Classic Safety Thermometer Percentage of Harm Free Care**



**Percentage of Care Programme Approach Formal Reviews within 12 months**

# Performance and Quality Metrics Summary

| Services: Access & Responsiveness: Our response in a crisis | Target | Feb-19 | Mar-19 | Apr-19 |
|---|---|---|---|---|
| Percentage of crisis calls (via the single point of access) answered within 1 minute | - | 78.2% | 79.6% | 75.9% |
| Percentage of admissions gatekept by the crisis teams | 95% | 100.0% | 98.5% | 100.0% |
| Percentage of ALPS referrals responded to within 1 hour | 90% | 75.7% | 68.2% | 73.7% |
| Percentage of S136 referrals assessed within 3 hours of arrival | - | - | - | 31.6% |
| Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral | 65% | - | - | 44.7% |
| Percentage of service users who stayed on CRISS caseload for less than 6 weeks | 70% | - | - | 100.0% |
| Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support | 50% | - | - | 28.7% |

| Services: Access & Responsiveness: Our Specialist Services | Target | Feb-19 | Mar-19 | Apr-19 |
|---|---|---|---|---|
| Gender Identity Service - Median wait for those currently on the waiting list (weeks) | - | 33.4 | 35.4 | 37.1 |
| Gender Identity Service: Number on waiting list | - | 1,381 | 1,413 | 1,489 |
| Leeds Autism Diagnostic Service (LADS): Percentage receiving an assessment within 13 weeks | - | 60.9% | 72.7% | 78.3% |
| 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) | - | 57.6 | 54.6 | 66.7 |
| 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) | - | 100.00% | 77.8% | |
| Perinatal Outreach: Average wait from referral to first contact (all urgencies) | - | - | - | - |
| Community LD: Percentage of referrals are seen within 4 weeks of receipt of referral (quarter to date) | 70% | - | - | 75% |
| Community LD: Percentage of Care Plans reviewed within the previous 12 months (quarter to date) | 90% | - | - | 65.5% |

| Services: Our acute patient journey | Target | Feb-19 | Mar-19 | Apr-19 |
|---|---|---|---|---|
| Number of admissions to adult facilities of patients who are under 16 years old | - | 0 | 0 | 0 |
| Crisis Assessment Unit (CAU) bed occupancy | - | 93.5% | 94.1% | 91.7% |
| Crisis Assessment Unit (CAU) length of stay at discharge | - | 7.16 | 9.4 | 8.8 |
| Liaison In-Reach: attempted assessment within 24 hours | 90% | 83.4% | 88.3% | 90.6% |
| Bed Occupancy rates for (adult acute excluding PICU) inpatient services: | 94-98% | 101.4% | 101.1% | 100.1% |
| • Becklin – ward 1 | - | 101.7% | 102.2% | 102.6% |
| • Becklin – ward 3 | - | 102.1% | 99.9% | 98.0% |
| • Becklin – ward 4 | - | 100.3% | 99.3% | 99.5% |
| • Becklin – ward 5 | - | 102.8% | 100.3% | 102.0% |
| • Newsam – ward 4 | - | 101.4% | 104.0% | 98.1% |
| • Older adult (total) | - | 93.4% | 85.3% | 92.8% |
| • The Mount – ward 1 | - | 100.0% | 95.8% | 98.8% |
| • The Mount – ward 2 | - | 98.1% | 94.6% | 97.1% |
| • The Mount – ward 3 | - | 79.9% | 70.7% | 87.5% |
| • The Mount – ward 4 | - | 99.3% | 86.6% | 91.0% |

## Performance and Quality Metrics Summary continued

| Services: Our acute patient journey | Target | Feb-19 | Mar-19 | Apr-19 |
|---|---|---|---|---|
| Percentage of delayed transfers of care | <7.5% | 12.5% | 14.5% | 12.8% |
| Number of out of area placement bed days versus trajectory (in days: cumulative per quarter) | - | +101 | +262 | -622 |
| Acute: Number of out of area placements beginning in month | - | 16 | 15 | 17 |
| Acute: Total number of bed days out of area (new and existing placements from previous months) | - | 182 | 366 | 461 |
| PICU: Number of out of area placements beginning in month | - | 5 | 6 | 4 |
| PICU: Total number of bed days out of area (new and existing placements from previous months) | - | 51 | 31 | 148 |
| 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** | **Feb-19** | **Mar-19** | **Apr-19** |
| Percentage of inpatients followed up within 7 days of discharge | - | 93.8% | 95.1% | 95.8% |
| Percentage of inpatients followed up within 7 days of discharge (quarterly data) | 95% | - | 95.4% | - |
| Percentage of inpatients followed up within 3 days of discharge | - | 71.9% | 76.2% | 79.2% |
| Number of service users in community mental health team care (caseload) | - | 4,860 | - | 5,038 |
| Percentage of referrals seen (face to face) w/in 15 days by a community mental health team | 80% | 83.3% | 82.0% | 80.1% |
| Percentage of referrals to memory services seen (face to face) within 8 weeks (quarter to date) | 90% | 88.7% | 91.0% | 87.2% |
| Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date) | 50% | 59.9% | 64.2% | 77.1% |
| **Services:  Clinical Record Keeping** | **Target** | **Feb-19** | **Mar-19** | **Apr-19** |
| Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS) | 95% | 97.4% | 97.2% | - |
| Percentage of service users with ethnicity recorded (NHS Standard Contract) | 90% | 85.2% | 84.3% | 88.6% |
| Percentage of in scope patients assigned to a mental health cluster | - | 89.1% | 87.9% | 88.3% |
| Percentage of Care Programme Approach Formal Reviews within 12 months | 95% | 86.7% | 86.0% | 84.6% |
| Timely Communication with GPs: Percentage notified in 7 days | - | 38.3% | 35.3% | 24.8% |
| Timely Communication with GPs: Percentage notified in 24 hours (Discharges only) (quarter to date) | 80% | - | - | - |
| **Quality: Our effectiveness** | **Target** | **Feb-19** | **Mar-19** | **Apr-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) | - | 88.9% | 87.3% | 84.4% |
| Classic Safety Thermometer: Percentage of harm free care (point prevalence survey) | 95% | 100.0% | 98.2% | 98.2% |
| Percentage of service users in Employment | - | 15.9% | 15.9% | 15.7% |
| Percentage of service users in Settled Accommodation (definition reviewed and changed from August) | - | 81.3% | 81.6% | 80.9% |

## Performance and Quality Metrics Summary continued

| Quality: Caring / Patient Experience | Target | Feb-19 | Mar-19 | Apr-19 |
|---|---|---|---|---|
| Friends & Family Test: Percentage recommending services | - | 77.8% (45) | 75% (12) | 75% (12) |
| Mortality: | Qrterly | - | - | - |
| · Number of deaths reviewed | Qrterly | - | 88 | - |
| · Number of deaths reported as serious incidents | Qrterly | - | 11 | - |
| · Number of deaths reported to LeDeR | Qrterly | - | 8 | - |
| Number of complaints received | - | 20 | 19 | 12 |
| Percentage of complaints acknowledged within 3 working days | - | 100.0% | 100.0% | 100.0% |
| Percentage of complaints allocated an investigator within 3 working days | - | 78.0% | 78.0% | 27.0% |
| Percentage of complaints completed within timescale agreed with complainant | - | - | - | 81% |
| Number of enquiries to the Patient Advice and Liaison Service (PALs) | - | 171 | 121 | 99 |
| Quality: Safety | Target | Feb-19 | Mar-19 | Apr-19 |
| Number of incidents recorded | - | 908 | 916 | 963 |
| Percentage of incidents reported within 48 hours of identification as serious | 100% | 100% (2) | 100% (6) | 100% (3) |
| Number of never events | 0 | 0 | 0 | 0 |
| Number of restraints and restrictive interventions | - | 110 | 104 | 140 |
| No. of patients detained under the Mental Health Act (includes Community Treatment Orders/conditional discharges) | - | 467 | 470 | 476 |
| Adult acute including PICU: % detained on admission | - | 60.0% | 68.0% | 66.7% |
| Adult acute including PICU: % of occupied bed days detained | - | 81.3% | 80.7% | 84.4% |
| Number of medication errors | Qrterly | - | 132 | - |
| Percentage of medication errors resulting in no harm | Qrterly | - | 93.2% | - |
| Safeguarding Adults: Number of advice calls received by the team | - | 71 | 83 | 38 |
| Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care | - | 4% (3) | 3.6% (3) | 10.5% (4) |
| Safeguarding Children: Number of advice calls received by the team | - | 21 | 29 | 12 |
| Safeguarding Children: Percentage of advice calls to safeguarding that resuled in a referral to social care | - | 19% (4) | 24.1% (7) | 25% (3) |
| Number of falls | - | 66 | 90 | 78 |

