

**PUBLIC MEETING OF THE COUNCIL OF GOVERNORS**  
**will be held at 1pm on Tuesday 4 May 2021**  
**via Zoom**

---

**A G E N D A**

**LEAD**

- |           |   |                              |
|-----------|---|------------------------------|
| <b>1</b>  | <b>Welcome and introductions</b> (verbal)   | Prof Sue Proctor             |
| <b>2</b>  | <b>Sharing Stories:</b>   |                              |
| 2.1       | <b>Equality and Diversity - inside and outside of the organisation</b> (presentation)   | Wendy Tangen & Sharon Prince |
| <b>3</b>  | <b>Apologies for absence</b> (verbal)   | Prof Sue Proctor             |
| <b>4</b>  | <b>Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda Items</b> (verbal) | Prof Sue Proctor             |
| 4.1       | <b>Non-executive Directors' Annual Declarations of Interests, Independence, and Fit and Proper Person</b> (paper to read)       | Kerry McMann                 |
| 4.2       | <b>Annual Declarations for Governors</b> (paper to read)  | Kerry McMann                 |
| <b>5</b>  | <b>Minutes</b>  | Prof Sue Proctor             |
| 5.1       | <b>Minutes of the public Council of Governors' meeting held on the 2 February 2021</b> (paper to read)                          |                              |
| <b>6</b>  | <b>Matters arising</b> (verbal)   | Prof Sue Proctor             |
| <b>7</b>  | <b>Cumulative Action Log – actions outstanding from previous public meetings</b> (paper to read)                                | Prof Sue Proctor             |
| <b>8</b>  | <b>Update on the Child and Adolescent Mental Health Service (CAMHS) transfer</b> (presentation)                                 | Tim Richardson               |
| <b>9</b>  | <b>Chair's Report</b> (paper to read)   | Prof Sue Proctor             |
| <b>10</b> | <b>Chief Executive Report</b> (presentation)  | Sara Munro                   |
| <b>11</b> | <b>Lead Governor Report</b> (verbal)  | Peter Webster                |
| <b>12</b> | <b>NHS Staff Survey 2020 – Initial Results</b> (paper to read)  | Lucy Heffron                 |

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|-----------|---|----------------------|
| <b>13</b> | <b>Integrated Care Systems (ICS) briefing</b> (presentation)                          | Keir Shillaker       |
| <b>14</b> | <b>Quarterly Performance and Quality Update Report</b> (paper to read)                | Joanna Forster Adams |
| <b>15</b> | <b>Report from the Chair of the Finance and Performance Committee</b> (paper to read) | Sue White            |
| <b>16</b> | <b>Arrangements for the Annual Members' Meeting</b> (verbal)                          | Cath Hill            |

The next public meeting of the Council of Governors will be held  
on 6 July 2021 at 1pm – Venue TBC

\* 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](mailto:chill29@nhs.net)  
**Telephone:** 0113 8555930

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

**AGENDA  
ITEM**

**4.1**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Non-executive Directors' Annual Declarations of Interests, Independence, and Fit and Proper Person
<b>DATE OF MEETING:</b>	4 May 2021
<b>PRESENTED BY:</b> (name and title)	Kerry McMann, Acting Head of Corporate Governance & Deputy Trust Board Secretary
<b>PREPARED BY:</b> (name and title)	Kerry McMann, Acting Head of Corporate Governance & Deputy Trust Board Secretary

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

**EXECUTIVE SUMMARY**

At least annually all members of the Board of Directors are required to complete declaration of interest forms, fit and proper person annual declarations, and for Non-executive Directors (NEDs) only, a declaration of their independence.

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

A report with the details attached will also be presented to the May Board of Directors.

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

**RECOMMENDATION**

The Council of Governors is asked to note:

- The declarations of interests as per the attached matrix
- That all directors have been judged and declared themselves to be fit and proper
- That all NEDs have declared they are independent



## Declaration of Interests for members of the Non-executive Directors

(Declared as at March 2021)

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
<b>NON-EXECUTIVE DIRECTORS</b>								
<b>Susan Proctor</b> Non-executive Director	<b>Director</b> SR Proctor Business Consulting Ltd <i>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.</i>	None.	None.	<b>Chair</b> Day One Charity <i>Holistic support for patients and families affected by major trauma.</i>	None.	None.	<b>Chair</b> Adult Safeguarding Board, North Yorkshire	None.
<b>John Baker</b> Non-executive Director	None.	None.	None.	None.	None.	<b>Professor</b> University of Leeds	None.	None
<b>Helen Grantham</b> Non-executive Director	<b>Director</b> , Entwyne Ltd <i>Provides HR and OD consultancy and services which include projects, advice, recruitment support</i>  <b>Director</b> Otley Golf Club Ltd.	<b>Sole owner</b> , Entwyne Ltd <i>Provides HR and OD consultancy and services which include projects, advice, recruitment support</i>	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 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
<b>Cleveland Henry</b> Non-executive Director	<b>Director</b> 63 Argyle Road Ltd. <i>Property Management Company.</i>	None	None	<b>Trustee</b> Community Foundations For Leeds <i>Supports thousands of charities and voluntary groups across the city, addressing inequalities and working together to help create opportunities for those that need help the most.</i>	None	None	<b>Group Delivery &amp; Deployment Director</b> EMIS Group (Digital Health sector) <i>Provider of healthcare software, information technology and related services in the UK.</i>	Partner: <b>Lead Cancer Nurse</b> Leeds Teaching Hospitals NHS Trust
<b>Andrew Marran</b> Non-executive Director	<b>Non-executive Director</b> MoreLife (UK) Ltd <i>Delivers tailor-made, health improvement programmes to individuals, families, local communities; within workplaces and schools</i>	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 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
<b>Susan White</b> Non-executive Director	<b>Non-executive Director</b> Spectrum Health Community Interest Company <i>A social enterprise which provides substance misuse, sexual health and prison health services across West Yorkshire and also the NE and NW of England.</i>	None.	None.	None.	None.	None.	None.	None.
<b>Martin Wright</b> Non-executive Director	None.	None.	None.	<b>Trustee</b> Roger's Almshouses (Harrogate) <i>A charity providing sheltered housing, retirement housing, supported housing for older people.</i>	None.	None.	None.	None.

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

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

		Executive Directors Non-executive Directors						
		SP	JB	HG	CH	AM	SW	MW
a)	Are they a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) have not been discharged?	No	No	No	No	No	No	No
b)	Are they a person who has made a composition or arrangement with, or granted a trust deed for, any creditors and not been discharged in respect of it?	No	No	No	No	No	No	No
c)	Are they a person who within the preceding five years has been convicted of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) being imposed on you?	No	No	No	No	No	No	No
d)	Are they subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986?	No	No	No	No	No	No	No
e)	Do they meet all the criteria for being a fit and proper person as defined in the Social Care Act 2008 (Regulated Activities) Regulations 2008.	Yes	Yes	Yes	Yes	Yes	Yes	Yes



## Annual Declaration of Non-executive Director Independence

(Declared as at March 2021)

Name	Has been an employee of the Trust within the last 5 years.	Has, or has had within the last three years, a material business relationship with the Trust directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the Trust.	Has received or receives additional remuneration from the Trust apart from a director's fee, participates in the Trust performance-related pay scheme, or is a member of the Trust's pension scheme.	Has close family ties with any of the Trust's advisers, directors or senior employees.	Holds cross-directorships or has significant links with other directors through involvement in other companies or bodies.	Has served on the Board for more than nine years from the date of their first appointment.	Any other reason you wish to declare.  This should include any 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)
<b>Sue Proctor</b> Non-executive Chair	None	None	None	None	None	None	None
<b>John Baker</b> Non-executive Director	None	None	None	None	None	None	None
<b>Helen Grantham</b> Non-executive Director	None	None	None	None	None	None	None
<b>Andrew Marran</b> Non-executive Director	None	None	None	None	None	None	None
<b>Cleveland Henry</b> Non-executive Director	None	None	None	None	None	None	None
<b>Sue White</b> Non-executive Director	None	None	None	None	None	None	None
<b>Martin Wright</b> Non-executive Director	None	None	None	None	None	None	None

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**AGENDA  
ITEM**

**4.2**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>NAME OF PAPER:</b>	Annual Declarations for Governors
<b>DATE OF MEETING:</b>	4 May 2021
<b>PRESENTED BY:</b> (name and title)	Kerry McMann, Acting Head of Corporate Governance & Deputy Trust Board Secretary
<b>PREPARED BY:</b> (name and title)	Kerry McMann, Acting Head of Corporate Governance & Deputy Trust Board Secretary

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

**EXECUTIVE SUMMARY**

All members of the Council of Governors are required to complete a declaration of interest form annually. Declaration forms were sent out to all Governors with a request to declare interests as at 1 April 2021. Completed forms are held on file by the Associate Director for Corporate Governance. They are a matter of public record and are available for inspection should such a request be made.

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

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

It should also be noted that a declaration form has not yet been received from four of the governors as listed on the attached document. Governors are asked to return these outstanding forms to the Acting Head of Corporate Governance as soon as possible and these will be reported to the Council at the next meeting in July 2021.

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

<b>RECOMMENDATIONS</b>
<p>The Council of Governors is asked to receive and note all Interests declared by governors as at the 1 April 2021.</p>

## Annual Declaration of Interests for the Council of Governors

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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
Peter Webster	Non-executive Director Compass UK	None.	None.	Non-executive Director Compass UK	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
<b>APPOINTED GOVERNORS</b>								
<b>Helen Kemp</b>	None.	None.	None.	<b>Chief Executive Officer</b> Leeds Mind.  <b>Trustee</b> Leeds Survivor Led Crisis Service.  <b>Trustee</b> Volition Leeds  <b>Trustee</b> Phoenix Health & Wellbeing.  <b>Director</b> Mind matters	<b>Chief Executive Officer</b> Leeds Mind.	None.	None.	<b>Employee</b> KPMG.
<b>Anna Perrett</b>	None.	None.	None.	<b>Project Manager</b> Kyra Women's Project.	None.	<b>Councillor</b> City of York Council.	<b>Councillor</b> City of York Council.	<b>Councillor</b> City of York Council.
<b>Sue Rumbold</b>	<b>Director</b> Children and Families Programme West Yorkshire and Harrogate ICS	None.	None.	<b>Trustee and Vice Chair</b> Martin House Children's Hospice	<b>Trustee and Vice Chair</b> Martin House Children's Hospice	None.	None.	None.



