

PUBLIC MEETING OF THE COUNCIL OF GOVERNORS
will be held at 1pm on Tuesday 7 July 2020
as a virtual meeting via Zoom

A G E N D A

LEAD

1	Welcome and introductions (verbal)	Prof Sue Proctor
2	Sharing Stories: Specialist Supported Living Service sharing their experience of Covid-19 (presentation)	Gill Galea
3	Apologies for absence (verbal)	Prof Sue Proctor
4	Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda Items (verbal)	Prof Sue Proctor
4.1	Declarations of Interest for the Council of Governors (paper to read)	Cath Hill
5	Minutes of the public Council of Governors' meeting held on the 4 February 2020 (paper to read)	Prof Sue Proctor
6	Matters arising (verbal)	Prof Sue Proctor
7	Cumulative Action Log – actions outstanding from previous public meetings (paper to read)	Prof Sue Proctor
8	Chair's Report (paper to read)	Prof Sue Proctor
8.1	Annual Members' Meeting Update (paper to read)	Cath Hill
9	Chief Executive Report (presentation)	Sara Munro
10	Lead Governor Report (verbal)	Peter Webster
11	Audit Committee Annual Report 2019/20 (paper to read)	Martin Wright
12	Report on the Annual Audit of the Trust's Accounts 2019/20 (enclosure and presentation)	Rashpal Khangura
13	Trust's Annual Report Update 2019/20 (paper to read)	Cath Hill
14	Increased risk of Covid-19 for BAME staff and service users (presentation)	Wendy Tangen
15	Service Performance Update Report (paper to read)	TBC

- | | | |
|----|--|-----------|
| 16 | Process for the upcoming elections to the Council of Governors
(paper to read) | Cath Hill |
| 17 | Hibernation plan for the work of the Council of Governors (paper to read) | Cath Hill |

The next public meeting of the Council of Governors will be held
on 5 November 2020 at 1pm at the Large Function Room,
St. George's Centre, Great George Street, Leeds, LS1 3DL.
The meeting will be advertised on our website
www.leedsandyorkpft.nhs.uk

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

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

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

**AGENDA
ITEM**

4.1

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Declarations of Interest for the Council of Governors
DATE OF MEETING:	7 July 2020
PRESENTED BY: (name and title)	Cath Hill – Associate Director for Corporate Governance
PREPARED BY: (name and title)	Cath Hill – Associate Director for Corporate Governance

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

EXECUTIVE SUMMARY

Governors will be aware that in accordance with Department of Health guidance on conflicts of interest, each year we ask for signed Declarations of Interest forms to be submitted to the Corporate Governance Team. This is recorded in our public register on the website and also informs the matrix of interests which is presented annually to the Council of Governors' meeting in order to be open and transparent. The forms are also submitted to the External Auditors as evidence to support their year-end audit.

With COVID-19 it has not been possible to carry out this exercise in the normal way and within the normal timeframe (i.e. at the end of March). Therefore governors are asked to confirm that the declarations on the attached matrix are up to date. This confirmation will be recorded in the minutes and will replace the normal declaration process for this year.

For those governors who are not able to attend the meeting and make that affirmation we will contact them outside of the meeting.

In March 2021 we will revert to the normal process of recording declarations of interest as set down in our policy.

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

Governors are asked to confirm that their declarations of interest on the attached matrix are correct and up to date.

Annual Declaration of Interests for the Council of Governors

[illegible]

[illegible]

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co-habiting partner / close family member
Ivan Nip	None.	None.	None.	Trustee – Advonet Offers a range of advocacy services tailored to people from diverse backgrounds living in the Leeds area.	Trustee – Advonet Offers a range of advocacy services tailored to people from diverse backgrounds living in the Leeds area.	Trustee – Advonet Offers a range of advocacy services tailored to people from diverse backgrounds living in the Leeds area.	Member – Leeds Citizens An alliance of faith, education and community organisations, working together for the common good of Leeds.	None.
Sally Rawcliffe-Foo	None.	None.	None.	None.	None.	None.	None.	None.
Adam Seymour	None.	None.	None.	None.	None.	None.	None.	None.
Ann Shuter	None.	None.	None.	None.	None.	None.	None.	None.
Nicola Swan	None.	None.	None.	None.	None.	None.	None.	None.
Peter Webster	Non-executive Director – Compass UK Community-based health and wellbeing services for children, young people and adults.	None.	None.	Non-executive Director – Compass UK Community-based health and wellbeing services for children, young people and adults.	None.	None.	None.	None.

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co-habiting partner / close family member
APPOINTED GOVERNORS								
Rebecca Charlwood	Executive member Leeds City Council.	None.	None.	None.	None.	Chair Health & Wellbeing Board Leeds.	Attendee PCCC Committee at CCG.	Academic Staff University of Leeds.
Helen Kemp	Director / Non-executive director Mind retail.	None.	None.	Chief Executive Officer Leeds Mind. Trustee Leeds Survivor Led Crisis Service. Trustee Phoenix Health & Wellbeing. Trustee WIB. Trustee PSI Volition. Independent Member Joseph Rowntree Foundation (JRF) Resources Committee.	None.	None.	None.	Director / Non-executive director Warren & Partners. Employee KPMG.
Anna Perrett	None.	Owned / part owned Active outcomes.	None.	Outreach worker Kyra Women's Project.	None.	None.	Councillor City of York Council.	Councillor City of York Council.

Blank page

**Minutes of the Public Meeting of the Council of Governors
held at 1pm on Tuesday 4 February 2020
at The Conservatory Room, St. George's Centre, Great George Street, Leeds,
LS1 3DL**

PRESENT:

Sue White – Non-Executive Director (deputising for Prof Sue Proctor)

Public Governors

Les France
Steve Howarth
Mussarat Khan
Kirsty Lee
Ivan Nip
Niccola Swan

Staff Governors

Andrew Johnson
Gill Galea
Sarah Layton
Sally Rawcliffe-Foo
Ruth Grant

Appointed Governors

Helen Kemp

Service User Governors

Ann Shuter

IN ATTENDANCE:

John Baker – Non-Executive Director
Andrew Marran – Non-Executive Director
Margaret Sentamu – Non-Executive Director
Martin Wright – Non-Executive Director
Helen Grantham – Non-Executive Director
Dawn Hanwell – Chief Financial Officer and Deputy Executive Director
Claire Kenwood – Medical Director
Cathy Woffendin – Director of Nursing, Professions and Quality
Maureen Cushley – Head of Operations Acute Services (for agenda item 12)
Angela Earnshaw – Head of Organisational Development (for agenda item 15)
Cath Hill – Associate Director for Corporate Governance
Kerry McMann – Corporate Governance Team Leader
Chris Marston – Corporate Governance Assistant
Emily Whitfield – Corporate Governance Assistant

20/001 Welcome and introductions (agenda item 1)

Sue White opened the meeting at 1.00pm and welcomed everyone. She noted that she was chairing the meeting as Deputy Chair in the absence of Sue Proctor.

The Council was informed that Councillor Rebecca Charlwood had been appointed as the new governor for Leeds City Council. Sue welcomed her as a governor but noted she had sent her apologies for the meeting.

It was also noted that Andrew Johnson would be standing for re-election in the forthcoming round of elections.

Sue White then reported that Margaret Sentamu would be leaving the Board when she came to the end of her term of appointment on 31 March 2020. Sue thanked Margaret for her hard work during her time as non-executive director and wished her all the best in her future endeavours.

Sue White then reported that Cleveland Henry would be joining the Board as a non-executive director with effect from 1 April 2020 and that as part of his role he would be a member of the Finance and Performance Committee and the Audit Committee. The Council was also informed that as part of the changes Andrew Marran would be taking over as Chair of the Mental Health Legislation Committee which had previously been chaired by Margaret Sentamu.

20/002 Apologies (agenda item 2)

Apologies were received from the following governors: Peter Webster (Leeds Public Governor) and Rebecca Charlwood (Appointed Governor for Leeds City Council).

Sue went on to inform the Council that: Sue Proctor, Chair; Claire Holmes, Director of Organisational Development and Workforce; Joanna Forster-Adams, Chief Operating Officer; and Sara Munro, Chief Executive, had given their apologies for the meeting.

20/003 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (agenda item 3)

Both Niccola Swan and Helen Grantham declared that they had a family member working for KPMG, but not in the capacity as auditors. It was agreed that they would remain in the room for the item on the appointment of the auditors which would be taken in the private meeting.

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

20/004 Minutes of the public Council of Governors' meeting held on the 7 November 2019 (agenda item 4.1)

It was noted that Mussarat Khan's surname had been misspelt in the previous minutes.

The Council **agreed** the minutes of the meeting held on the 7 November 2019 as an accurate record, subject to one amendment.

20/005 Matters Arising (agenda item 5)

Sue White suggested that it might be helpful to have an update on the Trust's outcomes work and explained that there was a matter arising which had not been captured on the action log in respect of the outcomes work and noted that there was no agenda item scheduled at the meeting neither had it been possible to have a paper to the November meeting and she suggested that it might be helpful to have an update on this at this point.

Claire Kenwood informed the Council that an update had not yet been provided to the Council due to the work not yet being sufficiently progressed through the Trust's governance system. She added that in light of this there were further considerations being undertaken by the executives as to how this matter might be progressed. However, Claire assured the Council that the Quality Committee receives reports from every service area in the Trust and that these reports provide updates on the outcomes work within each of those areas.

She also noted that there had been a workshop for governors on outcomes which had been held in 2019 noting that this had given governors an understanding of the work and its complexity and that it had been demonstrated that measuring outcomes was done more easily in some services than others.

Claire then explained the Trustwide work which was being undertaken noting that this work was equally complex and that whilst this had made some progress it was not making progress as quickly as first anticipated. In light of this Claire explained some of the measures that were being introduced which would help to support the outcomes work.

She explained that CareDirector, the new patient record system, would go live at the beginning of March and that this had the capability to measure outcomes, noting that whilst at first it would not provide all the information required it had the ability to do that in the coming months. Additionally, she reported that services were working with the Institute for Healthcare Improvement (IHI) to develop an evidence-based methodology to embed outcomes more fully. She informed the Council that once finalised a proposal which would go first to Trustwide clinical Governance Group and would then to the Quality Committee before coming back to the Council of Governors.

Nicola Swan expressed her frustration about the outcomes work not being on the agenda for a number of months. She added that she had attended a Trust Outcomes Measures open meeting in November 2019 and that staff there had which echoed these frustrations. She stated that she and other governors looked forward to hearing more on the subject in the future.

Claire reminded the Council of the workshop session that took place in July 2019, where a number of clinicians spoke specifically about the outcomes work that was being done within their service. She noted that the feedback had been received from governors was positive, but there was a concern about the time clinicians were taking out of front line duties to speak at the workshop and that if such a workshop was to be planned again it would be helpful to have a steer from governors as to how they would like such a session to be run.

It was agreed that Claire would give further verbal feedback to governors at the next Council of Governors meeting on 7 May 2020.

CK

There were no other matters arising.

20/006 Cumulative Action Log – actions outstanding from the previous public meetings (agenda item 6)

Sue White drew attention to log number 19/061, regarding governors participating in a one-off group to look at the content of the performance report and asked if there was any further interest in this. The interested governors were noted and it was agreed that Cath Hill would set-up a meeting with Nikki Cooper, Head of Performance Management and Informatics and those governors who wanted to participate.

CHill

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

20/007 Update on the Leeds Health and Care Academy (agenda item 15)

Angela Earnshaw provided the Council with an update on the progress of the Leeds Health and Care Academy and how it linked to the Leeds strategic workforce priorities. She clarified the reasons for the Leeds Health and Care Academy's development and assured the Council of the good progress that had been made since its launch in April 2019. It was noted that the vacancy for a Director at the Academy remained outstanding, with recruitment still ongoing but that further progress had been made to recruit to the Academy's core team.

Angela presented the Work Programme Update to the Council of Governors and gave an update on some of the Academy's Strategic Workforce Priorities.

Steve Howarth pointed out that Leeds Teaching Hospitals NHS Trust was absent

from the list of members, but were mentioned as being involved in the work. Angela agreed to amend this. He also suggested having a third sector organisation as part of the core group, which Angela discussed with the Council and explained that they were represented as part of the delivery structure.

AE

Ivan Nip asked about the Academy's business model and the Trust's involvement with it. Angela explained that the Trust contributes financially towards the core team and contributed resources to the running of the Academy. She also noted that the Academy's products are accessible and open to staff that work in health and social care across Leeds.

Cathy Woffendin asked for information on some of the Academy's largest outputs and Angela provided the Council with an update on some of the Academy's work streams.

It was agreed that there would be a further update on the Leeds Health and Care Academy at the Council of Governors meeting on 5 November 2020.

CH/AE

The Council **noted** the work of the Leeds Health and Care Academy and **discussed** the updates.

Angela Earnshaw left the room.

20/008 Chair's Report (agenda item 7)

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

20/009 Service Visits Forward Plan for January - June 2020 (agenda item 7.1)

Sue White presented the Service Visits Forward Plan paper, which showed the Council which visits were planned for the first half of 2020. Governors were reminded that they can book onto service visits they are interested in by contacting Rose Cooper in the Corporate Governance Team.

Les France asked whether Service Visits should be created into an agenda item at each meeting. He also asked for a reminder of the processes for circulating outcome reports. Cath Hill explained that it had been requested by the governors in the previous Council of Governors meeting that outcome reports from service visits be circulated to all governors so they can be kept informed of the things observed during the visits. She explained that these documents had been written for internal purposes rather than for the public domain. Cath agreed to provide a better description of the governance process for service visits so governors could be assured on what happened to reports. Niccola Swan suggested that the summary agenda item on visits could be used for any governor who wanted to highlight anything from their visit.

Sue White appealed for more governors to attend service visits.

The Council **received** and **noted** the forward plan for service visits.

20/010 Transforming Care and Learning Disabilities (agenda item 11)

Lyndsey Charles, Clinical Lead for Learning Disability Services, Lisa Cromack, Involvement Coordinator Co-worker, Peter Johnstone, Head of Operations for Learning Disability Services and Gill Galea, Head of Operations for Specialised Supported Living Services attended the meeting to talk about Learning Disability Services.

Lisa Cromack delivered a presentation about her journey to employment as an Involvement Co-ordinator Co-worker with the Trust. The Council discussed the roles and recruitment processes for this. It also heard about the work that had gone into the Transforming Care agenda and the difference this had made to our service users.

Andrew Johnson highlighted the lack of 'carer' governors. Cath Hill explained that efforts had been made to elect carer governors and the work to promote the role in the recent round of elections and that information had been sent to carer groups within the Trust to encourage people to stand for election.

The Council **received** an update from the Learning Disabilities Team and **noted** the information it had received.

