

**PUBLIC MEETING OF THE COUNCIL OF GOVERNORS**  
will be held at 1pm on Tuesday 1 February 2022  
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: Connect Eating Disorders Project</b> (presentation)   | Paul Dodgson                    |
| <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                |
| <b>5</b>  | <b>Minutes</b>  | Prof Sue Proctor                |
|           | <b>5.1 Minutes of the public Council of Governors' meeting held on the 2 November 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>Chair's Report</b> (paper to read)   | Prof Sue Proctor                |
| <b>9</b>  | <b>Chief Executive Report</b> (paper to read - slides)  | Sara Munro                      |
| <b>10</b> | <b>Lead Governor Report</b> (verbal)  | Les France                      |
| <b>11</b> | <b>Quarterly Performance and Quality Update Report</b> (paper to read)  | Joanna Forster Adams            |
| <b>12</b> | <b>Financial Update</b> (verbal)  | Dawn Hanwell                    |
| <b>13</b> | <b>Report from the Chair of the Quality Committee</b> (paper to read)   | John Baker                      |
| <b>14</b> | <b>People Plan 2021-2024</b> (paper to read)  | Darren Skinner                  |
| <b>15</b> | <b>Trust's Green Plan 2021-2025</b> (paper to read)   | Dawn Hanwell                    |
| <b>16</b> | <b>Implementing Outcome Measures within Clinical Service: A summary of lessons learned</b> (paper to read)                      | Lyndsey Charles<br>Chris Hosker |

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| <b>17</b> | <b>The Trust's Key Strategic Risks</b> (paper to read)  | Cath Hill    |
| <b>18</b> | <b>Support for the Appointment of the Senior Independent Director</b> (paper to read)                         | Cath Hill    |
| <b>19</b> | <b>Process for the upcoming elections to the Council of Governors</b> (paper to read)                         | Kerry McMann |
| <b>20</b> | <b>Ratification of the Terms of Reference for the Appointments and Remuneration Committee</b> (paper to read) | Cath Hill    |

The next public meeting of the Council of Governors will be held  
on 5 May 2022 at 1pm – Venue TBC

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

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

**PRESENT:**

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

**Public Governors**

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

**Staff Governors**

Ian Andrews  
Ruth Grant  
Gail Harrison  
Andrew Johnson  
Sally Rawcliffe-Foo

**Service User Governors**

Rachel Gibala  
Peter Holmes  
Joseph Riach

**Appointed Governors**

Helen Kemp  
Sue Rumbold  
Tina Turnbull  
Fiona Venner

**Carer Governors**

Caroline Bentham  
Hazel Griffiths

**Executive Directors**

Joanna Forster Adams  
Dawn Hanwell  
Chris Hosker  
Darren Skinner  
Cathy Woffendin

**Non-Executive Directors**

Prof John Baker  
Helen Grantham  
Cleveland Henry  
Sue White  
Martin Wright

**IN ATTENDANCE:**

Lyndsey Charles – Clinical Director (agenda item 2)  
Bea King – Corporate Governance Assistant  
Kerry McMann – Corporate Governance Team Leader

**21/050 Welcome and introductions** (agenda item 1)

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

**21/051 Clinical Outcomes Update** (agenda item 2)

Chris Hosker and Lyndsey Charles delivered a detailed presentation on the planned learning review of clinical outcomes which formally commenced on the 1 July 2021. They provided an overview of the progress made so far and high-level principles and conditions for success going forward. They explained that the ambition was to arrive at a point whereby effective outcome measures were embedded and used in each service in a way that added value for both the clinicians and the service users and was in line with the aims of the quality strategic plan. The Committee noted that the work continued to be supported by the Institute for Healthcare Improvement (IHI) and the chosen method for the review was a 90-day innovation cycle which was a well-established approach to quality improvement. The three services involved in the initial cohort were the Gender Identity Service, the Older Peoples' Service and Liaison Psychiatry (specifically outpatients).

The Council had a detailed discussion on the adaptability and validity of the measures being used and heard how the team were working with authors and their research to create bespoke ways of measuring progress. Chris Hosker explained that national outcome measures would continue to be used in some cases if they were right for the service. Chris also talked about the importance of creating conditions for improvement within a psychologically safe environment in order to engage staff effectively.

The Council asked why there were no community mental health teams involved in the first cohort of the 90-day innovation cycle. Chris Hosker explained that they had not been included at this stage because of their nationally mandated outcome measures but he assured the Council that they would be involved at some point. It was agreed that governors would be given the opportunity to make suggestions of services to be included in future outcomes work and Rose Cooper would circulate Chris Hosker's email address along with the presentation slides from this session.

RC

Gail Harrison asked about the Trust's approach to digitally archiving organisational change and innovation work, particularly relating to outcomes so that it could be revisited in the future. Chris Hosker explained that a 'bookshelf' of information could be accessed via Staffnet but there might be more work to do on communication and awareness raising to ensure a consistent approach from staff.

It was agreed that a summary of the learning from previous outcomes work would be presented to the next meeting in February including any high-level principles that could be taken forward. The Council also asked that consideration was given as to where the learning could be stored so that it was accessible to staff in the future. It was also agreed that an update on the findings from the outcomes work would be presented to the May 2022 meeting which would include an update on the second cohort of services involved in the 90-day innovation cycle.

CHo /  
LC

CHo

The Committee **noted** the progress so far.

**21/052 Apologies** (agenda item 3)

Apologies were received from the following governors: Mark Clayton (Carer Governor), Rita Dawson (Service User Governor), Oliver Hanson (Clinical Staff Governor), Steve Howarth (Public Governor), Mussarat Khan (Public Governor), Kirsty Lee (Public Governor), Anna Perrett (Appointed Governor), and Bryan Ronoh (Carer Governor). The meeting was quorate.

Sara Munro, Chief Executive Officer, also gave her apologies for the meeting.

**21/053 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items** (agenda item 4)

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

**21/054 Declarations of interests for the Council of Governors** (agenda item 4.1)

Les France informed the Council that he had resigned as the Chairperson of Cloth Cat Studios and asked that the register of interests was updated to reflect this. It was also agreed that Kerry would review the process for governors to update their declaration of interest forms to make it as simple as possible.

**KM**

**KM**

The Council **received** and **noted** all interests declared by governors.

**21/055 Minutes of the public Council of Governors' meeting held on the 6 July 2021** (agenda item 5.1)

The minutes of the public Council of Governors' meeting that was held on the 6 July 2021 were **approved** as a true record.

**21/056 Minutes of the Annual Members' Meeting held on the 28 July 2021 – for information** (agenda item 5.2)

The minutes of the Annual Members' Meeting held on the 28 July 2021 were **received** for information.

**21/057 Matters arising** (agenda item 6)

There were no matters arising.

**21/058 Cumulative action log – actions outstanding from previous public meetings** (agenda item 7)

Sue Proctor presented the cumulative action log, and the Council agreed the actions reported as complete. Mrs Forster Adams provided an update to the first item on the action log (21/026) which related to a request for children and young people (CYP) data to be incorporated into the performance report. She explained that they had received the information on CYP receiving care outside of West Yorkshire from NHS England and were in the process of collating this data to be included in future performance reports. The data would also be shared with other trust boards in West Yorkshire as part of the provider collaborative and a delivery plan would be developed for repatriating those out of area to the new West Yorkshire Children and Young Peoples' unit (Red Kite View) in the new year. This information would be reported through the Board and Council of Governors in due course.

The Council **received** the updates on the cumulative action log.

**21/059 Chair's Report** (agenda item 8)

Sue Proctor presented the Chair's Report and highlighted a few key areas for the Council to note. She advised that Andrew Marran had stepped down from being a Non-executive Director (NED) as of the 30 September 2021 to take up a substantive position with Durham University. They had been out to advert for a replacement NED and Associate NEDs which would be discussed further in the private meeting.

Sue explained that every three years the Trust was required by NHS Improvement to undertake a well-led governance and leadership review and in October 2021 the Board of Directors had commissioned Deloitte to carry this out. As part of this process governors would be invited to a focus group and Sue encouraged attendance wherever possible to provide feedback and inform the recommendations in the final report to the Board. It was agreed that the details of the governor focus group would be recirculated.

**BK**

Sue also noted that virtual service visits were continuing where possible but added that due to unforeseen pressures over the winter period these sometimes had to be rearranged at short notice.

The Council **noted** the report from the Chair of the Trust.

Hazel Griffiths joined the meeting.

## **21/060 Chief Executive Report** (agenda item 9)

Dawn Hanwell introduced the report on behalf of the Chief Executive. Firstly, she explained the reasons behind deferring the opening of Red Kite View by a few weeks. She noted that a lot of work had gone into keeping the project on track during the pandemic but there had been a risk assessment decision that it was clinically not appropriate to push the opening too close to Christmas and it would be safer and more effective to open early in the new year. Dawn assured the Council that the delay would not impact on the original trajectory to scale up the occupancy of the unit by March 2022.

Dawn then talked about the Trust's Green Plan and the opportunities for governors to have input into its production. It was agreed that an update on the Green Plan would come to a future Council meeting. A question was asked about the availability of electric car charging points in the Trust and Dawn responded that this was being actioned as part of the Plan. Ivan Nip noted that the actions in the Green Plan could be expensive to implement and asked if there was any specific funding available. Dawn agreed that resources needed to increase at a national level but explained that the Trust already had some internal expertise, and they were in the process of appointing a Green and Sustainability Manager to oversee the work going forward.

**DH**

The Council noted that Cathy Elliott had been announced as the Chair of the West Yorkshire Integrated Care Board (ICB) and the Chief Executive would soon follow. Dawn said that an important next step in the development of the Integrated Care System (ICS) was scenario planning where they would examine the governance and decision-making frameworks that had been put in place.

The Council asked for more information on the community mental health transformation work, including how partners were working together and what it would mean for the Trust. It was agreed that Eddie Devine would be invited to a future meeting to update the governors. Dawn would explain how the transformation work would be funded as part of her financial update later on the agenda.

**JFA**

Finally, Rachel Gibala asked when Red Kite View would be filled to capacity and Dawn referred to the measured occupancy plan but explained that this needed to be carried out as quickly and safely as possible to manage the out of area position.

The Council **received** the verbal report from the Deputy Chief Executive and **noted** the updates provided. The Council **asked** if a written report could be provided in future as part of the paper pack.

## **21/061 Lead Governor Report** (agenda item 10)

Peter Webster presented the Lead Governor report. He informed the Council that the recent annual appraisals for non-executive directors had been a positive

experience as was the recruitment process for the new non-executive directors.

Peter thanked his fellow governors and members of the Board for their support and guidance during his time as Lead Governor.

The Council **received** the verbal update and **thanked** Peter for his hard work and dedication in difficult circumstances due to the pandemic and the positive impact he made to the Council.

Fiona Venner and Sue Proctor left the meeting.

## **21/062 Quarterly Performance and Quality Update Report (agenda item 11)**

Joanna Forster Adams introduced the report which outlined the Trust's performance as of August 2021. She explained that services continued to be delivered both remotely and face to face and highlighted staffing challenges particularly across inpatient services. Joanna explained that the most significant risk heading into winter was staff availability and the potential for disruption to the delivery of care and services across the system. She added that maintaining services and supporting staff from a wellbeing and physical health perspective over the coming months was a key focus for the Board.

Joanna agreed to consider including highlights and analysis from the new Chief Operating Officer (COO) Report in future performance reports to the Council. She encouraged governors to read the COO reports that went to the Board in the meantime.

**JFA**

Gail Harrison talked about teams struggling with retention and turnover and queried whether the average staff turnover rate of 8.5% masked the true picture in some services and asked what was being done to target specific areas. Joanna responded that she met twice weekly with the Heads of Operations and Clinical Directors to look at staffing hotspots and worked closely with staff in areas affected by high turnover to find out what could have been done differently and how they could be supported better.

Ivan Nip asked whether it was possible to incorporate a traffic light indicator to show the performance data more clearly. Joanna responded that the preference was to look at trends over the longer term rather than RAG ratings, but she would revisit this with Nikki Cooper (Head of Performance Management and Informatics) in terms of the paper for the governors.

**JFA**

Sue Rumbold noted that the data for July and August was missing for both metrics relating to safeguarding data for children. Cathy Woffendin explained that this was because the reporting was done on a quarterly basis but reassured Sue that the data was collected monthly and included in the Annual Safeguarding Report that went to the Board.

Regarding the 'percentage of advice calls to safeguarding that resulted in a referral



to social care' metric, Sue Rumbold asked if it was known how many of those referrals led to a child being taken into care. She then referred to the statistics around the number of children who were taken into care because of their parental mental health issues. Cathy agreed that this was something that the system needed to look at collecting and suggested that the Leeds Safeguarding Children Board might explore this.

CW

Sue Rumbold then asked if the Trust offered training to help staff to understand the impact that adult behaviour might be having on their children. Cathy responded that following a system wide CQC inspection a few years ago this was identified as an area of deficit in the community services. An action plan was developed to address this, and they now included Think Family training across community and other adult services and mandatory safeguarding supervision for children's services.

Tina Turnbull was concerned that the data in the report was from August 2021 and occasionally lacked detail about the Trust's targets. Helen Grantham explained that the report was a synopsis of the Trust's performance data and that the detail was examined at Board subcommittee level. Helen Grantham suggested that a guide was circulated to governors explaining what performance data was available in reports to the Board and which meetings it was presented to.

RC

Peter Webster noted the bed occupancy rates in the dementia services and the increase in out of area placements (OAPs) and asked what had caused this and what was being done about it. Joanna talked about some of the issues causing delayed transfers of care and explained a decision had been made to care for out of area patients where they were to maintain clinical continuity and minimise disruption.

Peter Holmes noted the high waiting list for the gender service and asked what was being done about this and how this related to the clinical outcomes work. Joanna talked about the recent additional investment into the service and explained that in November the Finance and Performance Committee would receive a report which would map out how they expected this to be used and what impact would be made in terms of access for service users.

Nicola Swan noted that bed occupancy rates were high and asked about the implications for staff and care. Joanna responded that this was an ongoing challenge but shared some positive news that they had appointed a housing support officer who had success in supporting discharge in adult services. There was an increase in demand and acuity but increasing confidence that flow would improve through the adult bed base. Niccola also asked for clarity on the news that Crisis House was closing in November. Joanna explained that a decision had been made to close for two weeks in November to attend to a structural issue and they hoped to reopen to full capacity by the end of the month.

The Council **noted** the Quarterly Performance and Quality Update Report.

## **21/063 Financial Update** (agenda item 12)

Dawn Hanwell provided an overview of the Trust's financial position in the context of the operating framework which was introduced due to the Covid-19 pandemic. Dawn outlined what money was coming into the Trust, including the Mental Health Investment Standard and service development funding in addition to the funding allocated for Covid-19. She added that approximately 17 million was coming into West Yorkshire to support the transformation of community services and this money would be shared out as part of the partnership arrangements for health and social care. Dawn was confident that the arrangements were in place to do this successfully.

Dawn explained that the Trust was going into the second half of 2021/22 in a good financial position and had carried forward resource to invest over winter in addition to new money provided nationally for mental health winter pressures. She noted that at this stage the Trust did not know what the efficiency requirements would be for 2022/23 but the planning guidance was expected before the end of this year and work was ongoing to understand what the Trust's underlying expenditure pattern would look like post Covid-19.

Ivan Nip asked if deferring the opening of Red Kite View would have financial implications for the Trust and Dawn explained that it would not as they had established a guaranteed price for the project.

The Council **noted** the finance update and was **assured** of the ongoing robust financial position of the organisation.

## **21/064 Report from the Chair of the Mental Health Legislation Committee** (agenda item 13)

Sue White introduced her report as Chair of the Mental Health Legislation Committee and asked governors for their comments and questions. Les was pleased to see that preparations were being made for the potential changes to the Mental Health Act as well as changes to the arrangements for assessing mental capacity (soon to be replaced with a new system of Liberty Protection Safeguards administered by the Trust). Sue added that the Mental Health Legislation Committee had received assurance at its most recent meeting that along with other agencies in the city work was ongoing to prepare for the new system of Liberty Protection Safeguards and they would be providing an update to the Board in due course.

Nicola Swan encouraged the Mental Health Legislation Committee to continue to investigate issues around advocacy for people who lacked capacity at hearings. The Council heard that the team had introduced a new means of recording capacity ahead of a hearing which would trigger advocacy support if required.

It was agreed that the Mental Health Legislation Committee would reopen a closed action from the Council of Governors' action log which related to service users who had been detained for over five years.

**BK**

The Committee **noted** this report for information and assurance.

**21/065 Report from the Chair of the Workforce Committee** (agenda item 14)

Helen Grantham provided a summary of the key activities of the Workforce Committee over the last year. These included agreeing the revised governance arrangements for the delivery of the People and Organisational Development priorities; receiving assurance that the Trust was progressing on all nine principles for wellbeing in the Committee's capacity as Wellbeing Guardian; welcoming a systematic approach to workforce planning and resourcing; and welcoming an integrated and evidence-based review of clinical leadership.

Helen also updated the Council on the plan to develop workforce performance monitoring. She explained that once the final draft of the People Plan had been signed off by the Committee in December, the risks in the Board Assurance Framework would be updated and then the performance monitoring metrics would be aligned to this. This would enable governors to receive assurance on matters such as staff development and career progression.

Gail Harrison referred to a new report called No More Tick Boxes by Roger Kline which reviewed the evidence on how to make recruitment and career progression fairer and Helen agreed that career pathways were key to attracting and retaining staff.

Ian Andrews asked for assurance that non-clinical staff recruitment and the development of non-clinical specialisms were being built into the workforce strategy and action plans. Helen responded that they were looking at workforce development across the Trust which included supporting non-clinical leadership and management.

The Committee **noted** this report for information and assurance.

**21/066 Review of the Council of Governors' Terms of Reference** (agenda item 15.1)

The Council was **assured** that the Terms of Reference had been reviewed to ensure they continued to be fit for purpose and **approved** the change to the list of partner governors.

**21/067 Approval of the Council of Governors' Annual Cycle of Business for 2022** (agenda item 15.2)

The Council was **assured** that the Annual Cycle of Business included all the statutory duties which it must carry out and was **assured** that the areas which

governors had asked to be kept informed on had been captured. The Council **approved** the Annual Cycle of Business for 2022.

**21/068 2022 and 2023 Meeting Dates** (agenda item 15.3)

The Council **noted** that at least one virtual Council of Governors' meeting had been scheduled each year and a twilight meeting had been arranged annually in November to allow more flexibility in the way meetings were held.

**21/069 Council of Governors' Meeting Etiquette Procedure (CG-0010)** (agenda item 15.4)

The Council **noted** the changes that had been made to reflect the standards of behaviour expected from governors at virtual meetings and was **assured** that the content was reflective of the way in which governors and those supporting meetings would carry out their duties. The Council **approved** the procedure.

**21/070 Update on the Leeds Health and Care Academy** (agenda item 16.1)

It was agreed that governors would send any questions on the 'for information' agenda items (16.1 and 16.2) to Kerry McMann who would contact the relevant director for a response. The questions and responses would then be collated and sent to the February meeting as an addendum to the minutes. It was also agreed that the 'for information' items would be added to the Microsoft Teams Library for governors to comment on.

**KM**

**KM**

The Committee **received** the paper and the information contained in the appendices as an update.

**21/071 Synergi Leeds Update** (agenda item 16.2)

The Committee **received** the paper for information.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust 3.55pm. She thanked governors and members of the public for their attendance.

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

Date .....

**Cumulative Action Report for the Public Council of Governors' Meeting**

**OPEN ACTIONS**

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>21/044 - Quarterly Quality and Performance Update Report</b> (July 2021 - agenda item 11)</p> <p>It was agreed that the Council would receive an update on Crisis House approximately six months after opening so that governors could hear how it was developing. Rose Cooper would add this to the forward plan.</p>	<p><b>Joanna Forster Adams / Rose Cooper</b></p>	<p><b>May 2022</b></p>	<p>This has been added to the forward plan for the May 2022 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>21/051 - Clinical Outcomes Update</b> (November 2021 - agenda item 2)</p> <p>It was agreed that an update on the findings from the outcomes work would be presented to the May 2022 meeting which would include an update on the second cohort of services involved in the 90-day innovation cycle.</p>	Chris Hosker	May 2022	This has been added to the forward plan for the May 2022 meeting.
<p><b>21/060 - Chief Executive Report</b> (November 2021 - agenda item 9)</p> <p>The Council asked for more information on the community mental health transformation work, including how partners were working together and what it would mean for the Trust. It was agreed that Eddie Devine would be invited to a future meeting to update the governors.</p>	Joanna Forster Adams	May 2022	This will form part of a 'deep dive' session alongside a sharing stories presentation on the work of the Community Mental Health Teams from Josef Faulkner (Interim Head of Operations: Community and Wellbeing Services).

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>21/044 - Quarterly Quality and Performance Update Report</b> (July 2021 - agenda item 11)</p> <p>Sue Proctor suggested that the governors might like to learn more about Section 136 at a future meeting.</p>	<p><b>Joanna Forster Adams / Rose Cooper</b></p>	<p><b>TBC</b></p>	<p>We are looking at scheduling this for a meeting in 2022.</p>
<p><b>21/026 - Update on the Child and Adolescent Mental Health Service (CAMHS) transfer</b> (May 2021 - agenda item 8)</p> <p>Niccola Swan referred to the number of young people currently placed out of area and asked that this data was incorporated into future performance reports so that it could be tracked as the new Child and Adolescent Mental Health Service (CAMHS) unit became operational.</p>	<p><b>Joanna Forster Adams</b></p>	<p><b>Management action</b></p>	<p>At the November meeting Joanna Forster Adams explained that they had received the information on children and young people receiving care outside of West Yorkshire from NHS England and were in the process of collating this data to be included in future performance reports. The data would also be shared with other trust boards in West Yorkshire as part of the provider collaborative and a delivery plan would be developed for repatriating those out of area to the new unit (Red Kite View) in the new year. This information would be reported through the Board and Council of Governors in due course.</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>21/062 - Quarterly Performance and Quality Update Report</b> (November 2021 - agenda item 11)</p> <p>Joanna agreed to consider including highlights and analysis from the new Chief Operating Officer (COO) Report in future performance reports to the Council.</p>	<p><b>Joanna Forster Adams</b></p>	<p><b>Management action</b></p>	
<p><b>21/062 - Quarterly Performance and Quality Update Report</b> (November 2021 - agenda item 11)</p> <p>Ivan asked whether it was possible to incorporate a traffic light indicator to show the performance data more clearly. Joanna responded that the preference was to look at trends over the longer term rather than RAG ratings, but she would revisit this with Nikki Cooper in terms of the paper for the governors.</p>	<p><b>Joanna Forster Adams</b></p>	<p><b>Management action</b></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>21/051 - Clinical Outcomes Update</b> (November 2021 - agenda item 2)</p> <p>It was agreed that a summary of the learning from previous outcomes work would be presented to the next meeting in February including any high-level principles that could be taken forward. The Council also asked that consideration was given as to where the learning could be stored so it was accessible to staff in the future.</p>	<p><b>Chris Hosker / Lyndsey Charles</b></p>	<p><b>February 2022</b></p>	<p><b><u>COMPLETE</u></b></p> <p>See agenda item 16.</p>
<p><b>21/060 - Chief Executive Report</b> (November 2021 - agenda item 9)</p> <p>It was agreed that an agenda item on the Trust's Green Plan would come to future meeting.</p>	<p><b>Dawn Hanwell</b></p>	<p><b>February 2022</b></p>	<p><b><u>COMPLETE</u></b></p> <p>See agenda item 15.</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>20/049 - Report from the Chair of the Mental Health Legislation Committee</b> (November 2020 - agenda item 11)</p> <p>Niccola 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>	Bea King	Management Action	<p><b><u>COMPLETE</u></b></p> <p>At the November meeting it was agreed that the Mental Health Legislation Committee would reopen this action which was previously referred to the joint meeting of the Board subcommittees.</p> <p>This action has been transferred to the Mental Health Legislation Committee action log.</p>
<p><b>21/051 - Clinical Outcomes Update</b> (November 2021 - agenda item 2)</p> <p>Rose Cooper would circulate the presentation slides from this session, along with Chris Hosker's email address so that governors could suggest services to be included in future outcomes work.</p>	Rose Cooper	Management action	<p><b><u>COMPLETE</u></b></p> <p>The presentation slides and contact details were circulated to governors.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>21/054 - Declarations of interests for the Council of Governors</b> (November 2021 - agenda item 4.1)</p> <p>Les France informed the Council that he had resigned as the Chairperson of Cloth Cat Studios and asked that the register of interests was updated to reflect this.</p>	Kerry McMann	Management action	<p><b><u>COMPLETE</u></b></p> <p>The Council of Governors' register of interests has been updated to reflect this change.</p>
<p><b>21/054 - Declarations of interests for the Council of Governors</b> (November 2021 - agenda item 4.1)</p> <p>It was agreed that Kerry would review the process for governors to update their declaration of interest forms to make it as simple as possible.</p>	Kerry McMann	Management action	<p><b><u>COMPLETE</u></b></p> <p>As suggested by a governor at the November 2021 Council meeting, governors will be sent their 2021/22 declaration form to use as an aid when completing their 2022/23 declaration.</p>
<p><b>21/059 - Chair's Report</b> (November 2021 - agenda item 8)</p> <p>Sue Proctor asked that the details of the Deloitte governor focus group were recirculated.</p>	Bea King	Management action	<p><b><u>COMPLETE</u></b></p> <p>The details of the focus group were recirculated to governors.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>21/062 - Quarterly Performance and Quality Update Report</b> (November 2021 - agenda item 11)</p> <p>Regarding the ‘percentage of advice calls to safeguarding that resulted in a referral to social care’ metric, Sue Rumbold asked how many of those referrals led to a child being taken into care. Cathy agreed that this was something that the system needed to look at collecting and suggested that the Leeds Safeguarding Children Board might explore this.</p>	Cathy Woffendin	Management action	<p><b><u>COMPLETE</u></b></p> <p>Cathy has raised this with the Chair of the Leeds Safeguarding Children Partnership who has forwarded this for consideration as a piece of work at the relevant subgroup.</p>
<p><b>21/062 - Quarterly Performance and Quality Update Report</b> (November 2021 - agenda item 11)</p> <p>Helen Grantham suggested that a guide was circulated to governors explaining what performance data was available in various reports to the Board and which meetings it was presented to.</p>	Rose Cooper	Management action	<p><b><u>COMPLETE</u></b></p> <p>This has been circulated to governors and included in the governor induction pack.</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>21/070 - Update on the Leeds Health and Care Academy</b> (November 2021 - agenda item 16.1)</p> <p>It was agreed that governors would send any questions on the 'for information' agenda items (16.1 and 16.2) to Kerry who would contact the relevant director for a response. The questions and responses would then be collated and sent to the February meeting as an addendum to the minutes.</p>	Kerry McMann	Management action	<p><b><u>COMPLETE</u></b></p> <p>No questions relating to agenda items 16.1 or 16.2 were received.</p>
<p><b>21/070 - Update on the Leeds Health and Care Academy</b> (November 2021 - agenda item 16.1)</p> <p>It was agreed that the 'for information' items (16.1 and 16.2) would be added to the Microsoft Teams Library for governors to comment on.</p>	Kerry McMann	Management action	<p><b><u>COMPLETE</u></b></p> <p>The relevant items were added to the Microsoft Teams Library.</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>21/036 - Sharing Stories: Service experience during the pandemic - Learning Disability Services</b> (July 2021 - agenda item 2.1)</p> <p>Andy Johnson asked if Lyndsey Charles could promote the role of a clinical staff governor and the Council of Governors in general within the Learning Disability Services. Kerry McMann would add this to the forward plan for the next governor election.</p>	Kerry McMann	Management action	This was added to the forward plan for the next governor election.
<p><b>21/039 - Declarations of interests for the Council of Governors</b> (July 2021 - agenda item 4.1)</p> <p>Steve Howarth noted that his wife's declaration was listed in the incorrect column on the Matrix of Governors' Declarations and Sue Proctor asked that this was amended.</p>	Kerry McMann	Management action	The Matrix of Governors' Declarations was amended.