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**Minutes of the Public Meeting of the Council of Governors  
held on Tuesday 2 February 2021 at 1pm  
via Zoom**

**PRESENT:**

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

**Public Governors**

Les France  
Steve Howarth  
Ivan Nip  
David O'Brien  
Niccola Swan  
Peter Webster

**Appointed Governors**

Helen Kemp  
Cllr Anna Perrett

**Executive Directors**

Joanna Forster Adams  
Christian Hosker  
Sara Munro  
Cathy Woffendin

**Staff Governors**

Ruth Grant  
Andrew Johnson  
Sally Rawcliffe-Foo

**Carer Governors**

Caroline Bentham  
Mark Clayton

**Service User Governors**

Rita Dawson  
Peter Holmes

**Non-Executive Directors**

Prof John Baker  
Helen Grantham  
Andrew Marran  
Sue White  
Martin Wright

**IN ATTENDANCE:**

Rose Cooper – Corporate Governance Officer  
Cath Hill – Associate Director for Corporate Governance / Trust Board Secretary  
Hannah Davies – Chief Executive of Healthwatch Leeds  
Dr Eli Joubert – Clinical Director  
Bea King – Corporate Governance Assistant  
Kerry McMann – Corporate Governance Team Leader  
Saeideh Saeidi – Head of Clinical Effectiveness

**Action**

**21/001 Welcome and introductions (agenda item 1)**

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

**21/002 Sharing Stories: Hannah Davies from Healthwatch - people's experiences and feedback during Covid-19 (agenda item 2.1)**

Hannah Davies, Chief Executive Officer of Healthwatch Leeds, introduced herself to the Council and explained the role of Healthwatch in the community of Leeds and what it had learnt so far about people's experiences of healthcare during Covid-19. She highlighted that the mental wellbeing of both the public and staff had emerged consistently as an issue under Covid-19.

Hannah discussed the work of the People's Voices Group (PVG) which brought together involvement leads from health and care organisations and the third sector to come together as one team. Hannah referred to two recent reports from the PVG which had highlighted how digital exclusion affected people with the greatest health inequalities as services moved to remote delivery. She also discussed Inclusion For All which was a citywide initiative putting inclusion and accessibility at the heart of health and care.

Hannah then outlined Healthwatch's plans for 2021, and invited the Council to suggest any further areas for focus in the next year. Hannah also noted that Healthwatch would be revisiting the findings from its report into crisis services which looked at statutory and voluntary sector crisis provision and the Council said they would welcome an update on this when the time came.

Peter Webster asked whether people with worsening mental health during Covid-19 had pre-existing mental health conditions or whether it was people who were otherwise well. Hannah responded that they had heard from a high percentage of people who did not previously have mental health conditions. Helen Kemp also referred to a Mind survey from summer 2020 which indicated that people who had previously maintained their mental health in the community suffered the most during the first lockdown because their protective factors had been removed, but the surveys now showed that it was the general public whose mental health was deteriorating more. Helen also felt that partnership working over this period of time had really benefited the people in Leeds and hoped that this would continue.

Nicola Swan asked what progress was being made with digital inclusion and Hannah described a pilot in Beeston and Middleton to develop a digitally enabled health and care community in that area. Hannah and her team had reflected that there was urgency to this work but they were struggling to find a strategic place for it to land. Nicola also asked about Leeds Involving People (LIP) and their relationship to Healthwatch. Hannah explained that LIP's role was primarily to connect with people in Leeds and hear their opinions and concerns and that Healthwatch worked closely with them. Nicola also discussed the proposed removal of the £20 uplift in Universal Credit and Hannah agreed that the impact of poverty on people's health and wellbeing was something that could be looked at in the future.

Sue White asked if there was a systematic way of reporting Healthwatch findings into the Trust. Hannah explained the current methods of communication which included her regular meetings with members of the Executive Team and LYPFT representation on the People's Voices Group, but added that she was happy to present future reports to the Board and Council which was welcomed.

**Cathy Woffendin and Ruth Grant left the meeting.**

**21/003 Apologies** (agenda item 3)

Apologies were received from the following governors: Adam Seymour (Clinical Staff Governor), Sophia Bellas (Service User Governor), Ann Shuter (Service User Governor) and Sarah Layton (Non-clinical Staff Governor).

The following Executive Directors had also given their apologies for the meeting: Dawn Hanwell, Chief Financial Officer and Claire Holmes, Director of Organisational Development and Workforce. Cleveland Henry, Non-executive Director, also sent his apologies for this meeting.

**21/004 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items** (agenda item 4)

Sue Proctor noted that she had taken on additional role as chair of Day One Major Trauma Support which was a new charity supporting patients and their families who were victims of major trauma in Leeds. Regarding agenda item 16, Peter Webster noted that although he was not conflicted in the item, he felt he should not be involved in the decision as to who would become the next lead governor.

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

**21/005 Minutes of the public Council of Governors' meeting held on the 5 November 2020** (agenda item 5.1)

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

**21/006 Minutes of the Annual Members' Meeting held on the 5 November 2020** (agenda item 5.2)

The minutes of the Annual Members' Meeting held on the 5 November 2020 were **approved** as a true record.

**21/007 Matters arising** (agenda item 6)

There were no matters arising.

**21/008 Cumulative action log – actions outstanding from previous public meetings**  
(agenda item 7)

Sue Proctor presented the cumulative action log. The Council noted and agreed the actions reported as completed. With regard to action 20/037, Andrew Marran advised that he had a meeting with the voluntary service scheduled in the diary.

The Council **received** the updates on the cumulative action log and was **assured** that progress was being made.

**21/009 Chair's Report** (agenda item 8)

Sue Proctor presented the Chair's Report. She noted that due to personal reasons Councillor Rebecca Charlwood was stepping down from her role as an appointed governor but that conversations were happening with Leeds City Council to identify another representative. The Council wished Councillor Charlwood the best and thanked her for her support over the last year.

Sue Proctor also noted that this was Ann Shuter's last meeting after completing three terms of office. Unfortunately Ann was unable to attend this meeting but it was agreed that Sue would write to her on behalf of the Council to thank her for her commitment and contribution to the role. Sue also noted that Ivan Nip and Sarah Layton were due to come to the end of their first terms of office but they were eligible to stand again. Sue thanked them for their support and hoped that they would consider standing for re-election.

Finally, the Council noted that planned virtual service visits were being taken on a case by case basis as to whether they would go ahead or be cancelled due to Covid-19 pressures.

The Council **received** and **noted** the contents of the report.

**21/010 Chief Executive Report** (agenda item 9)

The Council received the Chief Executive's Report. Sara Munro shared some national, regional and local Covid-19 news with the Council which included an update the Trust's vaccination hub at the Mount. After two weeks over 70% of staff had been vaccinated and the vaccine was now being rolled out across inpatient sites and work was being done to ensure service users and carers would be able to access it in the community.

Sara discussed the launch of the new 'Have Your Say' feedback approach for people to provide feedback about their experience of care from the Trust. Sara explained that the questions had been jointly produced by service users, carers and staff, and incorporated the previous 'Friends and Family' test questions.

The Council noted that good progress was being made with the new West Yorkshire Child and Adolescent Mental Health Service (CAMHS) inpatient unit at St Mary's Hospital and that following discussions with service users it had been named Red Kite View. Sara explained that the Trust's Board had agreed to the safe transfer of the CAMHS inpatient service from Leeds Community Healthcare on 1 April 2021. The Trust would have responsibility for managing the current eight bed service at Little Woodhouse Hall until the transfer to the new 22 bed unit which was expected to open in November 2021. Sara assured the Council of the processes in place to manage the quality, safety and governance of the service operating at Little Woodhouse Hall.

Sara also discussed the consultation on the future role Integrated Care Systems (ICS) should play in local systems to enable the delivery of health and care services. New legislation had been suggested that would put the ICS on a legal footing and allow it to take on functions and roles that currently sat in Clinical Commissioning Groups (CCGs). Sara explained that they were awaiting the outcome of the consultation and next steps from NHS England / Improvement.

The Council discussed the West Yorkshire and Harrogate Mental Health and Wellbeing Hub for staff. Andrew Johnson felt that staff health and wellbeing was not just about access to services but also about the culture that exists in an organisation. Sara Munro agreed that this was a challenge and discussed the importance of creating a culture in teams where people can talk openly about their mental health. Mark Clayton reiterated the importance of overcoming this stigma.

David O'Brien asked about the prioritisation of staff in the Trust's vaccination programme. Sara explained that staff who could not work from home all or some of the time were prioritised in the first wave, with the aim to have offered a vaccine to all staff by mid-February. Sara added that this was a consistent approach across mental health trusts in West Yorkshire. David also asked about the impact on staff absence due to side effects from the vaccine. Joanna Forster Adams assured the Council that this data had been captured and assessed as not having a significant impact on service delivery.

Finally, Helen Kemp asked about the approach to staff that refused the vaccine. Sara explained that the vaccine was not mandatory but that a supportive and informative approach was being taken for those staff that were hesitant. She added that there was no change to Personal Protective Equipment (PPE) guidance regardless of having the vaccine.

**Sara Munro left the meeting.**

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

## **21/011 Lead Governor Report** (agenda item 10)

Peter Webster presented the Lead Governor report. On behalf of the Council he thanked Sara Munro for keeping the governors regularly informed throughout the

pandemic and for taking the time to talk to the Council today. Peter also thanked the staff involved in the Trust's vaccination programme. Peter asked for any feedback on the accessibility of the virtual West Yorkshire Mental Health Services Collaborative event in November and encouraged governors to attend the next one in June.

The Council **received** the verbal update.

#### **21/012 Update on the outcome measures work** (agenda item 14)

Dr Eli Joubert, Clinical Director, presented an update on progress with the outcome measures work. He explained that some work had been done in the past to address low compliance with outcome measures but with new clinical management roles now in place, responsibility for this had shifted allowing for a fresh approach. He described some of the challenges which included a lack of agreement as to what was included in outcome measures, and difficulties in collecting and recording outcome measures in a productive manner.

The Council heard that the Quality Improvement Team had produced a paper and proposed interventions involving the Institute for Healthcare Improvement (IHI) to try to change the culture of using such measures in the Trust. Eli also shared the recommendations he wanted to take forward which were to agree which types of surveys, measures and checklists were included in outcome measures, to complete an audit of the current measures used in services, and to ensure that current reporting systems were appropriate.

Eli also discussed using technology to make it easier for people to respond to patient satisfaction surveys such as via email or text message. Peter Holmes asked about reaching those people who were digitally excluded. Eli acknowledged that it was important to be flexible and accommodating by also having a paper option available that could be processed separately.