# Performance and Quality Metrics Summary continued

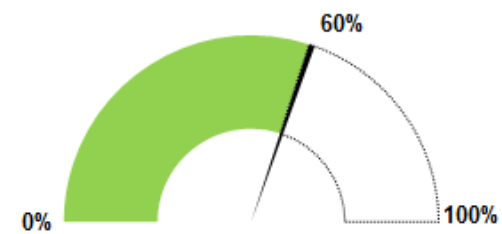| Our Workforce | Target | Feb-19 | Mar-19 | Apr-19 |
|---|---|---|---|---|
| Percentage of staff with an appraisal in the last 12 months | 85% | 82.8% | 85.3% | 84.2% |
| Percentage of mandatory training completed | 85% | 88.9% | 89.2% | 89.7% |
| Safeguarding: Prevent Level 3 training compliance (month end snapshot) | 85% | 93.0% | 94.0% | 95.0% |
| Percentage of staff receiving clinical supervision | 85% | 81.9% | 81.5% | 80.4% |
| Staff Turnover (Rolling 12 months) | 8-10% | 8.9% | 10.0% | 10.2% |
| Sickness absence rate (Rolling 12 months) | 4.6% | 4.8% | 4.9% | 5.0% |
| Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months) | 14.7% | 13.0% | 13.3% | 13.7% |
| Percentage of sickness due to Mental Health & Stress (rolling 12 months) | 15.0% | 34.3% | 36.2% | 38.9% |
| Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage) | - | 25.0% | 24.2% | 25.3% |
| Band 5 inpatient nursing vacancies (number) | - | 58.7 | 54.6 | 56.9 |
| Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage) | - | 3.7% | 0.2% | 1.0% |
| Band 6 inpatient nursing vacancies (number) | - | 3.2 | 0.2 | 0.8 |
| Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage) | - | 26.5% | 26.5% | 4.1% |
| Band 5 other nursing vacancies (number) | - | 29.8 | 29.8 | 3.9 |
| Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage) | - | 0.0% | 0.3% | 7.1% |
| Band 6 other nursing vacancies (number) | - | 0.0 | 0.6 | 18.4 |
| Percentage of vacant posts (Trustwide; all posts) | - | 11.0% | 11.2% | 11.1% |

# Overview of Finance
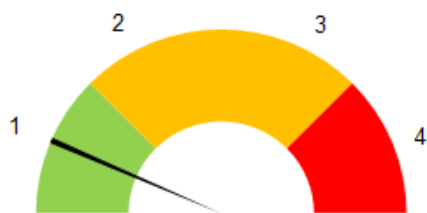


Single Oversight Framework – Finance Score
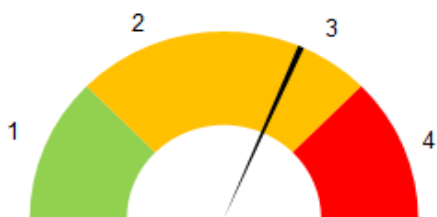
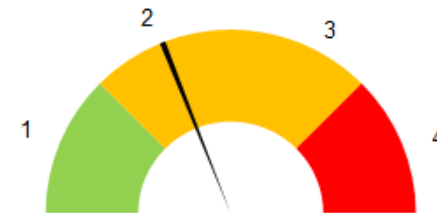Income and Expenditure Position (£000s)
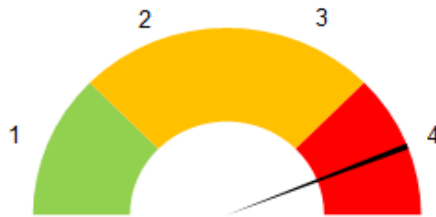
Cost Improvement Programme (£000s)

Cash (£000s)

Capital (£000s)

Agency spend (£000s)

# Finance metrics

| Finance | Target | Feb-19 | Mar-19 | Apr-19 |
|---|---|---|---|---|
| Single Oversight Framework: Overall Finance Score | 1 | 1 | 1 | 3 |
| Single Oversight Framework: Income and Expenditure Rating | 1 | 1 | 1 | 4 |
| Income and Expenditure: Surplus | | £28.75m | £30.03m | -£0.29m |
| Cost Improvement Programme versus plan (% achieved) | 100% | 99.6% | 100.0% | 60.5% |
| Cost Improvement Programme: achieved | | £2.62m | £2.89m | £0.15m |
| Single Oversight Framework: Cash Position Liquidity Rating | 1 | 1 | 1 | 1 |
| Cash Position | - | £68.06m | £69.42m | £70.44m |
| Capital Expenditure (Percentage of plan used) (YTD) | 100% | 84.0% | 96.4% | 121.4% |
| Single Oversight Framework: Agency Spend Rating | 1 | 2 | 2 | 2 |
| Agency spend: Actual | - | £4.70m | £5.14m | £0.50m |
| Agency spend (Percentage of capped level used) | - | 104.0% | 104.0% | 119.0% |
| | | | | |

# Finance metrics continued

| | |
|---|---|
| **Single Oversight Framework - Finance Score**<br><br>The Trust did not achieve the planned Finance Score at month 01 with an overall Finance Score of 3 (planned 2). | **Income and Expenditure Position (£000s)**<br><br>£0.29m deficit income and expenditure position at month 01. Overall net deficit is £9k behind plan. |
| **Cost Improvement Programme (£000s)**<br><br>CIP performance at month 01 is under the plan of £0.25m, CIP achieved £0.15m (60% of plan). | **Cash (£000s)**<br><br>The cash position of £70.44m is £1.08m below plan at the end of month 01 and achieved a liquidity rating of 1 (highest rating). |
| **Capital (£000s)**<br><br>Capital expenditure (£0.15m) is ahead of plan at month 01 (121% of plan). | **Agency spend (£000s)**<br><br>Compares actual agency spend (£0.50m at month 01) to the capped target set by the regulator (£0.42m at month 01). The Trust reported agency spending 19% above the capped level and achieved a rating of 2. |
| **Areas of Financial Risk as at April 2019**<br><br>• OAPs run rate deterioration.<br>• CIP performance.<br>• Wards overspending.<br>• Agency spending run rate. | |

# Trust Board Assurance: Points to note, key issues and risks:

**Access and responsiveness:** During April, the Trust met its access standards for assessments by the in-reach liaison team within 24 hours, the community learning disability team referrals seen within 4 weeks and referrals seen within 15 days by the community mental health team. Significant improvement continues to be seen in the 13 week wait from referral to start of an autism assessment rising by almost 40% between January and April. A number of new access and quality measures have been introduced in this report as part of the go-live of the Crisis Resolution and Intensive Support Service (CRISS). It is very much early days for the service and time is being spent on understanding and using the data now available. With the aim of the CRISS service being short term crisis resolution and intensive home treatment, the Trust is monitoring caseload with a target of 70% of service users to remain with CRISS for less than 6 weeks. This is based on discharges from CRISS and as the service had only been running for 5 weeks at the end of April, the data shows 100%. Although it is only measured quarterly, the Trust tracks performance against the two standards for memory services (8 weeks to assessment and 12 weeks to diagnosis). There was small dip in performance for the assessment standard as staff transitioned to new teams, with a gap in administrative cover at go-live, particularly in one locality. Cove ris being provided by moving staff and using temporary staff.

**Quality:** The Trust again achieved the 95% standard for following up service users post discharge from hospital within 7 days; almost 80% of these were completed within 3 days. Achieving 80% for 3 day follow up has become a commissioning for quality and innovation (CQUIN) standard for 2019/20 (from quarter 3 onwards) but will only be applicable for services commissioned by Leeds clinical commissioning group. Monitoring in this report currently includes all services. Included for the first time, is the community learning disability team's performance against its standard for ensuring care plans are up to date and reviewed within each 12 month period. This is under the standard of 90% and the service are reviewing their data to understand where any gaps may be.

**Capacity:** Issues with flow and capacity came to the fore in March with delayed discharges reaching 20% for our acute inpatient wards and bed occupancy on these wards remaining over 100% leading to an increase in inappropriate out of area bed days. Whilst delayed transfers of care for these wards did reduce in April, bed occupancy remained over 100% and the number of inappropriate out of area bed days increased with 21 acute adult and psychiatric intensive care service users remaining out of area at the end of April. It will take time for a number of the schemes the Trust is introducing during 19/20 (e.g. the crisis house) and for the impact of the redesign of our crisis services to take effect. However, an AMPH qualified social worker has now started in post to assist with delayed discharges and recruitment is underway for a housing officer.

**Clinical Record Keeping:** From April onwards, the data quality maturity index has been expanded to include a wider number of fields (36 by year end) within the Mental Health Services Dataset (MHSDS) and performance wlll be monitored via a CQUIN for 2019/20. This will be based on achieving 90-95% from Q2 onwards. The construction of the metric is being reviewed internally and some changes to our submission are being made in light of this. The electronic transfer of inpatient discharge letters went live in mid-February, the Trust is aware that performance is poor against this standard as there is a known backlog in dictation and sign off of discharge summaries by senior medical staff on the wards, particularly where there are medical staffing issues. The medical leadership team are looking at ways to clear this backlog.

**Patient Experience:** A new metric has been included this month to show the percentage of complaints responded to within the timescale agreed with the complainant rather than the arbitrary 30 days that neither reflects the complexity of some complaints nor the quick resolution of others. During April, 11/13 complaints were completed within the agreed timeframe. There was a notable drop in the percentage of complaints allocated an investigator within 3 days. This has been attributed to capacity within teams but relates to small numbers with (8 allocated within 7 days rather than 3).