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>21/044 - Quarterly Quality and Performance Update Report</b> (July 2021 - agenda item 11)</p> <p>Mrs Hanwell explained that they were bringing in external expertise to support the Trust to understand our bed capacity needs going forward; Dawn would update governors on this at the Board to Board session in September.</p>	<p><b>Dawn Hanwell</b></p>	<p><b>Board to Board 20 September 2021</b></p>	<p>An update on this was provided as part of the estates session at the Board to Board.</p>
<p><b>21/046 - Lead Governor Report</b> (July 2021 agenda item 10)</p> <p>Les France encouraged governors to sign up to the NHS Providers' governor event on the 7 July. Kerry would share the details of this with the Council if spaces were available.</p>	<p><b>Kerry McMann</b></p>	<p><b>Management action</b></p>	<p>The details of the NHS Providers' governor event on the 7 July were shared with the Council.</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>21/047 - Financial Update</b> (July 2021 - agenda item 12)</p> <p>Sue White noted that the Finance and Performance Committee would be looking in detail at the Trust's underlying expenditure and income position at a future meeting. Sue Proctor asked that the dates of this Committee were shared with the governors.</p>	<p><b>Rose Cooper</b></p>	<p><b>Management action</b></p>	<p>The dates of the Finance and Performance Committee were shared with the governors.</p>
<p><b>21/154 - Clinical Outcomes briefing paper</b> (13 July 2021 - agenda item 16.1 at the Quality Committee)</p> <p>The Quality Committee asked Dr Hosker to provide an update on the clinical outcomes work to the Council of Governors.</p>	<p><b>Chris Hosker</b></p>	<p><b>2 November 2021</b></p>	<p>This was scheduled for the November meeting.</p>



## **CHAIR'S REPORT**

**PUBLIC COUNCIL OF GOVERNORS' MEETING  
HELD 1 FEBRUARY 2022**

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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 July meeting there have been no changes to the membership of the Council of Governors.

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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 July Council of Governors' meeting there has been one change to the membership of the Board of Directors.

On 1 January 2022 Merran McRae took up her post as Non-executive Director. She is a member of the Trust's Workforce Committee and Mental Health Legislation Committee.

Merran has over thirty years' experience in Local Government, leading services across housing, social care, culture and community development. She has been a statutory Director of Adult Social Care and Chief Executive at both Calderdale and Wakefield Councils. She retired from her full-time career in 2020 and now undertakes short term consultancy and interim work in the public sector, as well as being on the Boards of several charities.

The Council of Governors is asked to welcome Merran to the Trust and to the Board and there will be an opportunity to get to know her better at future meetings.

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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. If a member of the Board attended only part of a meeting this will be detailed in the minutes; however, they will be shown as having attended the meeting in the table below.

**Non-executive Directors**

Name	28 January 2021	25 March 2021	29 April 2021 (Extraordinary)	20 May 2021	10 June 2021 (Extraordinary)	29 July 2021	30 September 2021	25 November 2021
Sue Proctor (Chair)	✓	✓	✓	✓	✓	✓	✓	✓
John Baker	✓	✓	✓	✓	✓	✓	✓	✓
Helen Grantham	✓	✓	✓	✓	✓	✓	✓	✓
Cleveland Henry	✓	✓	✓	✓	✓	✓	✓	✓
Andrew Marran	✓	✓	✓	✓	✓	✓	✓	
Sue White	✓	✓	✓	✓	✓	✓	✓	✓
Martin Wright	✓	✓	✓	✓	✓	✓	✓	✓

### Executive Directors

Name	28 January 2021	25 March 2021	29 April 2021 (Extraordinary)	20 May 2021	10 June 2021 (Extraordinary)	29 July 2021	30 September 2021	25 November 2021
Sara Munro	✓	✓	✓	✓	✓	✓	✓	✓
Joanna Forster Adams	✓	✓	✓	✓	✓	-	✓	✓
Dawn Hanwell	✓	✓	✓	✓	✓	✓	✓	✓
Chris Hosker	✓	✓	✓	✓	✓	✓	✓	✓
Darren Skinner				✓	✓	✓	✓	✓
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	2 February 2021	4 May 2021	6 July 2021	2 November 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)

COUNCIL BUSINESS MEETINGS  
ATTENDED

Name	Appointed (A) or elected (E)	2 February 2021	4 May 2021	6 July 2021	2 November 2021
Ian Andrews	E			✓	✓
Caroline Bentham	E	✓	✓	-	✓
Sophia Bellas	E	-	-		
Peter Chapman	E	-			
Mark Clayton	E	✓	✓	-	-
Rita Dawson	E	✓	✓	✓	-
Les France	E	✓	✓	✓	✓
Rachel Gibala	E			✓	✓
Ruth Grant	E	✓	-	✓	✓
Hazel Griffiths	E			✓	✓
Oliver Hanson	E			✓	-
Gail Harrison	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	✓	-	✓	✓
Joseph Riach	E			✓	✓
Bryan Ronoh	E			✓	✓
Sue Rumbold	A		✓	✓	✓
Adam Seymour	E	-			
Ann Shuter	E	-			
Nicola Swan	E	✓	✓	✓	✓
Tina Turnbull	A	-	-	-	✓
Fiona Venner	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 since the last Council of Governors' meeting some visits have been able to take place. However, governors are reminded that the NHS is in Level 4 Incident Response and the Trust is in Business Continuity Mode which means that much of our day-to-day work has been paused in order to manage the impact of the COVID-19 pandemic and ensure we have the capacity to provide our services.

Operationally a decision was taken to pause service visits to allow staff to concentrate on the delivery of their services. The table attached shows those visits that were able to go ahead. Service visits will commence again in the coming weeks when it is clear that services have the capacity to accommodate these.

---

Prof Sue Proctor  
**Chair of the Trust**  
**January 2022**

## Service visits undertaken by Non-Executive Directors and Governors – 2021/22

The following table lists:

- The virtual visits that have (or should have) taken place since the last Council of Governors’ meeting in November 2021.

Date of visit	Team / Service	In person / Virtual	Organised with	Non-Exec Director	Governor(s)	Notes
<b>4 November 2021 3:00pm</b>	Children and Young People’s Services	Virtual	Tim Richardson	Sue White	Sue Rumbold Rachel Gibala	This visit took place as planned.
<b>16 November 2021 9:00am</b>	Gender Identity Service	Virtual	Laura Charlton	Cleveland Henry	Les France Ivan Nip	Cancelled due to availability
<b>1 December 2021 10:30am</b>	Northern School of Child and Adolescent Psychotherapy (NSCAP)	Virtual	Ben Lloyd and Carolyn Wellings	Martin Wright	Gail Harrison Rita Dawson	Cancelled due to availability
<b>6 December 2021 1:00pm</b>	Acute Inpatient Service	Virtual	Maureen Cushley	John Baker	Joseph Riach Rita Dawson	This visit took place as planned (rearranged from the 28 October).

# Council of Governors

## CEO Update

Dr Sara Munro – Chief Executive  
1 February 2022

# Business continuity measures

- Staff sickness and absences rose after Christmas / New Year, particularly linked to the Omicron variant
- In response to the pressure this is placing on our services, we declared formal business continuity arrangements across all service lines
- Our aim is to maintain safe, reliable and effective care across all our services with a focus on our critical and essential services
- To support colleagues to prioritise the management and delivery of our clinical services we are asking that any non-essential meetings or projects are paused
- Redeployment arrangements have been stood back up (expected to be for a maximum 4-6 week period) – a huge thank you to everyone involved
- If you'd like to volunteer for redeployment, please email **[redeployment.lypft@nhs.net](mailto:redeployment.lypft@nhs.net)**



# Key Covid-19 updates



**HANDS, FACE, SPACE  
TEST, TEST, TEST**

## The latest Covid-19 guidance

- Please check our weekly all-staff Covid emails for the latest information
- We are also regularly updating the Covid web pages

## PPE, isolation guidance and testing

- PPE and testing – act as though everyone has Covid!
- Updated guidance:
  - If you have a positive lateral flow test you no longer need to take a PCR test unless you choose to do so
  - Isolation guidance has also changed to five full days following two negative lateral flow tests on day five and six
- If you receive a positive test result please continue to notify the IPC team
- If unsure about anything contact the Infection, Prevention and Control Team on 0113 85 55957 or email [infectioncontrol.lypft@nhs.net](mailto:infectioncontrol.lypft@nhs.net)

# Key Covid-19 updates

## Vaccination as a Condition of Deployment (VCOD)

- Detailed work continues across the Trust around VCOD which new legislation approved by Parliament
- Staff 'in scope' will be required to be double vaccinated by 1 April 2022 unless medically exempt
  - Reviews of 'in scope' roles is underway with operational managers. Our current position is if you attend a Trust site where CQC regulated activity takes place, you are in scope
- Managers have been invited to a series of briefing sessions and also provided with up-to-date guidance which is also on our website
- For any queries about booking your vaccine please contact the booking team at [cvacmountannexe.lypft@nhs.net](mailto:cvacmountannexe.lypft@nhs.net) or phone 0113 85 58866

## Annual leave carry over/sell back

- A further opportunity to sell up to an additional five days leave has been introduced. Any requests must be agreed with your line manager
- Staff must have booked or taken their statutory annual leave entitlement. It is essential that we all take annual leave appropriately to maintain physical and mental wellbeing
- Further details are included in this week's all-staff Covid Response briefing including a link to the relevant form

# Our strategic objectives – key updates

## #1 Our workforce

- We will soon be sharing **Our People Plan 2021-24**
- **Four strategic ambitions** for our people will reflect the national priorities set out in the NHS People Plan and the NHS People Promise
- **Road Maps** will set out the actions and milestones

Our People Plan 2021 - 2024



## #2 Care services

- Our **Healthcare Planning Work** with PWC is looking at our future strategic delivery model and what demand/capacity may look like. Although progress has been made to date, this project has been temporarily paused to support our Covid-19 response

## #3 Estates and facilities

- Our new children and young people's service **Red Kite View** opened its doors to service users last Thursday
- This follows a monumental four-year project which has seen the construction of a new £20m unit, and the development of a 100-strong new team
- Watch this short film for more on the project



# What else is happening in the Trust?

## Senior management changes

- Andy Weir, Deputy Chief Operating Officer, is taking a short break from LYPFT to start a secondment as Director of Mental Health in Jersey
- Mark Dodd has been appointed Interim Deputy Director for Service Delivery
- Merran McRae joined us as a Non-executive Director on 1 January 2022 - a member of the Trust's Workforce Committee and Mental Health Legislation Committee

## Other updates – crash trolleys

- From February, grab bags are being replaced with crash trolleys in our inpatient areas. This won't affect our community services or Specialised Supported Living Service.
- The new trolleys will contain all the kit you'll need in the event of a cardiac arrest or other medical emergency, including the emergency drugs tray and oxygen, which are currently stored separately

# Staff Health and Wellbeing

## Wellbeing z-card

- New wellbeing z-card posted direct to colleagues
- We hope this will make it as easy as possible for you to access a range of wellbeing support, when you feel in need



## Improved health & wellbeing hub on Staffnet

- New information about flexible ways of working for people in the Trust with caring responsibilities – the Carer's Passport
- We are improving the Staffnet wellbeing hub over the coming weeks - adding new resources based on feedback & LYPFT People Plan
- We will then be closing the website hub and all wellbeing information will again be accessible online in one place



# Staff Health and Wellbeing

## Health and Wellbeing initiatives in Leeds

- Leeds Health and Care One Workforce is here to support, develop and grow the city's health and social care workforce
- They are coordinating a series of fully funded Health and Wellbeing Initiatives through 2022/23 **which you can apply for now:**
  - Mental Health First Aid training
  - Health and Wellbeing Champion training
  - Health and Wellbeing Retreats with Leeds Recovery College
  - Compassion Circles
- Visit the Wellbeing Training & Events page on Staffnet
- Email **leedsoneworkforce@nhs.net** to book



# Equality, Diversity and Inclusion

## DaWN

- Virtual workshop on Autism in the Workplace on 27 January 10am - 12pm with Leeds Autism Diagnostic Services
- Focus on raising awareness & supporting our colleagues appropriately
- For further info & to reserve a space contact **[ruby.bansel@nhs.net](mailto:ruby.bansel@nhs.net)**

## WREN

- The Workforce Race Equality Network remains a monthly meeting
- The second Thursday of each month with the next meeting being held on 10 February 2.30-4pm

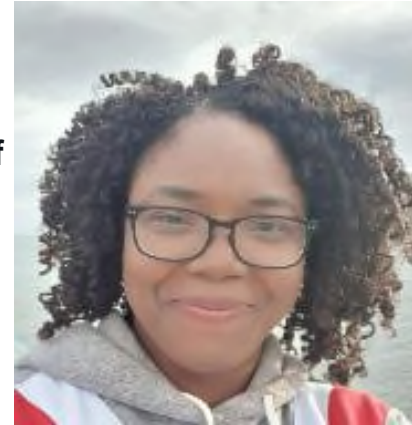
# Reasons to be proud



## Congratulations Christiana!

**Christiana Elisha-Aboh**, has been voted the Health Education England (HEE) Yorkshire & Humber School of Psychiatry **Higher Trainee of the Year** for 2021.

Christiana said: "LYPFT is an excellent trust for training and takes unique steps to support a diverse group of trainees in various ways."



## Congratulations Zoe!

**Zoe Goff** has been voted Health Education England (HEE) Yorkshire & Humber School of Psychiatry **Core Trainee of the Year** for 2021.

Zoe said: "It's fantastic to have additional work and achievements that go alongside clinical work acknowledged. LYPFT has been a great place to work and complete my core training."





# Reasons to be proud



## Jady's article gets published!

Well done to **Jady Robinson**, an Occupational Therapist, on Riverfields ward in York Forensic Services, whose article about improved internet access in forensic services to benefit our service users, has been published in the Royal College of Psychiatrists Quality Network for Forensic Mental Health Services Newsletter.

Jady said: "Getting the article published was an unexpected Christmas present, and I am pleased that the effort we have put in over lockdown made it to print!"



## Sharing your stories during Disability History Month

It was incredible to see so many colleagues sharing the personal reflections throughout Disability History Month. Thank you to everyone who took part.

We are committed to developing fair, open and inclusive workplaces across the Trust where all colleagues have a voice and feel they belong.

We're also looking at how we can continue to share your stories throughout the year so please look out for further details.





**And the November winner is...**



## Ward 4 (Male Acute Inpatients) The Becklin Centre

*“The whole team have literally shown so much love and care and understanding to our service users during this difficult time. The service users are the main reason that we all love our jobs. We also look out for each other. If we feel someone is struggling, we all come together to make sure that we rally round, keep their spirits up and generally keep them laughing.”*

**- Nominator**

*“This nomination brought tears to my eyes, as demonstrated how the team put the service users at the centre of all they do and go the extra mile to provide such thoughtful and compassionate care.”*

*“This is one of the best nominations that we have received. The ward clerk provides a unique perspective on the working of the team, their relationship with service users and the way they go above and beyond.”*

**- Judges**

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**AGENDA  
ITEM**

**11**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Quarterly Performance and Quality Update Report
<b>DATE OF MEETING:</b>	1 February 2022
<b>PRESENTED BY:</b> (name and title)	Joanna Forster Adams – Chief Operating Officer
<b>PREPARED BY:</b> (name and title)	Cathy Woffendin – Director of Nursing, Professions and Quality Darren Skinner – Interim Director of OD and Workforce Edward Nowell – 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	✓

<b>EXECUTIVE SUMMARY</b>		
<p>This paper is to highlight and outline the Trust's current performance over the last 3 months and provide an insight to the Governors from recent Board discussions around performance. Please note the report reflects the data presented to Board in September 2021.</p>		
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>
The council is asked to note the contents of the report.



# 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 October 21, and Quality and Workforce is September 21. This is consistent with the latest information shared with the Trust Board of Directors.*



## Service Performance – Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Aug-21	Sep-21	Oct-21
Percentage of crisis calls (via the single point of access) answered within 1 minute *	-	70.6%	67.0%	70.6%
Percentage of ALPS referrals responded to within 1 hour	90.0%	80.0%	77.4%	76.2%
Percentage of S136 referrals assessed within 3 hours of arrival	-	18.4%	11.9%	12.0%
Number of S136 referrals assessed	-	49	59	50
Number of S136 detentions over 24 hours	-		8	8
Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral	90.0%	78.3%	70.0%	69.2%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70%	78.1%	86.8%	91.4%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50%	46.0%	55.6%	47.1%
Percentage of CRISS caseload where source of referral was acute inpatients	tba	20.5%	17.9%	21.1%
Services: Access & Responsiveness to Learning Disabilities, Regional and Specialist Services	Target	Aug-21	Sep-21	Oct-21
Gender Identity Service: Number on waiting list	-	3075	3104	3133
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	95%	-	10.0%	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100%	-	50.0%	-
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	-	68	-	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	-	10.0%	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for bio psychosocial assessment (quarterly)	85%	-	32.2%	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	tbc	-	565	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	-	7.0%	-
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90%	75.9%	76.7%	82.8%
Services: Our acute patient journey	Target	Aug-21	Sep-21	Oct-21
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	55.9%	69.4%	80.6%
Crisis Assessment Unit (CAU) length of stay at discharge	-	9.2	6.2	16.67
Liaison In-Reach: attempted assessment within 24 hours	90%	78.9%	82.7%	79.0%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94-98%	95.9%	96.2%	99.6%
• Becklin – ward 1 (female)	-	102.9%	99.4%	101.6%
• Becklin – ward 3 (male)	-	98.0%	97.6%	98.0%
• Becklin – ward 4 (male)	-	90.6%	90.2%	99.3%
• Becklin – ward 5 (female)	-	88.9%	93.3%	101.8%
• Newsam – ward 4 (male)	-	99.4%	100.6%	97.4%
• Older adult (total)	-	97.5%	96.0%	89.6%
• The Mount – ward 1 (male dementia)	-	100.0%	93.5%	84.1%
• The Mount – ward 2 (female dementia)	-	102.4%	98.2%	95.5%
• The Mount – ward 3 (male)	-	93.6%	97.6%	91.9%
• The Mount – ward 4 (female)	-	96.5%	94.7%	87.7%

\* A new SPA 0800 freephone number was introduced in Nov 20, overall call volumes included the new number AND the old 0300 number up to March 21. This impacted on the call response data with the automatic recorded announcement of the number change adversely affecting the local 1 min response target. The 0300 number has since been decommissioned and replaced with an announcement to redial the 0800 number. From April 21 the SPA call volumes represent the 0800 number only, however the call response KPI includes both the new 0800 number and de-commissioned 0300 number in order to give a truer representation of call waiting times.



## Service Performance – Chief Operating Officer

Services: Our acute patient journey	Target	Aug-21	Sep-21	Oct-21
Percentage of delayed transfers of care	-	10.3%	11.6%	11.9%
Total: Number of out of area placements beginning in month	-	5	6	16
Total: Total number of bed days out of area (new and existing placements from previous months)	tbc	285	258	497
Acute: Number of out of area placements beginning in month	-	5	4	13
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	168	145	334
PICU: Number of out of area placements beginning in month	-	0	1	3
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	0	8	39
Older people: Number of out of area placements beginning in month	-	0	1	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	117	105	124
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90%	-	72.0%	-
Services: Our community care	Target	Aug-21	Sep-21	Oct-21
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	-	82.0%	84.6%	80.0%
Percentage of inpatients followed up within 3 days of discharge (CCG commissioned services only)	80%	82.9%	87.3%	82.4%
Number of service users in community mental health team care (caseload)	-	4,500	4,444	4,302
Percentage of referrals seen within 15 days by a community mental health team	80%	75.8%	76.2%	81.1%
Percentage of referrals to memory services seen within 8 weeks (quarter to date) *	90%	59.0%	58.5%	70.1%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date) *	50%	46.4%	59.3%	53.0%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60%	75.0%	68.0%	63.2%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	tbc	-	54.1%	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90%	-	35.0%	-
Services: Clinical Record Keeping	Target	Aug-21	Sep-21	Oct-21
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	MAY 89.4%	JUN 90.0%	JUL 90.8%
Percentage of service users with NHS Number recorded	-	99.3%	99.1%	99.1%
Percentage of service users with ethnicity recorded	-	77.5%	76.9%	77.3%
Percentage of service users with sexual orientation recorded	-	23.8%	25.0%	27.0%
Percentage of in scope patients assigned to a mental health cluster	-	69.7%	69.3%	69.1%

\* Please note the Memory Assessment Service was closed to new referrals between Mar 20 and Oct 20

## Quality and Workforce metrics: Tabular overview

Services: Clinical Record Keeping	Target	Jul-21	Aug-21	Sep-21
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	Apr	May	Jun
		89.6%	89.4%	90.0%
Percentage of service users with ethnicity recorded	-	77.3%	77.4%	76.5%
Percentage of in scope patients assigned to a mental health cluster	90%	69.4%	69.5%	69.5%
Percentage of service users with sexual orientation recorded	-	22.6%	23.5%	24.2%
Quality: Our effectiveness	Target	Jul-21	Aug-21	Sep-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	-	1	2	2
Quality: Caring / Patient Experience	Target	Jul-21	Aug-21	Sep-21
Friends & Family Test: Positive experience of care (total responses received) **	-	84% (105)	90%(83)	85%(118)
Mortality:				
· Number of deaths reviewed (incidents recorded on Datix)*	Quarterly	-	-	66
· Number of deaths reported as serious incidents	Quarterly	-	-	4
· Number of deaths reported to LeDeR	Quarterly	-	-	0
Number of complaints received	-	16	12	17
Percentage of complaints acknowledged within 3 working days	-	100%	100%	100%
Percentage of complaints allocated an investigator within 3 working days	-	81%	66%	82%
Percentage of complaints completed within timescale agreed with complainant	-	100%	100%	82%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	219	182	189

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

\* 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.

\*\* FFT question changed from March 2021 to report positive experience of care via new Have Your Say patient feedback. We are seeing increases in uptake of the new Have Your Say measure month on month as it is introduced to new wards and teams. By the end of August, all teams and wards will have been encouraged to use the measure then the focus will move onto demonstrating what is being done in response to the feedback.