20/011 Update on progress with the action plan (and impact of actions implemented) following the Healthwatch Report into Crisis Services in Leeds (agenda item 12)

Maureen Cushley updated the Council on the local action plan developed following the Healthwatch Report into Crisis Services in Leeds. She informed the Council of the progress against each of the agreed actions, noting that eight actions had been completed and three remained outstanding. She pointed out that two of the outstanding actions related to the recruitment of a new small team of Peer Support Workers and explained that additional funding had been received to offer a Peer Support service.

Maureen informed the Council of the city-wide Crisis Summit that took place on the 28 January 2020. She explained that a new information sheet had been developed to inform people on how to access services and that feedback had been received from people who want to be able to contact the Mental Health Helpline and get support directly, instead of through a Single Point of Access. She noted that another six month extension had been given for the use of the helpline and that a taskforce is to be setup in order to think about how a better crisis service can be implemented across Leeds.

Nicola Swan asked whether Healthwatch Leeds approach had been helpful and for information on what outcome measures were being used. Maureen praised the service that Healthwatch Leeds had provided and explained that they had asked the Peer Support Coordinator to meet with partners and Service Users in order to develop more efficient outcome measures.

Sue White reminded governors of their request to have more information on what Healthwatch is and how it operates. She informed the Council that the Chief Executive of Healthwatch was scheduled to attend the Council of Governors meeting on 7 July 2020 and will provide this information.

The Council **noted** the progress with the action plan following the Healthwatch Report into Crisis Services in Leeds.

20/012 Chief Executive Report (agenda item 8)

The Council received a paper outlining some of the activities and information from the Chief Executive to support the delivery of the Trust's strategic objectives and other important matters. It was noted that Dawn Hanwell was deputising for Sara Munro in her absence.

Sue White gave governors the opportunity to discuss the paper amongst their tables and invited them to present any questions to Dawn at the end of the discussion. Various members of the Council queried Dawn about the contents of the Chief Executive Report and she picked up the points that were raised.

Ivan Nip expressed an interest in the long term capital plan of the Trust and Sue White invited him to attend a Finance and Performance Committee meeting in February where a discussion would take place on the strategic estates plan.

Sue White reminded the Council of Claire Kenwood's impending retirement and the need to recruit a new Medical Director. She asked for volunteers to contact Cath Hill if they were interested in being involved with the recruitment process.

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

20/013 CQC update and next steps (agenda item 9)

Sue White praised all the work undertaken by staff that had led to the Trust achieving an overall rating of 'good' for the latest CQC inspection.

Cathy explained to the Council that the 19 must do and 30 should do actions had been compiled into an action plan and sent to Board on 30 January 2020, before being sent to CQC on 31 January. She informed the Council of how these actions were monitored and progressed. Cathy drew the Council's attention to

the 'requires improvement' rating received for inpatient Learning Disabilities Services. She explained that this rating had been robustly challenged by the Trust but that it had not been possible to change the rating because there was not a standard that was appropriate to Learning Disabilities Inpatient wards and these wards could not be appropriately assessed.

The Council received the CQC updates and **noted** the progress.

20/014 Lead Governor Report (agenda item 10)

Les France (Deputy Lead Governor) gave a verbal update to the Council on the matters that governors had discussed in their private meeting. In particular he asked about the arrangements for governors receiving information, including meeting papers.

Cath Hill explained that the Corporate Governance team was able to provide governors with an NHS email account in order to receive public and private papers and information and that they would follow this up with governors outside of the meeting.

The Council **acknowledged** the verbal Lead Governor Report.

20/015 Quarterly Performance and Quality Update Report (agenda item 13)

The Council received the Quarterly Performance and Quality Update Report.

Ruth Grant raised an issue regarding the percentage of workforce completing their mandatory training and noted that she was aware of, for example, the staff that had not completed their infection control training. Cathy Woffendin asked for this information and agreed to contact the appropriate members of staff's management to ensure the training was completed.

CW/RG

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

20/016 Update on the progress with the new Workforce Committee (agenda item 14)

Helen Grantham provided the Council with an update on the progress with the new Workforce Committee. She explained that the Committee had held two meetings at present and summarised what had taken place and what the duties of the Committee were. The Council was reminded that there would be a full report for the Workforce Committee in November.

The Council **received** a verbal update regarding the Workforce Committee and **noted** its progress.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust 4.00pm. She thanked governors and members of the public for their attendance.

Signed (Chair of the Trust)

Date

Blank page

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
<p>19/059 - Chief Executive Report (November 2019 - agenda item 8)</p> <p>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.</p>	<p>Sue Proctor / Cath Hill</p>	<p>5 November 2020</p>	<p>ONGOING</p> <p>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.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>20/007 - Update on the Leeds Health and Care Academy (February 2020 – agenda item 15)</p> <p>It was agreed that Angela Earnshaw would give a further update on the Leeds Health and Care Academy at the Council of Governors meeting on 5 November 2020.</p>	<p>Angela Earnshaw</p>	<p>5 November 2020</p>	<p>This has been added to the forward plan for the November 2020 meeting.</p>
<p>Board to Board – 3 September 2019</p> <p>It was agreed that an update on Acute Care Excellence (ACE) progress and issues would be presented to the May 2020 Council meeting.</p>	<p>Joanna Forster Adams</p>	<p>TBC</p>	<p>Due to Covid-19 this work has been paused and we will liaise with the Chief Operating Officer as to when something can be scheduled to come back to the Council.</p>
<p>20/005 – Matters Arising (February 2020 – agenda item 5)</p> <p>It was agreed that Claire would give further verbal feedback to governors about the outcomes work at the next Council of Governors meeting on 7 May 2020.</p>	<p>Claire Kenwood</p>	<p>TBC</p>	<p>A proposal has been made based on the IHI 90 day innovation and prototyping process to build on the work to date followed by a breakthrough series – a collaborative approach to scale and spread.</p> <p>This is waiting to go through clinical governance and should form a part of the work plan for clinical leads when we are in a more Covid stable space.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>20/006 – Cumulative Action Log – actions outstanding from the previous public meetings (February 2020 – agenda item 6)</p> <p>It was agreed that Cath Hill would set-up a meeting with Nikki Cooper, Head of Performance Management and Informatics, and those governors who wanted to participate in a one-off group to look at the content of the performance report.</p>	Cath Hill	TBC	This action has been paused due to staff being involved in the management of the Covid-19 pandemic.
<p>19/066 - Report from Annual Members' Meeting 2019 (November 2019 - agenda item 16)</p> <p>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.</p>	Cath Hill	Management action	<p>Request that this is closed as a Council action</p> <p>This has been raised with the planning group and will be factored into the Annual Members' Meeting in 2020/21.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>20/007 - Update on the Leeds Health and Care Academy (February 2020 – agenda item 15)</p> <p>Steve Howath pointed out that Leeds Teaching Hospitals NHS Trust was absent from the list of members, but are mentioned as being involved in the work. Angela agreed to amend this.</p>	<p>Angela Earnshaw</p>	<p>Management action</p>	<p>No update has been provided.</p>

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
<p>19/062 - Annual Report from the Chair of the Mental Health Legislation Committee (November 2019 - agenda item 12)</p> <p>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.</p>	<p>Sue Proctor / Sara Munro</p>	<p>WYMH&A Committees in Common meeting January 2020</p>	<p>COMPLETED</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>19/054 - Rainbow Alliance Presentation (November 2019 - agenda 11)</p> <p>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.</p>	Kerry McMann	Management action	<p>COMPLETED</p> <p>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).</p> <p>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.</p>
<p>19/058 - Chair's Report (November 2019 - agenda item 7)</p> <p>It was requested by Governors that outcome reports from the service visits are circulated to all governors.</p>	Rose Cooper	Management action	<p>COMPLETED</p> <p>Governors now receive every outcome report from each service visit that takes place.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>19/059 - Chief Executive Report (November 2019 - agenda item 8)</p> <p>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.</p>	<p>Joanna Forster Adams / Judith Barns</p>	<p>February 2020</p>	<p>COMPLETED</p> <p>This was covered at the February meeting.</p>
<p>19/059 - Chief Executive Report (November 2019 - agenda item 8)</p> <p>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.</p>	<p>Kerry McMann</p>	<p>Management Action</p>	<p>COMPLETED</p> <p>A link has been circulated to the Governors.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>19/063 - Bullying and Harassment Progress Update (November 2019 - agenda item 15)</p> <p>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.</p>	<p>Caroline Bamford / Angela Earnshaw</p>	<p>Management action</p>	<p>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.</p> <p>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.</p>
<p>19/063 - Bullying and Harassment Progress Update (November 2019 - agenda item 15)</p> <p>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.</p>	<p>Caroline Bamford</p>	<p>Management Action</p>	<p>COMPLETED</p> <p>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.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>July 2019 – Chief Executive Report (July 2019 - agenda item 8)</p> <p>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.</p>	Cath Hill	February 2020	<p>COMPLETED</p> <p>This was covered at the February meeting.</p>
<p>Report from the Chair of the Quality Committee for the meetings held on 11 June and 9 July 2019 (minute 19/115 – Board of Directors July 2019 - agenda item 8)</p> <p>It was agreed that an item be added to the Council of Governors' forward plan regarding transforming care and learning disabilities, recognising that LD was an area that the Council had identified this had a priority for its work plan. Mrs Hill agreed to add this to the Council's forward plan.</p>	Cath Hill	February 2020	<p>COMPLETED</p> <p>This was covered at the February meeting.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
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 was covered at the February meeting.
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 was covered at the February 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
<p>20/015 - Quarterly Performance and Quality Update Report (February 2020 – agenda item 13)</p> <p>Ruth Grant raised an issue regarding the percentage of workforce completing their mandatory training, and noted that she was aware of, for example, the staff that had not completed their infection control training. Cathy Woffendin asked for this information and agreed to contact the appropriate members of staff's management to ensure the training was completed.</p>	<p>Cathy Woffendin / Ruth Grant</p>	<p>Management action</p>	<p>COMPLETED</p> <p>Emails sent from Cathy Woffendin to the relevant managers week commencing 16/3/20 to ensure staff training was completed.</p>

Blank page

CHAIR'S REPORT

**PUBLIC COUNCIL OF GOVERNORS' MEETING
HELD 7 JULY 2020**

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

Since the February Council of Governors' meeting we have concluded a round of elections which saw five governors being elected. These governors are: Peter Chapman (Service User Leeds); Peter Holmes (Service User Leeds); Mark Clayton (Carer Leeds); Andy John (Staff Clinical – re-elected) and Adam Seymour (Staff Clinical). We would like to welcome our new governors to the Council and also welcome Andy Johnson back following his re-election. We very much look forward to working together in furthering the work of the Council.

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

Since the February Council meeting Margaret Sentamu came to the end of her appointment and stepped down on 21 March 2020. Governors will recall that it had agreed that Cleveland Henry should be appointed to the Board and he took up his appointment on 1 April 2020.

Governors are also asked to be aware that at the end of July, Dr Claire Kenwood (Medical Director) will step down as an executive director. She will remain in the Trust and will oversee the work encompassing service improvement. Our incoming Medical Director is Dr Chris Hosker and he will start in post on 1 August 2020. I am sure the Council will want to thank Dr Kenwood for all her work on the Board and supporting governors and the work of the Council and also will want to welcome Dr Hosker to his new role.

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 for the relevant financial years. The shaded boxes show the meetings people were not eligible to be at due to either their start or finish date. Governors are asked to be aware that for the period of the management of COVID-19 Board meetings took place monthly this arrangement will be reviewed in the coming months.

Non-executive Directors

Name	25 July 2019	26 September 2019	28 November 2019	30 January 2020	26 March 2020	30 April 2020	21 May 2020	16 June (Extraordinary)
Sue Proctor (Chair)	✓	✓	✓	✓	✓	✓	✓	✓
John Baker	✓	✓	✓	✓	✓	✓	✓	✓
Helen Grantham	✓	✓	✓	✓	✓	✓	✓	✓
Cleveland Henry						✓	✓	✓
Andrew Marran	✓	✓	✓	-	✓	✓	✓	✓
Margaret Sentamu	✓	-	✓	✓	✓			
Sue White	✓	✓	✓	✓	✓	✓	✓	✓
Martin Wright	✓	✓	✓	✓	✓	✓	✓	✓

Executive Directors

Name	25 July 2019	26 September 2019	28 November 2019	30 January 2020	26 March 2020	30 April 2020	21 May 2020	16 June (Extraordinary)
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	9 May 2019	16 May 2019	7 November 2019	4 February 2020
Non-executive directors				
Prof Sue Proctor	✓	✓	✓	-
Prof John Baker	✓	✓	✓	✓
Helen Grantham	-	✓	✓	✓
Andrew Marran	✓	-	✓	✓
Margaret Sentamu	✓	✓	✓	✓
Sue White	✓	✓	✓	✓*
Martin Wright	✓	✓	✓	✓

* Sue White chaired the meeting in the absence of Prof Sue Proctor

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

		COUNCIL BUSINESS MEETINGS ATTENDED			
Name	Appointed (A) or elected (E)	9 May 2019	16 July 2019	7 November 2019	4 February 2020
Marc Pierre Anderson	E	✓	-	-	✓
Councillor Jenny Brooks	A	-			
Les France	E	-	✓	-	✓
Gill Galea	E	✓	✓	✓	✓
Mussarat Khan	E			-	✓
Steve Howarth	E	✓	✓	-	✓
Ruth Grant	E			✓	✓
Andy Johnson	E	✓	✓	✓	✓
Helen Kemp	A	✓	-	✓	✓
Sarah Layton	E	✓	✓	✓	✓
Kirsty Lee	E	✓	✓	✓	✓
Anna Perrett	A		✓	-	-
Ivan Nip	E	✓	✓	✓	✓
Sally Rawcliffe-Foo	E	✓	✓	✓	✓
Ann Shuter	E	-	✓	-	✓
Nicola Swan	E	✓	✓	✓	✓
Peter Webster	E	✓	✓	✓	-

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

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

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

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

Title: Declarations of Interest – non-executive directors
Contributor: Cath Hill
Status of item: For information

Governors will be aware that due to COVID-19 some of our normal governance processes have been paused or the way in which we have had to do things has been changed. Declarations of Interests for Board members is one of the things that we have paused in terms of collecting completed declaration forms. However, at each Board meeting directors are required to declare any changes to their interests. The Associate Director for Corporate Governance also provides a matrix of the declared interests as a public Board paper at each Board meeting so there is openness and transparency in regard to these.

Because it was not possible to collect completed declaration of interest forms from individual directors in time for the end of the financial year, at the June Board meeting directors have been asked to confirm that the interests we are showing on the matrix are correct and for these affirmations to be recorded in the minutes of the June Board.