**Workforce:** Whilst targets for mandatory training and Safeguarding Level 3 PREVENT training remained above standard at the end of April, appraisal dipped very slightly below at 84.2%. Clinical supervision remains below the 85% target. Following the redesign of our community services, the profile of nursing vacancies in non-inpatient settings has shifted with an increase in the overall establishment of Band 6 posts and a decrease in Band 5 posts. There is also an increase in the number of Band 5 & Band 6 posts that have been filled.

| | AGENDA ITEM |
|---|---|
| | **13** |

## MEETING OF THE COUNCIL OF GOVERNORS

| **PAPER TITLE:** | Trust Priorities and Summary of Our 2019 – 2020 Operational Plan |
|---|---|
| **DATE OF MEETING:** | 16 July 2019 |
| **PRESENTED BY:** (name and title) | Sara Munro, Chief Executive |
| **PREPARED BY:** (name and title) | Amanda Burgess, Strategic Development Manager |

| **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 report provides an overview of our 2019 – 2020 Operational Plan which was submitted to NHS Improvement/NHS England on Thursday 4 April 2019. This document is required to demonstrate that we have plans in hand to deliver improvements for the people who use our services and remain a 'going concern'.

Our 2019/20 Operational Plan sets out the strategic priorities for delivery, along with what they mean for our workforce, estate, IT and finance. These are the collective priorities that have been agreed and will be led by our Executive Team during 2019/20 and have been approved by the Board of Directors in March 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** |
|---|

Members of the Council of Governors are asked to:

▪ Note the 2019 – 2020 strategic priorities agreed by the Board of Directors as part of our Operational Plan.

**MEETING OF THE COUNCIL OF GOVERNORS**

**TUESDAY 16 JULY 2019**

**TRUST PRIORITIES & SUMMARY OF OUR 2019 – 2020 OPERATIONAL PLAN**

### 1.   Purpose

This report provides an overview of our 2019 – 2020 Operational Plan (Trust business plan) which was submitted to NHS Improvement/NHS England on Thursday 4 April 2019.  This document is required to demonstrate that we have plans in hand to deliver improvements for the people who use our services and remain a 'going concern'.

Our 2019/20 Operational Plan sets out the strategic priorities for delivery, along with what they mean for our workforce, estate, IT and finance.  These are the collective priorities that have been agreed and will be led by our Executive Team during 2019/20 and have been approved by the Board of Directors in March 2019.

### 2.   Operational Plan 2019 – 2020

Each year NHS providers are required to produce an Operational Plan that is designed to test out that we can demonstrate the delivery of safe, high quality services that meet the NHS Constitution standards within available resources.  The development of operational plans for 2019/20 enables both NHS Improvement/England to understand how providers are:

- Improving productivity and efficiency
- Eliminating provider deficits
- Reducing unwarranted variation in the quality of care
- Incentivising systems to work together to redesign patient care
- Improving how we manage demand effectively
- Improving how we make better use of capital investment

Our draft 2019/20 Operational Plan was submitted to NHS Improvement/England on Tuesday 12 February, with our final version being submitted on Thursday 4 April.

**Five year Strategic Plan**
In addition to an Operational Plan, each Sustainability and Transformation Partnership (STP) and/or Integrated Care System (ICS) footprint will be expected to produce a five-year strategic plan, covering the period 2019/20 to 2023/24.  This is in response to the release of the NHS Long Term Plan with the expectation that all strategic plans will be published in November 2019.

Led by the STP/ICS this process will include a full staff and public engagement during the summer of 2019, to support the development of the strategic plan.  It is envisaged that the strategic plan will set out the 'end state' on the structural changes that include integrated care partnerships (ICPs), acute physical and mental health service collaboration, partnership commissioning at place and West Yorkshire and Harrogate level, oversight and mutual accountability.

## 3.  Organisational priorities 2019/20

Our 2019/20 Operational Plan describes our priorities for delivery.  The identification of these priorities has been based on our responsiveness to known or expected commissioning intentions that aligns to our core activity.  All priorities are fully aligned with our overall financial plan.

These priorities reflect the most significant and cross cutting work programmes which have executive leadership and ensure delivery of service improvements in line with our overall direction of travel.  There are likely to be additional programmes of work the Executive Management Team agree to prioritise in response to wider changes across the West Yorkshire ICS, Leeds Plan, and commissioner intentions.  Therefore we need to maintain a degree of flexibility and pragmatism. All the priorities identified in this paper are core to the work of the care groups and corporate teams going forward.

The table at **appendix one** outlines all our strategic priorities for delivery in 2019/20 and the named Executive Director that will be leading each piece of work.

## 4.  Recommendation

Members of the Council of Governors are asked to:

- Note the 2019 – 2020 strategic priorities agreed by the Board of Directors as part of our Operational Plan.


Dr. Sara Munro
**Chief Executive**
Monday 1 July 2019

## APPENDIX ONE: 2019/20 Organisational Priorities

| Key deliverables for 2019 – 2020 | | Executive lead |
|---|---|---|
| Key deliverables within our Community and crisis services | Mobilisation of a new community and crisis model for older and working age adults optimising provision within existing resources and developing plans for investment. | Chief Operating officer |
| | Integrate the specialist liaison outpatient model with Leeds Teaching Hospitals NHS Trust (acute provider) specialisms and identify growth opportunities in non-acute outpatient care. | Chief Operating officer |
| | We will ensure the delivery of an enhanced Care Homes Service that offers intensive assessment and support to newly placed care home residents and reduces admission to inpatient services. | Chief Operating officer |
| | In partnership we will develop a new service model for primary care mental health service (incorporating IAPT and primary care mental health) linked with the tender process. Specifically our part in the partnership relates to the development and rollout of primary care mental health services in communities. | Chief Operating officer |
| Key deliverables within our inpatients services | Complex Care (locked rehabilitation) collaborative work in STP with MH providers: explore feasibility of a female locked rehab provision in Leeds and/or elsewhere within the WYSTP footprint. | Chief Operating officer |
| | Develop new models of inpatient rehabilitation provision involving third sector partners in Leeds. | Chief Operating officer |
| | As part of the West Yorkshire Mental Health Programme we will complete a review of the acute/PICU pathway to fully understand capacity and demand impacts upon each organisation and how this can influence the future configuration of the bed base across West Yorkshire. | Chief Operating officer |
| | We will ensure achievement of an agreed out of area placement trajectory for acute and PICU with the underpinning assumption of core mental health investment to provide out of hospital alternatives to admission. | Chief Operating officer |
| | Using a nationally recognised acuity tool we will complete a review of the level of staffing across our inpatient services. | Chief Operating officer<br><br>Director of Nursing & Professions |
| | Implement the Acute Care Excellence programme of work to address clinical variation and in particular length of stay across our acute wards. | Chief Operating officer |
| Key deliverables within our specialist and learning disability services | Evaluate the new models of care for adult eating disorders via the STP. | Chief Operating officer |
| | We will ensure the delivery of a Perinatal Community Service that will see clear referral pathway for psychological therapies for Leeds service users and work with colleagues across the region to ensure an agreed perinatal pathway across the spectrum of perinatal mental illness. | Chief Operating officer |
| | Develop our gender identity services and actively participate in the national procurement process. | Chief Operating officer |
| | Implement a new forensic community outreach model (including in-reach) that provides specialist community support and intervention for service users with on-going significant / complex mental health needs leaving secure care, and/or who present a significant potential risk to others or exhibit serious offending behaviour. | Chief Operating officer |
| | Mobilise the new northern NHS Gambling service (in collaboration with GamCare). | Chief Operating officer |
| | As part of the new care model for York CAMHS we are working with our commissioners to redefine our clinical model, including recalibrating the bed base across the wider STP patch. | Chief Operating officer |

**integrity | simplicity | caring**

| Key deliverables for 2019 – 2020 | | Executive lead |
|---|---|---|
| | Working in collaboration with the other providers across West Yorkshire develop a standard future model for Learning Disability assessment and treatment inpatient care, as a networked service working to the same standards.

Linked with the Leeds Transforming Care Partnership Programme for people with learning disabilities, we will be developing an intensive community service that provides intensive and transitional support enabling people with learning disabilities to step down from hospital much sooner.