The Council welcomed the update from Eli and was pleased to hear about the recent developments and the clear and pragmatic approach that was being taken. It was agreed that Eli Joubert would deliver a progress update on the outcome measures work at the Board to Board in September. It was suggested that mHabitat was also invited to the Board to Board to join a discussion on digital inclusion. Cath Hill would add this to the forward plan.

**CHi**

The Council **noted** the update for information.

#### **21/013 Report from the Chair of the Quality Committee** (agenda item 11)

The Council **received** the annual report from the Chair of the Quality Committee which covered the public meetings from 10 December 2019 to 8 December 2020.



## **21/014 How LYPFT has responded to the operational changes brought about by Covid-19 (agenda item 12)**

Saeideh Saeidi introduced her report on lessons learnt and innovations in clinical practice during Covid-19. She discussed the findings of the programme of evaluation which had assessed the impact of Covid-19 on the organisation, services, staff, service users and partners. Saeideh also highlighted the impact of Covid-19 on the mental health of the general population. She predicted that in the next three to six months the prevalence of anxiety and depression was likely to be higher than it is now as a result of the pandemic and our services would need to be mindful of that and prepare to support these people in future.

Andrew Johnson asked for some assurance around how the voices of carers had been captured in the evaluation. Saeideh responded that they had designed a separate questionnaire for carers but unfortunately this had only had a minimal response. However, they were linking with Healthwatch and other partners in the city who had done extensive work with carers. The Council then discussed the pros and cons delivering services virtually, acknowledging that video conferencing offered more choice for those service users that preferred digital.

The Council understood that the learning from this report, particularly around effective means of communication, would inform how the Trust moved forward and would be considered when revisiting the work that was paused at the start of the pandemic.

The Council **received** the evaluation report for information and **noted** the breadth of innovation that had taken place across the Trust in response to the pandemic

## **21/015 Quarterly Quality and Performance Update Report (agenda item 13)**

The Council received the report which outlined the Trust's performance over the last three months and provided the governors with some insight from recent Board discussions around performance.

Andrew Johnson noted that sickness absence rates were at 5% and asked whether this included Covid-19 absence. Helen Grantham confirmed that it did include Covid-19 related absence and advised that at the next Workforce Committee on the 18 February the Committee would be receiving detailed analysis on sickness absence and wellbeing initiatives from Claire Holmes and her team.

Ivan Nip asked about the ongoing development of the dataset. Joanna explained that the reporting capability was currently being rebuilt using Care Director, with additional measures being brought in to help understand the impact on service users' wellbeing and lifestyle. She noted that the rebuild was slightly behind schedule due to resource constraints caused by Covid-19.

The Council also received information on out of area placements (OAPs). Joanna

explained that the report reflected a period of relative stability in terms of the impact of the pandemic. However, October 2020 had seen a second surge of Covid-19 in Leeds and that had resulted in increased levels of occupancy and acuity which were reflected in the OAPs spike at that time. Joanna assured the Council that they were working with partners across West Yorkshire to try to place people as close to home as possible when it came to inpatient admissions.

The Council **received** and **noted** the contents of the report.

#### **21/016 The Trust's Key Strategic Risks** (agenda item 15)

Cath Hill introduced the paper which set out the key strategic risks as reported through the Board Assurance Framework (BAF). The Council was assured that whilst there was not a specific strategic risk for the Covid-19 pandemic, the Board had agreed that the risks listed in the document would show the impact of Covid-19 on their scores and controls. The Council also noted that the day to day operational risks of the pandemic were being monitored and managed through the Gold, Silver and Bronze command and control structure and that these were reviewed by Gold Command every two weeks.

The Council was **assured** that the Board had agreed the strategic risks and that those risks were monitored by the Board of Directors and its sub-committees to ensure that these were being effectively controlled and mitigated.

#### **21/017 Process for the Nomination and Election of a Lead Governor** (agenda item 16)

Kerry McMann informed the Council that Peter Webster's term as Lead Governor would to an end on the 9 May 2021; however, it was proposed that Peter's term was extended by six months, so that it came to an end on the 9 November 2021. Kerry explained that the proposed new timeline for the election allowed new governors the chance to meet with the rest of the Council in person and also aligned more appropriately with the duties of the Lead Governor, in particular the Lead Governor presentation at the Trust's Annual Members' Meeting.

Kerry also noted that the Lead Governor role description had been reviewed and one amendment to the duties was recommended. This was for the Lead Governor to present an assurance report on the annual appraisals process for non-executive directors at the next available private meeting of the Council of Governors.

The Council **supported** the extension of Peter Webster's term as Lead Governor to the 9 November 2021, and **noted** and **supported** the proposed timeline and process for the nomination and election of the Lead Governor. The Council also **approved** the suggested amendment to the Lead Governor role description.

**21/018 Changes to the Constitution: Partner Governor seat** (agenda item 17)

Cath Hill reminded the Council that at the November meeting it approved a number of changes to the Constitution and was also asked for suggestions as to who might be invited to take up the partner governor seat left vacant by Equitix. She advised that a proposal had been made that this was offered to the Director for Children and Families Programme within the West Yorkshire and Harrogate Integrated Care System (ICS).

Cath noted that by making this addition to the Council it would further enhance the partnership working arrangements between the Trust and the West Yorkshire and Harrogate ICS and would also bring to the Council knowledge and expertise in the area of children at a point when the Trust was about to take over the Tier 4 inpatient CAMHS services in Leeds.

The Council **approved** a change to the Partner Governors set out in Annex 4 of the Constitution to remove Equitix and add the Director for Children and Families Programme within the West Yorkshire and Harrogate ICS.

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

Signed (Chair of the Trust) .....

Date .....

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**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><b>20/032 - Increased risk of Covid-19 for BAME staff and service users</b> (July 2020 - agenda item 14)</p> <p>Peter Webster asked if governors could receive cultural competency training as part of their development. Cath Hill responded that this was something they would look into and add to the governor training programme.</p>	Cath Hill	4 May 2021	We have arranged for Wendy Tange (Clinical Services Inclusion Lead) to deliver a Sharing Stories session on the work she does to support equality and diversity in the Trust, alongside Sharon Prince (Consultant Clinical Psychologist) who will be talking about the Synergi Collaborative.

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><b>21/012 - Update on the outcome measures work</b> (February 2021 - agenda item 14)</p> <p>It was agreed that Eli Joubert would deliver a progress update on the outcome measures work at the Board to Board in September. It was suggested that mHabitat was also invited to the Board to Board to join a discussion on digital inclusion. Cath Hill would add this to the forward plan.</p>	<p><b>Cath Hill / Eli Joubert</b></p>	<p><b>Board to Board - 7 September 2020</b></p>	<p>This has been added to the forward plan for the September Board to Board.</p>
<p><b>20/007 - Update on the Leeds Health and Care Academy</b> (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 a future Council of Governors meeting.</p>	<p><b>Angela Earnshaw</b></p>	<p><b>2 November 2021</b></p>	<p>Due to Covid-19, the Leeds Health and Care Academy work has largely been paused over the past 6 months. It is recommended that this update is postponed until Autumn 2021. With this in mind, this agenda item has been added to the forward plan for the November 2021 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
<p><b>20/037 - Sharing Stories: Andrew Marran's experience of volunteering with the Trust during the Covid-19 pandemic</b> (November 2020 - agenda item 2.1)</p> <p>It was agreed that Andrew would have a discussion with the Voluntary Service around creating an edited version of the presentation to use as promotion material for volunteering.</p>	<p><b>Andrew Marran</b></p>	<p><b>Management Action</b></p>	<p>At February CoG Andrew Marran advised that he had a meeting with the Voluntary Service scheduled in the diary.</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><b>19/059 - Chief Executive Report</b> (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><b>Sue Proctor / Cath Hill</b></p>	<p><b>2 February 2021</b></p>	<p>This was covered at the February 2021 meeting.</p>
<p><b>20/039 - Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items</b> (November 2020 - agenda item 4)</p> <p>Cath Hill agreed to contact Helen Grantham to confirm the nature of the business of company she had listed on the declaration of interest form.</p>	<p><b>Cath Hill</b></p>	<p><b>Management Action</b></p>	<p style="text-align: center;"><b><u>COMPLETE</u></b></p> <p>The description of Helen Grantham's interest for Entwyne Ltd is as follows:</p> <p>Entwyne Ltd provides HR and OD consultancy and services. This can include projects, advice, recruitment support etc.</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><b>20/039 - Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items</b> (November 2020 - agenda item 4)</p> <p>It was noted that Dawn Hanwell's son would be taking up a Joinery Apprenticeship with Interserve and that this should be added as a declaration of interest for her. The Council was informed that Andrew Marran was no longer the Chair of the Leeds Student Residents Ltd, and was no longer a Director of Rhodes &amp; Beckett Ltd. Mrs Hill agreed to make these changes to the declaration of interest matrix.</p>	Cath Hill	Management Action	<p><b><u>COMPLETE</u></b></p> <p>This has been added to the Executive Director's declaration of interest matrix which is reported to the Board of Directors.</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><b>20/043 - Cumulative action log – actions outstanding from previous public meetings</b> (November 2020 - agenda item 7)</p> <p>It was agreed that further updates on the improvement methodology for outcome measures being developed in partnership with the Institute of Health Improvement would be reflected in the governor's work programme and would be added to the agenda for the February Council of Governors' meeting.</p>	Cath Hill / Rose Cooper	Management Action	<p><b><u>COMPLETE</u></b></p> <p>This has been reflected in the governors' work plan and was covered at the February 2021 meeting.</p>
<p><b>20/046 - Update on tackling inequalities in the Trust, including racism</b> (November 2020 - agenda item 13)</p> <p>It was agreed that Kerry McMann would circulate the review of the impact of Covid-19 on BAME communities and staff by the West Yorkshire and Harrogate Health and Care Partnership.</p>	Kerry McMann	Management Action	<p><b><u>COMPLETE</u></b></p> <p>This was circulated on the 5 November 2020.</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><b>20/047 - Lead Governor Report</b> (November 2020 - agenda item 10)</p> <p>Peter Webster noted that there should be further consideration as to how governors were involved in observing Board sub-committees and suggested that a protocol was developed.</p>	Cath Hill	Management Action	<p><b><u>COMPLETE</u></b></p> <p>A document which contained guidance for both governor observers and the chairs of the sub-committees was circulated on the 19 November 2020.</p>
<p><b>20/049 - Report from the Chair of the Mental Health Legislation Committee</b> (November 2020 - agenda item 11)</p> <p>Nicola Swan enquired about two service users who had been detained for over five years. Sue Proctor advised that the chairs of the sub-committees were having a joint meeting on the 10 November, and suggested this issue could be raised at that meeting.</p>	Kerry McMann	Management Action	<p><b><u>COMPLETE</u></b></p> <p>This was discussed at the Joint Finance and Performance Committee, Quality Committee and Workforce Committee meeting on the 10 November 2020.</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><b>20/053 - Proposed changes to the Constitution and its Annexes</b> (November 2020 - agenda item 17)</p> <p>Governors were invited to give thought about potential partner organisations who could be invited to have a seat on the Council of Governors, and liaise with Sue Proctor about this.</p>	<p><b>Governors / Sue Proctor</b></p>	<p><b>Management Action</b></p>	<p><b><u>COMPLETE</u></b></p> <p>A paper with a proposal for a new appointed governor seat on the Council of Governors was made to the February Council of Governors' meeting.</p>

## **CHAIR'S REPORT**

**PUBLIC COUNCIL OF GOVERNORS' MEETING  
HELD 4 MAY 2021**

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

Since the February there have been the following changes to the membership of the Council of Governors:

- Peter Chapman has stepped down as a Leeds Service User Governor.
- Adam Seymour has stepped down as a Staff Clinical Governor.
- Sue Rumbold has taken up the appointed governor seat for the Director for Children and Families Programme, West Yorkshire and Harrogate ICS.