The June meeting will take place on 25 June, which is the day Council of Governors' papers are to be posted out. With that in mind, the Associate Director for Corporate Governance will report if the declarations relating to the non-executive in particular different from those shown on the attached appendix.

Governors are asked to be assured that there is a process for declaring interests of Board members in place and that the Council has been made aware of any relating to non-executive directors.

Prof Sue Proctor
Chair of the Trust
JUNE 2020

APPENDIX 1

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

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
Cleveland Henry Non-executive Director	Director 63 Argyle Road Ltd Management Company	None	None	Trustee Community Foundation For Leeds	None	None	Director UKCloud Health (Technology company)	Partner Lead Cancer Nurse Leeds Teaching Hospitals NHS Trust
Andrew Marran Non-executive Director	Chairman Leeds Students Residences Ltd Delivering housing and accommodation services across Leeds Non-executive Director MoreLife (UK) Ltd Delivers tailor-made, health improvement programmes to individuals, families, local communities; within workplaces and schools Non-executive Director My Peak Potential Ltd An organisational development company that specialises in leadership and management development using the outdoors as a vehicle for learning Non-executive Director Rhodes Beckett Ltd A University associated company which	None.	None.	None.	None.	None.	None.	None.

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

**AGENDA
ITEM**

8.1

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Annual Members' Meeting Update
DATE OF MEETING:	7 July 2020
LEAD DIRECTOR: (name and title)	Cath Hill, Associate Director for Corporate Governance
PAPER AUTHOR: (name and title)	Cath Hill, Associate Director for Corporate Governance

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

EXECUTIVE SUMMARY

Governors will be aware that due to: COVID-19; the laws around social distancing and meetings in public places; and NHS Improvement's instructions to reduce the burden on the NHS during the pandemic, a decision was taken that the Annual Members' Meeting scheduled for 28 July would be postponed with a view to this taking place later in the year.

This paper sets out the proposed arrangements for the statutory Annual Members' Meeting and outlines some of the work still to take place. It also sets out a proposal for a temporary change to the quoracy rules for that meeting.

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 and support the arrangements for the Annual Members' Meeting on the 5 November 2020.
- Agree that the Lead Governor will be involved in the planning meetings for the event
- Agree a temporary change to the quoracy rules for the Annual Members' Meeting should this need to be used on 5 November 2020.

MEETING OF THE COUNCIL OF GOVERNORS

7 July 2020

Annual Members' Meeting Update

1 Executive Summary

Governors will be aware that due to: COVID-19; the laws around social distancing and meetings in public places; and NHS Improvement's instructions to reduce the burden on the NHS during the pandemic, a decision was taken that the Annual Members' Meeting scheduled for 28 July would be postponed with a view to this taking place later in the year.

2 The Big Conversation

It was also agreed that the Big Conversation which normally takes place on the same day would be de-linked from the statutory Annual Members' Meeting and would also be postponed to a future date.

Governors are reminded that the Big Conversation is something that this organisation chooses to do. It is led by the Patient Experience Team and is co-produced with service users and carers. Discussions have taken place as to the timing and format of the Big Conversation and whilst at the time of writing no decision has been made as to when this might be, it is clear that if the event goes ahead it will remain delinked from the Annual Members' Meeting for this year. Discussions are still ongoing to determine how and when the Big Conversation might take place.

3 The arrangements for the Annual Members' Meeting

The following are the proposed arrangements for the statutory Annual Members' Meeting and outlines some of the work still to take place.

- The Statutory Annual Members' Meeting is proposed to take place on 5 November 2020, which is a scheduled Council of Governors' meeting day.
- It is expected that the meeting will be held virtually; however, this decision will be informed by Government policy under the Corona Virus Act 2020 and the Trust's own policy on ensuring that we keep staff and service users safe.
- Its format is prescribed in the Constitution and will consist of the presentation of the Annual Report and Accounts and reports from the Chief Executive, the Chief Financial Officer and the Lead Governor. Questions from members of the public will also be invited.

- Because the 5 November is a Council of Governors' meeting date there will still need to be a regular Council meeting so that normal business can take place as well. The day will be longer than normal and the running order will be:
 - Annual Members' Meeting (1½ hour approx)
 - Public Council of Governors' meeting (time still to be determined)
 - Private Council of Governors' meeting (time still to be determined)
- The agendas for the public and private Council of Governors' meetings will be reviewed to ensure they are not too burdensome, but will be driven by the cycle of business and action log. The Chair and Lead Governor will be involved in agreeing the items to be taken at the meetings and where necessary those items that can be deferred to the next meeting.
- In terms of publicising the Annual Members' Meeting and encouraging members to attend (which we must do at least 14 clear days before the meeting) it is proposed that we use ways including:
 - The Trust's website
 - Direct contact to our members including to those members in the constituencies included the upcoming election
 - Through Patient Experience networks (including Sun and Sunray meetings)
 - Trustwide emails for staff.
- We will also record the Annual Members' Meeting so this can be shared more widely on the Trust's website for those who were not able to join us.

The arrangements for the meeting will be taken forward by the Corporate Governance Team in conjunction with the Lead Governor.

4 Proposal for the Quoracy rules for the Annual Members' Meeting

These are unprecedented times and we are not able to hold our normal large service user, carer, public engagement event which attracts a lot of interest. whilst we will do all we can to encourage our members to join us at the Annual Members' Meeting (and hopefully stay on for the public Council meeting) there is an outside chance that we will not have the quorate number of members attending the Annual Members' Meeting.

The Constitution states that to be quorate we need 10 members in attendance and if there isn't a quorum the meeting will be adjourned to the following week, where if a quorum is again not achieved the number of members present will be the quorum.

As part of the guidance on the changes that would need to be made to governance arrangements during the COVID pandemic, NHS Improvement recognised that there might need to be some variations to quoracy rules for some meetings and asked for organisations to consider as needed.

The Council is therefore asked to agree that in the event of not being quorate on 5 November, rather than adjourning the meeting to the following week the Council

accepts that the number of members at the 5 November meeting is the quorum even if this is less than 10. It should be noted that this is not a proposal for a permanent change to the quoracy rules, but an exception made for this year only should it be needed.

5 Recommendation

The Council is asked to:

- Note and support the arrangements for the Annual Members' Meeting on the 5 November 2020.
- Agree that the Lead Governor will be involved in the planning meetings for the event
- Agree a temporary change to the quoracy rules for the Annual Members' Meeting should this need to be used on 5 November 2020.

Cath Hill

Associate Director for Corporate Governance

24 June 2020

**AGENDA
ITEM**

11

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Audit Committee Annual Report 2019/20
DATE OF MEETING:	7 July 2020
LEAD DIRECTOR: (name and title)	Martin Wright , Non-executive Director and Chair of the Audit Committee
PAPER AUTHOR: (name and title)	Cath Hill, Associate Director for Corporate Governance

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

EXECUTIVE SUMMARY

The Audit Committee is a sub-committee of the Board of Directors. It is the senior governance committee in the Trust and is made up of non-executive directors. Its primary function is to provide assurance to the Board of Directors so it can be assured of the strength (or otherwise) of the systems and processes in place in the organisation.

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

The Annual Report attached is for the financial year 2019/20 and comes to the Council of Governors for information so it can be assured on the work of the external auditors (which the Council appoints).

The Annual Report was presented to the 16 June 2020 Board of Directors' meeting as part of the Committee's assurance process to demonstrate that it is working in accordance with its Terms of Reference as set by the Board to support the information provided in the Annual Governance Statement which is part of the Annual Report.

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

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

RECOMMENDATION
<p>The Council of Governors is asked to receive the 2019/20 Annual Report for the Audit Committee and to be assured of the work of the external auditors in relation to providing assurance to the Audit Committee.</p>

The Audit Committee

Annual Report

Financial Year 1 April 2019 to 31 March 2020

CONTENTS

Section	
1	Period covered by this report
2	Introduction
3	Terms of Reference for the Audit Committee
4	Meetings of the committee
5	Membership of the committee and attendance at meetings
6	Reports made to the Board of Directors
7	Work of the committee during 2019/20
8	Conclusion
Appendix 1	Terms of Reference for the Audit Committee

1 PERIOD COVERED BY THIS REPORT

This report covers the work of the Audit Committee (the Board of Directors' primary governance committee) for the financial year 1 April 2019 to 31 March 2020.

2 INTRODUCTION

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

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

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

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

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

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

3 TERMS OF REFERENCE FOR THE AUDIT COMMITTEE

In October 2019, the committee reviewed its Terms of Reference (ToR) and found that only minor changes needed to be made. The revised ToR were ratified by the Board of Directors in November 2019. The ToR relate to the work of the committee during 2019/20 and are attached to this report.

The committee also carried out a review of its effectiveness in July 2019; members completed both the Trust's committee effectiveness questionnaire and the Healthcare Financial Management Association's committee effectiveness questionnaire. It was concluded that there was a high level of effectiveness of the committee and that there were no areas of concern which it needed to bring to the attention of the Board.

4 MEETINGS OF THE COMMITTEE

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

- 16 April 2019
- 20 May 2019
- 18 July 2019
- 24 October 2019
- 23 January 2020

5 MEMBERSHIP OF THE COMMITTEE AND ATTENDANCE AT MEETINGS

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

The Chair of the Trust may not be a substantive member of the committee, but is invited to attend one meeting during the financial year. In 2019/20 the Chair attended the meeting in 24 October 2019.

The table below shows attendance for members of the committee for the period 1 April 2019 to 31 March 2020.

Attendance at Audit Committee meetings 2019/20

Name	16 April 2019	20 May 2019	18 July 2019	24 October 2019	23 January 2020
Substantive non-executive director members					
Martin Wright (chair of the committee)	✓	✓	✓	✓	✓
Helen Grantham (non-executive director)	✓	✓	✓	✓	✓
Margaret Sentamu (non-executive director)	✓	✓	✓	✓	-

During 2019/20 meetings of the Audit Committee were attended on a regular basis by the Chief Financial Officer; and the Associate Director for Corporate Governance.

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

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

Attendance at Audit Committee meetings by attendees

Key:

- ✓ shows attendance
- shows when apologies had been given for a particular meeting
- stipulates when the individual was not eligible to attend the meeting
- ** shows when the individual was observing the meeting

Name	16 April 2019	20 May 2019	18 July 2019	24 October 2019	23 January 2020
Chief Financial Officer and Deputy Chief Executive	✓	✓	✓	✓	✓
Associate Director for Corporate Governance	✓	✓	✓	✓	✓
Deputy Head of Internal Audit, NHS Audit Yorkshire	✓	✓	✓	✓	✓
Corporate Governance Team Leader	✓	✓	✓	✓	✓
Corporate Governance Assistant	■	■	■	■	✓
Audit Manager, KPMG	✓	✓	■	■	■
Local Counter Fraud Specialist, NHS Audit Yorkshire	✓	■	✓	✓	✓
Director - Public Sector Audit, KPMG	-	✓	✓	✓	-
Chief Executive	■	✓	■	■	■
Chief Operating Officer	■	✓	■	✓	✓
Head of Audit, Audit Yorkshire	■	✓	■	■	■
Director of Nursing, Quality and Professions	■	✓	■	■	-
Mental Health Legislation Team Leader	■	■	■	✓	■
Head of Operations for Acute Services	■	■	■	✓	■
Head of Quality and Clinical Governance	■	■	■	■	✓

To ensure that committee members have the skills required to carry out their role on the committee they have the opportunity to attend training courses. Some of these are provided by NHS Audit Yorkshire and they cover topics which are relevant specifically to members of the audit committees and also those which are relevant to the issues facing NHS organisations.

6 REPORTS MADE TO THE BOARD OF DIRECTORS

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

During 2019/20 the chair of the committee made reports to the April, May, July, November and January Board meetings. These assured the Board on matters that the committee had considered. Whilst these matters were identified for onward reporting to the Board there were no matters of significant concern that the committee felt necessary to escalate to the Board. Conversely where the Board wants greater assurance on a matter this can be referred to the Audit Committee.

In addition to the reports made by the chair of the committee this annual report also goes to the Board of Directors. Once received by the Board it will go to the Council of Governors as one method of providing assurance as to how the non-executive directors have held the executive directors to account for the performance of the Board. It also provides the Council with an outline of the work carried out by the external auditors (whom they appoint). The committee's Annual Report for 2018/19 was presented to the 16 July 2019 Council of Governors' meeting by Martin Wright.

7 THE WORK OF THE COMMITTEE DURING 2019/20

For 2019/20 the chair and members of the Audit Committee confirm that the committee has fulfilled its role as the primary governance and assurance committee in accordance with its Terms of Reference, which are attached at Appendix 1 for information.

In 2019/20 the committee approved the work plans for both the internal and external auditors and the counter-fraud service. It received and reviewed both regular progress reports and concluding annual reports for the work of internal and external audit and the counter-fraud team. This allowed the committee to determine its level of assurance in respect of progress with various pieces of work and the findings. These reports have also provided assurance on the Trust's internal controls. The committee assessed the effectiveness of these functions by reviewing the periodic reports from the auditors and monitoring the pre-agreed key performance indicators.

Areas of work on which the committee received assurance during 2019/20 are set out below. Details of the work of the committee can be found in the minutes of its meetings which are available on the Trust website or from the Associate Director for Corporate Governance (chill29@nhs.net).

Quality Report:

- At its May 2019 meeting the committee reviewed the Quality Report for 2018/19 before being presented to the Board of Directors for approval. It also received the audit report on the Quality Report for 2018/19 and was advised that there were no significant matters to report.

Risk Management:

- The Head of Quality and Clinical Governance attended the January committee meeting to make assurances on the risk management system and the system for recording risks. The committee agreed that there had been a high level of assurance received with regard to the risk management arrangements in place and agreed that it no longer required an annual report around risk management, on the basis that it could request any report (standard or bespoke) on any area of risk management where it was not assured.

Health and Safety:

- The committee received assurances on the actions being taken to address the findings from a Health and Safety Executive audit that had taken place in October 2018 and the subsequent external review undertaken in February 2019. It received progress reports in April 2019, October 2019 and January 2020.
- The committee also received assurance on the outcome of the inspection by the West Yorkshire Fire and Rescue Service and noted that on a revisit of the Becklin Centre it had agreed that all the actions had been completed satisfactorily and as such no further action would be taken.
- The committee received an annual report from the Health and Safety Committee in October 2020. The Committee agreed that overall, the report provided a limited amount of assurance and that there was further work to be carried out in this area. It asked for a review to be undertaken of the governance arrangements for the Health and Safety Committee. This will be presented to the committee in 2020/21.

Board Assurance Framework:

- The committee received the Board Assurance Framework for assurance on both the content and the process.

