

PUBLIC MEETING OF THE COUNCIL OF GOVERNORS
will be held at 1pm on Thursday 7 November 2019
at The Mind Room, The Studio Leeds, Whitehall Road, Leeds, LS1 4AW

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 | Prof Sue Proctor |
| 4.1 | Minutes of the public Council of Governors' meeting held on the 16 July 2019 (paper to read) | |
| 4.2 | Minutes of the Annual Members' Meeting held on the 30 July 2019 (paper to read) | |
| 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) | <u>Discussion</u> |
| 8.1 | An update on the Healthwatch Report into Crisis Services in Leeds (verbal) | Cathy Woffendin |
| 9 | Lead Governor Report (verbal) | Peter Webster |
| 10 | Quarterly Performance and Quality Update Report (paper to read) | Joanna Forster Adams |

| | | |
|----|---|---|
| 11 | Rainbow Alliance (presentation on the day) | Kate Ward |
| 12 | Annual Report from the Chair of the Mental Health Legislation Committee (verbal) | Margaret Sentamu |
| 13 | Measuring outcomes across Trust services update on progress (to follow) | Tom Mullen |
| 14 | CQC update and next steps (verbal) | Discussion (with introduction from Cathy Woffendin) |

WORKFORCE

| | | |
|----|--|------------------|
| 15 | Bullying and Harassment Progress Update (paper to read) | Caroline Bamford |
|----|--|------------------|

GOVERNANCE

| | | |
|------|---|----------------------------------|
| 16 | Report from Annual Members' Meeting 2019 (paper to read) | Prof Sue Proctor & Peter Webster |
| 17 | The Trust's Key Strategic Risks (paper to read) | Cath Hill |
| 18 | Council of Governors' Meeting Governance | Cath Hill |
| 18.1 | Annual Cycle of Business for 2020 (paper to read) | Cath Hill |
| 18.2 | 2020 and 2021 Meeting Dates (paper to read) | Cath Hill |

The next public meeting of the Council of Governors will be held on 4 February 2020 at 1pm at the Conservatory Room, St. George's Centre, Great George Street, Leeds, LS1 3DL
the meeting will be advertised on our website
www.leedsandYorkpft.nhs.uk

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

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

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

**Minutes of the Public Meeting of the Council of Governors
held on Tuesday 16 July 2019 at Duchess of Hamilton Suite, National Railway
Museum, Leeman Road, York YO26 4XJ.**

PRESENT:

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

Public Governors

Les France
Steve Howarth
Kirsty Lee
Ivan Nip
Niccola Swan
Peter Webster

Staff Governors

Gill Galea
Andrew Johnson
Sarah Layton
Sally Rawcliffe-Foo

Service User Governors

Ann Shuter

Appointed Governors

Anna Perrett

IN ATTENDANCE:

Prof John Baker – Non-executive Director
Heather Conboy – Corporate Governance Assistant
Rose Cooper – Corporate Governance Officer (Secretariat)
Joanna Forster Adams – Chief Operating Officer
Helen Grantham – Non-executive Director
Cath Hill – Associate Director for Corporate Governance / Trust Board Secretary
Claire Holmes – Director of Organisation Development and Workforce
Claire Kenwood – Medical Director
Kerry McMann – Corporate Governance Team Leader
Dr Sara Munro – Chief Executive
Margaret Sentamu – Non-executive Director
Sue White – Non-executive Director (Deputy Chair of the Trust)
Martin Wright – Non-executive Director and Senior Independent Director
Four members of the public

19/037 Welcome and introductions (agenda item 1)

Professor Sue Proctor opened the meeting at 1.00pm and welcomed everyone.

19/038 Apologies (agenda item 2)

Apologies were received from the following governors: Helen Kemp, Appointed Governor and Marc Pierre Anderson, Service User: Leeds. The Council was quorate.

Sue Proctor went onto inform the Council that: Dawn Hanwell, Chief Financial Officer (Deputy Chief Executive); Cathy Woffendin, Director of Nursing, Professions and Quality; and Andrew Marran, Non-executive Director had given their apologies for the meeting.

19/039 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (agenda item 3)

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

19/040 Minutes of the public Council of Governors meeting held on the 9 May 2019 (agenda item 4)

The minutes of the public Council of Governors meeting that was held on the 9 May 2019 were **approved** as a true record.

19/041 Matters arising (agenda item 5)

There were no matters arising.

19/042 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.

19/043 Chair's Report (agenda item 7)

Sue Proctor presented the Chair's report. She reported that Cllr Jenny Brooks had stepped down and thanked her for the contribution she had made to the Council.

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

19/044 Lead Governor Report (agenda item 9)

Peter Webster provided his first Lead Governor report. He noted that as of today he had introduced a pre-meeting for governors which would now take place directly ahead of each meeting of the Council of Governors. He also asked governors to confirm their attendance at the upcoming Annual Members' Day as soon as possible. Peter also advised that Les France would stand in for him as deputy Lead Governor at the Board to Board in September 2019 due to him being unable to attend.

The Council **received** the verbal update.

19/045 Audit Committee Annual Report 2018/19 (agenda item 10)

Martin Wright explained the roles and responsibilities of the Audit Committee which existed to make sure that the Board was assured that the internal controls operating in the Trust were effective. He explained that the Committee was assisted by external and internal auditors and a counter-fraud specialist with executive directors attending to present their items when required. Martin advised that this year had been a good year and they had received a clean audit report with little having been escalated to Board.

Peter Webster asked for some assurance around how fraud was being prevented and handled in the Trust and also how many instances of fraud had been detected this year. Martin Wright described the Trust's internal controls that were designed to prevent fraud and explained the role of Counter-Fraud Team who provided updates at each Audit Committee meeting and he shared some of their findings. Peter Webster asked how robust their processes were and Helen Grantham responded that the Counter-Fraud Team reviewed instances of fraud at other trusts and applied that learning to strengthen the Trust's own systems. Sue Proctor added that Audit Yorkshire would flag issues in the area which would then be reflected in the future audit priorities.

The Council **received** the 2018/19 Annual Report for the Audit Committee and was **assured** of the work of the external auditors in relation to providing assurance to the Audit Committee.

19/046 Report on the Annual Audit of the Trust's Accounts and Quality Report (Account) (agenda item 11)

Erin McIntyre, External Audit Manager at KPMG, presented the report on the annual audit of the Trust's accounts and Quality Report (Account) 2018/19. Erin outlined the three key roles of the external auditors in respect of reviewing the: financial statements audit; the overall value for money; and the Quality Accounts. Erin reported that the audit from this year (2018/19) had been positive so far. She highlighted their findings of the Trust in three areas: clean audit opinion on the Trust's financial statements; a clean value for conclusion on the Trust's use of resources and value for money; and unqualified limited assurance opinion on the Quality Accounts.

Ivan Nip asked Erin to comment on the Trust's going concern. Erin responded that they looked at going concern for all entities and that this also fed into the value for money opinion. As part of this they reviewed the Trust's Cost Improvement Plans for the next financial year and the achievement of those to date and they assessed how accurate the financial forecasts had been compared to the actual outturn. She advised that no significant risks regarding this had been raised. Peter Webster also asked if there were any instances where management had overridden the controls in place and Erin responded that there were no instances of this happening in any of the controls tested by KPMG.

Kirsty Lee asked about the risk relating to judgements that had been made which were inconsistent with the terms of the private finance initiative (PFI) and asked for more detail on this and whether there were any implications to the Trust. Erin explained this referred to the original planning that had been done before they had reviewed the accounting treatment that the Trust had adopted. Subsequent to this they had reviewed the accounting treatment and the terms of the PFI to check the way it had been accounted for was correct. The initial risk at the time of writing the plan was that they did not know the terms of the PFI, but once they had reviewed the PFI contract and the accounting that the Trust had done they found it to be in line with what was in the terms and therefore no breach had been identified.

Erin also responded to Ivan Nip's question about pension liability and explained that NHS pensions did not sit on the Trust's balance sheet but part of KPMG's audit opinion was concerned with examining whether the pension cost was materially correct. Sue White then asked how the external auditors would approach the new system way of working in the city and across West Yorkshire. Erin responded that as the auditors were appointed by the Trust they would therefore audit from that perspective but she acknowledged where there would be difficulty in establishing the value for money aspect.

The Council **noted** the content of the audit opinions which would help support and inform the presentation that would be provided by the auditors at the July Council meeting.

19/047 Chief Executive Report (agenda item 8)

Sara Munro provided the Council with an update on the current Care Quality Commission (CQC) inspection. She explained that last week the CQC had commenced their unannounced inspection of the Trust's services and outlined which services had been selected and the reasons why. She described other CQC activity which included focus groups with different members of staff, interviews with Board members and subject experts as well as the upcoming well-led inspection that would commence on the 13 and 14 August. Sue Proctor then invited the Council to have an open discussion on the topics covered in the report.

Firstly, Peter Webster fed back on discussions which referred to the serious incidents that had occurred in the Trust in May 2019 and asked how governors could get earlier knowledge of such incidents and also be advised if there were any reputational risks as a result of these. Sara Munro provided a briefing on the nature of the two incidents. She also outlined the process being followed which included a thorough review to identify lessons learned which would be then shared appropriately. She advised that the process was not yet fully concluded for these two cases. Prof Baker added that assurance of the processes around incidents was routed through the Quality Committee and governors were encouraged to attend and observe this taking place. The Committee sought assurance that all serious incidents were investigated properly and learning was disseminated across the Trust and staff and services users were fully supported. It was agreed that consideration would be given to the most appropriate way for governors to be informed about 'exceptional' serious incidents in the Trust, particularly relating to incidents which were high profile and had possible implications for the Trust's reputation.

CH

Les France referred to the work of the Leeds Health and Care Academy and the positive impact this was having and added that they would welcome an update on this in the future and this was agreed. It was also agreed that the governors would be kept up to date on progress relating to the partnership work with the Synergi Collaborative. Niccola Swan asked that Mental Health Act Managers were also kept informed about any developments. The Council then discussed the associations of the word 'obsession' in the Leeds Plan and questioned whether the terminology was appropriate in a mental health setting and Sara Munro noted this.

CH

SM

Finally, Sara Munro informed the Council that the next West Yorkshire Mental Health Services Collaboration Joint Non-executive Director and Governor event was scheduled to take place on the morning of the 22 October 2019 and details of this would be circulated to governors in due course.

RC

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

19/048 Quarterly Performance and Quality Update Report (agenda item 12)

Joanna Forster Adams introduced the report which presented data up to and

including the end of April 2019 and explained it was the first set of data the Council had seen since the implementation of the community redesign. She noted that at the Quality Committee they were looking at measures and metrics coming out of the evaluation of the community redesign and these would start to be introduced in this report going forwards. Joanna highlighted the ongoing pressure in acute mental health services and the high number of Out of Area Placements (OAPs) which would be looked at in more detail at the next Finance and Performance Committee.

The Council then fed back on the areas it had covered in its table discussions. Andrew Johnson referred to the instances of restraint and restrictive interventions in the Trust and John Baker updated the Council on assurance that the Quality Committee had received regarding the overall downward trajectory of these instances since the introduction of Safewards. The Council discussed the value of receiving trend data that had been plotted over a longer period of time so it became more meaningful.

Helen Grantham informed the Council that the Board had agreed that there would be a new Board sub-committee dedicated to workforce matters starting in September 2019 which was open to governor observers and the dates of this would be shared in due course. Niccola Swan then fed back on their table discussion which covered the Trust's staff retention initiatives and the progress that was being made with filling staff vacancies.

RC

Peter Webster then fed back on discussions relating to the Trust's crisis indicators. In relation to the figures for 'timely access to a mental health assessment by the ALPS team', Sally Rawcliffe-Foo (Interim Service Manager of the Acute Liaison Psychiatry Service, ALPS) described some of the factors that may influence whether or not the trajectory could be met. Joanna Forster Adams also noted the recent change in target from a four hour response time to a one hour response time and the good progress that was being made to adapt to this despite an increase in referrals from the Emergency Department. The Council thanked Sally for providing some context to the figures.

The Council also made some suggestions as to how information in the report could be presented such as having the narrative summary at the beginning of the report. It was also suggested that the Council could have a 'deep dive' on areas in the report that the governors would like to get a better understanding of where they would look at trend data over a longer period of time. Finally, in response to Ivan's question, Sara Munro updated the Council on the recent cap that had been put on to the amount of capital that the Trust was allowed to spend and the subsequent impact this had on the Trust's financial rating with NHS Improvement. She explained that they were currently undertaking a rationalisation exercise to address this and the governors would be kept updated.

CH

DH

The Council **noted** the contents of this report.

Sara Munro introduced the report which provided an overview of the Trust's 2019 – 2020 Operational Plan which was submitted to NHS Improvement/NHS England on the 4 April 2019. She explained that the plan set out the strategic priorities for delivery, along with what they meant for the Trust's workforce, estate, IT and finance. She noted that these were the collective priorities that had been agreed and would be led by the Trust's Executive Team during 2019/20 and had been approved by the Board of Directors in March 2019.

The Council **noted** the 2019 – 2020 strategic priorities agreed by the Board of Directors as part of the Trust's Operational Plan.

19/050 Update on the Trust's Sustainability Plan (agenda item 14)

Sue White introduced the paper and discussed the remit and role of the Trust's new Sustainability Group. She explained that progress with the Sustainability Plan was being monitored through the Finance and Performance Board sub-committee with update reports also being made to the Board. Sue White discussed the importance of encouraging and supporting staff to think about environmental sustainability in their work areas whilst making sure it was approached in a way that did not add extra burden to staff. Sue also highlighted some potential opportunities that could come from partnership working in the system particularly with other NHS trusts and the local authority. She noted that they were also working with the Communications Team to look at creating 'sustainability champions' across Trust and they would be involving service users and governors in this initiative.

Steve Howarth asked if there had been any formal direction from central government on a much larger scale which would avoid trusts approaching the topic individually and perhaps less efficiently. The Council noted that this was lacking but Sue Proctor discussed the potential opportunities for the Trust to influence in the Leeds footprint and referred to the Leeds Plan's commitment to sustainability. Sara Munro also informed the Council that Chris Hayes (Environment and Sustainability Manager) was representing the Trust on the pan-system sustainability group organised through the Health and Wellbeing Board.

Sue White responded to Ivan Nip's point on the importance of ensuring new buildings are made as sustainably as possible and agreed that this should be a priority for the Trust. She added that currently there was no budget for 'green' initiatives in the organisation but noted that it had been agreed at the first Sustainability Group meeting that individual business cases could be put forward for consideration on an 'invest to save' basis. Sue White also noted that the Trust did have to report its progress against the Sustainability Plan in the Annual Report and annually to its regulators.

The Council **considered** the Sustainability Plan and progress to date.

19/051 Review of the Council of Governors’ Terms of Reference (agenda item 15)

The Council were **assured** that the Terms of Reference had been reviewed; that the references to the Strategy Committee had been removed and that the Terms of Reference were considered fit for purpose and **agreed** by the Council.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust 3.21pm. She thanked governors and members of the public for their attendance.