We would like to thank Peter for his contribution to the work of the Council and also welcome Sue Rumbold who will bring specialist knowledge in the area of children and young people.

We are also continuing with the elections to the vacant seats on the Council of governors. This round of elections commenced on the 16 February 2021 and will conclude on the 6 May 2021 at which point we will be able to announce the names of those people who have been successfully elected.

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

Since the February Council of Governors' meeting Claire Holmes has resigned as Director of OD and Workforce. On behalf of the Board our Chair and Chief Executive have been putting in place interim arrangements until such time as a substantive appointment can be made.

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**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 has been reviewed and with effect from January 2021 meetings have returned to being held bi-monthly.

**Non-executive Directors**

Name	30 April 2020	21 May 2020	16 June (Extraordinary)	30 July 2020	27 September 2020	29 October 2020	26 November 2020	28 January 2021	25 March 2021
Sue Proctor (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓
John Baker	✓	✓	✓	✓	✓	✓	✓	✓	✓
Helen Grantham	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cleveland Henry	✓	✓	✓	-	✓	✓	✓	✓	✓
Andrew Marran	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sue White	✓	✓	✓	✓	✓	✓	✓	✓	✓
Martin Wright	✓	✓	✓	✓	✓	✓	✓	✓	✓

### Executive Directors

Name	30 April 2020	21 May 2020	16 June (Extraordinary)	30 July 2020	27 September 2020	29 October 2020	26 November 2020	28 January 2021	25 March 2021
Sara Munro	✓	✓	✓	✓	✓	✓	✓	✓	✓
Joanna Forster Adams	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dawn Hanwell	✓	✓	✓	✓	✓	✓	✓	✓	✓
Claire Holmes	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chris Hosker					✓	✓	✓	✓	✓
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	7 July 2020	5 November 2020	2 February 2021
<b>Non-executive directors</b>			
Prof Sue Proctor	✓	✓	✓
Prof John Baker	✓	✓	✓
Helen Grantham	✓	✓	✓
Cleveland Henry	✓	✓	-
Andrew Marran	-	✓	✓
Sue White	✓	✓	✓
Martin Wright	✓	✓	✓

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

Name	Appointed (A) or elected (E)	COUNCIL BUSINESS MEETINGS ATTENDED		
		7 July 2020	5 November 2020	2 February 2021
Marc Pierre Anderson	E	-		
Caroline Bentham	E		✓	✓
Sophia Bellas	E		✓	-
Peter Chapman	E	✓	✓	-
Rebecca Charwood	A	-	-	
Mark Clayton	E	✓		✓
Rita Dawson	E		✓	✓
Les France	E	-	✓	✓
Gill Galea	E	✓		
Ruth Grant	E	✓	✓	✓
Peter Holmes	E	✓	-	✓
Steve Howarth	E	✓	✓	✓
Andy Johnson	E	✓	✓	✓
Mussarat Khan	E	-	✓	-
Helen Kemp	A	✓	✓	✓
Sarah Layton	E	-	✓	-
Kirsty Lee	E	✓	-	-
Anna Perrett	A	✓	✓	✓
Ivan Nip	E	-	✓	✓
David O'Brien	E		-	✓
Sally Rawcliffe-Foo	E	✓	-	✓
Adam Seymour	E	-	-	-
Ann Shuter	E	✓	✓	-
Nicola Swan	E	✓	✓	✓
Tina Turnbull	A	✓	-	-
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.



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Title:	Non-executive Director and Governor service visits
Contributor:	Cath Hill
Status of item:	For noting

The Council of Governors is advised that following a successful pilot of virtual service visits the Corporate Governance Team have put together a programme of virtual visits which will be undertaken by Non-executive Directors and Governors (see table attached to this report).

However, due to the COVID-19 pandemic and the impact this is having on our staff's time it has been necessary to cancel two of our visits and we are being guided on a visit-by-visit basis as to whether any further ones will be postponed. We are now looking to reschedule the visits that have been cancelled and we will keep governors informed as we start to arrange visits again.

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Prof Sue Proctor  
**Chair of the Trust**  
**APRIL 2021**

## Table of Service Visits

The following table lists:

- Virtual visits scheduled for the first quarter of 2021, some of which had to be cancelled due to Covid-19 pressures but others have been able to go ahead where the teams had the capacity to accommodate a visit (yellow shading)
- Forward plan of visits for the rest of 2021 (red shading)

Date of visit	Team / Service	In person / Virtual	Organised with	Non-Exec Director	Governor(s)
<b>7 January 2021 - CANCELLED</b>	Complex Rehabilitation Team Ward 5 Newsam Centre	Virtual	Kurt Maloney	Sue White	Sophia Bellas
<b>12 January 2021 - CANCELLED</b>	Older People's Services at The Mount	Virtual	Eve Townsley	Helen Grantham	Rita Dawson
<b>3 February 2021</b>	Veterans' Services (Complex Treatment Service and the High Intensity Service)	Virtual	David Rowley Victoria Ray Amanda Naylor	Andrew Marran	Sophia Bellas
<b>16 February 2021</b>	The Knowledge and Improvement Service (Continuous Improvement integrated with Clinical Effectiveness and the Library and Knowledge Service)	Virtual	Saeideh Saeidi Richard Wylde	John Baker	Niccola Swan Mussarat Khan

<b>TBC</b>	Northern School of Child and Adolescent Psychotherapy (NSCAP)	TBC	Lynda Ellis	Andrew Marran	TBC
<b>TBC</b>	East North East Community Learning Disability Team Asket Croft	TBC	Anne Nestorenko	Cleveland Henry	TBC
<b>TBC</b>	Perinatal Outpatient Team	TBC	Laura McDonagh	Cleveland Henry	TBC
<b>TBC</b>	Community Mental Health Teams	TBC	Eddie Devine	Helen Grantham	TBC
<b>TBC</b>	Older People's Service Community Team	TBC	Claire Dinsdale	TBC	TBC
<b>TBC</b>	Working Age Adults Community Team	TBC	Laura McDonagh	TBC	TBC
<b>TBC</b>	Liaison Outpatient Team	TBC	Laura McDonagh	TBC	TBC

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**AGENDA  
ITEM**

**12**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	NHS Staff Survey 2020 – Initial Results
<b>DATE OF MEETING:</b>	4 May 2021
<b>PRESENTED BY:</b> (name and title)	Lucy Heffron – Organisational Development Lead
<b>PREPARED BY:</b> (name and title)	Lucy Heffron – Organisational Development Lead

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

**EXECUTIVE SUMMARY**

This paper provides the Council of Governors with a summary of the results and outcomes of the 2020 Staff Survey. The paper looks at how the Trust's results compare to the 2019 results and highlights any emerging themes on where we have made improvements or seen deterioration. The results are broken down into 10 Key Themes.

For the second year in a row we also opted to survey our Bank Staff. The report contains the results of this Bank Staff survey and makes comparisons between the 2019 Bank Staff Survey results, as well as the results of the survey to our substantive staff.

Of the 10 Key Themes, our scores improved for four Key Themes compared to the 2019 scores. The scores for five Key Themes remained static and one Key Theme (Team Working) has declined from 2019. At question level, the results show that we have improved or remained static in 79% of the questions with comparable data from 2019.

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

**RECOMMENDATION**

The Council of Governors is asked to receive and note the outcome of the 2020 National Staff Survey results which should promote further discussion.

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## MEETING OF THE COUNCIL OF GOVERNORS

4 May 2021

### NHS Staff Survey 2020: Results

#### Executive Summary

This paper provides the Council of Governors with a summary of the results and outcomes of the 2020 Staff Survey. The paper looks at how the Trust's results compare to the 2019 results and highlights any emerging themes on where we have made improvements or seen deterioration. The results are broken down into 10 Key Themes.

For the second year in a row we also opted to survey our Bank Staff. The report contains the results of this Bank Staff survey and makes comparisons between the 2019 Bank Staff Survey results, as well as the results of the survey to our substantive staff.

Of the 10 Key Themes, our scores improved for four Key Themes compared to the 2019 scores. The scores for five Key Themes remained static and one Key Theme (Team Working) has declined from 2019. At question level, the results show that we have improved or remained static in 79% of the questions with comparable data from 2019.

#### Background

The 2020 LYPFT NHS Staff Survey ran from 1 October-27 November 2020. The Trust's official sample size was 2,802 which is a full census of all substantive staff in post on 1 September 2020.

Once again we deployed a Task & Finish Group and a communications campaign to encourage participation. We received directive from the NHS Staff Survey Co-ordination Centre that it was not necessary to apply the usual pressure to increase response rates this year and therefore, our usual communications campaign was considerably pared back.

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

	2020 Survey	2019 Survey	2018 Survey	2017 Survey	% Change 2019 - 2020
<b>Trust</b>	47%	54.5%	58.1%	53%	-7.5%
<b>National Average</b>	49%	53%	51%	51%	-4%

In addition to the standard NHS Staff Survey we ran a Bespoke Bank Staff Survey for the second year in a row. The response rate from our Bank Staff was 25%, a slight decline on the 26% response rate of 2019.

