

PUBLIC MEETING OF THE COUNCIL OF GOVERNORS
will be held at 1pm on Tuesday 2 November 2021
via Zoom

A G E N D A

LEAD

- | | | |
|------------|---|---------------------------------|
| 1 | Welcome and introductions (verbal) | Prof Sue Proctor |
| 2 | Clinical Outcomes Update (paper to read and presentation on the day) | Chris Hosker
Lyndsey Charles |
| 3 | Apologies for absence (verbal) | Prof Sue Proctor |
| 4 | Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (verbal) | Prof Sue Proctor |
| 4.1 | Declarations of Interest for the Council of Governors (paper to read) | Kerry McMan |
| 5 | Minutes | Prof Sue Proctor |
| 5.1 | Minutes of the public Council of Governors' meeting held on the 6 July 2021 (paper to read) | |
| 5.2 | Minutes of the Annual Members' Meeting held on the 28 July 2021 – for information (paper to read) | |
| 6 | Matters arising (verbal) | Prof Sue Proctor |
| 7 | Cumulative Action Log – actions outstanding from previous public meetings (paper to read) | Prof Sue Proctor |
| 8 | Chair's Report (paper to read) | Prof Sue Proctor |
| 9 | Chief Executive Report (verbal) | Sara Munro |
| 10 | Lead Governor Report (verbal) | Peter Webster |
| 11 | Quarterly Performance and Quality Update Report (paper to read) | Joanna Forster
Adams |
| 12 | Financial Update (paper to read) | Dawn Hanwell |
| 13 | Report from the Chair of the Mental Health Legislation Committee (paper to read) | Sue White |

- 14 Report from the Chair of the Workforce Committee** (paper to read) Helen Grantham
- 15 Council of Governors' Meeting Governance:** Cath Hill
- 15.1 Review of the Council of Governors' Terms of Reference** (paper to read)
- 15.2 Approval of the Council of Governors' Annual Cycle of Business for 2022** (paper to read)
- 15.3 2022 and 2023 Meeting Dates** (paper to read)
- 15.4 Council of Governors' Meeting Etiquette Procedure (CG-0010)** (paper to read)
- 16 Items for information:**
- 16.1 Update on the Leeds Health and Care Academy** (paper to read – questions to be taken offline)
- 16.2 Synergi Leeds Update** (paper to read – questions to be taken offline)

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

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

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

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

**AGENDA
ITEM**

2

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Clinical Outcomes Update
DATE OF MEETING:	2 November 2021
PRESENTED BY: (name and title)	Chris Hosker – Medical Director
PREPARED BY: (name and title)	Chris Hosker – Medical Director

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

EXECUTIVE SUMMARY

The Trust has an ambition to embed the use of clinical outcomes across all clinical services in line with the aims of the quality strategic plan.

It is recognised that fulfilling the ambition is complex and requires an innovative approach as there isn't a pre-existing replicable model for implementation. Consequently, the Trust's partnership with the Institute for Healthcare Innovation have been commissioned to support the Trust in selecting and using an appropriate quality improvement approach, with the allied aim of embedding that quality improvement approach as a way of tackling other complex improvement challenges.

This paper provides an update on the progress so far.

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

RECOMMENDATION

The Council is asked to:

- Note the progress so far.

CLINICAL OUTCOMES UPDATE PAPER – COUNCIL OF GOVERNORS

2ND November 2021

INTRODUCTION

The development of meaningful outcomes measures for service users, clinicians and services in the Trust is a priority; it is also a ‘wicked’ or ‘adaptive’ leadership challenge with many layers and complexities and with services all being in slightly different stages in their development. Solving this challenge, without repeating the failures of the past, therefore, calls for a fresh, innovation driven approach.

The approach taken and the latest position with implementing clinical outcomes uniformly across our services are outlined in this paper.

OVERVIEW

This paper provides an update on the planned learning review of clinical outcomes, which formally commenced on the 1st July 2021, and which continues to be supported by the Institute for Healthcare Improvement (IHI) (appendix 2).

The chosen method for the review was a 90 day innovation cycle (appendix 3). The intention was to collectively produce a model for the required improvement work around clinical outcomes within a small number of services (3) that would then support a second phase of work with more services, before finally expanding into all services. These would take the form of focused projects that are owned by their Clinical and Operational Leads, closely supported by their Clinical Directors and the Improvement Team.

The table below provides an overview of the Services and Leads that were involved in the initial 90 day cycle:

Table 1: Services and leads involved in the 90 day cycle

Area	Clinical Director	Clinical Lead	Improvement Lead
Gender ID	Eli Joubert	Laura Chalton	Nicole Child
Older People Service	Lyndsey-jane Charles	Lou Bergin	Fabrizio Girolomini
Liaison Psychiatry	Gopinath Narayan	Ankush Vidyarthi	Vishal Sharma

THE 90 DAY LEARNING CYCLE

The 90 day cycle method is a well-established approach to quality improvement which was originally outlined in the IHI’s white paper on Innovation (viewable via the link below):

<http://www.ihl.org/resources/Pages/IHIWhitePapers/IHI-Innovation-System.aspx>

This is the first time that we have used the 90 day approach in LYPFT and consequently, we have relied upon close support from the IHI. The intention will be to develop our own expertise around the use of the

model and to use the same approach for future areas of innovation as part of our ambition to improve quality in our services.

The initial phase of the 90 day cycle ran through July, August and September 2021. The cycle consists of 5 sequential steps as outlined below in figure 1

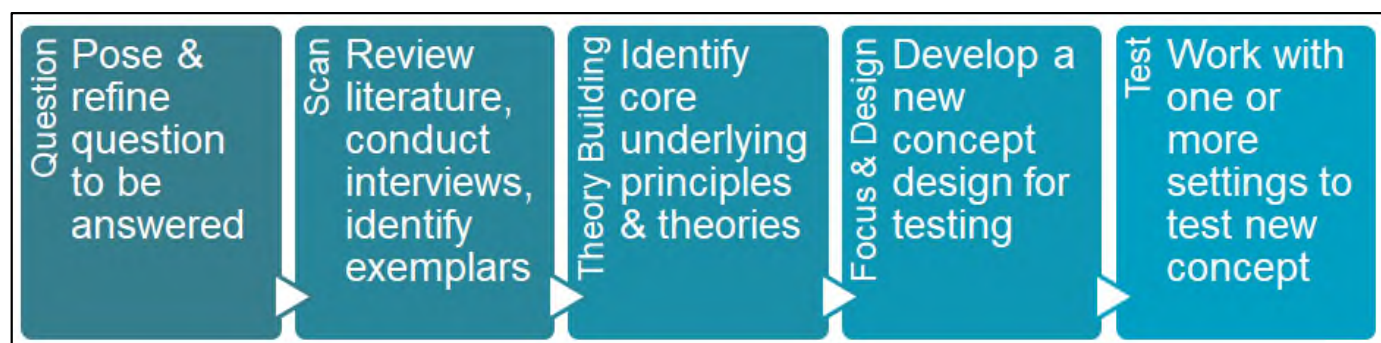


Figure 1: 90 day cycle steps

We had to be mindful that any ambition to create an effective innovation system requires six components to be in place, as outlined in figure 2 below, and that if one of these essentials is missing, then initiatives to improve through innovation will generally falter (IHI Innovation System White Paper 2018)

1. Pace	Some predictable rhythm of producing new knowledge
2. Staff with dedicated time	A team of people who have allocated time to work specifically on innovation, initially part-time but eventually full-time
3. A forum for collective thinking to address problems that need innovation	Workshop time for collective reflection and to gather the insights of others external to the research process
4. Organization-wide understanding of the innovation function	This includes defined roles and responsibilities within the innovation system, as well as connection points between innovation and ongoing operations
5. A laboratory for testing	Multiple laboratories and contexts around the world that could test hypotheses and theories, in a robust and rapid fashion, about what might lead to more effective and reliable delivery of products and services
6. Predictable deadlines with a decision point	A timeline for the innovation process and a decision at the end of the research and experimentation period about whether to proceed with or abandon the innovation

Figure 2: 6 components of an innovation system

Given the constraints placed upon us by the pandemic, staff time was recognised as potential point of failure. However, the prior appointment of four clinical directors, with a greater focus on quality improvement, accompanied by a review of and investment into clinical leadership, gave a greater degree of confidence that the essential element of dedicated staff time was in place.

THEORY OF CHANGE

As per the stipulated approach to a 90 day learning cycle, project group initially worked under the guidance of the IHI to clarify the aim, refine the challenge and to create some principles around the use of clinical outcomes in LYPFT.

The final aim was agreed as follows:

To arrive at a point whereby effective outcome measures will be embedded and used in each service in way that adds value for both the clinicians and the service users.

It was agreed that this would require:

- Clinical outcomes that held relevance to clinicians as well as service users
- Infrastructure that promoted ease of measure collection and their subsequent use
- A culture that fostered the collection of and response to data
- The organisational capacity for ongoing outcome measurement
- Training and support systems for staff and service users

A set of operating principles were agreed as follows:

- The collection and use of outcome measures will differ by service lines
 - Service lines will determine who and how the data is collected and inputted in the system
- The percent of patients we need the outcome measures for will vary by service line
- The project will not wait for the perfect technology to act; we will start with what we can do and iterate as technology becomes available
- Each service line will create their own roadmap
- This is a process of learning and change and we accept that we may not get it right the first time around
- The use of outcome measures is to provide the best possible care and therefore:
 - Patients won't be discharged early based on the outcome data
 - Clinicians won't be performance managed based on the data; and
 - Service lines won't be penalized for reporting their outcomes and working towards improvement
- Active discussions with multiple stakeholders will lead to understanding of the possible impacts of the use of an outcome measure and there is a need for a balanced options appraisal of the measure and the capability and capacity of services to adopt this measure at this time
- Success will likely rely upon our "patient portal¹" [which is being developed] – the system will have the capacity to take in patient reported outcomes
- We will not wait for the patient portal to be complete to start; We will start with the best for now and then modify as capability becomes available

¹ The Patient Portal will be the way that service users will be able to interact directly with their electronic care record and offers a potential solution to one of the aspects of implementing clinical outcomes that has been so hard to overcome, namely, a user-friendly way of capturing live data from service users that is aligned to their case records and produced visible data on their progress.

PACE OF THE 90 DAY CYCLE

An initial project plan was agreed and adhered to as outlined in the table below. The 90 day cycle works by defining fixed timelines, however the metric of success is, the achievement of “learning”, rather than having achieved the defined end points.

Table 2: Project plan and timelines

Pre-work	90 days started	Scan complete	Measure design	Testing complete	Define end
April-June 21	1st July 2021	31st July 2021	1-31 August	15 September	30th September
Develop a shared understanding of the relevant theory within the project group	Clinical leads engaged and involved in the project	Brief literature review (scan) to identify service line specific outcome measures	Determine systems available for data collection	Small scale testing of outcome measure(s) within 3 services	3 Service lines have tested outcomes measures
Define the aim		Scan of unrelated industries for innovative approaches	Determine roles for testing	Iteration of measures based on learning	3 Service lines summarize learning and share results
Finalize a time line		Continued engagement with clinicians and service users to gain their “voice”	Propose outcome measures for testing within service line	Exploration of anomalies	All service lines are informed of intention and have started planning
Identify initial 3 services to be involved				Planning for larger testing/ spread	“How-to” Guide developed for additional service lines
				Testing with Leadership modelling use	Spread plan complete
					Engagement piece

THE 90 DAY CYCLES IN THE 3 SELECTED INITIAL PHASE SERVICES

OLDER PEOPLES SERVICES

The older peoples' services were selected as their service users offered a particular challenge around the accessibility of outcome measures for people with cognitive impairment. It was felt that this would require particular attention and that learning could be generalised out to other service areas where cognitive difficulties had historically been felt to be insurmountable barriers to obtaining clinical outcomes.

The focus was on engaging a small clinical team in identifying and testing out the clinical applicability of a Patient Recorded Outcome Measure (PROM) suitable for someone with moderate-severe dementia when they are not in their own home environment. This measure would be applicable to 3 OPS services, i.e., The Willows Complex Dementia Hub, the Care Homes Service, & the Dementia Inpatients wards at The Mount. The aim was to move to the consistent use of a PROM that could reflect meaningful outcomes about the quality of life of a person who has significant cognitive impairment and will likely be experiencing some Behavioural and Psychological Symptoms of Dementia (BPSD)

The scanning phase consisted of the following:

- Consulted Resources: NHS Outcomes Framework: Enhancing QOL with people with Dementia, Kings Fund website PROMs in dementia care, International Consortium Health Outcome Measures Dementia recommendations.
- Contacted: WY&H Dementia and Mental Health Clinical Network, Bradford Uni Dementia Studies staff, Clinical Lead for Dementia Services (BDCFT), Prof Siobhan Reilly – lead researcher of 'What Matters Most'
- Engaged senior staff across The Willows Complex Dementia Hub, the Care Homes Service, & the Dementia Inpatients wards at The Mount to discuss the scope of the project.

The output from that scanning consultation and engagement was to:

- Reduce the scope of the project to focus on one team, The Willows Complex Dementia Hub as a more realistic sized project
- Identify possible PROM measures and the strengths and weaknesses of these in clinical practice, e.g., DEMQoL, EQ-5D,
- Identify different approaches - use of observation tools: Bradford Wellbeing Profile, Birmingham & Solihull Wellbeing Care Plan, Dementia Care Mapping
- Identify the opportunity to innovate using the 'What Matters Most' research work led by Prof Siobhan Reilly, University of Bradford

The ensuing testing phase progressed as follows:

- Engaged with staff, service users and carers in the Willows to explore use of different outcome measures:
- Trialed DEMQoL with 2 service users
- Explored the 'What Matters Most' content with staff and service users
- Observed practice: gathered information on what staff already do / ask

The following learning and next steps were identified:

- A single approach for all patients will fail as the cognitive ability of the service user will determine which measure will be most appropriate in each case.
- For those able to engage with a verbal or visual scale, a PROM is appropriate. For those unable to engage in such a tool, a Clinician Rated Outcome Measure (observation tool) is required.
- A matrix is being developed to guide staff choice of measure
- The live testing of DEMQoL resulted in it being found to be inappropriate on the basis that it did not fit with the cognitive needs of the patient group: For example, it asked service users to rate items when they “think back to last week” and it had too many questions (28 in total). Staff feedback was that 10 questions as maximum was more realistic and even that number would require more than one sitting to build the picture of an individual’s well being
- A meeting with Prof Reilly is scheduled for the 13th October 2021 to discuss options for us to use her material to develop a local scale at pace (verbal and visual versions), as well as become partners in the potential future research to develop this into a standardised, validated measure

A number of challenges were identified which will require further work as the project evolves

- how to record it reliably in a multi provider system that uses paper notes, Care Director & System One
- training needs
- communicating the results of each person’s PROM to key people including family and carers in a meaningful way

GENDER SERVICES

The Gender Service was selected on the basis that this would offer a complexity challenge given that service offered specialist expertise to service users within one point of their potential transitioning journey.

The scanning phase of the 90 day cycle revealed that The Gender Congruence and Life Satisfaction Scale (38 items with 5 possible answer options each) was a potential “*off the shelf*” option for clinical outcome measurement within this service user group.

The measure was trialled with a small group of service users and a number of challenges were identified:

- The measure was felt to be too long
- The measure was rarely returned despite email and postal options being offered

The learning from the 90 day cycle was summarised as follows:

- The measure needed to be shortened to no more than 8 questions
- This would mean that it was no longer a measure with “validity” for the use it was intended for, but did not necessarily detract from its use as a way of gaining insight into the value that the service was adding to service user’s lives
- The measure will work best if offered electronically at the start of appointments

The next phase will focus on testing and learning from the shortened version in an electronic format and then embedding its use if feedback is positive

LIAISON PSYCHIATRY

Liaison Psychiatry Outpatient Services were selected as they had already achieved a degree of maturity around the use of clinical outcome measures and had worked over many years to embed these into services in a way that was aligned with, but had never achieved the wider aims of this project. It was felt that the involvement of this service could add richness to the learning from the cycle and help them to unblock the barriers that had prevented full implementation previously.

There has been inconsistency in how outcome measures were captured within Liaison Psychiatry over the years. This led to difficulties when assessing the impact of treatment and assessing the patient's wellbeing, as well as the impact this has on reporting at a Trust and Commissioner Level. The process has been further impacted over the past 18 months since the first lockdown commenced in March 2020 and face-to-face appointments were replaced with virtual appointments.

The project was split into two phases

Phase 1 identified potential outcome measures which are suitable for the patient population

Phase 2 implemented a consensus study to obtain feedback from service users and clinicians on their views on outcome measures and also identify appropriate outcome measures for the service.

The results from the consensus study in phase 2 identified three outcome measures which met the needs of the patients and were agreed by clinicians as being appropriate for the patient population.

These were:

- Eq 5D 5L
- ReQoL
- CORE 10

The next steps in the project are:

- Obtain feedback from service users on the three measures above
- Implement the online data collection process (once approval is received from the Data Protection Officer)
- Test in the data collection process
- Implement the data analysis and recording process

NEXT STEPS

The 90 day learning cycle centred on three different services, which took three different approaches and arrived at three different end points.

The next phase will consist of building upon the learning that was generated from the cycle and specifically the following steps:

- Building the “will” and operationalizing the next phase of work;
- Continuing these three projects to the point of spread and scale;
- Synthesizing what went well and what we should change for the subsidiary aim of the 90-day approach being well understood and adopted in LYPFT
- Creating additional materials/standard work that will be helpful for the improvement team to be able to assist the clinical leads in broadening out the clinical outcomes project.

Further cohorts will be planned with other services using the same approach with the dual aim of developing expertise around the use of the 90 day cycle and progressively embedding outcome reporting into clinical services

	90-day Innovation Cycle (with Coaching)	Scale/Spread Testing (with Coaching)
First Cohort (3 projects)	July-September 2021	October - December 2021
Second Cohort (4 projects)	October Prep Month <ul style="list-style-type: none">• Select the topics• Review the workplan• Meet with the project leads to walk them through the process November 2021 – January 2022	February – March 2022
Third Cohort (4 projects)	January Prep Month <ul style="list-style-type: none">• Note – this prep month will overlap with conclusion of second cohort February – April 2022	May 2022

Christian Hosker
Medical Director
5th October 2021

Appendix 1 - 90-Day Learning Cycle

Medical Director Briefing: Clinical outcomes

Our service users deserve the highest quality services that we can provide. Services can only offer high quality care if they are effective. That ability to be effective is in turn dependent upon being able to provide evidenced based care which results in benefit. The ability to measure and display benefit is therefore a hugely important part of our journey towards high quality care and if partnered with a culture that feels psychologically safe, will help us to determine what is and isn't going well, as we attempt to improve the health and lives of those we serve.

There are however challenges. The benefit that our service users can obtain from working with us can be hard to quantify and differs from service to service. It is generally possible to measure the number of symptoms that a service user has at the start of treatment as compared to the end, however this may not reflect the improvement that they were hoping for in their life when they took the step of engaging with us. Similarly, some of the care we provide is, at the point of delivery, objected to by the recipient and a potential cause of distress, rather than something which is immediately experienced as being of benefit.

