PUBLIC MEETING OF THE COUNCIL OF GOVERNORS
will be held at 1pm on Tuesday 4 February 2020
in the Conservatory Room, St. George's Centre,
Great George Street, Leeds, LS1 3DL

A G E N D A

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

		LEAD
1	**Welcome and introductions** (verbal)	Sue White
2	**Apologies** (verbal)	Sue White
3	**Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda Items** (verbal)	Sue White
4	**Minutes**	Sue White
	4.1 **Minutes of the public Council of Governors' meeting held on the 7 November 2019** (paper to read)	
5	**Matters arising** (verbal)	Sue White
6	**Cumulative Action Log – actions outstanding from previous public meetings** (paper to read)	Sue White
7	**Chair's Report** (paper to read)	Sue White
	7.1 **Service Visits Forward Plan for January - June 2020** (paper to read)	Sue White
8	**Chief Executive Report** (paper to read)	**Discussion**
9	**CQC update and next steps** (verbal)	Cathy Woffendin
10	**Lead Governor Report** (verbal)	Peter Webster

PATIENT CENTRED CARE

| **11** | **Transforming Care and Learning Disabilities** (presentation) | Lyndsey Charles |

12	**Update on progress with the action plan (and impact of actions implemented) following the Healthwatch Report into Crisis Services in Leeds** (paper to read and presentation)	Maureen Cushley
13	**Quarterly Performance and Quality Update Report** (paper to read)	Board Members / Andy Weir

WORKFORCE

14	**Update on the progress with the new Workforce Committee** (verbal)	Helen Grantham
	14.1 Workforce Committee Terms of Reference (paper to read)	Helen Grantham
15	**Update on the Leeds Health and Care Academy** (paper to read)	Angela Earnshaw

The next public meeting of the Council of Governors will be held
on 7 May 2020 at 1pm at the Create@2 Room, Horizon Leeds (3rd Floor),
2 Brewery Wharf, Kendell Street, Leeds, LS10 1JR
The meeting will be advertised on our website
www.leedsandyorkpft.nhs.uk

* Questions for the Council of Governors can be submitted to:
Name: **Cath Hill (Associate Director for Corporate Governance / Trust Board Secretary)**
Email: **chill29@nhs.net**
Telephone: 0113 8555930

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

**Minutes of the Public Meeting of the Council of Governors
held at 1pm on Thursday 7 November 2019
at The Mind Room, The Studio Leeds, Whitehall Road, Leeds, LS1 4AW**

PRESENT:

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

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

Appointed Governors

Helen Kemp

Executive Directors	**Non-Executive Directors**
Joanna Forster Adams	Prof John Baker
Sara Munro	Sue White
Caroline Bamford (Deputising for Claire Holmes)	Margaret Sentamu
	Martin Wright
	Helen Grantham
	Andrew Marran

IN ATTENDANCE:

Cath Hill – Associate Director for Corporate Governance / Trust Board Secretary
Kerry McMann – Corporate Governance Team Leader
Emily Whitfield – Corporate Governance Assistant

19/052   Welcome and introductions (agenda item 1)

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

It was noted that item 13 (the paper on outcomes) had been removed from the agenda as this still had to go through its internal governance pathway before being brought to the Council for assurance. Dr Munro also noted that agenda item 14 had been removed from the agenda and that information on the CQC inspection had been included in her Chief Executive's report.

Prof Proctor advised the Council that Claire Holmes (Director of OD and Workforce) was not able to attend the meeting and that Caroline Bamford would be deputising for her.

19/053 **Apologies** (agenda item 2)

Apologies were received from the following governors: Ann Shuter (Leeds Service User Governor), Anna Perrett (York City Council appointed governor), Les France (Leeds Public Governor), Steve Howarth (Leeds Public Governor), and Mussarat Kahn (Leeds Public Governor).

Sue Proctor informed the Council that: Claire Holmes, Director for Organisational Development and Workforce; Claire Kenwood, Medical Director; Dawn Hanwell, Chief Financial Officer; Cathy Woffendin, Director of Nursing; Professions and Quality; and Andrew Marran, Non-executive Director had given their apologies for the meeting.

19/054 **Rainbow Alliance Presentation** (agenda 11)

Katie Ward, Ben Green, Rhys Davis and Melanie Hardwick gave a presentation to the Council which introduced the Rainbow Alliance and detailed the work they carry out. They talked about the current projects including the training they provide to staff and how they maintain visibility of the team.

It was agreed that the possibility of attending a Gender ID involvement group would be looked into, in order to raise awareness of future elections and the role of a governor.   **KM**

The Council noted of the work of the Rainbow Alliance and the continued efforts to acknowledge and address the inequalities which LGBT+ people face in society and the workplace.

19/054 **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.

19/055 **Minutes of the public Council of Governors meeting held on the 16 July 2019 and the Annual Members' Meeting held 30 July 2019** (agenda item 4.1 and 4.2)

The minutes of the public Council of Governors meeting that was held on the 16 July were **approved** as a true record. The minutes of the Annual Members' Meeting held on 30 July were received and noted.

19/056 **Matters arising** (agenda item 5)

There were **no** matters arising.

19/057 Cumulative action log – actions outstanding from previous public meetings (agenda item 6)

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

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

19/058 Chair's Report (agenda item 7)

Sue Proctor presented the Chair's report.

In particular governors asked about the process in respect of service visits. Cath Hill outlined who completes the summary reports on the visits and where these are reported in the Trust. It was noted that the report made to the Council does not include detailed observations from the visits. It was requested by governors that outcome reports from the service visits are circulated to all governors outside of the Council meeting so they can be kept informed of the things observed during the visits.

RC

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

19/059 Chief Executive Report (agenda item 8)

The Council received the Chief Executive's report. Caroline Bamford provided an update on the workshop that took place in October in conjunction with public health and the Synergi Collaborative, she noted that Sharron Prince (Strategic Lead for Psychology and Psychotherapy), along with the public health team was looking at the outputs from the event and that these would inform the wider mental health strategy for Leeds.

Peter Webster reported that in the pre-meeting governors it had been noted that governors were not aware of the findings relating to the Healthwatch report into Crisis Services in Leeds.

Sara Munro noted that Healthwatch had attended a facilitated meeting with the Trust's crisis team and had shared the findings. She added that Judith Barnes (Clinical Operational Manager) was leading on the work to look at the Trust's response to the findings and that she, alongside other partners and stakeholders, had developed an action plan based on the recommendations from the report. Governors requested that a progress report be present to the February Council of

JFA / JB

Governors meeting which provided an update on progress along with any impact of the actions.

In relation to the Healthwatch programme of work more generally, it was suggested that the corporate governance team circulate a link to the Healthwatch website so governors could be linked into the reports which are published.

KM

The Council discussed sharing of the Healthwatch reports that relate to services more widely through the Trust. Sara Munro noted that there was a representative from Healthwatch on the Patient Experience and Involvement Steering Group which provides a direct link to the work of the Trust. The Council suggested that it considers how best to strengthen its links with Healthwatch and how this might be facilitated.

SP / SM

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

19/060   Lead Governor Report (agenda item 9)

Peter Webster provided the Lead Governor report to the Council of Governors. He reported on the feedback that had been received relating to the Annual Members' Meeting that had taken place in July 2019; the joint Non-executive Director / Governor event that had been organised by the West Yorkshire Mental Health and Autism Collaborative; and some of the issues to come out of the service visits that governors had carried out.

The Council **received** the verbal update.

19/061   Quarterly Performance and Quality Update Report (agenda item 10)

Joanna Forster Adams presented the Quarterly Performance and Quality Update Report and summarised the main points in the report. She noted that the Trust had made considerable improvement in relation to the targets for accessing services and also clinical supervision. Joanna then drew attention to the risks and issues outlined in the report noting that the Board was focused on these matters.

With regard to the discussions that had taken place at the Board meeting, Joanna drew attention to the discussions on workforce planning focused on the Mental Health Optimal Staffing Tool (MHOST) where early indications were that staffing establishments on the acute adult and older people's wards could be increased. She added that this information was being used to inform discussions with the Clinical Commissioning Group around any additional funding that may be required.

Governors discussed the format of the report. They noted the improvements that had been made over time. Joanna noted that there had been a recent Board

development session to look at the construction of performance reports, noting that work was ongoing to develop the way metrics were reported to the Council of Governors. It was agreed that governors would be invited to participate in a small, one-off group, which will look at the content of the performance report. Governors agreed to contact Cath Hill if they would like to attend.

All governors

Sue Proctor drew the open discussion to a close   She reminded governors that they were encouraged to observe meetings of the Board of Directors or its sub-committees where further assurance could be received of the matters that the Board are focused on and on the way Non-executive Directors are carrying out their role.

> The Council **received** the Quarterly Performance and Quality Update Report and **noted** its contents

19/062 **Annual Report from the Chair of the Mental Health Legislation Committee**
(agenda item 12)

Margaret Sentamu (Chair of the Mental Health Legislation Committee) presented the Annual Report from the Committee, noting the details in the report, including the role of the committee, the improvements in practice that it had been assured of and any concerns that it had discussed at its meetings.

She noted that since the report to the Council last year, overall there had been an improvement in the uptake of Mental Health Act training although she added that there had been a slight reduction within the Community Services. However, she noted that this was being addressed. She also highlighted some concerns the committee had in relation to the collection of 'Advocacy' data noting that these concerns had been raised with the Head of Adult Social Care.

Margaret then raised an issue in relation to detentions under 'Section 136' in particular relating to the length of stay for children and adolescents brought into the S136 suites. She assured the Council that there was a small working group looking at potential actions and solutions.

She also noted that whilst restrictive interventions had increased in quarter 4 there had been an overall downward trajectory in 2018/19 and that staff were focused on continuing to reduce these.

Margaret then observed that there were ongoing concerns relating to the over representation of BAME groups detained under the Mental Health Act. She noted that this was something that was being looked at through the Synergi Collaborative and that the committee was looking forward to receiving an outcome report.

On the subject of Mental Health Act CQC visits, it was noted that there had been a positive visit to ward 4 at the Newsam Centre, but that there had been an issue raised during the visit to Mill Lodge relating to blanket restrictions and seclusion.

She added that the Mental Health Legislation team was focusing on this and planned to deliver training related to this.

Sarah Layton then provided an update on the future proposed changes to the Mental Health Act and the Liberty Safeguarding legislation which were noted by the Council. She then explained some of the requirements of a tribunal and the work of the Mental Health Act Managers.

It was agreed that there needed to be a discussion at the West Yorkshire Mental Health, Learning Disability and Autism Collaborative meeting about the changes in the legislative landscape to ensure there is a consistent approach across the patch.

SP/SM

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

19/063   Bullying and Harassment Progress Update (agenda item 15)

Caroline Bamford presented the Bullying and Harassment Progress Update report, highlighting the complexity of addressing behaviours and that the issues highlighted in the report were faced not only in the Trust but across the NHS.

She noted that two staff networks had been established in the Trust: the Workforce Race Equality Network; and the Staff Disability and Wellbeing Network, and that these would be the main conduits to learn and work together.

With regard to the action plan she noted that this would connect with the Trust's Cultural Collaborative work to ensure there was wide engagement in developing the culture within the organisation.

Ruth Grant asked a question about how the staff survey responses were used. She noted that staff believed that not all responses were used in the final outcome and statistics. Dr Munro assured the Council that this was not the case and that all responses were taken account of, however not all teams could generate a "heat map" due to their small numbers as the confidentially of responses could be compromised. It was suggested that there should be a communication to staff about how the responses from the staff survey are used to assure staff that whilst heat maps may not be generated for very small teams in order to protect anonymity, all responses are counted and used in the overall outcome of the survey.

CB

Andrew Johnson sought clarity on the Workplace Wellbeing Advisors and their role, which Caroline was able to confirm. She noted that they provide a signposting service to staff and that advisors are encouraged from all levels of staff. It was noted that the uptake of the role had been low and Caroline outlined some of the reasons for this and the work being done to attract more staff in becoming advisors.