## 2020 Results

The data from all 86 Key Questions (KQs) indicates that we have:

- **43 KQs have shown an improvement** in comparison to 2019
- **16 KQs have shown a decline** in comparison to 2019
- **17 KQs have remained static** in comparison to 2019

When comparing our results across our benchmark group of other Mental Health and Learning Disability Trusts in England, four of our Key Theme scores are above that of the sector average. Three key themes are in line with average scores and three themes are below the sector average.

The results table below shows that we are showing a significant improvement in the Key Theme on 'Safety Culture, increasing from a score of 6.8 in 2019 to 6.9 in 2020.

Our score for the Key Theme on 'Immediate Managers' is statistically significantly higher than that of our benchmark group and we are a top performing Trust for this theme, matching the top score of 7.6 with our own of 7.6 too. However, we are statistically significantly below our benchmark group for the Key Theme 'Safe Environment – Violence':



### Areas where the Trust has improved its scores in 2020 in comparison with 2019:

#### Equality, Diversity and Inclusion

The score for this theme has increased from 9.0 in 2019 to 9.1 in 2020 with all questions either increasing or remaining static.

The biggest improvements were seen in staff feeling that the organisation acts fairly with regard to career progression/promotion (q14), and that the Trust has made adequate adjustments to allow them to carry out their work (q28b).



## **Health and Wellbeing**

Our staff's perceptions of the Trust's health and wellbeing offer are varied, however some questions saw vast improvement and the overall theme score increased to 6.5 from 6.4 in 2019. The questions with the biggest improvements were 73% of staff feeling satisfied with the opportunity for flexible working patterns (q 5h, 66% in 2019) and 41% of staff feeling that the Trust takes positive action on health and wellbeing (q11a, 36% in 2019).

However, we saw more staff experiencing musculoskeletal problems as a result of work related activities (q11b) and more staff feeling unwell as a result of work related stress (q11c). Both of these questions mirror themes across the sector with average scores also declining in these areas.

## **Safety Culture**

This score has increased from 6.8 in 2019 to 6.9 in 2020 with all questions increasing for 2020. This is really encouraging as our score has increased yearly from 6.4 in 2016 (below the 6.7 benchmark score). With steady improvements, we are now in line with the sector average.

The biggest increase was staff receiving feedback about changes made in response to reported errors, near misses and incidents (q16d). More staff also feel that we treat staff involved in errors, near misses and incidents fairly (q16a) and take action to ensure they don't happen again (q16b). Staff also feel more secure raising concerns about unsafe clinical practice (q17b) and are more confident that the Trust would address their concerns (q17c).

## **Safe Environment – Bullying and Harassment**

Our score for this theme increased from 8.3 in 2019 to 8.4 in 2020. This means we are above the sector average score of 8.3. All questions in this theme either improved or remained static with the biggest improvement in the number of staff experiencing harassment, bullying or abuse at work from service users declining by 3%.

## **Staff Engagement**

In 2020 the Trust's engagement score was 7.2 (out of 10) which is an increase on our 7.1 score from 2019. The Staff engagement score is made up of nine questions, five of which increased from the 2019 scores and four declined.

The key highlights where we score above the sector average are that 71% of staff would recommend the organisation as a place to work (q20c, 68% sector average) and 81% of staff feel able to make suggestions to improve the work of their team or department (q4b, 78% sector average). The only question to decline from 2019 was staff feeling there are frequent opportunities to show initiative in their role (q4a) which went from 80% to 79% for 2020.

## **Areas where the Trust has seen a decline in scores in 2020 compared with 2019:**

### **Team Working**

This is the only theme declining for 2020 as our score went from 7.0 to 6.9. There are just two questions in this theme, one of which declined and the other remained static. We are however in line with the sector average score for this theme.

The decline was in staff feeling that the team they work in has a set of shared objectives (q4h) which fell by 1% to 75%. This is also in line with the sector average score for this question.

## **Areas where our score is statistically significantly lower than the sector average:**

## Safe Environment – Violence

This was our only Key Theme for 2020 to score statistically significantly below that of the sector average. However, we have remained static in two of the three questions (staff experiencing physical violence at work from managers or from colleagues), with the other showing a favourable decline (staff experiencing physical violence at work from service users).

## Recurring themes 2017-20

The 2020 results highlight a couple of recurring themes and areas where the Trust continues to **perform poorly** including the following. Questions in italics signify where a lower score and a percentage decrease is more favourable:

No.	Question	2017	2018	2019	2020
11b	<i>In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?</i>	19%	21%	21%	29%
11c	During the last 12 months have you felt unwell as a result of work related stress?	38%	40%	37%	45%
11g	<i>Have you put yourself under pressure to come to work?</i>	92%	94%	93%	95%

However on a positive note we have **continued to improve** in the following areas. Questions in italics signify where a lower score and a percentage decrease is more favourable:

No.	Question	2017	2018	2019	2020
2b	I am enthusiastic about my job	71%	73%	74%	75%
5h	How satisfied are you with the opportunities for flexible working patterns?	61%	66%	66%	73%
11a	Does your organisation take positive action on health and wellbeing?	34%	34%	36%	42%
11d	<i>In the last three months have you ever come to work despite not feeling well enough to perform your duties?</i>	53%	51%	52%	43%
20c	I would recommend my organisation as a place to work.	57%	66%	67%	72%

## Top 5 overall highest scoring questions for 2020

1. 0% of staff *experienced physical violence at work from managers in the last 12 months*
2. 1% of staff *experienced physical violence at work from other colleagues in the last 12 months*
3. 6% of staff *experienced discrimination at work from their manager/team leader or other colleagues in the last 12 months*
4. 7% of staff *experienced harassment, bullying or abuse at work from managers in the last 12 months*
5. 91% of staff feel they are trusted to do their job

## Bottom five overall lowest scoring questions for 2020

1. 95% of staff have *put themselves under pressure to come to work*
2. 45% of staff feel senior managers try to involve staff in important decisions
3. 43% of staff feel there are enough staff at this organisation for them to do their job properly
4. 43% of staff are satisfied with their level of pay
5. 43% of staff feel senior managers act on staff feedback

## Bank Staff Results

As this is the second year we conducted a Bespoke Bank Staff Survey, we now have two years' worth of data to make some year on year comparisons.

The 2020 results highlight a couple of questions which have seen a decline or areas that continue to **perform poorly** for our Bank Staff Survey including the following:

No.	Question	2019	2020	Trust
6a	I have unrealistic time pressures	8%	15%	26%
6b	I have a choice in deciding how to do my work	46%	41%	64%
12a	<i>In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public</i>	37%	41%	18%

However on a positive note we have **seen improvements** in the following areas:

No.	Question	2019	2020	Trust
2b	I am enthusiastic about my job.	85%	91%	75%
4f	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	69%	74%	74%
7c	I am able to deliver the care I aspire to	81%	92%	65%
8g	My immediate manager values my work	71%	81%	82%
28b	Has your employer made adequate adjustment(s) to enable you to carry out your work?	57%	67%	81%

We also ask three Bank Staff only questions:

No.	Question	2019	2020
18a	As a member of the Bank Workforce, I feel like an integrated and valued member of any team that I work in.	75%	65%
18b	As a member of the Bank Workforce, I am treated with dignity and respect by the services that I work in.	79%	75%

19a	The Trust has improved its engagement with the Bank Workforce over the last 12 months.	67%	64%
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## Next Steps

Due to the significant pressures Covid-19 has had on our services and staff, teams will not be required to complete and submit local action plans this year. We are working with the Clinical Leadership Team to present results via the Operational Delivery Group in May, aiming to then invite everyone with line management responsibility to a short zoom session detailing how to use Cognos to make the most of their team level results and how to engage their team with them. By partnering with managers, we aim to encourage local action planning instead of requesting that teams submit compulsory action plans. We will also ask them to consider their results as part of their recovery work.

The five workforce work streams that support the NHS People Plan will also be given results relating to their fields and asked to take account of the data when developing their strategies and plans in 2021. These groups are:

1. Health and Wellbeing Group
2. Equality and Inclusion Group
3. Strategic Resourcing Group
4. People Experience Group (to be stood up)
5. Leadership and Development Group (to be stood up)

## Bank staff action planning

The Bank Staff Survey results have been analysed by the Bank Staffing Team and an extraordinary Bank Forum will take place to review any significantly anomalous results/shifts and key outcomes from the thematic analysis. Key stakeholders including Ward Managers, Equality and Inclusion leads, Board Members, Bank Workers and Freedom to Speak up Guardians will be invited to lead breakout groups, discuss the findings and agree localised action plans.

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

Lucy Heffron  
Organisational Development Lead  
22<sup>nd</sup> April 2021

## APPENDIX 1

Scores are RAG (Red, Amber, Green) rated by percentage change year on year.  
An unfavourable or favourable difference of 5% or more is highlighted **red/green**.  
Unfavourable differences between 3%-5% are highlighted **amber**

2017	2018	2019	2020	Diff +/-	2019	2020	Diff +/-
1347	1420	1410	1311	-99	129	125	-4

### National Staff Survey 2020 Leeds and York Partnership NHS Foundation Trust

**Heat Mapped against previous year results**

**Question Scores & Bank Scores are Raw Data**

**Theme Scores are Weighted Data**

*Questions in italics represent where a lower score and percentage decrease are more favourable*

Substantive Staff - 2017 Data	Substantive Staff - 2018 Data	Substantive Staff - 2019 Data	Substantive Staff - 2020 Data	YoY % Change 19-20 Substantive Staff	Bank Staff - 2019 Data	Bank Staff - 2020 Data	YoY % Change 2019-20 Bank Staff
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THEME 1: Equality, Diversity & Inclusion		2017	2018	2019	2020	% diff	2019	2020	% diff
Q14	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	87%	86%	85%	87%	2%	86%	76%	-10%
Q15a	<i>In the last 12 months have you personally experienced discrimination at work from any of the following? Patients / service users, their relatives or other members of the public</i>	9%	10%	8%	9%	1%	28%	27%	-1%
Q15b	<i>In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / team leader or other colleagues</i>	7%	5%	6%	6%	0%	13%	13%	0%
Q28b	Has your employer made adequate adjustment(s) to enable you to carry out your work?	79%	77%	77%	81%	4%	57%	67%	10%
THEME 1: SCORE		9.1	9.0	9.1	9.1	0.0	8.0	7.8	-0.2