Outcome measurement is therefore a complex topic and although few would argue that being able to measure the benefit that our services provide is undesirable, the reality is that we have struggled over many years to implement a system of capturing and reporting outcome measures which can be universally adopted. As we hopefully emerge from the pandemic and our services, reset and face a new future, it is more important than ever to be able to determine what works, what is valued and what could benefit from further improvement.

LYPFT has for a number of years worked in partnership with the Institute for Health Improvement (IHI) who have helped us adopt evidence based approaches to improvement. In early 2021 we agreed to focus with the IHI on the challenging ambition of embedding clinical outcomes into all of our services. We wanted to make you aware of some of the thinking that has happened to date and the next steps that we will be embarking upon.

The IHI have a tried and tested approach to creating innovative solutions to challenges, which involves a 90 day learning cycle as an early step. This first tentative step seeks to generate a theory of understanding around the barriers that have prevented progress to date and a blueprint for how we can then start to move towards a solution that can be implemented more widely. We will be starting this work in July 2021 alongside four selected clinical services. From there we would hope to arrive at a prototype for embedding clinical outcomes that can be eventually tested across all services.

The work has to date involved the medical director as Executive lead, working alongside the Clinical Directors, the Knowledge and Improvement Team, the Informatics Team and the IHI to agree some principles and plan for the 90 day cycle.

The principles that we have worked to so far are as follows -

We will seek to:

- Enable teams to realise outcomes that are important to them and those that they serve
- Ensure outcomes make sense and are clearly defined
- Arrive at an objective way of saying, "does this work or not?"
- Arrive upon a flexible but sustainable method for collecting and reporting on outcomes
- Use outcomes in a way that fits with the compassionate culture that we aspire to

We will not:

- Performance manage our staff based around clinical outcomes
- Penalise services based on their reporting of clinical outcomes
- Use outcomes in isolation to arrive at clinical decisions

This is a really exciting opportunity for us to take our quality improvement journey to a more advanced level. There are considerable challenges ahead but by combining the expertise within LYPFT and IHI with the digital advances that we have made in the organisation, we are confident that we can arrive at a user friendly approach to clinical outcome reporting that is sufficiently flexible to work and display benefit across the varied range of services that we provide.

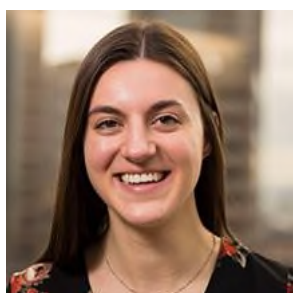
Appendix 2 – IHI Main Contacts



Susan Hannah, Senior Director, IHI

Susan Hannah has a background in high-care nursing and expertise as a leader for patient safety and clinical improvement in Scottish health care, responsible for the delivery of patient safety in a health system and serving as faculty for the national program. A trained Improvement Advisor, she worked in the Scottish government for six years, performing improvement and leadership roles to influence the adoption of quality strategies and improvement science in government policy teams and across public services.

Ms. Hannah led the design and delivery of a national Raising Attainment for All QI Collaborative for Education, later amalgamating this with the Early Years Collaborative to establish and lead the Children and Young People Improvement Collaborative, a large-scale national program that delivers multiagency quality improvement communities working to improve health and achievement outcomes across Scotland.



Olivia Butkowski, Project Manager, IHI

Olivia Butkowski supports quality improvement projects in the Europe Region and on the Strategic Partners team. She is currently working on projects with partners to advance the Triple Aim, build QI capability, and reduce inequities in the healthcare system. Her professional interests include social determinants of health, planetary health, and advancing equity. Olivia also co-leads the Green Team at IHI, which works to increase awareness of environmental and health impacts of climate change and encourage sustainable behaviours. Prior to joining IHI, Olivia worked at Brigham and Women's Hospital as a New Patient Coordinator in the Thoracic Surgery Department. Ms. Butkowski received her Bachelor of Science degree from Cornell University where she majored in Human Development and minored in Health Policy and Business.



Lindsay A. Martin, MSPH,

Lindsay A. Martin is a healthcare improvement and innovation leader dedicated to system design, improvement, and innovation. She founded I-Squared Consulting Group and works with government entities, healthcare systems, and community organizations to advance the role of quality and safety within health systems and across populations. Ms. Martin is an Instructor in the Department of Health Policy and Management at the Harvard T.H. Chan School of Public Health where she teaches Methods and Tools for Quality Improvement. Ms. Martin is faculty for the Institute for Healthcare Improvement where she focuses on improvement, innovation, and the role of employers in healthcare delivery. In addition, Ms. Martin is on the Board of Trustees for New England Donor Services (which coordinates organ and tissue donation in the six New England states and Bermuda). Prior to her current roles, Ms. Martin was the Executive Director of Innovation at IHI where she oversaw IHI's Innovation process, working to find new solutions to difficult problems in health care and bringing those solutions into prototype testing. Ms. Martin received a Master of Public Health from the Harvard T.H. Chan School of Public Health and a Bachelor of Science in Biology from Georgetown University.

Appendix 3 - 90-Day Learning Cycle

Purpose

The IHI's 90-Day Learning Cycle is one of their primary engines for research and development at the Institute. This process is designed to provide a reliable and efficient way to research innovative ideas, assess their potential for advancing quality and safety in health care, and bring them to action.

How will my organisation benefit?

Scoping and approaching unique problems is a challenge for every organisation — today's healthcare challenges demand new solutions. Engaging with IHI's 90-Day Learning Cycle is ideal for a partner who has limited resources to dedicate to the challenge that needs solving. A 90-Day Learning Cycle classically produces a theory for the underlying problems that are hindering progress and a blueprint for how an organisation can begin to test their way to a fully implementable solution.

Structure

For each 90-day innovation project, the IH will work together with the organisation on three distinct phases of work:

• Phase 1 (Scan):

The initial 30 days of the project is spent scanning the literature and conducting verbal bibliographic inquiry with key experts and innovators pertinent to the question that is posed. We emphasize learning from health and health care but also from other fields where appropriate. The project team assesses the current landscape in order to understand all dimensions of a problem or an issue. At the end of the first week, a complete project charter is produced, including the intent and aim of the project and expected deliverables. By the end of the first 30 days, a description of the current environment, a set of prevailing theories and mental models about how others have approached the problem before and an annotated bibliography are produced. In addition, a set of detailed specifications for an innovative solution are offered which informs the next phase of the effort.

• Phase 2 (Focus):

The subsequent 30-45 days are focused on formalising a set of theories that may respond to the specifications identified in the first phase. During this time, we will begin to validate these theories at the point of care and refining ideas about what actually works. Health care organizations, and, in some cases, organizations outside the field are enlisted as potential prototype sites to help further develop ideas. A key activity at this stage is describing the key components of the system that perform "to specification." A goal of this phase is transitioning from an early descriptive theory about how a new idea works to a normative theory that can be tested and provides a more thorough understanding. IHI believes that one way to make this transition is to create a driver diagram — a tool to conceptualize an issue, describe its system components, and demonstrate a pathway to achieve outcomes.

- **Phase 3 (Summarize and Disseminate):**

The final 15-30 days of a 90 Day Learning Cycle is used to complete the validation of the theory developed and to prepare a final summary of what was learned and developed during the cycle. The purpose of the summary materials is to enable development and testing of possible prototypes. Additionally, a synthesis of the work is required in order to hand off the final product to a testing or implementation team.

Appendix 4 – Overall Programme Charter

Clinical Outcomes Programme Phase 1 - 90 Day Cycle Charter

Aim

- To co-develop an underpinning theory of change (principles) for the systematic use of clinical outcome measures appropriate to each individual service in LYPFT (delivered diversely)
 - the specific improvement being the granular understanding of a pathway to routine use of outcomes embedded in clinical practice that give value to service users, clinicians and services to enable future planning, delivery and improvement in all clinical areas.
 - The theory needs to include realistic value, affordability and infrastructure considerations to ensure that plans built upon it are realistic, achievable and resilient

In addition, through this process we will also seek to:

- Experience the IHI 90day innovation program with a view to learning and evaluating an evidence based improvement method in our context for both the clinical collective and the improvement team
- Work as a supported action learning set to develop leadership skills for quality and collective working.

High-Level Measures:

Number of testing sites with outcome measures being tested at the conclusion of 90-days.

Staff/patient response to the outcome measures.

Collaboratively produced principles and support for the practicum to scale up the outcomes work across the Trust.

Problem to be solved

- The use of clinical outcomes measures that add clinical value or are essential to patient outcomes and that are used every time that they should be

- The use of evidence based methods of innovation and improvement in the Trust
- The practice of collective leadership around a wicked or adaptive leadership issue as a generic issue for the trust with outcomes within the clinical leadership collective being one example

Background

The routine use of clinical outcomes has been a priority in the Trust for at least a decade. The simple aim of clinically embedded and useful outcomes collected for every patient every time is actually very difficult to achieve, and a number of projects have run in the Trust with varied success – with some good achievements and some areas where this has become a contentious issue. Barriers have included:

- The choice of measure (and the power to choose);
- The time to collect or the admin and systems to facilitate;
- ease of available data to assist with care; and
- Additionally a mistrust of the data being managerially driven rather than care driven that has led to a varied level of engagement.

The Trust has also committed to collective leadership and developing clinical leadership expertise – including expertise to improve quality – and this is an opportunity to learn a collective way of working whilst addressing a long standing issue within the Trust that remains a priority.

Team

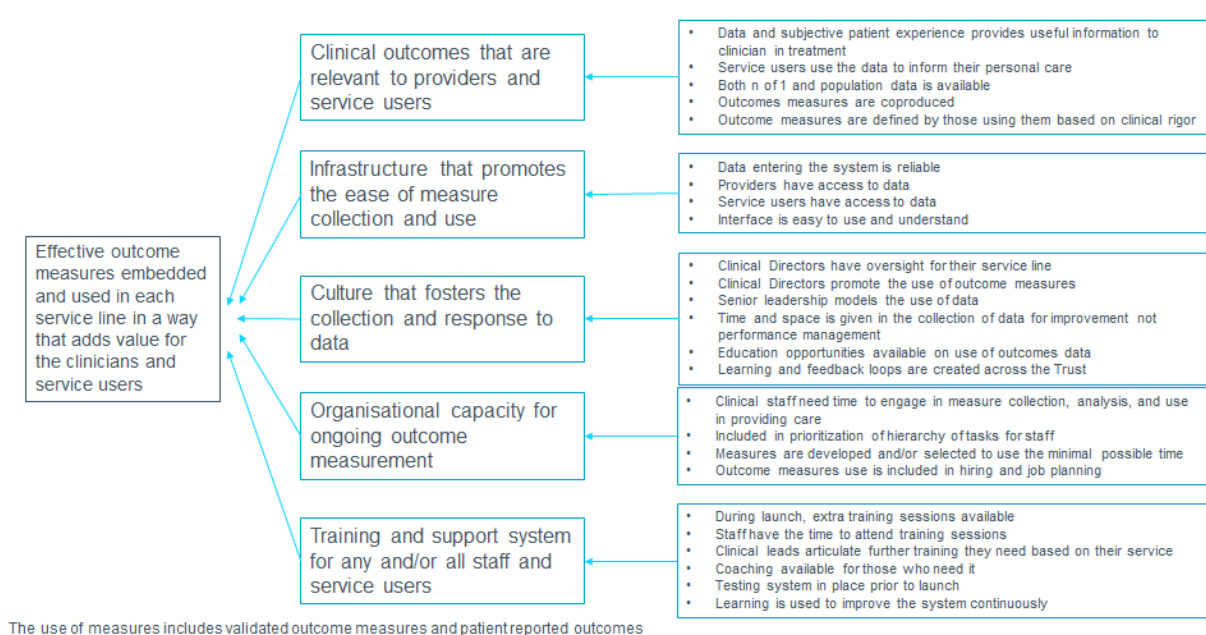
- Accountable executive for the project and outcomes: Chris Hosker
 - Clinical Director Cohort – Lyndsey Charles, Eli Joubert, Gopi Narayan, Jamie Pick, Nick Venter (CCIO)
 - Clinical Leads Cohort: Lou Bergin, Laura Chalton, TBA, Nuwan Dissanayaka
- Claire Kenwood – Accountable Director for the methodology and supporting the process
 - Improvement team support: Richard Wylde, Saeideh Saeidi
 - Informatics support: Nikki Cooper
- Expert external support and challenge: Lindsay Martin

Key Contacts

There is a wealth of experience within the clinical staff within the Trust for each clinical director and lead to connect with.

Theory of Change

IHI 90 day innovation cycle (<http://www.ihi.org/resources/Pages/IHIWhitePapers/IHI-Innovation-System.aspx>) The hypothesis would be that clinical leaders can collaborate to synthesis an evidence based model on which each clinical lead can build a road map for building the use of outcomes in their service area. The expectation is that the specification of the roadmap will assist the conversation within the organisation about the strategic importance and value of outcomes and the outcomes work.



Testing

- 4 areas to include all Clinical Directors and a Clinical lead from each of their areas

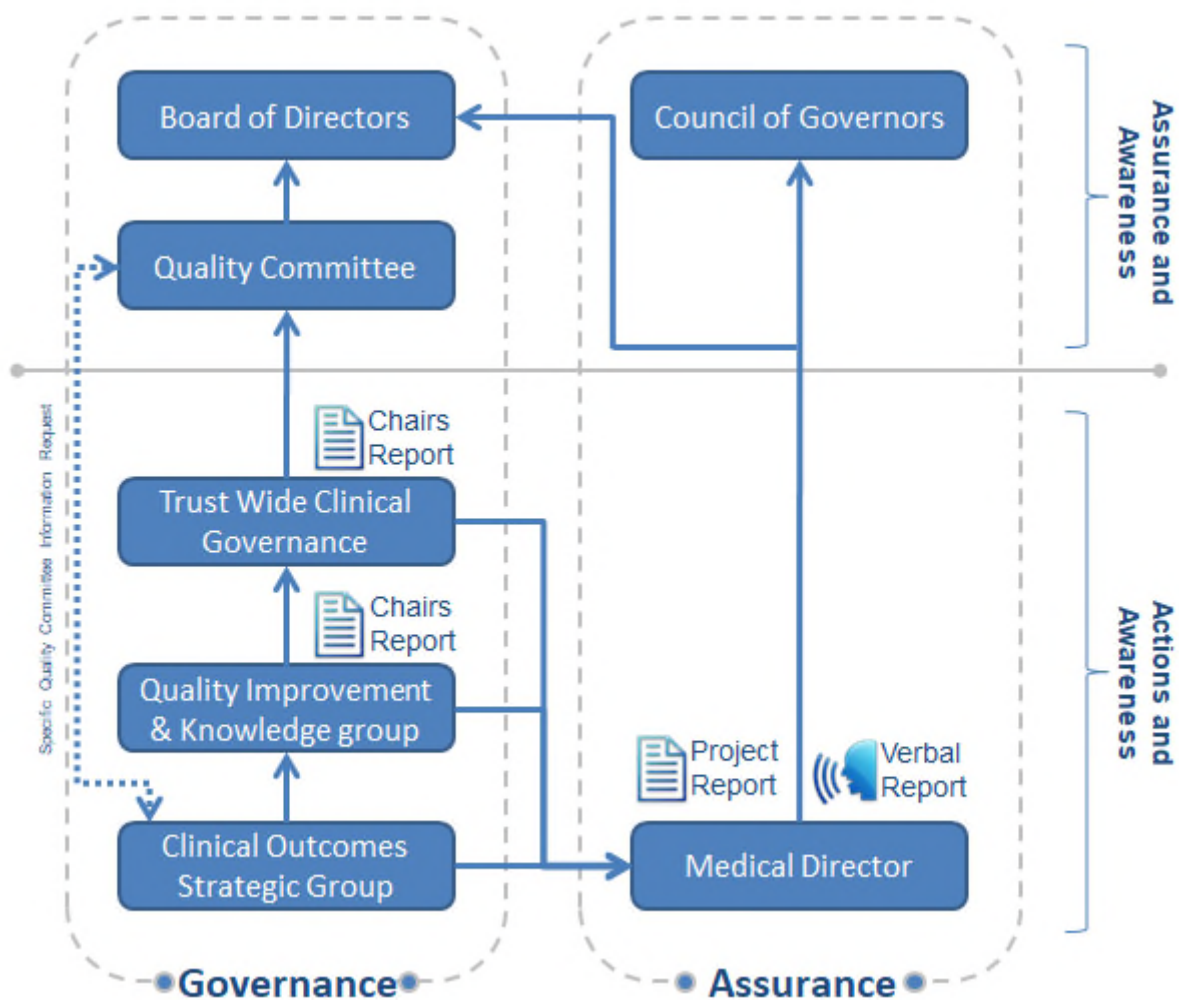
Area	Clinical Director	Clinical Lead	Improvement Lead
<u>Gender ID</u>	<u>Eli Joubert</u>	Laura Chalton	<u>Nicole Child</u>

<u>Assertive Outreach Service</u>	<u>Jame Pick</u>	<u>Dr Nuwan Dissanayaka</u>	<u>Kuldip Nijjar</u>
<u>Older People Service</u>	<u>Lyndsey-jane Charles</u>	<u>Lou Bergin</u>	<u>Fabrizio Girolomini</u>
<u>Liaison Psychiatry</u>	<u>Gopinath Narayan</u>	Ankush Vidyarthi	<u>Vishal Sharma</u>

Anticipated Deliverable

- An agreed set of principles for outcomes measure work from the collective learning that can be taken into the practicum to test the spread to other service areas
- Tested measures in 3-5 service lines
- A reflective synthesis of learning for the further use of the 90 day methodology
- The experience of using this method to work as a leadership collective

Appendix 5 – Governance



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Declarations of Interests for the Council of Governors

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co-habiting partner / close family member
ELECTED GOVERNORS								
Ian Andrews	Technical Services and Deputy Procurement Director NHS North of England Commercial Procurement Collaborative	None.	None.	None.	None.	None.	None.	None.
Caroline Bentham	None.	None.	None.	None.	None.	None.	None.	None.
Mark Clayton	None.	None.	None.	Director Talking Sheds	Volunteer Age UK Leeds Volunteer Touchstone	None.	None.	None.
Rita Dawson	None.	None.	None.	None.	Volunteer Age UK Leeds	None.	None.	None.

[illegible]

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co-habiting partner / close family member
Mussarat Khan	Not publicly available.	Not publicly available.	Not publicly available.	Not publicly available.	Not publicly available.	Not publicly available.	Not publicly available.	Not publicly available.
Kirsty Lee	None.	None.	None.	None.	None.	None.	None.	Employee Bradford District Care Foundation Trust
Ivan Nip	None.	None.	None.	Trustee Advonet	Trustee Advonet	Trustee Advonet	None.	None.
David O'Brien	None.	None.	None.	None.	None.	None.	Associate Director Yorkshire Ambulance Service NHS Trust	None.
Sally Rawcliffe-Foo	None.	None.	None.	None.	None.	None.	None.	None.
Joseph Riach	None.	None.	None.	None.	None.	None.	None.	None.
Bryan Ronoh	Trustee African Diaspora Workers Union UK	None.	None.	None.	None.	None.	None.	None.
Niccola Swan	None.	None.	None.	None.	None.	None.	None.	None.
Peter Webster	Non-executive Director Compass UK	None.	None.	Non-executive Director Compass UK	None.	None.	None.	None.