Signed (Chair of the Trust)

Date

**Minutes of the Annual Members' Meeting held on
30 July 2019 at 1.00pm at Horizon Leeds, 2 Brewery Wharf, Kendell Street, Leeds, LS10
1JR**

Board Members

| | |
|--------------------------|--|
| Professor Sue Proctor | Chair of the Trust |
| Professor John Baker | Non-executive Director |
| Mrs Joanna Forster Adams | Chief Operating Officer |
| Miss Helen Grantham | Non-executive Director |
| Mrs Dawn Hanwell | Chief Financial Officer and Deputy Chief Executive |
| Mrs Claire Holmes | Director of Organisational Development and Workforce |
| Mr Andrew Marran | Non-executive Director |
| Dr Sara Munro | Chief Executive |
| Mrs Margaret Sentamu | Non-executive Director |
| Mrs Sue White | Non-executive Director and Deputy Chair of the Trust |
| Mrs Cathy Woffendin | Director of Nursing, Quality and Professions |

Governors

| | |
|-------------------------|--|
| Mr Peter Webster | Public: Leeds (Lead Governor) |
| Mr Marc Pierre Anderson | Service User: Leeds |
| Mr Les France | Public: Leeds |
| Ms Gillian Galea | Staff Clinical: Leeds and York and North Yorkshire |
| Ms Ruth Grant | Staff Non-clinical: Leeds and York and North Yorkshire |
| Mr Steve Howarth | Public: Leeds |
| Ms Helen Kemp | Volition |
| Ms Mussarat Khan | Public: Leeds |
| Ms Sarah Layton | Non-clinical Staff: Leeds and York & North Yorkshire |
| Ms Kirsty Lee | Public: Leeds |
| Dr Ivan Nip | Public: Leeds |
| Cllr Anna Perrett | City of York Council |
| Ms Sally Rawcliffe-Foo | Staff Clinical: Leeds and York and North Yorkshire |
| Ms Ann Shuter | Service User: Leeds |
| Ms Niccola Swan | Public: Rest of England and Wales |

In attendance

| | |
|---------------|---|
| Mrs Cath Hill | Associate Director for Corporate Governance / Trust Board Secretary |
|---------------|---|

87 Members of the Trust and members of the general public

19/001 Welcome (agenda item 1)

Professor (Prof) Proctor opened the meeting at 1.00pm and welcomed members of: the Board of Directors; the Council of Governors; the Trust; and the wider public.

19/002 Apologies for Absence (agenda item 2)

Apologies were received from Dr Claire Kenwood, Medical Director; Mr Andrew Johnson, Governor Staff: Clinical; Mr Edo Nannelli, Governor: Service User and Carer: Rest of UK; and Mr Martin Wright, Non-executive Director and Senior Independent Director.

The meeting was quorate.

19/003 Declaration of any conflicts of interest in respect of agenda items (agenda item 3)

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

19/004 Minutes of the Meeting held 31 July 2018 (agenda item 4)

Prof Proctor presented the minutes of the meeting held on 31 July 2018. They were agreed as a true record.

19/005 Matters arising (agenda item 5)

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

19/006 Presentation from Peter Webster, Lead Governor (agenda item 6)

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

Mr Webster presented the membership report. He outlined that there were 15,379 members at the end of March 2019. The breakdown of which was: public members 11,741; service user and carer members 1,122; and staff members 2,516. He reported that the Membership Team had been working with the Patient Experience Team to encourage more service users and carers to become members, in order for them to have a greater opportunity to be involved in the work of the Trust and to ensure that the Trust's membership is representative of the people we provide services to.

Mr Webster outlined the role of a governor, and informed attendees that the Council of Governors meets four times per year to discuss the work of the Trust and its performance. He reminded members that these meetings were held in public, and that members were welcome to attend these meetings to observe. Mr Webster informed attendees that at the Council of Governors meeting on the 16 July 2019, the Trust's external auditors presented their findings in relation to the Annual Accounts, Annual Report and the Quality Report. He confirmed that the external auditors had provided clean audit reports.

Mr Webster next outlined some of the work carried out by the Council of Governors in 2018/19. He reported that in February 2019, the Council of Governors had appointed Mr Andrew Marran, Non-executive Director, to the Board of Directors. He also reported that governors had accompanied the Non-executive Directors on a number of service visits, which allowed them to get to know more about the Trust's services and helps to inform discussion at Council meetings. He went on to outline the four areas that the Council of Governors had collectively agreed to focus on in 2019/20. These were: learning more about service user experiences; understanding the Trust's services better, particularly services for people with learning disabilities and acute in-patient services; partnerships; and mental health among young people in Leeds and York.

An update was then presented on the outcome of the governor election that had taken place in summer 2019. He took the opportunity to welcome the governors that had been newly or re-elected or appointed within the 2018/19 financial year. He also offered thanks to those governors who had served and stepped down during the year.

Finally, Mr Webster reminded the attendees of the Big Conversation that had taken place at the Annual Members' Meeting on the 31 July 2018. He informed them that in the foyer were a number of installations which displayed the themes of feedback that came out of the 'Big Conversation', and the work that had been carried out in response. Mr Webster thanked to everyone for attending and encouraged individuals to speak with a governor should they wish to find out more information.

Prof Proctor thanked Mr Webster for his presentation and noted the valuable contribution that governors make to the Trust.

19/007 Presentation from Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive (agenda item 7)

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

Mrs Hanwell presented the key elements of the financial report. She outlined that the Trust had achieved an income and expenditure surplus of £32.4million (m) and explained the factors that had led to this total: PFI refinance gain; profit on asset disposals; and the Provider Sustainability Funding incentive. She reported that the Trust had spent £4.4m on capital expenditure and that the Trust had generated cost savings of £2.9m.

Mrs Hanwell reported that there had been a number of financial pressures throughout the year: one related to inpatient staffing which had been offset by underspending in community services and non-clinical areas; and one related to out of area placements, which had been offset by additional support from the Leeds Clinical Commissioning Group.

Mrs Hanwell highlighted the key investments made throughout the year, which were: estates refurbishment (South Wing at St Mary's House, Ward 5 at the Becklin Centre and Westerdale Ward at Willow House); and information technology improvements (Electronic Patient Record system, remote access, hardware replacement programme and network infrastructure).

In conclusion, Mrs Hanwell reported that the Trust was in a strong financial position. She stated that for the 2019/20 financial year, the Trust would be required to breakeven to receive the Sustainability and Transformation fund incentive.

Prof Proctor thanked Mrs Hanwell for her presentation.

19/008 Presentation by Dr Sara Munro, Chief Executive (agenda item 8)

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

Dr Munro thanked everyone for attending the event. She presented some highlights from 2018/19 which included the 70th birthday of the NHS and 100 years of learning disability nursing. She also highlighted the hard work and efforts of the staff at Ward 5 Becklin Centre, and commended them on their response to the fire incident in May 2018. She thanked Bradford Care Trust who had supported the Trust at this time. Dr Munro outlined that there had been a focus on strengthening relationships and delivering system-wide improvements on services with a range of partners, and that 2018/19 had seen an increase in the number of partners with which the Trust engaged and collaborated with.

Dr Munro went on to highlight a number of clinical service developments in 2018/19, these included: the new eating disorders community service for West Yorkshire and Harrogate (CONNECT); the Veterans' Mental Health Complex Treatment Service; the expansion of the Forensic Outreach Service in York; the expansion of the Community Perinatal Service; and the Community Redesign Project. Dr Munro then introduced a video which provided further information on the Community Redesign Project. Following this Dr Munro thanked all individuals who had been involved with the production of the video, and the teams that had been involved with delivering the Project.

Dr Munro next reported on the Care Quality Commission (CQC) inspection that was underway. She explained that the CQC rated care organisations by scoring them on five different domains, those being: safe; effective; caring; responsive; and well led. She reminded attendees that in the 2018 CQC inspection, 85% of the Trust's services were rated as good or outstanding, and that three services received a 'requires improvement' rating. She informed attendees that a number of recommendations were made by the CQC to improve those three services, and confirmed that the recommended actions had been completed. Dr Munro confirmed that the CQC had revisited those three services in their 2019 inspection and that the Trust was still awaiting the result.

Finally, Dr Munro presented a summary of the results from the 2019 Staff Survey. She reported that the results showed that the Trust was performing higher than the national average in a number of areas, including the quality of appraisals, safety culture and staff engagement. She also reported that there had been an 8.5% increase in the number of individuals who would recommend the Trust as a place to work.

Prof Proctor thanked Dr Munro for her presentation.

19/009 Opportunity to Receive Questions from Members and the Public (agenda item 9)

Prof Proctor thanked Mr Webster, Mrs Hanwell, and Dr Munro for their presentations. In response to a question from a member of the Trust, Prof Proctor asked Mrs Forster-Adams, Chief Operating Officer, to provide further information on the Community Redesign and the Crisis Services offered by the Trust. Mrs Forster Adams informed members of the public that one of the aims of the Community Redesign Project was to improve access to crisis services. She outlined that since the Community Redesign Project had been underway, the Trust had successfully established an Intensive Home Treatment Team for Older Adults in Crisis. She added that the Trust was working with third sector partners and commissioners to explore further developments and improvements, including crisis services outside of a hospital, such as crisis houses and crisis cafes. She concluded by informing members of the public that an evaluation process had been set up for the developments already made, and welcomed any feedback. She reminded members of the public that this was an ongoing project and thanked all those involved in the Community Redesign Project.

Paul, a service user, outlined the importance of the Patient Experience Team and expressed his concern about the number of vacancies within the Team. Mrs Woffendin agreed that the Patient Experience Team was an important part of the Trust. She explained that the Trust had been advertising a secondment opportunity for the Head of Patient Experience role and outlined that interviews were due to take place. She also confirmed that three other posts within the Patient Experience Team had been advertised and had received a high number of applications.

Tessa, a member of the public, asked how the Trust planned to integrate and work with black, Asian and minority ethnic (BAME) communities. Dr Munro informed Tessa of research that had been carried out before the Community Redesign Project had commenced, which allowed the Trust to identify who had accessed the Trust's services and who had not. She explained that the research had found that people from BAME backgrounds were less likely to use the Trust's services. She explained that from this data, the Trust was looking into which organisations to partner with, with the aim to partner with those organisations that could provide access into BAME communities. Mr Devine, Interim Associate Director for Leeds Care Group, added that two new roles had been created as a result of the Community Redesign Project, which aimed to link the Trust with BAME communities and to improve access into the Trust's services.

Peter, a service user, asked about the Patient Engagement Team that visited primary care providers (specifically GP Practices and Community Services) and asked which organisation was responsible for this team. Dr Munro responded to say that this work was not carried out by the Patient Experience Team at the Trust, but was carried out by Healthwatch Leeds. Peter next asked about the duration of contracts for Mental Health Practitioners in GP Practices. He outlined that the Mental Health Practitioners he had seen in the past had changed frequently, and advised that this had caused difficulties in building relationships. Dr Munro acknowledged this matter and agreed that the continuity of relationships was vital in supporting the recovery of any service user. She informed Peter that the Clinical Commissioning Group had confirmed a significant investment in Leeds, which would lead to a number of permanent appointments for primary care workers in GP Practices, reducing the risk of turnover.

A member of the public asked whether the Trust provided unconscious bias training for staff members. Dr Munro confirmed that this training was available alongside other topics, including equality and diversity.

Melanie, a member of the public, drew attention to the membership report that was presented by Mr Webster. She questioned why Mr Webster reported figures on BAME members, but did not refer to any other protected characteristics. Mr Webster informed Melanie that ethnicity was recorded on the Trust's membership form, but unfortunately other protected characteristics were not. Melanie next asked for the Trust to consider refurbishing the Volunteer Office at Asket Croft. Dr Munro informed Melanie that the Estates Team would be reviewing all of the Trust's estates to ensure they were fit for purpose. Melanie went on to suggest two improvements for the 2020 Annual Members' Meeting, which were: fewer acronyms to be used in the presentations; and the use of numbers as opposed to percentages when delivering the Staff Survey results.

Paul, a service user, asked about the learning opportunities available for service users. Dr Munro informed him of a project between the Trust and other partner organisations in Leeds called the Recovery College. She informed Paul that a prospectus of the courses available was due to be released shortly, and confirmed that this would be shared widely once it was available.

Peter, a service user, asked who he should contact to find out more about the volunteering opportunities and interview training opportunities available at the Trust. Mrs Woffendin, Director of Nursing, Quality and Professions, recommended that Peter speak to Mrs Caroline Bamford, Head of Diversity and Inclusion, about volunteering opportunities. She advised Peter to speak to the Patient Experience Team about interview training. He went on to ask about how the hard work of staff members was acknowledged and rewarded. Dr Munro informed Peter of the monthly 'star awards' that were celebrated across the Trust, and also the Trust's annual award ceremony.

The final question was asked by Mr Howarth, a public governor for the Leeds constituency, who asked about the Trust's preparedness for a no deal EU exit, specifically around medicine shortages. Dr Munro confirmed that the Trust had carried out full risk assessments to plan for a no deal EU exit and had plans in place to mitigate those risks. She informed Mr Howarth that the Trust was following advice and guidance from the Department of Health around medicines.

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

At the conclusion of formal business, Prof Proctor closed the Annual Members' Meeting of the Leeds and York Partnership NHS Foundation Trust at 2.30pm and thanked everyone for attending.

Cumulative Action Report for the Public Council of Governors' Meeting

OPEN ACTIONS

Key to status =

| | |
|--|---------------------------------------|
| | Still outstanding/awaiting completion |
| | Completed |

| ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION) | PERSON LEADING | COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY | COMMENTS |
|---|----------------------|---|---|
| 18/050 – November 2018 - The Trust's Key Strategic Risks (agenda item 15) Developmental work to take place on the next iteration of the Trust's Strategic Risk report following feedback presented by the governors at the November 2018 meeting. | Cath Hill | November 2019 | <u>COMPLETED</u> The Council is asked to consider this action closed. This is on the agenda for the November meeting. |
| 18/044 – November 2018 - Chief Executive report (agenda item 8) Rainbow Alliance to attend a future meeting of the Council of Governors to outline work that they are involved in on anti-stigma. | Kate Ward | November 2019 | <u>COMPLETED</u> The Council is asked to consider this action closed. This is on the agenda for the November meeting. |
| 19/004 - February 2019 – Clinical Outcomes | Claire Holmes | Management | A statement from Caroline Bamford relating to |

| 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 |
|---|-------------------|---|--|
| <p>Measures Briefing Report (agenda item 9)</p> <p>Work underway in the Trust on equality and diversity and an update will be provided to a future meeting of the Council of Governors.</p> | | action | <p>population health approaches and equality:</p> <p>The focus of the Population Health Management way of working is to look at big population level data which is helpful to target disease prevalence and areas such as deprivation. We are mindful however that there is an inherent risk with this approach that vulnerable/marginalised groups, or groups with protected characteristics, may not show up in that data as some are very specific, small and hidden.</p> <p>We actively manage that risk through utilising complementary approaches which make sure that groups are not being missed; partnerships with our stakeholders and particularly the third sector are crucial to this. Equality analysis, service user feedback and service user/carer/community engagement are also key required elements.</p> |
| <p>July 2019 – Chief Executive Report (agenda item 8)</p> <p>It was agreed that consideration would be given to the most appropriate way for governors to be informed about ‘exceptional’ serious incidents in the Trust, particularly relating to incidents which</p> | Cath Hill | Management action | <p>There is a process in place to keep governors and Board members informed of any serious incidents which may be reported in the media. If governors become aware of any concerns which a member of the public may have about an incident in the Trust these should be directed to management.</p> |

| 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 |
|--|--------------------|---|--|
| were high profile and had possible implications for the Trust's reputation. | | | |
| July 2019 – Chief Executive Report (agenda item 8) Les France referred to the work of the Leeds Health and Care Academy and that they would welcome an update on this in the future and it was agreed that this would be scheduled. | Cath Hill | February 2020 | This has been added to the forward plan for the February 2020 Council meeting. |
| July 2019 – Chief Executive Report (agenda item 8) It was agreed that the governors would be kept up to date on progress relating to the partnership work with the Synergi Collaborative. Niccola Swan asked that Mental Health Act Managers were also kept informed about any developments. | Sara Munro | November 2019 | Sara Munro will continue to keep the Council updated via the Chief Executive Report. |
| July 2019 – Chief Executive Report (agenda item 8) The details of the 22 October 2019 West | Rose Cooper | Management action | <u>COMPLETED</u> The relevant information has been circulated. |