Sue Proctor suggested that the Leadership Forum could receive training relating to Lesbian, Gay and Bisexual Awareness Training (including unconscious bias) to raise awareness amongst managers so the training can be promoted more widely within the workforce.   **CB/AE**

The Council also discussed Bank Staff and some of the issues they experience. It was noted that much work had been done with this group of staff to understand and address the issues, including ensuring they were able to contribute to the staff survey though a bespoke process in order to have their voice heard.

The Council **noted** the Bullying and Harassment Progress Update.

19/066   Report from Annual Members' Meeting 2019 (agenda item 16)

Sue Proctor presented the report and feedback for the Annual Members' Meeting which took place in July 2019. It was noted that the meetings improve year-on-year, and thanks were given to Kirsty Lee and Peter Webster who joined the planning group and worked with the Corporate Governance and Communications Teams to plan the event. Thanks were also given to all Governors who attended the event and carried out various duties on the day and made it such a success.

It was noted that some participants on the day had found the things talked about, and sharing their experience difficult and it was agreed that there should be more visible support at the Annual Members' Meeting for people, particularly service users, who may need this on the day. Cath Hill agreed to feed this into the AMM   **CHill** planning meetings.

The Council **noted** the report from the Annual Members' Meeting.

19/067   The Trust's Key Strategic Risks (agenda item 17)

Cath Hill presented the Trust's Key Strategic Risks and set out where these were received and monitored by the Board and its sub-committees.

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

19/068 Annual Cycle of Business for 2020 (agenda item 18.1)

Cath Hill presented the Annual Cycle of Business for the Council of Governors' formal meetings, the Annual Members' meeting and the Board to Board meeting. She noted that the paper highlighted the standing items; statutory and non-statutory duties; work involving non-executive directors; and administrative business for the Council of Governors.

Peter Webster asked for the Lead Governor report to be added to the planning cycle for the Annual Members' Meeting.   **CHill**

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

19/069 2020 and 2021 Meeting Dates for the Council of Governors (agenda item 18.2)

> The Council **received** and **noted** the dates for future meetings.

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 ……………………………………………………………………………

Cumulative Action Report for the Public Council of Governors' Meeting

OPEN ACTIONS

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
19/054 - Rainbow Alliance Presentation (November 2019 - agenda 11) It was agreed that the possibility of attending a Gender ID involvement group would be looked into, in order to raise awareness of future elections and the role of a governor.	**Kerry McMann**	**Management action**	**COMPLETED** A discussion has taken place with Sophie Bracewell, one of the Trust's Gender Outreach Workers, on how we can get a message out in trans & non-binary communities in relation to elections and governor opportunities. This will be actioned for the next round of governor elections (September 2020). For the current round of elections, the Rainbow Alliance has sent an email to its distribution list and has posted on its Twitter to promote the LYPFT elections.

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
19/058 - Chair's Report (November 2019 - agenda item 7) It was requested by Governors that outcome reports from the service visits are circulated to all governors.	**Rose Cooper**	**Management action**	**COMPLETED** Governors now receive every outcome report from each service visit that takes place.
19/059 - Chief Executive Report (November 2019 - agenda item 8) Governors requested that a progress report be present to the February Council of Governors meeting which provided an update on progress with and impact of the actions for the Trust which related to the Healthwatch report into Crisis Services across Leeds.	**Joanna Forster Adams / Judith Barns**	**February 2020**	**COMPLETED** This has been added to the agenda for the February 2020 Council of Governors' meeting

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
19/059 - Chief Executive Report (November 2019 - agenda item 8) In relation to the Healthwatch programme of work more generally, it was suggested that the corporate governance team circulate a link to the Healthwatch website so governors could be linked into the reports which are published.	**Kerry McMann**	**Management Action**	**COMPLETED** A link has been circulated to the Governors.
July 2019 – Chief Executive Report (July 2019 - 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	**COMPLETED** This has been added to the agenda for the February 2020 Council meeting.

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
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) 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.	**Cath Hill**	February 2020	**COMPLETED** This has been added to the agenda for the February 2020 Council meeting which will focus on the Trust's Learning Disability Service.
Board to Board – 3 September 2019 It was agreed that progress with Workforce challenges including an update on the new Workforce Committee would be presented to the February 2020 meeting.	**Claire Holmes**	February 2020	**COMPLETED** This has been added to the agenda for the February 2020 Council meeting.

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
Board to Board – 3 September 2019 Ann Shuter asked about making initiatives in the Trust more inclusive for people with learning disabilities and it was agreed this would be discussed further at a future Council of Governors' meeting.	**Cath Hill**	February 2020	**COMPLETED** This has been added to the agenda for the February 2020 Council meeting which will focus on the Trust's Learning Disability Service.
19/059 - Chief Executive Report (November 2019 - agenda item 8) The Council suggested that it considers how best to strengthen links with Healthwatch and how this might be facilitated. Sue Proctor and Cath Hill will consider how this might be taken forward.	**Sue Proctor / Cath Hill**	**July 2020**	**ONGOING** An invitation will be made to Healthwatch to come and talk to the Council of Governors about how they work with the Trust in relation to the reports they provide

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
19/063 - Bullying and Harassment Progress Update (November 2019 - agenda item 15) It was suggested that there be a communication to staff about how the responses from the staff survey are used to assure staff that whilst heat maps may not be generated for very small team in order to protect anonymity, all responses are counted and used in the overall outcome of the survey.	**Caroline Bamford**	**Management Action**	**ONGOING** This assurance will be included in the Staff Survey trust-wide communications, following release of our current survey data from the NHS Co-ordination Centre in late February.
19/066 - Report from Annual Members' Meeting 2019 (November 2019 - agenda item 16) It was agreed that there should be more visible support at the Annual Members' Meeting for people, particularly service users, who may need this on the day. Cath Hill agreed to feed this into the AMM planning meetings.	**Cath Hill**	**Management action**	**ONGOING** This will be picked up at the first meeting of the Annual Members' Day planning group

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
19/063 - Bullying and Harassment Progress Update (November 2019 - agenda item 15) It was suggested that the Leadership Forum could receive training relating to Lesbian, Gay and Bisexual Health Awareness Training (including unconscious bias) to raise awareness amongst managers not only of the issues raised by the training, but also so the training can be promoted more widely within the workforce.	**Caroline Bamford / Angela Earnshaw**	**Management action**	**ONGOING** A new 12 month inclusive leadership programme for the Leadership Forum is currently being procured, with plans to commence in April 2020. This action orientated programme will have specific focus on skills and behaviours including unconscious bias awareness and cultural intelligence development. This will provide the opportunity to explore the issues raised by the current Lesbian, Gay, Bisexual and Transgender Health Awareness training and wider promotion of the training across their services and teams.
19/061 - Quarterly Performance and Quality Update Report (November 2019 - agenda item 10) It was decided that Governors would participate in a small, one-off group, which will look at the content of the performance report. Governors agreed to contact Cath Hill if they could not attend.	**All Governors**	**Action to be completed by end December 2019**	**ONGOING** Only one response from governors was received, the Council are to advise whether this meeting needs to take place.

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
19/062 - Annual Report from the Chair of the Mental Health Legislation Committee (November 2019 - agenda item 12) It was agreed that there needed to be a discussion at the West Yorkshire Mental Health, Learning Disability and Autism Collaborative meeting about the changes in the legislative landscape to ensure there is a consistent approach across the patch.	**Sue Proctor / Sara Munro**	**WYMH&A Committees in Common meeting January 2020**	**ONGOING** This will be picked up at a future meeting of the West Yorkshire Mental Health, Learning Disability and Autism Collaborative.
Board to Board – 3 September 2019 It was agreed that an update on Acute Care Excellence (ACE) progress and issues would be presented to the May 2020 Council meeting.	**Joanna Forster Adams**	May 2020	**ONGOING** This has been added to the forward plan for the May 2020 Council meeting.

COMPLETED ACTIONS

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	**COMPLETED** 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	**COMPLETED** The Council is asked to consider this action closed. This is on the agenda for the November meeting.

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
July 2019 – Chief Executive Report (agenda item 8) The details of the 22 October 2019 West Yorkshire Mental Health Services Collaboration Joint NED / Governor event to be circulated to the governors.	**Rose Cooper**	Management action	**COMPLETED** The relevant information has been circulated.
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	**COMPLETED** 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	**COMPLETED** This has been provisionally scheduled for the September 2020 Board to Board.

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
July 2019 – Chief Executive Report (agenda item 8) The details of the 22 October 2019 West Yorkshire Mental Health Services Collaboration Joint NED / Governor event to be circulated to the governors.	**Rose Cooper**	Management action	<u>**COMPLETED**</u> The relevant information has been circulated.
Approval of the draft Terms of Reference for the Workforce Board sub-committee (minute 19/128 – Board of Directors July 2019 - agenda item 19) 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.	**Cath Hill**	Management Action	<u>**COMPLETED**</u> The formal report from the Chair of the Workforce Committee has been scheduled for November 2020.

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
19/004 - February 2019 – Clinical Outcomes Measures Briefing Report (November 2019 - agenda item 9) Work underway in the Trust on equality and diversity and an update will be provided to a future meeting of the Council of Governors.	**Claire Holmes**	Management action	**COMPLETED** A statement from Caroline Bamford relating to population health approaches and equality: 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. 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.

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
July 2019 – Chief Executive Report (July 2019 - agenda item 8) 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.	**Cath Hill**	Management action	**COMPLETED** 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.
July 2019 – Chief Executive Report (July 2019 - 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	**COMPLETED** This was reported on in the November 2019 Chief Executive's report.

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
July 2019 – Quarterly Performance and Quality Update Report (July 2019 - 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	**COMPLETED** 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 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.

CHAIR'S REPORT

PUBLIC COUNCIL OF GOVERNORS' MEETING
HELD 4 FEBRUARY 2020

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

Since the November Council of Governors' meeting there have been no changes to the elected governors. 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)**

Since the last Council meeting there have been no changes to the members of the Board of Directors.

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

Executive Directors

Name	18 December (extraO)	31 January 2019	28 February 2019	28 March 2019	25 April 2019	23 May 2019	25 July 2019	26 September 2019	28 November 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	5 February 2019	9 May 2019	16 May 2019	7 November 2019
Non-executive directors				
Prof Sue Proctor	✓	✓	✓	✓
Prof John Baker	-	✓	✓	✓
Helen Grantham	✓	-	✓	✓
Andrew Marran	▓	✓	-	✓
Margaret Sentamu	-	✓	✓	✓
Sue White	✓	✓	✓	✓
Martin Wright	-	✓	✓	✓
Steven Wrigley-Howe	-	▓	▓	▓

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

Name	Appointed (A) or elected (E)	COUNCIL BUSINESS MEETINGS ATTENDED			
		5 February 2019	9 May 2019	16 July 2019	7 November 2019
Marc Pierre Anderson	E	✓	✓	-	-
Councillor Jenny Brooks	A	✓	-	▓	▓
Les France	E	✓	-	✓	-
Gill Galea	E	-	✓	✓	✓
Mussarat Khan	E	▓	▓	▓	-
Steve Howarth	E	✓	✓	✓	-
Ruth Grant	E	▓	▓	▓	✓
Andrew Johnson	E	✓	✓	✓	✓
Helen Kemp	A	✓	✓	-	✓
Sarah Layton	E	✓	✓	✓	✓
Kirsty Lee	E	-	✓	✓	✓
Anna Perrett	A	▓	▓	✓	-
Ivan Nip	E	✓	✓	✓	✓
Sally Rawcliffe-Foo	E	✓	✓	✓	✓
Ann Shuter	E	✓	-	✓	-
Niccola Swan	E	-	✓	✓	✓
Peter Webster	E	✓	✓	✓	✓

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

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

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

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

Prof Sue Proctor
Chair of the Trust
FEBRUARY 2020

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Service Visits Forward Plan
DATE OF MEETING:	4 February 2020
PRESENTED BY: (name and title)	Sue White, Non-executive Director
PREPARED BY: (name and title)	Rose Cooper, Corporate Governance Officer

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

EXECUTIVE SUMMARY

The Service Visits Forward Plan has been included so that the Council have the opportunity to see which visits are planned for the first half of 2020. They can then book onto those they are interested in by contacting the Corporate Governance Team. We usually ask that one governor attends per visit but there can be up to two governors by exception.