## Quality and Workforce metrics: Tabular overview

Quality: Safety	Target	Jul-21	Aug-21	Sep-21
Number of incidents recorded	-	1,027	998	956
Percentage of incidents reported within 48 hours of identification as serious	100%	100%	0%(0)	0%(0)
Number of Self Harm Incidents	-	144	133	111
Number of Violent or Aggressive Incidents	-	114	101	106
Number of never events	-	0	0	0
Number of physical restraints *	-	181	176	142
No. of patients detained under the MHA (includes CTOs/conditional discharges)	-	524	522	519
Adult acute including PICU: % detained on admission	-	58.7%	50.0%	71.4%
Adult acute including PICU: % of occupied bed days detained	-	88.2%	89.0%	86.0%
Number of medication errors	Quarterly	-	-	144
Percentage of medication errors resulting in no harm	Quarterly	-	-	94%
Safeguarding Adults: Number of advice calls received by the team	Quarterly	-	-	225
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	-	17%
Safeguarding Children: Number of advice calls received by the team	Quarterly	-	-	38
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	-	37%
Number of falls	-	58	45	32
Number of Pressure Ulcers **	-	0	0	0

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

\* Physical restraints only, excludes mechanical restraint, rapid tranquilisation and seclusion.

\*\* Pressure ulcer data only includes those that have occurred whilst under the care of our inpatient or specialised supported living services.

## Quality and Workforce metrics: Tabular overview

Our Workforce	Target	Jul-21	Aug-21	Sep-21
Percentage of staff with an appraisal in the last 12 months	85%	67.5%	66.7%	66.2%
Percentage of staff with a wellbeing assessment completed	-	81.0%	81.0%	81.0%
Percentage of mandatory training completed	85%	85.4%	85.4%	85.1%
Safeguarding: Prevent Level 3 training compliance (quarter end snapshot)	85%	-	-	89.0%
Percentage of staff receiving clinical supervision	85%	71.6%	73.4%	69.8%
Staff Turnover (Rolling 12 months)	8-10%	8.7%	8.6%	9.0%
Sickness absence rate in month	-	6.0%	6.1%	6.0%
Sickness absence rate (Rolling 12 months)	4.9%	5.2%	5.2%	5.3%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	9.5%	9.8%	10.0%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	40.5%	39.9%	39.5%
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	-	1,569	1,105	895
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	14.3%	15.1%	14.2%
Medical Consultant Vacancies (number)	-	11.4	12.1	11.2
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	17.1%	9.6%	12.4%
Medical Career Grade Vacancies (number)	-	6.9	3.9	5.0
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	21.2%	7.1%	15.6%
Medical Trainee Grade Vacancies (number)	-	21.4	7.2	15.8
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	34.0%	38.0%	34.0%
Band 5 inpatient nursing vacancies (number)	-	77.2	86.4	74.8
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	5.0%	3.0%	3.0%
Band 6 inpatient nursing vacancies (number)	-	4.8	3.5	3.1
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	17.8%	20.5%	22.2%
Band 5 other nursing vacancies (number)	-	18.4	21.2	23.0
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)	-	8.7%	8.0%	6.5%
Bank Agency Spend YTD (Cost)	-	5,431,139	6,730,609	8,550,605
Bank Agency Spend YTD (%)	-	12.0%	12.0%	12.0%
		<b>Aug</b>	<b>Sep</b>	<b>Oct</b>
Number of staff vaccinated for Covid19 (first dose)*		3,207	3,206	3,272
Percentage of staff vaccinated for Covid19 (first dose)*		86%	86%	87%
Number of staff vaccinated for Covid19 (second dose)*		3,028	3,032	3,073
Percentage of staff vaccinated for Covid19 (second dose)*		81%	81%	82%

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

\* October data as at 27/10/21

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

### Points to note:

Our contractual standards across services are measured as a matter of routine and in this period we note that the following were achieved:

the percentage of service users who stayed on Crisis Resolution & Intensive Support Services (CRISS) caseload for less than 6 weeks, percentage starting treatment within 2 weeks of referral to Early Intervention in Psychosis (EIP) or At Risk Mental State (ARMS), the percentage of inpatients followed up within 3 days of discharge from Clinical Commissioning Group (CCG) commissioned services, the percentage of referrals to memory services with a diagnosis recorded within 12 weeks and the percentage of service users seen by the Community Mental Health Team (CMHT) within 15 days.

The percentage of service users that stayed on CRISS caseload for 6 weeks, the percentage of Community Learning Disability referrals seen within 4 weeks of referral and CMHT referrals seen within 15 days of referral showed notable improvement in the months leading up to October. Delayed transfers of care showed a steady decline in performance with increased delayed days in the same period.

Appraisal rates continue to hold steady at 66.2% in September. 81% of staff had received a recent wellbeing assessment through our Staff Wellbeing Framework.

Mandatory Training Compliance has been stable over recent months and in September was 85.1%, against a target of 85%.

Clinical supervision rates have remained fairly consistent with a slight decrease in September to 69.8% of eligible staff receiving clinical supervision, against a target of 85%.

Latest coronavirus vaccination figures (as at 17th January) report that 96.4% of LYPFT staff have had their first vaccine including bank, Interserve and some of our front line third sector partners, and 93.5% of staff have now received their second dose. The booster programme is now underway and as of the date above, 73.9% of staff have received a booster vaccination.

### Trust Board Discussion Summary:

The LYPFT Public Meeting of the Board of Directors (BoD) was held via Zoom on 25th November 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/>).

The Chief Operating Officer acknowledged the thoroughness of the summary of the Chief Operating Officer Report provided to the Finance & Performance Committee by its Chair and proceeded to highlight further points of note. The biggest risk and challenge centres around care homes and the social care sector which the Trust, our service users and partners are very reliant on. These challenges are particularly evident in delayed transfers of care within older adult services which the Trust is working on, with partners, to address. The Chief Operating Officer intends to present an organisational risk assessment for mandatory vaccination at the Board Development Session on 9th December. The risk assessment will outline an approach, what the risks are for the organisation and what the key issues are, which will be devised jointly by the Chief Operating Officer and Director of HR. The Trust is operating with staffing issues which are a risk but short-term staffing problems in community adult services have been addressed. There is an ongoing need for additional staff, particularly in older adult inpatient services. The Nursing, Professions and Quality team are working alongside operational and clinical leads to explore solutions to staffing issues which are being included with the safer staffing work. Work on understanding and analysis of waiting lists has not progressed as hoped. Some useful insights have come to light in relation to differences in working practices since moving to CareDirector. A workshop to review waiting lists was held in October with a series of events planned. A more comprehensive update on the waiting list work will be given in January. An overview of Out of Area Placements (OAPs) was provided with particular focus on placements for patients with dementia, who are, however, in hospital in West Yorkshire. The Chief Operating Officer noted updates previously provided around plans to develop a West Yorkshire Psychiatric Intensive Care Unit (PICU) to address the ongoing challenge with PICU OAPs. Improvements have been seen in physical health checks for inpatients whilst making improvements for service users being cared for in community services remains challenging. Work with our partners to improve completion of physical health checks is underway and an update on this should be possible in January's report. As part of winter planning work, one key aim is to reduce ad hoc movement of staff which affects staff, consistency and continuity for the team, as well as the consistency of care for service users. Progress has been made with the COVID-19 booster vaccination programme with 67% of staff taking up the offer of a booster.

### Key issues, risks and actions:

As of 18th January, several wards at the Becklin Centre are closed to admissions with one ward closing approximately half of its beds with the remainder open for admissions. A large number of Acute service staff are currently off work. All wards anticipate being open to admissions by the end of January. Several Low Secure wards are closed to admission due to Covid outbreaks. One older people's ward is also closed to admissions but will be open again before the end of the month.

Since the last Council of Governors report, the Crisis House in Leeds has reopened following closure in November due to building issues, and is operating at full capacity as of the date above.

As of the date above, a number of services are operating with reduced capacity or are in business continuity mode. Staff are being redeployed or providing cross cover within the service to alleviate staffing pressures. Sickness, both Covid and non-Covid related, as well as vacancies, are being experienced by several services across the Trust which is compounded by the need to redeploy in some cases.

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**13**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Report from the Chair of the Quality Committee
<b>DATE OF MEETING:</b>	1 February 2022
<b>PRESENTED BY:</b> (name and title)	Prof John Baker – Non-executive Director and Chair of the Quality Committee
<b>PREPARED BY:</b> (name and title)	Prof John Baker – Non-executive Director and Chair of the Quality 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	

**EXECUTIVE SUMMARY**

This report for the Council of Governor's summarises the work of the Quality Committee (Part A only) and covers meetings from the 8 December 2020 to 14 December 2021.

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

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

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

**RECOMMENDATION**

The Council of Governors is asked to:

- Note this report for information and assurance.





## **MEETING OF THE COUNCIL OF GOVERNORS**

**1 February 2022**

### **REPORT FROM THE CHAIR OF THE QUALITY COMMITTEE**

This report for the Council of Governor's summarises the work of the Quality Committee (Part A only) and covers meetings from the 8 December 2020 to 14 December 2021. The Committee has continued to meet monthly (with the exception of August). The follow is a summary of some of our activity.

- The Committee reviewed the Combined Quality and Workforce Performance Report at each meeting.
- The Committee received on a quarterly basis the Combined Report on PALS, Concerns, Complaints, Compliments, Claims, Central Alert System, Incidents, Serious Incidents and Inquests. This year we have added additional reporting on our Duty of Candor.
- The Committee received the Safer Staffing Six Monthly Update Reports. It agreed that it was assured that arrangements were in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.
- The Committee received reports which summarised the key findings from the NHSE&I Learning Disability Mortality Review (LeDeR) Programme and the recommendations made in the West Yorkshire and Harrogate Health Care Partnership's 'Learning Disability Health Inequalities Challenge'.
- The Committee received the Learning from Deaths quarterly and annual reports. It was assured of the work ongoing within the Trust to improve mortality review and the learning across the organisation. The Committee discussed four key themes for learning from serious incident reviews that had been identified in 2020 which included: safety planning; family involvement; risk assessment; and communication.
- The Committee received verbal monthly updates on the work of the Trust's Incident Command Groups, the Trust Wide Clinical Governance, the Ethical Advisory Group, Infection Prevention and Control and Medical Devices Group.
- The Committee received monthly verbal updates on covid-19 cases and outbreaks across the Trust and detail on the roll out of the covid-19 vaccinations across staff and patients.
- The Committee received a report which outlined the developing approach within the Trust to improve safe and effective care to prevent suicide.

- The Committee received reports and provided feedback on the production of the Quality Report and Account 2020/21, the progress made with the 2020/21 Quality Improvement Priorities (QIPS) and the chosen 2021/22 QIPS following consultation. The Committee agreed that it was assured on the production of the Quality Report and Account for 2020/21 which continues to improve year on year.
- The Committee received an update on the development of an out of area placements quality dashboard.
- The Committee reviewed the Infection Prevention BAF and agreed that it was assured on the processes in place to reduce the transmission of Covid-19 and other nosocomial infections.
- The Committee reviewed quarterly the Board Assurance Framework and was assured that both strategic risk one and strategic risk two were being adequately controlled.
- The Committee reviewed the Non-executive Director Service Visits Quarterly Reports which provided details on the virtual service visits undertaken by non-executive directors.
- The Committee reviewed a report that had been sent to all Trusts to improve the safety of maternity services in England. The quality committee agreed to monitor Perinatal Safety on behalf of the board.
- The Committee received a report which outlined the updated governance arrangements for CareDirector.

### **Annual Quality and Safety Reports for 2020/21**

- The Committee received Annual Quality and Safety Reports for 2020/21 from the following services:
  - Forensics Services.
  - CONNECT: The West Yorkshire and Harrogate Adult Eating Disorder Service.
  - National Deaf CAMHS. Complex Rehabilitation Service.
  - Liaison Services which included: the Acute Liaison Psychiatry Service (ALPS), the Hospital Mental Health Teams (HMHTs), Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) Service, the Liaison Psychiatry Outpatient Service (LPOS), the National Inpatient Centre for Psychological Medicine (NICPM), the Psychosexual Medicine (PSM) Service & the Specialist Liaison Practitioners Out of Hours Children & Adolescent Mental Health (CAMHS OOH) Liaison Service.
  - Perinatal Services.
  - Gender ID Services.
  - Forward Leeds.
  - Veterans Service.
  - Northern Gambling Service.

### **Annual reports**

- The Committee received the Complaints, PALS, Claims and Incidents Annual Report 2020/21.
- The Committee received the Patient Experience and Involvement Progress Report, this included updates on our progress with triangle of care.

- The Committee received the Infection Prevention and Control and Medical Devices Annual Report for 2020/21. It discussed the work carried out in 2020/21 including the response to the pandemic, the flu campaign and the roll out of the Smokefree Policy.
- The Committee received the Improvement and Knowledge Service Annual reports for 2019/20 and 2020/21.
- Feedback and experiences from placement students 2020/21.
- The Committee received the Research and Development Annual Report for 2020/21.
- The Committee reviewed the draft Psychological Professions Strategy 2021-2024 and provided feedback, noting that this had also been reviewed by the Workforce Committee.
- The Committee received the Restrictive Interventions Annual Report. It discussed the impacts that the Covid-19 pandemic had on the use of restrictive interventions, noting that at points throughout 2020/21 an increase in therapeutic activities had led to a decrease in restrictive interventions. It also received an update on the Trust's preparedness for the Mental Health Units (*Use of Force*) Act 2018 which was due to be implemented in 2022.
- The Committee received the Safeguarding Annual Report for 2020/21. It was informed of: the work carried out to strengthen the multi-agency public protection arrangements (MAPPA) arrangements; the high levels of safeguarding training compliance which had remained consistent throughout the pandemic; and personnel changes to the Safeguarding Team.
- The Committee received the Medicines Optimisation Group Annual Report for 2020/21. It agreed that the summary of the work carried out by the Medicines Safety Committee provided assurance. The Committee discussed the use of valproate, rapid tranquilisation and missing controlled drugs.

### **Linking to other sub-committees**

- The Committee received a report and presentation on the review of collective leadership and clinical governance structures being implemented in the Trust.
- The committee linked with other sub-committees, we have maintained good connectivity with other sub-committees including escalation of estates issues faced by services leading to a new route for escalating estates issues which impact on quality via the Finance and Performance Committee. The Committee frequently considers areas for future internal audits.

### **Conclusion**

I believe this to be a reasonable summary of the work of the Quality Committee, those governors who have attended the meeting can provide additional observations for discussion.

**Professor John Baker**

**Non-executive Director and Chair of the Quality Committee**

**17 December 2021**

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**AGENDA  
ITEM**

**14**

**MEETING OF THE COUNCIL OF COUNCILLORS**

<b>PAPER TITLE:</b>	LYPFT People Plan 2021-2024
<b>DATE OF MEETING:</b>	1 February 2022
<b>PRESENTED BY:</b> (name and title)	Darren Skinner – Director of People and Organisational Development
<b>PREPARED BY:</b> (name and title)	Darren Skinner – Director of People and Organisational Development

<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**

The Workforce Committee and the Board approved the LYPFT People Plan 2021-2024 in December 2022.

An early draft was presented and discussed at the Workforce Committee in October 2021 following which a significant amount of work was undertaken by the People and OD Directorate to develop a plan which is fit for purpose in the context of the organisation which we all work within.

The outcome of our collaborative approach has resulted in the attached Our People Plan. This plan is also aligned to the NHS People Plan and the 7 People Promises as described nationally.

The team have also developed a performance framework which will support delivery of the People Plan and a clear structure which defines the outcome measures and demonstrates progress of the key areas of activity as described in the People Plan.

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>	

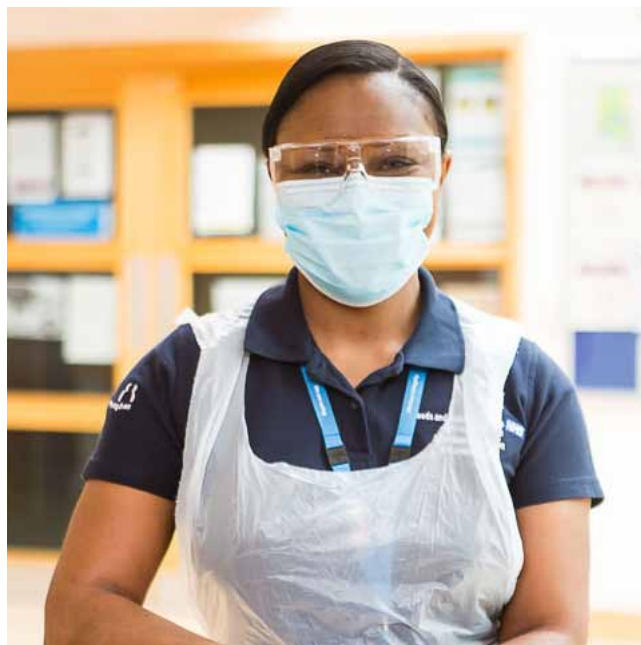
**RECOMMENDATION**

The Council is asked to receive this item for information.



# Our People Plan

2021 - 2024









# Introduction

Whatever our role, wherever we work – every single one of our colleagues at Leeds and York Partnership NHS Foundation Trust, plays an outstanding role in delivering high-quality care to our service users and their families. Our People Plan has been developed at a time when NHS colleagues have faced unprecedented challenges responding to a pandemic; some putting their lives on hold to save others, and everyone juggling work and family life.

It has been developed at a time when Covid-19 has forced the world to recognise the value of our health, at whatever age and laid bare the huge inequalities faced by our communities, and it is important to recognise that some of our colleagues are among these. This three-year Strategic Plan sets out our commitment to all our colleagues – to be the best they can be at work, so we are ready to face whatever the challenges that lie ahead. Rightly so, it has been developed by listening to our people, as well as feedback from our regular staff surveys, and at its heart is compassion and admiration for colleagues who have achieved something remarkable and of whom, as well as saying thank you, we continue to ask for more. The work to develop our People Plan has been led by the People and Organisational Development Team, working collectively and collaboratively with each other and engaging across the Trust to ensure the plan reflects the views and thinking of all key stakeholders. As we move forward and begin to implement the plan, we will continue to engage and listen and work collectively to deliver our ambitions for all our colleagues.

Describing our ambition is one thing; delivering is another. So, this strategic plan identifies what we plan to do as part of the four NHS People Plan ambitions, which we will focus on for the next three years to continue to engage, retain and recruit colleagues. While it has built on the learning from a difficult 18 months, we live in an uncertain and ever-changing environment, so we can say with confidence we will need to update and adapt our people strategy during the timeframe it covers. Our commitment is to continue to listen and evolve our People Plan in response to any changing context.



A handwritten signature in black ink, appearing to read 'Sara' followed by a stylized flourish.

**Dr Sara Munro**  
Chief Executive



A handwritten signature in black ink, appearing to read 'Darren' followed by a stylized flourish.

**Darren Skinner**  
Director of People and  
Organisational Development



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# Our Trust Values

## Our values

### We have integrity

We treat everyone with respect and dignity, honour our commitments and do our best for our service users and colleagues.

## Behaviours that uphold our values

- We are committed to continuously improving what we do because we want the best for our service users. We consider the feelings, needs and rights of others.
- We give positive feedback as a norm and constructively challenge unacceptable behaviour.
- We're open about the actions we take and the decisions we make, working transparently and as one team with service users, colleagues and relevant partner organisations.

### We keep it simple

We make it easy for the communities we serve and the people who work here to achieve their goals.

- We make processes as simple as possible.
- We avoid jargon and make sure we are understood.
- We are clear what our goals are and help others to achieve their goals.

### We are caring

We always show empathy and support those in need.

- We make sure people feel we have time for them when they need it.
- We listen and act upon what people have to say.
- We communicate with compassion and kindness.



# Our People Plan Vision

Valuing our people to improve the care and health outcomes for our service users, carers, and communities.

## What our vision means

**A compassionate and inclusive culture that makes people's lives at work better**

**People are the best they can be at work, contributing to the delivery of excellent care**

**Learning from everything we do to develop our people for the future**









# Our people ambitions

Our vision will be delivered through four strategic ambitions for our people. NHS England published 'We are the NHS: People Plan for 2020/21' in July 2020. The plan sets out what the people of the NHS can expect – from their leaders and from each other. It focuses on:

- **Looking after our people**, particularly the actions we must all take to keep our people safe, healthy, and well – both physically and psychologically.
- **Belonging in the NHS**, highlighting the support and action needed to create an organisational culture where everyone feels they belong.
- **New ways of working and delivering care**, emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care.
- **Growing for the future**, particularly by building on the renewed interest in NHS careers to expand and develop our workforce, as well as retaining colleagues for longer.

Our People Plan 2021-24 reflects the strategic direction in the **NHS People Plan** and the **NHS People Promise** and the four strategic ambitions reflect the national priorities.



**Our People Plan 2021-24** will focus activity under four ambitions to reflect the national plan. Each ambition will be delivered through a **Road Map** which sets out actions and milestones for the remainder of 2021/22 and two further years.



# Our people ambitions

## Looking after our people



The wellbeing of our people is important to us, so they can deliver high quality care. We want our people to be safe, healthy, and well both physically and psychologically.

### Our Commitments

#### We will:

- Ensure our people have equal access to and use a full range of well-being support – physical, psychological, financial, and social
- Promote a psychologically safe culture and environment which challenges stigma and values the lived experience
- Keep our people protected, safe and well at work
- Ensure our leaders have the knowledge, skills, and expertise to support wellbeing in the workplace



The Trust to be in the top **25%** of Trusts for our Health and Wellbeing score



**60%** Return to Work completions



Increase in Wellbeing assessments being completed to **85%**



#### How we'll measure our progress:

- Increased accessibility to Trust employee assistance program services and improved outcomes for users
- Having a diverse and representative workforce at all levels
- Improve staff sickness levels year on year
- Minimum 85% compliance with Compulsory Training
- Establish dedicated staff-only wellbeing spaces across all Trust sites by 2024





# Our people ambitions Belonging in the NHS



We will foster a culture of belonging and inclusion, where all our people have a voice, and we will tackle discrimination and inequality gaps.

## Our Commitments

### We will:

- Give our people a voice, listening, acting on feedback and involvement in decision making
- Embed Equality, Diversity, and Inclusion into the culture of our Trust
- Grow collective leaders that reflect Trust values
- Provide a working environment of civility and respect for our people
- Improve the experience of those people with a protected characteristic as identified by the Equality Act 2010



By 2024 LYPFT to be in the top **25%** for People Promise 1 (We are compassionate and inclusive)



Increase Leadership Programme Participation



Increase the number of roles through widening participation programmes, including: Kick Start, Princes Trust etc



### How we'll measure our progress:

- Cultural Inclusion Ambassadors embedded within employee relations and recruitment
- Pilot reciprocal mentoring scheme evaluated, future model developed and rolled out with the Trust
- Reduce number of colleagues reporting personal experience of harassment, bullying or abuse at work
- The Trust to be in the top 5 for Staff Survey score for People Promise 3 (We each have a voice that counts) by 2024



# Our people ambitions

## New ways of working and delivering care



New ways of working and delivering care, engaging our people in innovation and improvement, to deliver the best possible patient care.

### Our Commitments

#### We will:

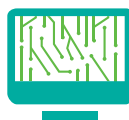
- Develop an agile workforce who can deliver effectively in their roles
- Continue to build a culture of innovation and improvement in our approach to people development, systems, and processes
- Develop organisational development (OD) and change management support to facilitate new ways of working and delivering care
- Provide accessible and intuitive software solutions to support people and OD initiatives



Increase the opportunity for flexible and agile working



Introduce a New Learning Management System



Introduce new acuity measurement safer staffing software for inpatient services



#### How we'll measure our progress:

- Improved Staff Survey outcomes linked to flexible and agile working
- Complete the Management of Change Process Evaluation
- Introduce a simplified workflow for the starters/leavers/changes process
- Introduce a New Appraisal Software solution





# Our people ambitions Growing for the future



Growing for the future, particularly by building on the renewed interest in health and care careers to expand and develop our workforce, while embracing new and emerging roles alongside our traditional roles.

## Our Commitments

### We will:

- Deliver an effective workforce plan, which focuses on recruitment and retention and future supply pathways, and which incorporates Trust Learning Needs Analysis (LNA)
- Develop and deliver the best experience for those who join the Trust
- Develop and implement an innovative approach to talent development, which aligns with the Trust Workforce plan
- Work with partner organisations to deliver joint leadership and career development programmes
- Promote the One Leeds workforce model, removing barriers to cross-organisational and cross-functional working to enable new models of service delivery
- Work with partner organisations to collaborate on introducing and embedding new roles and the sharing of resources where this benefits the system we work in



Completed Service Level  
Workforce Plans Trustwide



**75%** target for staff  
recommending LYPFT as a  
place to work



Increase the volume  
of people undertaking  
apprenticeships to support  
career progression



### How we'll measure our progress:

- Deliver the NHSE target of zero healthcare support worker vacancies
- Improve our retention rates with a specific focus on those leaving within the first 12 months
- Increased compliance with exit interview completion
- Establish an entry-level internship/work experience program
- Establish a Talent Management Framework



# Road map: making sure we deliver

The People Plan will be delivered through a Road Map which will set out key actions and milestones for the current year and the next two years, 2022/23 and 2023/24. We will use the Road Map to plan our work, report progress and hold ourselves to account.

## Outcome Measures

We have developed a set of success measures which are set out in our performance framework, and these will tell us if our People Plan is working.

## Reporting and review

Progress on the delivery of the Road Map and success measures will be reviewed regularly and reported to the following groups at a frequency agreed through the People and Organisational Development Grouped Governance Groups.