| 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 |
|---|------------------------------------|---|--|
| Yorkshire Mental Health Services Collaboration Joint NED / Governor event to be circulated to the governors. | | | |
| July 2019 – Quarterly Performance and Quality Update Report (agenda item 12) The new Workforce Committee dates to be shared with the governors. | Rose Cooper | Management Action | <u>COMPLETED</u> The relevant information has been circulated. |
| July 2019 – Quarterly Performance and Quality Update Report (agenda item 12) It was suggested that the Council could have a 'deep dive' on areas in the report that the governors would like to get a better understanding of where they would look at trend data over a longer period of time. | Cath Hill | September 2020 Board to Board | <u>COMPLETED</u> This has been provisionally scheduled for the September 2020 Board to Board. |
| July 2019 – Quarterly Performance and Quality Update Report (agenda item 12) It was agreed that the governors would be kept updated with regard to the cap that had been placed on the Trust's capital spend. | Dawn Hanwell / David Brewin | November 2019 | Update as follows: Further to the NHS Improvement request to review capital plans for 19/20 within our Integrated Care System (ICS) overall, we submitted a revised plan in line with this. We reduced our capital plan for 19/20 from £13.4m to £8.3m. Subsequently the requirement to reduce capital |

| 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 |
|--|-------------------|---|--|
| | | | <p>spending was lifted and organisations now have flexibility to spend up to their original capital plan (£13.2m) for 19/20. However there is increased scrutiny on plans and whilst the cap is lifted organisations are expected to forecast realistic and deliverable plans. On this basis we have assessed and confirmed our maximum expenditure will remain at £8.3m in 19/20.</p> |
| <p>Report from the Chair of the Quality Committee for the meetings held on 11 June and 9 July 2019 (minute 19/115 – Board of Directors July 2019 - agenda item 8)</p> <p>It was agreed that an item be added to the Council of Governors' forward plan regarding transforming care and learning disabilities, recognising that LD was an area that the Council had identified this had a priority for its work plan. Mrs Hill agreed to add this to the Council's forward plan.</p> | Cath Hill | February 2020 | <p>This has been added to the forward plan for the February 2020 Council meeting which will focus on the Trust's Learning Disability Service.</p> |
| <p>Approval of the draft Terms of Reference for the Workforce Board sub-committee (minute 19/128 – Board of Directors July 2019 - agenda</p> | Cath Hill | Management Action | <p><u>COMPLETED</u></p> <p>The formal report from the Chair of the Workforce</p> |

| 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 |
|--|--|---|---|
| <p>item 19)</p> <p>Prof Proctor asked for a formal report from the Chair of the Workforce Committee to be programmed into the work schedule of the Council of Governors. Mrs Hill agreed to add this to the Council's cycle of business.</p> | | | <p>Committee has been scheduled for November 2020.</p> |
| <p>Board to Board – 3 September 2019</p> <p>It was agreed that progress with Workforce challenges including an update on the new Workforce Committee would be presented to the February 2020 meeting.</p> | <p>Claire Holmes</p> | <p>February 2020</p> | <p>This has been added to the forward plan for the February 2020 Council meeting.</p> |
| <p>Board to Board – 3 September 2019</p> <p>It was agreed that an update on Acute Care Excellence (ACE) progress and issues would be presented to the May 2020 meeting.</p> | <p>Joanna Forster Adams</p> | <p>May 2020</p> | <p>This has been added to the forward plan for the May 2020 Council meeting.</p> |
| <p>Board to Board – 3 September 2019</p> <p>Ann Shuter asked about making initiatives in the Trust more inclusive for people with learning</p> | <p>Cath Hill</p> | <p>February 2020</p> | <p>This has been added to the forward plan for the February 2020 Council meeting which will focus on the Trust's Learning Disability Service.</p> |

| 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 |
|---|-------------------|---|----------|
| disabilities and it was agreed this would be discussed further at a future Council of Governors' meeting. | | | |

Blank page

CHAIR'S REPORT

**PUBLIC COUNCIL OF GOVERNORS' MEETING
HELD 7 NOVEMBER 2019**

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

Since the July Council of Governors' meeting we concluded our latest round of elections which finished on 24 July 2019. The results of this election were as follows:

Elected unopposed:

- Peter Webster – Public Leeds
- Les France – Public Leeds
- Steve Howarth – Public Leeds
- Mussarat Khan – Public Leeds
- Edo Nannelli – Service User and Carer rest of UK
- Ruth Grant – Staff Non-clinical

Elected by ballot

- Niccola Swan – Public rest of England and Wales

Unfortunately, soon after being elected Edo Nannelli decided to step down due to his other commitments. We thank Edo for taking the time to standing for election and wish him all the very best. We would like to thank those governors who stood for another term and also welcome our new governors. We very much look forward to working with everyone.

With regard to appointed governors we are still waiting to hear from Leeds City Council as to who the replacement appointed governor will.

| | |
|------------------------|--|
| 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, although the Council is asked to note that there we are currently looking to make an appointment to the vacancy that will occur in March 2020 when Margaret Sentamu steps down.

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 | 25 October 2018 | 29 November 2018 | 18 December (extraO) | 31 January 2019 | 28 February 2019 | 28 March 2019 | 25 April 2019 | 23 May 2019 | 25 July 2019 | 26 September 2019 |
|---------------------|-----------------|------------------|----------------------|-----------------|------------------|---------------|---------------|-------------|--------------|-------------------|
| Sue Proctor (Chair) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| John Baker | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | - | ✓ | ✓ | ✓ |
| Helen Grantham | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Andrew Marran | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Margaret Sentamu | - | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | - |
| Sue White | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Martin Wright | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Steven Wrigley-Howe | ✓ | ✓ | ✓ | ✓ | | | | | | |

Executive Directors

| Name | 25 October 2018 | 29 November 2018 | 18 December (extraO) | 31 January 2019 | 28 February 2019 | 28 March 2019 | 25 April 2019 | 23 May 2019 | 25 July 2019 | 26 September 2019 |
|----------------------|-----------------|------------------|----------------------|-----------------|------------------|---------------|---------------|-------------|--------------|-------------------|
| Sara Munro | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Joanna Forster Adams | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dawn Hanwell | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | - | ✓ | ✓ |
| Claire Holmes | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Claire Kenwood | ✓ | - | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | - |
| 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 | 8 November 2018 | 5 February 2019 | 9 May 2019 | 16 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)

| | | COUNCIL BUSINESS MEETINGS ATTENDED | | | |
|-------------------------|------------------------------|------------------------------------|-----------------|------------|--------------|
| Name | Appointed (A) or elected (E) | 8 November 2018 | 5 February 2019 | 9 May 2019 | 16 July 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 | - | - | | |
| Anna Perrett | A | | | | ✓ |
| Ivan Nip | E | ✓ | ✓ | ✓ | ✓ |
| Sally Rawcliffe-Foo | E | ✓ | ✓ | ✓ | ✓ |
| Ann Shuter | E | - | ✓ | - | ✓ |
| Nicola 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 visits that have taken place since the last meeting and those which are planned to take place over the rest of the year. 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 are reported to the service, the executive directors and to the Quality Committee.

| Date of visit | Venue | Non-exec Director | Governor(s) |
|--|--|-------------------|---|
| 16 July 2019 (evening visit) | Acute Liaison Psychiatry Service (ALPS) Beckett Wing St James’s Hospital | Helen Grantham | None |
| 18 July 2019 | Crisis Resolution Intensive Support Service (CRISS) Becklin Centre | Andrew Marran | <i>The governor became unavailable on the day</i> |

| | | | |
|---------------------|---|-----------|--------------|
| 23 July 2019 | Forward Leeds Irford House, Seacroft | Sue White | Sarah Layton |
|---------------------|---|-----------|--------------|

| Date of visit | Venue | Non-exec Director | Governor(s) |
|--------------------------|---|--|---|
| 9 September 2019 | Inpatient Dementia Services The Mount | Sue White | Ann Shuter Niccola Swan |
| 10 September 2019 | Performance Team St Mary's House | John Baker | Les France |
| 25 September 2019 | National Deaf CAMHS York | Martin Wright | Peter Webster |
| 8 October 2019 | Chronic Fatigue Syndrome/ME Team Newsam Centre | John Baker | Peter Webster |
| 24 October 2019 | Information Governance Team St Mary's House | Sue White | None <i>(arranged at short notice)</i> |
| 5 November 2019 | National Deaf CAMHS York <i>(revisiting to see the team working with service users)</i> | <i>(only one person allowed to attend at a time)</i> | Peter Webster |
| 6 November 2019 | Workforce Support Services Team St Mary's Hospital | Martin Wright | Niccola Swan |
| 6 November 2019 | Healthy Living Service Becklin Centre and The Mount | Helen Grantham | Kirsty Lee |
| 22 November 2019 | 136 Suites Becklin Centre | John Baker | Helen Kemp Sally Rawcliffe-Foo |
| 4 December 2019 | Gambling Addiction Clinic Merrion House | Helen Grantham | Sarah Layton Niccola Swan |

| | |
|------------------------|--|
| Title: | Board to Board meeting 3 September 2019 |
| Contributor: | Cath Hill |
| Status of item: | For information |

The Council is reminded that on 3 September the Board of Directors and Council of Governors came together for the annual Board to Board meeting. The topics covered in the session were:

- Acute Care Excellence (ACE)
- Priorities for the Trust and the Long-term Plan
- Electronic Patient Records (EPR) and the Digital Agenda

From the discussion it was agreed that the following would inform the Council of Governors' work schedule:

- Progress update on workforce challenges (February 2020)
- ACE progress and any issues faced (May 2020)
- Six-month update on Care Director to the Board to Board meeting in 2020.

The Council is asked to be assured that these have been added to the work schedules as appropriate.

Prof Sue Proctor
Chair of the Trust
NOVEMBER 2019

Blank page

**AGENDA
ITEM**

8

MEETING OF THE COUNCIL OF GOVERNORS

| | |
|--|--------------------------------|
| PAPER TITLE: | Chief Executive Report |
| DATE OF MEETING: | 7 November 2019 |
| PRESENTED BY: (name and title) | Dr Sara Munro, 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.

Blank page

MEETING OF THE COUNCIL OF GOVERNORS

7 November 2019

Chief Executive Report

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

1. Staff Engagement

During the summer I have been able to spend time learning more about the redesign of our community mental health services with clinical lead Julie Bailey at Aire Court and sitting in on a morning huddle. These huddles have been implemented for a number of months and they bring together the multi-disciplinary team to focus on new and/or complex cases and discuss as a team how best to support service users and their families. Julie also shared with me the wider benefits they are experiencing since the community redesign and the recent success in recruitment and retention. Whilst we all know it is still early days for our community redesign I was struck by the contrast from one of my first staff engagement sessions there three years ago and the level of transformation in leadership and engagement of the staff team.

Culture Collaborative Launch – The Board is aware through previous reports and discussions of our intention to do more focused work to build on the culture change of the previous few years. Whilst we have seen positive impacts from taking a values and behaviour based approach to engagement with staff and building a culture of psychological safety and collective leadership there are still areas where there is more we can do so that all our staff feel well supported at work. The senior leadership team came up with the idea of a culture collaborative and we have held our first meeting over the summer. We are combining our cultural improvements with the Institute for Healthcare Improvement (IHI) methodology we have also been taking forward across the Trust and in October ran the first of our big conversations using our online platform called Crowd Sourcing. The launch was accompanied by a personal video message from myself explain why culture is so important

both for staff and for the quality and safety of care we provide. We had a response rate of 21% which is high for this form of engagement and representation from all staff groups. The results are still being analysed ready for the next phase.

The next steps are to feedback and check in with staff that we have fully understood their feedback to the first questions before holding a final round of conversations exploring meaningful action we can take as individuals, teams and across the Trust. We will also be holding a series of face to face conversations in the New Year targeting those teams and staff groups that have not taken part in the online conversations. The culture collaborative is a diverse group of people and open to anyone getting involved. A number of people have already asked to get involved and we will be meeting at regular intervals to oversee and shape the work as it progresses.

A key part of our cultural ambition is to deliver real and sustainable improvements to the experiences and opportunities for colleagues who are from black and minority ethnic groups, have a disability which for us includes health and wellbeing in its broadest sense and/or are lesbian, gay bisexual transgender, non-binary. This is fundamental to the values we hold in our Trust and it is also well evidenced that the experiences of BAME staff in particular correlate to the experiences of all staff and service users. The chairs of each of our staff network groups are members of the culture collaborative and engaging with members of these groups will be targeted as part of the engagement events over the coming months. No one should experience bullying, harassment or discrimination in our Trust and the workshop we held in September with the senior leadership team, Equality and Inclusion Group and members of the staff network groups made a number of suggestions about what more we can do collectively which are being explored further by Claire Holmes, Director of Organisational Development and Workforce.

Connected to the experiences of BAME staff is the work we are doing with partners in Leeds on the experiences of BAME citizens in accessing and receiving mental health services. Sharon Prince our Strategic Lead for Psychology and Psychotherapy is the lead and helped to organise an event on the 23 October in collaboration with public health and an organisation called the Synergi Collaborative. The event was a creative spaces style event which brought together a diverse group of professionals, community activists and leaders and services users and citizens to explore what we know and in a creative way

what we can do to make long term sustainable change. The outcomes from the day will be shared with all partners and the Leeds mental health strategy will also have this work as part of its priorities as we recognise this is long-term and multifaceted.

2. Regulatory Update

CQC – Our Well led inspection concluded on the 29 August 2019 with initial feedback given from the inspection team that it had been a positive inspection. The CQC are now pulling together the findings from their inspections of 7 of the trusts clinical services, analysis of a whole range of quantitative and qualitative data and the findings from the well led aspect. We were expecting the draft reports at the end of September but due to changes within the CQC these have been delayed. We hope to receive the reports and for them to be published in November. It really was a team effort from across all departments and teams in the Trust, with exceptional leadership from Cathy Woffendin and I want to reiterate our appreciation to everyone involved. Our Trust values of caring, integrity and simplicity really shone through along with passion and professionalism.

3. West Yorkshire and Harrogate Health and Care Partnership

The Partnership Board chaired by Cllr Swift met for the second time in September in the council chambers at Wakefield Council. The board received a presentation from a learning disability organisation in Bradford called Bradford Talking Media (BTM). Members talked about their own experiences of health and care services, what was working well and what could be improved. BTM are working with the Integrated Care System (ICS) core team to ensure people with a learning disability are included in all aspects of our work.

The main agenda item was the draft of the 5 year strategy the ICS is required to submit in November. The aim of the strategy is to set out how the partnership will deliver on the long term plan over the next 5 years and the difference this will make to citizens. The content is therefore very broad and at the moment is a lengthy document so significant work will be undertaken over the next two months to agree a final version which will cover the place based plans and programme priorities. It is also being discussed with health and wellbeing boards in each place. There was a discussion about the importance of connecting the strategy to wider and longer term outcomes and tackling health inequalities.

4. Mental Health Learning Disability and Autism Collaborative

NED and Governor Workshop

Thank you to those Neds and Governors who were able to join the fourth collaborative workshop we held on the 22 October. It was a great opportunity to report on the progress we have made in recent months, the work we have planned for the year ahead and to focus on some key aspects of the collaborative strategy and ambitions. Areas we covered were workforce, communications, carers, digital strategy plus updates on Tier 4 Child and Adolescent Mental Health Service (CAMHS), forensic services and improving inpatient provision for learning disability services. Presentations from the day will be circulated to all members. Feedback on how we can continue to improve these workshops and what works well is always appreciated.