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

RECOMMENDATION

The Council of Governors is asked to:

- Receive the forward plan for information.

Service visits by Non-executive Directors and Governors planned for 2020

Date of visit	Venue	Non-exec Director	Governor(s)	Information
TBC	National Deaf CAMHS York *(revisiting to see the team working with service users)*	*(only one person allowed to attend at a time)*	Peter Webster	*Being rearranged for early 2020 as Peter became unavailable*
19 February (AM)	Assertive Outreach Team Asket Croft	Martin Wright		
26 February	Safeguarding Team Asket Croft	Sue White		
16 March	Infection, Prevention and Control Team Asket Croft	Sue White		
March	Procurement Team Roseville Road	Sue White		
April	Continuous Improvement Team The Mount	Martin Wright		
Early May	Older People's Service Community Team East - St Mary's House Chapletown South - Aire Court Middleton West - St Mary's Hospital & Millfield Yeadon	Sue White		

Service visits by Non-executive Directors and Governors planned for 2020

TBC	Capacity and Flow Becklin Centre	Andrew Marran		
TBC	East North East Community Learning Disability Team Asket Croft	John Baker		
TBC	Northern School of Child and Adolescent Psychotherapy (NSCAP) Bevan House LS12 1AW	John Baker		
TBC	Gender Identity Clinic Newsam Centre	TBC		
TBC	Research and Development Team St Mary's Hospital	TBC		
TBC	Diversity and Inclusion St Mary's House	TBC		

AGENDA ITEM

8

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Chief Executive Report
DATE OF MEETING:	4 February 2020
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.

MEETING OF THE COUNCIL OF GOVERNORS

4 February 2020

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 and Service visits**

During the festive holidays I visited all the wards, the CAU and crisis home treatment team based at the Becklin Centre and Parkside Lodge to catch up staff and fund out what plans they had for service users staff and carers to get involved in festive activities.

I joined Dawn Hanwell on a visit to Linden House which has recently been refurbished and become home to the HR team and the training team. The staff I met with all fed-back that the working environment was a significant improvement on what they had previously. Work continues across the St Marys Hospital site refurbishing and relocating staff teams alongside the enabling works for the New CAMHS Unit. This is resulting in some challenges for staff and I am grateful for their patience.

Staff Survey 2019

The annual staff survey for 2019 closed at the end of November 2019 and we achieved a 54.1% response rate for substantive staff and for the newly developed bank staff survey we achieved a 26% response rate. Final reports including draft benchmarking analysis will not be available until early February. At this point we will be able to share it internally with staff and teams but publication of the results for the NHS is embargoed until 18th February 2020.

We are arranging for Quality Health who administer the staff survey on our behalf to attend the strategic board session in February to discuss the results and implications in more detail.

I would like to send out our thanks to the staff engagement and OD team, staff side representatives and managers for supporting the Trust in maintaining such a good response rate.

Culture Collaborative Update

We have now completed the second round of online conversations as part of the culture collaborative during which we tested back with staff the analysis from the first wave. This proved to be a useful exercise in clarifying the conclusions we were reaching and helping us consider where we should focus our efforts. The CSI, Learning and OD and communications team have been working collectively to support the collaborative undertaking the analysis and planning. They have now converted the feedback so far into a set of 6 aim statements as set out below.

1. We need a diverse group of inspiring managers and leaders across the organisation, and to develop them in a consistent, supportive and fair way to positively influence culture.

2. Everyone should feel empowered to make decisions and/or improvements in their teams, using their knowledge and creative ideas.

3. We need clear pathways that help us fulfil our career progression and development ambitions.

4. Everyone needs to be appreciated for their hard work, valued for their skills, and recognised for their achievements.

5. Flexible working processes need to be easy to implement across all levels of the organisation.

6. Bullying and harassment needs to be stamped out. Everyone should be treated fairly and with respect.

Out of 103 teams in the Trust staff from 90 teams participated in round one of the conversations and staff from 66 teams participated in round 2. In total 682 (21%) people took part in round one and 229 in round 2 (7%).

A more detailed analysis has been carried out of the participants according to demographic and protected characteristics and banding. This is to help us define the target audience for

the face to face conversations which are taking place in February and March and will specifically target those staff groups that were underrepresented in the online conversations through personal invitations.

Recruiting a New Medical Director

Dr Claire Kenwood will be retiring in august 2020 after over three years of fantastic leadership in her role of medical director. Claire will continue to work with us on our quality improvement journey but we are now out to recruit a new permanent medical director. We are aiming to interview on the 19th march 2020 and would like some governors to help us with this. Please let Cath Hill know if you are interested and available.

2. Regulatory Matters

CQC

I am absolutely delighted that as a Trust we have been rated as good by the Care Quality Commission following the extensive inspection they undertook throughout 2019. Our final reports were released just before Christmas. This rating is very well deserved by all our staff and has been achieved through continuous hard work, living our trust values and working with our many partners. We have lots of great feedback from peers and colleagues including the COO for NHSI/E and the National Director for Mental Health Claire Murdoch. Staff are equally delighted in those services that saw their ratings move to good this time – specifically acute inpatient and PICU, forensic services. I want to pass on my thanks to all our staff and to the core team led by Cathy Woffendin who have managed the whole process and supported our service managers every step of the way.

Fire Safety

West Yorkshire Fire and Rescue Service have reviewed the actions we have taken following a number of fire incidents in the trust over the past 2 years and carried out an unannounced inspection in December 2019. They have confirmed they are satisfied with the action we have taken to improve our fire safety arrangements and also recognised that we have gone further in our actions that they requested. They were able to test out with front line staff the changes at a ward level in managing the potential fire risk and the

feedback was very positive from all those involved in the inspection. The work to improve fire safety has been cross cutting between estates and facilities, clinical and operational leads and support from LTHT. Following the feedback from WYFRS we have now closed down the action from the executive risk management group.

NHSE/I

Planning guidance was expected along with updated financial allocations for organisations during January however at the time of writing this paper they have still not been published. They are now expected to be made available the week commencing 27th January however timescales for submission of our operational plans will remain unchanged.

At the System oversight and assurance group meeting of the ICS this month we discussed proposed changes to the arrangements for assurance which previously has been quarterly meetings between NHSI and individual trust's. In line with the move towards ICS nationally and the implementation of one oversight framework for the NHS the proposal is to hold place based review meetings with all key partners including commissioners initially on a quarterly basis. This was supported with an implementation date of April 2020.

3. **Wider System Updates**

WY and H ICS Strategy

The five year strategy has been finalised and a suite of supporting documents including summary and easy read versions have been produced. These documents reflect the significant engagement we have carried out with partner organisations throughout the summer and autumn, as well as the specific feedback we received on the plan in the Partnership Board on 3 December 2019. The summary is also available as: an audio version; a British Sign Language (BSL) version and; an animation.

These versions will be uploaded into the ICS website from the 30 January 2020. There are now further conversations taking place nationally with the new government about delivery of their manifesto commitments. In the light of this national colleagues have asked all Integrated Care Systems (ICSs) and Sustainability and Transformation Partnerships (STPs) to hold off from actively promoting their plans to allow space for this. If there are any

material changes to national policy or commitments these will be discussed at the Partnership Board and any changes made to our strategy agreed there.

Mental Health Learning Disability and Autism Collaborative Update

The five year strategy for the mental health learning disability collaborative programme is now complete and published on the website and also has a suite of supporting documents including summaries and easy read.

We have held a meeting of the programme board, Committee in Common and New Care Model Programme boards during the last two months. A summary paper from the Committee in Common held on the 21st January 2020 is enclosed and the formal minutes will be provided to the board once agreed.

Key areas of focus and action across the collaborative have been

- Recruitment to the core team led by Keir Shillaker has now been completed with programme managers and additional admin resource coming into post in the next 2 months.
- Submission of the final bid for the Adult Eating Disorder new care model and attendance at the gateway panel in December 2019 went ahead and we have been given confirmation that we will move to steady state commissioning from the 1st April. Developing our model for Assessment and Treatment Unit Provision for West Yorkshire and planning our approach to wider public consultation and engagement.
- A recommendation that the ICS sign up to the Mental Health Prevention Concordat was supported by the Executive Group of the ICS. This is a framework from Public Health England which will bring together all partners in our system to support mental health prevention. The work will be led jointly with our programme and the improving population health programme.
- A proposal has been supported to develop a Suicide Prevention public awareness campaign for the ICS and this will become more developed over the next few months.
- Connections have been made with the South London Group Collaborative to share best practices and approaches to partnership working/provider collaborative arrangements.

- Development of a programme dashboard and metrics for each work stream is moving forward with support from NHSE and the draft dashboard should be in place from April 2020.
- Draft communication and engagement strategy has been developed and we now have a dedicated person in post to support the programme
- Launch of recruitment campaigns in West Yorkshire for psychiatry, mental health and learning disability nursing.
- Developing options on how to implement commissioning and quality assurance functions as part of the new care models with a final proposal to be agreed by the CEOs and recommended to the Committee in Common for a decision.

West Yorkshire Tier 4 CAMHS Unit

The Tier 4 CAMHS build is now in the first stages with contractors already on site demolishing old buildings and putting in place the infrastructure for the new build. We held a successful board to board meeting late 2019 with Leeds Community Trust to go through the business cases before they were then formally signed off at our respective boards to enable submission to NHSE/I. We will continue to work closely with LCH on this project and have already agreed to schedule three joint board sessions in during 2020. Dawn Hanwell is our executive lead for the project and we have also put in place clinical and operational leadership to support the development of the new clinical model for Tier 4 CAMHS for West Yorkshire and Harrogate.

4. Reasons to be proud

Health Education England (HEE) Quality Review

At the end of September HEE carried out a positive practice review of the education and training provision within the Trust to undergraduates in all professional disciplines. The visit was coordinated by the Trust leads for professional training Dr Sharon Nightingale, Adam Maher and Linda Rose. Verbal feedback was provided on the day which myself and Dr Kenwood also attended. We have now received the formal report from the visit and this confirms the overwhelming positive feedback for the team in the learning environment and

opportunities they put in place for all our trainees. We have a fantastic team in the Trust and the impact they are having on the current and future professional workforce deserves our recognition and thanks. Dr Abs Chakrabarti was mentioned specifically in the feedback for commendation in the support and leadership he provides to medical trainees. The report highlights a number of areas for best practice including culture, induction for trainees and rota planning. Reviewers stated there is a positive attitude towards learning throughout all areas of the Trust which extends to board level. The Trust has ensured that service delivery complements learning rather than impacting on it. As a result of this culture the trainees report that they have a positive leaning experience at the Trust, they feel well supported, supervised and valued.

Yorkshire Evening Post Awards

Stephanie Smith and Paul Butler are care coordinators in our Specialist Personality Disorder Services. They were nominated by service users they have worked with for the compassionate and high quality care they have provided and rightly should be feeling very proud of their wonderful achievement. The awards night was held on the 6th December and I am delighted to confirm that Stephanie as highly commended and Paul was a winner. I have contacted them both to pass on our congratulations and appreciation for all that they do.