THEME 2: Health and Wellbeing		2017	2018	2019	2020	% diff	2019	2020	% diff
Q5h	How satisfied with .....The opportunities for flexible working patterns.	61%	66%	66%	73%	7%	80%	83%	3%
Q11a	Does your organisation take positive action on health and well-being?	34%	36%	36%	42%	6%	48%	52%	4%
Q11b	<i>In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?</i>	19%	21%	21%	29%	8%	13%	19%	6%
Q11c	<i>During the last 12 months have you felt unwell as a result of work related stress?</i>	38%	40%	37%	45%	8%	12%	20%	8%
Q11d	<i>In the last three months have you ever come to work despite not feeling well enough to perform your duties?</i>	53%	51%	52%	43%	-9%	22%	11%	-11%
THEME 2: SCORE		6.4	6.4	6.4	6.5	0.1	8.1	8.0	-0.1

THEME 3: Immediate Managers		2017	2018	2019	2020	% diff	2019	2020	% diff
Q5b	How satisfied with .....The support I get from my immediate manager.	77%	78%	80%	80%	0%	70%	75%	5%
Q8c	My immediate manager gives me clear feedback on my work.	70%	70%	74%	74%	0%	54%	53%	-1%
Q8d	My immediate manager asks for my opinion before making decisions that affect my work.	63%	65%	70%	69%	-1%	39%	45%	6%
Q8f	My immediate manager takes a positive interest in my health and well-being.	77%	77%	80%	81%	1%	62%	69%	7%
Q8g	My immediate manager values my work.	77%	80%	82%	82%	0%	71%	81%	10%
THEME 3: SCORE		7.3	7.4	7.6	7.6	0.0	N/A	N/A	N/A

THEME 4: Morale		2017	2018	2019	2020	% diff	2019	2020	% diff
Q4c	I am involved in deciding on changes introduced that affect my work area / team / department.	56%	59%	62%	60%	-2%	30%	34%	4%
Q4j	I receive the respect I deserve from my colleagues at work.		76%	76%	76%	0%	75%	74%	-1%
Q6a	<i>I have unrealistic time pressures.</i>		26%	24%	26%	2%	8%	15%	7%
Q6b	I have a choice in deciding how to do my work.		61%	62%	64%	2%	46%	41%	-5%
Q6c	<i>Relationships at work are strained.</i>		10%	11%	10%	-1%	9%	13%	4%
Q8a	My immediate manager encourages me at work.		79%	80%	81%	1%	63%	64%	1%
Q21a	<i>I often think about leaving this organisation.</i>		29%	26%	25%	-1%	16%	10%	-6%
Q21b	<i>I will probably look for a job at a new organisation in the next 12 months.</i>		22%	21%	19%	-2%	11%	9%	-2%
Q21c	<i>As soon as I can find another job, I will leave this organisation.</i>		14%	12%	12%	0%	6%	10%	4%
THEME 4: SCORE			6.3	6.5	6.5	0.0	6.6	6.7	0.1

THEME 6: Quality of Care		2017	2018	2019	2020	% diff	2019	2020	% diff
Q7a	I am satisfied with the quality of care I give to patients / service users.	78%	81%	81%	78%	-3%	87%	91%	4%
Q7b	I feel that my role makes a difference to patients / service users	87%	87%	85%	86%	1%	96%	94%	-2%
Q7c	I am able to deliver the care I aspire to	62%	66%	68%	65%	-3%	81%	92%	11%
THEME 6: SCORE		7.2	7.3	7.3	7.3	0.0	8.1	8.3	0.2

THEME 7: Safe Environment - Bullying and Harassment		2017	2018	2019	2020	% diff	2019	2020	% diff
Q13a	<i>In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public</i>	30%	31%	29%	26%	-3%	39%	39%	0%
Q13b	<i>In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers</i>	9%	8%	8%	7%	-1%	3%	6%	3%

Q13c	<i>In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues</i>	15%	16%	14%	14%	0%	18%	16%	-2%
<b>THEME 7: SCORE</b>		<b>8.2</b>	<b>8.2</b>	<b>8.3</b>	<b>8.4</b>	<b>0.1</b>	<b>8.0</b>	<b>8.0</b>	<b>0.0</b>

<b>THEME 8: Safe Environment - Violence</b>		<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>% diff</b>	<b>2019</b>	<b>2020</b>	<b>% diff</b>
Q12a	<i>In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public</i>	22%	23%	22%	18%	-4%	37%	41%	4%
Q12b	<i>In the last 12 months how many times have you personally experienced physical violence at work from...? Managers</i>	1%	0%	0%	0%	0%	0%	2%	2%
Q12c	<i>In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues</i>	2%	1%	1%	1%	0%	3%	4%	1%
<b>THEME 8: SCORE</b>		<b>9.1</b>	<b>9.2</b>	<b>9.3</b>	<b>9.3</b>	<b>0.0</b>	<b>8.7</b>	<b>8.5</b>	<b>-0.2</b>

<b>THEME 9: Safety Culture</b>		<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>% diff</b>	<b>2019</b>	<b>2020</b>	<b>% diff</b>
Q16a	My organisation treats staff who are involved in an error, near miss or incident fairly.	51%	58%	61%	63%	2%	53%	56%	3%
Q16c	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	65%	70%	72%	74%	2%	69%	74%	5%
Q16d	We are given feedback about changes made in response to reported errors, near misses and incidents.	57%	59%	60%	63%	3%	61%	60%	-1%
Q17b	I would feel secure raising concerns about unsafe clinical practice.	71%	73%	73%	74%	1%	73%	70%	-3%
Q17c	I am confident that my organisation would address my concern.	56%	59%	60%	62%	2%	67%	63%	-4%
Q20b	My organisation acts on concerns raised by patients / service users.	69%	74%	73%	75%	2%	84%	83%	-1%
<b>THEME 9: SCORE</b>		<b>6.5</b>	<b>6.7</b>	<b>6.8</b>	<b>6.9</b>	<b>0.1</b>	<b>7.2</b>	<b>6.8</b>	<b>-0.4</b>

<b>THEME 10: Staff Engagement</b>		<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>% diff</b>	<b>2019</b>	<b>2020</b>	<b>% diff</b>
Q2a	I look forward to going to work.	54%	60%	59%	61%	2%	80%	78%	-2%
Q2b	I am enthusiastic about my job.	71%	73%	74%	75%	1%	85%	91%	6%
Q2c	Time passes quickly when I am working.	74%	72%	74%	76%	2%	67%	68%	1%
Q4a	There are frequent opportunities for me to show initiative in my role.	73%	79%	80%	79%	-1%	75%	78%	3%
Q4b	I am able to make suggestions to improve the work of my team / department.	78%	81%	81%	81%	0%	69%	66%	-3%
Q4d	I am able to make improvements happen in my area of work.	60%	62%	63%	66%	3%	46%	48%	2%
Q20a	Care of patients / service users is my organisation's top priority.	70%	77%	78%	80%	2%	93%	89%	-4%
Q20c	I would recommend my organisation as a place to work.	57%	66%	67%	72%	5%	83%	82%	-1%
Q20d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	59%	64%	64%	68%	4%	77%	78%	1%



THEME 10: SCORE		6.9	7.1	7.1	7.2	0.1	7.5	7.6	0.1
THEME 11: Team Working		2017	2018	2019	2020	% diff	2019	2020	% diff
Q4h	The team I work in has a set of shared objectives.	71%	73%	76%	75%	-1%	70%	68%	-2%
Q4i	The team I work in often meets to discuss the team's effectiveness.	64%	67%	69%	69%	0%	58%	55%	-3%
THEME 11: SCORE		6.7	6.8	7.0	6.9	-0.1	N/A	N/A	N/A
Questions not linked to Key Themes		2017	2018	2019	2020	% diff	2019	2020	% diff
Q3a	I always know what my work responsibilities are.	83%	83%	82%	83%	1%	94%	89%	-5%
Q3b	I am trusted to do my job.	90%	91%	90%	91%	1%	94%	93%	-1%
Q3c	I am able to do my job to a standard I am personally pleased with.	77%	79%	80%	78%	-2%	92%	90%	-2%
Q4e	I am able to meet all the conflicting demands on my time at work.	45%	49%	48%	48%	0%	59%	69%	10%
Q4f	I have adequate materials, supplies and equipment to do my work.	63%	65%	65%	69%	4%	73%	78%	5%
Q4g	There are enough staff at this organisation for me to do my job properly.	33%	37%	39%	43%	4%	41%	57%	16%
Q5a	How satisfied with .....The recognition I get for good work.	56%	64%	67%	67%	0%	61%	66%	5%
Q5c	How satisfied with .....The support I get from my work colleagues.	82%	84%	84%	83%	-1%	80%	80%	0%
Q5d	How satisfied with .....The amount of responsibility I am given.	73%	78%	77%	80%	3%	75%	78%	3%
Q5e	How satisfied with .....The opportunities I have to use my skills.	69%	74%	74%	75%	1%	75%	70%	-5%
Q5f	How satisfied with .....The extent to which my organisation values my work.	40%	50%	52%	52%	0%	60%	58%	-2%
Q5g	How satisfied with .....My level of pay?	34%	39%	42%	43%	1%	34%	39%	5%
Q8b	My manager..... can be counted on to help me with a difficult task at work.	78%	78%	80%	82%	2%	70%	72%	2%
Q8e	My immediate manager (who may be referred to as your 'line manager') is supportive in a personal crisis.	80%	82%	83%	83%	0%	62%	64%	2%
Q9a	I know who the senior managers are here.	82%	83%	84%	87%	3%	65%	66%	1%
Q9b	Communication between senior management and staff is effective.	36%	41%	44%	48%	4%	48%	51%	3%
Q9c	Senior managers here try to involve staff in important decisions.	36%	40%	43%	45%	2%	45%	40%	-5%
Q9d	Senior managers act on staff feedback.	32%	34%	41%	43%	2%	43%	42%	-1%
Q11e	<i>Have you felt pressure from your manager to come to work?</i>	18%	15%	14%	16%	2%	4%	23%	19%
Q11f	<i>Have you felt pressure from colleagues to come to work?</i>	18%	17%	17%	17%	0%	11%	8%	-3%
Q11g	<i>Have you put yourself under pressure to come to work?</i>	92%	94%	93%	95%	2%	85%	100%	15%
Q12d	The last time you experienced physical violence at work, did you or a colleague report it?	90%	92%	90%	92%	2%	85%	84%	-1%



Q13d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	64%	64%	59%	65%	6%	74%	65%	-9%
Q16b	My organisation encourages us to report errors, near misses or incidents.	85%	88%	89%	89%	0%	92%	90%	-2%
Q17a	If you were concerned about unsafe clinical practice, would you know how to report it?	95%	97%	96%	95%	-1%	95%	98%	3%