Steady State Commissioning Update

Following our bids and presentations to NHS England in July we have now received confirmation on the outcomes. The bid for adult eating disorders has been supported fast track which means a four year contract will be awarded from April 2020. There is still work to do on finalising activity and finance plans and the final business case will come to the Trust board for sign off in November.

The bid for Tier 4 CAMHS has been supported for the development track due to the work needed on widening the model to children with a learning disability and autism and we anticipate this being completed for contract award in October 2020. The bid for forensic services requires much more development on the ambition and clinical modelling and at the moment the timescale is to complete this for April 2021.

5. Reasons to be Proud

This report highlights a lot of awards nominations success for our teams in national awards. We will be hosting our own Trust Annual Awards on the 8 November. With over 160 nominations we have had the most fantastic examples of teams and individuals going above and beyond to make a difference in the lives of service users, families and to their own colleagues. The award ceremony gives us a chance to say thank you and celebrate the great work our staff do day in and day out. Thank you to those governors who I know have been instrumental behind the scenes supporting the whole process.

The Trust's Deaf CAMHS Team has been shortlisted in the Royal College of Psychiatry Awards in the category of children and young people. The bid was led by Dr Sophie Roberts and the team will be attending the awards ceremony on the 8 November.

Specialist Personality Disorder Services and Adult Eating Disorder Services have again been shortlisted in the national positive practice in mental health awards. The ceremony was held on world mental health day 10 October with a first place for Adult Eating Disorder Services and Highly Commended for the Specialist Personality Disorder Service.

The Veterans Complex Mental Health Service has been shortlisted for an award by the Nursing Times. Results will be revealed at the ceremony on the 30 October in London.

Our Leeds Autism Diagnostic Services celebrated its 10th anniversary on the 29 September and has just achieved accreditation with the National Autistic Society. We are the first service to have achieved this and it is all credit to the team for the work they have put in and the outcomes they have demonstrated.

September marked the go live of two very important new services led by the Trust in partnership with other organisations. Firstly the Leeds Recovery College led by Simon Burton is now up and running and delivering a high quality range of courses which can be accessed by anyone in Leeds. The second is the Northern gambling Services led by Matt Gaskell. The Leeds clinic is now open to referrals and in the coming months clinics will be up and running in Salford and Sunderland. Both of these services whilst very different share the following;

- Passionate leadership
- Team work
- Collaborative working
- Community focus.

As the services get up and running it will be important for the Board members to visit them and also for Simon and Matt to come and share their experiences at a future public Board meeting alongside those that benefit from the services.

We are currently recruiting to the primary care mental health service which will start to operate across Leeds during November providing much needed and valued support to each GP practice. This forms part of the wider primary care and Improving Access to Psychological Therapies (IAPT) service in Leeds which is led by Leeds Community Trust.

Dr Sara Munro

Chief Executive

25 October 2019

**AGENDA
ITEM**

10

MEETING OF THE COUNCIL OF GOVERNORS

| | |
|--|---|
| PAPER TITLE: | Council of Governors: Quarterly Performance and Quality Update Report |
| DATE OF MEETING: | 7 November 2019 |
| PRESENTED BY: (name and title) | Joanna Forster Adams, Chief Operating Officer Dawn Hanwell, Chief Financial Officer & Deputy Chief Executive |
| PREPARED BY: (name and title) | Nikki Cooper, Head of Performance Management and Informatics |

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

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

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

Blank page

Council of Governors: Quarterly Performance and Quality Update Report

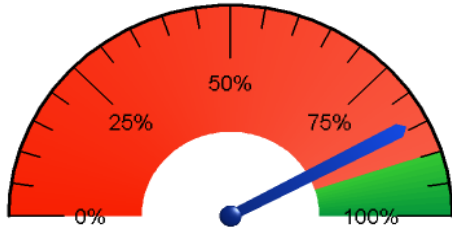
- Overview of Key Performance Indicators.
- Performance and Quality metrics summary.
- Trust Board Assurance: Key discussions, issues and actions.



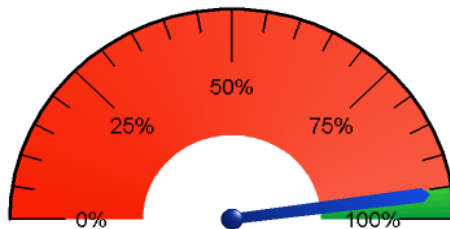
Leeds and York Partnership
NHS Foundation Trust

Our Service Performance

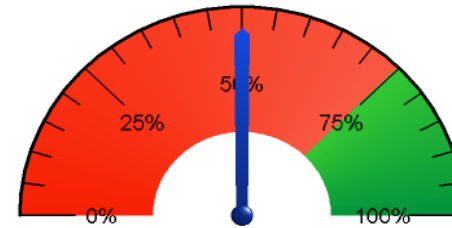
Access & Responsiveness: Our response in a Crisis



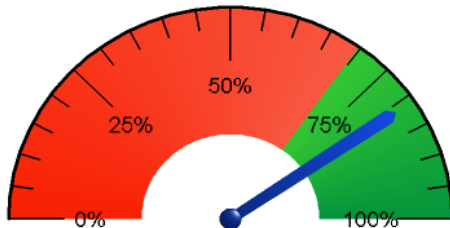
Percentage with timely access to a MH assessment by the ALPs team in the LTHT Emergency Department (1 hour)



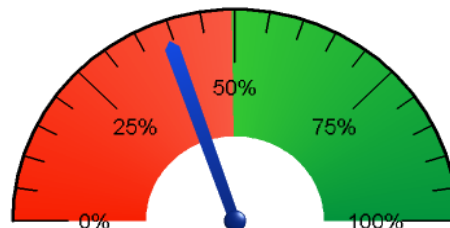
Percentage of admissions to inpatient services that had access to crisis resolution / home treatment teams



Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral

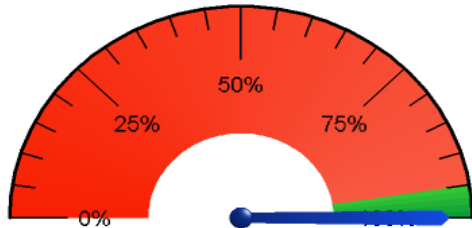


Percentage of service users who have stayed on CRISS caseload for less than 6 weeks

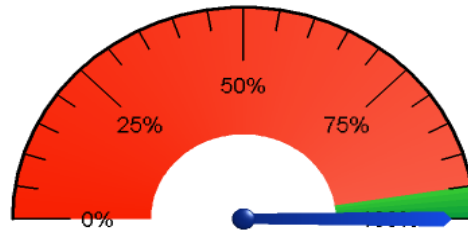


Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support

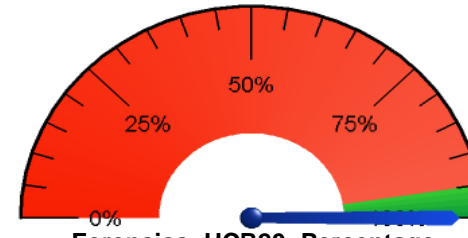
Our Specialist Services



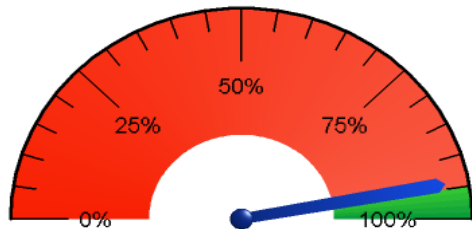
CAMHS inpatients: Honosca & CGAS: % completed at admission (quarterly) Q1



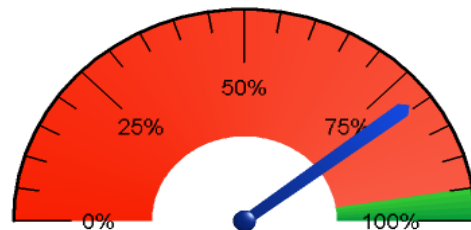
CAMHS inpatients: Honosca & CGAS: % completed at discharge (quarterly) Q1



Forensics: HCR20: Percentage completed within 3 months of admission (quarterly) Q1

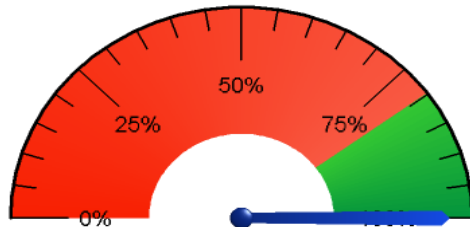


Forensics: HCR20 & HoNOS Secure: Percentage completed (LOS greater than 9 months) (quarterly) Q1

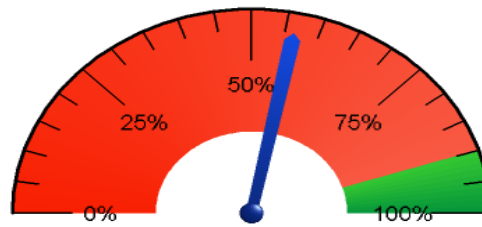


Leeds Autism Diagnostic Service (LADS): Percentage starting their assessment within 13 weeks of referral

Our Specialist Services Continued

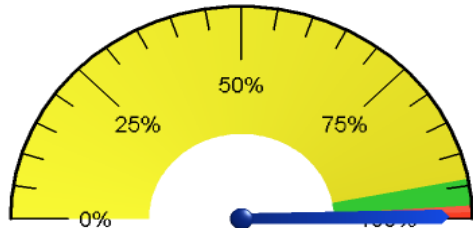


Community LD: Percentage of referrals seen within 4 weeks

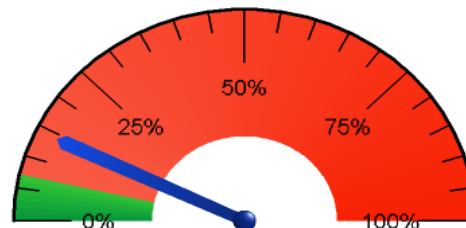


Community LD: Care plans reviewed within the previous 12 months

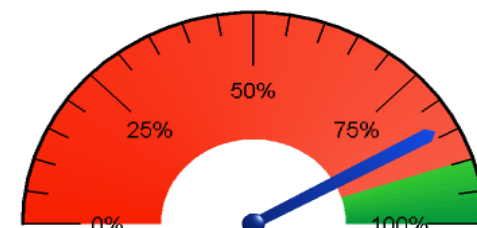
Our Acute Patient Journey



Bed Occupancy rates for (adult acute) inpatient services

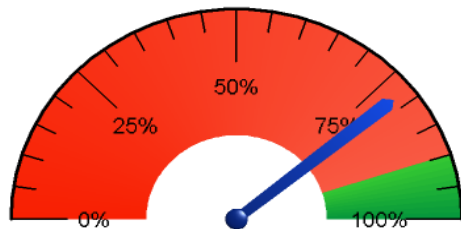


Percentage of Delayed Transfers of Care



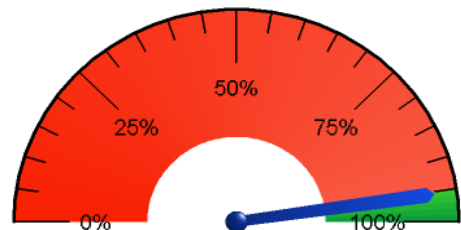
Liaison In-Reach: attempted assessment within 24 hours

Our Acute Patient Journey Continued

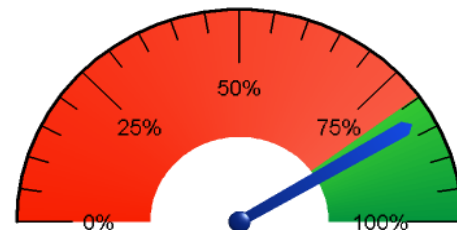


**Cardio Metabolic (Physical health)
Assessment completed (current SMI
inpatients) Q1**

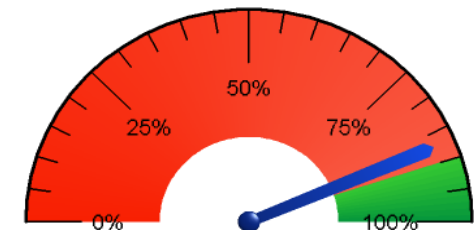
Our Community Care



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

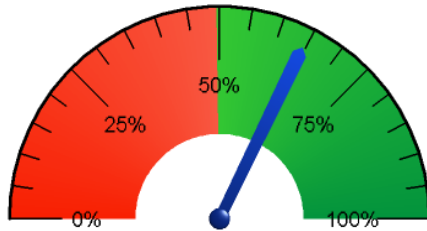


**Percentage of referrals seen (face to face)
within 15 days of receipt of referral to a
community mental health team**

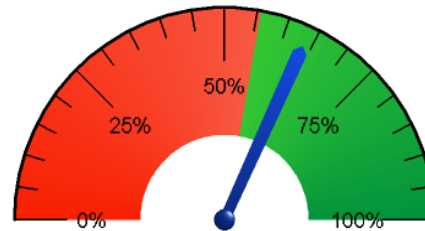


**Waiting Times Access to Memory Services;
Referral to first Face to Face Contact within
8 weeks (quarter to date)**

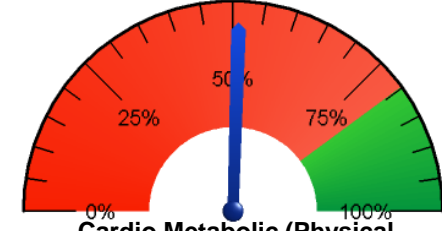
Our Community Care Continued



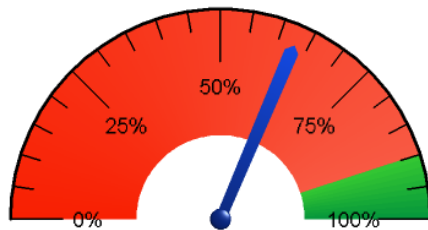
Memory Services – Time from Referral to Diagnosis within 12 weeks



EIP 2 week wait to start NICE-recommended package of care

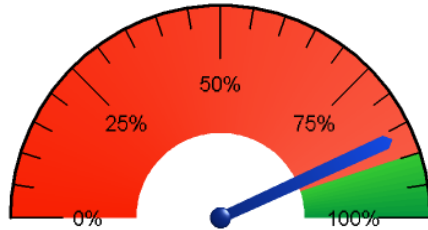


Cardio Metabolic (Physical health) Assessment completed (SMI community caseload) Q1

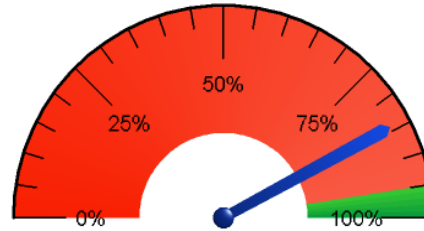


Cardio Metabolic (Physical health) Assessment completed (Early Intervention in Psychosis) Q1

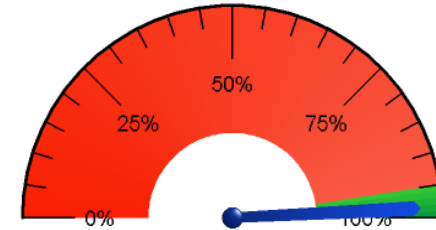
Clinical Record Keeping: Mandated requirements