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co-habiting partner / close family member
APPOINTED GOVERNORS								
Helen Kemp	None.	None.	None.	Chief Executive Leeds Mind. Trustee Leeds Survivor Led Crisis Service. Trustee Volition Leeds Trustee Phoenix Health & Wellbeing. Director Mind matters	Chief Executive Leeds Mind.	None.	None.	Employee KPMG.
Anna Perrett	None.	None.	None.	Project Manager Kyra Women's Project.	None.	Councillor City of York Council.	Councillor City of York Council.	Councillor City of York Council.
Sue Rumbold	Director Children and Families Programme West Yorkshire and Harrogate ICS	None.	None.	Trustee and Vice Chair Martin House Children's Hospice	Trustee and Vice Chair Martin House Children's Hospice	None.	None.	None.

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co-habiting partner / close family member
Tina Turnbull	Director Leeds Credit Union Chief Executive People Matters	None.	None.	Chief Executive People Matters	Chief Executive People Matters Grant Holder NHS Charities Together	None.	Inclusive Growth Ambassador Leeds City Council Head of Service (Legal) Leeds City Council	Trustee St Anne's Community Services Head of Service (Legal) Leeds City Council
Fiona Venner	None.	None.	None.	None.	None.	None.	Member Leeds City Council Labour Councillor Kirkstall Ward Cabinet Member Adults and Children's Social Care, Early Years and Health Partnerships	None.

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**Minutes of the Public Meeting of the Council of Governors
held on Tuesday 6 July 2021 at 1pm via Zoom**

PRESENT:

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

Public Governors

Les France
Steve Howarth
Ivan Nip
David O'Brien
Niccola Swan
Kirsty Lee

Staff Governors

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

Appointed Governors

Helen Kemp
Sue Rumbold
Fiona Venner

Service User Governors

Rita Dawson
Rachel Gibala
Joseph Riach

Carer Governors

Hazel Griffiths
Bryan Ronoh

Non-Executive Directors

Prof John Baker
Cleveland Henry
Helen Grantham
Andrew Marran
Sue White

Executive Directors

Dawn Hanwell
Chris Hosker
Darren Skinner
Cathy Woffendin

IN ATTENDANCE:

Ruth Berry – Interim Clinical Lead for Learning Disability Services (agenda item 2)
Lyndsey Charles – Clinical Director for Learning Disability Services (agenda item 2)
Laura Doswell – Community Learning Disability Nurse (agenda item 2)
Lauren Dowling – Learning Disability Services (agenda item 2)
Christina Edwards – Advanced Nurse Practitioner (agenda item 2)
Cath Hill – Associate Director for Corporate Governance / Trust Board Secretary
Kauser – Carer telling their story (agenda item 2)
Rashpal Khangura – Audit Manager KPMG
Bea King – Corporate Governance Assistant
Kerry McMann – Corporate Governance Team Leader
Sarah Russo – Modern Matron for Learning Disability Services (agenda item 2)
Andy Weir – Deputy Chief Operating Officer
Julia Zebelys – CQC Inspector

21/035 Welcome and introductions (agenda item 1)

Professor Sue Proctor opened the meeting at 1.00pm and welcomed everyone, in particular the eight newly elected governors to the Council.

21/036 Sharing Stories: Service experience during the pandemic - Learning Disability Services (agenda item 2.1)

Lyndsey Charles introduced herself and her colleagues to the Council. They delivered a detailed presentation which focused on how the Learning Disability Service experienced the Covid-19 pandemic and looked at staff wellbeing; how services had to change the care they provided; and how restrictions on visiting were managed.

Lyndsey shared some of the ways they had formally supported staff in the service which included team huddles and staff resource packs as well as more informal initiatives such as quizzes and exercise programmes. These were developed locally by clinical team managers and empowered those managers to have a person-centred approach to staff care. Lyndsey also talked about the process of delivering care during the pandemic and how they had helped service users to understand why staff needed to wear Personal Protective Equipment (PPE). She also discussed how they had adopted the use of virtual platforms for team meetings and some clinical appointments. Lyndsey explained how they had approached restrictions on visiting by planning celebration days and supporting 'drive by' and virtual visits.

Christina Edwards also talked about how they had supported people with learning disabilities to receive the vaccine. She explained that despite being more vulnerable, people with learning disabilities were not accessing the vaccine and this was often because reasonable adjustments were not being made to support them. The team worked with partners and created bespoke packages and easy read documents to address this. Laura Doswell then shared a story about a service user called Tom which showed the dedication and patience of the staff to slowly build up Tom's confidence to being more comfortable with the vaccine process.

Sarah Russo talked about the impact of the pandemic on the Trust's respite services and the Council heard a story from a carer named Kauser who talked about the vital role that respite services played in her family.

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. The Council agreed it would be great if they could get representation from this area. Kerry McMann would add this to the forward plan for the next governor election.

KM

The Council and attendees then divided into breakout rooms to discuss some of these issues further.

21/037 Apologies (agenda item 3)

Apologies were received from the following governors: Caroline Bentham (Carer Governor), Mark Clayton (Carer Governor), Peter Holmes (Service User Governor), Anna Perrett (Appointed Governor), and Peter Webster (Public Governor).

The meeting was quorate.

The following Executive Directors had given their apologies for the meeting: Sara Munro, Chief Executive Officer; and Joanna Forster Adams, Chief Operating Officer. Martin Wright, Non-executive Director, had also sent his apologies for this meeting.

21/038 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 conflicts of interest in respect of agenda items.

21/039 Declarations of interests for the Council of Governors (agenda item 4.1)

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.

KM

The Council **received** and **noted** all interests declared by governors as at the 1 April 2021.

21/040 Minutes of the public Council of Governors' meeting held on the 4 May 2021 (agenda item 5.1)

The minutes of the public Council of Governors' meeting that was held on the 4 May 2021 were **approved** as a true record.

21/041 Matters arising (agenda item 6)

There were no matters arising.

21/042 Cumulative action log – actions outstanding from previous public meetings (agenda item 7)

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

Cath Hill provided an update on the arrangements for the Annual Members' Meeting on the 28 July 2021. She explained the purpose of the meeting and encouraged the governors to attend as it was their opportunity to formally receive the Trust's Annual Report and Accounts. Cath Hill also confirmed that the meeting would be held virtually as this was the safest option given the current circumstances.

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

21/043 Chair's Report (agenda item 8)

Sue Proctor presented the Chair's Report and welcomed Cllr Fiona Venner (Executive Member for Children, Families and Adult Social Care) as the new appointed governor representing Leeds City Council.

Sue Proctor noted that Sophia Bellas had sadly stepped down as a service user governor on the Council. Sue also noted that Sarah Layton, staff governor, had come to the end of her first term of office and had chosen not to stand again for personal reasons. Sue had been in communication with both governors and had thanked them for their contributions to the Council and wished them both well.

The Council noted that the Corporate Governance Team had created a Governor Information Portal which would allow governors to access key documents and background reading in their own time. Kerry McMann would be circulating a step-by-step guide after the meeting.

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

21/044 Quarterly Quality and Performance Update Report (agenda item 11)

On behalf of Joanna Forster Adams, Andy Weir introduced the report which outlined the Trust's performance as of March 2021 and provided the Council with some insight from Board discussions around performance that took place at the meeting in May 2021.

Andy explained that the metrics for measuring the performance in some services was changing. He noted that for the Perinatal Service, which provided specialist support to women experiencing mental health difficulties during pregnancy and the first year following childbirth, they were working with commissioners to agree a revised trajectory for how many new women would access the service in light of the reduced birth rate (which was the basis of the trajectory).

Andy noted that the metric for measuring Section 136 was also changing. He explained that Section 136 gave the police the legal power to bring someone to the Trust for an assessment if it was thought that they were suffering from a mental illness and the legal requirement was for this assessment to be completed within 24 hours. Instead of looking at the percentage of referrals started within three hours of

arrival they would now be looking at the number of times it took longer than 24 hours for an assessment to be completed. He added that they were also looking at making changes to the Section 136 pathway. Sue Proctor suggested that the governors might like to learn more about Section 136 at a future meeting.

RC

The Council heard that the new Crisis House, called Oasis, was due to open in two weeks and this would play an important part in helping to reduce out of area bed usage. 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.

RC

Andy Weir also talked about how services were focused on improving the recording of ethnicity and sexual orientation data as this information was important in helping to address health inequalities. Andy also provided some assurance around the rates of clinical supervision in the Trust (63.8% in March 2021). This had recently been the subject of a piece of work led by the new Clinical Director who had found that supervision was taking place more widely than currently reported and appropriate measures had been put in place to address this. Cathy Woffendin added that the position continued to improve with the latest figure now at 75% (target 85%).

Ivan Nip asked what more could be done about the Gender Identity Service waiting list which was currently at three and a half years. Andy responded that this was a national position and despite changes to the pathway the waiting list had not improved and conversations with commissioners had restarted. He explained what measures the Trust had put in place locally which included helping to develop a peer outreach worker role to provide support to people whilst on the waiting list.

The Council was particularly concerned about the high levels of bed occupancy in the Trust which was also a significant issue across the system. Gail Harrison suggested it would be helpful to understand how much of the problem was specifically about the number of beds and how much could be addressed if there were resources elsewhere in the system. In response to these concerns, Mrs Hanwell explained that they were bringing in external expertise to support the Trust to understand our bed capacity needs going forward; the work would be clinically led but partly driven by our requirement to understand our estate in the medium and longer term. The Council noted that this would be a significant piece of work undertaken through the autumn and Dawn would update governors on this at the Board-to-Board session in September. Sue Proctor also encouraged governors to attend Board meetings where there would be an opportunity to hear more about system wide issues that had an impact on areas such as bed occupancy.

DH

Cathy Woffendin provided an update on nurse recruitment and outlined what work was undertaken with students in their second year to support them to take up roles in the Trust when fully qualified. She explained that of the 58 nurse vacancies, 46 of these were being held for third year students. Cathy assured the Council that they use regular bank staff to mitigate against vacancies and ensure care was not compromised. Sue Proctor encouraged governors who had a particular interest in recruitment and staff wellbeing to observe the Workforce Committee where they could hear more about these issues.

Darren Skinner provided an update on the Trust's sickness absence rate which he advised was relatively static at 5.3%. He noted that conversations were happening with the Trust's Occupational Health provider about extending their offer to staff in terms of counselling and wellbeing support. Darren also provided an update on consultant recruitment. He explained that there was currently a national shortage of consultants, but they were looking at ways to attract people to apply for positions in Leeds which included a revamped relocation offer.

Chris Hosker and Andy Weir left the meeting and
Rashpal Khangura joined the meeting

The Council **noted** the content of the report.

21/045 Chief Executive Report (agenda item 9)

Dawn Hanwell introduced the report on behalf of the Chief Executive. She talked about how they were working towards achieving as high a level of normality across the organisation as possible whilst maintaining complete vigilance around Covid-19.

Dawn updated the Council on the reduced incident response arrangements to a more normal way of working, recognising that the management of Covid-19 was well embedded, and we needed to give sufficient oversight to business as usual and service pressures. Dawn added that the Executive Team had a weekly review of the current risks and issues, and that plans were in place to enable the incident response arrangements to be reintroduced should it be required.

Dawn noted work continued with the vaccination programme and that early discussions were underway nationally about a booster vaccine, the flu vaccination programme and whether to extend the vaccination to 12-18 year olds.

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

21/046 Lead Governor Report (agenda item 10)

Les France presented the Lead Governor report on behalf of Peter Webster and welcomed the new governors to the Council. Les 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.

KM

Sue added that she and Peter were about to start the appraisal process for non-executive directors and thanked those governors who had already offered feedback. The Council noted that it would receive an outcome report on these appraisals at its meeting in November.

The Council **received** the verbal update.

21/047 Financial Update (agenda item 12)

Dawn Hanwell introduced the paper which provided an overview of the Trust's financial position in the context of the different framework we had been operating in since the outset of the Covid-19 pandemic. She explained that normal contracting arrangements had been suspended and we had been working with simplified financial allocation arrangements. She noted that resources had been allocated at the Integrated Care System (ICS) level with the emphasis being on partnership working across West Yorkshire and organisations breaking even rather than generating a surplus. She added that the Trust had maintained robust financial governance and remained in a strong financial position. The Council also noted that the Trust's Covid-19 costs for months 1 to 6 of 2020/21 were independently audited as part of a national assurance process which had confirmed the appropriate use of these funds.

Sue White assured the Council that from the outset the Finance and Performance Committee had looked at the arrangements for Covid-19 expenditure, including both running costs and capital costs, and had ensured that the appropriate governance was in place. Sue White also 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.

RC

Niccola Swan asked for assurance around how funds would be directed to the areas of most need and spent wisely to improve the quality and capacity of services. Dawn responded that they were currently taking stock of how they could recover services and direct resources to where they could make most impact. She added that all services were currently undertaking reset work to understand their position but she highlighted ongoing challenges relating to staffing constraints.

Ian Andrews asked if PPE was still centrally funded. Dawn confirmed that it was but explained that we had incurred additional local costs over and above what had been provided to us where it was deemed appropriate, for example bespoke items such as clear masks.

Following on from this discussion, Sue Proctor noted that the main strategic areas that would be considered at the Board-to-Board in September were how clinical services needed to reset after Covid-19, our approach to our estates and understanding the capital context, and workforce and staff wellbeing.

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

21/048 Audit Committee Annual Report 2020/21 (agenda item 13)

Helen Grantham introduced the Audit Committee Annual Report on behalf of Martin Wright who was the Chair of the Committee. She explained that its primary function was to provide assurance to the Board of Directors so that it could be assured of the strength (or otherwise) of the systems and processes in place in the organisation. Helen advised that the Committee, which was a sub-committee of the Board, had continued to meet on a regular basis throughout the pandemic and had sought assurance that robust governance structures were maintained at Board and Executive Team level. She explained that the paper set out the range of work looked at over the financial year 2020/21 as well as providing assurance on the work of the external auditors who were appointed by the Council.

Helen highlighted some areas that the Committee had gained assurance on which included health and safety management within the Trust and the process around managing the strategic risks set out in the Trust's Board Assurance Framework. Helen also discussed how the Committee had considered the Trust's role within the ICS and sought to understand how it might impact on the autonomy of the organisation. Helen advised that the current external audit contract was coming to an end and would need to go out to tender and governors would be involved in the process of the next appointment.

David O'Brien noted the deferral of some of the internal audit reviews in 2020 due to Covid-19. He asked whether the Committee was satisfied that it had received sufficient assurance about the breadth and depth of internal controls despite the reduced programme. Helen responded that the coverage had not been significantly reduced and that priority was given to key audits such as financial probity. Dawn Hanwell also explained that any 'unused' audit days were carried forward to next year's plan.

The Council **received** the 2020/21 Annual Report for the Audit Committee and was **assured** of the work of the external auditors in relation to providing assurance to the Audit Committee.

21/049 Auditor's Report on the Annual Accounts (agenda item 14)

Rashpal Khangura presented the Auditor's Report on the Annual Accounts and outlined the scope of work that had been undertaken. This included the financial statements audit which gave an unqualified (satisfactory) opinion and an assessment of the Trust's value for money arrangements where no significant weaknesses were found.

Ivan Nip asked for more information about the benchmarking process and Rashpal explained that their role was to look at what benchmarking arrangements the Trust had in place and flag any concerns accordingly. Ivan also asked about the relationship between the work of the internal and external auditors and Rashpal explained that they were required to examine the Trust's financial systems and controls separately to Internal Audit but they would liaise with them as part of the

process. Rashpal also explained that they looked at the outputs from Internal Audit and considered whether or not there had been appropriate coverage. He added that because Internal Audit had issued an opinion of significant assurance there were no concerns from their perspective.

The Council **received** the Auditor’s Report and **noted** the information and assurance provided.

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

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Minutes of the Annual Members' Meeting held on Wednesday 28 July at 11.00am until 1.00pm via Zoom

Board Members

Professor Sue Proctor	Chair of the Trust
Professor John Baker	Non-executive Director
Mrs Joanna Forster Adams	Chief Operating Officer
Mrs Dawn Hanwell	Chief Financial Officer and Deputy Chief Executive
Mr Cleveland Henry	Non-executive Director
Dr Chris Hosker	Medical Director
Mr Andrew Marran	Non-executive Director
Dr Sara Munro	Chief Executive
Mr Darren Skinner	Interim Director of Human Resources
Mrs Sue White	Non-executive Director
Mrs Cathy Woffendin	Director of Nursing, Quality and Professions
Mr Martin Wright	Non-executive Director and Senior Independent Director

Governors

Mr Ian Andrews	Staff: Non-clinical
Ms Caroline Bentham	Carer: Leeds
Mr Mark Clayton	Carer: Leeds
Mr Les France	Public: Leeds
Ms Rachel Gibala	Service User: Leeds
Ms Ruth Grant	Staff: Non-Clinical
Mr Oliver Hanson	Staff: Clinical
Ms Gail Harrison	Staff: Clinical
Mr Peter Holmes	Service User: Leeds
Mr Steve Howarth	Public: Leeds
Mr Andrew Johnson	Staff: Clinical
Mrs Helen Kemp	Appointed: Volition – Leeds (mental health representative)
Ms Mussarat Khan	Public: Leeds
Dr Ivan Nip	Public: Leeds
Ms Sally Rawcliffe-Foo	Staff: Clinical
Ms Niccola Swan	Public: Rest of England and Wales
Ms Tina Turnbull	Appointed: Volition – Leeds (learning disability representative)
Ms Fiona Venner	Appointed: Leeds City Council
Mr Peter Webster	Public: Leeds

In attendance

Mrs Cath Hill	Associate Director for Corporate Governance / Trust Board Secretary
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26 Members of the Trust and members of the general public

		Action
21/001	<p>Welcome (agenda item 1)</p> <p>Professor (Prof) Proctor opened the meeting at 11.05am and welcomed members of: the Board of Directors; the Council of Governors; the Trust; and the wider public.</p> <p>Prof Proctor asked the attendees of the meeting to join her in a minutes silence to remember those who had been affected by Covid-19.</p>	
21/002	<p>Apologies for Absence (agenda item 2)</p> <p>Apologies were received from Helen Grantham, Non-executive Director and Deputy Chair; Rita Dawson, Service User: Leeds; Hazel Griffiths, Carer: York and North Yorkshire; Kirsty Lee, Public: Leeds; David O'Brien, Public: York and North Yorkshire; Anna Perret, Appointed: City of York Council; Joseph Riach, Service user: Leeds; Bryan Ronoh, Service user: Leeds; Sue Rumbold, Appointed: Director for Children and Families Programme, West Yorkshire and Harrogate ICS.</p> <p>The meeting was quorate.</p>	
21/003	<p>Declaration of any conflicts of interest in respect of agenda items (agenda item 3)</p> <p>No one present at the meeting declared any conflict of interest in respect of any agenda items.</p>	
21/004	<p>Minutes of the Meeting held 5 November 2020 (agenda item 4)</p> <p>Prof Proctor presented the minutes of the meeting held on 5 November 2020. They were agreed as a true record.</p>	
21/005	<p>Matters arising (agenda item 5)</p> <p>It was noted that there were no matters arising from the previous meeting.</p>	
21/006	<p>Presentation from Peter Webster, Lead Governor (agenda item 6)</p> <p>Prof Proctor welcomed Mr Webster, Lead Governor, to present the report from the Council of Governors.</p> <p>Mr Webster presented the Membership Report. He outlined that there were 14,964 members at the end of March 2021. The breakdown of which was: 10,597 public members; 1,005 service user and carer members; and 3,362 staff members. He reported that the Corporate Governance Team had continued to work with the Patient Experience Team to encourage more service users and carers to become members, in order for them to have a greater opportunity to be involved in the work of the Trust.</p> <p>Mr Webster outlined the role of a governor and informed the attendees that the Council of Governors met four times per year to discuss the work of the Trust and its performance. Mr Webster went on to add that the Council of Governors appoint</p>	

the Trust's external auditors and receive their reports including; the Annual Accounts, Annual Report and the Quality Report.