We are also developing a business case to provide a step down/supported living service for 6-7 individuals with learning disabilities in partnership with a housing provider. | Chief Operating officer |
| Key deliverables within our support services | Implementation of a new replacement electronic patient record system across the Trust. | Medical Director

Chief Financial Officer |
| | Seek agreement through a full business case process a new build development that will see the relocation of the National Inpatient Centre for Psychological Medicine (NICPM). | Chief Financial Officer |
| | In partnership with Leeds Community Healthcare, build a new inpatient facility for children and young people across West Yorkshire. | Chief Financial Officer |
| | Commence our ward refurbishment programme that will see the transfer of our acute ward based at the Newsam Centre relocated to the Becklin Centre. | Chief Financial Officer |
| | Implementation of our workforce and organisational development plans, including staff engagement, OD expertise, well-being, retention and management of change capacity. | Director of Organisational Development & Workforce |
| | Implementation of the actions pertaining from our review of patient experience and delivery of improvements identified. | Director of Nursing & Professions |
| | Commence implementation of the defined model for quality improvement and ensure delivery of the supporting workstreams already underway.  This will include the outcome from the review undertaken by the Institute for Healthcare Improvement. | Medical Director |
| | Organisational readiness for our 2019 CQC inspection process. | Director of Nursing & Professions |
| | Delivery of Emergency Preparedness, Resilience and Response standards and business continuity arrangements associated with a no-deal EU exit (Brexit). | Chief Operating Officer |

## MEETING OF THE COUNCIL OF GOVERNORS

| | |
|---|---|
| **PAPER TITLE:** | Update on the Trust's Sustainability Development Management Plan |
| **DATE OF MEETING:** | 16 July 2019 |
| **PRESENTED BY:** (name and title) | Sue White, Non-Executive Director |
| **PREPARED BY:** (name and title) | Chris Hayes, Environment & Sustainability Manager |

| **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

1. Background

Climate change is now recognised as one of the most serious threats to the continued health and wellbeing of the global population. The impacts of global warming are being felt worldwide and the scientific community is in agreement that unless immediate action is taken, the negative effects of rising global temperatures will worsen. Inevitably the most vulnerable groups within society, who are least able to cope, will be most affected. It is therefore vital that action is taken at all levels to develop and implement effective strategies, not only to reduce carbon emissions, but to also apply the broader principles of sustainable development.

2. Aims of the Plan

The Sustainable Development Management Plan (SDMP) is a Board-approved, strategic organisational plan which sets out the Trust's ambitions for its sustainable development over the next five years. A sustainable development action plan is included as part of the SDMP. The action plan details projects and related activities which will show our continual improvement in sustainability performance and demonstrate our understanding, and commitment to meeting our responsibilities in relation to the sustainability agenda.

The aim of this plan is to ensure that we are best placed to adapt to the future challenges of healthcare delivery brought about by the effects of climate change. In planning for the future, we will consider and balance the environmental, economic and social impacts of our actions. An awareness of the three core principles of sustainable development will influence key actions within this plan and help the Trust to deliver positive benefits to the environment, reduce long term expenditure and build a supportive base in our communities, and wider society. Our ultimate goal is to deliver efficient care services that meet the needs of the present but don't compromise the ability of future generations to meet their own needs.

### 3. Requirement on LYPFT

All NHS provider organisations must have a Board approved Sustainable Development Management Plan (SDMP), to meet the Standard Form Contract requirements for Sustainable Development 2017-19 and HM Treasury's Sustainability Reporting Framework. These plans are widely considered to be a measure of a 'well led organisation' and form a key part of sustainable healthcare delivery, by making sure that services provided today are fit for purpose in the future.

Summary to date:
- Sustainable Development Management Plan (SDMP) approved by the Board – January 2019
- SDMP and Action Plan to be hosted as webpages on the Trust website – Late Summer 2019
- Environmental Champions and wider communications planned to promote the Sustainability agenda from late summer 2019
- Sustainability Management Group (SMG) Established – June 2019 (first meeting held)
- SMG ToR to be finalised
- SMG to meet quarterly and provide quarterly updates to Finance and Performance Committee and the Board
- Action Plan to contain at least two projects/actions for each of the ten areas of focus
- SMG to agree priority actions and set target dates for all actions currently included in the list
- SMG to agree work-streams to progress priority actions
- Benchmark Sustainability performance each year against national standard created by NHS England and Public Health England

| 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** | |

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### RECOMMENDATION

The Council is asked to:-

- Consider the Sustainability Development Management Plan and progress to date.

# Sustainable Development Management Plan

## 2018 - 2023

# Executive summary

Climate change is now recognised as one of the most serious threats to the continued health and wellbeing of the global population. The impacts of global warming are being felt worldwide and the scientific community is in agreement that unless immediate action is taken, the negative effects of rising global temperatures will worsen. Inevitably the most vulnerable groups within society, who are least able to cope, will be most affected. It is therefore vital that action is taken at all levels to develop and implement effective strategies, not only to reduce carbon emissions, but to also apply the broader principles of sustainable development.

The aim of this plan is to ensure that we are best placed to adapt to the future challenges of healthcare delivery brought about by the effects of climate change. In planning for the future, we will consider and balance the environmental, economic and social impacts of our actions. An awareness of the three core principles of sustainable development will influence key actions within this plan and help the Trust to deliver positive benefits to the environment, reduce long term expenditure and build a supportive base in our communities, and wider society. Our ultimate goal is to deliver efficient care services that meet the needs of the present but don't compromise the ability of future generations to meet their own needs.

All NHS provider organisations must have a Board approved Sustainable Development Management Plan (SDMP), to meet the Standard Form Contract requirements for Sustainable Development 2017-19 and HM Treasury's Sustainability Reporting Framework. These plans are widely considered to be a measure of a 'well led organisation' and form a key part of sustainable healthcare delivery, by making sure that services provided today are fit for purpose in the future.

**Dr Sara Munro**

Chief Executive

# Contents

# 1. Introduction

Leeds and York Partnership NHS Foundation Trust is the main provider of specialist mental health and learning disability services in Leeds. We also provide specialist services across York, the Yorkshire and Humber region, and some highly specialised national services. We have an annual turnover of £153 million and currently employ 2,500 people operating out of 20 main sites and delivering care across 50 locations. Service users are at the heart of our activities and each year we care for and support approximately 25,500 people.

Our Clinical services are delivered across two service directorates:

- the Leeds Care Group, which provides adult services that are commissioned by the Leeds Clinical Commissioning Groups
- Specialist and Learning Disabilities Care Group, which provide NHS England specialist services, some Clinical Commissioning Groups and Local Authority commissioned services.

This Sustainable Development Management Plan (SDMP) is a Board-approved, strategic organisational plan which sets out the Trust's ambitions for its sustainable development over the next five years.

A live sustainable development action plan is included as part of the SDMP. The action plan details projects and related activities which show our continual improvement in sustainability performance and demonstrate our understanding, and commitment to meeting our responsibilities in relation to the sustainability agenda.

## 2. What is sustainable development?

The term sustainable development was coined in the paper *Our Common Future*, *World Commission on Environment and Development*, presented in 1987 by the Brundtland Commission. This most frequently cited definition of the concept states that sustainable development is:

*"Development that meets the needs of the present without compromising the ability of future generations to meet their own needs".*

There are two key concepts at play in this definition. The concept of "needs", in particular the essential needs of the world's poorest people, to which they should be given overriding priority and the concept of limitations, limitations on the environment's ability in terms of yielding resources to meet both present and future needs. These limitations are imposed by the state of technology and social organisation. Sustainable development promotes the idea that the progress of the three core tiers – environmental, social and economic needs are all attainable within the limits of the earth's natural resources. The three tiers in relation to our Trust are explained further below.

**Tier 1 Environmental:** The impacts of our activities on the local, national and global environment with a focus on reducing or eliminating negative environmental impacts and promoting positive opportunities.

**Tier 2 Social:** The impacts of our activities on local, national and global communities. More broadly, how we can use our influence positively to address growing health and social inequalities.

**Tier 3 Economic:** The impacts of our financial activities. This includes the effect sustainable development activity has on our short, medium and long-

term financial position and how the way we spend our money can have a positive effect on the local socio-economics of communities.



Figure 1. The three tiers of Sustainable Development

# 3. Drivers for change

The table opposite sets out the drivers for change from the Sustainable Development agenda which are relevant to Trust activities. These drivers for change are broadly arranged into five key categories: Legislative Requirements, Mandatory Requirements, International Guidance, UK Guidance and Health Specific Requirements.