New for 2020		2017	2018	2019	2020	BenchM Group	2019	2020
Q20e	I feel safe in my work				81%	81%		82%
Q20f	I feel safe to speak up about anything that concerns me in this organisation				72%	70%		74%

Your experience during the Covid-19 pandemic		2017	2018	2019	2020	BenchM Group	2019	2020
Q22a	Have you worked on a Covid-19 specific ward or area at any time?				20%	19%		31%
Q22b	Have you been redeployed due to the Covid-19 pandemic at any time?				16%	12%		11%
Q22c	Have you been required to work remotely/from home due to the Covid-19 pandemic?				64%	63%		10%
Q22d	Have you been shielding? (for myself or for a member of my household)				11%	12%		26%

Bank Staff only questions						2019	2020	% diff
Q18a	As a member of the Bank Workforce, I feel like an integrated and valued member of any team that I work in.	N/A				75%	65%	-10%
Q18b	As a member of the Bank Workforce, I am treated with dignity and respect by the services that I work in.					79%	75%	-4%
19a	The Trust has improved its engagement with the Bank Workforce over the last 12 months.					67%	64%	-3%

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**AGENDA  
ITEM**

**14**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Quarterly Performance and Quality Update Report
<b>DATE OF MEETING:</b>	4 May 2021
<b>PRESENTED BY:</b> (name and title)	Joanna Forster Adams – Chief Operating Officer
<b>PREPARED BY:</b> (name and title)	Nikki Cooper – Head of Performance Management and Informatics Cathy Woffendin – Director of Nursing, Professions and Quality Claire Holmes – Director of OD and Workforce Chris Charlton – Information Manager Performance & BI

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

**EXECUTIVE SUMMARY**

This paper is to highlight and outline the Trust's current performance over the last three months and provide an insight to the Governors from recent Board discussions around performance. Please note the report reflects the data presented to Board in March 2021.

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

**RECOMMENDATION**

The Council are asked to note the contents of the report.

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## COUNCIL OF GOVERNORS : QUARTERLY PERFORMANCE AND QUALITY UPDATE REPORT



- Performance and Quality metrics summary
- Trust Board Assurance: Key discussions, issues and actions

*Please note that the latest Services information reported is Feb 21, and Quality and Workforce is Jan 21, this is consistent with information shared with the Trust Board of Directors in March 21.*



**Leeds and York Partnership**  
NHS Foundation Trust

## Service Performance – Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Dec-20	Jan-21	Feb-21
Percentage of crisis calls (via the single point of access) answered within 1 minute *	-	37.3%	41.5%	44.1%
Percentage of ALPS referrals responded to within 1 hour	90%	55.5%	61.7%	67.4%
Percentage of S136 referrals assessed within 3 hours of arrival	-	14.0%	10.9%	2.2%
Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral	Feb 85%	50.0%	87.5%	53.6%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70%	96.0%	93.4%	88.4%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50%	27.6%	18.7%	30.8%
Percentage of CRISS caseload where source of referral was acute inpatients	tba	29.5%	24.6%	25.6%
Services: Access & Responsiveness to Learning Disabilities, Regional and Specialist Services	Target	Dec-20	Jan-21	Feb-21
Gender Identity Service: Number on waiting list	-	2,742	2,793	2,839
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	95%	63.6%	-	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	-	85.7%	-	-
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	-	36	69	89
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	100.0%	-	-
Perinatal Community: Percentage waiting less than 2 weeks for first contact (routine) (quarterly)	85%	30.3%	-	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	Q3 512	409	-	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	3.4%	-	-
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90%	84.0%	75.0%	76.0%
Community LD: Percentage of Care Plans reviewed within the previous 12 months	90%	reporting in development		
Services: Our acute patient journey	Target	Dec-20	Jan-21	Feb-21
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	1.1%	29.0%	95.8%
Crisis Assessment Unit (CAU) length of stay at discharge	-	2.0	6.4	7.8
Liaison In-Reach: attempted assessment within 24 hours	90%	68.7%	76.4%	78.4%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94-98%	93.5%	94.5%	79.3%
• Becklin – ward 1 (female)	-	101.2%	93.0%	44.2%
• Becklin – ward 3 (male)	-	93.8%	94.4%	95.9%
• Becklin – ward 4 (male)	-	92.8%	94.6%	85.2%
• Becklin – ward 5 (female)	-	100.1%	100.3%	83.4%
• Newsam – ward 4 (male)	-	79.1%	90.2%	88.1%
• Older adult (total)	-	78.7%	79.1%	80.5%
• The Mount – ward 1 (male dementia)	-	68.1%	86.1%	98.9%
• The Mount – ward 2 (female dementia)	-	62.8%	70.5%	53.1%
• The Mount – ward 3 (male)	-	87.8%	72.4%	77.7%
• The Mount – ward 4 (female)	-	86.8%	85.8%	87.0%

\* A new SPA 0800 freephone number was introduced in Nov 20, overall call volumes have been refreshed to include the new number AND the old 0300 number, which is running concurrently until Feb 21. As a result there are some current issues with call response data, attributable to the automatic announcement of the number change which is affecting the local 1 min response target.

## Service Performance – Chief Operating Officer

Services: Our acute patient journey	Target	Dec-20	Jan-21	Feb-21
Percentage of delayed transfers of care	-	9.5%	9.6%	7.8%
Total: Number of out of area placements beginning in month	-	6	10	20
Total: Total number of bed days out of area (new and existing placements from previous months)	Feb 0	169	183	349
Acute: Number of out of area placements beginning in month	-	5	5	16
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	109	92	200
PICU: Number of out of area placements beginning in month	-	1	5	3
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	60	91	140
Older people: Number of out of area placements beginning in month	-	0	0	1
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	0	0	9
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90%	32.7%	-	-
Services: Our community care	Target	Dec-20	Jan-21	Feb-21
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	-	82.9%	86.7%	87.0%
Percentage of inpatients followed up within 3 days of discharge (CCG commissioned services only)	80%	87.8%	88.7%	85.9%
Number of service users in community mental health team care (caseload)	-	4,551	4,498	4,459
Percentage of referrals seen within 15 days by a community mental health team	80%	84.6%	66.5%	80.3%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90%	60.7%	42.7%	40.1%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50%	49.2%	55.3%	51.6%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60%	61.1%	87.5%	76.5%
Early intervention in psychosis (EIP) : Percentage of people with at least 2 outcome measures recorded at least twice		reporting in development		
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	tbc	50.0%	-	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90%	41.1%	-	-
Services: Clinical Record Keeping	Target	Dec-20	Jan-21	Feb-21
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	SEP	OCT	NOV
		87.6%	86.9%	86.8%
Percentage of service users with NHS Number recorded	-	99.3%	99.3%	99.3%
Percentage of service users with ethnicity recorded	-	77.4%	76.9%	76.5%
Percentage of service users with sexual orientation recorded	-	21.7%	21.5%	21.6%
Percentage of in scope patients assigned to a mental health cluster	-	reporting in development		
Percentage of Care Programme Approach Formal Reviews within 12 months	95%	reporting in development		
Timely Communication with GPs: Percentage notified in 7 days (CPA Care Plans only) (quarter to date)	80%	reporting in development		
Timely Communication with GPs: Percentage notified in 24 hours (inpatient discharges only) (quarter to date)	tba	reporting in development		

## Quality and Workforce metrics: Tabular overview

Quality: Our effectiveness	Target	Nov-20	Dec-20	Jan-21
Number of healthcare associated infections: C difficile	<8	0	0	0
Number of healthcare associated infections: MRSA	0	0	0	0
Number of inpatients diagnosed positive with Covid19	-	8	2	4
Percentage of service users in Employment	-	n/a*	n/a*	n/a*
Percentage of service users in Settled Accommodation	-	n/a*	n/a*	n/a*
Quality: Caring / Patient Experience	Target	Nov-20	Dec-20	Jan-21
Friends & Family Test: Percentage recommending services (total responses received)	-	100% (1)	0% (0)	0% (0)
Mortality:				
· Number of deaths reviewed (incidents recorded on Datix)**	Quarterly	-	63	-
· Number of deaths reported as serious incidents	Quarterly	-	3	-
· Number of deaths reported to LeDeR	Quarterly	-	1	-
Number of complaints received	-	14	7	10
Percentage of complaints acknowledged within 3 working days	-	100%	100%	100%
Percentage of complaints allocated an investigator within 3 working days	-	97%	86%	100%
Percentage of complaints completed within timescale agreed with complainant	-	100%	100%	100%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	114	74	81

Please note that new metrics are only reported here from the month of introduction onwards.

\* These metrics are based upon a service user being on CPA; from April onwards, CPA will no longer be contractually recognised; care plan based reporting and any linked metrics require review and definition

\*\* All deaths reported via staff on the Trust's incident system, Datix, are reviewed; in addition to this any death for someone who has been a service user with us, previously identified via the NHS SPINE, is given a tabletop review and followed up in more detail if required.



## Quality and Workforce metrics: Tabular overview

Quality: Safety	Target	Nov-20	Dec-20	Jan-21
Number of incidents recorded	-	814	914	1,018
Percentage of incidents reported within 48 hours of identification as serious	100%	100% (2)	100% (3)	100% (1)
Number of Self Harm Incidents	-	106	125	101
Number of Violent or Aggressive Incidents	-	74	102	137
Number of never events	-	0	0	0
Number of physical restraints *	-	241	261	266
No. of patients detained under the MHA (includes CTOs/conditional discharges)	-	483	483	470
Adult acute including PICU: % detained on admission	-	58.8%	55.7%	54.0%
Adult acute including PICU: % of occupied bed days detained	-	85.3%	79.3%	78.0%
Number of medication errors	Quarterly	-	150	-
Percentage of medication errors resulting in no harm	Quarterly	-	94.0%	-
Safeguarding Adults: Number of advice calls received by the team	Quarterly	-	221	-
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	23% (50)	-
Safeguarding Children: Number of advice calls received by the team	Quarterly	-	60	-
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	13% (8)	-
Number of falls	-	68	63	67
Number of Pressure Ulcers	-	0	0	0

Please note that new metrics are only reported here from the month of introduction onwards.