Publication Success in Forensic Services

Dr Kerry Hinsbury (Consultant Clinical Psychologist), Clare Layton (Matron) and colleagues have had an article published in the latest edition of the International Institute of Organisational Psychological Medicine. The article '*Developing and Embedding a Trauma Informed Clinical Model within a Forensic Service*' shares the work the service has done in developing and implementing a new clinical model which has underpinned their improvement journey over the past 2 years which was also recognised in the CQC inspection which increased their rating to Good in every domain.

Supporting International Medical Graduates

Consultant Psychiatrist Dr Kouser Shailik, Dr Munniyapl (ST6), Dr Mussabir (ST6), Dr Aganren (CT2) and Dr Hashmi (ST6) won the winning the poster prize at the annual HEE Yorkshire School of Psychiatry Conference this month. The poster summaries an important piece of work that Dr Shailik is the lead for which was developed from recognising non UK

medical graduates were disproportionately represented in issues of complaints and sanctions regarding medical practice when compared to UK graduates. These issues are not dissimilar to the experiences of BAME staff across all disciplines in the NHS and Dr Shailik and colleagues are attempting to address through the provision of a bespoke induction and support to international medical graduates to better equip them in working in the UK health system. Feedback and evaluation has been extremely positive and the programme is open now across to all international medical graduates in West Yorkshire. This work was also identified as an area of best practice in the visit by HEE.

NICE Scholarship Awarded to Fabrizio Girolomini

Fab is a Senior Clinical Audit Facilitator and has been successful with his application for a NICE Scholarship. The scholarship is a national project and Fab is one the 10 successful candidates.

NICE Scholarships are one-year opportunities to find out about the inner workings of NICE. The scholar undertakes a supported improvement project, related to NICE guidance within the Trust.

The aim of the Fab project is to implement the NICE self-harm clinical guidelines. The objectives are to use the NICE CG16 and CG133 related tools and resources: 1) to assess compliance with national recommendations, identify areas of low compliance and co-produce action plans in partnership with staff to achieve the recommendations. 2) To identify factors that facilitated behavioural change.

Gambling Clinic Roll Out

The Northern Gambling Clinic based in Sunderland is now open to referrals following the official launch held on 8th January 2020. The event received significant media coverage and another huge thanks to Matt Gaskell for his continued leadership of the service and the communications team supporting the successful launch.

Connect West Yorkshire Adult Eating Disorder Service

The service has been given the go ahead to take on a formal 4 year contract which gives devolved responsibility for the specialist commissioning budget for West Yorkshire and Harrogate for the next 4 years. This comes following a two year pilot which has seen the service achieve fantastic outcomes for service users by investing more resources in to

community services and thereby reducing number of admissions and length of stay. This is the first new care model to get the formal go ahead in our region and the learning from this will influence the development of subsequent bids for Tier 4 CAMHS and Forensic services over the coming months.

Dr Sara Munro
Chief Executive
23 January 2020

	AGENDA ITEM **12**

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Update on the action plan & impact of actions following the Healthwatch Report into Crisis Services in Leeds
DATE OF MEETING:	4 February 2020
PRESENTED BY: (name and title)	Maureen Cushley, Head of Operations
PREPARED BY: (name and title)	Maureen Cushley, Head of Operations

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 the Healthwatch Report into Crisis Services in Leeds, a local action plan was developed by LYPFT in response to the recommendations made.

The attached shows progress against each of the agreed actions, and specifically shows that 8 actions are completed whilst the remaining 2 are well underway although slightly delayed. These both relate to the recruitment of a new small team of Peer Support Workers, who will lead the implementation of the actions relating to service user experience monitoring.

A city wide Crisis Summit is being held on 28th January 2020, which is focussing on updates and further actions in relation to the development of all crisis services in the city. An update from this meeting will be incorporated into the presentation to the Governors at the meeting.

Finally, the next step is to evaluate a number of the agreed actions through local review and audit; this is indicated in the update against the action plan.

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

RECOMMENDATION

The Council of Governors are asked to note and discuss the update against the action plan

LYPFT CRISS Action plan in response to Healthwatch Report - Update January 2020

Issue	Agreed action	Owner & date to be completed by	Update
Simple and clear information about where to go for support when in crisis to be made available and be widely used across the city.	Work with stakeholders to improve communication on CRISS on Trust website. Develop CRISS information leaflet for the service.	J Barnes (Clinical Operations Manager) 30.8.19	Completed – information leaflet developed & circulated and website updated. CRISS inform
All providers to demonstrate how their services adhere to the mental health crisis "I" statements.	Relaunching and promoting the I statements within the new CRISS service via posters, governance and team meetings and clinical supervision. Incorporate into CRISS safety planning training.	J Barnes (Clinical Operations Manager) 30.10.19	Completed – work undertaken to relaunch and promote I statements, including direct communication with staff and promotion in meetings. Also incorporated into the safety planning training as agreed. Plan to now audit in April (linked to PREM)
All service providers to demonstrate how they support their teams to deliver a consistent and non-judgemental service, in a kind, compassionate and caring manner. Providers to build in measures to ensure that this is an ongoing process that is measured and reviewed on a	Use of existing forums for staff reflection and supervision. To set up a learning event every quarter to take a sample of cases for staff to reflect and learn from.	J Barnes (Clinical Operations Manager)	Weekly CRISS reflective forum commenced from 2.9.19 – individual cases / complaints / feedback discussed in this forum. Currently developing a 'service user feedback' dashboard which will be overseen by the Clinical Improvement Forum

Issue	Agreed action	Owner & date to be completed by	Update
regular basis.	Use of new peer support team and patient related outcome measures to provide service user and carer feedback on a consistent basis.		Recruitment underway for peer support worker team, who will lead on the implementation of the agreed patient related outcome & experience measures.
Providers to work together to share and learn from the good practice in mental health crisis services.	To consistently attend the City Wide Partnership meeting to share learning from good practice and innovations.	J Barnes (COM) 30.9.19	Judith Barnes chairs the forum, with range of partners in attendance. Healthwatch report and actions are currently a standing agenda item for this forum. City wide Crisis Summit being held on 28th January 2020.
Providers and commissioners to review and respond to the timeliness of access and waiting lists for both crisis and mental health support services.	Following community redesign CRISS will work towards consistently achieving core fidelity standards.	J Barnes (COM) 30.9.19	Performance measures are in place as part of the Community Redesign evaluation data set. Full review against all 39 core fidelity standards planned for May 2020.
Mainstream services to ensure they provide mental health training for all frontline staff, e.g. mental health first aid training.	A programme of ongoing M/H training for front line staff is currently being implemented linked with priorities from community redesign.	J Barnes (COM) 30.12.19	All staff have received training on safety planning, which has been fully implemented into CRISS. Other training programmes include formulation and CPA training. Individual staff engaged in various training linked to appraisal.
Appropriate follow-up and ongoing support after a crisis to be made available and offered	This is already set out in local pathways	J Barnes (COM)	Local pathways are in place which set out a range of possible follow-up options, based on identified needs.

Issue	Agreed action	Owner & date to be completed by	Update
to everyone.		30.8.19	Plan to further review this once peer support workers in place. Plan to audit follow-up in September.
Providers to review and identify how they ensure services meet the needs of people with additional needs.	We will support ongoing informal training for staff available with internal and external colleagues. Ongoing trust wide work on green light Promote use of link workers to provide additional advice/support to colleagues	J Barnes (Clinical Operations Manager) 30.8.19	CRISS staff are involved in the Trust-wide 'Green Light' work, with identified actions for the CRISS service. CRISS uses other internal specialist partners to provide training within fortnightly CRISS team meeting on an adhoc basis eg LADS, ADHD services. Currently exploring a potential LD link worker role into the team.
Providers to identify how carers are supported and involved in the care provided by mental health crisis services.	As a trust we subscribe to the principles of triangle of care and there is currently a programme of work in relation to this underway. CRISS are contributing to this and it is integral within our service handbook	J Barnes (Clinical Operations Manager) 30.8.19	Covered in service handbook. CRISS membership on trust wide triangle of care work, including a self-assessment process against standards Service Le
All services to review and/or implement processes for ensuring	CRISS is in the process of developing a local patient related outcome measure.	J Barnes (Clinical Operations	Patient Related outcome and experience measures have been developed, in partnership with SUN.

Issue	Agreed action	Owner & date to be completed by	Update
service user and carer feedback is gathered and acted upon. The process to be simple and accessible and any changes as a result of feedback to be widely shared		Manager) 31.12.19	Plan to implement in March (linked to recruitment of Peer Support Workers)

	AGENDA ITEM
	13

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Council of Governors: Quarterly Performance and Quality Update Report
DATE OF MEETING:	4th February 2020
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.

Council of Governors: Quarterly Performance and Quality Update Report

- Overview of Key Performance Indicators.

- Performance and Quality metrics summary.

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

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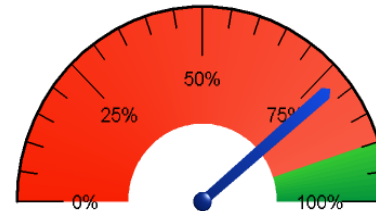**NHS Foundation Trust**

Our Service Performance

Access & Responsiveness: Our response in a Crisis
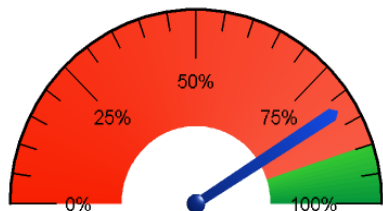
**Percentage with timely access to a MH assessment by the ALPs team in the LTHT Emergency Department (1 hour)**
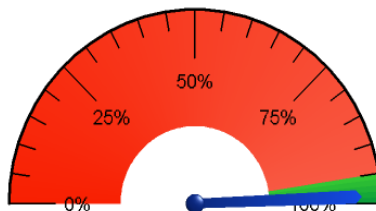
Percentage of admissions to inpatient services that had access to crisis resolution / home treatment teams

Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral
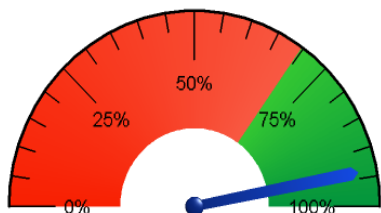
Percentage of service users who have stayed on CRISS caseload for less than 6 weeks
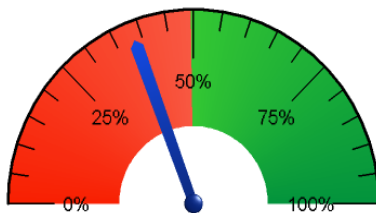
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support

Our Specialist Services
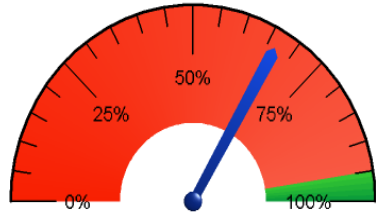
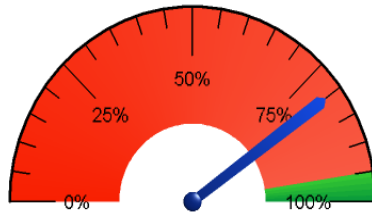**CAMHS inpatients: Honosca & CGAS: % completed at admission (quarterly) Q2**
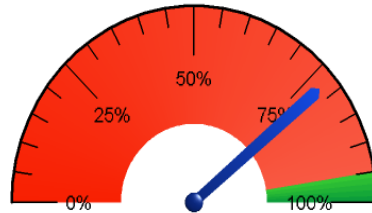
CAMHS inpatients: Honosca & CGAS: % completed at discharge (quarterly) Q2
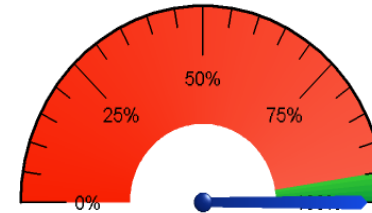
Forensics: HCR20: Percentage completed within 3 months of admission (quarterly) Q2
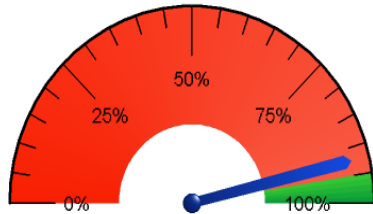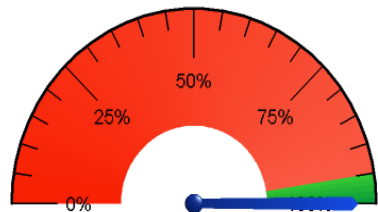