The detail and requirements / obligations of each driver support activity which will underpin the delivery of our own long term financial, environmental and social sustainability and help contribute to national change across the wider NHS.

| Key Category | Drivers for change |
|---|---|
| **Legislative Requirements** | • Civil Contingencies Act 2004<br>• Climate Change Act 2008<br>• Public Services (Social Values) Act 2012 |
| **Mandatory Requirements** | • Standard Form Contract requirements for Sustainable Development 2017-19<br>• HM Treasury's Sustainability Reporting Framework<br>• Public Health Outcomes Framework |
| **International Guidance** | • Intergovernmental Panel on Climate Change (IPCC) AR5 2013<br>• United Nations (UN) Sustainable Development Goals (SDG's) 2016<br>• World Health Organisation toward environmentally sustainable health systems in Europe 2016<br>• World Health Organisation (WHO) Health 2020; European policy for Health and Wellbeing<br>• The Global Climate and Health Alliance; Mitigation and Co-benefits of Climate Change |
| **UK Guidance** | • National Policy and Planning Framework 2012<br>• Department of Environment, Food and Rural Affairs (DEFRA) The Economics of Climate Resilience 2013<br>• Department for Environment, Food and Rural Affairs (DEFRA) Government Buying Standards for Sustainable Procurement 2016<br>• The Stern Review 2006; the Economics of Climate Change<br>• Health Protection Agency (HPA) Health Effects of Climate Change 2012<br>• The National Adaptation Programme 2013; Making the country resilient to the changing climate<br>• Department of Environment, Food and Rural Affairs (DEFRA) 25 Year Plan |
| **Health Specific Requirements** | • The Marmot Review 2010; Fair Society, Healthy? Lives<br>• Five Year Forward View 2014<br>• Sustainable Development Strategy for the Health and Social Care System 2014-2020<br>• Adaptation Report for the Healthcare System 2015<br>• The Carter Review 2016<br>• National Institute for Clinical Excellence (NICE) Physical Activity; walking and cycling 2012<br>• Health Technical Memoranda (HTM)'s and Health Building Notes (HBN)'s<br>• Sustainable Transformation Partnerships (STP) Plans |

Figure 2.Our key drivers for change

# 4. Trust vision

We have adopted the following vision for our Sustainable Development:

*"We recognise that Sustainable Development is a critical factor in realising our ambition to become an outstanding healthcare provider. We are therefore dedicated to ensuring we create and embed sustainable models of care throughout our operations and to ensuring our activities, and our estate, are as efficient, sustainable and resilient as they possibly can be".*

The delivery of this SDMP will aid the Trust's progress in:

- Reducing its environmental, social and financial impacts
- Supporting a healthy and resilient workforce
- Delivering financial savings and resource efficiencies through long-term investment
- Increasing its resilience
- Considering its local impact both positively and negatively
- Creating social value
- Driving innovation and best use of technology
- Leading by example

To demonstrate how the sustainability agenda links into every aspect of our service delivery, the primary actions contained in the sustainable development action plan have been mapped against the Trust's strategic objectives in its five year strategy: "Living our Values to Improve Health and Lives 2018 – 2023"

- Strategic Objective One:

  *"We deliver great care that is high quality and improves lives."*

- Strategic Objective Two:

  *"We provide a rewarding and supportive place to work."*

- Strategic Objective Three:

  *"We use our resources to deliver effective and sustainable services."*

**Dawn Hanwell**
Chief Financial Officer & Deputy Chief Executive

**Sue White**
Non-Exec Director & Board Lead for Sustainability

# 5. Areas of focus

The following ten areas of focus form the basis of our action plan:

**1. Corporate Approach**
**2. Asset Management and Utilities**
**3. Travel and Logistics**
**4. Climate Adaptation**
**5. Estates Strategy / Capital Projects**
**6. Green Space and Biodiversity**
**7. Sustainable Care Models**
**8. Our People and Culture**
**9. Sustainable use of Resources**
**10. Carbon Emissions and Green House Gases (GHG)**

These areas are aligned with the 10 modules of the Sustainable Development Assessment Tool (SDAT). In the first instance, the SDAT will be used to measure, monitor and report our performance. It will also be used as demonstration of our continual improvement and provide an approved process against which we can benchmark our performance against similar NHS providers.

This alignment also ensures that the Primary Actions contained in our action plan are linked to, and measured against, the United Nations (UN) Sustainable Development Goals (SDG's) many of which have a direct link to health, as can be seen in figure 3 below.



Figure 3. The United Nations Sustainable Development Goals

## 5.1 Corporate approach

Our approach to Sustainable Development actions will evidence clear links between our vision and values and supporting the delivery of our corporate strategy. For example: Communication and engagement with our workforce, forming a Sustainability Strategy Group to oversee progress, benchmarking against other healthcare providers and to ensure LYPFT operates to ISO14001 accredited Environmental Management System (EMS).

## 5.2 Asset management and utilities

This area addresses the management of our organisational assets. This includes our large assets – mainly buildings - and smaller assets such as laptops and mobile phones. It will also include our vehicles. The aim of these actions is to reduce operational resource use and cost. For example: including a sustainability evaluation as we develop business cases; replacing our existing assets with more energy efficient alternatives and trying to buy renewable (green) electricity.

## 5.3 Travel and logistics

The focus of this area is looking at the impacts of staff travel and the logistics associated with our activities and service provision. We will use the Health Outcomes Travel Tool (HOTT) to evaluate and report impacts from these activities and, as our understanding develops, to extend improvements into the wider supply chain. For example: we will move away from vehicles that run on fossil fuel and increase the number of electric or hybrid vehicles in our fleet. We will install electric charge points to encourage electric vehicle use and better use technology to reduce non-patient related business travel.

## 5.4 Climate adaptation

Changes we make to reduce the risks of climate change will be linked directly to a Climate Change Adaptation Risk Assessment. This will provide a way of assessing the risks on our register against the readiness of our estate and infrastructure to respond to severe weather events and associated impacts e.g. extreme heat/cold, flooding, migration of pests / disease.

## 5.5 Estates strategy / capital projects

This area focuses on new build and refurbishment projects and the need to consider environment and sustainability during planning, design and construction. Actions will focus on our approach to energy efficiency (including energy, water and waste), the use of natural materials and the redesign of space and services to support the delivery of sustainable models of care. An example of this is our work to make better use of the space in our buildings to reduce the number of buildings we need to run.

## 5.6 Green space and biodiversity

Green space and biodiversity play an important role in supporting staff wellbeing and service user recovery, particularly within mental health. This area of action focusses on getting green space into clinical and working environments either directly on sites or on adjacent sites. This can include tree planting, integrated allotment space for non-standard therapy and placing bee boxes on site roofs. Designers can also look to integrate the principles of sustainability into new build and/or refurbishment projects.

## 5.7 Sustainable care models

This area looks at the way clinical services are delivered and considers whether this makes best use of our resources, finance and infrastructure to deliver the best care and outcome for our patients. If we feel this isn't happening, services can focus their efforts on change or whole service redesign, to make sure they are fit for purpose now and for the future.
Sustainable models of care cut across organisational boundaries and look at the co-benefits of new ways of delivering care e.g. telemedicine, which can provide face-to-face consultation for follow up appointments with no need for the patient to travel. This can reduce time pressures on staff; reduce the need for patients to travel to an appointment (which may not be local to them) which can help to reduce congestion and local air pollution.
A key element of our services is to prepare our service users for transition back into the community. Projects to help support this through the development of essential skills and competencies will be a key focus.

## 5.8 Our people and culture

This area focuses on education, behaviour change and development of our workforce through targeted initiatives. Embedding the right culture is essential to our ambition to deliver sustainable healthcare. Actions will aim to ensure people understand what the Trust expects from them. For example: Improving staff understanding of our sustainability agenda during recruitment and induction, training programmes and objectives in annual appraisal reviews in relation to sustainability related to their specific job roles. We will also make sure we have enough people to manage sustainability activities and champion efficient and effective behaviours within teams.

## 5.9 Sustainable use of resources

We know we must maximise sustainable use of resources such as water, waste, fuel and high carbon materials. We will focus on: lowering building energy use, reducing water use, reducing single use plastic items, purchasing more products with recycled content, managing waste effectively, in line with the waste hierarchy and using locally sourced goods and services wherever possible.

## 5.10 Carbon emissions and greenhouse gases (GHG)

This section addresses how we measure and report our organisational carbon footprint (the carbon impact of our activities and services). The emission sources we report on are provided in figure 4 'Sustainability Report Emissions Inventory' overleaf. Our actions will aim to reduce emissions from targeted sources or carbon "hot-spots" and our total carbon footprint by introducing carbon reduction targets.

# 6. Reporting our progress

Annual reporting on sustainability is mandatory and to be expected if we are to effectively demonstrate and track our progress. The Sustainable Development Unit's (SDU) Sustainability Reporting Portal (SRP) will be employed to input, generate and publish our sustainability report. This will ensure a consistency in methodology, adherence to sector best practice and a consistent reporting format.

Our sustainability report will provide our total organisational carbon footprint for the current financial year, broken down into additional specific reporting provided for each of the emission sources, as defined in the table opposite.

The sustainability report will also include a summary of our progress against each of the primary actions contained in the sustainable development action plan. In line with our commitment to benchmark our performance annually using the SDAT, our SDAT score will be used as a proxy for overall sustainability performance and will also be published in our sustainability report as well as being referenced in this plan.

Progress against the primary actions detailed in the action plan will be reported to the Board on a six monthly basis. Once a primary action is achieved, a new one will be added, so that the action plan remains a "live" document of our progress. This approach will demonstrate continuous improvement and reflect the ever changing nature of our service provision and shifting improvement priorities.