Annual Report and Accounts for 2018/19:

- The Annual Report and Accounts for 2018/19 were reviewed prior to being presented to the Board of Directors for adoption in May 2019
- The ISA 260 (which is the report to those charged with governance on the annual accounts) was also received and the findings from the audit of the annual accounts discussed. It was noted that there were no matters of any significance to bring to the committee's attention by the auditors
- The Head of Internal Audit Opinion and the Annual Governance Statement were reviewed and found to be consistent
- Assurance was received on the process for the declarations required by General Condition G6 and Condition FT4 (for foundation trust governance) of the NHS Provider Licence
- The committee reviewed the Corporate Governance Statement and was assured of the process by which the declarations were made and the

- completeness of the evidence provided to support the statements
- The committee reviewed compliance with NHS Improvement's Code of Governance.

Internal Audit, Counter-fraud:

- The committee approved the Audit Annual Plan and the Counter Fraud Annual Plan for 2019/20
- Assurances were received about the processes in place to tackle fraud and bribery
- The committee received internal audit progress reports on a regular basis to update the committee on the major findings, with assurance being provided on the actions taken to address any weaknesses in the systems of control
- The Internal Audit Annual Report was received which brought together all the findings from across the year
- Local Counter-fraud progress reports were received on a regular basis in respect of those cases that can be reported to the committee in order to update the committee on the major findings and any lessons learnt from individual cases
- The Counter-fraud Annual Report was also received which brought together to work from across the year.

In addition to the update reports received from Internal Audit the committee also received specific assurances from the lead executive directors in respect of "limited assurance" reports. For 2019/20 these were in respect of the audits on Liaison Psychiatry, Contract Management and Service Users' Money and Property. The lead executive directors assured the committee on the actions being taken to address the recommendations and also on the progress against those actions.

External audit:

- The committee reviewed and approved the work plan for 2019/20 and the associated fee
- Regular update reports were received about the work of the auditors and also information about changes within the health sector which will impact on the Trust
- The committee received details of relevant sector updates along with assurances on how the executive directors had implemented or taken account of the guidance contained in the update report.
- The committee reviewed the wording for the year-end Letter of Representation.
- The committee considered and agreed to recommend to the Council of Governors that the contract with KPMG was extended by one year

Action Tracking:

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

Registers:

- The committee carried out a review of the Hospitality Register, the Sponsorship Register, register for the use of Management Consultants and the Losses and Special Payments Register, to ensure the appropriateness and completeness of the content.
- The committee received assurance on the completion of the annual declarations of interest process

Tender and Quotation Exception reports:

- Assurance was received on the reasons for the Tender and Quotation procedures being waived during 2018/19.

8 Conclusion

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

It added value by maintaining an open and professional relationship with internal and external audit and counter-fraud. It carried out its work diligently, discussed issues openly and robustly, and kept the Board of Directors apprised of any possible issues or risks. The Audit Committee fulfilled its work programme for 2019/20 and provided assurances to the Board for any issues referred to it.

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

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

Martin Wright
Non-executive Director
Chair of the Audit Committee
March 2020

Kerry McMann
Corporate Governance Team Leader
Secretariat for the Audit Committee
March 2020

AUDIT COMMITTEE**Terms of Reference****(Ratified by the Board of Directors - 28 November 2019)****1 NAME OF COMMITTEE**

The name of this committee is the Audit Committee.

2 COMPOSITION OF THE GROUP / COMMITTEE

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

Members

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

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

In attendance

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

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

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

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

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

3 QUORACY

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

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

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

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

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

4 MEETINGS OF THE COMMITTEE

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

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

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

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

Private Sessions of the Committee

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

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

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

5 AUTHORITY

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

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

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

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

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

6 ROLE OF THE COMMITTEE

6.1 Purpose of the Committee

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

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

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

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

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

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

6.3 Duties of the group / committee

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

Board Assurance Framework

- Be assured that the organisation has in place an effective Board Assurance Framework
- Be presented with the Board Assurance Framework and receive assurance that this presents the up to date position in respect of controls, assurances and that gaps are being addressed, and be assured as to the completeness of the information included in the Framework

- Use the Board Assurance Framework to inform the committee's forward work plan, in particular focussing on those gaps that pose a major risk to the organisation.

Quality Report

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

Risk Management

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

Health and Safety

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

Compliance and Disclosure Statements

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

Annual Accounts and Annual Report

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

Annual Governance Statement and Head of Internal Audit Opinion

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

Registers

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

Internal Audit

- The committee shall ensure there is an effective Internal Audit function established by management that meets mandatory NHS Internal Audit standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board of Directors. This will be achieved by:
 - Consideration of the provision of the Internal Audit service, the cost of the audit function and (where the service is provided in-house) any questions of resignation and dismissal
 - Review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation
 - Consideration of the major findings of Internal Audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources
 - Ensuring that the Internal Audit function is adequately resourced and has appropriate standing with the organisation.

External Audit

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

Counter Fraud

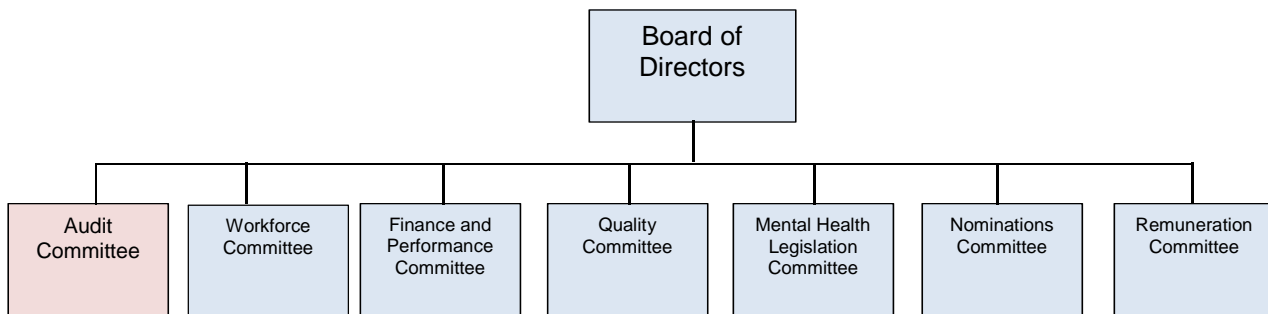
- The committee's responsibilities regarding counter fraud are governed by Section 47 of the Base Model Contract between Foundation Trusts and PCTs and Schedule 13 of this contract and the duties of the Audit Committee are set out in this contract specifically that:
 - The committee shall allow the Local Counter Fraud Specialist service (LCFSs) to attend Audit Committee meetings
 - The committee shall receive a summary report of all fraud cases from the LCFSs
 - The committee shall receive reports from the LCFSs regarding weaknesses in fraud related systems
 - The committee shall receive and review the LCFSs' Annual Report of Counter Fraud Work
 - The committee shall receive the LCFSs' annual work plan for comment.

7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES

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

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

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



8 DUTIES OF THE CHAIRPERSON

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

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

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

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

9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

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

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

Schedule of deputies

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

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

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

Blank page

**AGENDA
ITEM**

12

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Auditors' Report on the Annual Accounts
DATE OF MEETING:	7 July 2020
LEAD DIRECTOR: (name and title)	Cath Hill, Associate Director for Corporate Governance
PAPER AUTHOR: (name and title)	Cath Hill, Associate Director for Corporate Governance

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

EXECUTIVE SUMMARY

Please find attached the report from the Auditors on the audit of the Annual Accounts and their findings. This is the report to the Council of Governors providing information and assurance on the work they have carried out.

The report will be supported by the presentation from the Auditors at the July Council of Governors' meeting.

This report is presented to the Council and will also be included in the Annual Report that will be published.

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 Auditors' Report and note the information and assurance provided.



Independent auditor's report

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

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of Leeds and York Partnership NHS Foundation Trust ("the Trust") for the year ended 31 March 2020 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion:

- the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2020 and of its income and expenditure for the year then ended; and
- the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2019/20 and the Department of Health and Social Care Group Accounting Manual 2019/20.

Basis for opinion

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

Overview

Materiality: £3m (2018/19: £2.9m)
financial statements as a whole 1.76% (2018/19: 1.63%) of total revenue

Risks of material misstatement vs 2018/19

Recurring risks	Valuation of land and buildings	▲
	Fraudulent revenue recognition	◀▶
	Fraudulent expenditure recognition	◀▶

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

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

	The risk	Our response
<p>Valuation of land and buildings</p> <p>(£35.5 million; 2018/19: £33.3 million)</p> <p><i>Refer to Audit Committee Report within the 'Board of Directors' Report in the Trust's Annual Report and Accounts, note 1.6.2 (accounting policy) and note 14 (financial disclosures)</i></p>	<p>Subjective Valuation:</p> <p>Land and buildings are initially recognised at cost. Non specialised property assets in operational use are subsequently recognised at current value in existing use (EUV). Specialised assets (such as hospitals) where a market value is not readily ascertainable, are subsequently recognised at the depreciated replacement cost (DRC) of a modern equivalent asset that has the same service potential as the existing property (MEAV). A review is carried out each year to test assets for potential impairment or revaluation.</p> <p>Trusts are responsible for ensuring their land and buildings are fairly valued. Guidance from NHSI has suggested that Trusts typically achieve this by performing an annual review for impairment, a periodic desk top valuation (usually every three years) and a full valuation (usually in five yearly intervals). The asset valuation and impairment review processes are both estimates and therefore present a significant risk to the audit.</p> <p>There is significant judgment involved in determining the appropriate basis (EUV or DRC) for each asset according to the degree of specialisation, as well as over the assumptions made in arriving at the valuation.</p> <p>The effect of these matters is that, as part of our risk assessment, we determined that the valuation of land and buildings has a high degree of estimation uncertainty, with a potential range of reasonable outcomes greater than our materiality for the financial statements as a whole.</p> <p>Disclosure Quality:</p> <p>There is a risk that uncertainties expressed by the Trust's valuers around the impact of the Covid-19 pandemic on the values of land and buildings will be inappropriately disclosed.</p>	<p>Our procedures included:</p> <ul style="list-style-type: none"> — Assessing valuer's credentials: We assessed the competence, capability, objectivity and independence of the Trust's external valuer and considered the terms of engagement of, and the instructions issued to, the valuer to confirm consistency with the requirements of the Department of Health and Social Care Group Accounting Manual 2019/20; — Test of detail: We considered whether the information provided to the valuer by the Trust, relating to the assets requiring to be valued, including details of in-year capital expenditure, changes in use and land area and floor space, was complete and agreed to the Trust's fixed asset records. This included paying particular attention to one of the Trust's assets (St Mary's) where redevelopment work had taken place resulting in changes to floor areas; — Test of details: We critically assessed the Trust's formal consideration of indications of impairment within its estate, including the process undertaken and the adequacy of the judgements made by management in determining whether assets are impaired or surplus to requirements; — Test of details: We agreed movements in asset valuation per the Trust's Fixed Asset Register to the reports provided by the valuer; — Test of details: We undertook work to understand the basis upon which movements in the valuation of land and buildings as per the Fixed Asset Register have been identified and treated in the financial statements and determined whether they have complied with the requirements of the Department of Health and Social Care Group Accounting Manual 2019/20; — Test of details: We tested a sample of the 2019/20 capital expenditure additions to confirm that the additions were appropriately valued in the financial statements; — Benchmarking assumptions: We corroborated significant assumptions and key data elements, used by the external valuer, to supporting evidence; — Assessing Transparency: We considered the adequacy of the disclosures made around the uncertainty caused by Covid-19 pandemic on market data used to underpin the valuer's assumptions, and management's consideration of these factors when arriving at the year-end valuation figures; and — Assessing Transparency: We ensured that the disclosures made were in line with the requirements of the Department of Health and Social Care Group Accounting Manual 2019/20, supplemented by additional guidance issued by NHS Improvement in April 2020.

2. Key audit matters: our assessment of risks of material misstatement (continued)

	The risk	Our response
<p>Fraudulent revenue recognition</p> <p>Income from patient care activities (£157.3 million; 2018/19: £140.3 million)</p> <p><i>Refer to Audit Committee Report within the 'Board of Directors' Report in the Trust's Annual Report and Accounts, note 1.5.2 (accounting policy) and note 3 (financial disclosures)</i></p>	<p>Effect of irregularities:</p> <p>The main source of income for the Trust is the provision of healthcare services to the public under contracts with NHS Commissioners. There is a significant risk of material misstatements in respect of this income recognition, since this includes a number of significant estimates.</p> <p>The Trust participates in the national Agreement of Balances (AoB) exercise, which is mandated by the Department of Health and Social Care covering the English NHS only, for the purpose of ensuring that intra-NHS balances are eliminated on the consolidation of the Department of Health and Social Care's resource account. The AoB exercise identifies mismatches between income and expenditure and receivable and payable balances recognised by the Trust and its counterparties at the balance sheet date.</p> <p>Mismatches can occur for a number of reasons, but the most significant arise where:</p> <ul style="list-style-type: none"> - the Trust and Commissioners record different accruals for completed periods of healthcare which have not yet been invoices; or - income relating to partially completed period of healthcare is apportioned across the financial year and the Commissioners and the Trust make different apportionment assumptions. <p>Where there is a lack of agreement, mismatches can also be classified as formal disputes and referred to NHS England Area Teams for resolution.</p> <p>We recognise that the incentives in the NHS differ significantly to those in the private sector which have driven the requirement to make a rebuttable presumption that this is a significant risk. These incentives in the NHS include the requirement to meet regulatory and financial targets rather than financial incentives related to remuneration.</p> <p>Whilst the risk of error is low, due to the nature of the income, there is a risk of fraudulent income recognition due to the pressure on management to deliver the agreed control total.</p>	<p>Our procedures included:</p> <ul style="list-style-type: none"> — Test of details: We compared the actual income for the Trust's most significant commissioners against the block contracts agreed at the start of the year and checked the validity of any significant variations between the actual income and the contract via the agreement to appropriate third party confirmations; — Test of details: We inspected confirmations of balances provided by the Department of Health and Social Care as part of the AoB exercise and compared the relevant income recorded in the Trust's financial statements to the expenditure balances recorded within the accounts of the Commissioners. Where applicable we investigated variances and reviewed relevant correspondence to assess the reasonableness of the Trust's approach to recognising income from Commissioners. We confirmed that none of the variances had been escalated to formal disputes; and — Test of details: We agreed a sample of income received in March and April 2020 to supporting evidence to assess whether income has been accounted for in the correct financial year.