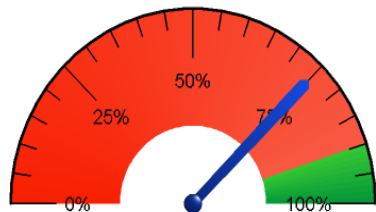**Forensics: HCR20 & HoNOS Secure: Percentage completed (LOS greater than 9 months) (quarterly) Q2**

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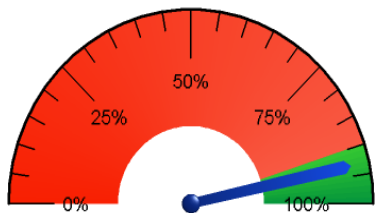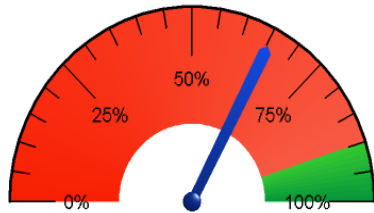
Our Specialist Services Continued

Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) Q2

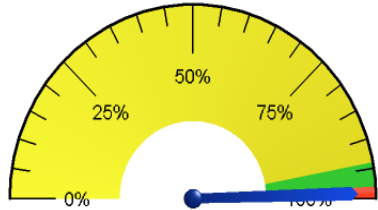**Perinatal Community: Percentage waiting less than 2 weeks for first contact (routine) Q2**

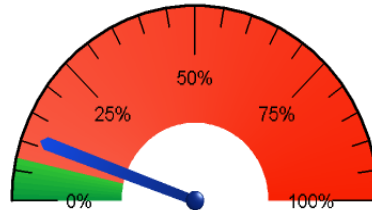**Community LD: Percentage of referrals seen within 4 weeks**

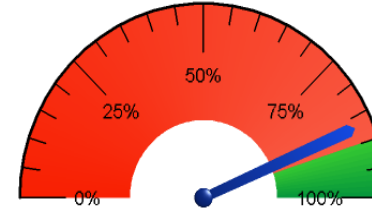**Community LD: Care plans reviewed within the previous 12 months**

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

Cardio Metabolic (Physical health) Assessment completed (Current SMI inpatients) Q2

Our Community Care
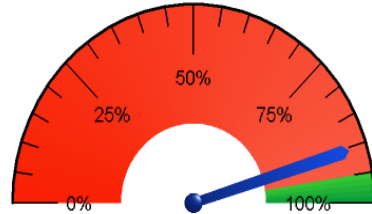
Percentage of inpatients followed up within 7 days of discharge
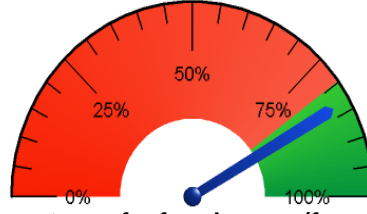
Percentage of referrals seen (face to face) within 15 days of receipt of referral to a community mental health team
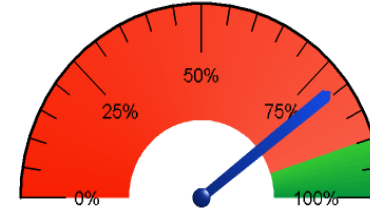
Waiting Times Access to Memory Services; Referral to first Face to Face Contact within 8 weeks Q2
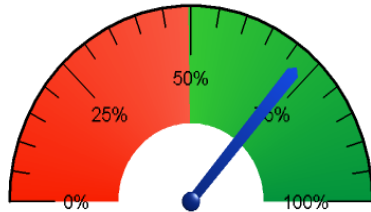
Memory Services – Time from Referral to Diagnosis within 12 weeks Q2
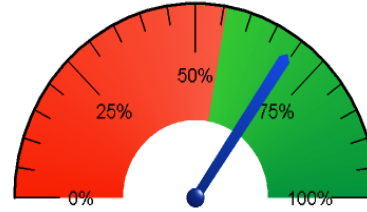
EIP 2 week wait to start NICE-recommended package of care
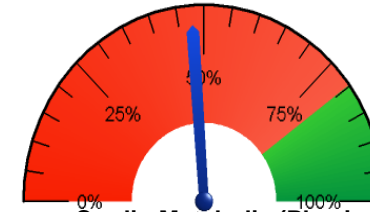
Cardio Metabolic (Physical health) Assessment completed (SMI community caseload) Q2

Our Community Care Continued
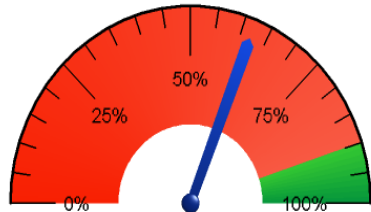
Cardio Metabolic (Physical health) Assessment completed (Early Intervention in Psychosis) Q2

Clinical Record Keeping: Mandated requirements

Proportion of in scope patients assigned to a cluster

Percentage of Care Programme Approach Formal Reviews within 12 months

Performance and Quality Metrics Summary

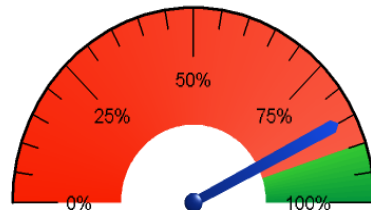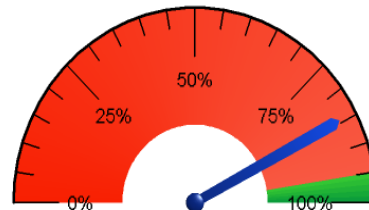| Services: Access & Responsiveness: Our response in a crisis	Target	Aug-19	Sep-19	Oct-19
Percentage of crisis calls (via the single point of access) answered within 1 minute*	-	76.4%	-	64.0%
Percentage of admissions gatekept by the crisis teams	95%	95.8%	100.0%	98.7%
Percentage of ALPS referrals responded to within 1 hour	90%	84.4%	85.0%	82.2%
Percentage of S136 referrals assessed within 3 hours of arrival	-	27.9%	17.5%	28.3%
Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral	Q3 90%	50.0%	68.4%	77.8%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70%	81.0%	95.2%	93.8%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50%	39.4%	50.0%	38.6%
Services: Access & Responsiveness: Our Specialist Services	**Target**	**Aug-19**	**Sep-19**	**Oct-19**
Gender Identity Service - Median wait for those currently on the waiting list (weeks)	-	46.1	48.0	49.4
Gender Identity Service: Number on waiting list	-	1,725	1,795	1,873
Leeds Autism Diagnostic Service (LADS): Percentage receiving an assessment within 13 weeks	95%	79.2%	86.2%	80.0%
CAMHS inpatients: Honosca & CGAS: % completed at admission (quarterly)	95%	-	66.7%	-
CAMHS inpatients: Honosca & CGAS: % completed at discharge (quarterly)	95%	-	77.8%	-
Deaf CAMHS: wait from referral to first face to face contact in days (monthly)	-	51.6	77.5	48.8
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%	-	92.3%	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	Q2 95%	-	66.7%	-
Perinatal Community: Percentage waiting less than 2 weeks for first contact (routine) (quarterly)	Q3 90%	-	72.6%	-
Perinatal Outreach: Average wait from referral to first contact (all urgencies) (quarterly)	-	-	11.4	-
Perinatal: Number of new women supported versus trajectory (quarterly)	129	-	61	-
Perinatal: Total number of women supported (quarterly)	-	-	167	-
Community LD: Percentage of referrals are seen within 4 weeks of receipt of referral (quarter to date)	Q3 90%	100.0%	78.8%	93.0%
Community LD: Percentage of Care Plans reviewed within the previous 12 months (quarter to date)	90%	56.3%	67.0%	65.3%
Services: Our acute patient journey	**Target**	**Aug-19**	**Sep-19**	**Oct-19**
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	83.9%	82.8%	90.3%
Crisis Assessment Unit (CAU) length of stay at discharge	-	13.8	11.4	11.1
Liaison In-Reach: attempted assessment within 24 hours	90%	83.9%	80.9%	86.9%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94-98%	99.0%	99.2%	99.1%
• Becklin – ward 1	-	100.3%	99.5%	99.9%
• Becklin – ward 3	-	98.4%	100.5%	99.4%
• Becklin – ward 4	-	98.2%	98.8%	99.7%
• Becklin – ward 5	-	100.1%	98.1%	98.1%
• Newsam – ward 4	-	98.0%	99.2%	98.3%
• Older adult (total)	-	86.6%	85.2%	79.6%
• The Mount – ward 1	-	77.6%	88.2%	79.9%
• The Mount – ward 2	-	87.5%	91.8%	95.3%
• The Mount – ward 3	-	77.3%	62.9%	47.3%
• The Mount – ward 4	-	101.8%	101.1%	101.9%

September data unavailable due to a change in telephone supplier.

Performance and Quality Metrics Summary continued

| Services: Our acute patient journey	Target	Aug-19	Sep-19	Oct-19
Percentage of delayed transfers of care	<7.5%	14.1%	11.7%	11.0%
Number of out of area placement bed days versus trajectory (in days: cumulative per quarter)	-	+41	+460	-353
Acute: Number of out of area placements beginning in month	-	7	9	11
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	430	390	348
PICU: Number of out of area placements beginning in month	-	0	5	6
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	30	23	171
Older people: Number of out of area placements beginning in month	-	0	1	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	0	6	0
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90%	-	74.7%	-
Services: Our community care	**Target**	**Aug-19**	**Sep-19**	**Oct-19**
Percentage of inpatients followed up within 7 days of discharge	-	95.4%	88.0%	90.5%
Percentage of inpatients followed up within 7 days of discharge (quarterly data)	95%	-	91.4%	-
Percentage of inpatients followed up within 3 days of discharge	-	73.2%	77.2%	78.1%
Number of service users in community mental health team care (caseload)	-	4,853	4,843	4,745
Percentage of referrals seen (face to face) w/in 15 days by a community mental health team	Q3 85%	83.0%	81.2%	83.3%
Percentage of referrals to memory services seen (face to face) within 8 weeks (quarter to date)	90%	86.1%	85.3%	79.3%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50%	63.9%	66.7%	72.5%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks.	56%	63.6%	81.8%	69.2%
Cardiometabolic (physical health) assessments completed: Community Mental Health (patients on CPA) (quarterly)	80%	-	47.8%	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90%	-	62.0%	-
Services: Clinical Record Keeping	**Target**	**Aug-19**	**Sep-19**	**Oct-19**
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS) - revised specification from April onwards	95%	JUN 81.5%	JUL 81.7%	- -
Percentage of service users with ethnicity recorded	-	85.0%	84.1%	83.9%
Percentage of in scope patients assigned to a mental health cluster	90%	86.5%	85.9%	85.1%
Percentage of Care Programme Approach Formal Reviews within 12 months	95%	84.3%	85.5%	84.5%
Timely Communication with GPs: Percentage notified in 7 days (CPA Care Plans only) (quarter to date)	80%	41.7%	42.2%	41.1%
Timely Communication with GPs: Percentage notified in 24 hours (inpatient discharges only) (quarter to date)	80%	0.4%	0.3%	1.8%
Quality: Our effectiveness	**Target**	**Aug-19**	**Sep-19**	**Oct-19**
Number of healthcare associated infections: C difficile	<8	0	0	0
Number of healthcare associated infections: MRSA	0	0	0	0
Percentage of service users in Employment	-	15.5%	15.6%	15.6%
Percentage of service users in Settled Accommodation	-	75.2%	74.5%	74.4%