We will use the sustainability section of our annual report to present our sustainability report and support the assurance process for meeting legal, reputational and policy requirements.

| Reporting Category | Emission Sources / Metrics |
|---|---|
| **Organisational carbon footprint** | • Total $tCO_2e$ reported in relation to progress towards achieving the Climate Change Act reduction targets |
| **Scope 1: Direct emissions** | • Natural gas use ($kWh/tCO_2e$)<br>• Oil and coal use ($kWh/tCO_2e$)<br>• Business travel: owned and leased ($mi/tCO_2e$)<br>• Fugitive emissions: AC/ anaesthetic gases ($l/tCO_2e$) |
| **Scope 2: Indirect emissions** | • Electricity consumption ($kWh/tCO_2e$)<br>• Imported heat/steam ($kWh/tCO_2e$)<br>• Business travel: Electric Vehicles, owned and leased vehicles ($mi/tCO_2e$) |
| **Scope 3: Indirect emissions** | • Water consumption ($m^3/ tCO_2e$)<br>• Treatment of waste water ($m^3/tCO_2e$)<br>• Waste generation ($t/ tCO_2e$)<br>• Procurement activity ($£/tCO_2e$)<br>• Business travel: grey fleet ($mi/tCO_2e$)<br>• Business travel: taxis, rail, air ($mi/tCO_2e$) |
| **Emission sources outside scope** | • Electricity generation of on-site renewables ($kWh/tCO_2e$) |

Figure 4. Sustainability report emissions inventory

# 7. Governance

Our [Sustainability Policy](#) provides us with the framework to manage our environmental performance. In addition we will set up a Sustainability Strategy Group to co-ordinate the ongoing implementation and progress of the Sustainable Development Management Plan, with the following contributors:

- Board Lead for Sustainability Non-Executive Director (Chair)
- Environment and Sustainability Manager (Co-Chair)
- Chief Financial Officer & Deputy Chief Executive
- Head of Estates and Facilities

Representation from the following Services:

- Procurement
- Logistics
- Finance
- HR
- Clinical teams
- Communications

The SDMP and associated Action Plan will be monitored, updated and co-ordinated by the Environment and Sustainability Manager.

We will establish a network of Sustainability Champions from across the Trust to support and assist in the delivery of primary actions and to raise awareness amongst stakeholders.

# 8. Communication

We will share our SDMP internally and externally.

Internal Communication:

- Digitally available via our intranet
- Hard copies for distribution (new starters via the Market Place session at corporate induction).
- Promote primary actions and updates in our Trust-wide and Staffnet bulletins.

External Communication:

- Available as an online web-based version from the Trust's website
- Annual updates and progress via the Trusts Annual Report and Accounts

# 9. Annual summary & SDAT scores

Over the last 12 months the Trust has achieved significant progress in shaping a future proofed, flexible and higher performing estate as a result of its [Estates Strategic Plan 2018-21](#) (ESP). The ESP continues to drive improvements in the flexibility, utilisation, performance, cost and long-term sustainability of our current estate and is a key contributor to reducing the Trusts organisational carbon footprint by focusing on the one public sector estate, and divestment of properties not deemed fit for purpose. Future ESP projects are incorporated into our sustainable development action plan, under the Estates strategy / capital projects area.

Successful projects delivered this year include:

- Disposal of four owned sites (The Cottage St Mary's House, Malham House, Springfield House and Southfield House) where design, flexibility, performance and long-term sustainability had been assessed as poor.
- Re-Provision and extensive upgrading of two sites including St Mary's House South Wing site with upgrades to LED lighting, installation of energy efficient heating ventilation and air conditioning systems (HVAC), and utilisation of technology to deliver improved performance such as automated room booking systems and kettle taps.

The table opposite is updated annually following completion of our benchmarking exercise using the Sustainable Development Assessment Tool (SDAT). The results of the benchmarking assessments are then used to further identify areas for inclusion in our Sustainable Development Action Plan.

Prior to 2018, the last time we performed a sustainability benchmarking exercise was in 2014 – 2015 using the old version of the SDAT, the Good Corporate Citizen Assessment (GCC). We have chosen to include our last GCC score for completeness, although it should be noted that due to changes in the structure of the new tool, backwards scoring does not really allow for comparison.

| Scoring Period | SDAT Score | % Change |
|---|---|---|
| FY **2014 – 2015** | **23% (GCC)** | **N/A** |
| FY **2018 - 2019** | **35%** | **N/A** |
| FY **2019 - 2020** | | |
| FY **2020 -2021** | | |
| FY **2021 - 2022** | | |
| FY **2022 - 2023** | | |

Figure 5. Our sustainable development assessment scores

Produced by: **Estates and Facilities Department**

Document Author: **Christopher Hayes (Environment & Sustainability Manager)**

Last updated: **25th January 2019**

Document Ref: **EMSSDMP01**

*For further information please contact the Environment & Sustainability Manager below:*

*Christopher Hayes*
*Estates & Facilities*
*Leeds & York Partnership NHS Foundation Trust (LYPFT)*
*St Marys Hospital*
*Greenhill Road*
*Armley*
*Leeds*
*LS12 3QE*

*Tel: 01138552328*
*Email: christopher.hayes3@nhs.net*

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

**integrity**

**simplicity**

**caring**

**Primary Action**

| N° | SDAT Module | Date Added | Action Title & Description | % Completion | Owners | Target Date | Measurement | Resources | Aligns to Trust SO | Aligns to SDG |
|---|---|---|---|---|---|---|---|---|---|---|
| 1.1 | 1. Corporate Approach | 01/11/2018 | **Sustainability Strategy Group** *Set up a Sustainability Strategy Group to co-ordinate the ongoing implementation and progress of the SMS & SDAP. Conduct initial meeting and agree schedule of regular meetings* | 100% | CH | 28-May-19 | Meeting Minutes Agenda progress Annual Report & Bi-Annual Update | Time of group members (attendance of scheduled meetings & additional workload) | "We use our resources to deliver effective and sustainable services." | |

**Primary Action**

| N° | SDAT Module | Date Added | Action Title & Description | % Completion | Owners | Target Date | Measurement | Resources | Aligns to Trust SO | Aligns to SDG |
|---|---|---|---|---|---|---|---|---|---|---|
| 1.2 | 1. Corporate Approach | 01/11/2018 | **Initial SDAT Benchmark** *Complete the first assessment using the SDU's SDAT. Include score in SDAP and use results to influence current and future action plan items.* | 100% | CH | 31/03/2019 | Auto-Generated Report (SDAT Score) | Time of participants to complete assessment questions | "We use our resources to deliver effective and sustainable services." | |

**Primary Action**

| N° | SDAT Module | Date Added | Action Title & Description | % Completion | Owners | Target Date | Measurement | Resources | Aligns to Trust SO | Aligns to SDG |
|---|---|---|---|---|---|---|---|---|---|---|
| 1.3 | 1. Corporate Approach | 29/11/2018 | **Annual SDAT Benchmark** *Complete annual benchmark assessment using the SDU's SDAT. Use results to benchmark performance against previous year and influence future action plan items. Achieve a year on year increase of (% increase to be confirmed) on previous score.* | 0% | CH | 31/03/2020 | Auto-Generated Report (SDAT Score) | Time of participants to complete assessment questions | "We use our resources to deliver effective and sustainable services." | |

**Primary Action**

| N° | SDAT Module | Date Added | Action Title & Description | % Completion | Owners | Target Date | Measurement | Resources | Aligns to Trust SO | Aligns to SDG |
|---|---|---|---|---|---|---|---|---|---|---|
| 1.4 | 1. Corporate Approach | 01/11/2018 | **Environmental Management System** *Implement an Environmental Management System (EMS). Gain accreditation to ISO 14001 to support continual improvement of environmental performance.* | 0% | CH | TBC | Certification Assessment outcome | Time of staff engaged Cost of certification, training & legal subscription service | "We use our resources to deliver effective and sustainable services." | |

**Primary Action**

| N° | SDAT Module | Date Added | Action Title & Description | % Completion | Owners | Target Date | Measurement | Resources | Aligns to Trust SO | Aligns to SDG |
|---|---|---|---|---|---|---|---|---|---|---|
| 2.1 | 2. Asset management & Utilities | 01/11/2018 | **Green Energy** *Source a cheaper or comparable supplier to switch all energy over to renewably sourced or least for Trust owned premises (ideally Inc. PFI & NHSPS properties). Produce and progress business case.* | 10% | CH DM | 31/10/2019 | Business case advancement Monitoring of contract performance | Managers time | "We use our resources to deliver effective and sustainable services." | |