Mr Webster next outlined some of the work carried out by the Council of Governors in 2020/21. Mr Webster stated the four areas that the Council of Governors had collectively agreed to focus on in 2021/22. These were: learning more about service user experiences; understanding the Trust's services better; particularly services for peoples with learning disabilities and acute in-patient services; partnerships; and the Trust's workforce.

Mr Webster went on to present an update on the outcome of the governor elections that had taken place in Autumn 2020 and Spring 2021. He highlighted that at the end of May 2021, eight of the nine vacant seats had been filled. He informed the attendees of the training and local and national events that the governors had taken part in during 2020/21. These included: NHS Providers' Core Skills Training; NHS Providers' Effective Questioning Training; NHS Providers Governor workshops; and the West Yorkshire Mental Health Learning Disability (LD) and Autism Collaborative Governor and Non-executive Director event.

Finally, Mr Webster thanked to everyone for attending and encouraged individuals to speak with a governor should they wish to find out more information. He took the opportunity to congratulate the governors that had been newly or re-elected or appointed within the 2020/21 financial year. Prof Proctor thanked Mr Webster for his presentation and noted the valuable contribution that governors make to the Trust.

21/007 Presentation from Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive (agenda item 7)

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

Mrs Hanwell presented the key elements of the financial report. She outlined that the Trust had achieved an income and expenditure surplus of £0.25million (m). She reported that the Trust had spent £16.9m on capital expenditure and that the Trust had generated cost savings of £0m. Mrs Hanwell outlined that the cash position of the Trust was £111.7m. She went on to outline the causes of the large increase in the income and expenditure and highlighted that the Covid-19 pandemic had impacted the Trust in a number of ways which included: increased staffing pressures; new cost pressures including personal protection equipment (PPE) and enhanced cleaning. Mrs Hanwell informed the attendees that approximately £13m had been spent on Covid-19 related expenditure. She explained that change in focus of expenditure had meant that the Trust was unable to move forward with service development, with the exception of the Veterans High Intensity Service.

Mrs Hanwell highlighted the key investments made throughout the year, which were: the Red Kite View build; increased IT support; and the creation of additional cohorting space.

In conclusion, Mrs Hanwell reported that the Trust was in a strong financial position. She stated that for the 2021/22 financial year, the Trust would: look at the 'beyond Covid-19' expenditure pattern; move forward on Provider Collaboratives; and continue capital investment.

Prof Proctor thanked Mrs Hanwell for her presentation.

21/008 Presentation by Dr Sara Munro, Chief Executive (agenda item 8)

Dr Munro thanked everyone for attending the event and reflected on the impact of the Covid-19 pandemic on the Trust. She reported on the highlights from 2020/21 which included: the vaccination programme; new and improved services; the construction work and recruitment for the Child and Young Peoples' Mental Health Services (CYPMHS) unit; and the way the Trust worked with the service users and carers. Dr Munro drew attention to the team working across the organisation and with the Trust's partners. She drew particular focus to the staff who had been redeployed into crisis and acute settings, to ensure the most vulnerable people received the care they needed.

Dr Munro went on to highlight a number of clinical service developments in 2020/21. These were: becoming the provider of CYPMHS in Leeds; the launch of the Veterans' High Intensity Service and OpCOURAGE campaign; the one year anniversary of the Northern Gambling; the launch of the new street alcohol and drug outreach team within the Forward Leeds Service; the courses made available with the Leeds Recovery College; and the implementation of the new electronic patient record system CareDirector.

Dr Munro next reported on the quality care that the Trust had provided over 2020/21. She highlighted that the teams in the LD services had campaigned to improve the experiences of service users during the pandemic. She explained that the staff had created initiatives to boost morale including; the Ward Olympics; Letters to Loved Ones; and 'Wobble rooms'. Dr Munro went on to inform the attendees to the Quality Report on the website. She outlined that the Quality Committee had oversight of the quality of care provided by the Trust and thanked Mrs Woffendin and the Council of Governors for their work on this.

Dr Munro reported on how the Trust had encouraged the involvement of service users and carers throughout 2020/21. She explained that the Trust had launched the Patient and Carer Experience and Involvement Strategy 'Together'. She went on to add that the strategy had three priority areas which were: involvement; patient experience; and carers. Dr Munro informed the attendees that the Service User Network had also continued to meet via online meetings.

Finally, Dr Munro presented a summary of the results from the 2020 Staff Survey. She reported that the results showed that the Trust was performing higher than the national average in a number of areas. She also reported that 82% of staff felt that their manager could be counted on to help with difficult tasks at work.

Prof Proctor thanked Dr Munro for her presentation.

21/009 Changes to the Constitution (agenda item 9)

Mrs Hill outlined a number of changes that had been made to the Trust's constitution in 2020/21. She explained that the first set of changes to the Constitution had been approved by the Board of Directors in October 2020 and Council of Governors in November 2020. She went on to add that the second set of changes had been approved by the Board in January 2021 and Council in

February 2021.

Mrs Hill outlined the changes that had been made to the Constitution. She explained that the changes had been made to clarify and update the narrative to reflect current practice. This included; changing the names of organisation where needed; removing one appointed governor seat (Equitix PFI Partner) because there was no intention for the seat to be filled by that organisation; and changing the appointed governor seat to be assigned to the Director for Children and Families Programme, West Yorkshire and Harrogate Integrated Care System.

The attendees of the Annual Members' meeting considered and approved the changes to the Constitution and its annexes.

21/010 Opportunity to Receive Questions from Members and the Public (agenda item 10)

Prof Proctor informed the attendees that three questions had been submitted in advance of the meeting. The first question related to how the Trust would cope with the rise in demand for mental health services since the pandemic and the wellbeing of staff who work in mental health.

Dr Munro explained that the Trust had focused on the support, engagement, and wellbeing of staff over the last 12 months and highlighted that Mr Skinner had been working with staff to see how they could be supported further. She informed the attendees that the Trust had secured investment from NHS England into the West Yorkshire and Harrogate Integrated Care System and explained that the Trust expected a further year's funding to be made available. Mrs Forster Adams added that at the start of the pandemic, the Trust had worked with Public Health colleagues and other partners to model what increased demand from a mental health and LD perspective would look like. She explained that each service had reviewed intelligence and planned how they would respond to the changes in demand for mental health. Dr Hosker explained that the Trust had recently completed a review of its clinical leadership. He added that robust strategies had been put in place to address specialist recruitment issues to ensure the increased demand of mental health illnesses could be met.

Phillip, a member of the public, expressed a concern regarding Advonet and its capacity to support those making health complaints. He questioned whether the Trust could support Advonet with funding to increase staffing. Dr Munro informed Phillip that the Trust had been liaising with Healthwatch, which had received direct feedback from citizens in relation to the impact of the Covid-19 pandemic. She highlighted that there was a need for a conversation with the Trust's other partners to determine how citizens could be further supported. It was agreed that Mrs Samantha Marshall, Legal Services & Complaints Lead, would have a conversation with the Complaints Team regarding alternative support.

SM

Prof Proctor informed the attendees of three questions around investment that would be answered together. The questions related to investment for: cohorting environments; information technology (IT) infrastructure; workable environments; funds for information and communications technology (ICT) peer support; and increasing the number of front-line staff. Mrs Hanwell confirmed that going forward all investment decisions and planning work would consider how physical environments and IT could be used differently. She explained that capital

investment plans would be focused on the way in which the Trust interacts with service users following Covid-19. Regarding the question on ICT support, Mrs Hanwell acknowledged that the Trust would look into the ICT kit and resource required for peer support workers. She informed the attendees that digital inclusion was a focus for the Trust.

Mrs Hanwell acknowledged the stretched capacity of staff on the front line and confirmed that there were a significant number of vacancies across the Trust. She highlighted that the human resources (HR) team had been working with the Trust's service lines to address the gaps in workforce. Mr Skinner informed the attendees that there was only a small pool of candidates with the requisite skills and qualifications to recruit from. He outlined the methods that the Trust was taking to address this issue which included recruiting from outside of the region and offering relocation packages. Mr Skinner informed the attendees of the other initiatives that the HR team was working on to encourage recruitment and support staff.

An attendee questioned whether the capital funds could be taken back. Mrs Hanwell confirmed that the funds could not be taken back because it was money that belonged to the Trust and was retained on the balance sheet for future investment decisions.

Gail, a staff governor, expressed concern regarding the shortages in staffing and how this was evaluated, and questioned the consequences of 'fishing in a small pond' with regard to the skills and talents of the professionals that the Trust wanted to employ. Prof Proctor informed Gail that the Board closely monitored workforce capacity and sustainability through the board assurance framework and risk register. Mrs Woffendin informed the attendees that operational managers met daily to establish the staffing gaps across services. She informed Gail that the Trust had been working on a larger piece of work around workforce planning which included looking at trainee students within the organisation. She went on to add that the Trust had been working on a healthcare support worker pipeline with NHS England and informed the attendees that the Trust had filled 78 of the 110 vacancies.

Prof Proctor informed the attendees of two questions that would be answered together. The first question was around raising awareness of wider mental health services such as the Leeds Recovery College, and the second question related to the Trust's approach to improving the practice of the health and care workforce across Leeds. Dr Munro provided further details on the Health and Care Academy and the Leeds Recovery College. She explained that the Trust promoted the Leeds Recovery College through a number of different channels. She also highlighted the work carried out in partnership with Mindful Employer, which involved working directly with employers across Leeds to support the mental health of their workforce.

Abbie, a member, questioned whether there was a future plan for tackling health inequalities and discrimination. Trisha, a member, questioned how the Trust was ensuring their sites were suitable for those with disabilities. Dr Munro informed the attendees of the plans that were in place to tackle discrimination and promote inclusion. She explained that the Board had reviewed its strategic objectives and that having an inclusive workforce and tackling health inequalities was embedded within the refreshed objectives. Mrs Hanwell informed the attendees that the Trust was undertaking a Big Six Facet Survey to look at the estate from different angles.

She added that the Trust was looking at accessibility which would inform capital investment plans going forward.

Gail, a staff governor, asked about the Board's awareness of the national drivers for psychological interventions and effectiveness for people with psychosis, and how blind spots were identified. Mrs Forster Adams reported that Mrs Woffendin had led on the development of professional leadership in the Trust and confirmed that by having strong professional leadership, the Trust was able to identify blind spots and improve understanding and knowledge. Prof Baker added that every service within the Trust provided an annual quality and safety report to the Quality Committee.

Prof Proctor highlighted a question that had been submitted in advance of the meeting concerning the cost of a GP booking system, Livi, and the reason why some nurses weren't trained to take blood from a picc line, to administer cancer chemotherapy treatment. Prof Proctor clarified that the Trust didn't provide GP services or cancer treatments but agreed to direct the questions to the appropriate agencies and secure answers for members.

SP

The final question was directed at Dr Munro and asked what she was most proud of in 2020/21. Dr Munro informed the attendees that she was proud of the way staff members had worked together, in a way that was creative, resourceful, innovative and compassionate, to support each other through the challenges faces in 2020/21.

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

At the conclusion of formal business, Prof Proctor closed the Annual Members' Meeting of the Leeds and York Partnership NHS Foundation Trust at 1.00pm and thanked everyone for attending.

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Cumulative Action Report for the Public Council of Governors' Meeting

OPEN ACTIONS

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>21/026 - Update on the Child and Adolescent Mental Health Service (CAMHS) transfer (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>Joanna Forster Adams</p>	<p>Management action</p>	<p>Nikki Cooper, Head of Performance Management and Informatics, explained that they needed to do a handover of the information from NHS England as it was currently managed and held by them. Once they held the information as lead provider for the collaborative, they would be adding it into CareDirector to track these young people (managed by a case manager) and would then be in a position to report on it.</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
21/044 - Quarterly Quality and Performance Update Report (July 2021 - agenda item 11) Sue Proctor suggested that the governors might like to learn more about Section 136 at a future meeting.	Rose Cooper / Joanna Forster Adams	TBC	We are looking at scheduling this for a meeting in 2022.
21/036 - Sharing Stories: Service experience during the pandemic - Learning Disability Services (July 2021 - agenda item 2.1) 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.	Kerry McMann	Management action	<p style="text-align: center;"><u>COMPLETE</u></p> This has been added to the forward plan.

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>21/039 - Declarations of interests for the Council of Governors (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	<p><u>COMPLETE</u></p> <p>The Matrix of Governors' Declarations was amended.</p>
<p>21/044 - Quarterly Quality and Performance Update Report (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>	Rose Cooper	May 2022	<p><u>COMPLETE</u></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
21/044 - Quarterly Quality and Performance Update Report (July 2021 - agenda item 11) 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.	Dawn Hanwell	Board to Board 20 September 2021	<p align="center"><u>COMPLETE</u></p> <p align="center">An update on this was provided as part of the estates session at the Board to Board.</p>
21/046 - Lead Governor Report (July 2021 agenda item 10) 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.	Kerry McMann	Management action	<p align="center"><u>COMPLETE</u></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>21/047 - Financial Update (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>Rose Cooper</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>The dates of the Finance and Performance Committee were shared with the governors.</p>
<p>21/154 - Clinical Outcomes briefing paper (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>Chris Hosker</p>	<p>2 November 2021</p>	<p><u>COMPLETE</u></p> <p>This has been scheduled for the November meeting.</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>20/049 - Report from the Chair of the Mental Health Legislation Committee (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>	Rose Cooper	Management Action	<p style="text-align: center;"><u>CLOSED</u></p> <p>Due to Covid-19 this work was hibernated but an action plan is being developed and governors will be kept updated outside of the meeting.</p>
<p>21/034 - Arrangements for the Annual Members' Meeting (May 2021 - agenda item 16)</p> <p>Cath Hill would confirm the arrangements for the Annual Members' Meeting, including whether it would be face to face or virtual, in due course.</p>	Cath Hill	6 July 2021	<p style="text-align: center;"><u>COMPLETE</u></p> <p>Cath Hill confirmed the arrangements at the July Council of Governors' 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>21/026 - Update on the Child and Adolescent Mental Health Service (CAMHS) transfer (May 2021 - agenda item 8)</p> <p>It was agreed that there would be an update on CAMHS and the Red Kite View new build at the Board to Board in September. Cath Hill would add this to the forward plan.</p>	Cath Hill	Board to Board 20 September 2021	<p><u>COMPLETE</u></p> <p>This was added to the forward plan for the September Board to Board.</p>
<p>21/028 - Chief Executive Report (May 2021 - agenda item 10)</p> <p>Sara Munro explained that teams were in the process of evaluating what their future operating model needed to look like as part of the Trust's reset and recovery work. The Council noted that a stock take of this, plus interrelated issues such as workforce and outcome measures, and the wider context across Leeds and West Yorkshire, would come to the Board to Board in September for a joint discussion and shared ownership of some of these longer term strategic matters. Cath Hill would add this to the forward plan.</p>	Cath Hill	Board to Board 20 September 2021	<p><u>COMPLETE</u></p> <p>This was added to the forward plan for the September Board to Board.</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>21/031 - Integrated Care Systems (ICS) briefing (May 2021 - agenda item 13)</p> <p>Sara Munro explained that they were still waiting on national guidance to formalise the new structures of the ICS but anticipated that this would be out by the autumn and so suggested that this was looked at by the Board to Board in September. Cath Hill would add this to the forward plan.</p>	Cath Hill	Board to Board 20 September 2021	<p><u>COMPLETE</u></p> <p>This was added to the forward plan for the September Board to Board.</p>
<p>21/020 - Sharing Stories: Equality and Diversity - inside and outside of the organisation (May 2021 - agenda item 2.1)</p> <p>It was agreed that Sharon Prince would bring an update on the work of Synergi Leeds to the Council before the end of the year. Cath Hill would add this to the forward plan for the November 2021 meeting.</p>	Cath Hill	2 November 2021	<p><u>COMPLETE</u></p> <p>This has been scheduled for the November 2021 meeting.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>21/031 - Integrated Care Systems (ICS) briefing (May 2021 - agenda item 13)</p> <p>It was agreed that the details of the next West Yorkshire Mental Health, Learning Disability and Autism Collaborative non-executive director and governor event on the 11 June would be shared with the Council.</p>	Rose Cooper	Management action	<p><u>COMPLETE</u></p> <p>The details of this event were circulated to the governors.</p>
<p>21/020 - Sharing Stories: Equality and Diversity - inside and outside of the organisation (May 2021 - agenda item 2.1)</p> <p>Wendy Tangen invited governors to join a reciprocal mentoring webinar in October of this year and asked for the details of this to be circulated.</p>	Rose Cooper	Management Action	<p><u>COMPLETE</u></p> <p>The details of this event were circulated to the governors.</p>

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CHAIR'S REPORT

**PUBLIC COUNCIL OF GOVERNORS' MEETING
HELD 2 NOVEMBER 2021**

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.

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.

Andrew Marran stepped down from being a Non-executive Director on 30 September 2021 to take up a substantive position with Durham University. Andrew agreed that this new role would adversely impact on him being able to carry out his role as a NED and for that reason he stepped down.

At the Board-to-Board meeting in September governors had the opportunity of thanking Andrew for his contribution to the work of the Board of Directors and the Council of Governors, including his time as a Mental Health Act Manager and as a governor some years ago. However, the Council's thanks to Andrew are formally recorded here, and governors wish him all the very best in his new role.

The Council is asked to note that we are currently undertaking Non-executive Director interviews for three NED posts (the vacancy created by Andrew stepping down and two posts for upcoming vacancies in 2022) and a report on the outcome of these interviews will be presented in the private meeting of the Council of Governors.

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.

Non-executive Directors

Name	29 October 2020	26 November 2020	28 January 2021	25 March 2021	29 April 2021 (Extraordinary)	20 May 2021	10 June 2021 (Extraordinary)	29 July 2021	30 September 2021
Sue Proctor (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓
John Baker	✓	✓	✓	✓	✓	✓	✓	✓	✓
Helen Grantham	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cleveland Henry	✓	✓	✓	✓	✓	✓	✓	✓	✓
Andrew Marran	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sue White	✓	✓	✓	✓	✓	✓	✓	✓	✓
Martin Wright	✓	✓	✓	✓	✓	✓	✓	✓	✓

Executive Directors

Name	29 October 2020	26 November 2020	28 January 2021	25 March 2021	29 April 2021 (Extraordinary)	20 May 2021	10 June 2021 (Extraordinary)	29 July 2021	30 September 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	5 November 2020	2 February 2021	4 May 2021	6 July 2021
Non-executive directors				
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)	5 November 2020	2 February 2021	4 May 2021	6 July 2021
Ian Andrews	E				✓
Caroline Bentham	E	✓	✓	✓	-
Sophia Bellas	E	✓	-	-	
Peter Chapman	E	✓	-		
Rebecca Charlwood	A	-			
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.