Performance and Quality Metrics Summary continued

Quality: Caring / Patient Experience	Target	Aug-19	Sep-19	Oct-19
Friends & Family Test: Percentage recommending services	-	75% (20)	75% (16)	100% (15)
Mortality:	-	-	-	-
· Number of deaths reviewed	Quarterly	-	82	-
· Number of deaths reported as serious incidents	Quarterly	-	6	-
· Number of deaths reported to LeDeR	Quarterly	-	7	-
Number of complaints received	-	14	13	14
Percentage of complaints acknowledged within 3 working days	-	100%	92%	100%
Percentage of complaints allocated an investigator within 3 working days	-	100%	91%	93%
Percentage of complaints completed within timescale agreed with complainant	-	100%	100%	100%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	173	165	198
Quality: Safety	**Target**	**Aug-19**	**Sep-19**	**Oct-19**
Number of incidents recorded	-	1,004	940	978
Percentage of incidents reported within 48 hours of identification as serious	100%	100% (1)	100% (3)	100% (3)
Number of Self Harm Incidents	-	93	105	109
Number of Violent or Aggressive Incidents	-	81	83	77
Number of never events	-	0	0	0
Number of restraints	-	183	182	151
No. of patients detained under the Mental Health Act (includes Community Treatment Orders/conditional discharges)	-	452	464	478
Adult acute including PICU: % detained on admission	-	68.3%	68.0%	71.4%
Adult acute including PICU: % of occupied bed days detained	-	83.1%	83.4%	84.8%
Number of medication errors	Quarterly	-	161	-
Percentage of medication errors resulting in no harm	Quarterly	-	92.5%	-
Safeguarding Adults: Number of advice calls received by the team	Quarterly	-	251	-
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	15.9% (40)	-
Safeguarding Children: Number of advice calls received by the team	Quarterly	-	105	-
Safeguarding Children: Percentage of advice calls to safeguarding that resuled in a referral to social care	Quarterly	-	35.7% (37)	-
Number of falls	-	69	59	51
Number of Pressure Ulcers	-	0	2	0

Performance and Quality Metrics Summary continued

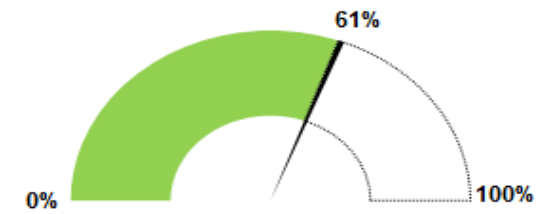| Our Workforce	Target	Aug-19	Sep-19	Oct-19
Percentage of staff with an appraisal in the last 12 months	85%	85.1%	82.8%	81.8%
Percentage of mandatory training completed	85%	91.2%	90.8%	89.9%
Safeguarding: Prevent Level 3 training compliance (month end snapshot)	85%	-	96.0%	-
Percentage of staff receiving clinical supervision	85%	73.4%	74.7%	78.0%
Staff Turnover (Rolling 12 months)	8-10%	9.8%	10.5%	10.3%
Sickness absence rate in month	-	4.4%	4.4%	5.1%
Sickness absence rate (Rolling 12 months)	4.6%	5.2%	5.1%	5.2%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	13.5%	13.9%	14.4%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	44.0%	46.1%	46.4%
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	-	17.7%	15.5%
Medical Consultant Vacancies (number)	-	-	12.9	11.3
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	-	3.0%	4.2%
Medical Career Grade Vacancies (number)	-	-	1.1	1.5
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	-	12.3%	7.1%
Medical Trainee Grade Vacancies (number)	-	-	12.8	7.3
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	30.0%	32.0%	24.0%
Band 5 inpatient nursing vacancies (number)	-	68.3	73.3	54.9
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)	-	21.0%	19.0%	18.2%
Band 5 other nursing vacancies (number)	-	20.7	19.0	18.2
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	1.3%	3.9%	4.4%
Band 6 other nursing vacancies (number)	-	3.4	10.7	12.1
Percentage of vacant posts (Trustwide; all posts)	-	10.4%	10.6%	8.8%

Overview of Finance

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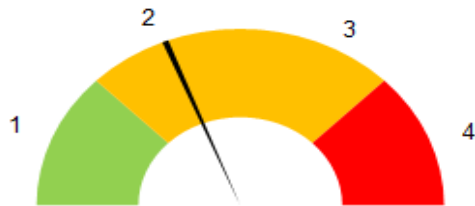
Income and Expenditure Position (£000s)
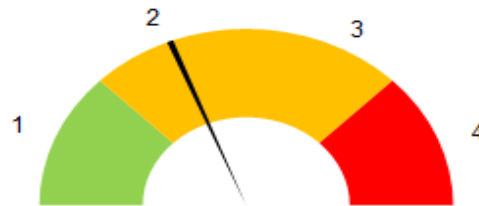
Cost Improvement Programme (£000s)

Cash (£000s)
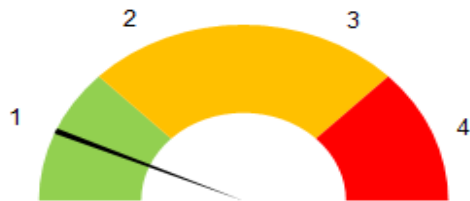
Capital (£000s)

Agency spend (£000s)
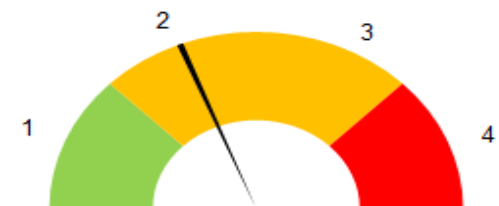
Finance metrics

Finance	Target	Aug-19	Sep-19	Oct-19
Single Oversight Framework: Overall Finance Score	1	2	2	2
Single Oversight Framework: Income and Expenditure Rating	1	2	2	2
Income and Expenditure: Surplus		£1.26	£1.48m	£1.60m
Cost Improvement Programme versus plan (% achieved)	100%	61.13%	61.24%	60.60%
Cost Improvement Programme: achieved		£0.76m	£0.91m	£1.05m
Single Oversight Framework: Cash Position Liquidity Rating	1	1	1	1
Cash Position	-	£91.11m	£90.68m	£91.65m
Capital Expenditure (Percentage of plan used) (YTD)	100%	74.61%	82.95%	92.86%
Single Oversight Framework: Agency Spend Rating	1	2	2	2
Agency spend: Actual	-	£2.36m	£2.75m	£3.24m
Agency spend (Percentage of capped level used)	-	113%	110%	111%

13

Finance metrics continued

Single Oversight Framework - Finance Score The Trust achieved the planned Finance Score at month 07 with an overall Finance Score of 2.	**Income and Expenditure Position (£000s)** The income and expenditure position at month 7 is £0.67m surplus, £0.28m ahead of plan before accounting for £0.94m additional PSF relating to 18/19.
Cost Improvement Programme (£000s) CIP performance at month 07 is under the plan of £1.73m, CIP achieved £1.05m (61% of plan).	**Cash (£000s)** The cash position of £91.7m is £3.8m above plan at month 7, reflecting unplanned 18/19 PSF and capital underspending. The Trust achieved a liquidity rating of 1 (highest rating).
Capital (£000s) Capital expenditure (£2.41m) is behind plan at month 7 (93% of plan).	**Agency spend (£000s)** Compares actual agency spend (£3.24m at month 07) to the capped target set by the regulator (£2.93m at month 07). The Trust reported agency spending 11% above the capped level and achieved a rating of 2.
Areas of Financial Risk as at October 2019 • OAPs run rate deterioration. • CIP performance. • Wards overspending. • Agency spending run rate.	

Trust Board Assurance: Key discussions, issues and actions

Points to note:

Whilst a number of services achieved their access standard / target in October, the focus is now on achieving these consistently.

Within the CRISS service, improvement work and evaluation of the service as part of the community redesign is ongoing, including audits of cases to understand what is required to achieve the standards that have been set.

Performance remains strong in areas such as mandatory training and safeguarding Prevent Level 3 training.

During October, 57 new nursing staff started under the Trust's commitment to support newly qualified staff within Leeds. Not all are included in the October data due to paperwork not being completed in time for payroll.

Key issues, risks and actions:

Improving monitoring of physical health is a priority across our inpatient & community settings. Additional capacity for clinics is in place for January to March 2020.

Further work is required to improve communications to GPs. Focus is particularly on discharge summaries within 24 hours. This is a very tight timeframe requiring letters being dictated/typed into the BigHand software before being signed off for electronic transfer. Further work is needed to embed this process on some wards.

At the end of October, the number of inappropriate out of area bed days for our acute and PICU wards rose above the full year bed day trajectory. At the end of October, 15 service users remained out of area ranging from 7 to 167 days.

Trust Board Discussion Summary:

At the October board workshop, NHS Improvement attended to give the board an oversight into their "Making Data Count" programme. "Making Data Count" is intended to support Trust Board discussions around performance from both a management and assurance perspective. The intention is to move Boards away from reacting to information on a month on month basis. For example, a target could be met one month then failed the next but the change in performance could be as little as 0.1 of a percent which means a team could be celebrated for success one month then criticised for failure the next when nothing has really changed in terms of practice or performance. Understanding of variation to know when assurance can be gained from data or a need to take action is prompted was explored using the example of your journey home from work - the time this takes will vary slightly day to day depending on traffic (this is normal/ common cause variation) but can change significantly if your usual roads are closed due to an accident (special cause variation). Understanding whether targets are being met even when common cause variation is taken into account can provide Boards with assurance on performance. Conversely, understanding the reason for special cause variation and knowing when to ask questions or take action based on performance consistently outside expected levels can ensure that the focus is on the metrics that really need it.

NHSI is promoting the use of tools such as Statistical Process Control (SPC) charts that use performance history over time to give the range of performance that can be expected if nothing changes significantly (known as process limits). SPC charts are also a useful way to identify where something has changed (a point outside the expected ranges of normal variation). These tools are already part of both reporting at Trust Board level and internally to support teams undergoing significant changes such as the community services redesign. For example, using a SPC chart for the community mental health team target of 15 days to first contact shows that whilst the 80% target was met August-October, the Trust should expect this to fluctuate above and below 80% so a drop below 80% in November should not be unexpected as there is not yet enough consistency in performance to provide assurance that this target will be maintained month on month. Similarly, the number of incidents for August may look high and could lead to discussions on whether reduced staffing levels during holiday times lead to more incidents but the SPC chart for this shows that numbers of incidents are likely to vary between 786 and 1,194 per month and August was within normal variation. However, what the chart alone cannot do is provide assurance that having up to 1,194 incidents per month is a good or a bad thing. The workshop was a good opportunity for the Board to reflect on how data is used in their meetings.

AGENDA ITEM
14.1

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Workforce Committee Terms of Reference
DATE OF MEETING:	4 February 2020
PRESENTED BY: (name and title)	Helen Grantham, Non-executive Director
PREPARED BY: (name and title)	Kerry McMann – Corporate Governance Team Leader

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 Terms of Reference for the Workforce Committee has been provided for information and to support the verbal update on the progress of the Committee.

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 this Terms of Reference for information.

WORKFORCE COMMITTEE

Terms of Reference

1   NAME OF COMMITTEE

Workforce Committee.