### a) People and Organisational Development Governance Groups

- Road Map actions
- Outcome measures

### b) Executive Management Team

- Road Map actions
- Outcome measures

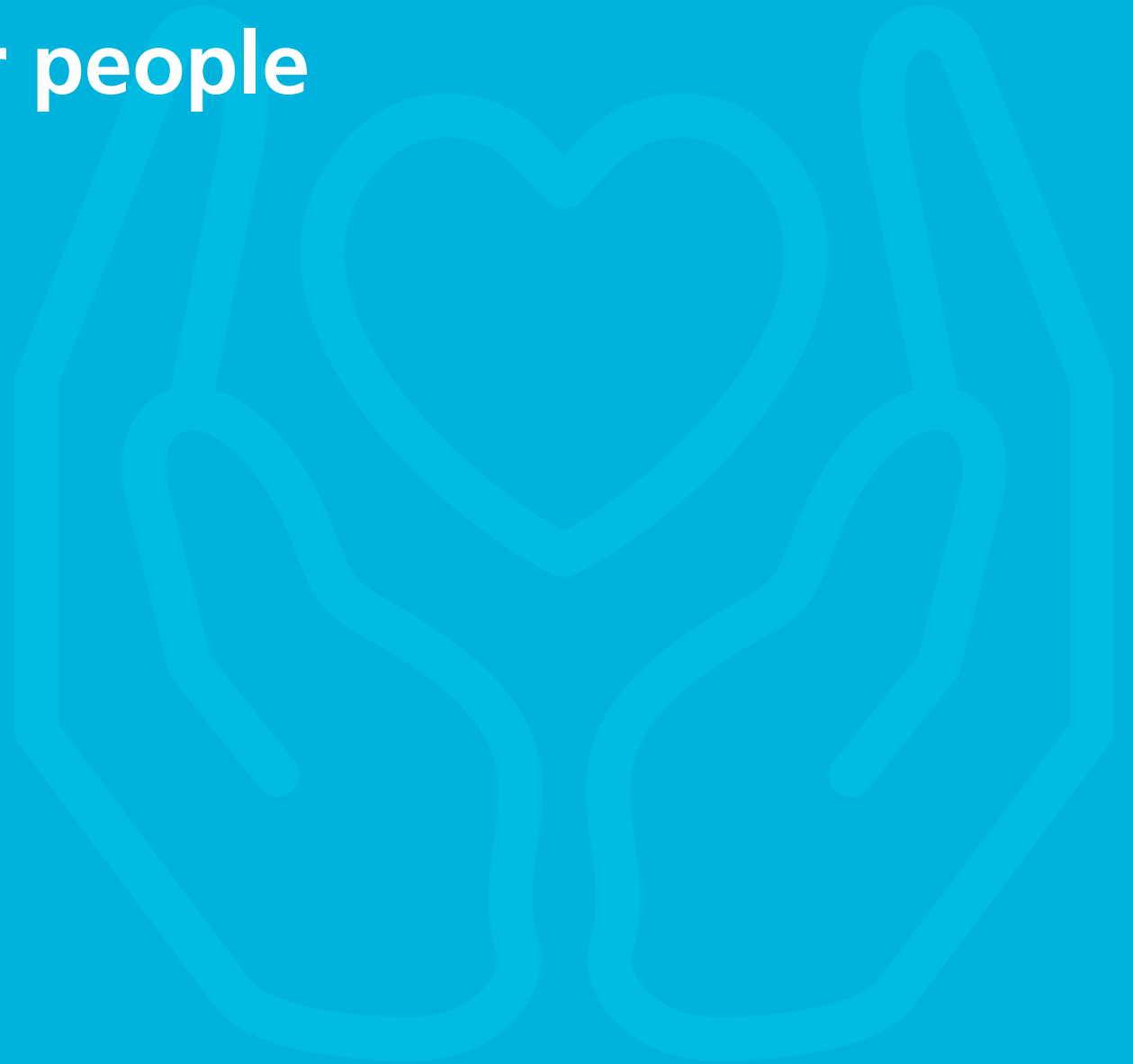
### c) Workforce Committee

- Road Map actions
- Outcome measures



# Road map

## Looking after our people



## Looking after our people

Commitments	Objectives 2021	Objectives 2022	Objectives 2023	Governance Group
Ensure our people have access to the full range of well-being support, physical, psychological, financial and emotional	<ol style="list-style-type: none"> <li>1 Undertake an evaluation exercise of the current wellbeing offer and implement change of priority areas</li> <li>2 Identify if there is the need to provide specific support for colleagues impacted by the menopause</li> <li>3 Introduce a Critical Incident Staff Support Pathway (CriSSP). Review the recent use of OH Critical Incident Support as part of the review of the Partnership Agreement</li> <li>4 Engage with colleagues, specifically clinical, to ensure they feel they have the appropriate access to all aspects of the wellbeing offer</li> <li>5 Utilise qualitative and quantitative data to establish where inequality exists for different staffing and protected characteristic groupings</li> </ol>	<ol style="list-style-type: none"> <li>1 Engage with staff and implement an updated offer based on staff feedback and the results of the evaluation</li> <li>2 Begin to roll out a menopause specific support offer</li> <li>3 Develop a sustainable solution to implementing and delivering the Critical Incident Staff Support Pathway (CriSSP) within the Trust</li> <li>4 Improve ease of accessibility to the wellbeing offer for all colleagues, irrespective of working location or role</li> <li>5 Revisit the Partnership Agreement with OH regarding enhanced OH offer</li> </ol>	<ol style="list-style-type: none"> <li>1 Engage with staff and implement offer based on staff feedback and results of the evaluation</li> <li>2 Engage with staff and line managers to evaluate the impact of the menopause support offer</li> <li>3 Evaluate and embed continuous improvement</li> <li>4 Implement a revised Partnership Agreement with OH</li> </ol>	People Experience Group, People Employment Group, People Talent and OD Group
Promote a psychologically safe culture and environment which challenges stigma and values the lived experience	<ol style="list-style-type: none"> <li>1 Review the training offer for supporting managers to promote a psychologically safe culture and environment e.g. difficult conversations, team development, cultural intelligence etc</li> <li>2 Continue to work in partnership with the Freedom to speak up guardian and strengthen the processes/policies in place to support this</li> </ol>	<ol style="list-style-type: none"> <li>1 Implementing a revised management training offer based on the review and evaluate results</li> <li>2 Review the effectiveness of the partnership with the Freedom to Speak up Guardian using triangulated data and an emphasis on continuous improvement</li> </ol>		People Experience Group, People Employment Group, People Talent and OD Group

Keep our people protected, safe and well at work	<ol style="list-style-type: none"> <li>1 Commence evaluation of the wellbeing assessments, promoting wellbeing conversations as part of all individual and team meetings</li> <li>2 Commence evaluation of all estates and facilities, including discussions with clinically-based colleagues, to ensure that all staff have the appropriate working environment to support their wellbeing</li> <li>3 Continue the evaluation through the wellbeing assessment to ensure colleagues who are adopting hybrid working remain safe and well at work and implement necessary changes</li> <li>4 Commence evaluation of the rate of managers completing return to work meetings within 48 hours of the colleagues return to work</li> </ol>	<ol style="list-style-type: none"> <li>1 Review the current completion rate of wellbeing assessments across different areas, and identify ways to improve where necessary</li> <li>2 Start to make identified and targeted improvement to estates and facilities, focussing on clinical sites where staff are patient-facing and those colleagues working in an agile way i.e. hybrid worker</li> <li>3 Continue the evaluation through the wellbeing assessment to ensure colleagues who are adopting hybrid working remain safe and well at work and implement necessary changes</li> <li>4 Identify and implement improvement measures, to increase the rate of managers completing return to work meetings within 48 hours of the colleagues returning to work</li> </ol>	<ol style="list-style-type: none"> <li>1 Review and update approach to wellbeing assessments embedding continuous improvement</li> <li>2 Continue to make targeted improvement to estates and facilities as appropriate</li> <li>3 Continue the evaluation through the wellbeing assessment to ensure colleagues who are adopting hybrid working remain safe and well at work and implement necessary changes</li> </ol>	People Experience Group, People Employment Group
Ensure our leaders will have the knowledge, skill and expertise to support wellbeing in the workplace	<ol style="list-style-type: none"> <li>1 Begin to develop guidance for managers on supporting their staff's health and wellbeing, including a cancer support pathway, a stress management support pathway and a Long Covid support pathway</li> <li>2 Identify appropriate menopause awareness training requirement for line managers</li> <li>3 Develop and continue to deliver training for managers on supporting and managing sickness absence</li> </ol>	<ol style="list-style-type: none"> <li>1 Implement absence support pathways and evaluate on an ongoing basis</li> <li>2 Roll out menopause awareness training for line managers</li> <li>3 Deliver a programme of well-being and absence management training for managers</li> </ol>	<ol style="list-style-type: none"> <li>1 Improve absence support pathways based on efficacy during the evaluation stage</li> <li>2 Commence evaluation of the impact of the menopause awareness training</li> <li>3 Continued evaluation of the programme of well-being and absence training for managers</li> </ol>	People Experience Group, People Employment Group

Ensure our leaders will have the knowledge, skill and expertise to support wellbeing in the workplace	<p>4 Engage on new Wellbeing and Supporting Attendance Policy with a view to approval and implementation</p> <p>5 Develop Wellbeing and Supporting Attendance Toolkits for managers and colleagues</p> <p>6 Commence evaluation of the use of 'reasonable adjustments' for colleagues</p> <p>7 Provide training, coaching and support for HR team on enhanced offer to managers and new ways of working in line with new policies</p> <p>8 Review of People and OD policies as identified through the policy review schedule with an emphasis on people-centric, compassionate approaches</p> <p>9 Implement new Disciplinary Policy based on Just and learning culture and Fair Experience for all including toolkits</p> <p>10 Review of People and OD policies as identified through the policy review schedule with an emphasis on people-centric, compassionate approaches</p>	<p>4 Implement a new Wellbeing and Supporting Attendance Policy</p> <p>5 Implement the Wellbeing and Supporting Attendance Toolkits</p> <p>6 Implement the new process for requesting support with long term conditions/disabilities</p> <p>7 Evaluate the effectiveness of the HR Operational support into services and identify and continuous improvement</p> <p>8 Review and engage on the redrafting of Grievance, Bullying and Harassment and Performance Management Policies</p> <p>9 Review the effectiveness of the new Disciplinary Policy</p> <p>10 Roll out and evaluate the impact of training for managers in the new Disciplinary process</p>	<p>4 Commence evaluation of the Wellbeing and Supporting Attendance Policy</p> <p>5 Commence evaluating the effectiveness of the Wellbeing and Supporting Attendance Toolkits</p> <p>6 Evaluate the impact of the new policy and the process for requesting support with long term conditions/disabilities</p> <p>7 Continue to monitor and evaluate as part of continuous improvement and HR service development</p> <p>8 Implement the new policies for Grievance, Bullying and Harassment and Performance Management</p> <p>9 Continue to evaluate the new policy on a six-monthly basis</p> <p>10 Evaluate training and refresh where appropriate</p>	People Experience Group, People Employment Group
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# Road map Belonging in the NHS





## Belonging in the NHS

Commitments	Objectives 2021	Objectives 2022	Objectives 2023	Governance Group
Give our people a voice, listening, acting on feedback and involvement in decision making	<ol style="list-style-type: none"> <li>1 Co-create a two-year strategic plan for 'people communications and engagement' supporting the delivery of the People Plan as well as the Trust's wider strategic objectives i.e. clinical services, estates etc.</li> <li>3 Report staff survey/pulse surveys to relevant governance groups to highlight actions needed to be taken to improve the experience for everyone working at our Trust</li> <li>4 Review staff networks and agree resourcing, succession planning and development support for staff networks and identify options for closer involvement with current governance structures</li> </ol>	<ol style="list-style-type: none"> <li>1 Implement Year 1 plan for people communications and engagement</li> <li>2 Evaluate and review communications and engagement</li> <li>3 Have a clear people communications and engagement plan for each work stream</li> <li>4 In conjunction with relevant Governance Groups, produce a Trustwide Staff Survey Action Plan to be reported into Workforce Committee</li> <li>5 Implement staff network development plan and undertake Year 1 review and monitor impact</li> </ol>	<ol style="list-style-type: none"> <li>1 Implement Year 2 plan for people communications and engagement</li> <li>2 Evaluate and review communications and engagement</li> <li>3 Review 2022 Staff Survey results and make appropriate changes to action plans</li> <li>4 Undertake Year 2 review and monitor impact and develop forward plan</li> <li>5 Implement revised Partnership Agreement with OH</li> </ol>	People Experience Group
Embed Equality, Diversity and Inclusion in the culture of our Trust	<ol style="list-style-type: none"> <li>1 Introduce an approach within the new disciplinary policy and procedure to support closing the gap in BAME staff entering into the formal disciplinary procedures (WRES)</li> <li>2 Recruit and start to establish the role of the Cultural Inclusion Ambassadors. These will advise and constructively challenge within disciplinary and recruitment processes and to influence wider culture change</li> </ol>	<ol style="list-style-type: none"> <li>1 Year 1 review and monitoring of impact of new processes in closing the gap in BAME staff entering the formal disciplinary processes</li> <li>2 Implement 12 month development and support programme for Cultural Inclusion Ambassadors</li> </ol>	<ol style="list-style-type: none"> <li>1 Year 2 review to monitor impact of new processes in closing the gap in BAME staff entering the formal disciplinary processes</li> <li>2 Evaluate impact of Cultural Inclusion Ambassador programme, to collectively respond to the results and develop a forward delivery plan for future rollout</li> </ol>	People Experience Group, People Employment Group

Embed Equality, Diversity and Inclusion in the culture of our Trust	<p>3 To deliver and evaluate a pilot reciprocal mentoring programme</p> <p>4 Develop internal EDI communications plan; co-created with clinical services and staff networks</p>	<p>3 To collectively respond to the evaluation of the pilot phase and co-create a forward delivery plan for reciprocal mentoring to ensure alignment to the broader cultural leadership offer</p> <p>4 Implement communications plan and undertake Year 1 review and monitoring of impact</p>	<p>3 Implement reciprocal mentoring forward plan</p> <p>4 Implement communications plan and undertake Year 2 review and monitoring of impact</p>	People Experience Group, People Employment Group
Grow collective leaders that reflect Trust values	<p>1 To co-create with senior leaders, a 3 year plan, to continue to develop collective leaders and the groups in which they work then collectively respond to the outputs of phase 1 and co-create phase 2 delivery plan</p> <p>2 To evaluate Inclusive Leadership (CQ) programme delivered in 2020/21 and to collectively develop a delivery plan for future rollout</p>	<p>1 Implement phase 2 delivery plan for the collective leadership programme; evaluate impact and collectively co-create a forward plan for year 3 and beyond</p> <p>2 To implement the phase 2 rollout of the Inclusive Leadership (CQ) programme, based on the feedback received and evaluation</p> <p>3 To implement phase 2 rollout of the Developing Inclusive leaders programme</p>	<p>1 To deliver the collective leadership phase 3 plan, the impact of the rollout of the collective leadership programme and to co-create the forward plan to deliver continuous development and improvement</p> <p>2 To evaluate the impact of the rollout of the collective leadership programme and to co-create the forward plan to deliver continuous development and improvement</p> <p>3 Evaluate the impact of the 3-year rollout of the Developing Inclusive Leadership programme (CQ) and to develop a forward plan for further delivery based on the results of the evaluation and impact</p>	People Talent and OD Group
Provide a working environment of civility and respect for our people	<p>1 Establish a Trustwide Prevention and Management of Violence and Aggression Group to ensure a safe environment that minimises the risk of violence and aggression</p>	<p>1 Review and implement Prevention and Management of Violence and Aggression policies and resulting action plans</p>	<p>1 Evaluate impact, review and develop forward plan</p>	People Experience Group

<p>Improve the experience of those people with a protected characteristic as identified by the Equality Act 2010</p>	<ol style="list-style-type: none"> <li>1 Review and establish revised Equality Assurance governance structure to set EDI priorities for 2022 to 2025</li> <li>2 To identify key priorities for those with protected characteristics through analysis of data and engagement activity to inform EDI 3-year forward plan aligned with other Trust strategic plans e.g. People Plan, Quality Strategic Plan</li> <li>3 To establish key metrics that summarise the experience of those with protected characteristics to inform the development of people experience work</li> </ol>	<ol style="list-style-type: none"> <li>1 Complete review of effectiveness of Equality Assurance governance structure and implement revised governance arrangements and workplan</li> <li>2 Develop and publish a 3-year EDI plan, detailing priorities and targeted ambitions via the Equality Assurance Group</li> <li>3 Review workforce demographic and personal experience data at Trust and service level to inform EDI plans and future priorities</li> </ol>	<ol style="list-style-type: none"> <li>1 Act on recommendations and implement continuous improvements</li> <li>2 Monitor and review progress against the EDI plan and communicate progress Trustwide and to external stakeholders</li> <li>3 Review workforce demographic and personal experience data at Trust and service level to inform EDI plans and future priorities</li> </ol>	<p>People Experience Group</p>
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# Road map New ways of working and delivering care



## New ways of working and delivering care

Commitments	Objectives 2021	Objectives 2022	Objectives 2023	Governance Group
Develop an agile workforce who can deliver effectively in their roles	<ol style="list-style-type: none"> <li>1 Design and approve an agile working and flexible working policy and guidance</li> <li>2 To develop a comprehensive set of Frequently Asked Questions (FAQ's) in partnership, to provide clarity on the Trust's Agile Working approach</li> </ol>	<ol style="list-style-type: none"> <li>1 Implement a Trustwide agile working policy and approach</li> <li>2 Advocate and socialise the agile working policy and flexible working policy including manager guidance and support</li> <li>3 Work with colleagues/ stakeholders of the Agile working group to deliver project/system changes that will support an agile workforce</li> </ol>	<ol style="list-style-type: none"> <li>1 Evaluate the impact and implement continuous improvements</li> <li>2 Work with colleagues/ stakeholders of the Agile working group to deliver project/system changes that will support an agile workforce</li> </ol>	People Employment Group, People Talent and OD Group
Continue to build a culture of innovation and improvement in our approach to people development, systems and processes	<ol style="list-style-type: none"> <li>1 Implement a new Trustwide Learning Management System (LMS) that delivers an improved user experience and captures/ reports on Learning Needs Analysis (LNA), classroom course availability and CT compliance</li> <li>2 Establish the role of People, OD and Talent Group as gatekeeper of any new learning initiatives which are identified at Place and System level</li> <li>3 Implement a new, simplified Appraisal platform that enables objective setting, well-being assessments and integrates with the existing workforce systems</li> </ol>	<ol style="list-style-type: none"> <li>1 Include within recruitment guidance and manager training selection methods which support managers to test innovation and improvement competence</li> <li>2 Reviewing our systems to ensure that they meet the need for local retraining and upskilling, working in partnership with local higher education institutions</li> <li>3 Feedback from course modules to review and improve the learning management offer</li> <li>4 Supporting managers, through training, to utilise innovative development pathways to support resourcing and skills gaps e.g. apprenticeships, retire and return, new roles etc</li> <li>5 Complete a scoping exercise to configure the integrated LMS and Appraisal to capture the LNA for the Trust</li> </ol>	<ol style="list-style-type: none"> <li>1 Following a 12 month data gathering process, utilise systems data (appraisals/ LNA/Career conversations) to assess quality and to inform support interventions to guide improvements to people development</li> </ol>	People Talent and OD Group, People Resourcing and Retention Group

Develop Organisational Development (OD) and change management support to facilitate new ways of working and delivering care	<ol style="list-style-type: none"> <li>In collaboration with other services, review and agree in-house OD consultancy offer and approach to support new ways of working and service development</li> </ol>	<ol style="list-style-type: none"> <li>Roll out the in-house OD consultancy offer to services</li> <li>Evaluate the OD consultancy offer to services utilising agreed metrics</li> <li>Refresh the approach to organisational change through introduction of new policy and procedure, and training packages support interventions</li> <li>Continue to identify teams that require support from the OD function through using the Workforce Metrics on a rolling basis and deliver intervention where required</li> <li>Continue to work with improvement colleagues to understand and utilise best practice diagnostic tools to inform effective team working supporting quality improvement. (e.g. SREC)</li> <li>Review and continue to embed the team development approach e.g. Affina Journey and Team Development Manager self-service hub</li> </ol>	<ol style="list-style-type: none"> <li>Evaluate the OD consultancy effectiveness in supporting new ways of working and delivering care</li> <li>Review workforce impacts and lessons learned for further future integration</li> <li>Evaluate the benefits of using the best practise diagnostic tools within the agreed processes</li> <li>Continue to identify teams that require support from the OD function through using the Workforce Metrics on a rolling basis and deliver intervention where required</li> <li>Continue to work with improvement colleagues to understand and utilise best practice diagnostic tools to inform effective team working supporting quality improvement. (e.g. SREC)</li> <li>Review and continue to embed the team development approach e.g. Affina Journey and Team Development Manager self-service hub</li> </ol>	People Talent and OD Group
Provide accessible and intuitive software solutions to support People and OD initiatives	<ol style="list-style-type: none"> <li>Complete a review of the current salaries and wages forms</li> <li>Commence a pilot of the Safer Staffing software platform in the Leeds CAMHs Inpatient units</li> </ol>	<ol style="list-style-type: none"> <li>Develop and implement an intuitive, integrated workflow management solution to replace the SW process</li> <li>Implement a safer staffing acuity software solution across inpatient services</li> </ol>	<ol style="list-style-type: none"> <li>Evaluate the impact of the workflow solution</li> <li>Evaluate the impact of the Safecare solution</li> </ol>	IMSG & People Talent and OD Group



# Road map

## Growing for the future



## Growing for the future

Commitments	Objectives 2021	Objectives 2022	Objectives 2023	Governance Group
Deliver an effective workforce plan, which focuses on recruitment and retention and future supply pathways, and which incorporates Trust Learning Needs Analysis (LNA)	<ol style="list-style-type: none"> <li>1 Develop strategic service level workforce plans for the 9 x clinical service lines and all corporate services</li> <li>2 Develop a Trustwide strategic workforce plan</li> <li>3 Establish a robust and interactive career pathway framework which highlights diverse developmental opportunities</li> <li>4 Establish a Learning Needs Analysis (LNA) process/plan with high-level service line learning needs to inform the Future Year's (FY's) funding/CPD requirements</li> <li>5 Refresh of Trustwide exit interview process to ensure fit for purpose and accessible</li> </ol>	<ol style="list-style-type: none"> <li>1 Conduct quarterly reviews of strategic service level workforce plans</li> <li>2 Implement Trustwide strategic workforce plan actions</li> <li>3 Develop a robust Trust apprenticeship approach, with governance structure to support development pathways and diversify opportunities linked with workforce plans and talent development</li> <li>4 Integrate the LNA process with the workforce planning process to ensure a robust LNA with a supporting expenditure plan to inform the FY's funding/CPD requirements</li> <li>5 Use exit interview/turnover data to inform retention strategies</li> </ol>	<ol style="list-style-type: none"> <li>1 Review of the workforce planning process/plans, both at service level and the Trusts strategic workforce plan</li> <li>2 Increase the number of apprenticeship enrolments, improved evaluation scores and increased number of completions</li> <li>3 Review of the LNA process and embed learning and continuous improvement to support the impact on staff development</li> <li>4 Ongoing review/monitoring of exit interview process to ensure embedded into Business As Usual (BAU) and data analysis to inform retention strategies</li> </ol>	People Resourcing and Retention, People Employment Group, People Talent and OD Group
Develop and deliver the best experience for those who join the Trust	<ol style="list-style-type: none"> <li>1 Review current induction and onboarding arrangements and recommend changes</li> <li>2 Review of all recruitment processes to ensure they are fit for purpose, that they deliver improvement that maximise SLAs, whilst ensuring EDI priorities are incorporated</li> <li>3 Develop proposal for the use of internships/work experience as a entry-level pathway to join the Trust</li> </ol>	<ol style="list-style-type: none"> <li>1 Provide new arrangements and guidance for onboarding for recruiting managers and others</li> <li>2 Continuous review and improvement of recruitment processes</li> <li>3 Roll out of internships/work experience</li> </ol>	<ol style="list-style-type: none"> <li>1 Evaluate the effectiveness of onboarding and the impact on retention and delivery of continuous improvement</li> <li>2 Continuous review and improvement of recruitment processes</li> <li>3 Evaluate the use of work experience/internships in terms of experience and recruitment impact. Continuous improvement of the scheme</li> </ol>	People Resourcing and Retention



Develop and deliver the best experience for those who join the Trust	<p>4 Implement a well-being Z-card so all colleagues have readily available information on how to access support</p> <p>5 Ongoing requirement for all staff to undertake well-being assessments as part of embedded process within appraisals</p>	<p>4 Monitoring effectiveness of Z card resource and employee access to the range of well-being services available and continuous improvement</p> <p>5 Exploration of improvement of data capture for well-being assessments as part of the new i-learn implementation to inform team, service and Trust data analysis via local reporting and culture dashboard</p>	<p>4 Ongoing review/monitoring/ update where appropriate</p> <p>5 Intelligent use of data to inform well-being support offer/ conversations to inform positive change and benchmark against other well-being data to identify areas for improvement</p>	People Resourcing and Retention
Develop and implement an innovative approach to talent development, and which aligns to the Trust Workforce plan	<p>1 Recruitment of a Talent Lead as part of the People and OD organisation restructure</p>	<p>1 Develop an approach and framework for talent management across the Trust aligned and integrated to the operational and workforce planning cycle, as well as funding allocations and identified LNA needs</p> <p>2 Initial scoping of talent management and pilot rollout amongst hot spot areas</p> <p>3 Complete a map of the employee journey from initial recruitment through employment, to highlight development opportunities and pathways to support strategic resourcing gaps and the development of our colleagues</p>	<p>1 Trustwide engagement to identify success measures for the talent approach and Trustwide rollout</p> <p>2 Roll out of talent management framework with supporting infrastructure to support succession planning/linked to internal recruitment and a 'grow our own' model, based on evaluation of pilot</p> <p>3 Integrating talent management into the employee journey and associated development offer, and that this is communicated via an engagement plan with the workforce to embed this across the Trust</p>	People Talent and OD