\* This measure has been reconfigured to show physical restraints only, and to account for Datix records flagged as not being the record of restrictive practice (i.e. another Datix record having been recorded for this information)

## Quality and Workforce metrics: Tabular overview

Our Workforce	Target	Nov-20	Dec-20	Jan-21
Percentage of staff with an appraisal in the last 12 months	85%	57.8%	53.8%	58.5%
Percentage of staff with a wellbeing assessment completed	-	-	82.0%	82.0%
Percentage of mandatory training completed	85%	85.1%	84.9%	84.9%
Safeguarding: Prevent Level 3 training compliance (quarter end snapshot)	85%	-	95.7%	-
Percentage of staff receiving clinical supervision	85%	69.7%	58.8%	65.8%
Staff Turnover (Rolling 12 months)	8-10%	8.6%	9.0%	8.9%
Sickness absence rate in month	-	5.5%	4.9%	5.3%
Sickness absence rate (Rolling 12 months)	4.9%	5.2%	5.1%	5.1%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	12.0%	13.9%	10.9%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	42.3%	48.0%	42.9%
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	-	2,529	917	2,446
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	13.3%	15.0%	16.6%
Medical Consultant Vacancies (number)	-	10.4	11.7	13.0
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	10.8%	11.0%	13.8%
Medical Career Grade Vacancies (number)	-	4.3	4.3	5.4
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	18.8%	18.8%	17.9%
Medical Trainee Grade Vacancies (number)	-	19.0	19.0	18.0
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	23.0%	25.0%	26.0%
Band 5 inpatient nursing vacancies (number)	-	50.4	55.4	58.2
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	10.0%	5.0%	5.0%
Band 6 inpatient nursing vacancies (number)	-	10.0	5.2	4.4
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	16.4%	16.5%	14.4%
Band 5 other nursing vacancies (number)	-	16.5	16.5	14.5
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	0.0%	0.0%	0.0%
Band 6 other nursing vacancies (number)	-	0.0	0.0	0.0
Percentage of vacant posts (Trustwide; all posts)	-	10.8%	7.0%	9.6%
			JAN	FEB
Number of staff vaccinated for Covid19 (first dose)*			2,672	2,969
Percentage of staff vaccinated for Covid19 (first dose)*			78%	85%

Nursing vacancy measures exclude nursing posts working in corporate/development roles

\* Jan data as at 29th Jan | Feb data as at 25th Feb

## Trust Board Assurance: Key discussions, issues and actions

### Points to note:

A number of services achieved access standard / contractual targets during February. These included the percentage starting treatment within 2 weeks of referral to early intervention in psychosis (EIP), the percentage of referrals seen by community mental health teams within 15 days, the percentage of inpatients followed up within 3 days of discharge from CCG commissioned services; and the percentage of service users who stayed on CRISS caseload for less than 6 weeks.

Our inpatient wards have been experiencing extreme pressure due to COVID-19 outbreaks resulting in additional demand for staff combined with high levels of staff absence. As a result, some of our services moved into business continuity mode. There is a lot of work going on internally and externally to maintain safe staffing within our identified higher risk services to address COVID-19 related pressures. Following a call for mutual aid from partner organisations we received an offer of social care agency support workers to come into our older people's wards, and we have also secured six third year students from York University to work in band 4 nurse associate roles.

We continue to operate with redeployed staff into our inpatient services. This is overseen at Executive level due to the employee and service impacts. We are currently ensuring that staff have the ongoing support they need and that we can commit to a timescale for their temporary positions.

Support continues to be provided to services on the various operational supporting dashboards in CareDirector and the Quality, Delivery and Performance report is being rolled out with increased engagement and reference in service quality and performance meetings.

### Trust Board Discussion Summary:

The LYPFT Public Meeting of the Board of Directors was held via Zoom on 25th March 2021. The agenda and papers are published on the Trust's website (<https://www.leedsandyorkpft.nhs.uk/about-us/board-of-directors/board-meetings-2021/>) and the meeting itself was recorded and subsequently uploaded to Youtube (<https://www.youtube.com/watch?v=tanJZxsq-Dk>).

The Trust Board received and noted the content of the Combined Quality and Performance Report, presented by Joanna Forster-Adams, having been discussed in detail at the various Board sub-committee meetings. The report was introduced in the context of significant restrictions to the way our services are currently operating, and recognition was given to the compassionate and supportive efforts of our workforce in continuing to provide high quality care in challenging circumstances.

In a state of restoration of clinically and therapeutically effective services and interventions, we are approaching this by engaging with staff at all levels within the organisation, asking those best placed in our services, together with service users and carers, public health colleagues and many others to think about and plan how we work from here on in, embracing innovative practice that we have already benefitted from over the last year. Addressing accumulated backlogs, preparing for emerging demand and setting a climate where we continue to learn, adapt, and respond to any further disruption. Activity levels have remained consistent and at high levels across all services from late summer 2020, however this has resulted in some variability in performance. Recognition was given to the improvement in the ALPS response times during recent months and the collaborative approach between LYPFT and LTHT in maintaining high standards of care. Discussion also took place with regards to the Physical Health work with the third sector and plans to improve our performance via the Trustwide Clinical Governance Group, as well as a recent rise in the number of incidents reported which had been addressed at Quality Committee.

### Key issues, risks and actions:

An information themed meeting took place in February to analyse our Crisis Resolution and Intensive Support Service data. The service continue to actively work with the Information team to enable accurate recording and reporting of activity. In addition we are implementing improvements to ensure that we are responding effectively in line with individual needs and risks of service users.

The Acute Liaison Psychiatry Service continue to work jointly with Leeds Teaching Hospitals to support the re-location of staff within ED to enable the 1hr target to be met and support improved access to clinical space, and continue to monitor all breaches monthly.

The acute care excellence programme is underway and provides a focus on occupancy rates and length of stay, and work is ongoing with our social care partners and commissioners in relation to DToC. Work is also progressing on the implementation of the Crisis House in Leeds, and some ICS work in relation to women with complex presentations (primarily with a diagnosis of personality disorder) – once operational, we expect this to have a positive impact on reducing admissions and/or length of stay.

Our Community and Wellbeing Services continue to develop and monitor plans for improvement, including proactive sharing of 'best practice' across teams where appropriate.

We await Information Governance Group approval of data quality audits as we continue to promote data completeness throughout 2020/21 with a focus on supporting staff in using CareDirector well.

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**AGENDA  
ITEM**

**15**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Report from the Chair of the Finance and Performance Committee
<b>DATE OF MEETING:</b>	4 May 2021
<b>PRESENTED BY:</b> (name and title)	Sue White – Non-executive Director and Chair of the Finance and Performance Committee
<b>PREPARED BY:</b> (name and title)	Sue White – Non-executive Director and Chair of the Finance and Performance Committee

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (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	

<b>EXECUTIVE SUMMARY</b>		
This report for the Council of Governors summarises the work of the Finance and Performance Committee (Part A only) for the period 1 April 2020 to 31 March 2021.		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

<b>RECOMMENDATION</b>
<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> <li>Note this report for information and assurance.</li> </ul>

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## MEETING OF THE COUNCIL OF GOVERNORS

4 MAY 2021

### REPORT FROM THE CHAIR OF THE FINANCE AND PERFORMANCE COMMITTEE

#### **1 Executive Summary**

This report intends to provide assurance to the Council of Governors that the Trust's Finance and Performance Committee is operating in an effective way in line with its Terms of Reference. The report covers a summary of the Committee's remit, information about the membership, a brief summary of the issues the Committee has considered in the past year, and a short commentary on challenges and opportunities going forward.

#### **2 The Committee's remit**

The Finance and Performance Committee has powers delegated to it by the Board to seek high-level assurance on the controls and management in respect of financial governance, and business and growth opportunities focusing on areas including: the financial data for submission to the Board; the financial plan; the procurement strategy; income contracts; the information technology and information governance strategies; the capital programme; estates strategy; and emergency planning and resilience.

#### **3 Membership**

Membership of the Finance and Performance Committee is made up of three non-executive directors; the Chief Financial Officer (Dawn Hanwell) and the Chief Operating Officer (Joanna Forster Adams). The Committee has been chaired by a non-executive director, Sue White, since May 2018. The other non-executive directors are Martin Wright, who also chairs the Audit Committee, and provides independent financial expertise to the Committee; and Cleveland Henry, who brings specific expertise on information technology. David Brewin, Assistant Director of Finance, and Gerard Enright, Financial Controller, attend the meeting on a regular basis and other members of staff attend to present or advise on particular issues as required. Over the past year several governors have observed the work of the Committee.

#### **4 The work of the Committee over the past year**

The way in which the Committee has worked over the past year and the issues it has considered have been affected by the Covid-19 pandemic. For the first three months of the last financial year, in line with NHS Improvement guidance around reducing the burden on executive staff, the Committee met via Zoom and reviewed short written and verbal updates about how the Trust was preparing for and coping with the pressures of the pandemic from a service delivery perspective and also a financial, procurement, estates, and IT perspective.

We were able to provide assurance to the Board that robust standards of financial governance and accounting were in place despite the considerable pressures faced. Reporting on service performance was difficult during this period because of the adaptations required to support service users and staff with Covid-19, and also because the implementation of a new patient administration system, Care Director, had disrupted the usual data collection and reporting arrangements. However, the Committee was assured that executive colleagues had access to and were acting upon live data to identify and address hotspots.

From July onwards the Committee gradually started to resume “business as usual”. Rose Cooper from the Corporate Governance Team had kept a detailed record of the issues which had been “hibernated” during the first wave of the pandemic and made sure they were scheduled for discussion and review, and that nothing important was missed.

Issues on which the Committee has reviewed and received assurance since the autumn include:

- progress with the new Red Kite View building at St Mary's Hospital and due diligence associated with the transfer of the Child and Adolescent Mental Health Service (CAMHS) from Leeds Community Health to LYPFT
- preparation for the end of the EU Exit transition period
- winter resilience and operational planning, including for Covid-19
- investment in, and progress with, maximising the benefits of the new Care Director system and new ways of working including remote consultations
- the risks and opportunities related to the development of “provider collaboratives” across the West Yorkshire Integrated Care System where provider organisations come together to organise and provide services in innovative ways - for example, the eating disorder service which is led by LYPFT
- the effect of Covid-19 on the Trust's non NHS contracted income and plans for the future.

In addition, in November 2020 the Committee had a joint meeting with both the Quality and Workforce Committees where issues in common were reviewed including Out of Area Placements, Acute Care - plans and progress, and waiting times for the gender identity service.

## **5 Opportunities and challenges for the future**

These include:

- the financial and governance implications of operating within the Integrated Care System
- planning for the service delivery implications of increases in poor mental health post-Covid,
- making the most of the new Care Director system and new ways of working,
- planning ahead for when the Trust's Private Finance Initiative (PFI) contracts expire in 2028.

**Sue White**

**Non-executive Director and Chair of the Finance and Performance Committee**

**6 April 2021**