2   COMPOSITION OF THE COMMITTEE

Members: full rights

Title	Role in the committee
2 Non-executive directors	Chair and NED challenge to the executive arm of the organisation
Director of OD and Workforce	Assurance on the OD and Workforce aspects of their portfolio in relation to the delivery of the strategic aims, goals and plans relating to staff and legal and statutory HR functions
Director of Nursing, Professions and Quality	Assurance on the professional workforce aspects of the Nursing and AHP staff
Medical Director	Assurance on the professional workforce aspects of the medical staff
Chief Operating Officer	Assurance on workforce capacity and capability within care services from a service delivery perspective

A.   In attendance: in an advisory capacity

Title	Role in the committee	Attendance guide
Associate Director for Corporate Governance	Trust Board Secretary overseeing the information flows of the committees	Each meeting

Title	Role in the committee	Attendance guide
Deputy Director of Workforce Development	Provide information and assurance on Workforce matters including; culture, health and wellbeing and performance against metrics	As Required
Head of Learning & OD	Provide information and assurance on talent development, including training, progression and apprenticeship initiatives.	As Required
Workforce Information Manager	Provision of workforce information and undertaking of analytics as required.	Bi monthly
Strategic Resourcing Manager	Provide assurance on vacancies rates, the future direction of workforce skills and skills gaps	As Required
Head of Communications	Provide information and assurance on methods of communication	As Required
Head of Diversity and Inclusion	Provide information and assurance on the equality, diversity and inclusion agenda and plan	Bi-monthly

In addition to anyone listed above as a member, at the discretion of the chair of the committee may also request individuals to attend on an ad-hoc basis to provide advice and support for specific items from its work plan when these are discussed in the meetings.

2.1 Governor Observers

The role of the governor at Board sub-committee meetings is to observe the work of the Committee, rather than to be part of its work as they are not part of the formal membership of the Committee. The governor observes Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe non-executive directors appropriately challenging the executive directors for the operational performance of the Trust.

At the meeting the governor observer will be required to declare any interest they may have in respect of any of the items to be discussed (even-though they are not formally part for the discussion). Papers for governors will be available at the meeting Governor observers will be invited to the meeting by the Corporate Governance Team.

3 QUORACY

Number: The minimum number of members for a meeting to be quorate is three and must include either the Non-Executive Director responsible for Workforce or the Director

of OD & Workforce. Attendees do not count towards quoracy. If the chair is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by the second non-executive director.

Deputies: Where appropriate members may nominate deputies to represent them at a meeting. Deputies do not count towards the calculation of whether the meeting is quorate except if the deputy is representing the member under formal "acting up" arrangements. In this case the deputy will be deemed a full member of the committee.

It may also be appropriate for attendees to nominate a deputy to attend in their absence.

A schedule of deputies, attached at appendix 1a, should be reviewed at least annually to ensure adequate cover exists.

Non-quorate meeting: Non-quorate meetings may go ahead unless the chair decides not to proceed.   Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

Alternate chair: In the absence of the Chair the alternate chair of the meeting will be the second non-executive director.

4   MEETINGS OF THE COMMITTEE

Frequency: Bi-monthly

Urgent meeting: Any member of the committee may request an urgent meeting. The chair will normally agree to call an urgent meeting to discuss the specific matter, unless the opportunity exists to discuss the matter in a more expedient manner.

Minutes: The Corporate Governance Team will provide secretariat support to the Committee. Draft minutes will be sent to the chair for review and approval within seven working days of the meeting.

Papers: Papers for the meeting will be distributed electronically by the Corporate Governance Team seven working days prior to the meeting. Papers received after this date will only be included if agreed by the chair.

5   AUTHORITY

Establishment: The Workforce Committee is a sub-committee of the Board of Directors and has been formally established by the Board of Directors.

Powers: The Workforce Committee is constituted as a standing committee of the Board of Directors. The Committee is authorised by the Board to seek assurance on any activity within its terms of reference.

Cessation: The Workforce Committee is a standing committee in that its responsibilities and purpose are not time-limited. It will continue to meet in accordance with these terms of reference until the Trust Board determines otherwise.

6   ROLE OF THE COMMITTEE

6.1   Purpose of the Committee

The purpose of the committee is to provide the Board with assurance concerning all aspects of strategic workforce matters relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients and staff.

Its purpose is also to ensure there is a positive working environment for staff which promotes an open culture that helps staff do their job to the best of their ability.

Trust Strategic Objective	How the committee will meet this objective
We deliver care that is high quality and improves lives	Assurance on the delivery of the Trust's strategic workforce plan
We provide a rewarding and supportive place to work	Assurance on the delivery of the Trust's strategic workforce plan
We use our resources to deliver effective and sustainable services	Assurance on the delivery of the Trust's strategic workforce plan

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

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

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

6.3   Duties of the committee
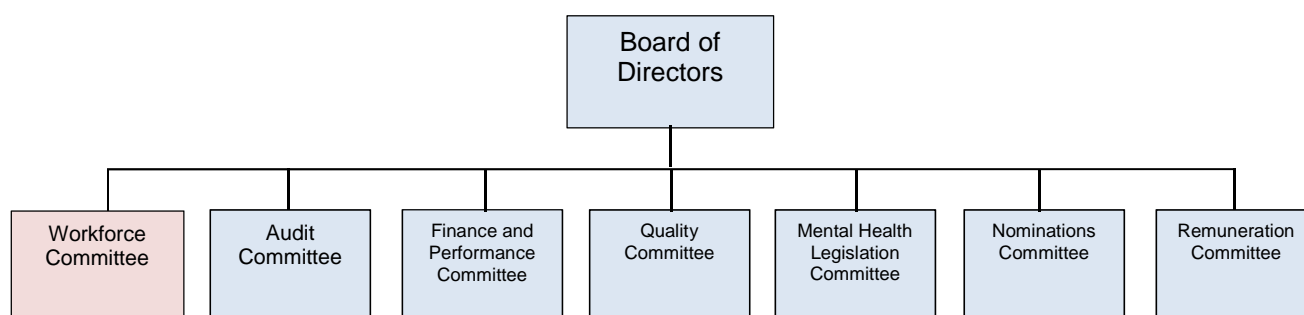
On behalf of the Board of Directors the committee will seek assurance on the following:

- The development and delivery of the Trust's workforce and organisational development strategic plan

- The Trust's Workforce and Organisational Development strategic plan aligns to all Trust Strategic plans.

- The mechanisms in place to support the development of leadership capacity and capability

- The development of the workforce to ensure the Trust has productive staff with the skills, competencies and knowledge to provide safe and effective care

- The Trust has in place effective methods of promoting staff engagement

- The structures, systems and processes are in place to promote Employee Wellbeing, supporting the workforce in the provision and delivery of high quality, safe patient care

- The Trust is meeting its legal and regulatory duties in relation to its employees

- The Trust's approach to ensuring compliance with relevant equality, diversity and human rights legislation and ensure the workforce appropriately reflects the diversity of the people we provide services to

- The Trust is actively involved and where relevant influencing work taking place across Leeds and the WY&H ICS relating to Workforce

- Progress against the workforce metrics

- The risks delegated to it via the Board Assurance Framework. The committee should determine if the appropriate level of risk has been identified, review the effectiveness of the controls in place relevant to the risks, review and challenge the strength of the assurances provided, identify any gaps in control or assurance and ensure that the risk lead identifies appropriate actions to address such gaps

- Where necessary seek assurance into any area of work related to workforce and related matters on behalf of the Board.

7   RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES

```
                          ┌──────────────┐
                          │   Board of   │
                          │  Directors   │
                          └──────┬───────┘
   ┌─────────┬──────────┬────────┼─────────┬──────────┬──────────┐
┌──────┐ ┌──────┐ ┌──────────┐ ┌──────┐ ┌──────────┐ ┌──────────┐ ┌──────────┐
│Work- │ │Audit │ │Finance & │ │Qual- │ │Mental    │ │Nomina-   │ │Remunera- │
│force │ │Comm- │ │Perform-  │ │ity   │ │Health    │ │tions     │ │tion      │
│Comm- │ │ittee │ │ance      │ │Comm- │ │Legisla-  │ │Committee │ │Committee │
│ittee │ │      │ │Committee │ │ittee │ │tion      │ │          │ │          │
│      │ │      │ │          │ │      │ │Committee │ │          │ │          │
└──────┘ └──────┘ └──────────┘ └──────┘ └──────────┘ └──────────┘ └──────────┘
```

8   DUTIES OF THE CHAIRPERSON

The chair of the committee shall be responsible for:

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

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

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

9   REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

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

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

Schedule of deputies

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

Full member (by job title)	Deputy (by job title)
Director of OD & Workforce	Deputy Director of Workforce
Director of Nursing Professionals and Quality	Deputy Director of Nursing (as required)
Medical Director	Deputy Medical Director for Care Services (as required)
Chief Operating Officer	Deputy Chief Operating Officer (as required)

AGENDA ITEM
15

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Leeds Health and Care Academy Portfolio Update
DATE OF MEETING:	4 February 2020
PRESENTED BY: (name and title)	Angela Earnshaw, Head of Learning and OD
PREPARED BY: (name and title)	Angela Earnshaw, Head of Learning and OD

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

EXECUTIVE SUMMARY
This report provides information on progress to date in establishing the Leeds Health and Care Academy, partners and how this links to the Leeds strategic workforce priorities.

Appendix 1 provides an update on Academy products and services as of January 2020. |

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
It is recommended that the Council of Governors receive this update for information.

Meeting of the Council of Governors

4 February 2020

Update on the Leeds Health and Care Academy

1. Introduction and Links to Strategic Workforce Priorities for Leeds

The Leeds Health and Care Academy was developed by the city as a new and ambitious response to the workforce challenges faced nationally in health and social care. The innovative approach, based on true partnership working, is believed to be the first of its kind nationally.

The Academy was launched in April 2019 with a foundation portfolio of products and services. These were all developed under four key improvement themes that linked directly to the health and care challenges faced by the city:-

- Improving employment (attracting and retaining our current and future workforce)
- Improving working lives
- Improving systems working (across organisational boundaries)
- Improving working partnerships

The health and care workforce challenges faced in Leeds are not unique. Over the summer of 2019 work has taken place with many key stakeholders to understand in more detail what the city's health and care strategic workforce priorities need to be. As a result of this work the following strategic workforce priorities for Leeds have emerged. The Academy has a central role as the delivery model for the strategic workforce priorities in the city:-

- We will jointly plan and address the workforce implications of developing and integrating care closer to home, recognising and mitigating the risk that introducing new roles and reconfiguring services could destabilise other parts of our system.
- We will attract, train and recruit together to improve the profile and potential shared opportunities of a nursing career across health and social care in Leeds.
- We will remove the barriers to cross-organisational and cross-functional working to enable new models of service delivery supporting the Leeds Left Shift.
- We will ensure that job roles, ways of working and development reflect the increasing shift from treating illness in isolation to the promotion of physical, mental, social wellbeing and prevention of ill health.
- We will eliminate discrimination and narrow inequality gaps where they exist to ensure that Leeds is an inclusive and diverse 'one workforce employer', specifically focusing on engaging and attracting people from local communities.
- We will learn together – specifically focusing on cross-cutting skills gaps including systems leadership at middle management and digital skills, ensuring our workforce is delivering 21st century care.

- We will improve together – specifically focusing on the health, wellbeing and resilience of our 'one Leeds workforce' ensuring our staff are well at work and continue to deliver high quality health and care.

2. The Academy Partners and Governance

The Academy is a project of the Leeds Academic Health Partnership (LAHP) and its founding partners are:-

- Leeds Beckett University
- Leeds City Council
- Leeds Community Healthcare NHS Trust
- Leeds and York Partnership NHS Foundation Trust
- Leeds Trinity University
- University of Leeds
- NHS Leeds Clinical Commissioning Group

Its associate member is Yorkshire and Humber Academic Health Science Network and affiliate members are St Gemma's Hospice, Leeds City College and Yorkshire Cancer Research.

The LAHPs role is to ensure the Academy develops in line with the agreed vision. The Academy works with many other organisations and groups across Leeds, including third sector groups and organisations and national bodies and organisations.