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



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



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

Performance and Quality Metrics Summary

| Services: Access & Responsiveness: Our response in a crisis | Target | Jun-19 | Jul-19 | Aug-19 |
|---|--------|--------|--------|--------|
| Percentage of crisis calls (via the single point of access) answered within 1 minute | - | 74.5% | 78.6% | 76.4% |
| Percentage of admissions gatekept by the crisis teams | 95% | 100.0% | 100.0% | 95.8% |
| Percentage of ALPS referrals responded to within 1 hour | 90% | 84.1% | 85.0% | 84.4% |
| Percentage of S136 referrals assessed within 3 hours of arrival | - | 27.4% | 32.4% | 27.9% |
| Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral | 75% | 43.9% | 45.5% | 50.0% |
| Percentage of service users who stayed on CRISS caseload for less than 6 weeks | 70% | 95.0% | 82.0% | 81.0% |
| Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support | 50% | 34.4% | 35.8% | 39.4% |
| Services: Access & Responsiveness: Our Specialist Services | Target | Jun-19 | Jul-19 | Aug-19 |
| Gender Identity Service - Median wait for those currently on the waiting list (weeks) | - | 41.9 | 44.1 | 46.1 |
| Gender Identity Service: Number on waiting list | - | 1,614 | 1,690 | 1,725 |
| Leeds Autism Diagnostic Service (LADS): Percentage receiving an assessment within 13 weeks | - | 93.9% | 79.2% | 79.2% |
| CAMHS inpatients: Honosca & CGAS: % completed at admission (quarterly) | 95% | 100% | - | - |
| CAMHS inpatients: Honosca & CGAS: % completed at discharge (quarterly) | 95% | 100% | - | - |
| Deaf CAMHS: wait from referral to first face to face contact in days (monthly) | - | 67.9 | 57.5 | 51.6 |
| Forensics: HCR20: Percentage completed within 3 months of admission (quarterly) | 95% | 100.0% | - | - |
| Forensics: HCR20 & HoNOS Secure: Percentage completed (LOS greater than 9 months) (quarterly) | 95% | 94.1% | - | - |
| Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly) | - | - | - | - |
| Perinatal Community: Percentage waiting less than 2 weeks for first contact (routine) (quarterly) | - | 75.8% | - | - |
| Perinatal Outreach: Average wait from referral to first contact (all urgencies) (quarterly) | - | 23.4 | - | - |
| Perinatal: Number of new women supported versus trajectory (quarterly) | 100 | 65 | - | - |
| Perinatal: Total number of women supported (quarterly) | - | 155 | - | - |
| Community LD: Percentage of referrals are seen within 4 weeks of receipt of referral (quarter to date) | 80% | 90.0% | 86.1% | 100.0% |
| Community LD: Percentage of Care Plans reviewed within the previous 12 months (quarter to date) | 90% | 65.8% | 63.8% | 56.3% |
| Services: Our acute patient journey | Target | Jun-19 | Jul-19 | Aug-19 |
| Number of admissions to adult facilities of patients who are under 16 years old | - | 0 | 0 | 0 |
| Crisis Assessment Unit (CAU) bed occupancy | - | 93.9% | 95.2% | 83.9% |
| Crisis Assessment Unit (CAU) length of stay at discharge | - | 12.7 | 12.6 | 13.8 |
| Liaison In-Reach: attempted assessment within 24 hours | 90% | 83.6% | 83.3% | 83.9% |
| Bed Occupancy rates for (adult acute excluding PICU) inpatient services: | 94-98% | 99.7% | 99.6% | 99.0% |
| • Becklin – ward 1 | - | 100.5% | 100.7% | 100.3% |
| • Becklin – ward 3 | - | 98.9% | 98.7% | 98.4% |
| • Becklin – ward 4 | - | 99.2% | 101.0% | 98.2% |
| • Becklin – ward 5 | - | 100.6% | 98.8% | 100.1% |
| • Newsam – ward 4 | - | 99.4% | 98.9% | 98.0% |
| • Older adult (total) | - | 90.0% | 95.5% | 86.6% |
| • The Mount – ward 1 | - | 88.4% | 89.2% | 77.6% |
| • The Mount – ward 2 | - | 81.3% | 96.3% | 87.5% |
| • The Mount – ward 3 | - | 82.1% | 102.4% | 101.7% |
| • The Mount – ward 4 | - | 104.6% | 92.5% | 77.3% |

Performance and Quality Metrics Summary continued

| Services: Our acute patient journey | Target | Jun-19 | Jul-19 | Aug-19 |
|---|--------|--------|--------|--------|
| Percentage of delayed transfers of care | <7.5% | 11.3% | 12.5% | 14.1% |
| Number of out of area placement bed days versus trajectory (in days: cumulative per quarter) | - | +670 | -419 | +41 |
| Acute: Number of out of area placements beginning in month | - | 14 | 13 | 7 |
| Acute: Total number of bed days out of area (new and existing placements from previous months) | - | 525 | 518 | 430 |
| PICU: Number of out of area placements beginning in month | - | 3 | 2 | 0 |
| PICU: Total number of bed days out of area (new and existing placements from previous months) | - | 143 | 92 | 30 |
| 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) | - | 5 | 0 | 0 |
| Cardiometabolic (physical health) assessments completed: Inpatients (quarterly) | 90% | 78.2% | - | - |
| Services: Our community care | Target | Jun-19 | Jul-19 | Aug-19 |
| Percentage of inpatients followed up within 7 days of discharge | - | 91.8% | 91.7% | 95.4% |
| Percentage of inpatients followed up within 7 days of discharge (quarterly data) | 95% | 92.67% | - | - |
| Percentage of inpatients followed up within 3 days of discharge | - | 73.2% | 80.8% | 73.2% |
| Number of service users in community mental health team care (caseload) | - | 5,105 | 4,903 | 4,853 |
| Percentage of referrals seen (face to face) w/in 15 days by a community mental health team | 80% | 75.1% | 82.1% | 83.0% |
| Percentage of referrals to memory services seen (face to face) within 8 weeks (quarter to date) | 90% | 81.2% | 87.3% | 86.1% |
| Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date) | 50% | 68.6% | 61.5% | 63.9% |
| Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks. | 56% | 55.0% | 61.3% | 63.6% |
| Cardiometabolic (physical health) assessments completed: Community Mental Health (patients on CPA) (quarterly) | 80% | 51.0% | - | - |
| Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly) | 90% | 62.8% | - | - |
| Services: Clinical Record Keeping | Target | Jun-19 | Jul-19 | Aug-19 |
| Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS) - revised specification from April onwards | 95% | APR | MAY | - |
| | | 83.6% | 83.5% | - |
| Percentage of service users with ethnicity recorded | - | 88.0% | 86.5% | 85.0% |
| Percentage of in scope patients assigned to a mental health cluster | 90% | 85.8% | 85.6% | 86.5% |
| Percentage of Care Programme Approach Formal Reviews within 12 months | 95% | 86.7% | 84.9% | 84.3% |
| Timely Communication with GPs: Percentage notified in 7 days (CPA Care Plans only) (quarter to date) | 80% | 29.0% | 42.3% | 41.7% |
| Timely Communication with GPs: Percentage notified in 24 hours (inpatient discharges only) (quarter to date) | 80% | 0.0% | 0.0% | 0.4% |
| Quality: Our effectiveness | Target | Jun-19 | Jul-19 | Aug-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) | - | 86.6% | 86.2% | 92.5% |
| Classic Safety Thermometer: Percentage of harm free care (point prevalence survey) | 95% | 99.5% | 97.9% | 98.4% |
| Percentage of service users in Employment | - | 15.9% | 15.6% | 15.5% |
| Percentage of service users in Settled Accommodation (definition reviewed and changed from August) | - | 76.8% | 76.1% | 75.2% |

Performance and Quality Metrics Summary continued

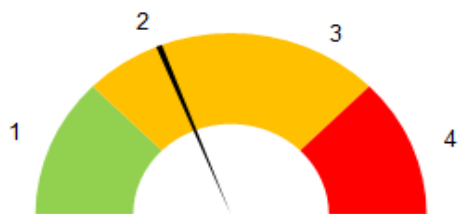
| Quality: Caring / Patient Experience | Target | Jun-19 | Jul-19 | Aug-19 |
|---|---------|-----------|------------|------------|
| Friends & Family Test: Percentage recommending services | - | 75% (12) | 80% (5) | 75% (20) |
| Mortality: | Qrterly | - | - | - |
| · Number of deaths reviewed | Qrterly | 89 | - | - |
| · Number of deaths reported as serious incidents | Qrterly | 6 | - | - |
| · Number of deaths reported to LeDeR | Qrterly | 2 | - | - |
| Number of complaints received | - | 11 | 11 | 14 |
| Percentage of complaints acknowledged within 3 working days | - | 100% | 100% | 100% |
| Percentage of complaints allocated an investigator within 3 working days | - | 72% | 90% | 100% |
| Percentage of complaints completed within timescale agreed with complainant | - | 85% | 100% | 100% |
| Number of enquiries to the Patient Advice and Liaison Service (PALs) | - | 154 | 147 | 173 |
| Quality: Safety | Target | Jun-19 | Jul-19 | Aug-19 |
| Number of incidents recorded | - | 1,006 | 988 | 997 |
| Percentage of incidents reported within 48 hours of identification as serious | 100% | 100% (2) | 100% (2) | 100% (1) |
| Number of never events | 0 | 0 | 0 | 0 |
| Number of restraints and restrictive interventions | - | 184 | 174 | 184 |
| No. of patients detained under the Mental Health Act (includes Community Treatment Orders/conditional discharges) | - | 490 | 496 | 452 |
| Adult acute including PICU: % detained on admission | - | 64.0% | 70.6% | 68.3% |
| Adult acute including PICU: % of occupied bed days detained | - | 87.5% | 84.0% | 83.1% |
| Number of medication errors | Qrterly | 183 | - | - |
| Percentage of medication errors resulting in no harm | Qrterly | 93.0% | - | - |
| Safeguarding Adults: Number of advice calls received by the team | - | 58 | 71 | 91 |
| Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care | - | 12.1% (7) | 14.1% (10) | 10.9% (10) |
| Safeguarding Children: Number of advice calls received by the team | - | 17 | 45 | 31 |
| Safeguarding Children: Percentage of advice calls to safeguarding that resuled in a referral to social care | - | 47.1% (8) | 33.3% (15) | 38.7% (12) |
| Number of falls | - | 74 | 68 | 70 |

Performance and Quality Metrics Summary continued

| Our Workforce | Target | Jun-19 | Jul-19 | Aug-19 |
|--|--------|--------|--------|--------|
| Percentage of staff with an appraisal in the last 12 months | 85% | 82.9% | 84.8% | 85.1% |
| Percentage of mandatory training completed | 85% | 90.8% | 91.1% | 91.2% |
| Safeguarding: Prevent Level 3 training compliance (month end snapshot) | 85% | 96.0% | 96.0% | 96.0% |
| Percentage of staff receiving clinical supervision | 85% | 80.7% | 81.6% | 73.4% |
| Staff Turnover (Rolling 12 months) | 8-10% | 10.4% | 9.9% | 9.8% |
| Sickness absence rate in month | - | 5.2% | 4.9% | 4.4% |
| Sickness absence rate (Rolling 12 months) | 4.6% | 5.2% | 5.3% | 5.2% |
| Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months) | 14.7% | 13.7% | 14.1% | 13.5% |
| Percentage of sickness due to Mental Health & Stress (rolling 12 months) | 15.0% | 41.3% | 42.6% | 44.0% |
| Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage) | - | 28.0% | 28.0% | 30.0% |
| Band 5 inpatient nursing vacancies (number) | - | 64.7 | 64.7 | 68.3 |
| Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage) | - | 0.0% | 0.0% | 0.0% |
| Band 6 inpatient nursing vacancies (number) | - | 0.0 | 0.0 | 0.0 |
| Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage) | - | 22.0% | 22.2% | 21.0% |
| Band 5 other nursing vacancies (number) | - | 20.9 | 21.9 | 20.7 |
| Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage) | - | 4.8% | 3.7% | 1.3% |
| Band 6 other nursing vacancies (number) | - | 12.5 | 9.8 | 3.4 |
| Percentage of vacant posts (Trustwide; all posts) | - | 11.0% | 11.2% | 10.4% |

Overview of Finance

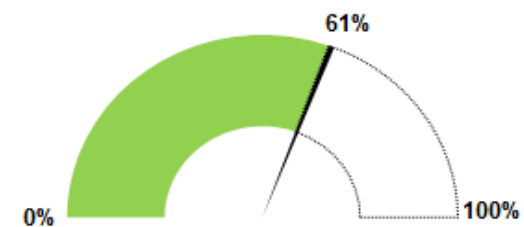
Single Oversight Framework – Finance Score



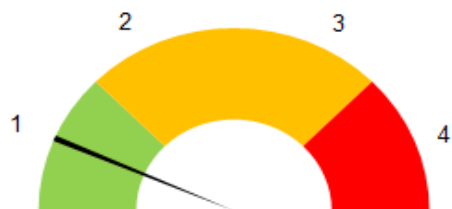
Income and Expenditure Position (£000s)



Cost Improvement Programme (£000s)



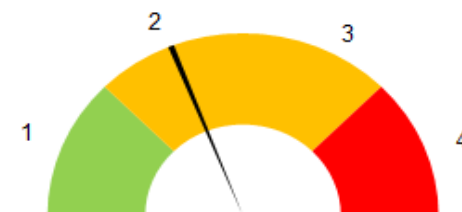
Cash (£000s)



Capital (£000s)



Agency spend (£000s)



Finance metrics

| Finance | Target | Jun-19 | Jul-19 | Aug-19 |
|--|--------|---------|---------|---------|
| Single Oversight Framework: Overall Finance Score | 1 | 2 | 2 | 2 |
| Single Oversight Framework: Income and Expenditure Rating | 1 | 3 | 2 | 2 |
| Income and Expenditure: Surplus | | £0.91m | £0.99m | £1.26m |
| Cost Improvement Programme versus plan (% achieved) | 100% | 60.63% | 61.11% | 61.13% |
| Cost Improvement Programme: achieved | | £0.45m | £0.60m | £0.76m |
| Single Oversight Framework: Cash Position Liquidity Rating | 1 | 1 | 1 | 1 |
| Cash Position | - | £71.22m | £89.67m | £91.11m |
| Capital Expenditure (Percentage of plan used) (YTD) | 100% | 40.20% | 91.08% | 74.61% |
| Single Oversight Framework: Agency Spend Rating | 1 | 2 | 2 | 2 |
| Agency spend: Actual | - | £1.34m | £1.79m | £2.36m |
| Agency spend (Percentage of capped level used) | - | 107.00% | 107.00% | 113.00% |
| | | | | |

Finance metrics continued

| | |
|---|--|
| Single Oversight Framework - Finance Score The Trust achieved the planned Finance Score at month 05 with an overall Finance Score of 2. | Income and Expenditure Position (£000s) The income and expenditure position at month 5 is £0.33m surplus, £0.21m ahead of plan before accounting for £0.94m additional PSF relating to 18/19. |
| Cost Improvement Programme (£000s) CIP performance at month 05 is under the plan of £1.24m, CIP achieved £0.76m (61% of plan). | Cash (£000s) The cash position of £91.1m is £1.1m above plan at month 5, reflecting unplanned 18/19 PSF and capital underspending. The Trust still achieved a liquidity rating of 1 (highest rating). |
| Capital (£000s) Capital expenditure (£0.89m) is behind plan at month 5 (74% of plan). | Agency spend (£000s) Compares actual agency spend (£2.36m at month 05) to the capped target set by the regulator (£2.09m at month 05). The Trust reported agency spending 13% above the capped level and achieved a rating of 2. |
| Areas of Financial Risk as at April 2019 <ul style="list-style-type: none"> • OAPs run rate deterioration. • CIP performance. • Wards overspending. • Agency spending run rate. | |

Trust Board Assurance: Key discussions, issues and actions

Points to note:

August saw a number of services achieve their access standard / target including the Community Learning Disabilities Team achieving 100% of referrals seen within 4 weeks and the percentage of referrals to Community Mental Health Teams (CMHTs) seen within 15 days. The 7 day follow up standard was also met with the focus now on achieving the 3 day follow up CQUIN for CCG commissioned services.