Title:	Deloitte three-yearly well-led governance and leadership review
Contributor:	Cath Hill
Status of item:	For noting and for action

The Council is advised that in October 2021 the Board of Directors commissioned Deloitte LLP to undertake a well-led governance and leadership review. Every three years we are required by NHS Improvement to undertake an internally commissioned well-led review. In 2017 we commissioned Deloitte to carry out a governance review and we have invited them back to:

- review out progress to date following on from the 2017/18 well-led review recommendations; providing a concise report summarising the findings in relation to where progress has been made, the impact of such progress and areas for further focus
- provide a high-level benchmarking review against the aspects of the well-led framework not covered in Phase 1; in particular, focusing on the system context - the role that the Trust plays within the ICS and how the formation of the ICS may impact on the future of "well-led" arrangements within the Trust.

The work will include table-top review of documentation, observation of meetings, interviews and focus groups. Governors are asked to note that on 11 November between 2.30 pm and 3.30 pm there will be a focus group for governors, information for which has already been circulated.

I would encourage all governors to attend wherever possible to provide a depth of feedback to Deloitte and inform the content and recommendations in the final report to the Board.

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

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

The Trust continues to look at how we can ensure the safety of our service users, staff and governors therefore we are currently not arranging face-to-face visits to sites. However, we continue to keep this situation under review and will be in a position to change any virtual visit to a face-to-face visit when we feel it is safe to do so.

The Corporate Governance Team continues to put together a schedule of visits.

Prof Sue Proctor
Chair of the Trust
October 2021

Table of Service Visits

The following table lists:

- The virtual visits that have taken place since the last Council of Governors' meeting in July 2021 (yellow shading)
- The forward plan of visits for the rest of 2021 (red shading)

Date of visit	Team / Service	In person / Virtual	Organised with	Non-Exec Director	Governor(s)	Feedback form circulated
21 July 2021 9:30am (rescheduled)	Complex Rehabilitation Team Ward 5 Newsam Centre	Virtual	Laura Wood	Sue White	Hazel Griffiths Bryan Ronoh	Circulated 17/09/21
16 August 2021 9:00am	Catering and Domestic Services St Mary's Hospital	Virtual	Denise Lewis	Sue White	Ian Andrews	Circulated 17/09/21
26 August 2021 9.15am	East North East Community Learning Disability Team Asket Croft	Virtual	Anne Nestorenko	Cleveland Henry	Hazel Griffiths	Circulated 17/09/21
14 September 2021 2:30pm	South East / South West Community Mental Health Teams	Virtual	Josef Faulkner Julie Bailey	Helen Grantham	Helen Kemp	CANCELLED DUE TO STAFF SICKNESS

Date of visit	Team / Service	In person / Virtual	Organised with	Non-Exec Director	Governor(s)	Feedback form circulated
28 October 2021 PM	Acute Inpatient Service	Virtual	Maureen Cushley	John Baker	Joseph Riach Rita Dawson Fiona Venner	
3 November 2021 10:30am	Northern School of Child and Adolescent Psychotherapy (NSCAP)	Virtual	Ben Lloyd Carolyn Wellings	John Baker	Gail Harrison	
4 November 2021 3:00pm	Children and Young People's Services	Virtual	Tim Richardson	Sue White	Sue Rumbold Rachel Gibala	
16 November 2021 9:00am	Gender Identity Clinic	Virtual	Laura Charlton	Cleveland Henry	Les France Ivan Nip	
TBC	Acute Liaison Psychiatry Service (ALPS)	Virtual	Laura McDonagh	Martin Wright	David O'Brien	
TBC	Older People's Service Community Team	Virtual	Claire Dinsdale	Martin Wright	Rita Dawson Mark Clayton	
TBC	Perinatal Community Team	Virtual	Laura McDonagh	Cleveland Henry	Fiona Venner Rachel Gibala	

TBC	Liaison Outpatient Service	Virtual	Laura McDonagh Jo Kelly	Martin Wright	Gail Harrison	
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**AGENDA
ITEM**

11

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Quarterly Performance and Quality Update Report
DATE OF MEETING:	2 November 2021
PRESENTED BY: (name and title)	Joanna Forster Adams – Chief Operating Officer
PREPARED BY: (name and title)	Nikki Cooper – Head of Performance Management and Informatics Cathy Woffendin – Director of Nursing, Professions and Quality Darren Skinner – Interim Director of OD and Workforce Edward Nowell – Information Manager Performance & BI

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

EXECUTIVE SUMMARY

This paper is to highlight and outline the Trust's current performance over the last 3 months and provide an insight to the Governors from recent Board discussions around performance. Please note the report reflects the data presented to Board in September 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'	If yes please set out what action has been taken to address this in your paper
	No	

RECOMMENDATION

The Council is asked to:

- Note the contents.

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 information reported is August 21

Service Performance – Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Jun-21	Jul-21	Aug-21
Percentage of crisis calls (via the single point of access) answered within 1 minute *	-	65.0%	68.1%	70.6%
Percentage of ALPS referrals responded to within 1 hour	90.0%	76.7%	76.6%	80.0%
Percentage of S136 referrals assessed within 3 hours of arrival	-	19.6%	16.9%	18.4%
Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral	90.0%	77.8%	75.0%	78.3%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70%	85.1%	77.6%	78.1%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50%	52.3%	38.5%	46.0%
Percentage of CRISS caseload where source of referral was acute inpatients	tba	25.0%	25.6%	20.5%
Services: Access & Responsiveness to Learning Disabilities, Regional and Specialist Services	Target	Jun-21	Jul-21	Aug-21
Gender Identity Service: Number on waiting list	-	2757	3065	3075
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	95%	62.6%	-	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100%	77.8%	-	-
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	-	83	90	90
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	52.6%	-	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for bio psychosocial assessment (quarterly)	85%	33.0%	-	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	tbc	473	-	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	7.1%	-	-
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90%	72.0%	77.5%	75.9%
Services: Our acute patient journey	Target	Jun-21	Jul-21	Aug-21
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	83.3%	41.4%	55.9%
Crisis Assessment Unit (CAU) length of stay at discharge	-	10.2	4.9	9.2
Liaison In-Reach: attempted assessment within 24 hours	90%	80.9%	78.7%	78.9%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94-98%	100.3%	97.7%	95.9%
• Becklin – ward 1 (female)	-	100.3%	100.3%	102.9%
• Becklin – ward 3 (male)	-	99.5%	98.2%	98.0%
• Becklin – ward 4 (male)	-	99.7%	95.0%	90.6%
• Becklin – ward 5 (female)	-	102.0%	98.7%	88.9%
• Newsam – ward 4 (male)	-	99.8%	96.2%	99.4%
• Older adult (total)	-	94.3%	94.3%	97.5%
• The Mount – ward 1 (male dementia)	-	84.1%	91.1%	100.0%
• The Mount – ward 2 (female dementia)	-	94.7%	96.1%	102.4%
• The Mount – ward 3 (male)	-	99.2%	93.0%	93.6%
• The Mount – ward 4 (female)	-	95.7%	96.5%	96.5%

* 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	Jun-21	Jul-21	Aug-21
Percentage of delayed transfers of care	-	10.2%	9.3%	10.3%
Total: Number of out of area placements beginning in month	-	7	18	5
Total: Total number of bed days out of area (new and existing placements from previous months)	tbc	354	419	285
Acute: Number of out of area placements beginning in month	-	5	13	5
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	290	303	168
PICU: Number of out of area placements beginning in month	-	0	2	0
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	15	25	0
Older people: Number of out of area placements beginning in month	-	2	3	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	49	91	117
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90%	39.8%	-	-
Services: Our community care	Target	Jun-21	Jul-21	Aug-21
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	-	86.6%	82.8%	81.1%
Percentage of inpatients followed up within 3 days of discharge (CCG commissioned services only)	80%	86.5%	83.1%	81.9%
Number of service users in community mental health team care (caseload)	-	4,561	4,476	4,500
Percentage of referrals seen within 15 days by a community mental health team	80%	79.3%	80.3%	75.8%
Percentage of referrals to memory services seen within 8 weeks (quarter to date) *	90%	41.3%	63.4%	59.0%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date) *	50%	53.7%	64.9%	46.4%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60%	60.0%	52.4%	75.0%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	tbc	48.7%	-	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90%	22.8%	-	-
Services: Clinical Record Keeping	Target	Jun-21	Jul-21	Aug-21
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	MAR 89.7%	APR 89.6%	MAY 89.4%
Percentage of service users with NHS Number recorded	-	99.3%	99.3%	99.3%
Percentage of service users with ethnicity recorded	-	76.3%	77.8%	77.5%
Percentage of service users with sexual orientation recorded	-	21.6%	23.2%	23.8%
Percentage of in scope patients assigned to a mental health cluster	-	69.6%	70.3%	69.7%

* 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	Jun-21	Jul-21	Aug-21
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	Mar	Apr	May
		89.7%	89.6%	89.4%
Percentage of service users with ethnicity recorded	-	75.6%	77.3%	77.4%
Percentage of in scope patients assigned to a mental health cluster	90%	69.6%	69.4%	69.5%
Percentage of service users with sexual orientation recorded	-	21.5%	22.6%	23.5%
Quality: Our effectiveness	Target	Jun-21	Jul-21	Aug-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	-	0	1	2
Quality: Caring / Patient Experience	Target	Jun-21	Jul-21	Aug-21
Friends & Family Test: Positive experience of care (total responses received) **	-	79% (58)	84% (105)	90%(83)
Mortality:				
• Number of deaths reviewed (incidents recorded on Datix)*	Quarterly	75	-	-
• Number of deaths reported as serious incidents	Quarterly	12	-	-
• Number of deaths reported to LeDeR	Quarterly	0	-	-
Number of complaints received	-	19	16	12
Percentage of complaints acknowledged within 3 working days	-	100%	100%	100%
Percentage of complaints allocated an investigator within 3 working days ***	-	94%	81%	66%
Percentage of complaints completed within timescale agreed with complainant	-	100%	100%	100%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	196	219	182

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.

*** 66% equated to 8 of the 12 complaints not yet allocated due to the complexity of the complaint and ensuring the correct person is allocated to review it.

Quality and Workforce metrics: Tabular overview

Quality: Safety	Target	Jun-21	Jul-21	Aug-21
Number of incidents recorded	-	1,129	1,027	998
Percentage of incidents reported within 48 hours of identification as serious	100%	100%(2)	100%	0%(0)
Number of Self Harm Incidents	-	217	144	133
Number of Violent or Aggressive Incidents	-	89	114	101
Number of never events	-	0	0	0
Number of physical restraints *	-	185	181	176
No. of patients detained under the MHA (includes CTOs/conditional discharges)	-	521	524	522
Adult acute including PICU: % detained on admission	-	68.3%	58.7%	50.0%
Adult acute including PICU: % of occupied bed days detained	-	85.5%	88.2%	89.0%
Number of medication errors	Quarterly	172	-	-
Percentage of medication errors resulting in no harm	Quarterly	89%	-	-
Safeguarding Adults: Number of advice calls received by the team	Quarterly	186	-	-
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	16	-	-
Safeguarding Children: Number of advice calls received by the team	Quarterly	59	-	-
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	17	-	-
Number of falls	-	45	58	45
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	Jun-21	Jul-21	Aug-21
Percentage of staff with an appraisal in the last 12 months	85%	68.3%	67.5%	66.7%
Percentage of staff with a wellbeing assessment completed	-	82.0%	81.0%	81.0%
Percentage of mandatory training completed	85%	85.1%	85.4%	85.4%
Safeguarding: Prevent Level 3 training compliance (quarter end snapshot)	85%	94.0%	-	-
Percentage of staff receiving clinical supervision	85%	72.1%	71.6%	73.4%
Staff Turnover (Rolling 12 months)	8-10%	8.2%	8.7%	8.6%
Sickness absence rate in month	-	5.4%	6.0%	6.1%
Sickness absence rate (Rolling 12 months)	4.9%	5.1%	5.2%	5.2%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	9.6%	9.5%	9.8%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	41.6%	40.5%	39.9%
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	-	691	1,569	1,105
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	13.2%	14.3%	15.1%
Medical Consultant Vacancies (number)	-	10.6	11.4	12.1
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	17.1%	17.1%	9.6%
Medical Career Grade Vacancies (number)	-	6.9	6.9	3.9
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	20.0%	21.2%	7.1%
Medical Trainee Grade Vacancies (number)	-	20.2	21.4	7.2
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	32.0%	34.0%	38.0%
Band 5 inpatient nursing vacancies (number)	-	72.7	77.2	86.4
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	6.0%	5.0%	3.0%
Band 6 inpatient nursing vacancies (number)	-	5.8	4.8	3.5
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	16.9%	17.8%	20.5%
Band 5 other nursing vacancies (number)	-	17.5	18.4	21.2
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)	-	8.5%	8.7%	8.0%
Bank Agency Spend YTD (Cost)	-	4,046,683	5,431,139	6,730,609
Bank Agency Spend YTD (%)	-	12.0%	12.0%	12.0%
		Jul	Aug	Sep
Number of staff vaccinated for Covid19 (first dose)*		3,235	3,207	3,206
Percentage of staff vaccinated for Covid19 (first dose)*		87%	86%	86%
Number of staff vaccinated for Covid19 (second dose)*		3,036	3,028	3,032
Percentage of staff vaccinated for Covid19 (second dose)*		82%	81%	81%

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

* September data as at 29/09/21

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 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 CCG commissioned services; and the percentage of service users who stayed on the Crisis Resolution/Intensive Support Service caseload for less than 6 weeks.

Appraisal rates continue to hold steady at 66.7% in August. 81% of staff had received a recent wellbeing assessment through our Staff Wellbeing Framework demonstrating our commitment to making the wellbeing of our staff a priority in these very challenging times.

Mandatory Training Compliance has been stable over recent months and in August was 85.4%, against a target of 85%.

Clinical supervision rates have remained fairly consistent over the last few months. In August 73.4% of eligible staff received clinical supervision (target 85%).

Latest coronavirus vaccination figures (as at 18th October) report that 86.6% of LYPFT staff have had their first vaccine including bank, Interserve and some of our front line third sector partners, and 81.7% of staff have now received their second dose. The booster programme is now underway and as of the date above, 933 booster vaccinations have been given.

Key issues, risks and actions:

Progress has been made with reporting of S136 data to board, within the Chief Operating Officer report. From September 2021, numbers of S136 assessments and breaches of the 24 hour detention time are included. Work is ongoing to work out how to break down the number of detentions breaching 24 hours for Children and Younger People and adults from systems and is at present included manually within the narrative for this service.

The Crisis House in Leeds is now operational, however, due to building issues, it will need to close for some time in November to allow maintenance and improvement works to be completed.

Vacancy rates in core services were an issue in August but we are pleased to report successful recruitment into Acute inpatient services in particular where staffing levels have now stabilised. Vacancy levels in our core community services (combined with unplanned absence) are problematic but work is underway alongside staff to ensure that our service offer is not compromised at that people continue to be supported with high quality care and treatment.

Trust Board Discussion Summary:

The LYPFT Public Meeting of the Board of Directors (BoD) was held via Zoom on 30th September 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 fed back that the new Chief Operating Officer Report, that started in July, will be tabled in full at the Finance & Performance Committee prior to being tabled at the Board of Directors meeting in future. The Trust is now in phase three of the vaccination programme offering booster vaccinations which will target staff and service users whilst continuing to offer vaccination more widely. At the Finance & Performance Committee, Leeds Autism Diagnostic Service gave an update on the backlog of referrals that has been generated by the pandemic and the actions being taken by the service to address the backlog. Improvements and ongoing recovery within the Crisis and Intensive Support Service were noted, with improvements in performance being highlighted. Also noted were reductions in Adult inpatient Delayed Transfers of Care and the opening of the Crisis House. Staffing challenges were highlighted as a risk with ongoing vacancies across core services, and although some recent recruitment has been successful, vacancies across care services continue to be a challenge. The potential for further disruption and staff absence is an issue with being able to sustain staffing across all care services but deployment arrangements are in place. Demand for staffing across inpatient services is increasing which is being closely monitored. A successful initiative has been the creation of the Responsive Workforce Team, formed of Bank staff who have been incentivised to deploy across inpatient services which will be built upon throughout the winter. Reset plans are making progress but the need to move forward at the right pace was noted. Additional investment is being made in the Gender Identity Service with the impact being monitored through the Finance & Performance Committee. A detailed plan on the work being done to improve access across West Yorkshire to Psychiatric Intensive Care, within the Chief Operating Officer Report, was highlighted. The Chief Operating Officer drew attention to the request from the previous Board of Directors meeting concerning arrangements for managing system pressure for health and care services, which was outlined in detail, including issues of governance. A short summary of the work being done with Patient Experience colleagues around experiences of people using Accident & Emergency when experiencing mental distress, was highlighted.

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**AGENDA
ITEM**

12

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Finance Update
DATE OF MEETING:	2 November 2021
PRESENTED BY: (name and title)	Dawn Hanwell – Chief Financial Officer and Deputy Chief Executive
PREPARED BY: (name and title)	Dawn Hanwell – Chief Financial Officer and Deputy Chief Executive

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

EXECUTIVE SUMMARY

This report provides an overview of our financial position in the context of the operating framework which was introduced due to the COVID pandemic. These arrangements continued throughout the first half of 21/22 and have been rolled forward into the second half of 21/22 with some adjustments to our COVID funding and efficiency requirements.

We have continued to achieve our financial plans within the context of the operating framework which was introduced due to the COVID pandemic. Our underlying financial standing remains good and this is supported by a strong working capital and cash position.

As the NHS readjusts post pandemic, we will certainly face increased financial pressures linked to the increasing demands we expect on services and national requirements to deliver efficiencies. We remain in a strong position to respond to these pressures and continue to access new investment outlined in the Long Term Plan for Mental Health Services.

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

RECOMMENDATION

The Council of Governors is asked to:

- Note the finance update and be assured on the ongoing robust financial position of the organisation.

MEETING OF THE COUNCIL OF GOVERNORS

2 NOVEMBER 2021

FINANCE UPDATE

1 Introduction

This report provides an overview of our financial position in the context of the operating framework which was introduced due to the COVID pandemic. These arrangements continued throughout the first half of 21/22 and have been rolled forward into the second half of 21/22 with some adjustments to our COVID funding and efficiency requirements.

2 21/22 Income and Expenditure Position

At month 6 we have achieved our plan to utilise our funding allocation and we have reported a small surplus of £0.067m. This surplus will be available to be utilised in the second half of this financial year.

We now have more certainty about the funding we will be allocated in the second half of the year. We will receive an additional allocation to ensure our £4m agenda for change pay award cost is fully funded. This pay award allocation also includes an element to ensure the incremental cost of the agenda for change pay award associated with services commissioned by Leeds City Council is also fully funded.

There is a reduction in resources in the second half of the year due to cost efficiencies and a reduction in COVID allocations totalling £1.3m, we are confident our spending plans will deliver a balanced financial position over the full financial year. We will continue new investments outlined in the Long Term Plan for Mental Health Services and access additional spending review funding to address pressures over the winter period.