**Primary Action**

| N° | SDAT Module | Date Added | Action Title & Description | % Completion | Owners | Target Date | Measurement | Resources | Aligns to Trust SO | Aligns to SDG |
|---|---|---|---|---|---|---|---|---|---|---|
| 3.1 | 3. Travel & Logistics | 01/11/2018 | **Promotion & Use of Electric Vehicles** *EV's Fleet & Community Use plus promotion of staff owned and Charging Infrastructure* | 0% | CH PF DM | 31/03/2020 | Business case advancement Monitoring of uptake/performance | TBC | "We use our resources to deliver effective and sustainable services." | |

| N° | SDAT Module | Date Added | Action Title & Description | % Completion | Owners | Target Date | Measurement | Resources | Aligns to Trust SO | Aligns to SDG |
|---|---|---|---|---|---|---|---|---|---|---|
| 5.1 | 5. Estates Strategy / Capital Projects | 25/01/2019 | **Demise & Redevelopment of St Mary's Hospital site** *Partial demolition and conversion of site to a Brownfield site with the construction of new CAMHS unit rated as BREEAM excellent. This will aid the delivery of sustainability targets and resource efficiencies. In tendering these work packages the Trust will ensure that the environmental impact is limited, and that this is monitored through the programme.* | 0% | DF MC CH | TBC | TBC | TBC | "We use our resources to deliver effective and sustainable services." | |

| N° | SDAT Module | Date Added | Action Title & Description | % Completion | Owners | Target Date | Measurement | Resources | Aligns to Trust SO | Aligns to SDG |
|---|---|---|---|---|---|---|---|---|---|---|
| 5.2 | 5. Estates Strategy / Capital Projects | 25/01/2019 | **Energy Performance of Estate Properties** *We will ensure that all Trust services operate out of modern, flexible, well maintained and energy efficient buildings (technically referred to as Category B in estate definition). This will ensure that the energy performance is rated through Display Energy Certificates (DEC's) as a minimum 'C' (technically defined as low level co2 emission for property not new). Properties not meeting this standard will be divested.* | 0% | DF MC CH | TBC | TBC | TBC | "We use our resources to deliver effective and sustainable services." | |

| N° | SDAT Module | Date Added | Action Title & Description | % Completion | Owners | Target Date | Measurement | Resources | Aligns to Trust SO | Aligns to SDG |
|---|---|---|---|---|---|---|---|---|---|---|
| 5.3 | 5. Estates Strategy / Capital Projects | 25/01/2019 | **Implementation of BMS (Estate-Wide)** *This forms part of the Trusts EQP and will allow for the automated management of the estate including access control, CCTV and PA. The use of this system will allow the Trust to directly control and monitor up to 70% of its energy and integrated systems.* | 0% | DF MC CH | TBC | TBC | TBC | "We use our resources to deliver effective and sustainable services." | |

| N° | SDAT Module | Date Added | Action Title & Description | % Completion | Owners | Target Date | Measurement | Resources | Aligns to Trust SO | Aligns to SDG |
|---|---|---|---|---|---|---|---|---|---|---|
| 8.1 | 8. Our People and Culture | 01/11/2018 | **Sustainability Champions** *Recruit x20 Sustainability Champions: receive training, promote the agenda, increase awareness, assist EMS implementation and progress primary actions.* | 40% | CH | 30/12/2019 | Uptake and feedback | Managers time Time of staff engaged Cost of training | "We provide a rewarding and supportive place to work." | |

**Primary Action**

| N° | SDAT Module | Date Added | Action Title & Description | % Completion | Owners | Target Date | Measurement | Resources | Aligns to Trust SO | Aligns to SDG |
|---|---|---|---|---|---|---|---|---|---|---|
| 8.2 | 8. Our People and Culture | 01/11/2018 | **Induction Engagement** *Develop a Market Place presence during staff induction to promote the SDAP and raise awareness/understanding of the Sustainability Agenda (Waste Management)* | 20% | CH | 30/09/2019 | Uptake and feedback | Managers time | "We provide a rewarding and supportive place to work." | |

**Primary Action**

| N° | SDAT Module | Date Added | Action Title & Description | % Completion | Owners | Target Date | Measurement | Resources | Aligns to Trust SO | Aligns to SDG |
|---|---|---|---|---|---|---|---|---|---|---|
| 9.1 | 9. Sustainable use of Resources | 01/11/2018 | **Warp-It Reuse Scheme** *Launch Warp-it Reuse service to help reduce unnecessary procurement and waste. Save purchasing and disposal costs, help with building clearances, reduce supply chain waste and carbon emissions and improve collaboration between staff and third party organisations. achieve 12 month targets in the first year: 1. 120 registered members 2. £6,000 in savings from avoided procurement spend and waste disposal costs* | 40% | CH | 30/06/2019 | Uptake and feedback Monthly reports (E.tCO2e) | Managers time Administrative work/resource required | "We use our resources to deliver effective and sustainable services." | |

**Primary Action**

| N° | SDAT Module | Date Added | Action Title & Description | % Completion | Owners | Target Date | Measurement | Resources | Aligns to Trust SO | Aligns to SDG |
|---|---|---|---|---|---|---|---|---|---|---|
| 10.1 | 10. Carbon Emissions and Green House Gases (GHG) | 01/11/2018 | **Data Quality & Recording Processes** *Improve quality and completeness of data and recording processes for accurately reporting weaker emission sources: • Business travel: owned and leased (mdtCO2e) • Fugitive emissions: AC/ anaesthetic gases (F.tCO2e) • Water consumption & Treatment of waste water (m3/tCO2e) • Procurement activity (£/tCO2e) • Business travel: grey fleet (miltCO2e) • Business travel: bus, rail, air (miltCO2e)* | 20% | CH DM PF | 31/03/2020 | Annual Sustainability Report | Managers time | 10. Carbon Emissions and Green House Gases (GHG) | |

**Primary Action**

| N° | SDAT Module | Date Added | Action Title & Description | % Completion | Owners | Target Date | Measurement | Resources | Aligns to Trust SO | Aligns to SDG |
|---|---|---|---|---|---|---|---|---|---|---|
| 10.2 | 10. Carbon Emissions and Green House Gases (GHG) | 01/11/2018 | **Sustainability Reporting** *Adopt the SDU's Sustainability Reporting Portal (SRP) to generate this and future years annual sustainability report to ensure a consistency in approach and reporting format as well as adherence to sector best practice.* | 100% | CH | 31/03/2019 | Annual Sustainability Report | Managers time | 10. Carbon Emissions and Green House Gases (GHG) | |

**Primary Action**

| N° | SDAT Module | Date Added | Action Title & Description | % Completion | Owners | Target Date | Measurement | Resources | Aligns to Trust SO | Aligns to SDG |
|---|---|---|---|---|---|---|---|---|---|---|
| 10.3 | 10. Carbon Emissions and Green House Gases (GHG) | 01/11/2018 | **Carbon Reduction Targets** *Following a more complete sustainability report for 2018 - 2019, agree and set carbon reduction targets in this plan, via the sustainability Strategy Group based on reported organisational carbon footprint and hotspots.* | 0% | CH | 31/03/2020 | Annual Sustainability Report | Managers time SSG Time | 10. Carbon Emissions and Green House Gases (GHG) | |

| | Add weighting column to SDAP (F&P suggested that each of the actions in the Sustainable development action plan in section 16 were weighted in terms of potential impact. The Committee agreed this would be useful.) |
|---|---|
| | Sustainability Award scheme - annual award similar to star - trustwide for individual or group/dept recognition and awareness / competition |
| | Cycle Scheme Uptake - double uptake from 18 last year to 36 this year 2019/2020 through induction promotion, roadshows (2.1 year) trustwide promotion & improving staff-et visibility (already moved to staff/zone benefits section) |
| | Encouragement/promotion of use of public transport in partnership with LCC |
| | Sustainability Evaluation in Trust Business Case Template - Procurement |
| | Paper-Light Project (includes long term goal of Digitising Medical Records - realise savings on transportation (Vehicle emissions & cost), storage (costs and emission associated), waste (costs and emissions) |
| | Reduction in single use plastics |
| | Climate Adaptation - Local protocols : Heatwave, Cold Weather and Flood Plans to be produced Risk Register inclusion, work towards adaptation strategy |

**AGENDA ITEM**

**15**

## MEETING OF THE COUNCIL OF GOVERNORS

| | |
|---|---|
| **PAPER TITLE:** | Review of the Council of Governors' Terms of Reference |
| **DATE OF MEETING:** | 16 July 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 is reminded that in accordance with its Terms of Reference it is required to review these annually to ensure that they still meet the needs of the Council. The Terms of Reference are based on the Trust's Constitution and the NHS Act 2006 and as such do not normally change in terms of its duties or rules governing the running of the Council.

However, one matter which can be determined by the Council are its sub-committees. With the inception of the Board to Board meetings which take place in September this year it has meant that the previously established Strategy Committee is no longer required. As such the Terms of Reference have been reviewed and references to the Strategy Committee removed.

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

**RECOMMENDATION**

The Council is asked to be assured that the Terms of Reference have been reviewed; that references to the Strategy Committee have been removed and that the Terms of Reference should be considered fit for purpose and agreed by the Council.

# Council of Governors

## Terms of Reference
### (To be ratified by the Council of Governors on the 16 July 2019)

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## 1    NAME OF GROUP

Council of Governors

## 2    COMPOSITION OF THE COUNCIL

The membership of the Council of Governors is determined by Annex 4 of the Constitution, and is made up of both elected and appointed governors totalling 30.

Membership is set out below.