Performance is also strong in the workforce metrics of appraisal, mandatory training and the safeguarding Prevent Level 3 training.

Key issues, risks and actions:

Capacity and flow across our acute pathway remains a risk. The Trust has not been able to stay on its trajectory for inappropriate out of area placements in Q1 & Q2 and does not expect to see significant improvement in the short term. In order to reduce length of stay and delayed discharges, the Trust continues to work in partnership with commissioners who are planning to open up additional supported accommodation placement beds later in the year and to open a crisis house from January 2020 and a checklist for use within 72 hours of admission identifying possible barriers to discharge has now been implemented both within the Trust and for those out of area.

Trust Board Discussion Summary:

At the September board, the combination of analysis and planning were common themes across a variety of papers discussed.

Performance against key metrics: The Board recognised improvement in the last couple of months across a range of metrics but acknowledged the data analysis that suggests further consistency is needed to feel assured that standards can be maintained long term. This particularly applies to the acute pathway where diagnostic work has previously identified the Trust's bed base to be sufficient but issues with delayed transfers of care, medical staffing and delays in wider system developments (such as a crisis house) continue to impact on patient flow and lead to out of area placements. The Chief Operating Officer described work ongoing with the local authority to reduce delayed transfers of care in our older people's services by providing better support in community settings for a cohort of our service users. The Board also discussed the challenge within the Crisis Resolution and Intensive Support Service (CRISS) to make an impact on reducing admissions and supported early discharge. The combined difficulties of vacancies, sickness levels and changing practice in the new CRISS model were touched upon with recognition that more time is needed to assess the progress being made.

System wide planning: There was much discussion about the integrated care system (ICS) wide planning that is underway currently to provide a long term plan (LTP) for each ICS. The additional investment from the mental health standard was noted alongside the fact that there were also efficiency savings to be met. The Director of Finance confirmed that the LTP would feed into our Trust's operational plan and the operational plan, alongside contract negotiations after Christmas would define our Trust priorities.

Workforce and Staffing: The workforce planning discussions focussed on the trial of the Mental Health Optimal Staffing Tool (MHOST) where early indications are that staffing establishments on the acute adult and older people's wards could be increased; the wards currently overspend against their establishment to maintain a high quality service. The need to review the multidisciplinary team as a whole on each ward (not just nursing staff) was discussed with reprofiling requirements to follow the full analysis of the MHOST data collected to date. The wider requirement to look at areas that consistently underspend as part of the reprofiling exercise was noted with plans to complete this work by the end of March 2020.

Blank page

**AGENDA
ITEM**

15

MEETING OF THE COUNCIL OF GOVERNORS

| | |
|--|--|
| PAPER TITLE: | Bullying and Harassment Progress Update |
| DATE OF MEETING: | 7 November 2019 |
| PRESENTED BY: (name and title) | Caroline Bamford, Head of Diversity and Inclusion on behalf of Claire Holmes Director of Workforce Development |
| PREPARED BY: (name and title) | Caroline Bamford, Head of Diversity and Inclusion |

| 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

Following previous Staff Survey findings and independent staff engagement undertaken by the Advisory Conciliation and Arbitration Service (ACAS) in 2018, this paper provides a progress update on subsequent actions and recommendations taken forward to date.

There is an ongoing commitment to challenge negative attitudes and behaviours which result in overt or covert forms of bullying & harassment in our organisation. It is recognised that long-term, collective action involving colleagues at all levels is required to achieve meaningful organisational culture change. Through owning the findings and recommendations, we are striving to develop firmer strategies towards an inclusive, fair and supportive workplace.

Actions include improving organisational processes, developing staff wellbeing and support schemes and further developing wider culture change and organisational initiatives in the Trust.

In early 2018 an action plan was developed supported by a task and finish group to inform and support delivery of improvement actions. Further details of the actions to date can be accessed at Appendix 1 of the attached paper.

This work will be further shaped by the Culture Collaborative work which seeks to further develop the recommendations and themes highlighted by the bullying and harassment staff engagement work by ACAS and take an active role to listen, further engage and take forward actions to improve workplace culture and behaviours.

| | | |
|--|--------------------------------------|--|
| 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 progress detailed within this paper.

MEETING OF THE COUNCIL OF GOVERNORS

7 November 2019

Bullying & Harassment Progress Update Paper

1 Executive Summary

Following previous Staff Survey findings and independent staff engagement undertaken by the Advisory Conciliation and Arbitration Service (ACAS) in 2018, this paper provides a progress update on subsequent actions and recommendations taken forward to date.

There is an ongoing commitment to challenge negative attitudes and behaviours which result in overt or covert forms of bullying & harassment in our organisation. It is recognised that long-term, collective action involving colleagues at all levels is required to achieve meaningful organisational culture change. Through owning the findings and recommendations, we are striving to develop firmer strategies towards an inclusive, fair and supportive workplace.

Actions include improving organisational processes, developing staff wellbeing and support schemes and further developing wider culture change and organisational development initiatives in the Trust. Further details of the actions to date can be accessed at **Appendix 1** of this paper.

2 Background and Context

Bullying and harassment is a difficult and complex issue. Our Staff Survey results continue to show that the levels of incidents of harassment, bullying or abuse from colleagues reported via the survey have remained similar over the last few years. Although there appears to be a positive decrease in 2018 in the percentage of staff reporting bullying and harassment from patients/service users or managers, there is a 0.1% increase in reporting these experiences from other colleagues. Our Staff Survey results also identify much higher levels of bullying and harassment incident reporting from our disabled staff and Black, Asian and Minority Ethnic (BAME) staff.

Table 1: Source NHS Staff Survey: LYPFT

| | 2014 | 2015 | 2016 | 2017 | 2018 |
|--|-------|-------|-------|-------|-------|
| Q13a > In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public? | 30.5% | 31.7% | 32.2% | 29.7% | 29.5% |
| Q13b > In the last 12 months have you personally experienced harassment, bullying or abuse at work from managers? | --- | 11.9% | 10.5% | 8.7% | 7.8% |
| Q13c > In the last 12 months have you personally experienced harassment, bullying or abuse at work from other colleagues? | --- | 14.2% | 16.2% | 15.4% | 15.5% |

Table 2: Source Workforce Race Equality Standard LYPFT 2018-19

| | | |
|--|--------------------------|--------------------------|
| Q13a > In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public? | BAME 2017 36% | BAME 2018 37% |
| | White 2017 29% | White 2018 29% |
| Q13b > In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers? | BAME 2017 18% | BAME 2018 24% |
| | White 2017 19% | White 2018 23% |

Table 3: Source Workforce Disability Equality Standard LYPFT 2019

| | Disabled Staff |
|--|-----------------------|
| Experience of bullying, harassment or abuse from patients/service users/relatives/public | 36.6% |
| Experience of bullying, harassment or abuse from manager | 11.7% |
| Experience of bullying, harassment or abuse from other colleagues | 23.8% |

During 2017, a Trust-wide crowd sourcing campaign was undertaken using the online Your Voice Counts platform to engage with staff and identify practical ideas and solutions to address bullying and harassment. A total of 525 members of staff engaged with the campaign, which equated to 17% of staff. Key thematic areas identified included;

- Values and behaviours
- Actions and consequences
- Staff Support
- Management- training, leadership and culture
- Policies and process improvements
- Staff training

Addressing negative values and behaviours shown by staff and managers was a key theme of the online conversation. There were a high number of narrative comments received but specific ideas for implementing solutions to change staff behaviour were low.

Findings and recommendations from this campaign were presented to the Workforce and Organisational Development Group in December 2017. A series of improvement actions were identified and a task and finish group established to inform and support the delivery of the action plan.

The first priority action was to undertake face to face staff engagement through an independent organisation to further understand staff experiences of bullying and harassment to inform the actions and review of current processes.

This independent staff engagement exercise was undertaken by the Advisory, Conciliation, and Arbitration Service (ACAS) between September and October 2018, in partnership with staff side.

Staff were invited to discuss perceived issues and barriers and to identify solutions. A variety of issues were raised which fell into the following four broad categories;

- Perceived command control culture
- Perceived favouritism
- Perceived bullying

- Use of reporting processes

3 Actions to Date

Actions to improve organisational processes, to develop staff wellbeing and to support and further develop wider culture change and organisational initiatives in the Trust are being implemented.

In early 2018 an action plan was developed supported by a task and finish group to inform and support delivery. Further details of the actions to date can be accessed at **Appendix 1** of this paper.

The following section provides further details of key action areas.

3.1 Culture Collaborative Forum

The ACAS report and findings were shared with all staff in December 2018 by our chief executive, Sara Munro with the firm commitment to deliver improvements to the experiences of all our staff and to address the issues that contribute to poor behaviour and negative organisational culture.

Subsequently, during summer 2019, Sara and senior leaders within the Trust established the Culture Collaborative Forum to specifically focus on creating the best workplace culture within LYPFT which enables all staff to thrive as individuals and teams. This is an open forum and seeks to engage a wide range of staff, particularly those who are not representative or find it difficult to have their voices heard.

The Culture Collaborative Forum will seek to further develop the recommendations and themes highlighted by the bullying and harassment staff engagement work by ACAS and take an active role to listen, further engage and make recommendations on improving workplace culture and behaviours.

During Autumn 2019 two online staff engagement conversations are currently taking place (one of which is complete), through Your Voice Counts platform and are linked directly to the ACAS engagement, NHS staff survey results and the Institute of Healthcare Improvement report. The staff engagement platforms focus on:

- Feedback from staff about the current culture in our Trust
- What a good culture at work would feel like for staff

During early 2020, further face to face staff engagement sessions will also take place in response to developing culture to directly engage a wide range of staff in informing actions.

3.2 Workplace Wellbeing Scheme

From the ACAS staff engagement study, a key recommendation was to re-introduce a first contact supporter scheme which staff could access in the event of issues which impacted upon their psychological or physical wellbeing.

In response to this, the Workplace Wellbeing Scheme commenced in March 2019 with 14 trained LYPFT staff, stepping forward to provide a peer support and signposting role to any member of staff. Workplace Wellbeing Advisers are impartial, objective staff from across a range of staff groups and disciplines. The role of Advisers is to provide a confidential listening service, signpost staff towards a range of options available, guide staff to more formal mechanisms or to help confront a difficulty at an informal stage. The aim of the scheme is to empower staff and give them the confidence to work through situations and help cultivate a work environment which is welcoming and inclusive.

The Workplace Wellbeing Scheme is overseen by the Trust's Health & Wellbeing Framework and links to a number of existing work streams aimed at supporting the workforce including equality, diversity and inclusion.

A number of support and supervision discussions have been held with the Workplace Wellbeing Advisers with the guidance of the Trust's Diversity and Inclusion Team, HR and Freedom to Speak Up Guardian.

During 2019, the focus has been on increasing awareness of the scheme, communications and marketing and direct engagement with clinical teams and care group meetings.

3.3 WREN (LYPFT Staff: Workforce Race Equality Network)

The Trust's workforce race equality network (WREN) has been live since March 2018 and holds quarterly membership meetings along with additional focus group discussions to further develop WRES (Workforce Race Equality Standard) improvements in the Trust and also provides opportunities for personal and professional development workshops and peer support. During 2019, discussions in wider WREN meetings have sought to empower staff to challenge and report experiences of bullying & harassment and included facilitation from Hate Crime officers and raising awareness of Trust procedures and processes available for recording and escalating incidences of bullying, harassment or discrimination. Experiential feedback from WREN members has been used to inform and support the development of the revised Trust Bullying and Harassment policy and procedure.

Through peer support the WREN aims to support members to share personal experiences and encourage constructive challenge on workplace experiences and difficulties using solutions-focussed approaches. The Freedom to Speak Up Guardian is a member of WREN and through visibility and presence at meetings, has raised awareness on the FTSUG role and aims and jointly works to overcome barriers to accessing the escalation and reporting processes currently in operation.

Promotion of the Workplace Wellbeing Scheme also features regularly at WREN meetings, reminding members of the role and purpose of the scheme and facilitating accessibility to advisers.

3.4 DaWN (LYPFT Staff: Disability and Wellbeing Network)

Following NHS staff survey results highlighting increased disparities for disabled staff in bullying & harassment, during February 2019, LYPFT staff were invited to share their views on developing a disability equality network in the Trust which would seek to address barriers and inequities faced by staff with disabilities or long term health conditions which would inform organisational culture and process/procedural improvement. Over 70% of staff contributing to this engagement indicated that they would be interested in participating in a disability equality network.

As a result, DaWN the Trust's workforce disability equality network has been developed and two meetings have been held during 2019 to date, with a focus on shaping the priorities and aims of the network and increasing participation through communications and marketing. A key area of focus for DaWN will be on culture change, developing approaches to bullying, harassment and discrimination and actively supporting staff experiencing these negative behaviours, through appropriate and accessible support structures. DaWN's focus will continue to be on improving LYPFT workplace inclusion, challenging stigma and discrimination, embedding good practice and as a source of guidance for managers and colleagues on positive practice, for example reasonable adjustments and flexible working.

3.5 Bullying and Harassment Reporting Processes

From the ACAS staff engagement study, another key recommendation was to review the bullying and harassment processes and procedures.

A full review of the process has been undertaken over a six month period. The revised process aims to provide the information and support structures to enable incidents to be raised at the earliest opportunity, investigated in a timely and supportive manner and where appropriate to be dealt with at an informal level using independent mediation when required. An associated toolkit has also been developed to provide responses to frequently asked questions to highlight the support available.

3.6 Improvements to Trust Appraisal Process and Policy

Following an internal audit and feedback from staff that the Trust's appraisal policy and processes require improvement, work has been undertaken over the past 6 months to develop and launch a new appraisal policy, designed to fully support staff to develop and improve their performance. The launch of the policy has also included new guidance and training for managers and staff on how to deliver and participate in a quality appraisal, along with improvements to appraisal compliance and reporting. Early in 2020, a new quality assurance framework for appraisal is being launched, this will include questionnaires to staff and a sample grandparent audit of completed appraisals. The data collected from these surveys will be used to identify key priorities for our continued improvement work. From April 2020, the Trust will move to a newly developed version of iLearn, this will deliver improved functionality to support managers and staff to record appraisal outputs and development plans.

4 Conclusion

It is recognised that bullying and harassment is a difficult and complex issue. Nationally the 2018 NHS Staff Survey showed that bullying and harassment remains a problem within the health sector, with one in five staff reporting personally having experienced harassment, bullying or abuse at work.

A long term improvement plan is being implemented within the Trust as highlighted within this paper and detailed within the Bullying and Harassment action plan at Appendix 1. This includes a collaborative and co-production approach through staff engagement and partnership work with staffside colleagues.

Developments such as the staff networks, promotion of the Freedom to Speak Up Guardian role, the Workplace Wellbeing Scheme and expansion of trained mediators aim to increase support structures and resolution routes for all staff. This is alongside appraisal process development work and training for managers to support the development of positive and healthy cultures within teams for example through the Management Essentials programme.

This approach is continuing to be taken forward through the Cultural Collaborative culture change programme which aims to achieve large scale change across the organisation.

5 Recommendation

The Council of Governors is asked to note the progress detailed within this paper.