The Academy strongly supports collaborative working across Leeds. There is a core Academy team who support strategic and delivery leads from across the partner organisation to deliver the portfolio products and services. Executive leads, Jenny Lewis, Director of HR and Leeds Teaching Hospitals NHS Trust and Cath Roff, Director of Adults and Health at Leeds City Council, oversee the whole Academy portfolio.

The Academy's Portfolio Delivery Group is jointly chaired by the Executive leads and membership is drawn from across the partner organisations to ensure delivery of the academy portfolio, on time and on budget. The work of the Academy is overseen by the Leeds One Workforce Strategic Board. This Board is chaired by Dr Sara Munro, LYPFT CEO and our Director of OD Workforce, Claire Holmes, is the Trust workforce member.

3. Recruitment to a Permanent Core Delivery Team

During the early months of developing the Academy, the core team was resourced by people from the Leeds system seconded into academy roles on a secondment/fixed term basis and other external colleagues in specialist roles, working on fixed term contracts.

In the summer of 2019, the decision was made by the city to support the future work of the Academy with the move to a permanent core team with a joint leadership role for the Academy and the city's strategic 'one workforce' priorities. Good progress has been made to recruit to the Academy core team, including the Head of Academy post and supporting project manager and project lead roles. The Academy is aiming to have the core team mainly in place by 1 February 2020. Recruitment to the Director of Strategic Workforce and the Health and Care Academy is

ongoing, Karen Vella, Deputy Director of HR at Leeds Teaching Hospitals NHS Trust is currently in this role as in interim. This arrangement will continue until recruitment to appoint a permanent director is completed.

4. Academy Portfolio Work Programme Update

Appendix 1 provides an update as at January 2020 on the Academy portfolio work programme. It should be noted that strategic and delivery leads for some of the Academy products and services is being reviewed in January/February 2020, therefore there may be some changes to the leads identified on the update attached.

5. Recommendations

It is recommended that the Council of Governors receive this update for information.

6. Appendices

- Appendix 1 – Academy work programme update.

Angela Earnshaw
Head of Learning & OD
22 January 2020

Leeds Health and Care Academy

Work Programme Update – January 2020

The Leeds Health
and Care Academy
is a project of
Leeds Academic Health
P A R T N E R S H I P

Work Programme Update

Strategic Workforce Priority	LOWSB* Lead	LHCA* Deliverable	Strategic Lead	Delivery Lead	LHCA Lead	Update
1. We will jointly plan and address the workforce implications of developing and integrating care closer to home, **recognising and mitigating the risk that introducing new roles and reconfiguring services could destabilise other parts of our system.**	Gaynor Connor	**Take a colleague to work – Nursing** A scheme where nursing staff working in the city shadow each other to gain an insight in to different roles and working environments	Penny McSorley*	Tracey Cooper*	Veena Murray/ Ruth Sykes	Meeting with strategic lead to scope approach and timelines 23/1/20

* LOWSB – Leeds One Workforce Strategic Board

* LHCA – Leeds Health and Care Academy

Work Programme Update

Strategic Workforce Priority	LOWSB Lead	LHCA Deliverable	Strategic Lead	Delivery Lead	LHCA Lead	Update
2. We will attract, train and recruit together to **improve the profile and potential shared opportunities of a nursing career** across health and social care in Leeds.	Jo Harding	**Delivering 21st Century Care; listening to our future workforce. Event 2 – Nursing** Following the event for the medical workforce, an event for Nursing in 2020 to coincide with the international year of the nurse is being scoped.	Jo Harding	TBA	Veena Murray/ Saadia St.Clair Clarke	Meeting with Nurse leads from across the city arranged 5th March to discuss.
		Nursing Homes Sector Led Improvement Co-produce and deliver a development programme to meet the identified needs within the Nursing Homes sector. To include system wide nurse/clinical training. Raise the profile of Nursing in a nursing home as a career of choice by: Working with Universities to increase the number of student nurse placements within nursing homes. Working with the Universities to include/develop the curriculum to include nursing in a nursing home. (2,7)	Cath Roff	Tracey Cooper	Veena Murray	Meeting took place on 6/1/20. Action plan agreed to progress this work and academy resource identified to support implementation.

The Leeds Health and Care Academy *is a project of*

Leeds Academic Health
P A R T N E R S H I P

Work Programme Update

Strategic Workforce Priority	LOWSB Lead	LHCA Deliverable	Strategic Lead	Delivery Lead	LHCA Lead	Update
3. We will remove the barriers to cross-organisational and cross-functional working to **enable new models of service delivery supporting the Leeds Left Shift.**	Laura Smith/ Jenny Allen	**One Leeds Workforce passport (Emerging)** Establish recognition of accredited information governance (IG) training across the city's partners to allow "passporting" from one employer to another and elimination the need to repeating the training. (3)	Laura Smith/ Jenny Allen	Alastair Cartwright	Karen Vella/ Helen Thurston	Academy resource to support this work identified and implementation date TBA (likely late March/April 2020).

Work Programme Update

Strategic Workforce Priority	LOWSB Lead	LHCA Deliverable	Strategic Lead	Delivery Lead	LHCA Lead	Update
5. We will eliminate discrimination and narrow inequality gaps where they exist to **ensure that Leeds is an inclusive and diverse 'One workforce employer',** specifically focusing on engaging and attracting people from local communities.	Claire Holmes/ Sue Wynne	**Development programme for women working in non-managerial roles** Targeted at women in non-managerial roles with an initial focus on Black, Asian and minority ethnic (BAME) women to increase diversity and inclusion and address inequalities.	Claire Holmes	Veena Murray	Veena Murray	Springboard 1 launched 15th January. 30 women, 50% BAME. Over 150 applicants for the programme and more expected. Springboard 2 dates in place to begin in April 202. Provisional dates for an April concurrent programme identified and venue on hold, September programme dates also booked.

2nd trainer identified and licence to be obtained in March 2020. |
| | | **One Workforce Health and Care Careers Ambassador Programme** Supporting the One Leeds Workforce recruitment requirements to: raise the profile of careers in health and social care; reduce inequalities in Leeds and create a future workforce representative of the Leeds population. The programme is designed to create a cohort of health and care staff from a wide range of service areas who will act as ambassadors to promote careers in health and care across the sector. | Julia Massey | Tracey Cooper | Robyn Swain / Ruth Sykes | **Ambassador engagement** Scoping to agree LHCA role in supporting ambassadors. Programme of CPD is being agreed. **Health and Care careers event 21.01.2020** 30 exhibitors attending, 300 attendees registered on Eventbrite |

Work Programme Update

Strategic Workforce Priority	LOWSB Lead	LHCA Deliverable	Strategic Lead	Delivery Lead	LHCA Lead	Update
	Claire Holmes/ Sue Wynne	**START website** An opportunity for all health and care partners to post information on careers apprenticeships and work opportunities in their organisations on a dedicated Leeds health and care section of the national START website.	Sue Wynne	Julia Massey	Robyn Swain/ Ruth Sykes	Further work underway to better reflect health sector careers
		Connecting the Leeds women's networks (Emerging) Menopause support in the workplace research Commissioning research to understand the impact of the menopause upon women in the workplace and what support is needed to reduce any adverse impact. (7)	Claire Holmes	Angela Earnshaw	TBA	Significant research already available and recommendation is to establish what is out there, where are the gaps and how best can the group help fill these gaps. The next Menopause group meeting will be held on 13/02/2020 to discuss.

Work Programme Update

Strategic Workforce Priority	LOWSB Lead	LHCA Deliverable	Strategic Lead	Delivery Lead	LHCA Lead	Update
6. We will learn together – specifically focussing on cross-cutting skills gaps including systems leadership at middle management and digital skills, **ensuring our workforce is delivering 21st century care.**	Jenny Lewis /Cath Roff/ Karen Vella	**Systems Leadership Module** To embed a system leadership module into partner in-house leadership and management programmes, to introduce the concept of system working, and the city's vision and ambitions, alongside their own, to leaders and aspiring leaders. (1,6)	Jenny Lewis	Sophia Nicholas	Megan Darnell	All partners have confirmed their plan for ensuring the System Leadership Module and/or messaging will form part of their internal offer. Partners are meeting to discuss progress on the 21st February
		System Leadership Programme A 2 day facilitative and explorative programme, bringing together our 'One Leeds workforce' and health and care stakeholders, to learn and network together, seeing system leadership in action, (1,6)	Jenny Lewis	Steve Keyes	Megan Darnell	Following support from PEG regarding the recommended new sustainable delivery model, a Standard Operating Procedure has been developed and shared with Partner HR Directors for 1. organisational sign up, and 2. identification of an 'OD Lead' to progress the implementation of the SOP. At the point of wiring the update, LTHT has responded with the above. Programme dates have been scheduled and all new facilitators will receive any required development and support.

The Leeds Health and Care Academy *is a project of*

Leeds Acad

PARTNERSHIP

Work Programme Update

Strategic Workforce Priority	LOWSB Lead	LHCA Deliverable	Strategic Lead	Delivery Lead	LHCA Lead	Update
	Jenny Lewis /Cath Roff/ Karen Vella	**Continuous Professional Learning catalogue** Creating a catalogue/prospectus of learning opportunities open to staff in Health and Care across the city offered by the partner organisations. (2,6,7)	Angela Earnshaw	Karen Vella	Saadia St.Clair-Clarke	**Leads in partner organisations clarifying learning opportunities that can be opened up across the city. Need to agree process for staff to access training outside of their employing organisation. UPDATE?**
		Delivering 21st Century care; listening to our future workforce. Event 1 – medical workforce One of series of three city events bringing employers, national policy makers and our future workforce together to have a meaningful dialogue about One Leeds Workforce for the future.	Phil Wood	TBA	Rachael Meal	Summary report and video to be circulated with next steps to attendees – date TBC

Work Programme Update

Strategic Workforce Priority	LOWSB Lead	LHCA Deliverable	Strategic Lead	Delivery Lead	LHCA Lead	Update
	Jenny Lewis /Cath Roff/ Karen Vella	**Clinical Systems Leadership Systems Leadership for Clinicians** Scoping the need for bespoke systems leadership intervention for the city's clinicians. Assessing the need for a new Clinical Systems Leadership programme sponsored by the Clinical Senate – led by Gordon Sinclair. **Clinical Systems Leadership Take a colleague to work** A Scheme where GP's and LTHT consultants across the city shadow each other's roles to help understand each other's work and challenges. – led by Dr Sarah Forbes. (3,6)	Gordon Sinclair Phil Wood	Rachael Meal Sarah Forbes	Rachael Meal Sarah Kemp	The group will continue to support the success of the System Leadership Programme, whilst scoping the landscape for further opportunities, or areas to connect with. The group reconfirmed the need to further encourage delegates transitioning their learning on the Programme into practice, agreeing the need for a 3rd day. Revamped comms materials and a new Programme name, were also identified as a need. Both steps will be led by the Academy. Second cohort recruitment underway

Leeds Academic Health
P A R T N E R S H I P

Work Programme Update

Strategic Workforce Priority	LOWSB Lead	LHCA Deliverable	Strategic Lead	Delivery Lead	LHCA Lead	Update
7. We will improve together – specifically focusing on the health, wellbeing and resilience of our 'One Workforce' ensuring our staff are well at work and continue to deliver high quality care.	Claire Matson/ Andy Dodman	**Connecting the MHFA networks across Leeds** Connecting individuals from across the city with peer support and the promotion of best practice to provide a LHFA service to the health and care workforce in Leeds. Delivery of an event which aims to bring together MHFA's from across the city, booked for 27.03.20 at the Civic Hall.	Chris Ingham	Jo Buck	Helen Thurston	Event which aims to bring together MHFA's from across the city, booked for 27.03.2020 at the Civic Hall. Academy resource in place to progress..

The Leeds Health
and Care Academy
is a project of
Leeds Academic Health
PARTNERSHIP