2. Key audit matters: our assessment of risks of material misstatement (continued)

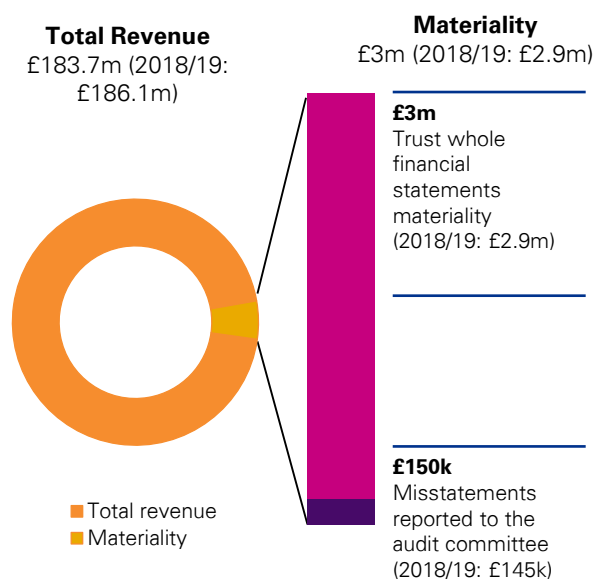
	The risk	Our response
Fraudulent expenditure recognition Operating expenses (£175.8 million; 2018/19: £158.4 million) Trade and other payables (£14.7 million; 2018/19: £18.3 million) <i>Refer to Audit Committee Report within the 'Board of Directors' Report in the Trust's Annual Report and Accounts, note 1.6 (accounting policy) and note 5 (financial disclosures).</i>	<p>Effect of irregularities:</p> <p>In the public sector, auditors also consider the risk that material misstatements due to fraudulent financial reporting may arise from the manipulation of expenditure recognition (for instance by deferring expenditure to a later period). This may arise due to the audited body manipulating expenditure to meet externally set targets. As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition may in some cases be greater than the risk of material misstatements due to fraud related to revenue recognition and so the auditor has regard to this when planning and performing audit procedures.</p> <p>This risk does not apply to all expenditure in the period. The incentives for fraudulent expenditure recognition relate to achieving financial targets and the key risks relate to the manipulation of creditors and accrued non-pay expenditure at year-end, as well as the completeness of the recognition of provisions or the inappropriate release of existing provisions</p>	<p>Our procedures included:</p> <ul style="list-style-type: none"> — Control design and operation: We assessed the design and implementation, and the operating effectiveness of the application of appropriate segregation of duties between those responsible for monitoring budgets and those preparing the financial statements to confirm that appropriate anti-fraud controls, such as segregation of duties were designed, implemented and operating effectively; — Control design and operation: We assessed the design and implementation, and the operating effectiveness of the application of the three way match control, which matches the purchase order to the goods received note and valid invoice, prior to making a payment to the supplier; — Test of detail: We tested a sample of expenditure in March and April 2020 and confirmed that these items had been accounted for in the correct period, with reference to when the service was delivered, through inspection of relevant source documentation such as invoices; — Test of detail: We inspected confirmations of balances provided by the Department of Health and Social Care as part of the AoB exercise and compared the relevant expenditure and payables recorded in the Trust's financial statements to the income receivables balances recorded within the accounts of other providers and other bodies within the AoB boundaries. Where applicable we investigated variances and reviewed relevant correspondence to assess the reasonableness of the Trust's approach to recognising expenditure and payables with other providers and other bodies within the AoB boundaries; and — Test of detail: We tested a sample of accruals in the year to test they were calculated on a reasonable basis and related to the 2019/20 financial year.

3. Our application of materiality

Materiality for the Trust financial statements as a whole was set at £3 million (2018/19: £2.9 million), determined with reference to a benchmark of total revenue (of which it represents approximately 1.7%) (2018/19: 1.6%). We consider total revenue to be more stable than a surplus- or deficit-related benchmark.

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £150k (2018/19: £145k), in addition to other identified misstatements that warranted reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above and was performed remotely.



4. We have nothing to report on going concern

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

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

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

Based on this work, we are required to report to you if we have anything material to add or draw attention to in relation to the Accounting Officers statement in Note 1.1.11 to the financial statements on the use of the going concern basis of accounting with no material uncertainties that may cast significant doubt over the Trust's use of that basis for a period of at least twelve months from the date of approval of the financial statements.

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

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

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

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

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

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2019/20.

Corporate governance disclosures

We are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or
- the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or
- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2019/20, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 67, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

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

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

We have nothing to report in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

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

We have nothing to report in this respect.

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

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

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

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

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

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

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

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

The significant risks identified during our risk assessment are set out overleaf together with the findings from the work we carried out on each area.

Significant Risk	Description	Work carried out and judgements
Financial Sustainability:	<p>Financial sustainability (including delivery of the Cost Improvement Programmes (CIPs))</p> <p>As part of our responsibilities in relation to reaching our use of resources conclusion we are required to perform any work that we regard as necessary to allow us to conclude on whether the Trust has effectively, efficiently and economically exercised its functions.</p> <p>Due to the significant financial challenge in the sector we have undertaken a detailed consideration of the financial position and financial sustainability.</p>	<p>Our work included:</p> <p>Financial Sustainability: We assessed the Trust's financial sustainability. This considered whether the financial results included significant non-recurrent items of income within the reported headline result. We also considered the Trust's management of its cash position and delivery of CIPs through the year.</p> <p>Future forecasts: We assessed the core assumptions in the Trust's draft 2020/21 Annual Plan submission.</p> <p>Our findings:</p> <p>For 2019/20 total CIP savings of £2.969m were achieved in year and of these £1.817m were recurrent.</p> <p>Management were in the process of compiling their 2020/21 annual plans in March 2020 when the Covid-19 pandemic hit and all planning arrangements were put on hold nationally for the interim period. The financial plan for 2020/21 was completed with planned efficiencies of £2.393m, of which £1.840m was recurrent but £350k of this remained unidentified. £553k of non-recurrent savings also remained unidentified.</p> <p>Whilst the impact of the Covid-19 pandemic is still ongoing the Trust is being funded on a break even basis. This is planned to continue until October 2020 with a possibility of continuing further into the 2020/21 year.</p> <p>Despite planning arrangements being put on hold nationally, we noted arrangements were being developed along similar timelines to previous years for CIPs.</p> <p>While the Trust had not identified all the required savings for 2020/21, this was in line with previous years and we note the Trust has a good track record of delivering CIP savings. We also note the strong level of reserves the Trust holds.</p> <p>Our work has confirmed that the Trust has adequate arrangements to deliver financial sustainability. No issues were identified as a result of our testing that impacts on our value for money conclusion.</p>

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

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

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Leeds and York Partnership NHS Foundation Trust for the year ended 31 March 2020 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.



Rashpal Khangura for and on behalf of KPMG LLP

Chartered Accountants

1 Sovereign Square
Sovereign Street
Leeds
LS1 4DA

22 June 2020

Blank page

**AGENDA
ITEM**

13

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Trust's Annual Report Update 2019/20
DATE OF MEETING:	7 July 2020
LEAD DIRECTOR: (name and title)	Cath Hill, Associate Director for Corporate Governance
PAPER AUTHOR: (name and title)	Cath Hill, Associate Director for Corporate Governance

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

EXECUTIVE SUMMARY

In accordance with the Companies Act and the NHS Act 2006 (as amended by the Health and Social Care Act 2012), the Trust is required to publish an Annual Report and its Accounts each financial year.

This paper sets out the steps taken to produce this report ready for submission to Parliament and to the Council of Governors.

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 Governor is asked to:

- To note the procedure that has been followed in the preparation of the Annual Report, noting that it has been audited to ensure that it conforms to the requirements of the Annual Reporting Manual and that the text is also consistent with the knowledge of the auditors in respect of the organisation
- Note the next steps in the journey of the Annual Report in preparation for Parliament and ultimately the Annual Members Meeting
- Receive the Chair and Chief Executive's reports from the Annual Report to provide a summary of the events in 2019/20.

MEETING OF THE COUNCIL OF GOVERNORS

7 July 2020

Process for the Annual Report

1 Executive Summary

In accordance with the Companies Act and the NHS Act 2006 (as amended by the Health and Social Care Act 2012), the Trust is required to publish an Annual Report and its Accounts each financial year.

This has been produced in accordance with NHS Improvements' NHS Foundation Trust Annual Reporting Manual 2019/20 (ARM) as amended in April 2020. It should also be noted that NHS Improvement released an amended ARM for 2019/20 in recognition of the extra work being carried out in the NHS to manage the effects of the pandemic. This amended ARM reduced the burden of reporting. It removed the section Directors Report: Performance Analysis, and also the need to include the Quality Report in the Annual Report.

The Annual Report is a formal governance document, the content of which is prescribed in detail by the ARM. It is a public document and we are required in statute to present this to the Council of Governors along with any auditors report. However, prior to becoming a public document and able to be presented to our Council of Governors it must be laid before Parliament.

2 Work so far

The annual report has been through a number of revisions. Due to the management of the COVID-19 pandemic the review of the document has been led by the Associate Director for Corporate Governance with input from key senior people where necessary. The document has then been circulated to the executive directors so they can review not only their sections but also the document as a whole to ensure it provides a true and fair view of the organisation.

Our external auditors (KPMG) have reviewed the document for compliance with the ARM. They highlighted a small number of areas where it could be strengthened and their recommendations have been actioned. They will pick up details of the audit of the Annual Report in their presentation to the Council at the July meeting.

The Audit Committee has also received and considered the text of the report and it was signed off by the Board at its extraordinary meeting on the 16 June.

3 Next steps and timeline

Due to COVID-19 the timeline for the completion and submission of the Annual Report has been slightly delayed below is an outline summary of these dates:

- 16 June – presented to the Board of Directors so the narrative can be adopted
- 16 June – final approved narrative provided to the auditors so they can prepare the opinion on the report and accounts
- 18 June – Auditors opinion received
- 18 June to 1 July – work on bringing the annual report, annual accounts and audit opinion into one document, along with final formatting and proof reading
- Before 1 July – submitted to the Parliamentary Clerk so the document can be checked to ensure it conforms to parliamentary format
- Before 6 July – submitted to Parliament so it can be laid
- 7 July – Council of Governors' meeting takes place and a report from the auditors provided on any findings from the year-end audit
- Before 21 September – final laid version submitted to NHSI so it can be uploaded to their website on the NHS Foundation Trust directory
- 5 November – formally presented to the Council of Governors and members of the public at the Annual Members' Meeting and added to the Trust's website.

Governors are asked to note that the Annual Members' Meeting has been postponed this year due to staff being involved in the management of COVID-19, and the change in timeline for the laying of the report in Parliament. The Annual Members' Meeting will now take place in the context of the

Council of Governors' meeting on 5 November. Arrangements for this are currently being looked at to and details will be provided in the coming weeks.

Governors should note that due to the proximity of the Council of Governors' meeting to the date for laying before Parliament copies of the Annual Report will not be available for circulation prior to the meeting. To provide governors with a summary of what is in the report the Chair's and the Chief Executive's summary reports have been included in this paper (see attached).

Full copies of the annual report will be available on request once confirmation has been received that this has been laid. We would ask that where possible governors receive this electronically to reduce the need for printing.

In addition to the Annual Report, and to support accessibility the Communications Team will be producing an Annual Review. This will be available for the November Annual Members' Meeting.

6 Recommendation

The Council of Governor is asked to:

- To note the procedure that has been followed in the preparation of the Annual Report, noting that it has been audited to ensure that it conforms to the requirements of the Annual reporting Manual and that the text is also consistent with the knowledge of the auditors in respect of the organisation
- Note the next steps in the journey of the Annual Report in preparation for Parliament and ultimately the Annual Members Meeting
- Receive the Chair and Chief Executive's reports from the Annual Report to provide a summary of the events in 2019/20.

Cath Hill
Associate Director for Corporate Governance
25 June 2020

SECTION 1.1 – THE PERFORMANCE REPORT (Overview)

1.1.1 A MESSAGE FROM OUR CHAIR

The last few weeks of this financial year are some of the toughest ever for the NHS as we work together to respond to the Coronavirus. It has had an impact on all of our services, requiring fast but thoughtful changes, strong leadership and a positive 'can do' attitude from us all. Lockdown has ensured that much of our normal way of life at home, at work and as a Board has completely changed. As I write this foreword, the UK remains in lockdown and the NHS and Care services remain at the forefront of dealing with the human impact of the crisis. We are grateful for the wonderful support of the public in Leeds and York, and for the sacrifices being made to stay safe. As a Trust we have lost some of our service users and at least one member of staff to this terrible virus. Our thoughts and prayers are with their loved ones at this very sad time.

Every day I continue to be humbled and inspired by so many of our staff, volunteers and service users by their day-to-day commitment to the values underpinning the NHS. I am privileged to see acts of kindness and compassion, along with professional knowledge, sharing expertise and commitment to team working take place across our services. These are being severely tested by pressures in the system, and by the pandemic. Our Trust values are Integrity, Simplicity and Caring, and are despite such difficulties, demonstrated in abundance. For this I am so very grateful.

We start every Board meeting with an opportunity to hear about the experience of service users, carers or members of staff. This discussion reminds us of the purpose of our organisation and of the reality of the day-to-day challenges we all face in trying to deliver services to the best of our ability within our financial limitations.

Some of these accounts are very moving and are eloquent descriptions of how it feels to live with a mental illness and be served by an imperfect system. Others have been more positive accounts of the life changing impact of our services on individuals and their families. Each story has been full of opportunities to learn, to improve and to strengthen our services for the better. I am hugely grateful for the candour, courage and willingness to share by all those who have come along to our Board meetings.

This year the Board started a process to update our strategic vision and refresh the detailed underpinning plans. The plans cover workforce, estates, information technology, clinical services and quality. They represent a huge amount of work, detailed planning and a creative ambition for the future provision of services for people with mental illness and learning disabilities in Leeds and York.

There have been a number of major developments in our services. We welcomed the extension of the new services for Veterans in the armed services, now located on three sites in Leeds, Salford and Sunderland. New services were also established for those who experience gambling addiction. Both these services were developed with partner agencies (Combat Stress, and GamCare respectively) and we look forward to their continued development over the coming year. We were also delighted to see the expansion of our new model of care for eating disorders. This has been recognised as an excellent service and has secured national commendation.

This year we redesigned our community services and are currently working on a programme of 'Acute Care Excellence' to improve our acute care offer. In March, we introduced a new electronic patient record system, 'Care Director' which is already improving how we record, interact and manage care services. We also developed a new system for improving the engagement and involvement of service users and carers right across the Trust. Finally, we were delighted to see the start of new building work on the St Mary's Hospital site for the new specialist CAMHS unit. We know this will make a major difference to the mental health and well being of some of our most vulnerable children and young people in the city.

Last August we had our latest inspection visit from CQC. I was delighted that we were rated as 'Good' overall. As ever, there are many areas where we can improve further, but it was a welcome recognition of the hard work of our teams since the previous inspection, and the positive

improvements that have taken place across all our services. Our Staff Survey also demonstrated some significant improvements and real progress in the embedding of our values and the levels of engagement of our staff.