We intend to submit a balanced plan for the second half of 21/22 to West Yorkshire Integrated Care System on 9 November.

3 Capital Expenditure Position

We have reviewed our capital programme taking account of the deliverability of schemes over the next six months and calculated a revised planned capital spend of £10.5m. The new children and young peoples' inpatient unit known as Red Kite View will be completed in this financial year and this represents £7m of the £10.5m total spend on capital schemes this year.

We have submitted a VAT reclaim in respect of Red Kite View and we continue to await a response, if we are successful the financial impact would be a c£3m reduction in our capital spend.

This updated capital plan reflects the impact of a Department of Health and Social Care notification, which clarifies that our Strategic Wave 4 Complex Rehabilitation repatriation scheme business case will not be taken into review until late Autumn, after the 2021 Spending Review has concluded.

4 Conclusion

We have continued to achieve our financial plans within the context of the operating framework which was introduced due to the COVID pandemic. Our underlying financial standing remains good and this is supported by a strong working capital and cash position.

As the NHS readjusts post pandemic, we will certainly face increased financial pressures linked to the increasing demands we expect on services and national requirements to deliver efficiencies. We remain in a strong position to respond to these pressures and continue to access new investment outlined in the Long Term Plan for Mental Health Services.

5 Recommendation

The Council of Governors is asked to note the finance update and be assured on the ongoing robust financial position of the organisation.

Dawn Hanwell

Chief Financial Officer and Deputy Chief Executive

22 October 2021

**AGENDA
ITEM**

13

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Report from the Chair of the Mental Health Legislation Committee
DATE OF MEETING:	2 November 2021
PRESENTED BY: (name and title)	Sue White – Non-executive Director and Chair of the Mental Health Legislation Committee
PREPARED BY: (name and title)	Sue White – Non-executive Director and Chair of the Mental Health Legislation Committee

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

EXECUTIVE SUMMARY

This report provides a brief update about the work of the Mental Health Legislation Committee. It provides information about the role of the Committee, including recent activity and future plans.

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

RECOMMENDATION

The Council of Governors is asked to:

- Note this report for information and assurance.

MEETING OF THE COUNCIL OF GOVERNORS

4 NOVEMBER 2021

REPORT FROM THE CHAIR OF THE MENTAL HEALTH LEGISLATION COMMITTEE

Purpose of this report

This report provides a brief update about the work of the Mental Health Legislation Committee. It provides information about the role of the Committee, including recent activity and future plans.

1 What is the Mental Health Legislation Committee?

The Mental Health Legislation Committee (MHLC) is a sub-committee of the Board. Its role is to provide assurance to the Board that the Trust is complying with all aspects of mental health legislation.

This is a huge responsibility given that at any one time we have about 282 people in our inpatient services who are detained under the Mental Health Act 1983; 178 people who are living in the community on conditional discharge or subject to a legally binding Community Treatment Order (this means that the Trust has power to readmit them to hospital if required); and 7 people who have been assessed as lacking capacity to make decisions about their care and are detained under Deprivation of Liberty Safeguards. When the Trust considers whether or not people should be detained (or sectioned) five guiding principles have to be applied:

- Least restrictive option and maximising independence
- Empowerment and involvement
- Respect and dignity
- Purpose and effectiveness (of potential detention)
- Efficiency and equity.

The role of the MHLC is to provide assurance to the Board that we are doing the job properly - not just within the letter of the law, but also within the spirit of it.

In addition, our Regulator, the Care Quality Commission, inspects the way in which we administer the legislation via cyclical inspections and also regular "spot checks".

2 Who is on the Mental Health Legislation Committee?

Members of the MHLC include:

2 Non-Executive Directors

2 Executive Directors

In addition there are people with expertise who attend:

The Head of Mental Health Legislation, the Deputy Chief Operating Officer, a nominated leader from the Mental Health Act Managers, the Associate Medical Director for MH legislation, the Associate Director for Corporate Governance, and the Head of Social Services from Leeds City Council. In summary, we have some expert people round the table who help us do the job effectively. We meet 4 times a year (via Zoom at the moment).

Members of the Committee need to get their heads round quite a lot of technical information including the requirements of the various sections of the legislation.

3 How do we do the job?

We review regular reports about the Trust's processes and activity in relation to the legislation, making sure that we are applying and promoting best practice. We listen to feedback from the Mental Health Act Managers about the way in which they are carrying out their role in reviewing detentions. We review regular reports from the Mental Health Operational Steering Group, a sub-group of the Committee which considers the practical issues staff face and how they are being resolved. This sub-committee also reviews feedback from CQC spot checks and from service users, and maintains and reviews the risk register.

We look at relevant reports and information - internal and external - and consider the implications for the Trust.

The MHLC provides quarterly reports to the Board about its role, including alerting the Board to challenges and risks. It also provides an annual report. Governors are welcome to attend the Committee and any new Governors would be particularly welcome.

4 What has the MHLC done recently?

Over the past year the Committee has focused on the following issues:

- Getting assurance that despite Covid constraints, the Trust has administered the legislation appropriately and that staff are properly trained and supported. New ways of working have provided challenges and opportunities. For example, a High Court judgement which concluded that remote MH Act assessment of inpatients by doctors was not lawful (despite initial Dept of Health guidance to the contrary) required a review of practice and face to face reassessment of a number of service users who were affected. In addition, the Committee has continued to review the effectiveness of remote Mental Health Act hearings by Mental Health Act Managers and has been assured that specific training and support has been provided. Going forward, a mixed economy of remote and face to face hearings is likely.
- Overseeing the Trust's contribution to national consultation on proposed amendments to the MH Act. A really comprehensive response was compiled drawing on contributions from a range of stakeholders. Although there was broad agreement with the principles of the proposed changes, there was concern about some of the practicalities. One of the proposals was that Mental Health Act Manager reviews should be abolished, in favour of

more frequent Tribunal hearings. We are now awaiting the Government's response to the consultation comments received.

- Preparation for changes to the arrangements for assessing mental capacity - replacing Deprivation of Liberty Safeguard assessments currently conducted by Local Authorities with a new system of Liberty Protection Safeguards which will be administered by the Trust itself. This will result in extra work. There have been numerous delays to the national implementation timetable and there is still uncertainty about when the changes will take effect. Meantime the Committee has been assured that careful planning and preparation is underway, principally with Local Authority partners. Putting the new arrangements into practice will be a priority going forward.
- Continued focus and drive on work to investigate and address issues around serial over-representation of service users from a BAME background in crisis and detention. The Committee has received updates about the work of the Synergi collaborative which is gathering information and sharing best practice nationally about ideas for addressing this challenge. In addition, the Trust is likely to be involved in a National Institute of Health Research project to listen to BAME voices and experience.
- Getting the data required for assurance purposes following the switch to Care Director in March 2020. There have been some glitches and the Committee has asked that these are being addressed via the new Care Director governance arrangements.
- Keeping close tabs on progress with administration of the legislation in the Section 136 suite, following changes to the timeframes for admitting service users to beds after an assessment. The Section 136 suite is a place of safety where the police can take a person who appears to be having a mental health crisis.
- Getting assurance about good access to independent advocacy for service users. Information about this is now available in Leeds, but there are no reports for York. The Committee continues to press for assurance on this front.

5 Future plans

In addition to continuing with the issues set out above, the MHLC is committed to:

- Ensuring that effective new ways of working implemented during Covid are adopted and developed, making best use of technology.
- Reviewing data availability and reporting arrangements. We want to make sure data is relevant and meaningful. This includes reform of the MH team documentation audit arrangements which identify any defective detentions.
- Ensuring the Trust is in a strong position to implement changes to MH legislation once the Government makes decisions about what these will be, and also that new Liberty Safeguard Protection arrangements are implemented smoothly and effectively.
- Getting on the front foot by working with partners at place and system level to respond to the needs of local people, and to share best practice and encourage efficiencies.
- Getting assurance that staff and Mental Health Act Managers are trained and supported to apply the legislation effectively and sensitively to children and young people, given that we will be expanding capacity at Red Kite View.
- Seeking ongoing assurance that there is sufficient capacity in the MH Team to do the job well.
- Continuing to champion the work to address disproportionate representation of BAME service users.
- Finding ways to develop and encourage meaningful service user involvement in our work.

- Ensuring smooth succession planning arrangements for NED membership of the Committee as new NEDs are recruited over the next year.

Sue White

Non-executive Director and Chair of the Mental Health Legislation Committee

November 2021

**AGENDA
ITEM**

14

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Report from the Chair of the Workforce Committee
DATE OF MEETING:	2 November 2021
PRESENTED BY: (name and title)	Helen Grantham – Non-executive Director and Chair of the Workforce Committee
PREPARED BY: (name and title)	Helen Grantham – Non-executive Director and Chair of the Workforce Committee

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

EXECUTIVE SUMMARY

This report provides a brief update about the work of the Workforce Committee. It provides information about the role of the Committee, including recent activity and future plans.

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.

Workforce Committee Report for the Council of Governors

1. Background

The Workforce Committee was established in November 2019. The Board agreed to the establishment of the Workforce Committee to give focus and coordinated oversight of risks and key initiatives in relation to the workforce in line with the Board Assurance Framework (BAF). This also reinforced the importance given within the Trust to our workforce and being an employer of choice.

The Workforce Committee does not oversee everyday operational HR and workforce matters but focusses on gaining assurance on the development and implementation of the Trust's Plan with the following priority areas:

- Health and Wellbeing
- Resourcing: New Ways of Working
- Equality and Inclusion
- Engagement and Retention: Growing for the Future
- Leading Together

In seeking assurance, the Committee monitors data, and metrics in relation to the workforce. To ensure a qualitative perspective is also gained, each meeting includes a 'strategic discussion' on a key topic.

2. Terms of Reference

The Committee reviewed these at its October 2020 meeting and will be recommending some changes. Firstly, to reflect that the Board has agreed that it will have oversight to the Trust's approach to equality and inclusion with the Chair of the Trust leading on this. Secondly, to include reference to the NHS Our People Plan and requirement for a non- executive Well Being Champion within the Trust.

3. Programme of Meetings

The Committee was scheduled to meet 6 times in the past 12 months but with the start of the Covid pandemic formal meetings were stood down after the February 2020 meeting and resumed in October 2020. During the lockdown period informal calls and zoom meetings were held with the Director of Organisational Development and Workforce and the Chief Operating Officer to offer support and gain assurance regarding workforce matters during unprecedented times.

4. Summary of Key Activity of the Workforce Committee (Nov 19 to 20)

- The inaugural meeting of the Committee in November 2019 established a formal programme of work and set the scene on the strategic challenges for the Trust. This included a discussion with the NHS England/Improvement Regional Director of Workforce.

- In February 2020, the Committee commenced a discussion on the review and development of the Trusts People Plan and agreed an engagement process for this. Subsequently this work was 'hibernated' due to Covid; the Committee has picked up this up again in the October meeting having received feedback from Governors and the Board on initial themes.
- The Committee has oversight of the metrics relating to Workforce within Trusts performance framework. The Committee is overseeing development of these metrics to ensure they are relevant and aligned to risks and the Trusts People Plan. This was also delayed and is being revisited in the December 2020 meeting.
- A key priority for the Committee is the Health and Wellbeing of the workforce. In February, the newly appointed Health and Wellbeing Manager provided assurance on a range of activities. An outcome of this discussion was reinforcement of the importance of good working environments for health and wellbeing.
- The Committee also received a report from the Strategic Resourcing Manager on approaches to Trust wide Workforce Planning and were assured that appropriate connections were being made across services and with Clinical Leaders.
- The Committee contributed to the development of the Trust's Equality, Diversity, and Inclusion Plan for 2020 and specifically the development of a reciprocal mentoring programme between the Board and Black, Asian and Ethnic Minority staff.
- Very early into the Covid 19 pandemic there was assurance of the arrangements to ensure the Trust could respond to 'lockdown' requirements and fully support the workforce in delivering services during the initial phases of the pandemic. Regular detailed updates were provided by the Director of Organisational Development and Workforce on the work to support attendance, test and trace for staff, homeworking, equality and inclusion, redeployment, communication, and wellbeing.
- On behalf of the Board the Committee has monitored progress against the nationally mandated requirement for Wellbeing Assessments. The Committee welcomed the Trust's approach in going beyond the minimum requirement and has been assured as to progress and the quality of the process.
- The Committee maintains a keen focus on appraisals and clinical supervision reporting and processes.

5. Looking Forward

The Committee resumed its formal meetings on the 15th October 2020 and agreed the work programme for the coming year; this will be aligned to the Trust's People Plan with the ongoing development of performance reporting as a priority.

Alongside the normal business of the Committee and any significant issues, each meeting will have a specific focus as follows:

February 2021 – Assurance on Health and Wellbeing Plans

April 2021 – Staff Survey Results

June 2021 – Focus on Leading Together activities

August 2021 – Review of Resourcing Strategies, including Nursing, Medical, Allied Health professionals and nonclinical workforces.

October 2021 – Engagement and Retention including 'reward and recognition' and 'learning and development' strategies.

Helen Grantham

Non- Executive Director

Chair of the Workforce Committee

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**AGENDA
ITEM**

15.1

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Review of the Council of Governors' Terms of Reference
DATE OF MEETING:	2 November 2021
PRESENTED BY: (name and title)	Cath Hill – Associate Director for Corporate Governance
PREPARED BY: (name and title)	Rose Cooper – Corporate Governance Officer

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

EXECUTIVE SUMMARY

The Council is reminded that in accordance with its Terms of Reference it is required to review these annually to ensure they still meet the needs of the Council. The Terms of Reference are based on the Trust's Constitution and the NHS Act 2006 and as such does not normally change in terms of its duties or rules governing the running of the Council.

The Council will recall that at its meeting on 2 February 2021 it approved a change to the Partner Governors set out in Annex 4 of the Constitution to remove Equitix and add the Director for Children and Families Programme within the West Yorkshire and Harrogate Integrated Care System (ICS). This change to the Constitution has now been reflected on page 1 of the Terms of Reference.

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

RECOMMENDATION

The Council is asked to:

- Be assured that the Terms of Reference have been reviewed to ensure they continue to be fit for purpose
- Approve the change to the list of partner governors.

Council of Governors

Terms of Reference

(To be ratified by the Council of Governors 2 November 2021)

1 NAME OF GROUP

Council of Governors

2 COMPOSITION OF THE COUNCIL

The membership of the Council of Governors is determined by Annex 4 of the Constitution, and is made up of both elected and appointed governors totalling 30.

Membership is set out below.

Elected Governors

Constituency	Area	Number of Governor Seats
Public	Leeds	6
	York and North Yorkshire	1
	Rest of England and Wales	1
Service User and Carer	Service User Leeds	4
	Service User York and North Yorkshire	1
	Carer Leeds	3
	Carer York and North Yorkshire	1
	Service User and Carer Rest of United Kingdom	1
Staff	Clinical Staff Leeds and York & North Yorkshire	4
	Non-Clinical Staff Leeds and York & North Yorkshire	2

Appointed Governors

Local Authority Governors	
City of York Council	1
Leeds City Council	1
Partner Organisation Governors	
Director for Children and Families Programme, West Yorkshire and Harrogate Integrated Care System	1
Volition - Leeds (mental health representative)	1
Volition - Leeds (learning disabilities representative)	1
York Council for Voluntary Services	1

In accordance with NHS Improvement's Code of Governance it is expected that the Council of Governors will invite the Chief Executive (or their Deputy) to attend all its general meetings, and that other executive directors will be invited to attend as appropriate and non-executive directors will be

encouraged to attend all meetings where possible. Over and above the normal performance reports there may be occasions where directors are formally requested to attend Council meetings to explain concerns about performance. It is anticipated that this will be only on rare occasions and such an occasion will be reported in the Annual Report.

The Council may invite other people to attend its meetings on an ad-hoc basis, as it considers necessary and appropriate.

The Associate Director for Corporate Governance (or nominated deputy) acting in the capacity of Trust Board Secretary, shall attend each meeting and provide appropriate advice and support to the Chair of the Trust and Council members.

Members of the Council of Governors must ensure that wherever possible they attend every Council meeting. Attendance at meetings will be monitored and shall be reported in the Annual Report. Attendance will be monitored by the Associate Director for Corporate Governance, who will escalate any concerns about the non-attendance of individual governors to the Chair of the Trust as is necessary.

3 QUORACY

No business shall be transacted at a meeting of the Council of Governors unless at least one third of the whole number of governors elected or appointed are present; and that of those governors present service user, carer and public governors are in the majority.

Deputies: There is no constitutional provision for a deputy to attend on behalf of a governor

Non-quorate meeting: Non-quorate meetings may go ahead unless there has been an instruction from the Chair not to proceed with the meeting. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

Alternate chair: The Chair of the Council of Governors shall be the Chair of the Trust. In the absence of the Chair of the Trust, (or in the event of the Chair declaring an interest in an agenda item) the Deputy Chair shall chair the meeting. Should the Deputy Chair not be available (or where they too have declared an interest in an agenda item), the meeting shall be chaired by one of the governors present at the meeting, this shall normally be the Lead Governor.

4 MEETINGS OF THE GROUP

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.

Frequency: Meetings of the Council of Governors shall be held at such times as the Council may determine, however the Council of Governors will normally meet four times a year (plus the Annual Members' Meeting) with all or part of these meetings being held in public. This shall not preclude any items of business being conducted in private and any items taken in private will be determined in accordance with pre-arranged criteria.

A full set of papers comprising the agenda, minutes of the previous meeting and associated reports and papers will be sent within the timescale set out in the Standing Orders to all governors and others as may be agreed with the Chair from time to time.

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

Minutes: The Associate Director for Corporate Governance shall ensure the minutes of the meeting are taken and will also ensure these are presented to the next Council of Governors' meeting, and that these are signed by the person presiding at the meeting.

The agenda, minutes and Council papers of each general meeting (excluding any confidential papers) shall be displayed on the Trust website.

5 AUTHORITY

Establishment: The Trust shall establish a Council of Governors in accordance with the requirements of the NHS Act 2006, and paragraph 10 of its Constitution.

Powers: Its powers are detailed in the NHS Act 2006; NHS Improvement's NHS Foundation Trusts' Code of Governance; and the Trust's Scheme of Delegation.

Cessation: The Council of Governors is a statutory body and as such must remain for as long as it is empowered in statute.

6 ROLE OF THE GROUP

6.1 Purpose of the Group

The general statutory duties of the Council of Governors are to:

- Hold the non-executive directors to account (both collectively and individually) for the performance of the Board of Directors
- Represent the interests of the members of the Trust as a whole and the interests of the public
- Influence the forward plans of the Trust.

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

In carrying out their duties, members of the Council of Governors and any attendees 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.

Governors must also abide by the “Council of Governors’ Code of Conduct and Standards of Behaviour”, which all Governors must sign. Governors must also have regard for the “Council of Governors’ Meeting Etiquette”.