Work with partner organisations to deliver joint leadership and career development programmes	<ol style="list-style-type: none"> <li>1 Continue to agree a suite of leadership offers with our Mental Health (MH) Collaborative (including Moving Forward/Moving Forward Plus/ Mary Seacole/Shadow Board/ Coaching/LSC)</li> <li>2 Continued development, rollout and review of collaborative leadership programmes across the MH Collaborative/ICS i.e. Mary Seacole programme, Shadow board, Moving Forward programme, 1:2:1 coaching</li> </ol>	<ol style="list-style-type: none"> <li>1 Agree delivery plan for suite of leadership offers and implement and evaluate impact</li> <li>2 Identify further areas for collaboration informing the design of new joint career development programmes and opportunities with partners across the MH Collaborative/ICS with intention to pilot in 2022</li> </ol>	<ol style="list-style-type: none"> <li>1 Continue to capture baseline data to evaluate leadership programmes and forward plan for future provision</li> <li>2 Review and evaluate progress on integrated working on leadership and career programmes with a plan to scale up the collaborative offer</li> </ol>	People Talent and OD
Promote the one Leeds workforce model, removing barriers to cross-organisational and cross-functional working to enable new models of service delivery	<ol style="list-style-type: none"> <li>1 Complete the tender exercise for the establishment of a collaborative bank under the ICS</li> <li>2 Undertake an options appraisal which will be part of the rollout of the NHS Skills Passport across the ICS</li> <li>3 Partner with Leeds Health and Care Academy to contribute to the development of their portfolio of service delivery to benefit Leeds One Workforce (LOW) priorities and LYPFT's workforce planning/service delivery</li> </ol>	<ol style="list-style-type: none"> <li>1 Roll out of collaborative bank (subject to ICS approval)</li> <li>2 Roll out of NHS Skills Passport and ongoing evaluation and improvement</li> <li>3 Continue to partner and engage with Leeds Health Care Academy (LHCA) to ensure the LYPFT colleagues are fully engaged and involved with the academies programme delivery and city-wide workforce plans</li> </ol>	<ol style="list-style-type: none"> <li>1 Review of collaborative bank success and impact on safe staffing levels</li> <li>2 Review of skills passport success and impact on safe staffing levels</li> <li>3 Evaluation and monitoring of LHCA programmes of delivery and benefits to LYPFT and LOW workforce priorities</li> </ol>	People Talent and OD

Work with partner organisations to collaborate on introducing and embedding new roles and the sharing of resources where this benefits the system	<ol style="list-style-type: none"> <li>1 Continue to enhance the strategic resourcing system-wide working across the ICS and in particular introduce a New Roles governance Group</li> <li>2 Completion of International Nurse Recruitment (INR) project as part of the MH Collaborative</li> </ol>	<ol style="list-style-type: none"> <li>1 Work with Health Education England (HEE), System Workforce Lead and other key stakeholders to pilot new roles in the Trust linked to priorities LYPFT and system-wide workforce plans</li> <li>2 To deliver the INR project delivery plan for 2022. LYPFT to continue scoping an independent bid and to continue to work collaboratively with partners to continue to benefit from good practice and effective sharing of learning</li> </ol>	<ol style="list-style-type: none"> <li>1 Evaluate and continue to build on success of new role implementation as well as ongoing exploration of emerging new roles</li> <li>2 Evaluate the INR project to inform future INR needs linked to workforce plans</li> </ol>	
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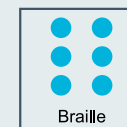
# integrity

# simplicity

# caring

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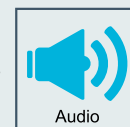
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People Plan - Performance Dashboard

Ambition	No.	Commitments	Outcome Measures	Specific Staff Survey Question Available	Current Stats	Target	Reporting	Systems	Lead Manager	Governance Group		
Looking After Our People	1.1	Ensure our people have equal access to and use a full range well-being support – physical, psychological, financial and social	By 2024 LUPPT to be in the top 25% of Trust for our Health and Well-being Scores.	Q11a (21 Nos). My Organisation definitely takes positive action on health and wellbeing	2020 Score at 41.3%, which puts us in Top 25% (Quartile 4). We were at 35.7% in 2019. 2020 Highest Trust at 53%.	Top 25% (3yrs)	Staff Survey	Staff Survey/Echo	Alex Cowman	People Engagement Group		
				We are safe and healthy People Promise score	2020 Theme Score @ 5.8, which is within Top 50% (Quartile 3). We would need to achieve over 6 to be in Top 25%.  New theme score difficult to make educated recommendation but we should probably be aiming for over 6.		Staff Survey	Staff Survey/Echo	Alex Cowman	People Engagement Group		
			EAP - Increased accessibility of the services at all levels			Quarterly increase in uptake - improvement metric	EAP	EAP	Alex Cowman	People Engagement Group, People Employment Group		
			EAP - Therapeutic Outcomes chart			Monitoring	EAP	EAP	Alex Cowman	People Engagement Group		
			Continue to grow the Menopause Support Group, with ongoing engagement and evaluation		Group Attendance	Menopause friendly accreditation	Manual		Alex Cowman	People Engagement Group		
			Increase in staff uptake of wellbeing offers. My organisation takes positive action on it and WBS - Demographics/Staff Group			Qualitative Report	Staff Survey	Staff Survey/Echo		Alex Cowman	People Engagement Group	
Looking After Our People	1.2	Promote a psychologically safe culture and environment which challenges stigma and values the lived experience	Compliance with Compulsory Training: 85%			8.8%	Learn	Learn?	Alex Cowman	People Talent and OD Group		
			Think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	Q18 (21 Nos). I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	New Question for 2021.  We have no historic data so not able to give a baseline until raw data available in Jan22		Staff Survey		Alex Cowman	People Engagement Group		
			Our Workforce is diverse and representative at all levels				BSR		Alex Cowman	People Engagement Group, People Employment Group		
			Improve staff sickness levels (0.2% reduction year-on-year to 4%)			4%	BSR	BSR/Echo	Alex Cowman	Absence Improvement Group		
			Increase in wellbeing assessments being completed to 85%			85%	Workforce Survey/Scheduler	Learn	Alex Cowman	Health & Wellbeing Committee		
			People Promise 4 (We are safe and healthy) Sub-scores contributing to this promise are: Unsafe experiences Health & Safety climate	We are safe and healthy - overall People Promise score.	2020 Theme Score @ 5.8, which is Top 50% (Quartile 3).  We would need to achieve over 6 to be in Top 25%	Top 25% (3yrs)	Staff Survey		Alex Cowman	People Engagement Group		
Looking After Our People	1.3	Keep our people protected, safe and well at work	Sub-theme 1 Qs - Unsafe Experiences	Q11b (20 Nos). In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? Q11c (20 Nos). During the last 12 months have you felt unwell as a result of work related stress? Q11d (20 Nos). In the last three months have you ever come to work despite not feeling well enough to perform your duties? Q12a (20 Nos). In the last 12 months how many times have you personally experienced physical violence at work from service users, their relatives or other members of the public. Q12b (20 Nos). In the last 12 months how many times have you personally experienced physical violence at work from managers? Q12c (20 Nos). In the last 12 months how many times have you personally experienced physical violence at work from other colleagues? Q13a (20 Nos). In the last 12 months how many times have you personally experienced harassment, bullying or abuse	2020 Theme score is 5.8, which places us in bottom 50% (Quartile 2). Highest Trust is 6.7.  I can pull individual Qs scores if needed but this feels a lot, so suggest we concentrate on sub-theme score.  Based on historical changes significant culture change will be needed to see a marked improvement in the Theme Score		Staff Survey		Alex Cowman	People Engagement Group		
			Sub-theme 2 Qs - Health & Safety Climate	Q13a (20 Nos). My organisation takes positive action on health and well-being. Q4a (20 Nos). I am able to meet all the conflicting demands on my time at work. Q4f (20 Nos). I have adequate materials, supplies and equipment to do my work. Q4g (20 Nos). There are enough staff at this organisation for me to do my job properly. Q4a (20 Nos). I have unrealistic time pressures.	2020 Theme score is 5.9, which is in Top 25% (Quartile 4). Highest Trust is 6.3.  I can pull individual Qs scores if needed but this feels a lot, so suggest we concentrate on sub-theme score.  Historically we have moved up (0.1 each year) over the last five years.				Alex Cowman	People Engagement Group		
			Monitor annual leave take up to ensure that leave is both taken and fairly distributed across 4 quarters.			85% end of year take up - even distribution across 4 quarters	HR System		Alex Cowman	People Engagement Group		
			Establish dedicated staff-only well-being spaces across all sites by 2024			0	Estates - Manual		Alex Cowman	People Engagement Group		
			My manager takes a positive interest in my health and well-being.	Q9d (21 Nos). My manager takes positive interest in my health and well-being	2020 Score was 81.5%, up from 79.7% in 2019. Highest Trust is 83.2%.		Staff Survey		Alex Cowman	People Engagement Group		
			The measure will be if the policies are implemented on time and the evaluation is successful		Over 2 yrs we could aim for 83-85%		Manual		Alex Cowman	People Employment Group		
Looking After Our People	1.4	Ensure our leaders will have the knowledge, skill and expertise to support and prioritise wellbeing in the workplace	BSR - SWI Implementation			BSR - SWI	BSR	BSR	Alex Cowman	Absence Improvement Group		
			By 2024 LUPPT to be in the top 5 for staff survey score for People Promise 3 (We each have a voice that counts)	People Promise 3 theme score - We each have a voice that counts	2020 Theme score is 7.1, which puts us in Top 25% (Quartile 4). Highest Trust is 7.4.  Over two years we could aim for Top 5 position or 7.3-7.4 theme score	Top 25% (3yrs)	Staff Survey		Alex Cowman	People Engagement Group		
			Sub-theme 1 Autonomy and Control Qs	Q13b (20 Nos). I am trusted to do my job. Q4a (20 Nos). There are frequent opportunities for me to show initiative in my role. Q4b (20 Nos). I am able to make suggestions to improve the work of my team / department. Q4c (20 Nos). I am involved in deciding on changes introduced that affect my work area / team / department. Q4d (20 Nos). I am able to make improvements happen in my area of work. Q5d (20 Nos). The amount of responsibility I am given. Q6b (20 Nos). I have a choice in deciding how to do my work.	2020 Sub-theme 1 score is 7.2 which puts us in Top 25% (Quartile 4). But we are actually in 8th position. Highest Trust is 7.4. Q5d (from 2020) is removed from NS21 but sub-theme score should be comparable.  We could aim for Top 5 position or 7.3-7.5.		Staff Survey			People Engagement Group		
			Sub-theme 2 Raising Concerns Qs	Q17b (20 Nos). I would feel secure raising concerns about unsafe clinical practice. Q17c (20 Nos). I am confident that my organisation would address my concern.	2020 Sub-theme 1 score is 6.9 which puts us in Top 50% (Quartile 3). Highest Trust is 7.5.  We could aim for Top 25% scoring 7.1 or above		Staff Survey			People Experience Group		
Belonging in the NHS	2.1	Give our people a voice, listening, acting on feedback and involvement in decision making	Staff networks: Clear resourcing, succession planning and development structures in place to ensure the representation of minority ethnic staff at all levels of the trust		Baseline to be established by 31/03/2023	Baseline to be established by 31/03/2023	Annual evaluation via questionnaire	BSR	BSR - Frequency		People Engagement Group	
			Increase the representation of minority ethnic staff at all levels of the trust									
			By 2024 LUPPT to be in the top 25% for People Promise 1 - (We are compassionate and inclusive)	People Promise 1 theme score - We are compassionate and inclusive	2020 Theme score is 7.5, which put us in Top 50% (Quartile 3) but we are at the very top so just outside of Top 25% of Trusts. Highest Trust is 7.9.  Over two years we could aim for Top 25% or 7.6-7.7 theme score	Top 25% (2 years)	Staff Survey		Caroline Bamford	People Experience Group, People Engagement Group		
			Sub-theme 1 - Inclusion	Q14 (20 Nos). Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age? Q15a (20 Nos). In the last 12 months have you personally experienced discrimination at work from Patients / service users, their relatives or other members of the public. Q15b (20 Nos). In the last 12 months have you personally experienced discrimination at work from Managers / team leader or other colleagues. Q15c (20 Nos). On what grounds have you experienced discrimination? Broken down by ethnic background, religion, disability, gender, sexual orientation, age, other. Q4a (20 Nos). There are frequent opportunities for me to show initiative in my role. Q4b (20 Nos). I am able to make suggestions to improve the work of my team / department. Q4c (20 Nos). I am involved in deciding on changes introduced that affect my work area / team / department.	Inclusion 2020 Sub-theme score is 7.7 which puts us in Top 25% (Quartile 4). But we are actually in 16th position. Highest Trust is 7.9.  Some Qs will change within this theme score for 2021 data onwards but it should still be comparable.		Staff Survey			People Experience Group, People Engagement Group		
			Sub-theme - Quality of Care	Q17a (20 Nos). I am satisfied with the quality of care I give to patients / service users. Q17b (20 Nos). I feel that my role makes a difference to patients / service users. Q17c (20 Nos). I am able to deliver the care I aspire to. Q18a (20 Nos). Care of patients / service users is my organisation's top priority. Q18b (20 Nos). My organisation acts on concerns raised by patients / service users. Q18c (20 Nos). I would recommend my organisation as a place to work. Q18d (20 Nos). If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	Quality of Care 2020 Sub-theme score is 7.2 which puts us in lowest 25% (Quartile 1). Highest Trust is 8.1.  Some Qs will change within this theme score for 2021 data onwards but it should still be comparable.					People Experience Group, People Engagement Group		
Belonging in the NHS	2.2	Embed Equality, Diversity and Inclusion in the culture of our Trust	Reduce the WRES metric the likelihood of BAME staff entering the formal disciplinary process when compared to white staff to a likelihood ratio of 1 or below, which evidences parity of outcome.		1.66	1-25-March-2022 and 1.00 or below by March-2023	WRES metric 3	BSR - 6 monthly reporting	Caroline Bamford	People Engagement Group		
			Increase the percentage of Disabled staff sharing their Disability status within ESR		5.7% Disabled declaration rate	6th March 2023	WDES Metric 1	WDES - Annual	Caroline Bamford	People Engagement Group		

			Reduce the gap between Disabled and Non-Disabled responses to the Staff Survey	Q14 questions relating to B&A and Q15 equal opportunities for career progression or promotion			Staff Survey	Staff Survey		People Engagement Group
			Pilot reciprocal mentoring scheme evaluated, future model developed and rolled out within LYFFT.	This is about monitoring response rates, which is not an "official metric". I am not sure what % response rate objective would give us here, so think we need to discuss more	Delivery of pilot model taking place, evaluation to be completed by March 2023.	Reciprocal mentoring phase 2 model implemented by 31/12/2023	Manual			People Engagement Group
			Cultural Inclusion Ambassadors embedded within employee relations and recruitment processes.	No of CIA's on disciplinary and recruitment panels involving BAME staff/applicants.	No baseline - new programme	ER Tracker - Disciplinary and HR/C Recruitment	ER Tracker - Disciplinary and TRAC Recruitment	Caroline Bamford		People Engagement Group
			EDI communications plan developed and implemented.			EDI communications plan developed and implemented	Quarterly update to Equality Group	Caroline Bamford		Equality Group
			Include, evaluate and develop metrics for the inclusion of LGBTQ+ in the staff survey		No current baseline		Staff Survey		Amy/Tracey?	People Engagement Group
Belonging in the NHS	2.3	Grow collective leaders that reflect Trust values	Increase Collective Leadership seminar attendance			All leaders to attend a collective leadership seminar	Manual		Edith Jackson	People Talent and OD
			Staff Survey - My team has enough freedom in how to do its work	Q7 (21 Nov.) My team has enough freedom in how to do its work	No baseline - new question for 2021		Staff Survey	Staff Survey		People Experience Group, People Engagement Group
			Staff Survey - I always know what my work responsibilities are.	Q5A (21 Nov.) I always know what my work responsibilities are.	Score at 82.6% up from 81.9% in 2019. Best performing Trust at 88.9%.		Staff Survey	Staff Survey		People Experience Group, People Engagement Group
			Staff Survey - I am involved in deciding on changes introduced that affect my work area / team / department	Q36 (21 Nov.) I am involved in deciding on changes introduced that affect my work area / team / department	Score at 59.6% down from 61.6% in 2019. Best performing Trust at 63.4%.	Realistically we should be looking to commit to 60% as a realistic achievable score in Yr 1, and 61% in Yr 2. We need to remember that we have been living under command and control for a lot of the past 12 months so this will impact staff's views.	Staff Survey	Staff Survey		People Experience Group, People Engagement Group
Belonging in the NHS	2.4	Provide a working environment of civility and respect for our people.	Leadership courses/ 360 appraisals/ Leadership Circles	Q144 (21 Nov.) The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?		Uptake of collective leadership initiatives	Staff Survey		Edith Jackson	People Talent and OD
			Reduce number of colleagues reporting that they have personally experienced harassment, bullying or abuse at work.	Q144 (21 Nov.) The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	2020 score at 64.3% up from 58.8% in 2019	ESR	ESR/NR - Frequency/Staff Survey			ER Improvement Group
			I receive the respect I deserve from my colleagues at work.	Q7 (21 Nov.) I receive the respect I deserve from my colleagues at work.	This is a dilemma - we actually want high levels of people reporting B&A which indicates a safe environment. Think we need to look at this again and perhaps include 2020 Q13a - how engaged	2020 score at 75.5% negatively down (i.e. lower score worse) from 76.5% in 2019. Highest Trust at 80.6%.	Staff Survey			ER Improvement Group
			The people I work with are polite and treat each other with respect	Q8 (21 Nov.) The people I work with are polite and treat each other with respect.	New Question for 2021	We should be aiming for over 70%	Staff Survey			ER Improvement Group
Belonging in the NHS	2.5	Improve the experience of those people with protected characteristics as identified by the Equalities Act	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?	Q144 (21 Nov.) 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?	2020 score at 27.1% down from 28.5% in 2019. Best Trust at 20%		Staff Survey			ER Improvement Group
			In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from Managers?	Q144 (21 Nov.) In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from Managers?	2020 score at 7.3% down from 8.0% in 2019. Best Trust at 5.9%		Staff Survey			ER Improvement Group
			In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	Q144 (21 Nov.) In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	2020 score at 13.8% down from 14.5% in 2019. Best Trust at 9.4%		Staff Survey			ER Improvement Group
			Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	Q15 (21 Nov.) Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	2020 score at 86.7% up from 83.2% in 2019. Best Trust at 91.4%	Turkey we should be looking at 88% upwards on this over 2 years.	Staff Survey			People Employment Group, People Talent and OD
New ways of working and delivering care	3.1	Develop an agile workforce who can deliver effectively in their roles.	1 year OD plan with agreed priorities and targeted ambitions published.			3 year EDI plan with agreed priorities and targeted ambitions published.	Manual	Learn	Andrew Mc	People Talent and OD
			Increase the number of roles through widening participation programmes including Kick Start, Prince's Trust etc.			Year on Year increase	Local	N/A	Jo Third	People Talent and OD
			Widening Participation Committee role			ESR	ESR - Manual Vts Change report 83 - 89	Jo Third		People Talent and OD
			Increase the opportunity for flexible and agile working.	Q44 (21 Nov.) The opportunities for flexible working patterns.	2020 score at 72.6% up from 66.2% in 2019. Best Trust at 76.1%.	We should be looking at over 75% on this over 2 years.	Staff Survey			People Employment Group
New ways of working and delivering care	3.2	Continue to build a culture of innovation and improvement in our approach to people development, systems and processes.	Introduce a New Learning Management System			Learning Management System Go Live	Manual	Learn	Andrew Mc	People Talent and OD
			Appraisal System Go Live			Appraisal System Go Live	Manual	Learn	Andrew Mc	People Talent and OD
			Established policy and Toolkit			Established policy and Toolkit	Staff Group? Overall? Cost or Use?	Staff Group? Overall? Cost or Use?		People Employment Group, People Talent and OD
			Training attendance and e-Learning completion feedback.			Training attendance and e-Learning completion feedback.				People Employment Group, People Talent and OD
New ways of working and delivering care	3.3	Develop organisational development (OD) and change management support to facilitate new ways of working and delivering care	M.O.C process evaluation			M.O.C process evaluation				People Employment Group, People Talent and OD
			Breaking dependency - use of team dev hub and site hot rate.			Breaking dependency - use of team dev hub and site hot rate.				People Talent and OD
			Reduction in the Number of LYFFT Under/Overpayments linked to late verification			Payroll report	ESR		Andrew Mc	People Employment Group
			Introduce new acuity measurement safer staffing software for inpatient services		Currently reported manually across inpatient services	Go Live Milestone 31/03/2022	Manual	SafeCare	Andrew Mc	MSG
Growing for the future	4.1	Deliver an effective workforce plan, which focuses on recruitment and retention and future supply pathways, and which incorporates Trust Learning Needs Analysis (LNA)	One healthcare report worker vacancies			Finance Ledger	Finance Ledger	Cassie Good		People Resourcing and Retention
			Increase the volume of new starters recruited into apprenticeship posts			Year on year increase	DAS	Digital Apprenticeship System	Jo Third	People Resourcing and Retention
			Increase in nurse training (N/A/RP and Top Up)			7 per year	BP	ESR	Cassie Good	People Resourcing and Retention
			Introduction of new roles based on workforce plans and / or NHSE/NHEE funding streams			5 per year	BP	ESR	Cassie Good	People Resourcing and Retention
Growing for the future	4.2	Develop and deliver the best experience for those who join the Trust	Completed Service Level Workforce Plans Trustwide			Completed Service Level Workforce Plans Trustwide	Manual		Cassie Good	People Resourcing and Retention
			Completed LNA process plan with high level service line learning needs to inform the FY's funding/CPO requirements			Completed LNA process plan with high level service line learning needs to inform the FY's funding/CPO requirements	Manual		Jo Third	People Resourcing and Retention
			Establish an entry level Internship/Work Experience Program			Establish an entry level Internship/Work Experience Program	Manual		Jo Third	People Resourcing and Retention
			Develop an Apprenticeship Strategy			Develop an Apprenticeship Strategy	Manual		Jo Third	People Resourcing and Retention
Growing for the future	4.3	Develop and implement an innovative approach to talent development, which aligns to the Trust Workforce plan	Completion of Recruitment Overhaul			Completion of Recruitment Overhaul	Manual		Cassie Good	People Resourcing and Retention
			Reach 75% target for staff recommending LYFFT as a place to work.	Q31c (21 Nov.) I would recommend my organisation as a place to work.	2020 at 71.3% up from 66.6% in 2019. Highest Trust 77.8%.	In 5 years we have climbed 15% so in next two we could see us hitting over 75%.	Staff Survey	Staff Survey	Cassie Good	People Resourcing and Retention
			Often think about leaving this organisation.	Q32a (21 Nov.) I often think about leaving this organisation.	2020 at 34.4%, positively down from 35.8% in 2019, and 29.7% in 2018 (i.e. lower score better here). Best performing Trust was 12.8%.	In 2 yrs we could aim for 20-23%.	Staff Survey	Staff Survey	Cassie Good	People Resourcing and Retention
			As soon as I can find another job, I will leave this organisation.	Q32c (21 Nov.) As soon as I can find another job, I will leave this organisation.	2020 at 12.1%, positively down from 12.4% in 2019, and 14.8% in 2018 (i.e. lower score better here). Best performing Trust was 7.7%.	In 2 yrs we could aim for around 10%.	Staff Survey	Staff Survey	Cassie Good	People Resourcing and Retention
Growing for the future	4.3	Develop and implement an innovative approach to talent development, which aligns to the Trust Workforce plan	Improve our retention rates with a specific focus on those leaving within the first 12 months.			Last 3 years avg 10.6% WTE leaves. Target to reduce this to 10 WTE	Specifically for Additional Clinical Services / Links to NHSE/NHSW Programmes for 0 agencies	ESR - Turnover (Frequency)	Cassie Good	People Resourcing and Retention
			Increase the volume of people undertaking apprenticeships to support career progression.			Year on year increase	Manual Reporting	Digital Apprenticeship System	Jo Third	People Talent and OD
			Increase compliance with Exit Interview completion			70% currently (60%)	Manual - Echo	ESR - Echo?	Cassie Good	People Resourcing and Retention
			Increase in numbers of staff promoted internally			Need to understand current data to inform a realistic target.	ESR	ESR - Frequency	Cassie Good	People Resourcing and Retention
Growing for the future	4.3	Develop and implement an innovative approach to talent development, which aligns to the Trust Workforce plan	Established Talent Management Framework			Established Talent Management Framework			Cassie Good	People Talent and OD

Growing for the future	4.4	Work with partner organisations to deliver joint leadership and career development programmes.	Leadership programme Evaluation including accessibility and outcomes.		Leadership programmes have their own evaluation criteria.	Leadership programmes have their own evaluation criteria.	Leadership programmes have their own evaluation criteria.		Angela Earnshaw	People Talent and OD	
Growing for the future	4.5	Promote the one Leeds workforce model, removing barriers to cross-organisational and cross-functional working to enable new models of service delivery.	Increase the number of Bank shifts worked per time through the establishment of the Collaborative Bank. Reduction in the number of Agency shifts worked in Healthcare and Nursing Staff Groups			1,200 shifts per week	Monthly	Healthroster	Andrew Mc	People Resourcing and Retention	
Growing for the future	4.6	Work with partner organisations to collaborate on introducing and embedding new roles and the sharing of resources where this benefits the system.	ICS Group Set Up			100 shifts per week	Monthly	Healthroster	Andrew Mc	People Resourcing and Retention	
						ICS Group Set Up	Manual	Measurable?	N/A	Cassie Good	People Resourcing and Retention

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**AGENDA  
ITEM**

**15**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Trust's Green Plan
<b>DATE OF MEETING:</b>	1 February 2022
<b>PRESENTED BY:</b> (name and title)	Dawn Hanwell – Chief Financial Officer and Deputy Chief Executive
<b>PREPARED BY:</b> (name and title)	Dave Sanderson – Transformation Director Estates & Facilities

<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>		
<p>The Green Plan aims to provide an overview of our green and sustainability ambitions for the future including meeting the direct NHS zero carbon emission targets for 2040 and indirect NHS zero carbon emission targets for 2045.</p> <p>It is a requirement that all trusts have a Board signed off Green Plan by January 2022, and each ICS has an area wide plan by March 2022.</p> <p>The green plan and wider sustainability activities cover multiple areas and will have a significant impact on the way we deliver our care in the future, from protecting the environment for future generations, reducing our emissions, developing new models of care, digital transformations, onsite renewal energy, waste reduction to financial sustainability so this should be regarded as a significant long-term and transformational programme which will impact across the whole organisation.</p> <p>At its meeting on the 8 December 2021, the Board of Directors approved the attached Green Plan for submission. This will be further refined with some final amendments and a final version presented to the Board of Directors in March 2022.</p>		
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>
The Council of Governors is asked to receive and note the Trust's Green Plan.