We continue to play an active role in partnerships with NHS, social care, third sector and others in Leeds and as part of the West Yorkshire and Harrogate Integrated Care System. We already work closely with many partners in delivering mental health and learning disability services to people in Leeds and York. I would like to take this opportunity to thank all of our partners within the NHS, local authorities, third sector and wider public sector. We look forward to continuing this work to deliver sustainable improvements in the coming year.

I am extremely grateful to the Council of Governors for their commitment and continued work in the Trust. This year has seen a number of changes in welcoming new governors and saying goodbye and thanks to a number of long-serving governors too. Our new lead governor Peter Webster, has been a great support in the role. He has worked with the governors to help build their confidence in asking questions, participating in service visits and observing Board meetings. Governors have such an important role in holding the non-executives to account, and in representing the views of the public, staff, service users and carers. We have done some important work to strengthen their contribution and to enable them to carry out their roles effectively.

The Board membership has been relatively stable this year. I am grateful for the commitment and professionalism of all Board members. We welcomed one new non-executive director Cleveland Henry. I would like to take the opportunity of thanking his predecessor, Margaret Sentamu, for her dedication, passion and support to the Trust over the last six years.

As we look to next year, we will plan, manage and respond to the challenges presented by Coronavirus in the here and now. We will also plan for how we need to adapt further to respond to the potential longer term effects on the mental health and wellbeing of our service users, staff and the wider community.

We will no doubt continue to face pressures across our services, but we have strong foundations in place, and are proud to have staff who live and demonstrate our values every day. We are focused on continuing to improve and to develop our services to ensure excellence for all our service users and their families.



Prof Sue Proctor
Chair of the Trust

1.1.2 A MESSAGE FROM OUR CHIEF EXECUTIVE

As I write my introduction for this year's Annual Report, I do so at a time like no other. NHS organisations like ours have never before faced a challenge like the current Coronavirus pandemic and I'd like to take this opportunity to pay tribute to the work undertaken by our staff and the values they've shown during this unprecedented time. But first of all, it's important to reflect on some of our progress and achievements from over the past year before our lives, personally and professionally, changed before our eyes.

Making improvements

There's been a range of service developments over the past year, both within the Trust and with our partners. In September, we opened our first Northern Gambling Clinic in Leeds, followed shortly by more in Manchester and Sunderland. This is such a crucial service and I'm pleased we're able to support the growing number of people struggling with gambling addiction across the North.

Much has also been achieved to help people across the city access immediate support for their mental health. For example, the Leeds Recovery College, which opened in September, offers courses to people living and working in Leeds to help them live mentally and physically well. The Leeds Mental Wellbeing Service is a partnership involving our Trust that offers psychological therapies, both face to face and online. It's another way we're supporting local people to overcome common mental health problems.

We received an early Christmas present when planning was approved for the new regional CAMHS unit on our St Mary's Hospital site. The West Yorkshire and Harrogate collaborative have been working closely together to develop a better way of providing care for young people with complex mental health issues across the region, and planning approval marks an important milestone in our efforts. I'm pleased to say that as I write this, work has already begun onsite.

In March, we switched to a new patient record system, CareDirector, an event that was two years in the making. It was a challenging time for staff to move to something so new and different but their resilience and determination shone through and I'm happy to say it was a safe and secure launch. CareDirector has been an important tool in our fight against Coronavirus, and its flexibility means it can be developed to suit our needs now and in the future.

Listening and responding

I'm so pleased we were able to include our bank staff in this year's Staff Survey— this reflects the crucial role they play in our teams. Our Trustwide results have improved or stayed the same in most areas, with significant improvements in how we rate our line managers and staff morale.

We've made extra efforts to listen to our staff this year, in the form of 'culture conversations'. There are some fantastic examples of positive culture across the organisation, and there's also ways we can improve how we work together, which in turn shapes our quality of care and performance. Both online and face to face conversations have taken place to understand how our staff feel about coming to work for us every day, and we're now analysing those conversations to give us a focus for improvement. I'm really invested in this piece of work, and I'm excited to see it come to fruition over the next year.

Listening and having conversations is just as important outside our organisation, with our members, service users, carers and the public – after all, these are the people we serve. I'm pleased that we have recently launched our co-produced Patient and Carer Experience Strategy, which sets out how we will better involve people in the development of our services and improve their experience with us. We also carried out surveys and focus groups to evaluate our redesigned Community Mental Health Services, to ensure our service users and carers remain at the heart of our decision making.

Celebrating our achievements

In November came our annual Trust Awards, a glittering event and one of my favourite nights of year, where I help to present awards and celebrate with our staff and volunteers. Beyond our internal

celebrations, some of our teams and individuals have gone on to be nominated for and even win national awards. There are too many amazing people to mention here, but what I will say is how proud I am of all their achievements and I'm so pleased that they are recognised by their peers externally too. On the night I was also very pleased to see the launch of our Trust choir who provided us with an uplifting start to the event. They continue to come together and provide inspiration to us all.

The Trust as a whole received its own accolade in December, when we received a rating of "Good" by the Care Quality Commission. All of us remember the feeling of waiting for exam results, hoping your efforts have paid off. For me, those feelings returned while we're awaiting our CQC report, and I am delighted that the hard work undertaken by everyone at the Trust has been recognised. The CQC's report says we really are fulfilling our purpose of improving the health and lives of people with mental health problems, learning disabilities and autism. And after all, that's why we all come to work every day.

Unprecedented times

The Coronavirus pandemic has proved to be the biggest healthcare crisis in a generation. As events began to unfold, the future felt daunting for many of us. But in such challenging times I found strength in our staff, and their courage and determination to continuing caring for our service users.

The crisis has affected all of us, personally and professionally. We've had to change how we support our service users, how we work together and how we balance our work and lives.

Throughout all this change and uncertainty, I'm incredibly proud of our staff and I can't thank them enough for what they do. They've lived our values in the most difficult of situations – we have integrity, we keep it simple, we are caring – and they've shown many more too, like determination, bravery, flexibility, resilience, and compassion. They've supported each other through overwhelming circumstances and remained committed to our service users despite having their own families and loves ones to care for. I consider myself lucky to lead an organisation that is full of such heroic individuals.

As we look to the year ahead, I hope for peace and stability for our staff and service users. It's likely that current events will further highlight the importance of mental health services, and as a Trust we're committed to continuing to develop and improve our mental health and learning disability services for the people who need us.



Dr Sara Munro
Chief Executive

**AGENDA
ITEM**

15

COUNCIL OF GOVERNORS' MEETING

PAPER TITLE:	Service Performance Update Report
DATE OF MEETING:	7 July 2020
PRESENTED BY: (name and title)	Joanna Forster Adams - Chief Operating Officer
PREPARED BY: (name and title)	Nikki Cooper - Head of Information

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 attached report provides a summarised set of key performance information relating to May 2020 into early June 2020.

Governors are asked to be aware that following the transition of our electronic patient record system from PARIS to CareDirector we knew that we would have a period of "rebuilding" our performance reporting and this this would extend into Quarter 2 (April, May and June) of 2020/21.

As a result this report is an abridged version of the more comprehensive information normally set out in the Board of Directors' Combined Quality and Performance Report (CQPR) and is caveated by the continued improvement of data input and data quality arrangements so we need to allow for a margin of error in the precise figures and the Board has received assurance.

Because this abridged version of the performance report is the current information available a decision was taken to provide this to the Council of Governors at the July meeting, even though this is not in the normal format for governors.

The attached report has been reviewed by the Finance and Performance Committee at its meeting on 23 June and was presented to the Board on 25 June and each was provided with assurance on the ongoing work relating to performance information and supports and understands the current position with reporting.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

**State below
'Yes' or 'No'**
No

If yes please set out what action has been taken to address this in your paper

RECOMMENDATION

The Council of Governors is asked to receive the information provided in relation to the performance data currently available.

CARE SERVICES PERFORMANCE REPORT



Lead Director: Joanna Forster Adams, Chief Operating Officer

Date: June 2020 (reporting May/June 2020 data, unless otherwise specified)

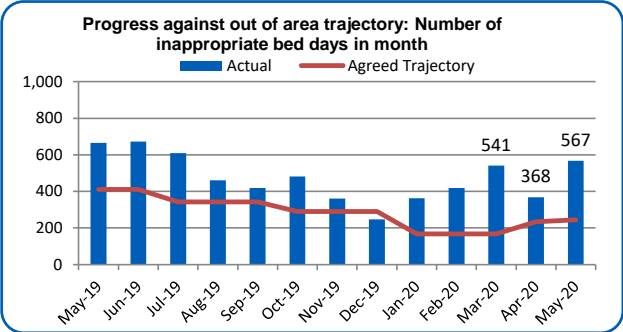
Service Performance – Chief Operating Officer

Services: Monthly Out Of Area Placements/Single Point of Access/3 Day Follow Up	Target	Mar-20	Apr-20	May-20
Number of out of area placement bed days versus trajectory (in days: cumulative per quarter)	-	818	-345	222
Acute: Number of out of area placements beginning in month	-	13	6	15
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	438	304	316
PICU: Number of out of area placements beginning in month	-	1	4	13
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	103	64	251
Older people: Number of out of area placements beginning in month	-	0	0	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	0	0	0
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	67.4%	65.2%	65.9%
Percentage of inpatients followed up within 3 days of discharge (monthly local tracking) *	80%	-	74.8%	73.5%
Services: Trust Level Weekly	w/c	24-May	31-May	07-Jun
Number of Referrals		752	887	961
Number of Attended Appointments		2,882	3,499	3,471
Number of Attended Appointments undertaken by video		133	202	227
Percentage of Attended Appointments undertaken by video		4.6%	5.8%	6.5%
Services: Crisis and Community - Weekly	w/c	24-May	31-May	07-Jun
Number of Referrals to:				
CMHT Adult		85	121	125
CMHT Older People Services		21	49	48
MH In-Reach		39	39	53
CRISS		246	263	262
IHTT		10	13	7
Services: Inpatient - Snapshot at end of month (see charts for daily breakdown)		Mar-20	Apr-20	May-20
Daily Occupied Bed Days:				
PICU (12 beds)		10	11	9
The Mount Assessment & Enhanced Support (12 beds)		-	-	1
Crisis Assessment Unit (6 beds)		1	1	1
Delayed Transfers of Care (indicative figure from CareDirector Dashboard) *				17

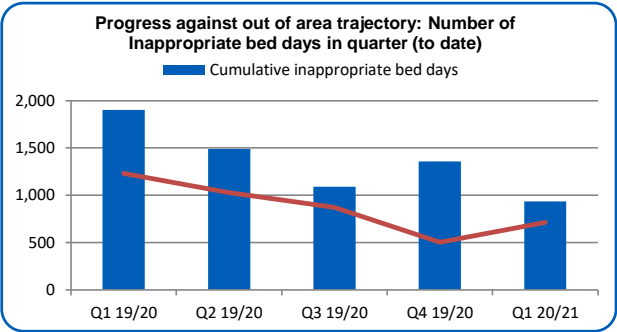
Please note that for March 20 those metrics informed by clinical data on PARIS represent 1st to the 27th March only due to Care Director migration and implementation.

* Draft figure from Care Director subject to ongoing validation and report development

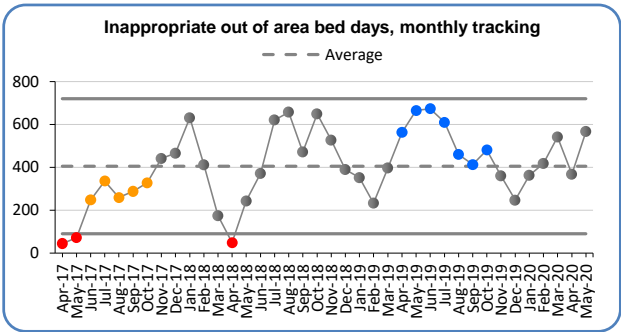
Out Of Area Placements (Monthly Trend)



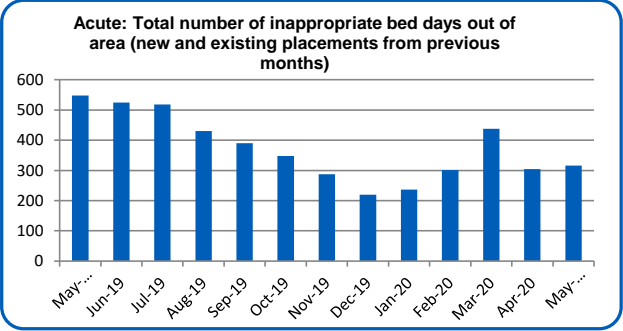
Nationally agreed trajectory (May 245): May: **567**



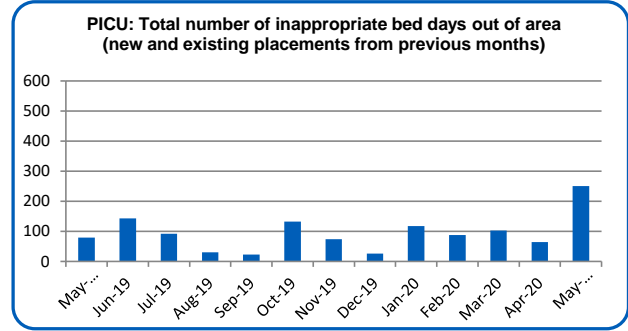
Nationally agreed trajectory (Q1: 713 days):
Q1 to date: **935 days**



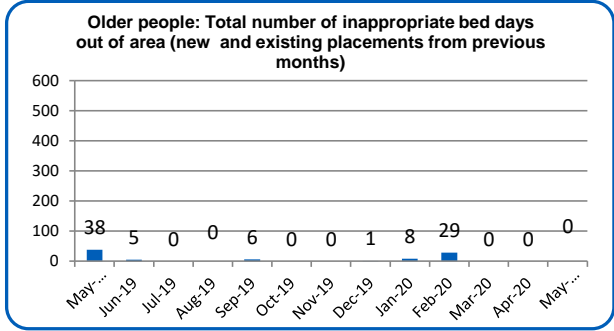
Local tracking measure: May: **567 bed days**