6.3 Duties of the Council of Governors

The Council of Governors will be required to carry out a number of statutory duties under the NHS Act 2006 (as amended by the Health and Social Care Act 2012). These are contained in the Constitution and are as follows (for avoidance of doubt the wording in the Constitution shall take precedence should there be any conflict between this document and the Constitution):

- Hold the non-executive directors to account (both collectively and individually) for the performance of the Board of Directors
- Represent the interests of the members of the Trust as a whole and the interests of the public
- Influence the forward plans of the Trust
- Appoint and, if appropriate, remove the Chair
- Appoint and, if appropriate, remove the other non-executive directors

- Decide the remuneration and allowances, and the other terms and conditions of office, of the Chair of the Trust and the other non-executive directors
- Approve the appointment of the Chief Executive
- Appoint the Deputy Chair of the Trust
- Appoint and, if appropriate, remove the Trust's auditor (i.e. the organisation that will, amongst other things, check the Trust's finances each year)
- Receive the Trust's annual accounts, any report of the auditor on them and the annual report
- Require one or more of the directors or a representative of the Trust's auditors to attend a meeting to obtain information about the Trust's performance, or information about how the directors have performed their duties in order to determine if there is a need to vote on issues concerning that performance
- Approve (or not) by vote:
 - The implementation of any proposals to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England
 - Entering into a significant transaction (a significant transaction is defined in the Constitution)
 - An application to NHS Improvement (one of our regulators) for a merger with or the acquisition of another foundation trust or NHS trust
 - An application to NHS Improvement for the separation or dissolution of the foundation trust
 - Amendments to the Constitution.
- Determine whether it is satisfied that any proposals to carry out activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes will not, to any significant extent, interfere with the Trust's provision of NHS services and notify the Board of its view.

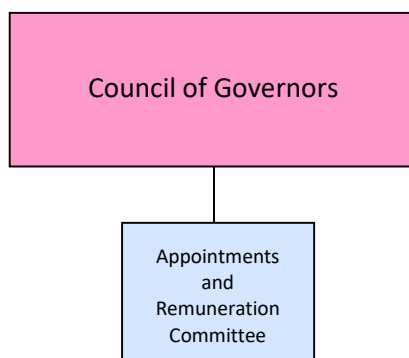
The Council of Governors is also responsible for:

- Considering complaints about any member of the Trust in accordance with Annex 9 of the Constitution and take action which may include expulsion from the membership of the Trust
- Ratifying the removal of any member of the Council of Governors for any reason as set out in Annex 6 of the Constitution
- Agreeing a clear process for the appointment of the Chair of the Trust and the other non-executive directors
- Supporting the process for the evaluation or appraisal of the Chair of the Trust and the other non-executives, including the outcomes of the evaluation of the Chair of the Trust and the non-executive directors
- Receiving a high-level report on the outcome of the evaluation or appraisal of the Chair of the Trust or the other non-executive directors
- Assessing its own collective performance and its impact on the Trust and communicate to members how governors have discharged their duties
- Taking the lead in agreeing with the Audit Committee the criteria for appointing, reappointing and removing external auditors
- Establishing a policy for engagement with the Board of Directors for those circumstances when they have concerns about the performance of the Board of Directors or other matters related to the general wellbeing of the Trust
- Agreeing with the executive directors what information it needs to receive at its meetings
- Agreeing who from amongst the governors should be appointed as the Lead Governor
- Responding as appropriate to any matter when referred by the Board of Directors
- Participating in the development of the Trust's strategy and values.

7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES

The Council of Governors may delegate some of its powers to formally constituted committees. Formally constituted committee of the Council of Governors is the Appointments and Remuneration Committee.

The sub-committee structure is detailed below.



8 DUTIES OF THE CHAIRPERSON

The Chair of the Council shall be responsible for:

- Agreeing the agenda with the Corporate Governance Team as directed by the Associate Director for Corporate Governance
- Directing the conduct of the meeting ensuring it operates in accordance with the Trust's values
- Giving direction to the secretariat
- Ensuring all governors 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 it is beneficial to vote on a motion or decision.
- Checking the minutes
- Ensuring sufficient information is presented to the Board of Directors in respect of the matters discussed by the Council and ensuring that issues raised by the Board of directors are appropriately reported to the Board.

9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

The Terms of Reference shall be reviewed and ratified annually by the Council of Governors.

The Council of Governors should also carry out an assessment of how effectively it is carrying out its duties and act upon any recommendations for improvement. This will normally be done through one to one discussions between governors and the Chair of the Trust.

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**AGENDA
ITEM**

15.2

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Annual Cycle of Business for 2022
DATE OF MEETING:	2 November 2021
PRESENTED BY: (name and title)	Cath Hill – Associate Director for Corporate Governance
PREPARED BY: (name and title)	Rose Cooper – Corporate Governance Officer

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

EXECUTIVE SUMMARY

Please find enclosed the Annual Cycle of Business for the Council of Governors' formal meetings, the Annual Members' Meeting and the Board to Board meeting. It includes: standing items; statutory and non-statutory duties; work involving the non-executive directors; and administrative business for the Council of Governors.

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

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

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

RECOMMENDATION

The Council of Governors is asked to:

- Be assured that the Annual Cycle of Business includes all the statutory duties which the Council must carry out
- Be assured that the areas which governors have asked to be kept informed on have been captured in the Annual Cycle of Business
- Note and approve the Annual Cycle of Business for 2022.

Annual Cycle of Business 2022 – Council of Governors

	Lead	1 February	5 May	5 July	Ann Members' Meeting – 26 July	Board to Board – 19 September	1 November
Welcome, apologies and standing items							
Apologies	-	X	X	X	X	X	X
Questions from the public (Annual Members' Meeting)	-				X		
Minutes of the last meeting	CG	X	X	X	X		X
Minutes of the Annual Members' Meeting (For information)	CG						X
Matters arising	-	X	X	X			X
Cumulative Action Log	CG	X	X	X			X
Chair's Report (to include: NED and governor service visits; governor non-attendance)	CHi	X	X	X			X
Chief Executive Report	SM	X	X	X			X
Lead Governor Report	LF	X	X	X			X
Quarterly Quality and Performance Update Report	EN	X	X	X			X
Financial Update	DH	X	X	X			X
Council of Governors' Statutory Duties (annual)							
Remuneration of the Chair of the Trust and the other non-executive directors (to ratify) Link to Appointments and Remuneration Committee (ARC) cycle	CHi	As required					
Appointment of the Deputy Chair of the Trust (to ratify) Link to ARC cycle	CHi	As required - next due January 2023 (paper to November 2022 meeting)					
Presentation of the annual report and accounts and any report on them (to receive)	CHi				X		
Signed Auditors' Report on the Annual Accounts	CHi				X		
Presentation by the Auditors on their findings from the audit of the accounts	TBC			X			

	Lead	1 February	5 May	5 July	Ann Members' Meeting – 26 July	Board to Board – 19 September	1 November
Agree the arrangements for the Annual Members' Meeting	OT		X				
Council of Governors' Statutory Duties (as and when)							
Appointment/removal of the Chair of the Trust (to ratify) PRIVATE MEETING Link to ARC cycle	CHi	As required - Sue Proctor's term of office ends 31 March 2023					
Appointment/removal of the other non-executive directors (to ratify) PRIVATE MEETING Link to ARC cycle	CHi	As required					
Approve the appointment of the Chief Executive (to approve – support)	CHi	As required					
Appointment of the external auditor (to ratify)	CHi	New appointment starts 1 June 2022 (paper to February 2022 meeting)					
Amendments to the Constitution (to ratify)	CHi	As required					
Approval of any significant transactions	CHi	As required					
Approval of an application for a merger with or acquisition of another foundation trust (FT) or NHS Trust	CHi	As required					
Approval of an application for the dissolution of the FT	CHi	As required					
Approval of a proposal to increase non-NHS income by 5% or more	CHi	As required					
Council of Governors' non-statutory duties (scheduled)							
Agree the process for the performance evaluation of the Chair of the Trust and the other NEDs	CHi	As required					
Receive the Auditors' reports on the Quality Accounts (both public and private)	TBC			X			
Receive the Strategic Plan priorities	SM	As required					
Receive the Trust's Draft Strategic Plan	SM	As required					
Staff Survey Results	DS		X				
Review of the agreed governor objectives (objectives for 2022 have already been agreed)	CHi	-	-	-			-

	Lead	1 February	5 May	5 July	Ann Members' Meeting – 26 July	Board to Board – 19 September	1 November
Presentation of the governor objectives for 2021 – 2022 (these have already been agreed)	CHi (SP)	-	-	-			-
Annual Members' Meeting – thematic report and analysis	OT						X
Board sub-committee report	NEDs	QC	F&P	AC			MHLC & W/F
Annual Strategic Risk Analysis	CHi	X					
Ratify changes to the Terms of Reference of the Appointments and Remuneration Committee	CHi	As required					
Agree with the Audit Committee the process for appointment/removal of the external auditor	MW	New appointment starts 1 June 2022 (paper to January 2022 Audit Committee)					
Agree who should be appointed as the lead governor	CHi	As required - next due November 2023					
Be consulted on the appointment of the Senior Independent Director	CHi	As required - next due November 2022					
Agree the process for the appointment of the Chair of the Trust and the other NEDs	CHi	As required - paper setting out process and timetable to May 2022 meeting					
Ratify the removal of a governor from the Council of Governors	CHi	As required					
Approve the establishment / disbanding of Council of Governors sub-committees	CHi	As required					
Holding the Non-executive Directors to Account (monthly / annual)							
Receive a high-level report on the outcome of the NED and Chair appraisals (Link to ARC cycle) PRIVATE MEETING	CHi						X
Make a report to members on how they have carried out their duties	CHi				X		
NEDs Annual Declaration of Interests, Fit and Proper Declarations and Independence (as reported to Board)	CHi		X				

	Lead	1 February	5 May	5 July	Ann Members' Meeting – 26 July	Board to Board – 19 September	1 November
Council of Governors' Administrative Business							
Approval of the Council of Governors' Annual Cycle of Business	CG						X
Receive future meeting dates	CG						X
Review the Council of Governors' Terms of Reference	CG						X
Review the Declarations of Interest and Register of Interests for Governors	CHi		X				
Review of Policies and Procedures and governance documents relating to the Council of Governors (as and when)							
Procedure for the Reimbursement of Expenses for Governors (CG-0000)	CHi	As required					
Code of Conduct and Standards of Behaviour for Governors (CG-0001)	CHi	As required - next due May 2022					
Council of Governors' Meeting Etiquette Procedure (CG-0010)	CHi	As required - next due November 2024					
Role Description for the Council of Governors and a Governor	CHi	As required - if refreshed					
Role Description for the Lead Governor	CHi	As required - if refreshed					

Related documents:

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

**AGENDA
ITEM**

15.3

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	2022 and 2023 Meeting Dates
DATE OF MEETING:	2 November 2021
LEAD DIRECTOR: (name and title)	Cath Hill – Associate Director for Corporate Governance
PAPER AUTHOR: (name and title)	Rose Cooper – Corporate Governance Officer

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

EXECUTIVE SUMMARY

The purpose of this paper is to confirm the 2022 and 2023 dates for the Council of Governors' meetings, including the Annual Members' Meeting and the Board to Board. They are:

2022		
DATE	START TIME OF PUBLIC COUNCIL OF GOVERNORS	VENUE FOR COUNCIL OF GOVERNORS MEETING
Tuesday 1 February 2022	13.00 (Governor pre-meet 12.30)	To be confirmed
Thursday 5 May 2022	13.00 (Governor pre-meet 12.30)	To be confirmed
Tuesday 5 July 2022	13.00 (Governor pre-meet 12.30)	To be confirmed
Tuesday 26 July 2022 (Annual Members' Day)	To be confirmed (all day)	To be confirmed
Monday 19 September 2022 (Board to Board meeting which will be held in private)	To be confirmed (all day)	To be confirmed
Tuesday 1 November 2022	15.30 (Governor pre-meet 15.00)	Annual virtual meeting (Zoom)

2023

DATE	START TIME OF PUBLIC COUNCIL OF GOVERNORS	VENUE FOR COUNCIL OF GOVERNORS MEETING
Thursday 2 February 2023	13.00 (Governor pre-meet 12.30)	To be confirmed
Thursday 4 May 2023	13.00 (Governor pre-meet 12.30)	To be confirmed
Tuesday 4 July 2023	13.00 (Governor pre-meet 12.30)	To be confirmed
Tuesday 25 July 2023 (Annual Members' Day)	To be confirmed (all day)	To be confirmed
Monday 18 September 2023 (Board to Board meeting which will be held in private)	To be confirmed (all day)	To be confirmed
Thursday 2 November 2023	15.30 (Governor pre-meet 15.00)	Annual virtual meeting (Zoom)

The Corporate Governance Team is regularly reviewing whether it is safe to hold meetings in person and will confirm the venues for future meetings as soon as possible.

As suggested by governors we have scheduled one virtual meeting each year, this is in the interest of making the meetings accessible to all governors who may have different work commitments and travel arrangements. We have also chosen the winter meeting as travelling in the dark can be a challenge for some people.

In order to support those governors who have competing daytime commitments we are proposing that the virtual November meeting is held as a twilight meeting with a start time of 3.30pm and a finish time of 6.30pm (it should be noted that that the Governors' pre-meeting will need to start at 3.00pm).

It was felt that holding the twilight meeting between these times would mean that staff or service users who come along to present papers will not be asked to work or attend much outside normal hours. We will continue to keep this arrangement under review to ensure it is meeting the needs of all those involved in our meetings.

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

RECOMMENDATION

The Council of Governors is asked to note:

- The meeting dates for 2022 and 2023
- That we have introduced at least one virtual Council of Governors' meeting each year
- A twilight meeting has been arranged for November in each year to allow more flexibility in the way we hold our meetings.

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**AGENDA
ITEM**

15.4

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	How the Council of Governors does business (Council of Governors' meeting etiquette)
DATE OF MEETING:	2 November 2021
PRESENTED BY: (name and title)	Cath Hill – Associate Director for Corporate Governance
PREPARED BY: (name and title)	Kerry McMann – Head of Corporate Governance

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

EXECUTIVE SUMMARY

Within the suite of documents that governors have to support them in carrying out their role is one which outlines the standards and behaviours expected at meetings. This is called 'How the Council of Governors does business (Council of Governors' meeting etiquette). This procedure sits alongside the Code of Conduct which all governors will have completed as part of their induction.

All procedures in the Trust have a review period. This means that they will need to be looked at periodically to make sure they are still fit for purpose. As the review date for this procedure is due, the Head of Corporate Governance has reviewed the content and made some changes. The Staffside Chair has reviewed the changes made to this procedure (which is normal for any procedure in the Trust which has an impact on the way people are being asked to carry out their duties) and was satisfied.

The changes that have been made reflect the standards of behaviour expected from governors at virtual meetings. All changes have been highlighted in yellow.

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

RECOMMENDATION

The Council of Governors is asked to:

- Note the changes that have been made to reflect the standards of behaviour expected from governors at virtual meetings
- be assured that the content is reflective of the way in which governors and those supporting meetings will carry out their duties
- approve this procedure

How the Council of Governors does business (Council of Governors' meeting etiquette)

The key messages the reader should note about this document are:

1. Governors should abide by particular standards of conduct and behaviour when attending **both face to face and virtual** meetings
2. This procedure complements CG-0001 (Code of Conduct and Standards of Behaviour for Governors)
3. This procedure sets out what is expected of governors, the chair, document authors and the corporate governance team relation to governors' meetings.

DOCUMENT SUMMARY SHEET

ALL sections of this form must be completed.

Document title	How the Council of Governors does business (Council of Governors' meeting etiquette)
Document Reference Number	CG-0010
Key searchable words	<i>Governors, etiquette</i>
Executive Team member responsible (title)	Chief Executive
Document author (name and title)	Cath Hill – Associate Director for Corporate Governance
Approved by (Committee/Group)	Council of Governors
Date approved	TBC
Ratified by	Policies and Procedures' Group
Date ratified	TBC
Review date	TBC
Frequency of review	At least every three years

Amendment detail

Version	Amendment	Reason
1		New procedure
2	Reviewed and put into the new template	New template
3	References added to virtual meetings	

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Section	Description		Page
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1. THE PROCEDURE

1.1 Introduction

This procedure supplements CG-0001, the 'Code of Conduct and Standards of Behaviour for Governors'. It covers the standards of behaviour expected from governors, and those attending Council of Governors' meetings. However, its principles are just as applicable to other meetings that governors may be part of.

This should also be read in conjunction with the Standing Orders for the Council of Governors (Annex 7 of the Constitution) as this sets out in detail the governance arrangements for the operation of a Council of Governors' meeting of someone in public life, including the need to declare any conflict of interest or any pecuniary interest.

This document has been developed to help ensure that meetings are effective and members are focussed on their duties and the way they perform in the meeting. It is also to specify the type of behaviour appropriate for Council of Governors' meetings to ensure individuals display the high standards of conduct required and abide by the Trust's values (as set out at Appendix A).

1.2 Duties

1.2.1 Chair of the Trust

The Chair of the Trust will be the final arbiter in breaches of the principles and requirements of this procedure.

1.2.2 Associate Director for Corporate Governance

The Associate Director for Corporate Governance will ensure that all governors are aware of the requirements of this procedure and that it remains fit for purpose in accordance with the needs of the Council of Governors.

1.2.3 Governors

Must abide by the requirements of the procedure to ensure high standards of conduct are maintained at meetings of the Council and apply the principles to any other meeting they may be part of.

1.3 Meeting Etiquette

1.3.1 Governors

These are the standards that governors should abide by **at face to face** meetings:

- Have regard for, and abide by the Code of Conduct and Standards of Behaviour for Governors (CG-0010) when conducting themselves at all times during the meeting
- Be prepared, by reading the papers ahead of the meeting and preparing any questions you might want to raise. Make sure you know what it is that the Council is being asked to do, if you are unclear about any paper ask the Associate Director for Corporate Governance who will be able to help you contact the paper author
- Make every effort to attend all meetings, turn up on time and stay until the end. If by exception you are unable to comply with this, advise the Chair of when you expect to have to arrive / leave
- Send your apologies to the Corporate Governance Team if unable to attend and if you wish to ask a question, submit this to the Corporate Governance Team in good time for the meeting
- During the meeting switch off or silence mobile phones and other electronic devices
- Declare any potential or real conflict of interest or any pecuniary interest regarding any item on the agenda
- Respect and value that everyone is different and will think differently about things. Try not to cause offence when directing comments in the meeting
- Exercise your responsibilities in a corporate manner, supporting and abiding by the decisions taken by the Council of Governors even where you may not personally agree with a decision taken
- When you wish to speak, indicate to the Chair by raising your hand or the card provided at the meeting. The Chair will acknowledge you and confirm the order in which comments and questions will be taken
- Listen to each other without interruption. There should only be one person speaking at a time

- Avoid private conversations with others at the meeting (whether spoken or written)
- If you don't understand what someone is saying, ask them to repeat it or to explain what they mean. You are probably not the only person who doesn't understand. We have cards available to use at each meeting which will help people ask if they don't understand something
- If you have any concerns about a governor's conduct at a meeting speak to the Chair
- Governors have a responsibility to make suggestions to the Chair in relation to any items they wish adding to future agendas.