Ruby Bansel
Diversity and Inclusion Project Manager

Caroline Bamford
Head of Diversity and Inclusion

22 October 2019

Appendix 2

Bullying and Harassment Action Plan

Year 1 Actions (2018/19)

1. Setting up the Task and Finish Group in Year 1 to inform and support delivery.
Task and Finish Group established in 2018. This work will be taken forward through the Trust-wide Culture Collaborative due to be established in Q1 of 2019/20- see further details below.
2. Develop a communication and engagement plan to support delivery of the action plan.
Communications and engagement plan developed and delivered.

| Theme | Action | Next steps | Update October 2019 | Responsibility for Actions/Lead |
|-------------------|---|--|--|---|
| Improve Processes | Rewrite B&H Policies; streamline process, include Trust Values and ensure policy is written in 'easy to understand language'. | Review led by ACAS or other external organisation using staff experiences of B&H to inform the review along with the feedback from the survey. | <p>ACAS staff engagement work completed in September 2018 and findings shared at SLT, Board and trust-wide level to December 2018.</p> <p>B & H procedure review work completed in September 2019. This included recommendations from the ACAS staff engagement and staff involvement in the development.</p> <p>In response to feedback a supporting toolkit has been developed to provide additional information and guidance.</p> | <p>Caroline Bamford, Head of Diversity and Inclusion</p> <p>Colette May, Senior HR Business Partner</p> |

| | | | | |
|--------------------------|--|--|--|---|
| | | | | |
| Leadership & Culture | Source and implement Training and support for Managers on having supportive and difficult conversations with staff about how they are feeling/early interventions. | Training programme to be identified and implemented as part of Management Essentials/Manager as Coach. | <p>Training on having supportive and difficult conversations available as on-line module and embedded in Management Essentials programme.</p> <p>Action also to be considered as part of Trust-wide cultural work stream. Culture Collaborative established in Q1 led at Director and CEO level.</p> | Angela Earnshaw, Head of Organisational Development |
| Staff Health & Wellbeing | Refresh and review and then the recruitment and training of the role of Dignity Advisors at Work | Ruby Bansal (RB) to lead project development, recruit and train 20 members of staff as Dignity At Work Volunteers. | <p>Complete- role revised to Workplace Wellbeing Advisors (WWA) to include health and wellbeing staff support elements.</p> <p>First cohort of fourteen WWA trained and support programme commenced on 1st April 19.</p> | Caroline Bamford, Head of Diversity and Inclusion/ Ruby Bansal, Diversity and Inclusion Project Manager |
| Staff Health & Wellbeing | Recruit, deploy, and raise visibility and ease of accessibility of the Freedom to Speak Up Guardian (FTSUG). | <p>John Verity recruited into post in Qtr 3 2017. Bi-annual reports are provided to the Board. the Board with a bi-annual report.</p> <p>Some engagement work has been undertaken across the Trust to raise visibility of FTSUG and further promotion and engagement work to be undertaken.</p> <p>Consider recruiting FTSUG Champions in Year 1</p> | <p>Complete- Engagement plan implemented, on-going promotion, staff engagement and drop in sessions being undertaken.</p> <p>Active involvement in B & H task and finish group and WWA role development (see section above).</p> | John Verity, Freedom to Speak Up Guardian |
| Staff Health & Wellbeing | Recruit and train workplace mediators to provide improved level of support staff. | Training to be scoped and investment costings identified and business case prepared and submitted for approval to | Complete: Workplace Mediators trained and Trust mediation service | Angela Earnshaw, Head of Organisational |

| | | | | |
|--------------------------|--|--|--|--|
| | | W&OD Group. Discussions need to take place with Care Groups to assess whether WWA or Volunteers could also assume this mediator role. | established. | Development |
| Improve Processes | Scope out enhanced training opportunities for managers to improve timeline of investigations into B&H. | Training requirements to be scoped and costings identified and business case to be prepared and submitted to W&ODC in June 2018. | Training and support for investigating managers incorporated within current procedural review work. | Lindsay Jensen, Deputy Director of Workforce Development |
| Staff Health & Wellbeing | Staff Health & Wellbeing Forums | Introduction of staff health and wellbeing forums across all care groups Visibility of forums needs to be raised with staff and lines of responsibility; accountability and actions of these forums need to be communicated to staff. | Work progressing to develop and strengthen the visibility of staff health and wellbeing forums through the Trust Health and Wellbeing Group. | Fiona Holbrough, HR Senior Business Partner |
| Improve Processes | The creation and promotion of a dedicated Staffnet page on B&H. Co-created with staff. | Staffnet page to provide staff with easy access to all routes and resources available to support them when they experience an incident of B&H. Created through engagement with staff. | Complete: Dedicated WWA advisor Staffnet pages developed. | Ruby Bansal, Diversity and Inclusion Project Manager |

Year 2 Actions (2019/20)

| Theme | Goal | Actions Required | Update September 2019 | Responsibility for Actions/Lead |
|-------------------|---|--|--|--|
| Improve Processes | Implement training programme to enhance the level of expertise within the existing investigating managers to ensure consistency of the new process. | Knowledge and expertise of existing investigating managers to be developed through training. Recruitment of additional staff as investigating managers to ensure the Trust provides a core group of 20-30 managers across the organisation. | Revised training for investigating managers to be developed as part of current B & H procedure review work. Revised procedure completed in September 2019. | Lindsay Jensen, Deputy Director of Workforce Development . |

| | | | | |
|-----------------|--|--|---|--|
| Improve Process | Investigate opportunities for capturing staff on staff bullying feedback informally as part of this action plan. | Engagement work through staff networks | Engagement undertaken via WREN (BAME) staff network focus groups completed. | <p>Caroline Bamford, Head of Diversity and Inclusion</p> <p>Wendy Tangen, WREN Chair</p> <p>Ruby Bansel, WREN Co-Chair</p> |
|-----------------|--|--|---|--|

Enablers (2018/19 – 2019/20)

| Theme | Goal | Actions Required | Update September 2019 | Responsibility for Actions/Lead |
|------------------------|--|---|---|---|
| Leadership and Culture | Establishment of CEO and Director led Trust-wide Culture Club Forum with focus on developing and leadership and cultural good practices. | Culture Collaborative established Q1 of 2019/20. | <p>Cultural Collaborative Forum established in Q1 2019. Implementation plan developed with forum members.</p> <p>First online staff engagement conversation completed in September 2019 with the 2nd due to commence in November 2019.</p> | Claire Holmes/Sara Munro |
| Leadership & Culture | Create and sustain a culture of authentic leadership. | <p>On-going work as part of Senior Leadership Forum. SLF will run five events in 2018.</p> <p>Develop understanding across the organisation of actions and behaviours that contribute to collective leadership and ensure that leadership expectations are clear and performance managed.</p> | <p>Complete- five leadership development events delivered in 2018/19.</p> <p>Further events ongoing during 2019/20.</p> | Angela Earnshaw, Head of Organisational Development |

| | | | | |
|--------------------------|--|---|--|---|
| Leadership & Culture | Launch Trust values and behavioural framework and support teams and individuals to embed in their everyday working lives. | <p>Value behavioural toolkit to be launched to all staff by April 2018.</p> <p>Behaviour toolkit to be included as part of appraisal process (May 2018 onwards) with Learning & OD.</p> <p>Develop more values based key HR procedures.</p> <p>Consider other opportunities for including the Trust Values & Behavioural Toolkit into the lifetime employee journey</p> | <p>Complete: April 2018. Behavioural framework launched and integrated within appraisal process.</p> <p>Values and behaviours session embedded in Trust Welcome Event.</p> <p>Work on-going to embed values in key HR procedures.</p> | <p>Angela Earnshaw, Head of Organisational Development</p> <p>Tracey Needham, Staff Engagement Lead</p> |
| Staff Health & Wellbeing | Provide bank staff with more support and value of their work as employees of the Trust. | Review of full bank process to commence from Spring 2018. | Review completed. Clinical bank lead in post, March 2018. Recruitment, engagement and support structures reviewed and developed. Actions include establishment of quarterly bank staff engagement and communication structure (Bank Forum; individual clinical supervision for clinical staff experiencing difficulties at work. | <p>Lindsay Jensen, Deputy Director of Workforce Development</p> <p>Andrew McNichol, Workforce Information Manager</p> |
| Leadership & Culture | Build the capability for good team relationships and inter-team working to improve team effectiveness at scale across the Trust. | <p>To commence a three year roll-out of Affina OD Team Journey across the Trust.</p> <p>To recruit and train an additional 10 Team Coaches to support Team Leaders through the Aston OD Team Journey platform.</p> | <p>Roll out commenced in June 2018, 8 teams engaged in Affina OD team Journey. Year 2 of plan will represent significant roll-out in Community services, commencing in May 2019</p> <p>Completed team coach training in March 2019, 12 team coaches trained.</p> | Angela Earnshaw/Cath Jackson |

Blank page

**AGENDA
ITEM**

16

MEETING OF THE COUNCIL OF GOVERNORS

| | |
|--|--|
| PAPER TITLE: | Report from Annual Members' Meeting 2019 |
| DATE OF MEETING: | 7 November 2019 |
| PRESENTED BY: (name and title) | Oliver Tipper, Head of Communications |
| PREPARED BY: (name and title) | Sarah Firth, Communications and Engagement Officer |

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

EXECUTIVE SUMMARY

This paper is a report on the outputs and evaluation from our Annual Members' Meeting (AMM) which took place on Tuesday 30 July 2019.

It is worth noting that we received improved feedback compared to last year in terms of the content of the event including the AGM, the Big Conversation and the stalls.

| | | |
|--|--------------------------------------|--|
| 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 contents of this report and evaluation;
- the outputs from the Big Conversation will be used to inform the draft Patient Experience and Involvement Strategy which they will be able to comment on soon; and
- that the feedback received from the participants of the Annual Members' Meeting will be used in the planning of next year's event.

Blank page

MEETING OF THE COUNCIL OF GOVERNORS

Thursday 7 November 2019

Review of the Annual Members' Meeting 2019

1. Executive Summary

This paper provides a report and evaluation on our Annual Members' Meeting (AMM) which took place on Tuesday 30 July 2019.

2. Annual Members' Meeting 2019

This year's Annual Members' Meeting was held on Tuesday 30 July at Horizon Leeds. In total 114 people attended including members, service users, carers, staff and stakeholders from a number of third sector and partner organisations. This is a similar figure to last year when 120 people attended.

The event was managed by the Communications Team with support from the Corporate Governance and Organisational Development teams.

2.1 Market place exhibits / stalls

In past years we have provided information about our services with manned stalls in a market place style. This year we provided a 'You Said, We Did' style exhibition based on feedback from last year's Big Conversation. At the 2018 AMM people were asked to discuss person-centred care and how the Trust can make improvements in how we deliver this.

To demonstrate the improvements that have taken place the team worked with services to develop six engaging exhibits giving practical examples around the following key themes:

- What support is available for service users and carers in the community, which included manned stalls from Mindwell and Leeds Recovery College
- How we are improving the way we communicate with service users and carers
- How we involve service users and carers in care planning
- How we recruit a diverse workforce, live our values and develop our staff
- How we create a safe environment where anyone is able to challenge behaviour
- How we are improving our estate

There was also an interactive Meet our Governors stall which was well attended.

There is some useful feedback about the exhibits and the event team will develop this approach for next year's AMM.

2.2 Annual General Meeting (AGM)

The AGM took place after the initial market place exhibition.

The Trust is statutorily obliged to hold an AGM in public with presentations from our Chief Executive, Chief Financial Officer and Lead Governor. It is also where we publish and present our full Annual Report and Accounts for the previous financial year (2018/19) and our more accessible Annual Review document. For the first time this year we took the opportunity to publish and present copies of our annual Quality Account.

Our challenge with the AGM is to make it as accessible and interesting to members and other attendees as possible. The presentations reflected on our achievements and progress during 2018/19, as well as some of the challenges we'd faced and how we'd responded to them. This year we included a video presentation about the Community Mental Health Services redesign project and allowed more time for questions for the Board following feedback from the previous AGM.

The outputs from this session are captured in the minutes of the AMM which have been circulated to Governors separately.

2.3 The Big Conversation

The second part of the event was dedicated to the Big Conversation.

Following discussions in small groups there was a collective feedback session where one guest from each table offered suggestions as to what their priorities would be for the following areas:

- how to improve the experience of carers
- how to improve service user experience
- how to increase public involvement

The outputs from these discussions have been fed into the three sub-groups of the Patient Experience and Involvement Strategic Steering Group and will be used to inform the priorities for the Patient Experience and Involvement Strategy. Please see Appendix 1 for a summary of the discussions. A report on this will be made to the 2020 Annual Members' Meeting.

3. Post event evaluation

All attendees were asked to complete a short survey following the event. We received 42 responses giving a response rate of 37% (last year we received 17 responses).

Below is a summary of the feedback we received.

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

90% said they found it either extremely or very interesting (compared to 82% last year)

There were no narrative comments.

Q2: How did you find the AGM part of the day?

88% said they found it either extremely or very interesting (compared to 53% last year)

Narrative comments included:

- the financials explanation was especially appreciated – keeping things simple
- there were no adverse comments about the Q&A length this year as we provided more time in the agenda for this
- in response to a couple of comments about a lack of front line staff in attendance at the event (something that is difficult to influence), it is suggested that the video in Sara's presentation could feature more front line service staff
- we must always remember to explain every acronym

Q3: How did you find the Big Conversation?

98% said they found it either extremely or very interesting (compared to 65% last year)

Narrative comments included:

- some positive feedback about the discussions and a request for an update on progress at next year's event
- some suggestions for Big Conversation topics for next year.

Q4: How did you find timings on the day?

85% of people felt there was enough time to browse stalls (compared to 70% last year)

80% that there was enough time to network (71% last year)

92% that there was enough time to ask questions to the panel (42% last year)

95% that there was enough time for the Big Conversation topic (82% last year) and,

92% that there was enough time for the afternoon tea (compared to 77% last year)

Narrative comments included:

- this year's timings seemed to be the right length and content for most – perhaps a little more time to network / look at stalls on arrival e.g. extra 15 mins.
- The 5pm finish caused problems for carers and service users. It was suggested that a late morning start for the AGM, a lunch then Big Conversation with the event finishing

earlier.

Q5: How did you find the stalls?

63% of people felt there were enough stalls, 62% that there was a good mix of stalls and 75% that they were interesting, with 73% of saying they thought the stalls were easy to navigate.

Narrative comments included:

- some feedback that there were not enough stalls (compared to previous years) – the LYPFT event team believes the You Said, We Did approach is best but take on board that we could lay out the stalls better so not as spread out.
- more signposting about the stalls would be helpful and what they are about e.g. by different speakers, more prominent signage in the venue.

Q6: Did you enjoy the afternoon tea?

100% said yes (compared to 88% last year).

Narrative comments included:

- well received but quite a few comments about the food being too late in the day.
- suggest AGM, then lunch, followed by the Big Conversation for next year.

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

- 95% of respondents agreed the venue was easy to get to but there were a few late arrivals reported struggling with the road closure and where to park.

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

100% of respondents said yes (compared to 94% last year).

Q9: If we changed the agenda to put The Big Conversation at the beginning of the AMM would you stay for the AGM?

97% of people said they would.

- the team agreed with views that the AGM sets the scene, looking back at the past year, whereas the Big Conversation is a look forward so the current order of the agenda is felt to be right

Q10: If you have any other feedback to help us improve next year's AMM, please let us know.

- accessibility – easy read survey for LD guests, Tom's illustrations in public view rather than at the back, think about the stalls looking a little different so it's clearer that they're about different topics.

- diversity – the project team felt that we do as much as possible to invite a diversity of guests but we do seem to have a similar service user group every time. Can we do more to ensure we invite guests from BAME, trans, young carers / young SUN groups etc, try to reach more service users (use Facebook Groups to reach out directly?), can we invite more clinical staff (could be difficult in terms of cover)

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

4. Conclusion

The event was well attended and well received according to our evaluation. We received a lot of useful event feedback which can be used to improve the event format next year.

The feedback from the Big Conversation has been shared with our Director of Nursing, Professions and Quality Cathy Woffendin, and will inform the draft Patient Experience and Involvement Strategy which Governors will be asked to comment on soon.