Local measure: May: **316 days**

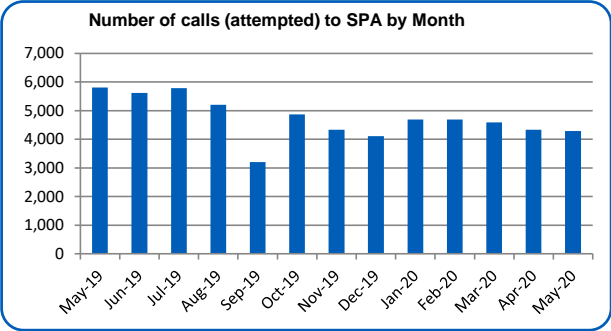


Local measure: May: **251 days**

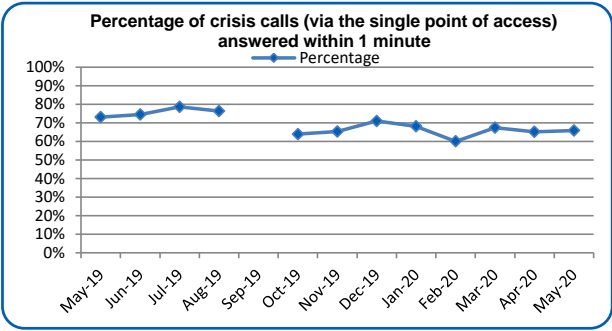


Local measure: May: **0 days**

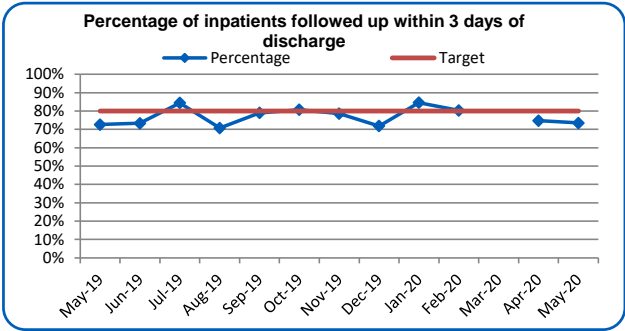
Single Point of Access Calls / 3 Day Follow Up (Monthly Trend)



May calls: 4,294
Sept data from only 12th - 30th Sep due to system migration

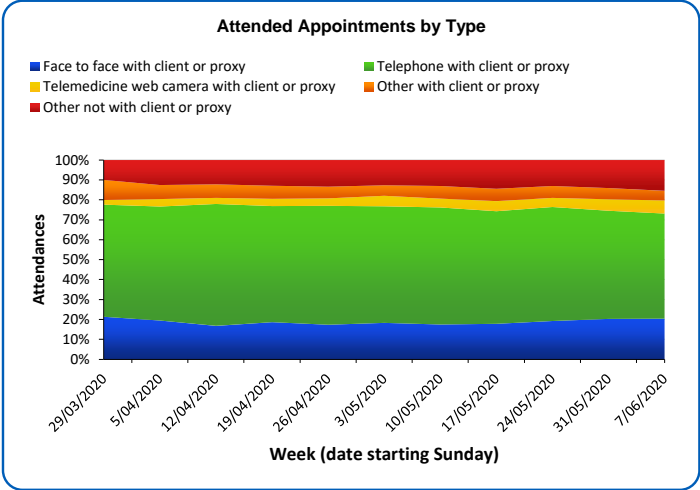
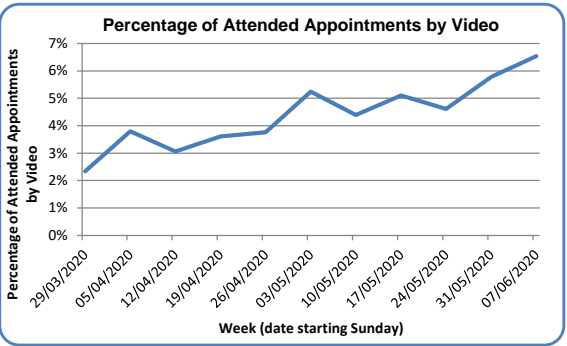
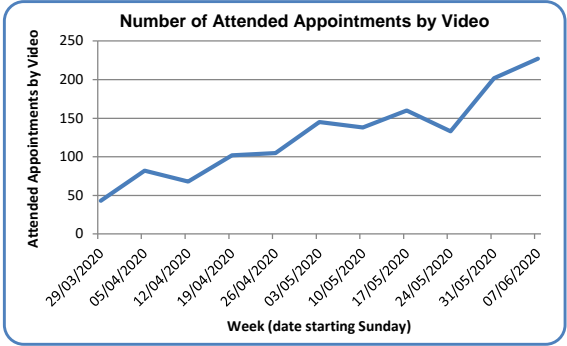
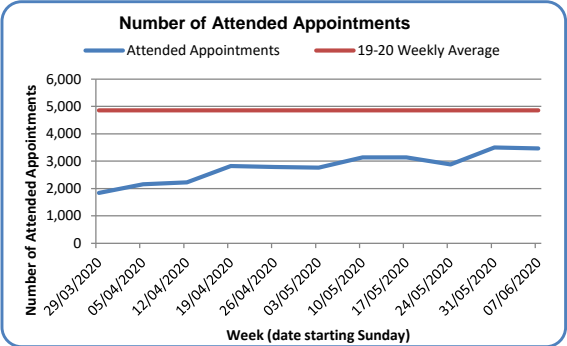
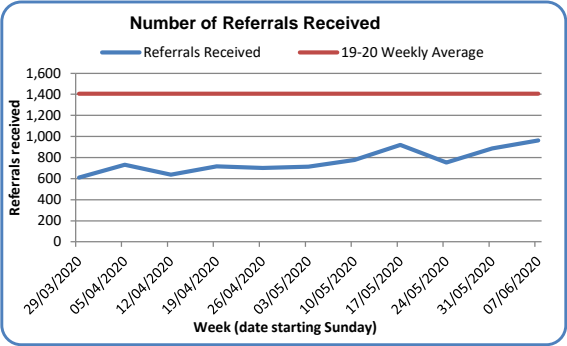


Local target: within 1 minute: May: 65.9%
Data for Sept n/a due to system migration



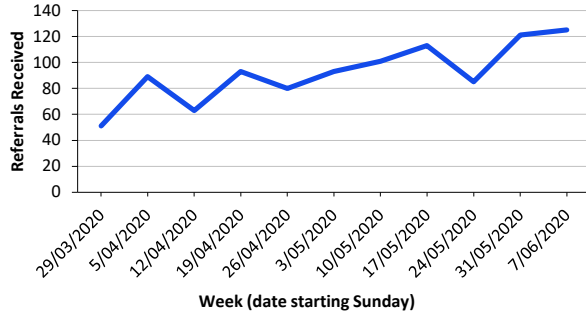
Local tracking measure May: 73.5%
NB: Data prior to April 20 is from CQUIN for comparison, this is now part of the NHS Standard Contract

Trust Level (Weekly Trend)

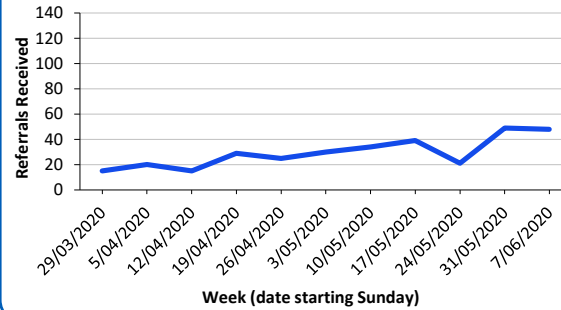


Service Specific Highlights (Crisis Response and Community)

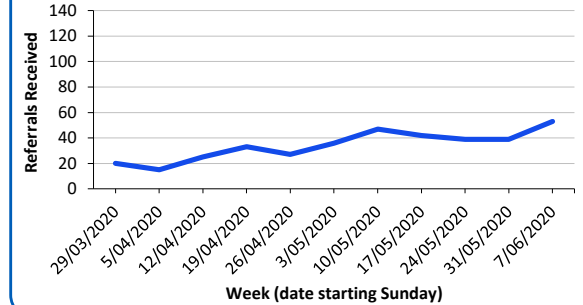
CMHT Adults - Referrals Received



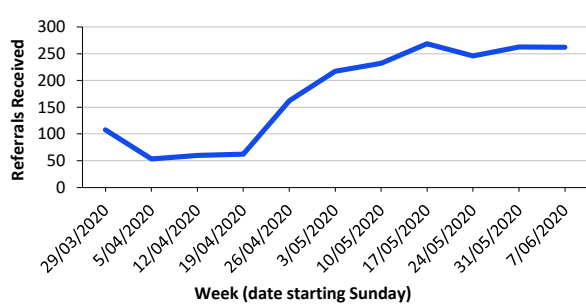
CMHT Older People Services - Referrals Received



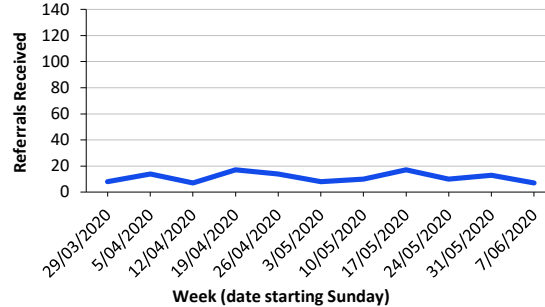
MH In Reach - Referrals Received



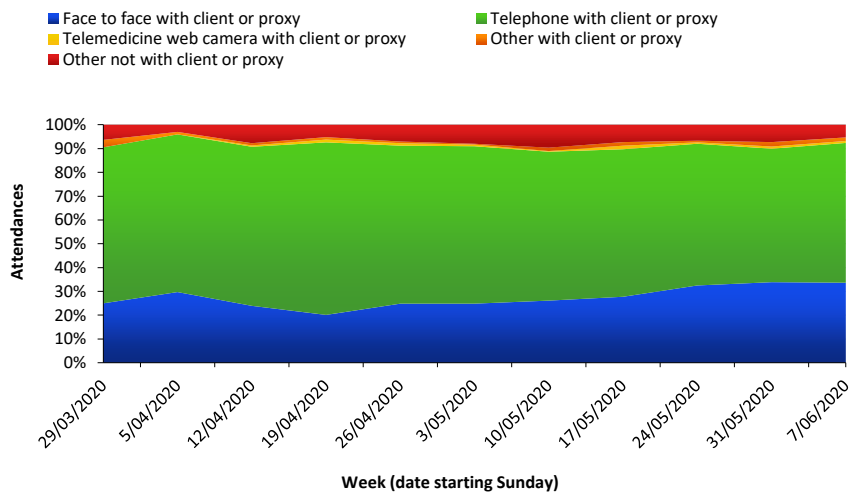
CRISS - Referrals Received



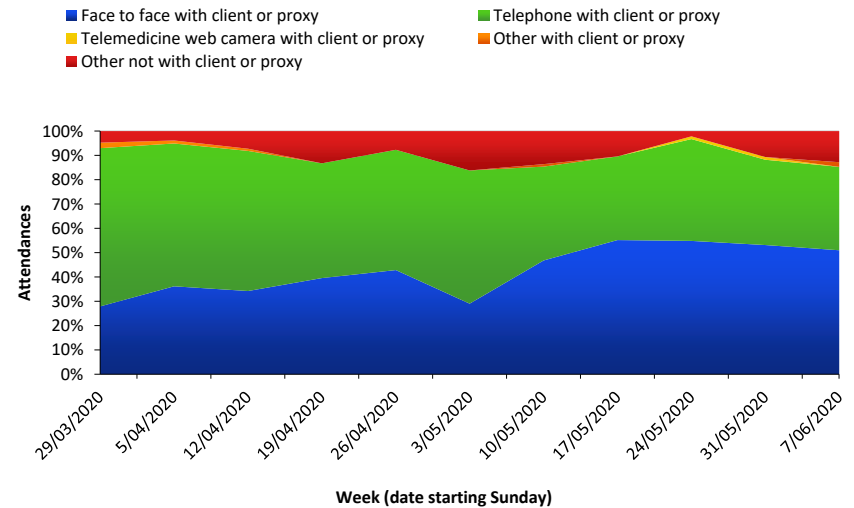
IHTT - Referrals Received



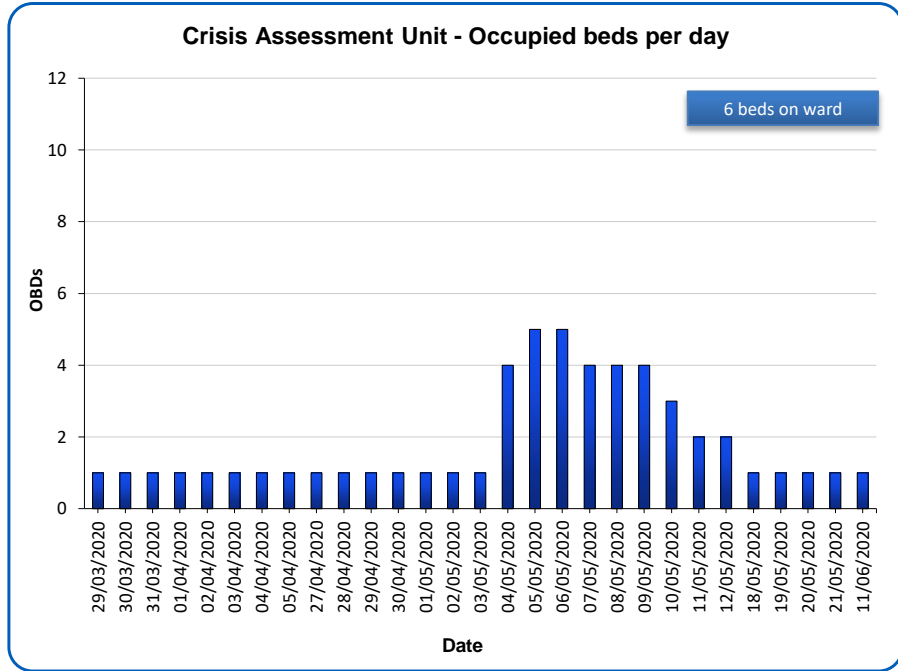
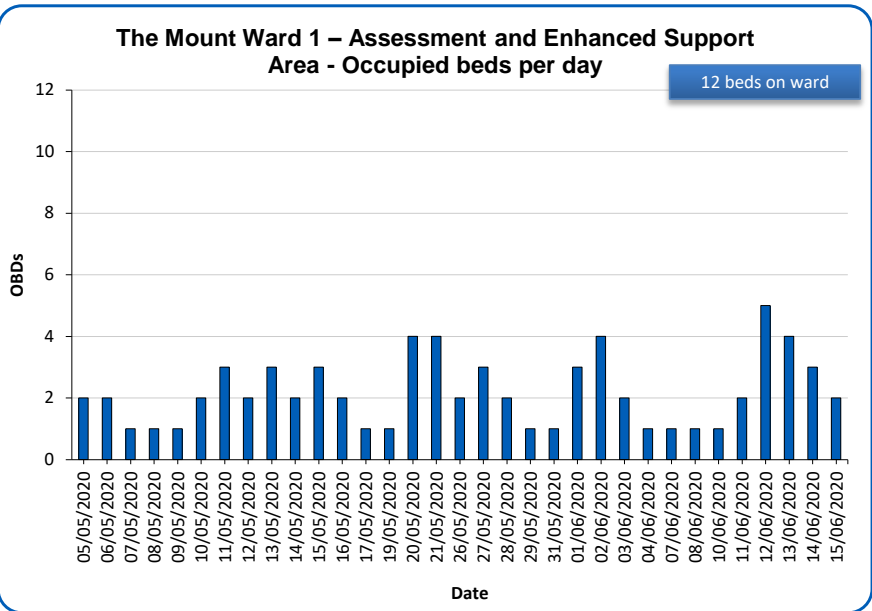
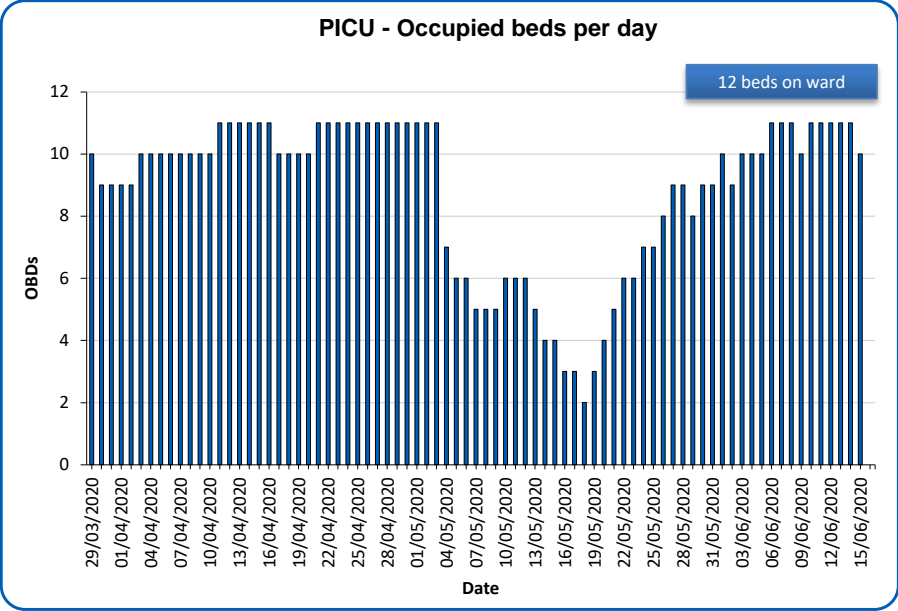
CRISS - Attended Appointments by Type