# **Leeds & York Partnership NHS Foundation Trust Green Plan 2021-2025**

DRAFT

## Executive summary

The NHS ambition to be the first Net Zero health system in the world and the NHS 2040 & 2045 targets set by Government has provided greater focus on Sustainability.

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

The aim of this green plan is to ensure that we are best placed to adapt to the future challenges of healthcare delivery brought about by the effects of climate change. In planning for the future, we will consider and balance the environmental, economic, and social impacts of our actions.

An awareness of the three core principles of sustainable development (financial, social, and environmental) will influence key actions within this plan and help the Trust to deliver positive benefits to the environment, reduce long term expenditure and build a supportive base in our communities, and wider society.

Our goal is to deliver efficient care services that meet the needs of the present but don't compromise the ability of future generations to meet their own needs.

The Trust already incorporates sustainability in many aspects of its activities. However, we also recognise that more can be done.

Realising the potential for sustainable development will help the Trust meet the objectives of its Clinical Strategy. and the financial benefits accruing from increasingly sustainable activities will allow the Trust to invest further in its clinical services.

We are confident that we can work with our partners in the local health and care system to achieve a more sustainable way of working, and I am pleased to endorse the findings and proposals set out in this document.



Dr Sarah Munroe

Chief Executive



Dawn Hanwell

Chief Financial Officer  
Board Level Sustainability Representative



Sue White

Non – Executive Director



## Our Role

**Leeds and York Partnership NHS Foundation Trust is the main provider of specialist mental health and learning disability services in Leeds. We also provide specialist services across York, the Yorkshire and Humber region, and some highly specialised national services.**

Our vision is to provide outstanding mental health and learning disability services as an employer of choice. This means supporting our service users and carers, our staff, and the communities we serve to live healthy and fulfilling lives where we can all achieve our personal and professional goals, and live free from stigma and discrimination.

We are an NHS foundation trust. That means:

- we have some freedoms to decide locally how to meet our obligations
- we are accountable to local people, who can become members and governors
- we are authorised and monitored by NHS Improvement, who support us and hold us to account

We provide services for people experiencing a mental health crisis that requires urgent assessment and treatment. This may be someone's first experience of mental health distress or a relapse of an existing mental illness.

We offer services to people who need support and treatment for a wide range of mental health conditions, from depression, anxiety, and obsessive compulsive disorder, to dementia, bipolar disorder, learning disabilities, schizophrenia, and personality disorders.

### Green Plan

This Green Plan sets out our action plan over the next five years.

It also identifies the benefits of embedding sustainable practices within the Trust's operations and describes the governance arrangements to keep the plan on track.

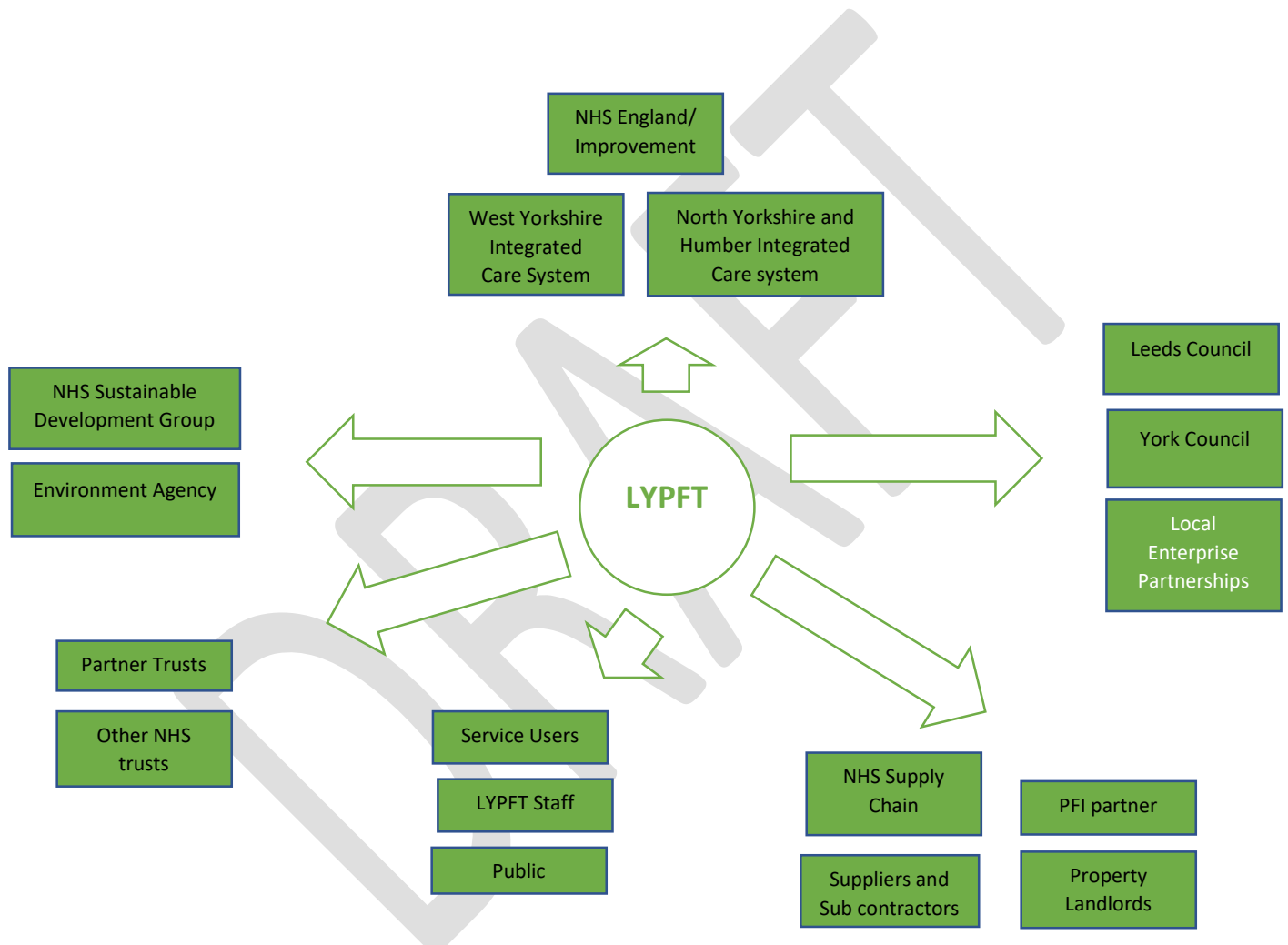
The Trust has previously implemented many successful sustainability initiatives and it is the Trust's intention to continue to build on this considerable success.

The Green plan will be adapted over the period of the plan as we develop and learn from others, and identify new technologies and working practices

## Working with Partners & Stakeholders

To implement and roll out many of our sustainable plans, we need to work collaboratively with others including NHSI/E, councils, hospitals, and our healthcare partners, it is proven that working with anchor institutes we can make direct impacts within the cities that we operate.

The stakeholders that we will involve as part of our work will include:





# OUR VISION

## The vision of LYPFT is

- We achieve Carbon Zero ahead of schedule and are seen as an exemplar.
- We collaborate between organisations to achieve our best potential.
- All staff feel passionate about helping the trust to become carbon neutral.
- All staff and service users will feel involved and valued in the process.
- LYPFT can embed environmental commitments as a thread throughout all its business
- LYPFT can become Carbon Neutral and generate its own energy and recycle its waste in a sustainable manner.
- We reach out to our local partners and work collaboratively together.
- We can be at the forefront of supporting our communities to be prepared for the future ahead.
- We adopt a collaborative approach throughout the organisation, to supporting education and therapeutic involvement with our environment, creating informed networks.



# DRIVERS FOR CHANGE

## Legislation

There is a wide range of legislation that covers a Green Plan: **Legislative** List of the key legislative drivers

Civil Contingencies Act 2004

Public Services (Social Values) Act 2012

Climate Change Act 2008

Climate Change Act 2008 (2050 Target Amendment) Order 2019 enacting a Net Zero target by 2050

## UN Sustainable Development Goals

The 2030 Agenda for Sustainable Development<sup>2</sup>, adopted by all United Nations Member States in 2015, provides a shared blueprint for peace and prosperity for people and the planet, now and into the future.

At its heart are the 17 Sustainable Development Goals (SDGs), which are an urgent call for action by all countries - developed and developing - in a global partnership. They recognize that ending poverty and other deprivations must go together with strategies that improve health and education, reduce inequality, and spur economic growth whilst tackling climate change and working to preserve our oceans and forests.





## Greener NHS



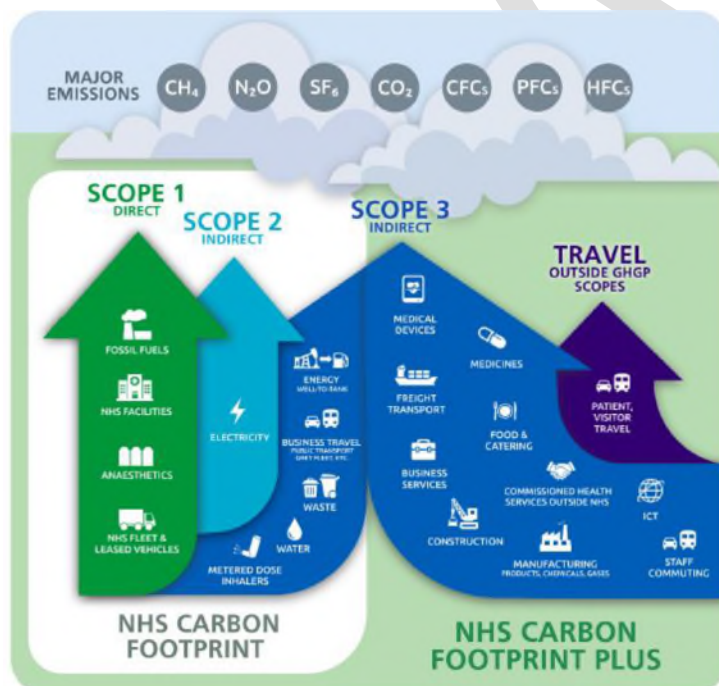
The Greener NHS<sup>1</sup> was launched in February 2020 to ask the NHS to tackle climate change and come up with solutions to resolve the challenges.

<https://www.england.nhs.uk/greenernhs/>

This bold vision report lays out targets for decarbonising the NHS by 2045 at the latest:

For the emissions controlled directly by the NHS (the 'NHS carbon footprint'): net-zero by 2040, with an ambition to reach an 80% reduction by 2028–32.

For an extended set of emissions including those that can be influenced in the supply chain (the 'NHS carbon footprint plus'): net-zero by 2045, with an ambition to reach an 80% reduction by 2036–39



**For further details of all Legislation, guidance & Best practice please refer to [LYPFT Green Plan \(google.com\)](#)**



# SUSTAINABLE PRIORITIES

The Trust through staff engagement and subject matter leads have identified the following areas as priorities for this initial green plan.

## **Ambitious Targets**

The Plan will set some ambitious targets, following initial works on the baseline data, and sharing of the plan across all stakeholders.

## **Leadership**

The trust board and executive team are fully behind the implementation of the green plan and have provided funding for new resources in the form of a Head of Sustainability role, and project support to lead and develop the plans over the period of this plan.

There is also an agreed governance route that will ensure the Trust Board and other stakeholders receive assurance that we are meeting our targets and acting in an ethical way when delivering our services

## **Behaviour/ Engagement**

The trust believes that engagement across all staff, service users and other stakeholders will be the key to success of the plan, and we welcome feedback and input.

The trust also recognises that for us to be a sustainable organisation, staff at all levels need to be trained and provided with ownership and accountability for carbon reduction

## **Operational Practice**

The way we operate may have changed forever following COVID19, and we are all more open to new ways of working/ buying goods and services, we are more technology savvy and increasingly more concerned about our mental health than ever before.

These changes along with the NHS focus on the right care in the right place and preventative Healthcare, means we are continually looking to adapt working practice and how we operate our services, and care for our service users.

All these developments will need to consider their sustainability in the long term and their impact on the carbon footprint

## **Energy Use**

The cost of Energy continues to rise for everyone, and as an organisation this impacts us being able to give funding directly to our front line services, so the trust is looking to firstly reduce the amount of energy used, ensure it is from a renewable source then move to look at self-generation of electricity and decarbonised heating.

The trust already operates several solar arrays, but we want to expand this, include battery storage, and identify new technology to reduce our carbon.

The use of LED lighting and associated control, good insulation of buildings, the use of natural ventilation and building control systems will all feature significantly as part of this plan.

## **Green IT**

IT has made a significant impact on our ability to work from anywhere, to meet with colleagues and service users through various media, and to create new ways of working. Development of our IT credentials will form part of this plan, providing Education, reducing travel through online meetings, contact with service users and clinical record keeping, but will also consider the impact of data storage, IT equipment and recycling and a reduction in carbon emitted from data centres

## **Estates**

Our Estate, comprises of several owned, leased and privately funded buildings and facilities, and the estate and its operation contribute considerably to the Trusts carbon footprint.

We will be aiming for industry standard BREEAM outstanding status for all new Buildings and will be undertaking sustainable assessments for all refurbishment projects, including decarbonising of heating and hot water to renewable sources such as solar and ground and air source heat pumps reducing our reliance on Gas.

Lighting, heating, ventilation, cooling, cooling and the general management of our buildings will all be assessed as part of the plan

## **Procurement**

Procurement has a big impact on carbon reduction, so we will be seeking to implement best practice guidance as issued from DHSC, NHS E/I and will review the structure and processes of the Procurement team to ensure sustainability of our suppliers and how we procure and deliver goods and services

Reducing packaging, transport and waste, whole life costing of products, using local suppliers to keep money and jobs in the local area and how we use SME organisations more effectively whilst still ensuring we meet the legislative aspects will be a focus for us throughout this plan.

## **Food & Beverage**

The trust recognises the importance of good nutrition and hydration and the impact on the physical and mental health of our service users, so the trust has been developing our offer to

our users over several months, which will see a new Cook Fresh service introduced at our new CYPMHS unit, which will then be rolled out across the organisation.

Using Fresh local products reduce transportation and carbon footprint, cooking fresh and adapting seasonal produce, and meat free products also reduces food waste, it is our intention to start to grow our own produce and with the help of service users develop our own food supply whilst providing education.

## **Waste**

Recycling has been part of the trust for many years, and will continue to be developed, however now the focus has turned towards reducing waste at source, the trust will be looking at reusable items and reduced packaging particularly concerning non-recyclable plastics, PPE, and the continued reduction in the use of paper

## **Adaption**

The issues brought about by climate change, such as extreme temperatures, increased flooding risk, Biodiversity will all impact on us as an organisation, so we must consider these impacts on our staff and our service users to ensure our environments are adapted to ensure they remain fit for purpose.

## **Travel**

Travel accounts for a significant amount of carbon generated by the trust from staff coming into work, to service users attending appointments, suppliers delivering goods and visitors.

Whilst we understand some of this is necessary travel to enable us to provide the clinical services and care to our service users, we are looking where possible to reduce the number and frequency of journeys and where they need to be made, they are made in a way that reduces impact on carbon emissions, this could be electric vehicles, public transport, cycling or walking.

## **Transport**

The diverse nature of our service means we operate from several premises all of which require services and supplies to operate, our internal transport team, Estates services teams will be moving to a more sustainable fleet across the duration of the plan.

The trust has already invested heavily in Electric Vans to date, and this will progress further during the plan

## **Hybrid Working**

The trust is introducing a new Hybrid Working policy which will help staff identify and make the right choice of a place and a time to undertake their roles in an effective and efficient manner, Covid 19 forced us to implement agile workplaces and technology has enabled us to work differently which has already seen an impact on our carbon footprint.



# ACTION PLANS

## Sustainable Road Map

To reduce carbon emissions and be an environmentally responsible organisation, Leeds & York Partnership NHS Foundation Trust has identified a Sustainable Road Map, creating SMART targets within the 2021-2025 period.

Longer term goals to dramatically reduce carbon footprints are laid out, highlighting the Trust ambitious goals to eliminate their carbon emissions beyond this timeframe.

Carbon Targets	2022/23	2023/2024	2024/2025	Beyond 2025
<b>Sustainable Targets</b>	Reduce LYPFT's overall carbon footprint by 5% through the implementation of the green plan by 2025  Identify New Carbon reduction Projects	Develop a reporting dashboard for internal use	Set a 2030 target in line with the Carbon Budget Set a 2040 target in line with the Carbon Budget and the Greener NHS agenda	
<b>SDAT Assessment</b>	Undertake a Sustainable Development Assessment Tool) classification	Compare LYPFT against other organisations of a similar nature to identify areas of improvement		
Engagement	2022/23	2023/2024	2024/2025	Beyond 2025
<b>Networking</b>	Set up a cross functional group of clinical, ICS, and other specialists to discuss ongoing efforts to decarbonise LYPFT.  Link with other, wider networks – (Association of Clinical Psychologists environmental group/ Hefma/ IHEEM)	Build links with 3rd sector organisations working within the decarbonisation/green sector.		LYPFT becomes a hub for learning about personal carbon footprints and the need to decarbonise.

<b>Newsletter</b>	Create a newsletter and strengthen staff & service user engagement on the issue of decarbonisation.			
<b>Forums</b>	<p>Set up a forum/feedback group for LYPFT staff and service users to share their thoughts and views</p> <p>Gather, and utilise staff and service user stories in engaging staff and stakeholders on the decarbonisation agenda.</p>	Create annual awards within the Trust to recognise individual, and department efforts to Decarbonise	Spaces are created for LYPFT staff and stakeholders to learn and work together on reducing their carbon footprint	
<b>Sustainability Champions</b>	Develop Sustainability champions across the organisation			
<b>Sustainability Groups</b>	Convene a quarterly sustainability group with representatives from patient, clinical, corporate, community, and estates groups	Set up an incentive scheme and reward staff for tracking and reducing their own carbon footprint.	Add a Sustainability Award category to the Trust Staff Awards	
<b>Wellbeing</b>	Signpost staff to support and resources around climate awareness and anxiety			
<b>Volunteering</b>	Invite staff to tell us what they are currently involved with	Trial some organised volunteering opportunities within the organisation	Trial some organised volunteering opportunities outer of the organisation.	Create 'volunteering' days providing staff with 1/5 days per year to volunteer at external charities.
<b>Appraisals &amp; Staff Development</b>	<p>Introduce carbon literacy training</p> <p>Introduce Delivering a NZ NHS "e-Learning for Healthcare" module</p>	30% of staff have undertaken carbon literacy training	Mandate carbon literacy training for all staff.	Weigh appraisals more heavily towards sustainability credentials
<b>Business Cases</b>		Update business case template to consider negative and positive assessment of sustainability factors (such as increased energy use) in relation to strategic decision		

		making & future investments		
<b>Operational Practice</b>	<b>2022/23</b>	<b>2023/2024</b>	<b>2024/2025</b>	<b>Beyond 2025</b>
<b>Reduced Use of Paper</b>	Continue Paperlite initiative		Paper Use is reduced to below 10% of current levels	
<b>Hybrid Working</b>	Implement a hybrid working policy from April 2022.	Prepare a rapid-response framework for online working in the event of another pandemic.		
<b>Single Use Plastic</b>	Undertake an audit of the trust own recycling facilities for PPE & Plastic items  Work with others institutes and trusts to identify Innovation in plastic substitutes  Staff and service user awareness sessions	Create a strategy to phase out throw-away items. I.e., Infection control: all plastic tubs, waste plastics from Covid vaccinations, etc  Trial at single use clinical plastic replacements	Elimination of non-clinical single use plastic from LYPFT identified in the Single Use Plastics directive and NHS Plastics Pledge	Elimination of all single use plastic products
<b>Reuseable PPE</b>	Research opportunities for PPE reuse and recycle.  Trial potential options			End the use of single-use PPE and Biodegradable workwear is made standard and single-use plastics entirely phased out.
<b>Staffing</b>	Concentrate on substantive recruitment, and less agency			Set the objective that every staff member is 'fully engaged' in carbon literacy by 2030.
<b>Social Prescribing</b>	Identify opportunities for green social prescribing	Trial opportunities for Green social prescribing	Provide all teams with access to green social prescribing.	
<b>Service Users</b>		Work directly with patients to educate them on how they can be responsible citizens through the patient experience team.	Ensure every service user has access to a green space for therapeutic use.	Service user feedback is sought on what is, and is not working for them in relation to the ongoing decarbonisation of LYPFT
<b>Care</b>			Therapeutic interventions include green initiatives	Treat more patients at home to reduce carbon emissions because of their travel.



<b>Medicines</b>		Plan for the reduction of all nutritional products such as enteral feeds/ nutritional supplements oral waste	Reduce medical waste, i.e., overprescribing medications	
<b>Leadership</b>	<b>2022/23</b>	<b>2023/2024</b>	<b>2024/2025</b>	<b>Beyond 2025</b>
<b>Sustainability Lead</b>	Appoint a Trust Head of Sustainability			
<b>Governance</b>	Set up a trust Governance Structure  Ensure sustainability becomes a broad agenda item at every meeting.			
<b>Data Collection</b>	Gather baseline data for emissions within each department.	Gather baseline data for emissions within each department.	Gather baseline data for emissions within each department.	
<b>Inequality</b>	Start to join up the decarbonisation effort with the inequality agenda and understand how these impact each other.			
<b>Policy</b>	Review Sustainability and associated policies to incorporate Green Plan actions & targets  Incorporation of sustainability onto meeting agendas	Implement a mandatory environmental/sustainability impact assessment framework on every policy/procedure document that is produced	implement a policy of engaging with patients to not only address their own wellbeing, but also, to be responsible citizens in protecting the environment & reducing emissions	Implement an ISO management standard for Environmental Management (EMS) and/or Sustainability/Social Value standard.
<b>Partner Engagement</b>	Connect with Leeds City Climate Declaration		Link with schools and youth groups to engage wider community in decarbonisation initiatives.	
<b>Sustainability effect on wider communities</b>	Create an ongoing environmental impact assessment	Auditing all carbon sources and sinks.		Develop a framework which considers the 'downstream' effects of healthcare in Leeds & York
<b>Data Gathering</b>	Collecting baseline data for carbon emissions.	Develop Dashboard for intranet on carbon emissions	Ahead of the final year of the Green Plan evaluate achievements and targets.	