5. Recommendation

The Council of Governors is asked to note:

- The contents of this report and evaluation,
- The outputs from the Big Conversation will be used to inform the draft Patient Experience and Involvement Strategy which they will be able to comment on soon, and
- That the feedback received from the participants of the Annual Members' Meeting will be used in the planning of next year's event.

| | |
|---------------------------|--|
| Name of author | Sarah Firth |
| Title | Communications and Engagement Officer |
| Date paper written | 10 October 2019 |

Blank page

**AGENDA
ITEM**

17

MEETING OF THE COUNCIL OF GOVERNORS

| | |
|---|---|
| PAPER TITLE: | The Trust's Key Strategic Risks |
| DATE OF MEETING: | 7 November 2019 |
| LEAD DIRECTOR: (name and title) | Cath Hill – Associate Director for Corporate Governance |
| PAPER AUTHOR: (name and title) | Cath Hill – associate Director for Corporate Governance |

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

| EXECUTIVE SUMMARY | | |
|--|--------------------------------------|--|
| <p>During 2019 the Board and its sub-committees considered and refreshed the Trust's key strategic risks. This paper advises the Council of those risks and sets out where these are received and monitored by the Board and its sub-committees.</p> | | |
| Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? | State below 'Yes' or 'No' | If yes please set out what action has been taken to address this in your paper |
| | No | |

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

Blank page

MEETING OF THE COUNCIL OF GOVERNORS

7 November 2019

The Trust's Key Strategic Risks

1 Executive Summary

During 2019 the Board and its sub-committees considered and refreshed the Trust's key strategic risks. This paper advised the Council of those risks and sets out where these are received and monitored by the Board and its sub-committees.

2 The eight strategic risks

It was agreed at the November 2018 Board meeting that the strategic risks which feed into the Board Assurance Framework (BAF) would be refreshed to take account of the current position of the Trust.

The Executive Management Team first looked at the strategic risks that had been initially agreed in 2017 and proposed a set of refreshed risks to the Board of Directors at its meeting in May 2019.

At that meeting the Board asked the relevant sub-committees to consider the risks and make any observations or suggestions as to whether they supported the risks or if they thought there needed to be any changes. The Board also asked that the Audit Committee be advised of the outcome of the sub-committees' considerations and that the final set of risks be presented for approval on behalf of the Board.

In July 2017 the Audit Committee received a final outcome paper for seven of the risks, with a proposal that there be an eighth around partnership working; the wording for this was advised to the November 2019 Audit Committee meeting.

Below is a list of the eight strategic risks which the Board and its sub-committees monitor through the Assurance Framework.

| | Strategic risk | Oversight group | Exec lead |
|-----|--|-------------------|-----------------|
| SR1 | If there is a breakdown of quality and safety assurance processes we risk not being able to maintain compliance with regulatory requirements | Quality Committee | Cathy Woffendin |

| | Strategic risk | Oversight group | Exec lead |
|-----|--|-----------------------------------|----------------|
| SR2 | There is a risk we adversely impact the experience of our services, carers and staff by failing to embrace a culture of innovation and improvement | Quality Committee | Claire Kenwood |
| SR3 | There is risk that we fail to make the improvements outlined in the quality strategic plan and that this has an adverse impact on the care to those who use our services | Quality Committee | Claire Kenwood |
| SR4 | Due to an inability to recruit and retain sufficient numbers of staff with the appropriate skills, experience and behaviours, there is a risk that we are unable to deliver high quality, evidence based, person-centred care to meet new models of care now and in the future. | Workforce committee | Claire Holmes |
| SR5 | A lack of financial sustainability results in a destabilisation of the organisation and an inability to deliver services | Finance and Performance Committee | Dawn Hanwell |
| SR6 | Due to inadequate, inflexible or poorly managed estate, we compromise the safe environment which places staff, service users and visitors at risk | Finance and Performance Committee | Dawn Hanwell |
| SR7 | As a result of insecure, inadequate or unstable information technology systems and infrastructure, the quality and continuity of our services is compromised. | Finance and Performance Committee | Dawn Hanwell |
| SR8 | Changes in the roles of commissioners and providers and the move to system-level working will require changes in the role and function NHS Trust boards and new governance arrangements There is a risk we do not have appropriate governance arrangements in place nor the capacity and capability to fulfil all our statutory functions. | Board of Directors | Sara Munro |

3 The process for monitoring the strategic risks

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

In addition to this the strategic risks are also entered onto the Board Assurance Framework; a document which provides the Board with a bit more information than the risk register to assure it that these risks are being controlled and that the controls in place are effective.

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

| Where received | How often | Reason for receiving the Board Assurance Framework |
|--|--|--|
| Board of Directors | Four time per year | <p>The Board is accountable for the effectiveness of risk management in the Trust</p> <p>It seeks assurance on the controls in place and the effectiveness of those controls through receipt of the Board Assurance Framework and reports from its sub-committees that risks are being managed effectively.</p> |
| Audit Committee | Twice a year | <p>Receives assurance that the Board Assurance Framework is in place, fit for purpose, and is being used by the organisation appropriately.</p> <p>The degree to which risks are being controlled may also inform any deep-dives which the committee might decide to undertake itself or that it might delegate to another Board sub-committee.</p> |
| Board sub-committees (Workforce Committee, Quality Committee, Finance and Performance Committee) | Four times per year (prior to it going to Board) | <p>Where a Board sub-committee has been named as an assurance receiver, it will receive a report (the BAF) on those strategic risks.</p> <p>The committee seeks assurance on behalf of the Board that those strategic risks where it has been listed as an assurance receiver are being managed appropriately. It may also inform any deep-dive which it may wish to undertake (or have delegated to it by the Audit Committee).</p> |
| Executive Risk Management Group | Each meeting | To allow an assessment of the information on the BAF ensuring it is up to date and to ensure that any new or emerging risks are identified that may need to be captured on the BAF as a contributory risk – or in relation to determining controls / assurances and gaps etc. |
| Internal Audit | Annually | To support the Head of Internal Audit Opinion and the Corporate Governance Statement |

4 Recommendation

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

Governors are reminded that by attending Board or Board sub-committee meetings they can observe Board members using the BAF in the context in which it is received.

Cath Hill

Associate Director for Corporate Governance

24 October 2019

**AGENDA
ITEM**

18.1

MEETING OF THE COUNCIL OF GOVERNORS

| | |
|--|---|
| PAPER TITLE: | Annual Cycle of Business for 2020 |
| DATE OF MEETING: | 7 November 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 supporting paper is the Annual Cycle of Business for the Council of Governors' formal meetings, the Annual Members Meeting and the Board to Board meeting. It includes: standing items; statutory and non-statutory duties; work involving the non-executive directors; and administrative business for the Council of Governors.

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

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

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

RECOMMENDATION

The Council of Governors is asked to:

- be assured that the Annual Cycle of Business includes all the statutory duties which the Council must carry out
- be assured that the areas which governors have asked to be kept informed on have been captured in the Annual Cycle of Business
- note and approve the Annual Cycle of Business for 2020.

Blank page

Annual Cycle of Business 2020 – Council of Governors

| | Lead | 4 February | 7 May | 7 July | Ann Members' Meeting – 28 July | Board to Board – 1 September | 5 November |
|--|------|--------------------------------------|-------|--------|--------------------------------|------------------------------|------------|
| Welcome, apologies and standing items | | | | | | | |
| Apologies | - | X | X | X | X | X | X |
| Governors' Declarations of Interests | - | X | X | X | X | X | X |
| Questions from the public | - | | | | X | | |
| Minutes of the last meeting | CG | X | X | X | X | | X |
| Minutes of the Annual Members' Meeting | CG | | | | | | X |
| Matters arising | - | X | X | X | | | X |
| Cumulative Action Log | CG | X | X | X | | | X |
| Chair's Report (to include: NED and governor service visits - this may become a separate item; governor non-attendance) | CH | X | X | X | | | X |
| Chief Executive Report | SM | X | X | X | | | X |
| Lead Governor report | PW | X | X | X | | | X |
| Quarterly Quality and Performance Update Report | NC | X | X | X | | | X |
| Council of Governors' Statutory Duties (annual) | | | | | | | |
| Remuneration of the Chair of the Trust and the other non-executive directors (to ratify) Link to Appointments and Remuneration Committee (ARC) cycle | CH | As required | | | | | |
| Appointment of the Deputy Chair of the Trust (to ratify) Link to ARC cycle | CH | As required - next due February 2020 | | | | | |
| Presentation of the annual report and accounts and any report on them (to receive) (auditors in attendance) | CH | | | X | X | | |
| Agree the arrangements for the Annual Members' Meeting | OT | | X | | | | |
| Council of Governors' Statutory Duties (as and when) | | | | | | | |
| Appointment/removal of the Chair of the Trust (to ratify) PRIVATE MEETING | CH | As required | | | | | |

| | Lead | 4 February | 7 May | 7 July | Ann Members' Meeting – 28 July | Board to Board – 1 September | 5 November |
|---|------|--|-------|--------|--------------------------------|------------------------------|------------|
| Link to ARC cycle | | | | | | | |
| Appointment/removal of the other non-executive directors (to ratify) (PRIVATE) Link to ARC cycle | CH | As required | | | | | |
| Approve the appointment of the Chief Executive (to approve – support) | CH | As required | | | | | |
| Appointment of the external auditor (to ratify) | CH | As required - next appointment due July 2020 – planning will start January 2020 – contract 3yrs plus 1 | | | | | |
| Amendments to the Constitution (to ratify) | CH | As required - next due November 2020 | | | | | |
| Approval of any significant transactions | CH | As required | | | | | |
| Approval of an application for a merger with or acquisition of another foundation trust (FT) or NHS Trust | CH | As required | | | | | |
| Approval of an application for the dissolution of the FT | CH | As required | | | | | |
| Approval of a proposal to increase non-NHS income by 5% or more | CH | As required | | | | | |
| Council of Governors' non-statutory duties (scheduled) | | | | | | | |
| Agree the process for the performance evaluation of the Chair of the Trust and the other NEDs | CH | As required | | | | | |
| Receive the Auditors reports on the Quality Accounts (both public and private) | KPMG | | | X | | | |
| Receive the Strategic Plan priorities | SM | As required | | | | | |
| Receive the Trust's Draft Strategic Plan | SM | As required | | | | | |
| Staff Survey Results | CHo | | X | | | | |
| Measuring outcomes across Trust services update | TM | X | | | | | X |
| CQC update | CW | X | X | X | | | X |
| Review of the previous years' governor objectives | CH | | X | | | | |
| Presentation of the governor objectives for that year | CH | | | X | | | |

| | Lead | 4 February | 7 May | 7 July | Ann Members' Meeting – 28 July | Board to Board – 1 September | 5 November |
|--|------------|--|-----------|----------|--------------------------------|------------------------------|---------------------|
| | (SP) OT | | | | | | X |
| Annual Members' Meeting – thematic report and analysis | | | | | | | |
| Board sub-committee report | NEDs | F&P verbal | QC verbal | AC paper | | | MHLC and W/F verbal |
| Annual Strategic Risk Analysis | CH | | | | | | X |
| Ratify changes to the Terms of Reference of the Appointments and Remuneration Committee | CH | As required | | | | | |
| Agree with the Audit Committee the process for appointment/removal of the external auditor | MW | As required - appointment next due July 2020 | | | | | |
| Agree who should be appointed as the lead governor | CH | As required - next due February 2021 | | | | | |
| Be consulted on the appointment of the Senior Independent Director | CH | As required - next due February 2021 | | | | | |
| Agree the process for the appointment of the Chair of the Trust and the other NEDs | CH | As required | | | | | |
| Ratify the removal of a governor from the Council of Governors | CH | As required | | | | | |
| Approve the establishment / disbanding of Council of Governors sub-committees | CH | As required | | | | | |
| Approve the Membership Strategy | CH | | | X | | | |
| Holding the Non-executive Directors to Account (monthly / annual) | | | | | | | |
| Receive a high-level report on the outcome of the NED and Chair appraisal (Link to ARC cycle) PRIVATE MEETING | CH | | X | | | | |
| Make a report to members on how they have carried out their duties | CH | | | | X | | |

| | Lead | 4 February | 7 May | 7 July | Ann Members' Meeting – 28 July | Board to Board – 1 September | 5 November |
|--|------|--------------------------------------|-------|--------|--------------------------------|------------------------------|------------|
| NEDs Annual Declaration of Interests, Fit and Proper Declarations and Independence (as reported to Board) | CH | | X | | | | |
| Council of Governors' Administrative Business | | | | | | | |
| Approval of the Council of Governors' Annual Cycle of Business | CG | | | | | | X |
| Receive future meeting dates | CG | | | | | | X |
| Review the Council of Governors' Terms of Reference | CG | | | X | | | |
| Review the Declarations of Interest and Register of Interests for governors | CH | | X | | | | |
| Review of Policies and Procedures and governance documents relating to the Council of Governors (as and when) | | | | | | | |
| Procedure for the Reimbursement of Expenses for Governors (CG-0000) | CH | As required - next due November 2020 | | | | | |
| Code of Conduct and Standards of Behaviour for Governors (CG-0001) | CH | As required - next due May 2022 | | | | | |
| Local Working Instructions for Council of Governors' Meeting Etiquette (OP-0023) | CH | As required - next due July 2021 | | | | | |
| Role Description for the Council of Governors and a Governor | CH | As required - if refreshed | | | | | |
| Role Description for the Lead Governor | CH | As required - if refreshed | | | | | |

Related documents:

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

**AGENDA
ITEM**

18.2

MEETING OF THE COUNCIL OF GOVERNORS

| | |
|---|---|
| PAPER TITLE: | 2020 and 2021 Meeting Dates |
| DATE OF MEETING: | 7 November 2019 |
| LEAD DIRECTOR: (name and title) | Cath Hill – Associate Director for Corporate Governance |
| PAPER AUTHOR: (name and title) | Rose Cooper – Corporate Governance Officer |

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

EXECUTIVE SUMMARY

The purpose of this paper is to confirm the 2020 and 2021 dates for the Council of Governors meetings. They are:

| DATE | START TIME | VENUE |
|--------------------------|-------------------|--|
| Tuesday 4 February 2020 | 12.00pm | Conservatory Room, St. George's Centre, Great George Street, Leeds, LS1 3DL |
| Thursday 7 May 2020 | 12.00pm | Create@2 Room, Horizon Leeds (3rd Floor), 2 Brewery Wharf, Kendell Street, Leeds, LS10 1JR |
| Tuesday 7 July 2020 | 12.00pm | To be confirmed |
| Thursday 5 November 2020 | 12.00pm | Large Function Room, St. George's Centre, Great George Street, Leeds, LS1 3DL |

| DATE | START TIME | VENUE |
|-------------------------|------------|-----------------|
| Tuesday 2 February 2021 | 12.00pm | To be confirmed |
| Thursday 4 May 2021 | 12.00pm | To be confirmed |
| Tuesday 6 July 2021 | 12.00pm | To be confirmed |
| Tuesday 2 November 2021 | 12.00pm | To be confirmed |

The Corporate Governance Team will confirm the remaining venues for each of these meetings in the near future.

The governors are also asked to note the dates for the 2020 and 2021 Annual Members' Meeting and Board to Board. They are:

- **Annual Members' Meeting: Tuesday 28 July 2020**
- **Board to Board: Tuesday 1 September 2020.**
- **Annual Members' Meeting: Tuesday 27 July 2021**
- **Board to Board: Tuesday 7 September 2021.**

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

| | | |
|--|--------------------------------------|--|
| Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? | State below 'Yes' or 'No' | 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 meeting dates for 2020 and 2021; the Annual Members' Meeting; and Board to Board.