IHTT - Attended Appointments by Type



Service Specific Highlights (Inpatient)



Local Intelligence

Trust Level Monthly - Out of Area Placements / 3 Day Follow Up

Out of Area Placements - The number of inappropriate out of area bed days in May was 567. The Qtr1 to date total is 935 days against an agreed Qtr1 trajectory of 713. The increase is largely attributable to the number of Covid19 related PICU out of area bed days increasing from 64 in April to 251 in May. In May PICU out of area bed days accounted for 44% of the total compared to 17% the previous month. There were 15 new acute out of area placements in May and 13 PICU.

3 Day Follow Up - During May, the 80% target was not met (73.5%). There were a total of 22 breaches of 3 days, subject to ongoing validation. 18 of these were operational breaches with no evidence of follow up being completed within 3 days, the remaining 4 have been attributed to identified data quality issues where incorrect data has been recorded on our new CareDirector EPR system. Of the 18 operational breaches 8 were identified as being followed up within 7 days. Of the remaining 10 patients, 2 had follow up activity recorded on CareDirector outside of the 7 day period, a further 2 had attempted but unsuccessful follow up, leaving a remaining 6 people with no follow up activity recorded on our system yet.

Technical development work is still required to more accurately measure our performance on this, with further validation still required against nationally published data and definition once this becomes available. A great deal of work has taken place to get this percentage as high as it is at such an early stage in the life of CareDirector, analysis showing that actual performance would be higher than this if the data quality issues were resolved. We expect the timeliness and quality of recording to improve in future months as our staff become more familiar with the new system and processes. Informatics and EPR teams are working closely with our Heads of Operations to help solve issues and improve data quality.

Trust Level Weekly - Referrals and Health Appointments

Referrals - The number of referrals has increased over the last few weeks, in week commencing 7th June there were 961 referrals received. The number of attended appointments has also shown an increasing trend with 3,471 in the same week. The weekly average number of clinical contacts in 19-20 was 4,864 and so we will continue to monitor as our staff get more accustomed to using CareDirector.

Appointments - The number and percentage of attended appointments by video e.g. telemedicine web camera with client or proxy continues to increase with 6.5% of attended appointments carried out in this way w/c 7th June, compared to 3-4% at the beginning of April.

Service Specific Highlights - Referrals, Health Appointments and Bed Occupancy

Crisis Response and Community and Wellbeing - The number of referrals received for MH In-Reach shows an increasing trend with 53 referrals week commencing 7th June, 20 of which were Adult and 25 Older People Services. The number of weekly OPS In-Reach referrals had dropped by approximately 40% between the weeks commencing the 10th and 24th May but has since started to increase over the last few weeks.

During w/c 7th June in CRISS 34% (115 out of 342) attended health appointments were face to face. The equivalent for the IHTT was 51% (52 from 102). Both Adult and OPS CMHT referral rates have been increasing week on week and are now closer to pre-Covid levels. As at the 14th June 26% of both the Adult and OPS CMHT RAG rated caseload were rated red. Teams are monitoring this effectively to ensure people are receiving the additional required face to face support they need. Supported by the Continuous Improvement Team work continues in improving the use of technology and video contacts.

Inpatient Services - The number of occupied beds per day at PICU was near capacity during April, but then dropped during the first few weeks of May. The numbers then increased again back to nearly full (10/11 in a 12 bed ward) by beginning of June, reflecting the recent increased use of out of area PICU beds. With a capacity of 12 the Assessment and Enhanced Support Ward at The Mount hasn't been required as anticipated, occupied beds per day fluctuating between 1 and 4 since its introduction at the beginning of May. The situation has been similar at CAU, a 6 bed ward being utilised as a cohorting area for service users unable to isolate, which despite figures of 4 or 5 at the beginning of May has seen little use since. Unable to use these facilities for other purposes pressures have subsequently resulted in an increase in the number of out of area placements.

Snapshot data from CareDirector, as at 18th June, shows 17 inpatients currently delayed (4 at Asket Croft/Askey House, 4 Becklin, 7 Newsam, 1 The Mount, 1 CAMHS). Report development on DToCs is still required to enable accurate and efficient reporting from CareDirector.

Blank page

**AGENDA
ITEM**

16

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Process for the upcoming elections to the Council of Governors
DATE OF MEETING:	7 July 2020
PRESENTED BY: (name and title)	Cath Hill – Associate Director for Corporate Governance
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 Council of Governors is advised that the following seats are currently vacant will be included in the next round of elections:

- Public: Leeds (1 seat)
- Public: York and North Yorkshire (1 seat)
- Carer: Leeds Resident (2 seats)
- Carer: York and North Yorkshire (1 seat)
- Service User: Leeds Resident (1 seat)
- Service user: York and North Yorkshire (1 seat)
- Service user and Carer: Rest of UK (1 seat)
- Staff Clinical: Leeds and York & North Yorkshire (2 seats)

The Council is also asked to note that the following seats currently have elected governors in office, and they will come to the end of their term of office on the 24 September 2020. These governors are eligible to stand for election again should they wish to do so:

- Public: Leeds - Kirsty Lee
- Service User: Leeds - Marc Pierre Anderson
- Staff: Clinical - Gill Galea
- Staff: Clinical - Sally Rawcliffe-Foo

The Council should be aware that if these governors are re-elected, their next term of office will not start until the 9 October 2020. This is because governor elections were postponed due to Covid-19. We are proposing that for any governor who wants to stand for re-election that they stay on the Council in a non-voting capacity between the 24 September 2020 and the 9 October 2020. Although there will be no formal meetings in this 14 day period, governors will continue to

receive information. Therefore we will be asking any governor who is re-elected to sign a confidentiality agreement for the information they receive during the 14 day period.

Overall there are 10 seats that will be included in the next round of elections and the timetable for this is proposed as follows:

ELECTION STAGE	OPTION 1
Notice of Election / nomination open	Friday, 24 Jul 2020
Nominations deadline	Friday, 21 Aug 2020
Summary of valid nominated candidates published	Monday, 24 Aug 2020
Final date for candidate withdrawal	Wednesday, 26 Aug 2020
Notice of Poll published	Monday, 14 Sep 2020
Voting packs despatched	Tuesday, 15 Sep 2020
Close of election	Thursday, 8 Oct 2020
Declaration of results	Friday, 9 Oct 2020

The elections will be overseen by the Civica Election Services (CES), who will be the returning officer, and the Deputy Trust Board Secretary, who will be the Trust's co-ordinating officer, working with other members of the Corporate Governance Team and CES to ensure the completion of the elections in accordance with the Trust's internal timetable and the Trust's Constitution (Annex 5) 'Election Rules'.

We will also be working with the Patient Experience and Involvement Team, the Rainbow Alliance and the Service User Network to encourage service users and carers to join as members and stand for election in order to ensure there is wide representation on our Council of Governors.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

**State below
'Yes' or 'No'**

No

If yes please set out what action has been taken to address this in your paper

RECOMMENDATIONS

The Council of Governors is asked to agree the timetable for the forthcoming elections to the Council of Governors which will conclude on the 9 October 2020.

**AGENDA
ITEM**

17

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Hibernation Plan for the work of the Council of Governors
DATE OF MEETING:	7 July 2020
PRESENTED BY: (name and title)	Cath Hill, Associate Director for Corporate Governance
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

Due to the Covid-19 national pandemic the meeting of the Council of Governors on the 7 May 2020 was cancelled. This paper outlines the items that should have been presented to the Council at its May meeting and lists the proposed new dates for this information to be presented. It also lists the items that should have been presented at the Trust's Annual Members' Day on the 28 July 2020 and the proposed new scheduling for this.

The attached document includes a list of items from the Council's annual cycle of business. The original scheduling for the item is marked with an **X** and the new proposed scheduling is marked with an **X**

The attached paper shows that many papers have been deferred until November; this may create a large agenda which may not be manageable, especially as the Annual Members' Meeting has been scheduled to take place on that day. Therefore, the Council is asked to be assured that working with the Lead Governor a manageable number of items will ultimately be scheduled for November with others postponed until February. Should items be postponed, the Council will be advised of this by way of an updated version of this paper to the November meeting.

Please note there are a number of other items on the Council's annual cycle of business that have not been included in this document. This is because the scheduling of these items has not changed or they are of a purely housekeeping nature (e.g. action logs etc.)

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

RECOMMENDATION
<p>The Council is asked to note the information provided and the proposed new dates for the information to be presented. It is asked to be assured that any items that may have been missed due to the cancellation of its May meeting will be picked up at other points in the 2020/21 financial year.</p>

Items missed from the annual cycle of business 2020/21 – Council of Governors

X = original scheduling
X = new scheduling

	Lead	4 February 2020	7 May 2020	7 July 2020	Annual Members' Meeting 28 July 2020	Board to Board 10 September	5 November 2020	Annual Members' Meeting 5 November 2020	2 February 2021	COMMENTS
Welcome, apologies and standing items										
Questions from the public (Annual Members' Meeting)	-				X			X		
Minutes of the Annual Members' Meeting (2020)	CG						X		X	
Council of Governors' Statutory Duties (annual)										
Presentation of the annual report and accounts and any report on them	CH			X	X			X		
Agree the arrangements for the Annual Members' Meeting	OT		X	X						This will be covered in the Chairs Report

	Lead	4 February 2020	7 May 2020	7 July 2020	Annual Members' Meeting 28 July 2020	Board to Board 10 September	5 November 2020	Annual Members' Meeting 5 November 2020	2 February 2021	COMMENTS
Council of Governors' non-statutory duties (scheduled)										
Receive the Auditors reports on the Quality Accounts (both public and private)	KPMG			X						For 2019/20 there is no requirement for the Quality Accounts to be audited therefore there will be no auditors report to present to the Council
Staff Survey Results	CHo		X							Date TBC This paper will need to go to the Workforce Committee first.
Review of the previous years' governor objectives	CH		X				X			
Presentation of the governor objectives for that year	CH (SP)			X			X			

	Lead	4 February 2020	7 May 2020	7 July 2020	Annual Members' Meeting 28 July 2020	Board to Board 10 September	5 November 2020	Annual Members' Meeting 5 November 2020	2 February 2021	COMMENTS
Annual Members' Meeting – thematic report and analysis	OT						X			Date TBC This is linked to the Big Conversation. The Patient Experience Team will review this in August and decide whether the Big Conversation will take place.
Board sub-committee report	NEDs	F&P verbal	QC verbal	AC paper			MHLC verbal W/F verbal		F&P Verbal QC verbal	There will be an element of catch up with these reports so two have been scheduled for February 2021
Annual Strategic Risk Analysis	CH						X		X	Due to the large number of papers to be presented in November this has

	Lead	4 February 2020	7 May 2020	7 July 2020	Annual Members' Meeting 28 July 2020	Board to Board 10 September	5 November 2020	Annual Members' Meeting 5 November 2020	2 February 2021	COMMENTS
										been postponed until February 2021
Approve the Membership Strategy	CH			X			X			
Holding the Non-executive Directors to Account (monthly / annual)										
Receive a high-level report on the outcome of the NED and Chair appraisal (Link to ARC cycle) PRIVATE MEETING	CH		X				X			
Make a report to members on how they have carried out their duties	CH				X			X		This is the Lead Governor report to members
NEDs Annual Declaration of Interests	CH		X	X						These will be included in the Chairs Report
Fit and Proper Declarations and Independence (as reported to Board)			X				X			

	Lead	4 February 2020	7 May 2020	7 July 2020	Annual Members' Meeting 28 July 2020	Board to Board 10 September	5 November 2020	Annual Members' Meeting 5 November 2020	2 February 2021	COMMENTS
Council of Governors' Administrative Business										
Review the Council of Governors' Terms of Reference	CG			X			X			
Review the Declarations of Interest and Register of Interests for governors	CH		X	X						

Items missed on the forward plan for the Council of Governors

	Lead	4 February 2020	7 May 2020	7 July 2020	Annual Members' Meeting – 28 July 2020	Board to Board 10 September	5 November 2020	Annual Members' Meeting - 5 November 2020	2 February 2021	COMMENTS
Acute Care Excellence (ACE) progress update	JFA		X							Date TBC Due to Covid-19 this work has been paused and we will liaise with the Chief Operating Officer as to when something can be scheduled to come back to the Council.
Strategic People plan Engagement session	CH		X							Date TBC
Finance training session from External Auditors	KPMG			X						This has been rescheduled for July 2021