<b>Food &amp; Beverages</b>	<b>2022/23</b>	<b>2023/2024</b>	<b>2024/2025</b>	<b>Beyond 2025</b>
<b>Bottled Water</b>	End all disposable cups and moving towards recycled / reuse cups	End the sale of bottled water at all LYPFT sites, including within vending machines	Reduce / stop soft drinks / fruit juice as the 3rd biggest GHG contributor	
<b>Cooking</b>	Begin to transfer all inpatient food suppliers to Cook Fresh (where we operate catering)	Finalise transfer of all services to Cook Fresh. (Where we operate catering)	Develop a strategy for all sites to become cook fresh.	Aim for all trust sites to be cook fresh
<b>Food Sources</b>	To switch to local providers whenever possible starting with fresh products such as milk and fruit /veg. Also link this with seasonal produce	Implement a policy of LYPFT growing its own produce. Engage service users as part of therapeutic prescribing.		
<b>Waste</b>	Develop Food Waste segregation and processing options  Identify single use plastic products i.e yoghurt pots and recycling/ elimination	Identify best practice with regards to the donation of any wasted food to local charities at the end of each day  Implement Food waste and segregation process		Waste bio-digesters – used to harvest methane, which can then produce electricity
<b>Food Serving</b>	Link to staff training for both clinical and catering staff as all involved e.g. food portions / clear guidance with dietetic support.	Reduction of take aways on the wards  Introduction of staff food options		
<b>Menus</b>	Reduction of red meat and dairy on the menu (part of the new menu roll out with Mitie) and addition of more plant based alternatives	Increase the number of plant-based menu items	Reduction of Palm oil use – link with Mitie (deforestation link) e.g. ready pizzas / margarine / chocolate / biscuits / protein bars / ice cream	Change to plant based options becoming the norm/ default on Menus
<b>Transport</b>	<b>2022/23</b>	<b>2023/2024</b>	<b>2024/2025</b>	<b>Beyond 2025</b>
<b>Trust Vehicles</b>	50% of trust fleet ZEV or ULEV	75% of trust fleet ZEV or ULEV	90% of the total Trust fleet ZEV or ULEV	All trust vehicles are electric/ alternative fuel
<b>Pool Cars</b>		Investigate Opportunities to influence/aid upgrades to current community fleet of vehicles (approximately x30 minibus type vehicles)	Consider the Purchase of a fleet of shared eCars for teams to use on community visits	

Travel	2022/23	2023/2024	2024/2025	Beyond 2025
<b>Cycling</b>	Support active transport (i.e., bicycle) through grants and schemes.	All LYPFT sites begin to create changing facilities and safe storage for those who commute by bike.		
<b>Walking</b>		Health & Wellbeing led active travel programmes to promote health benefits for staff, patients and visitors (improved air quality, regular exercise)	Develop exercise walks for staff around every site	
<b>Electric Vehicle</b>	Promote zero-carbon lease schemes for vehicles	EV infrastructure is fully in place at every Trust site	Consider the use of Battery storage to aid EV Charging	
<b>Personal Travel Carbon Footprints</b>	Review best practice across the NHS	Complete comprehensive staff commute & business travel survey to better understand staff behaviors & to aid targeted carbon reduction solutions	Set maximum travel parameters for staff for their travel	
<b>Lease Cars / Salary Sacrifice Cars</b>	All cars purchased must be below 100g Rating	All cars purchased must be below 50g Rating	All cars purchased must be zero emission vehicles	
<b>Clean Air Zones</b>	Raise awareness of the implementation of clean air Zones (Leeds & York) with no idling areas	Assess the impact of clean air zones on the organisation and LYPFT operations		
Adaption	2022/23	2023/2024	2024/2025	Beyond 2025
<b>Heatwave</b>	Begin to prepare all buildings for heatwaves	Undertake works to improve cooling & Ventilation	Undertake works to improve cooling & Ventilation	
<b>Flooding</b>		Undertake a full flood survey of all trust sites	Undertake works to mitigate flood risks	
<b>Climate change</b>	Climate Change Adaptation Risk Assessments to be completed	Climate Change Adaptation Plan in place	Works towards local adaptation strategies to be implemented	

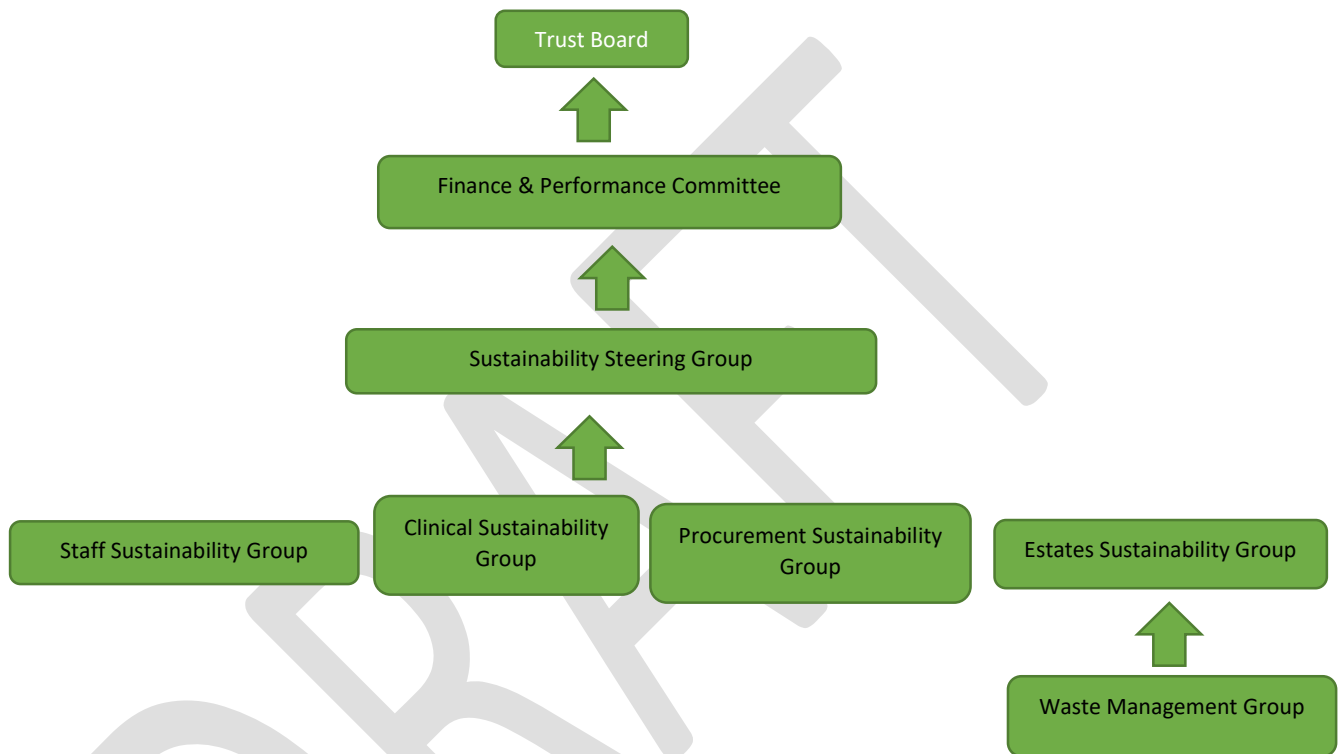
Green IT	2022/23	2023/2024	2024/2025	Beyond 2025
<b>IT Equipment</b>	Audit the impact of data storage on LYPFT carbon emissions.	Procure energy efficient laptops and other technology for staff members.		
<b>Printers</b>	Reduce the number of printers within sites to promote the use of paperless technology		All printers have been removed from non-essential locations/departments. Offices are largely paper-free	
<b>Training</b>		Staff training to ensure they become a digitally confident workforce		
<b>Green IT Strategy</b>	Develop a Green ICT strategy looking at all procurement processes and the full life cycle analysis of ICT products with energy consumption			
Energy	2022/23	2023/2024	2024/2025	Beyond 2025
<b>Monitoring &amp; Managment</b>	Begin to introduce AI to automate energy efficiency within the Trust estates			
<b>Energy Production</b>		PFI Provider moves to 100% renewal energy		100% of energy is produced on-site
Our Estate	2022/23	2023/2024	2024/2025	Beyond 2025
<b>Electrical Use</b>	Rolling LED replacement programme with motion sensors and timers for lighting  Owned Estates fully LED (Internal)	Solar systems to St Marys House North & South Wing  Reduce Electricity use by a further 10% based on 2009 figures	Consider Implement voltage optimisation across the estate	
<b>Automated Buildings</b>	Improvements to BMS systems	Increased automated controls linked to BMS systems	Automated systems developed self testing/ robot cleaning	A fully automated workplace is implemented that can be controlled remotely by estates.
<b>Office Facilities</b>				NHS Hubs are opened, where staff can work from any region without having to travel

<b>Woodland</b>	<p>Assess the biodiversity across the estate i.e., green spaces, trees, outside areas - Assess capability of tree planting on the estate</p> <p>Identify how the woodland could be used for service user therapy</p>	<p>Tree planting in the estate for offsetting and shade</p> <p>Assess the shading capacity from trees</p>		A KPI of one tree per staff member on trust owned properties
<b>Lighting</b>	Continued roll out of LED lighting	Automated control of all lighting is implemented ( owned properties)		
<b>Heating</b>	<p>Undertake building heating audit in line with technological advances.</p> <p>Implement a gas optimisation on boilers across the estate Summer heating shut down</p> <p>Create a heat decarbonisation plan</p>	Trial Air- and ground-source heat pumps	<p>Investigate how hydrogen can be part of our larger infrastructure</p> <p>Phase out gas boilers at new sites</p>	Consider the use of green hydrogen for large scale buildings.
<b>New Builds</b>	All New Builds to BREEAM Outstanding		All new Building to be have fully decarbonised heating	
<b>Refurbishment projects</b>	All Refurbishment projects to have a sustainability impact assessment	All refurbishments to have heating decarbonisation installed	All refurbishment projects to identify embedded carbons within the refurbishment process	
<b>Insulation</b>		Undertake a survey of building insulation across LYPFT		
<b>Water</b>			Start the Implementation of rainwater collection	
<b>General</b>	<p>Specify low energy equipment / appliances</p> <p>Launch a turn off at end of day campaign</p>	<p>Upskill Estates workforce in Net Zero technology</p> <p>introduce hand dryers across the estate to reduce paper towel waste from general waste stream</p>		

<b>Cooling</b>	Assess air conditioning requirements across the estate -Assess potential for free cooling	implement free cooling options where possible		
<b>Waste</b>	<b>2022/23</b>	<b>2023/2024</b>	<b>2024/2025</b>	<b>Beyond 2025</b>
<b>Toxic Release</b>	Refresh Battery waste service across the estate			A toxic release inventory is created and waste materials/by-products actively managed
<b>Recycling</b>	Work with LTHFT around Plastic and PPE recycling on LTH site  Continue with NHS Plastics Pledge work to eliminate the procurement and use of selected single-use plastic	Introduce a glass waste collection across the estate  Replacement of single use plastic sharps containers with either reusable or cardboard alternatives		On-site recycling of waste reaches 50%.
<b>Waste reduction</b>	Training/motivation sessions to improve segregation – Motivator being net-zero (better segregation helps us to understand our volumes and types of waste better)		Target of 0% to landfill	Set an objective of achieving virtually zero waste by 2040.
<b>Furniture</b>	Recycle furniture within the estate and with external organisations through Warp It			
<b>Procurement</b>	<b>2022/23</b>	<b>2023/2024</b>	<b>2024/2025</b>	<b>Beyond 2025</b>
<b>Contracts</b>	Review procurement contracts and actively begin to remove/replace unsustainable items or suppliers			
<b>Suppliers</b>	Identify where supply chains could be procured just from local suppliers  Ensure all tenders include a minimum of a 10% weighting for social value and sustainability credentials	Ensure Suppliers Meet Minimum Standards Expected on Net Zero and Social Value - tendering process to consider sustainability credentials and carbon costs of suppliers, either separately or in relation to quality aspects of assessment for contractual awards, alongside financial cost.	Create an ordinance that LYPFT prioritises green suppliers for all areas of procurement, develop an assessment framework to accompany this.	



# GOVERNANCE



The Sustainability Steering group will have oversight of all sustainable projects and targets, and monitor the trusts performance providing assurance to the Trust Board through the Finance & Performance Committee.

Sustainable reporting will be undertaken on a 6 monthly basis, with an annual report produced each year for the trust.

The Sustainability Steering Group shall initially consist of

- ❖ Chief Finance Officers( Board Level Sustainability Lead)
- ❖ Non Executive Director
- ❖ Head of Sustainability
- ❖ Consultant Clinical Psychologist
- ❖ Director of Estates
- ❖ Finance Lead
- ❖ Communications Lead

(Others may be added as required)



# COMMUNICATION

Delivering the LYPFT Green Plan will require a mixture of changes to policy, procedures, working practices and behaviors.

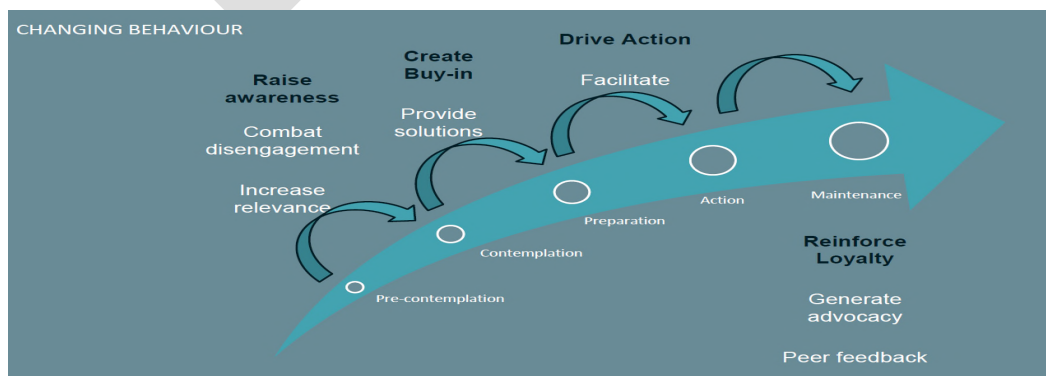
The Trust's Communications and Staff Engagement colleagues will aim to support successful outcomes by using the transtheoretical model of behavior change (below) to:

1. Raise awareness - of the issues and need for change
2. Create buy in – through engagement, education, involvement and establishing trust/loyalty
3. Drive action – to follow new procedures, change behaviors and habits, and ultimately change culture

Communications and staff engagement are key enablers of success and are crucial in helping to ensure that the Green Plan delivers successful outcomes within our Trust.

Our approach is to work with Theme Leads to identify where strategic communications and engagement support can add value and enable successful outcomes across the priority areas identified above using the Government Communications Service's OASIS model as a framework.

**Objectives**  
**Audience insight**  
**Strategy**  
**Implementation**  
**Scoring / evaluation**



*The transtheoretical model of behaviour change*

For Further information about our Green Plan please visit our webpage or contact our Sustainability team

LYPFT Sustainability Team

Poplar House

St Marys Hospital

Greenhills's road

Leeds

LS12 3QE

Email – [estatesandfacilities.lypft@nhs.net](mailto:estatesandfacilities.lypft@nhs.net)

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## Conclusion

The Trust is committed to sustainable development and recognises the significance of tackling a range of environmental, economic, and social issues.

The Trust has already made significant progress in the core areas of sustainability (such as energy reduction and sustainable transport) but recognises that a broader approach to sustainability is now required and a wider range of improvement measures are necessary, as detailed in this Green Plan document.

This Board approved Green Plan provides a comprehensive and structured framework for the Trust to meet its commitment to conducting all aspects of its activities with due consideration to sustainability whilst providing high quality patient care.

At corporate and operational levels this requires the cooperation, insight, and practical delivery to ensure that sustainability is embedded in all Trust activities. Additionally, it is important to note that the delivery of this Green Plan is not wholly driven by the Trust but may require collaboration with partners, external organisations, and integrated care systems.



[www.leedsandYorkpft.nhs.uk](http://www.leedsandYorkpft.nhs.uk)

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**AGENDA  
ITEM**

**16**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Implementing Outcome Measures within Clinical Service: A summary of lessons learned
<b>DATE OF MEETING:</b>	1 February 2022
<b>PRESENTED BY:</b> (name and title)	Dr Chris Hosker – Medical Director
<b>PREPARED BY:</b> (name and title)	Lyndsey Charles – Clinical Director Learning Disabilities Services and Older Peoples Services

<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**

The purpose of the following document is to summarise the key lessons experienced and learned when trying to embed the routine use of outcome measures within clinical care across a number of services within LYPFT. The themes documented below are drawn from the experiences, and practice-based evidence, of Dr Gail Harrison (Principal Clinical Psychologist LYPFT) and Lyndsey Charles (Clinical Director for Learning Disabilities Services and Older Peoples Services), both of whom are practitioners and leaders with significant professional experience of implementing outcome measures within their respective services.

This information is felt to have specific poignancy at this time as the organisation continues within its journey of using the Institute for Health Improvement (IHI) 90 Day Cycle process to begin exploring and testing the use of outcome measures in key services.

The aim of the document is to prompt discussion within the organisation with regards to the types of strategic support that services require to enable and empower them to be able to successfully identify, and sustainably embed, outcome measures within their services. It is also hoped that this document will provide practical tips to support leaders and teams.

The “*lessons learned*” documented within the paper can be considered as factors that influence the success (or otherwise) of a service in being able to embed the long term, sustainable, routine use of outcome measures within care delivery. These factors are interdependent and are an amalgamation of the right culture, targeted leadership, effective support systems, routine monitoring and clinical analysis and application.

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

## **RECOMMENDATION**

Discussions from the lessons learned, which have been summarised within the paper, are used to support the development of a strategy which identifies, creates, resources, and provides the systems and support necessary for the sustainable implementation of outcomes measures within care / service delivery.

## MEETING OF THE COUNCIL OF GOVERNORS

1 February 2022

### Implementing Outcome Measures within Clinical Service: A summary of lessons learned

#### 1 Executive Summary

The purpose of the following document is to summarise the key lessons experienced and learned when trying to embed the routine use of outcome measures within clinical care across a number of services within LYPFT. The themes documented below are drawn from the experiences, and practice based evidence, of Dr Gail Harrison (Principal Clinical Psychologist LYPFT) and Lyndsey Charles (Clinical Director for Learning Disabilities Services and Older Peoples Services), both of whom are practitioners and leaders with significant professional experience of implementing outcome measures within their respective services.

This information is felt to have specific poignancy at this time as the organisation continues within its journey of using the Institute for Health Improvement (IHI) 90 Day Cycle process to begin exploring and testing the use of outcome measures in key services.

The aim of the document is to prompt discussion within the organisation with regards to the types of strategic support that services require to enable and empower them to be able to successfully identify, and sustainably embed, outcome measures within their services. It is also hoped that this document will provide practical tips to support leaders and teams.

It is hoped that the information contained in this report will support the development of a strategic plan that will ensure the provision and monitoring of the system resourcing and support which is necessary to sustainably embed the routine use of outcome measures within clinical services.

#### 2 Key themes / lessons learned: (Not written in a specific order)

- **Support to clearly identify what needs measuring:** This reflection supports the principle that outcome measure tools are only effective at measuring what they were designed for. Some teams may need support to explore and agree what they need / want to measure and whether the outcome measure tool that has been identified is appropriate to meet the need identified.
- **Staff training:** As well as training in the use of the outcome measure tool itself, thought should also be given to the training of staff in when to use the tool within the provision of care, who should do this and also to any training required in how to record / document outcome measure scoring within any electronic systems. Group training may be of benefit to enable collective learning and in developing ongoing support once training sessions have been completed.
- **Small scale testing:** Once a measure has been scoped, small scale testing and evaluation / review are key to ensuring that the identified measure is appropriate and fit for purpose and

prevents wasting time and resources from large scale implementation of inappropriate tools that will not benefit service users, clinical staff / teams or services.

- **Leadership:** As with many service development and improvement activities clear, focussed leadership is a key factor for the successful and sustained implementation of outcome measures within services. Leadership is necessary throughout the whole journey, from engaging staff at the beginning, to supporting the maintenance and continuous use of outcome measures once implemented. As well as identifying this task as a core part of a leaders role, time and capacity needs to be allocated to enable them to not just manage and lead the work, but to also ensure staff ownership and the continuous review, learning from and development of, the use of outcome measures going forward. To support leaders with this, the barriers and enablers identified from previous outcome measure implementation projects should be captured, explored and addressed within project plans.
- **Access to data and performance and admin support:** Access to data reports and support from the Performance Team / Service is essential in getting the data back to clinical staff / teams and services in a timely and user friendly manner. Consideration needs to be given to the variety of ways in which outcome measure data will be used, for example; reporting and accountability, clinical analysis, decision making and developing services and most importantly for by service users and carers. Outcome measure data therefore need to be regularly received, presented accordingly and accessible for clinicians (for each service user) and managers / leaders (at service level).
- Clear, documented direction is given describing when and how identified outcome measures should be used within clinical practice and at what points through the service user journey. Some services have made effective use of process maps to concisely, but effectively, detail / describe and communicate when outcome measure should be completed. As well as providing clarity for staff, this also provides assurance as to the quality of data, platforms for audit and quality checking and ensures consistency and equity of outcome measure use.
- Practice development meetings, or other such learning and sharing forums, are effective vehicles for supporting the use of case discussion to practice applying and scoring Clinician rated outcome measures. Through group discussion and sharing outcome measure results, inter-rater reliability can be checked and explored. Inter-rater checking provides assurance in regards to the quality of data as well as increasing staff knowledge, skills and confidence. It also supports the promotion of an outcome measures culture within teams and services
- **Use of existing frameworks:** Aligning the use of existing team or service user meetings or reviews (e.g. Multi-disciplinary Team meeting, CPA reviews) to complete, discuss and or analyse service user outcome data can be an effective way of normalising and embedding the routine use of outcome measurement within clinical practice / care delivery.
- **Availability of flags / prompts:** The availability and use of flags / prompts and reminders within electronic patient record systems are a key support for busy staff to remind them to complete service user outcome measures at key points through the patients' care journey. In addition to reminding staff, prompts also act as a method of ensuring consistency and equity in outcome measure completion.
- **Setting targets:** Although operational targets and standards for the completion of outcome measures are important for reporting, assurance and governance, equal weight should be given

to the clinical analysis and use of outcome measure data by clinical staff, teams and services to evaluate improve and develop high quality care provision. Reporting processes can support the parity between operational and clinical standards for use and completion. Keeping the focus clinical will support the culture needed for embedding the use of outcome measures in routine practice.

- **Governance, assurance (monitoring and reporting) and accountability:** Following on from the above, robust governance, monitoring measures and reporting structures can provide a key role in promoting ongoing culture setting, data gathering and service review and analysis. Governance reporting help to set standards of expectation and accountability not just in providing data reports, but in being able to demonstrate and evidence need and quality improvement / service development.

### **3 Conclusion**

This paper aimed to summarise the lessons experienced and learnt when implementing the use of outcome measures within clinical practice. The lessons learnt can be considered as factors that influence the success (or otherwise) of a service in being able to embed the long term, sustainable, routine use of outcome measures within care delivery. These factors are interdependent and are an amalgamation of; the right culture, targeted leadership, effective support systems, routine monitoring and clinical analysis and application.

### **4 Recommendation**

Discussions from the lessons learned, which have been summarised within the paper, are used to support the development of a strategy which identifies, creates, resources and provides the systems and support necessary for the sustainable implementation of outcomes measures within care / service delivery.

Lyndsey Charles  
(Clinical Director Learning Disabilities Services and Older Peoples Services)

12 January 2022.

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**AGENDA  
ITEM**

**17**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	The Trust's Key Strategic Risks
<b>DATE OF MEETING:</b>	1 February 2022
<b>LEAD DIRECTOR:</b> (name and title)	Cath Hill – Associate Director for Corporate Governance
<b>PAPER AUTHOR:</b> (name and title)	Cath Hill – associate Director for Corporate Governance

<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 advises the Council of the key strategic risks as reported through the Board Assurance Framework (BAF). The BAF is a document received by the Board and its sub-committees quarterly so they can be assured these risks are being effectively controlled.

It should be noted that work has been done to review and refine the strategic risk around workforce which it is expected will be agreed by the Board in March 2022 and then added to the BAF.

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:

- Be assured that the Board has agreed the strategic risks and that those risks are monitored by the Board of Directors and its sub-committees to ensure that these are being effectively controlled and mitigated.



## MEETING OF THE COUNCIL OF GOVERNORS

1 February 2022

### The Trust's Key Strategic Risks

#### 1 Executive Summary

This paper advises the Council of the key strategic risks as reported through the Board Assurance Framework (BAF). The BAF is a document received by the Board and its sub-committees so they can be assured these risks are being effectively controlled.

#### 2 The seven strategic risks

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

	Strategic risk	Oversight group	Exec lead
SR1	SR1. If there is a breakdown of quality and safety assurance processes we risk not being able to maintain compliance with regulatory requirements.	Quality Committee	Cathy Woffendin
SR2	SR2. There is a risk that we fail to make the improvements outlined in the quality strategic plan and that this has an adverse impact on the care of those who use our services.	Quality Committee	Chris Hosker
SR3	SR3. Due to an inability to recruit and retain sufficient numbers of staff with the appropriate skills experience and behaviours, there is a risk that we are unable to deliver high quality, evidence based, person centred care to meet new models of care now and in the future.	Workforce committee	Darren Skinner
SR4	SR4. A lack of financial sustainability results in a destabilisation of the organisation and an inability to deliver services.	Finance and Performance Committee	Dawn Hanwell

	Strategic risk	Oversight group	Exec lead
SR5	SR5. Due to inadequate, inflexible or poorly managed estates we compromise the safe environment which places staff, service users and visitors at risk.	Finance and Performance Committee	Dawn Hanwell
SR6	SR6. As a result of insecure, inadequate or unstable information technology systems and infrastructure, the quality and continuity of our services is compromised.	Finance and Performance Committee	Dawn Hanwell
SR7	SR7. Changes in the roles of commissioners and providers and the move to system-level working will require changes in the role and function NHS Trust boards and new governance arrangements There is a risk we do not have appropriate governance arrangements in place nor the capacity and capability to fulfil all our statutory functions.	Board of Directors	Sara Munro

At its meeting in December, the Workforce Committee, which oversees Strategic Risk 3 has agreed a new risk in relation to the workforce. There has been a short pause in this being signed off by the Board and added to the BAF due to the Trust being in Business Continuity mode as a result of the pandemic. However, it is expected this will be agreed by the Board in March 2022 and then added to the BAF.