**Elected Governors**

| Constituency | Area/ Class | Number of Governor Seats |
|---|---|---|
| Public | Leeds | 6 |
| | York and North Yorkshire | 1 |
| | Rest of England and Wales | 1 |
| Service User and Carer | Service User Leeds | 4 |
| | Service User York and North Yorkshire | 1 |
| | Carer Leeds | 3 |
| | Carer York and North Yorkshire | 1 |
| | Service User and Carer Rest of United Kingdom | 1 |
| Staff | Clinical Staff Leeds and York & North Yorkshire | 4 |
| | Non-Clinical Staff Leeds and York & North Yorkshire | 2 |
| **Appointed Governors** | | |
| **Local Authority Governors** | | |
| City of York Council | | 1 |
| Leeds City Council | | 1 |
| | | |
| **Partner Organisation Governors** | | |
| Volition | | 1 |
| Tenfold | | 1 |
| York Council for Voluntary Services | | 1 |
| Equitix | | 1 |

In accordance with NHS Improvement's Code of Governance it is expected that the Council of Governors will invite the Chief Executive (or their Deputy) to attend all its general meetings, and that other executive directors will be invited to attend as appropriate and non-executive directors will be encouraged to attend all meetings where possible.   Over and above the normal performance reprots there may be occasions where directors are

formally requested to attend Council meetings to explain concerns about performance. It is anticipated that this will be only on rare occasions and such an occasion will be reported in the Annual Report.

The Council may invite other people to attend its meetings on an ad-hoc basis, as it considers necessary and appropriate.

The Associate Director for Corporate Governance (or nominated deputy) acting in the capacity of Trust Board Secretary, shall attend each meeting and provide appropriate advice and support to the Chair of the Trust and Council members.

Members of the Council of Governors must ensure that wherever possible they attend every Council meeting. Attendance at meetings will be monitored and shall be reported in the Annual Report. Attendance will be monitored by the Associate Director for Corporate Governance, who will escalate any concerns about the non-attendance of individual governors to the Chair of the Trust as is necessary.


## 3 QUORACY

No business shall be transacted at a meeting of the Council of Governors unless at least one third of the whole number of governors elected or appointed are present; and that of those governors present service user, carer and public governors are in the majority.

**Deputies:** There is no constitutional provision for a deputy to attend on behalf of a governor

**Non-quorate meeting:** Non-quorate meetings may go ahead unless there has been an instruction from the Chair not to proceed with the meeting. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

**Alternate chair:** The Chair of the Council of Governors shall be the Chair of the Trust. In the absence of the Chair of the Trust, (or in the event of the Chair declaring an interest in an agenda item) the Deputy Chair shall chair the meeting. Should the Deputy Chair not be available (or where they too have declared an interest in an agenda item), the meeting shall be chaired by one of the governors present at the meeting, this shall normally be the Lead Governor.


## 4 MEETINGS OF THE GROUP

**Frequency:** Meetings of the Council of Governors shall be held at such times as the Council may determine, however the Council of Governors will normally meet four times a year (plus the Annual Members' Meeting) with all or part of these meetings being held in public. This shall not preclude any

items of business being conducted in private and any items taken in private will be determined in accordance with pre-arranged criteria.

A full set of papers comprising the agenda, minutes of the previous meeting and associated reports and papers will be sent within the timescale set out in the Standing Orders to all governors and others as may be agreed with the Chair from time to time.

**Urgent meeting**: Any governor may, in writing to the Chair, request an urgent meeting. The Chair will normally agree to call an urgent meeting to discuss the specific matter unless the opportunity exists to discuss the matter in a more expedient manner.

**Minutes:** The Associate Director for Corporate Governance shall ensure the minutes of the meeting are taken and will also ensure these are presented to the next Council of Governors' meeting, and that these are signed by the person presiding at the meeting.

The agenda, minutes and Council papers of each general meeting (excluding any confidential papers) shall be displayed on the Trust website.


## 5 AUTHORITY

**Establishment**: The Trust shall establish a Council of Governors in accordance with the requirements of the NHS Act 2006, and paragraph 10 of its Constitution.

**Powers**: Its powers are detailed in the NHS Act 2006; NHS Improvement's NHS Foundation Trusts' Code of Governance; and the Trust's Scheme of Delegation.

**Cessation:** The Council of Governors is a statutory body and as such must remain for as long as it is empowered in statute.


## 6 ROLE OF THE GROUP

### 6.1 Purpose of the Group

The general statutory duties of the Council of Governors are to:

- Hold the non-executive directors to account (both collectively and individually) for the performance of the Board of Directors

- Represent the interests of the members of the Trust as a whole and the interests of the public

- Influence the forward plans of the Trust.

**6.2 Guiding principles for members (and attendees) when carrying out the duties of the Council of Governors**

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

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

Governors must also abide by the "Council of Governors' Code of Conduct and Standards of Behaviour", which all Governors must sign. Governors must also have regard for the "Council of Governors' Meeting Etiquette".

**6.3 Duties of the Council of Governors**

The Council of Governors will be required to carry out a number of statutory duties under the NHS Act 2006 (as amended by the Health and Social Care Act 2012). These are contained in the Constitution and are as follows (for avoidance of doubt the wording in the Constitution shall take precedence should there be any conflict between this document and the Constitution):

- Hold the non-executive directors to account (both collectively and individually) for the performance of the Board of Directors

- Represent the interests of the members of the Trust as a whole and the interests of the public

- Influence the forward plans of the Trust

- Appoint and, if appropriate, remove the Chair

- Appoint and, if appropriate, remove the other non-executive directors

- Decide the remuneration and allowances, and the other terms and conditions of office, of the Chair of the Trust and the other non-executive directors

- Approve the appointment of the Chief Executive

- Appoint the Deputy Chair of the Trust

- Appoint and, if appropriate, remove the Trust's auditor (i.e. the organisation that will, amongst other things, check the Trust's finances each year)

- Receive the Trust's annual accounts, any report of the auditor on them and the annual report

- Require one or more of the directors or a representative of the Trust's auditors to attend a meeting to obtain information about the Trust's performance, or information about how the directors have performed their duties in order to determine if there is a need to vote on issues concerning that performance

- Approve (or not) by vote:

  o The implementation of any proposals to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England

  o Entering into a significant transaction (a significant transaction is defined in the Constitution)

  o An application to NHS Improvement (one of our regulators) for a merger with or the acquisition of another foundation trust or NHS trust

  o An application to NHS Improvement for the separation or dissolution of the foundation trust

  o Amendments to the Constitution.

- Determine whether it is satisfied that any proposals to carry out activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes will not, to any significant extent, interfere with the Trust's provision of NHS services and notify the Board of its view.

The Council of Governors is also responsible for:

- Considering complaints about any member of the Trust in accordance with Annex 9 of the Constitution and take action which may include expulsion from the membership of the Trust

- Ratifying the removal of any member of the Council of Governors for any reason as set out in Annex 6 of the Constitution

- Agreeing a clear process for the appointment of the Chair of the Trust and the other non-executive directors

- Supporting the process for the evaluation or appraisal of the Chair of the Trust and the other non-executives, including the outcomes of the evaluation of the Chair of the Trust and the non-executive directors

- Receiving a high-level report on the outcome of the evaluation or appraisal of the Chair of the Trust or the other non-executive directors

- Assessing its own collective performance and its impact on the Trust and communicate to members how governors have discharged their duties

- Taking the lead in agreeing with the Audit Committee the criteria for appointing, reappointing and removing external auditors

- Establishing a policy for engagement with the Board of Directors for those circumstances when they have concerns about the performance of the Board of Directors or other matters related to the general wellbeing of the Trust

- Agreeing with the executive directors what information it needs to receive at its meetings

- Agreeing who from amongst the governors should be appointed as the Lead Governor

- Responding as appropriate to any matter when referred by the Board of Directors

- Participating in the development of the Trust's strategy and values.


## 7    RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES

The Council of Governors may delegate some of its powers to formally constituted committees.  Formally constituted committee of the Council of Governors is the Appointments and Remuneration Committee.

The sub-committee structure is detailed below.

Council of Governors

Appointments and Remuneration Committee
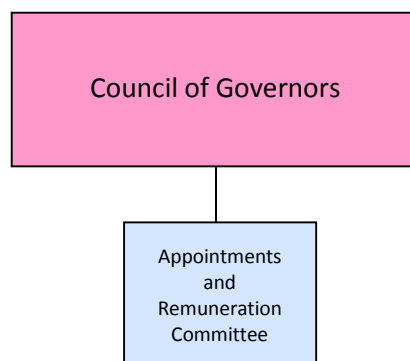
## 8 DUTIES OF THE CHAIRPERSON

The Chair of the Council shall be responsible for:

- Agreeing the agenda with the Corporate Governance Team as directed by the Associate Director for Corporate Governance
- Directing the conduct of the meeting ensuring it operates in accordance with the Trust's values
- Giving direction to the secretariat
- Ensuring all governors have an opportunity to contribute to the discussion
- Ensuring the agenda is balanced and discussions are productive, and when they are not productive they are efficiently brought to a conclusion
- Deciding when it is beneficial to vote on a motion or decision.
- Checking the minutes
- Ensuring sufficient information is presented to the Board of Directors in respect of the matters discussed by the Council and ensuring that issues raised by the Board of directors are appropriately reported to the Board.

## 9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

The Terms of Reference shall be reviewed and ratified annually by the Council of Governors.

The Council of Governors should also carry out an assessment of how effectively it is carrying out its duties and act upon any recommendations for improvement. This will normally be done through one to one discussions between governors and the Chair of the Trust.