### 3 The process for monitoring the strategic risks

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

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

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

Where received	How often	Reason for receiving the Board Assurance Framework
Board of Directors	Quarterly	<p>The Board is accountable for the effectiveness of risk management in the Trust</p> <p>It seeks assurance on the controls in place and the effectiveness of those controls through</p>

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

#### 4 Recommendation

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

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

Cath Hill  
**Associate Director for Corporate Governance**  
16 January 2022

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**AGENDA  
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**18**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Support for the Appointment of the Senior Independent Director
<b>DATE OF MEETING:</b>	1 February 2022
<b>LEAD DIRECTOR:</b> (name and title)	Cath Hill – Associate Director for Corporate Governance
<b>PAPER AUTHOR:</b> (name and title)	Cath Hill – Associate Director for Corporate Governance

<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>		
<p>Under the Code of Governance it is the role of the Board of Directors to appoint one of the independent non-executive directors (NED) to be the Senior Independent Director (SID). It is the role of the SID to be available to members and governors if they have concerns which contact through the normal channels of chair, chief executive or finance director has failed to resolve the matter, or for which such contact is inappropriate.</p> <p>The Council is reminded that the current SID is Martin Wright who has agreed with the Chair he will step down as SID on 30 April 2022. Martin has worked with the Chair and other NEDs to identify a successor to the post, and at its meeting on the 25 November 2021 the Board of Directors agreed that Cleveland Henry would step into the role with effect from 1 May 2022 for a period of two years.</p> <p>Identifying the new SID so early allows a period of handover of the role and for Cleveland to shadow Martin over the coming weeks.</p> <p>The Council of Governors is asked to support this appointment given that the SID is one route open to governors to raise concerns should they need to.</p> <p>A copy of the role description of the SID is attached for information.</p>		
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 support the appointment of Cleveland Henry as the Senior Independent Director with effect from 1 May 2022 for a period of two years.</p>





## ROLE DESCRIPTION

TITLE	<b>Senior Independent Director</b>
REPORTS TO	<b>The SID seeks to be independent in all matters and does not have one route of reporting; this will depend on the nature of the matter</b>
ACCOUNTABLE TO	<b>Board of Directors</b>
<p><b>1. JOB SUMMARY</b></p> <p>The Senior Independent Director (SID) will be a non-executive director (NED) with all the general duties of a NED in common with other NEDs, but with the enhanced duties of the SID as set out in section 4 below (the SID appointment will not attract any extra remuneration).</p> <p>In summary the SID will be available to directors, governors or members if they have concerns which have not or cannot be resolved through normal contact with the Chair of the Trust, the Chief Executive, or the Trust Board Secretary (Head of Corporate Governance), or where such contact is considered to be inappropriate.</p>	
<p><b>2. CRITERIA FOR ELIGIBILITY</b></p> <p>The SID is to be a NED who is appointed by the Board of Directors and who is considered to fulfil the criteria of 'independent' as set out by Monitor in the NHS Foundation Trust Code of Governance.</p> <p>The Chair of the Trust is not eligible to be the SID. The Deputy Chair whilst eligible to be the SID, cannot carry out this role when acting as Chair of the Trust, due to the need to be independent of the Chair role. The Senior Independent Director does not have to be the chair of the Audit and Assurance Committee.</p> <p>The Board of Directors will review the appointment normally every two years, and may re-appoint the incumbent SID or choose another person from amongst the independent non-executive directors as it sees fit. For clarity the appointment period for the SID will normally be two years unless there are operational reasons as to why the Board may wish to vary the term of appointment.</p>	

### **3. WORKING RELATIONSHIPS**

The SID will be appointed by the Board of Directors. The Board of Directors should consult the Council of Governors in respect of the individual who is to be appointed.

The SID will have the normal working relationships of a NED, however with specific reference to the role of the SID the main working relationships will be with:

- Governors
- Members
- Directors (including NEDs)
- The Board of Directors
- The Council of Governors
- Chair of the Trust
- Head of Corporate Governance (acting as Trust Board Secretary)

### **4. PRINCIPLE DUTIES AND AREAS OF RESPONSIBILITY**

In addition to the general duties of a NED, the SID will have the following specific duties:

- Be available to directors (executive and non-executive) if they have concerns about the performance of the Board or the welfare of the Trust, which contact through the normal channels of Chair of the Trust, the Chief Executive, or the Trust Board Secretary (Head of Corporate Governance) has failed to resolve or for which such contact is inappropriate
- Be available to governors and members if they have concerns about: the performance of the Board of Directors; the Trust's compliance with the terms of its licence or the welfare of the Trust; where contact through the normal channels of Chair of the Trust, the Chief Executive, or the Trust Board Secretary (Head of Corporate Governance), has failed to resolve or for which such contact is inappropriate
- Help resolve any disagreements that may arise between the Council of Governors and Board of Directors, in accordance with any procedures agreed by the Trust and set out in the Constitution
- Maintain sufficient dialogue with governors (including regularly attending Council of Governors' meetings) in order to develop a balanced understanding of their issues and concerns
- When appropriate ensure that the issues and concerns of members and governors are communicated to the other non-executive directors and, as necessary, the Board as a whole
- Carry out the annual appraisal of the Chair of the Trust and make a report to the Appointments and Remuneration Committee and the Council of Governors on the outcome

- Meet with the non-executive directors, in the absence of the Chair of the Trust, at least annually to discuss his/her performance as part of the annual appraisal process (or for any other reason which may require the NEDs to meet without the Chair of the Trust)
- Chair the Nominations Committee and the Appointments and Remuneration Committee when matters concerning the incumbent Chair of the Trust are being considered
- Support the Chair of the Trust in leading the Board of Directors, acting as a sounding board and source of advice for the chair.

## **5. TIME COMMITMENT**

The Senior Independent Director should ensure they will have sufficient time to meet the rigours of the role and the additional responsibilities.

## **6. APPROVAL**

This role description was approved by the Board of Directors at its meeting held on 30 May 2013.

Any subsequent changes to the role description will be agreed by the Board of Directors.

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**AGENDA  
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**19**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>NAME OF PAPER:</b>	Process for the upcoming elections to the Council of Governors
<b>DATE OF MEETING:</b>	1 February 2022
<b>PRESENTED BY:</b> (name and title)	Kerry McMann – Head of Corporate Governance and Deputy Trust Board Secretary
<b>PREPARED BY:</b> (name and title)	Kerry McMann – Head of Corporate Governance and 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**

The Council of Governors is advised that the following seats will be included in the next round of elections:

- Public: Leeds (4 seats)
- Public: Rest of England and Wales (1 seat)
- Service User: York and North Yorkshire (1 seat)
- Service User and Carer: Rest of UK (1 seat)
- Staff Non-clinical: Leeds and York & North Yorkshire (1 seat)

The Council is asked to note that the following seats currently have elected governors in office, and they will come to the end of their term of office on the 23 July 2022. These governors are eligible to stand for election again if they wish to do so:

- Public: Leeds – Peter Webster
- Public: Leeds – Les France
- Public: Leeds – Mussarat Khan
- Staff: Non-clinical: Leeds and York & North Yorkshire – Ruth Grant

The Council is also asked to note that the following seats currently have elected governors in office, and they will also come to the end of their final term of office on the 23 July 2022. The following governors have completed three terms of office and are therefore not eligible to stand for election again:

- Public: Leeds – Steve Howarth
- Public: Rest of England and Wales – Niccola Swan

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

<b>ELECTION STAGE</b>	<b>DATE</b>
Notice of Election / nomination open	Thursday, 5 May 2022
Nominations deadline	Monday, 6 Jun 2022
Summary of valid nominated candidates published	Tuesday, 7 Jun 2022
Final date for candidate withdrawal	Thursday, 9 Jun 2022
Notice of Poll published	Monday, 27 Jun 2022
Voting packs despatched	Tuesday, 28 Jun 2022
Close of election	Thursday, 21 Jul 2022
Declaration of results	<b>Friday, 22 Jul 2022</b>

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

We will also be working with the Patient Experience and Involvement Team, the Rainbow Alliance, the Service User Network, the Workforce Race Equality Network and the Disability and Wellbeing Network to encourage members to stand for election in order to ensure there is wide representation on our Council of Governors.

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

## **RECOMMENDATIONS**

The Council of Governors is asked to agree the timetable for the forthcoming elections to the Council of Governors which will conclude on the 22 July 2022.

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**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Ratification of the Terms of Reference for the Appointments and Remuneration Committee
<b>DATE OF MEETING:</b>	1 February 2022
<b>PRESENTED BY:</b> (name and title)	Cath Hill – Associate Director for Corporate Governance
<b>PREPARED BY:</b> (name and title)	Bea King – Corporate Governance Assistant

<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 checked="" type="checkbox"/>
SO2	We provide a rewarding and supportive place to work.	<input type="checkbox"/>
SO3	We use our resources to deliver effective and sustainable services.	<input type="checkbox"/>

<b>EXECUTIVE SUMMARY</b>		
<p>The Council is asked to note that the Appointments and Remuneration Committee is required to review its terms of reference annually to ensure they are up to date and reflect the work of the committee.</p> <p>The Committee reviewed and approved its terms of reference on 20 January 2022. The following amendments were made (highlighted in yellow):</p> <ul style="list-style-type: none"> <li>Page two – added a sentence to reflect that meetings can be held remotely via telephone and/or electronic conference facilities.</li> </ul>		
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>
The Council is asked to review the changes made and ratify the revised Terms of Reference.





## Appointments and Remuneration Committee

### Terms of Reference

(Approved by the Committee on 20 January 2022  
To be ratified by the Council of Governors on 1 February 2022)

#### 1 NAME OF GROUP / COMMITTEE

The name of this committee is the Appointments and Remuneration Committee.

#### 2 COMPOSITION OF THE GROUP / COMMITTEE

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

##### Members: full rights

Title	Role in the Committee
Chair of the Trust	Committee chair and responsible for evaluating the assurances given and the processes followed and identifying if further consideration action is needed.
Five governors	Responsible for evaluating the assurance given and identifying if further consideration / action is needed, and being involved in the recruitment panels for non-executive director (NED) appointments. The governors can be from any constituency.

The membership of the Committee should always include the Lead Governor unless there are extenuating circumstances as to why this may not be possible.

An election process will take place when there is a vacancy on this Committee. It will be a self-nomination scheme with a subsequent ballot taking place. The governor(s) elected onto the Committee as a result of the ballot, will immediately form part of the Committee.

### In attendance: in an advisory capacity

Title	Role in the Committee	Attendance guide
Associate Director for Corporate Governance (acting as Trust Board Secretary)	Committee support and advice and Council of Governors' governance	Every meeting
Director of Organisational Development and Workforce	Committee support and advice in respect of NED appointments and terms and conditions	Every meeting

## 3 QUORACY

**Number:** The Committee will be quorate if three or more governors plus the Chair of the Committee are present.

Members of the Committee shall be allowed to contribute to the meeting via conference call or other live two way electronic means. With respect to quoracy, members contributing via a conference call or other live two-way electronic means at the time of the meeting shall be counted as attending.

If a situation arises where it is thought there may not be enough governors to allow a Committee meeting to be quorate, other governors can be invited to that meeting. This will be at the discretion of the Chair of the Committee and in agreement with the Lead Governor. In this situation, those governors invited to the Committee meeting will count towards the quoracy of governor members.

**Non-quorate meeting:** If the meeting is not quorate it shall be for the Chair to decide if the meeting takes place and, in conjunction with the members present, what if any items of business shall be discussed. If the meeting is not quorate no formal decisions can be taken and these matters will be deferred to the next meeting.

**Alternate chair:** When the Chair of the Committee is not able to attend or where they are conflicted in any agenda item, the Lead Governor will chair the meeting or part of the meeting.

## 4 MEETINGS OF THE COMMITTEE

**Frequency:** The Appointments and Remuneration Committee will meet as often is required to allow the Committee to discharge its duties. Meetings may be held face-to-face or remotely as is considered appropriate. Remote meetings may involve the use of the telephone and / or electronic conference facilities.

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

**Minutes:** The Associate Director for Corporate Governance will arrange for minutes to be taken of the Committee meeting.

Draft minutes will be circulated to the Chair of the Committee no later than one week after the meeting. Actions from the meeting will be circulated to relevant members within ten working days from the day of the meeting taking place.

An assurance report will be made to the next available Council of Governors meeting in relation to the items discussed or agreed.

## 5 AUTHORITY

**Establishment:** In accordance with the Code of Governance for NHS Foundation Trusts and the Trust's Constitution.

**Powers:** The Appointments and Remuneration Committee is constituted as a standing committee of the Council of Governors and has no executive powers, other than those specifically delegated in these terms of reference. Its terms of reference are set out below and can only be amended with the approval of the Council of Governors.

The Committee has delegated responsibility from the Council of Governors for its duties which are set out in the duties section below.

It is authorised to make decisions on behalf of the Council of Governors but it must refer back to the Council, by way of a recommendation, any decision which is reserved to the Council for example the ratification of the appointment of a non-executive director.

The Committee will, for part of its duties, work closely with the Board of Directors' Nominations Committee and will need to have regard to the recommendations this Committee makes in respect of the skills and experience required to fill any vacant chair and non-executive director posts.

**Cessation:** The Appointment and Remuneration Committee is a standing committee in that its responsibilities and purpose are not time limited. While the functions of the Appointments and Remuneration Committee are required by NHS improvement, the exact format may be changed with the approval of the Council of Governors but this will always include the core role as set out in the Code of Governance.

## 6 ROLE OF THE COMMITTEE

### 6.1 Purpose of the Committee

The purpose of the Committee is to review and make recommendations to the Council of Governors regarding appointments to vacant posts within the non-executive director team, and also review and agree set the level of remuneration made to members of the non-executive team.

With regard to Health and Social Care Act 20018 (Regulated Activities) Regulations 2014 Regulation: 5 Fit and Proper Persons Test: Directors the Appointments and Remuneration Committee shall be responsible for receiving and considering any information in relation to any NED preferred candidate, or current NED who is reportedly not a 'fit and proper person' and decide on any action to be taken.

The Committee will also receive a report in respect of the outcome of the appraisals carried out for each non-executive director, including the Chair of the Trust, where there are any matters of concern.

The remit of the Appointments and Remuneration Committee enables it to seek assurance in the areas of the following strategic objectives:

Objective	Committee roles
We provide a rewarding and supportive place to work (SO2)	The Appointments and Remuneration Committee has a key role regarding the recruitment of appropriately qualified, experienced and 'fit and proper' non-executive directors on the Board of Directors.

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

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

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

## **6.3 Duties of the group / committee**

Notwithstanding any duty which the Council of Governors may from time-to-time agree to retain for itself, the duties of the Committee are:

- Agree and make recommendations to the Council of Governors regarding the appointment process for the Chair of the Trust and other non-executive directors.
- Agree the documentation for any Chair or NED appointment, including the role description, person specification, and advert having regard to the recommendations from the Nominations Committee in respect of the content and the specific and generic skills and knowledge required.

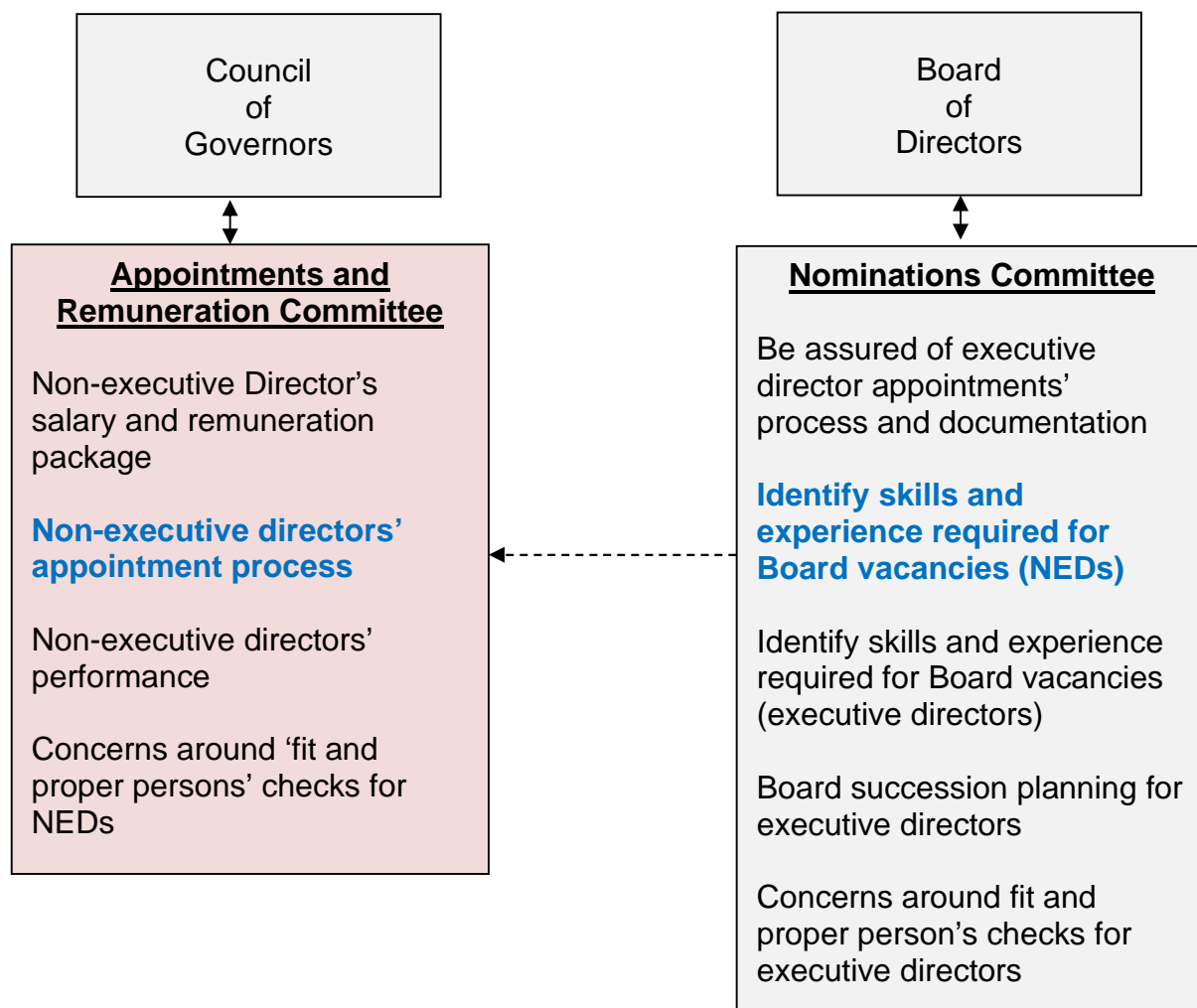
- Where possible make up the recruitment and selection panel that will be involved in the appointment process for vacant non-executive director posts (note unless there are extenuating circumstances the Lead Governor will be the chair of the shortlisting and interview panel when the appointment is in respect of the Chair of the Trust).
- Where during the pre-appointment checks (under the 'fit and proper person's test) there are any concerns raised about a preferred NED candidate being a 'fit and proper person' the Appointments and Remuneration Committee will consider what course of action to take.
- In consultation with the Chair of the Trust make recommendations to a general meeting of the Council of Governors regarding the appointment or re-appointment of the Deputy Chair of the Trust in order to inform the ratification of such an appointment by the Council.
- Keep under review the terms and conditions of appointment including the level of remuneration of the Chair and the other non-executive directors and make recommendations to a general meeting of the Council of Governors as appropriate.
- Review information received about any current NED who is reportedly not a 'fit and proper person', consider the matter, instigate any investigation (as necessary), review the outcome of the investigation and agree what course of action to take.
- Make recommendations to a general meeting of the Council of Governors regarding the appointment or re-appointment of the Chair of the Trust and the other NEDs in order to inform the ratification of such an appointment by the Council.
- In relation to the re-appointment of the Chair of the Trust and/or the other non-executive directors, take the lead on agreeing a process for the re-appointment.
- Where concern is raised about performance of a non-executive director, either as part of the appraisal process or any matter separate to this, the Committee will receive an exception report outlining details of the concern. Where appropriate, this will be presented by the Chair of the Trust, or the Senior Independent Director, in the case of the Chair of the Trust.
- Agree the process and documentation for the annual appraisal process for the non-executive directors and the Chair of the Trust before it is ratified by the Council of Governors.

## **7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES**

The Appointments and Remuneration Committee shall have a direct relationship with other committees as shown below:

This Committee reports to the Council of Governors. It also has a link to the work of the Nominations Committee where that committee is considering vacancies in the non-executive director team (including the post of Chair of the Trust).

See the organogram below.



## 8 DUTIES OF THE CHAIRPERSON

The Chair of the Committee shall be responsible for:

- agreeing the agenda with the Corporate Governance Team
- directing the conduct of the meeting ensuring it operates in accordance with the Trust's values
- giving direction to the minute taker
- ensuring all attendees have an opportunity to contribute to the discussion
- ensuring the agenda is balanced and discussions are productive, and when they are not productive they are efficiently brought to a conclusion
- deciding when information or matters presented to the Appointments and Remuneration Committee need escalation to the Board of Directors

- checking the minutes
- ensuring sufficient information is presented to the Board of Directors in respect of the work of the Committee.

It shall be the responsibility of the Chair to provide a conduit for communication between the Board of Directors' Nominations Committee and the Appointments and Remuneration Committee, and for the Chair to report back to the Board of Directors, as appropriate, regarding non-executive director appointments.

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

## **9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS**

The terms of reference shall be reviewed by the Committee and then presented to the Council of Governors for ratification, where there has been a change.

In addition to this the Chair must ensure the Committee carries out an annual assessment of how effectively it is carrying out its duties and make a report to the Council of Governors including any recommendations for improvement.

## **PROCESS FOR THE APPOINTMENT OF GOVERNORS TO THE APPOINTMENTS AND REMUNERATION COMMITTEE**

As per its Terms of Reference the membership of the Appointments and Remuneration Committee is made up of:

- The Chair of the Trust
- Five governors.

Please note: unless there are extenuating circumstances as to why it may not be possible, the membership of the committee should always include the Lead Governor. They will not be required to undergo an election to the committee.

### **Vacancies on the Committee**

As and when there is a governor vacancy on the Committee an invitation will be made to governors to make an application to join the Committee.

This invitation may be made either at a general meeting of the Council of Governors or for reasons of expediency outside of a meeting via email and post by the Corporate Governance Team.

- a) Expressions of interest should be made to the Chair of the Trust (via the Corporate Governance Team) in writing (letter or email) accompanied by a supporting statement from each applicant as to the skills and experience they have in senior appointments or the reason why they wish to be considered (in no more than 300 words). If help with writing a statement is required this will be provided.
- b) In the event of there being no expressions of interest or, if in the opinion of the Chair of the Trust, no suitable expressions of interest are received the Chair of the Trust will discuss options with the other Committee members. Subsequently the vacancy may either be carried for an agreed period or the Chair will approach a governor from the relevant group directly to encourage interest. The decision to carry the vacancy should not adversely affect the quoracy of the committee, which is three or more governors plus the Chair of the Trust.
- c) Where an expression of interest is made and the Chair of the Trust does not feel the individual to be suitable for consideration this shall be discussed with the individual concerned.
- d) Once the expressions of interest and supporting statements have been received by the Chair of the Trust ballot papers will be prepared by the Corporate Governance Team (which will include the supporting statement) to allow governors to vote as to whom they want to represent them on the Committee.



- e) The ballots will be opened and counted by the Corporate Governance Team and the Chair of the Trust. The way in which individual governors have voted will be kept confidential at all times.
- f) The outcome of the election will be announced by the Chair of the Trust by whatever method is considered most expedient, but ultimately it will be reported at the next scheduled Council of Governors' meeting.

### **Terms of office on the Committee**

- a) A governor may serve two terms up to a maximum of six years.
- b) If a governor is elected to the Committee part way through their term of office, their appointment to the Committee shall be offered for the remainder of their term of office as a governor, subject to their performance on the Committee being considered satisfactory by the Chair of the Trust.
- c) Where a governor is appointed or elected to the Council of Governors for consecutive terms of office their appointment to the Committee shall be considered to continue, subject to their performance on the Committee being considered satisfactory by the Chair of the Trust, and subject to them not already having served six years on the Committee.
- d) Where the appointment or election of a governor to the Council of Governors is not for consecutive terms of office (i.e. they are not re-elected or re-appointed immediately after their previous term came to an end) the above procedure for filling vacancies on the Committee shall be followed.
- e) Where there is cause for concern about the performance or the behaviour of a governor in respect of their duties on the committee this shall be addressed by the Chair of the Trust. The Chair of the Trust has the authority to remove any governor from the committee if they are not deemed to be suitably contributing or performing on the Committee.