These are the standards that governors should abide by at virtual meetings:

- Have regard for, and abide by the Code of Conduct and Standards of Behaviour for Governors (CG-0010) when conducting themselves at all times during the meeting
- Be prepared, by reading the papers ahead of the meeting and preparing any questions you might want to raise. Make sure you know what it is that the Council is being asked to do, if you are unclear about any paper ask the Associate Director for Corporate Governance who will be able to help you contact the paper author
- Make every effort to attend all meetings, turn up on time and stay until the end. If by exception you are unable to comply with this, advise the Chair of when you expect to have to arrive / leave
- Send your apologies to the Corporate Governance Team if unable to attend and if you wish to ask a question, submit this to the Corporate Governance Team in good time for the meeting
- Declare any potential or real conflict of interest or any pecuniary interest regarding any item on the agenda
- Respect and value that everyone is different and will think differently about things. Try not to cause offence when directing comments in the meeting
- Exercise your responsibilities in a corporate manner, supporting and abiding by the decisions taken by the Council of Governors even where you may not personally agree with a decision taken

- Direct any comments and questions through the Chair, and when you wish to speak raise a hand and the Chair will acknowledge and confirm the order of comments. You can do this by raising your hand or writing in the virtual chat box.
- If you don't understand what someone is saying, ask them to repeat it or to explain what they mean. You are probably not the only person who doesn't understand. You can do this by raising your hand or writing in the virtual chat box.
- If you have any concerns about a governor's conduct at a meeting speak to the Chair
- Governors have a responsibility to make suggestions to the Chair in relation to any items they wish adding to future agendas.
- To help keep background noise to a minimum, mute your microphone when you are not speaking. When your microphone is not muted, avoid activities that could create additional background noise, such as shuffling papers.
- If you choose to use a web camera, be sure it is in a stable position and focused at eye level, if possible. Doing so helps create a more direct sense of engagement with other participants.
- Ensure that you have a clean, work-appropriate background with appropriate lighting. If you need to move around the room or to another location, switch your camera off to avoid distracting others
- Avoid multi-tasking. You'll be able to join in the discussion better if you don't reply to emails or text messages during the meeting. You can make it easier to focus on the meeting by turning off notifications, closing or minimising running apps, and muting your smartphone.

1.3.2 The Chair of the meeting

This is how the Chair will conduct the meeting:

- Conduct the meeting so that timely progress is made on the agenda items and ensure that the meeting concludes at the expected time
- Decide on the appropriate order of agenda items on the day to meet the needs of the Council's business (this may include a decision that an item scheduled for the public meeting is taken in a private session)

- Ensure that where possible everyone has had the opportunity to participate in the discussion
- Ensure that those speaking do so appropriately and with respect for their fellow governors
- At the end of the discussion summarise what has been agreed governors are clear of the outcome and the minutes are accurate
- Adjudicate on any point of order in respect of the way in which the meeting is concluded
- Consider any suggestions from governors as to future items for meetings.

1.3.3 Attendees for the presentation of papers

- Understand the reason they are attending the meeting and what is expected of them when they are there
- Be introduced by the Chair
- Briefly present the content of their paper to the Council on the assumption that people have read it in advance, drawing attention to any updates or changes that have occurred since the paper was circulated
- Be clear about the recommendation they are making or what they want the Council to do
- Receive any questions through the Chair and respond appropriately.

1.3.4 Associate Director for Corporate Governance

In conjunction with the Corporate Governance Team the Associate Director for Corporate Governance will:

- Ensure the meeting environment is appropriate and that 'housekeeping' arrangements have been executed properly
- Ensure there is a record of the meeting for the purpose of the minutes. Meetings will normally be recorded to support accurate minuting
- Assist the Chair with any points of governance or arrangements in respect of the meeting.

If any member of the Council is unhappy with any aspect of another person's conduct at the meeting they should approach the Chair in the first instance. Responsibility for ensuring the meeting etiquette is observed lies with the Chair.

2 Appendix 1 – 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 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.

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.

PART B

3 IDENTIFICATION OF STAKEHOLDERS

The table below should be used as a summary. List those involved in development, consultation, approval and ratification processes.

Stakeholder	Level of involvement
Governors	Consultation
Chair of the Trust	Consultation
Staffside	Consultation
JNCC	Consultation
Council of Governors	Approval
Policies and Procedures Group	Ratification

4 REFERENCES, EVIDENCE BASE

Corporate Governance good practice for running meetings

5 ASSOCIATED DOCUMENTATION (if relevant)

CG-0001, the Code of Conduct and Standards of Behaviour for Governors
The Constitution – Annex 7 – Standing Orders for the Council of Governors

6 STANDARDS/KEY PERFORMANCE INDICATORS (if relevant)

Not applicable

7. EQUALITY IMPACT

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. Consideration must be given to any potential impacts that the application of this policy/procedure might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Declaration: The potential impacts on the application of this policy/procedure have been fully considered for all nine protected groups. Through this process I have not* identified any potential negative impacts for any of the nine protected groups.

Print name: Kerry McMann

Job title: Head of Corporate Governance

Date: 16 September 2021

If any potential negative impacts are identified the Diversity Team must be contacted for advice and guidance: email; diversity.lypft@nhs.net.

CHECKLIST

To be completed and attached to any draft version of a procedural document when submitted to the appropriate group/committee to support its consideration and approval/ratification of the procedural document.

This checklist is part of the working papers.

	Title of document being newly created / reviewed:	Yes / No/
1.	Title	
	Is the title clear and unambiguous?	Yes
	Is the procedural document in the correct format and style?	Yes
2.	Development Process	
	Is there evidence of reasonable attempts to ensure relevant expertise has been used?	Yes
3.	Content	
	Is the Purpose of the document clear?	Yes
5.	Approval	
	Does the document identify which committee/group will approve it?	Yes
6.	Equality Impact Assessment	
	Has the declaration been completed?	Yes
7.	Review Date	
	Is the review date identified?	Yes
	Is the frequency of review identified and acceptable?	Yes
8.	Overall Responsibility for the Document	
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Name of the Chair of the Committee / Group approving

If you are assured this document meets requirements and that it will provide an essential element in ensuring a safe and effective workforce, please sign and date below and forward to the chair of the committee/group where it will be ratified.

Name	Sue Proctor	Date	TBC
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Name of the chair of the Group/Committee ratifying

If you are assured that the group or committee approving this procedural document have fulfilled its obligation please sign and date it and return to the procedural document author who will ensure the document is disseminated and uploaded onto Staffnet.

Name	Cath Hill	Date	TBC
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**AGENDA
ITEM**

16.1

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Update on the Leeds Health and Care Academy
DATE OF MEETING:	2 November 2021
PRESENTED BY: (name and title)	For information only
PREPARED BY: (name and title)	Angela Earnshaw – Associate Director of People and Organisational Development

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

EXECUTIVE SUMMARY

Following a paper presented to the Council of Governors in February 2020, this paper and the appendices provides an update on the progress achieved to date in the development of the Leeds Health and Care Academy and also the portfolio of Academy projects being delivered, in conjunction with partners.

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

RECOMMENDATION

The Council of Governors is asked to:

- Receive this paper and the information contained in the appendices as an update. Any questions on the content can be submitted to Angela Earnshaw, Associate Director of People and Organisational Development, via email.

Appendix 1 – Leeds Health and Care Academy Annual Report 2020/21

Appendix 2 – Leeds Health and Care Academy Portfolio Update October 2021

MEETING OF THE COUNCIL OF GOVERNORS

2 November 2021

Leeds Health and Care Academy Update

1 Executive Summary

Following a paper presented to the Council of Governors in February 2020, this paper and the appendices provides an update on the progress achieved to date in the development of the Leeds Health and Care Academy and also the portfolio of Academy projects being delivered, in conjunction with partners.

2 Leeds Health and Care Academy Update

The Council of Governors will recall that in February 2020 a paper was presented to the COG, outlining the key purpose and key projects, being delivered by the Academy at that time.

In March 2020, the development work being led by the Academy was paused, as a result of the Covid-19 pandemic and the Academy staff were re-deployed to support covid response work, this included the Academy playing a pivotal role in the establishment and delivery of the Leeds staff vaccination programme.

Kate O'Connell joined the Academy in September 2020, as Director of the Leeds Strategic Workforce and Health and Care Academy. Since then, Kate has been instrumental in developing the work of the academy to support the key strategic one-workforce objectives, and establishing, with partners, the Academy governance, structures and core team. The last twelve months have focused on developing the Academy from a project of the Leeds Academic Health Partnership, to a fully operational partnership organisation with accountability to the Leeds One Workforce Strategic Board.

The first Academy annual report, March 2020 – March 2021 has been produced in July 2021 and this sets out the story so far, highlighting key achievements and progress and giving a flavour of future plans to shape the next phase of the Academy. The annual report is attached, for information, as appendix 1 to this paper.

2.1 Portfolio of Projects Update – October 2021

Appendix 2 provides a progress update, on the Academy Portfolio of projects, as at October 2021.

2.2. LYPFT Staff Involvement in the work of the Academy

LYPFT staff, and in particular those employed in the People and OD teams, are actively supporting the governance groups and are directly involved in the delivery of the Academy projects. LYPFT continues to be a key partner, contributing to the on-going development and work of the Academy.

3 Conclusion

This paper, and appendices, provides an update on the development of the Academy during 2020/21 including the establishment of the core Academy team. The report and appendices also provide an update, as at October 2021, on the Academy portfolio of delivery projects. The information provided signals clear progress being achieved in 2020 and 2021. The appointment of a substantive Director in Kate O'Connell, to lead the development of the academy, along with other members of the core team, working closely with partners across Leeds has been critical to the progress to date.

4 Recommendation

It is recommended that the Council of Governors receive this paper and the information contained in the appendices as an update. Any questions on the content can be submitted to Angela Earnshaw, Associate Director, People and OD, via email.

Appendix 1 – Leeds Health and Care Academy Annual Report 2020/21

Appendix 2 – Leeds Health and Care Academy Portfolio Update October 2021

Angela Earnshaw
Associate Director, People and OD
13th October 2021





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1. FOREWORD: SARA MUNRO

2020/21 has certainly been a challenging year, and in my roles as both Chief Executive of LYPFT and the city's executive officer responsible for One Workforce, I am acutely aware of the impact on our staff. Never before has it been so important for our colleagues to work so closely together, under such pressure, to provide desperately needed health and care for the people of Leeds. During this period, we have turned to the Leeds Health and Care Academy as an essential partner resource to train, empower and support our workforce to rise to the challenge, and we have certainly not been disappointed.

The appointment of our permanent director, Kate O'Connell, in September 2020, marked a step change in the development of the One Workforce ambition and the role of the Leeds Health and Care Academy. It established the Academy as an integral part of our city's care partnership, bringing together expertise, opportunities and support for our workforce to develop their skills, networks and confidence. This year in particular, our partner organisations have valued the Academy's inclusivity, agility and relationships, and the clear focus on the citizens of Leeds, their health outcomes and our opportunities to narrow health inequalities.

“WHILST THE CHALLENGES OF 2021/2022 MAY STILL BE GREAT, WE HAVE LAID A STRONG FOUNDATION FOR THE NEXT STEPS OF OUR INTEGRATED CARE PARTNERSHIP, AND THE ACADEMY WILL UNDOUBTEDLY GO FROM STRENGTH TO STRENGTH THROUGH THE NEXT PHASE OF OUR SHARED DEVELOPMENT.”

Dr Sara Munro

Chief Executive, Leeds and York Partnership Foundation Trust and Senior Responsible Officer for the health and care workforce in Leeds



2. INTRODUCTION

Kate O'Connell

Director of Leeds Strategic Workforce
and Health and Care Academy

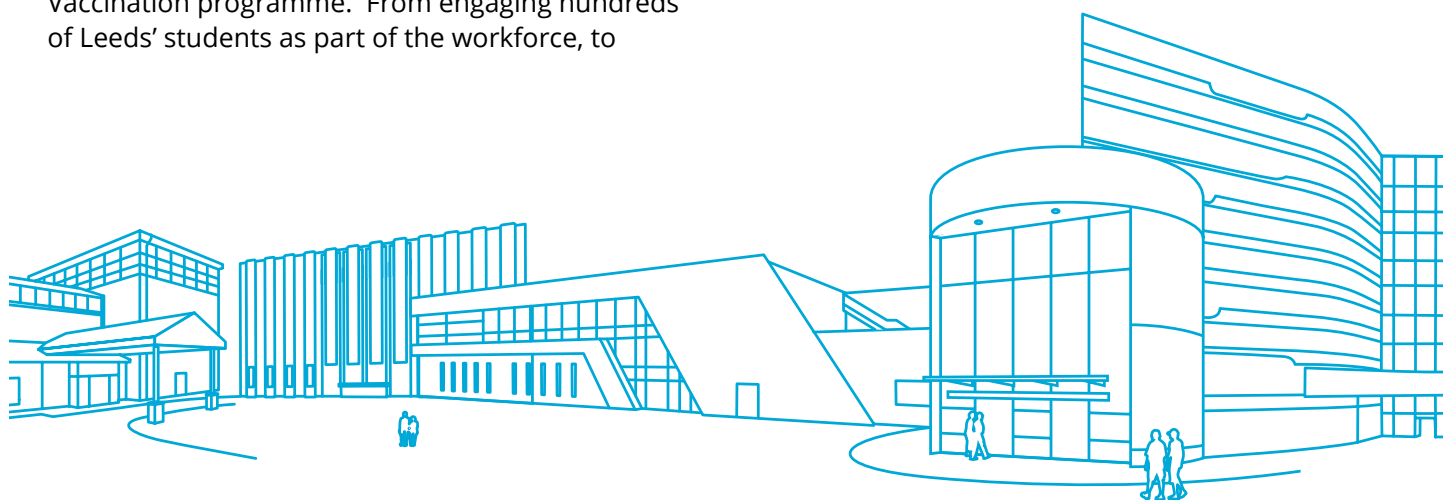
I joined the Academy in September 2020, attracted by the strong and exciting ambition of developing one workforce for Leeds health and care. As I explored Leeds and the health and care system further, it became clear that this ambition was not just rhetoric, but had real commitment and energy from partners across the NHS, city council, third sector, primary care, independent providers and educational institutions, who consistently strived to put health and care outcomes and experiences at the centre of their collective decision making. It was in this context, and with the support of a recently established team, that the Academy has been able to consolidate its place and value to the city over the last year.

The last twelve months has focused on developing the Academy from a project of the Leeds Academic Health Partnership, to a fully operational partnership organisation with accountability to the Leeds One Workforce Strategic Board. During a period dominated by a global pandemic, I am immensely proud of the team who have worked tirelessly to support and develop our shared workforce through leadership programmes, digital and data capabilities, health and care practice, essential learning and cultural change. However, without doubt, the highlight of the year has been the expert and agile response of the Academy to the Leeds COVID Vaccination programme. From engaging hundreds of Leeds' students as part of the workforce, to



training and inducting staff across the entire Leeds vaccination programme, the team has enabled our talented health and care workforce to come together from diverse organisations, to do something amazing.

Reflecting on the achievements of this year, I am inspired and energized to see what this next year will bring. The opportunities created and relationships forged have huge potential for long term benefits and I am delighted to be able to help shape the next phase of the Academy in Leeds.



3. ABOUT US

The Academy is a ground-breaking collaboration of Leeds health, care and university partners to create a single, joined up approach for innovative learning and development for all staff in health and care in the city.

The innovative model for the Leeds Health and Care Academy was developed by the city in recognition that a step change was needed to tackle the workforce challenges we see nationally, and in Leeds, and maximise all the opportunities a joined-up approach could bring with it.

Working together, we are providing opportunities for skills, jobs and wealth creation, engaging and recruiting those in our most disadvantaged communities and inspiring the next generation health and care workforce. This will ensure we have the highly diverse, skilled workforce we need to care for the people of Leeds, now and in the future.

The Academy portfolio is designed to deliver 'system-based, transformational learning' which actively progresses the Leeds Workforce Priorities. In practice, this includes shaping new educational pathways such as T-Levels and Apprenticeships, developing critical workforce skills such as leadership and digital capabilities, and supporting mobility and career progression across organisational boundaries.

“ I ATTENDED TODAY FOR THE COVID VACCINE. I JUST WANTED TO SHARE THAT IT WAS CLEAR THAT A LOT OF PLANNING HAD GONE INTO THIS. IT WAS A VERY SLICK AND EFFICIENT PROCESS. IT FELT VERY SAFE. THE STAFF I MET WERE FABULOUS, CARING AND DELIVERED THE CARE WITH HUMOUR AND COMPASSION WHICH WAS VERY REASSURING.

I MET STAFF FROM LTHT AND LCH WORKING TOGETHER WITH CLEARLY DEFINED ROLES, FROM GREETING ME AT THE DOOR, BEING SCREENED, PRESCRIBED AND ADMINISTERED THE VACCINE, THE AFTERCARE THEN BEING SHOWN THE WAY OUT. DIFFERENT DISCIPLINES, FROM DIFFERENT TRUSTS WORKING TOGETHER. THIS IS AN ABSOLUTE CREDIT TO THE NHS.”

4. OUR PURPOSE & PRIORITIES

Health and Care partners across Leeds have an agreed set of Strategic Workforce Priorities which underpin collective delivery of the city's Health and Wellbeing Strategy:

7 Shared Workforce Priorities

Ambition Statement
The Leeds Health and Care sector continues to work together to make Leeds the best place to train and work in at any age. Together we provide opportunities for skills, jobs and wealth creation, engaging and recruiting those in our most disadvantaged communities and inspiring the next generation health and care workforce. This will ensure we have the highly diverse, skilled workforce we need to work with the people of Leeds, now and in the future.

We will jointly plan and deliver the workforce implications/requirements of connecting care closer to home, ensuring that **new roles** and any reconfiguration of services do not destabilise other sectors of the workforce

We will attract, train and recruit together to **improve nursing** and social care in Leeds, ensuring no gaps in priority services

We will remove the barriers to **cross-organisational and cross-functional working** to enable new models of service delivery supporting the Leeds Left Shift

We will ensure job roles and ways of working shift in focus from treating illness in isolation to promoting physical and mental wellbeing and **prevention of ill health**

We will eliminate discrimination and **narrow inequality gaps** where they exist to ensure that Leeds is an inclusive and diverse 'one workforce employer', specifically focusing on engaging and attracting people from local communities

We will **learn together** – specifically focussing on cross-cutting skills gaps including systems leadership at middle management and digital skills, ensuring our workforce is delivering 21st century care

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

57,000 People in Health and Care Roles Across Leeds

Under the guidance of the Leeds One Workforce Strategic Board, a series of projects have been designed and initiated to drive forward these Strategic Workforce Priorities in an increasingly integrated way. The ambition is to optimise investment and resource, focus expertise, coordinate activity and ensure benefits are realised for the whole Health and Care system.

The Academy is a pivotal part of delivering this One Workforce agenda and has engaged in a number of important system-based workforce projects since its establishment in 2019.

Following the appointment of the Strategic Workforce Director in September 2020, this early project-based approach developed into a more strategic and coherent delivery model. This development will ensure the Academy becomes an integral part of our city's workforce learning infrastructure.

THE ACADEMY'S CLEAR FOCUS IS TO 'DRIVE TRANSFORMATIVE, SYSTEM-BASED LEARNING WHICH ACTIVELY PROGRESSES THE LEEDS WORKFORCE PRIORITIES.'

This is done by innovating and providing new educational pathways, developing the skills of the Leeds health and care workforce in subjects such as leadership and digital capabilities, and enhancing career progression.

Across all its activities, the Academy aim is to advance inclusivity, reduce inequalities, and optimise the Leeds pound.

5. HOW WE WORK

The Academy delivery model has been developed around four pillars:

We co-design and co-deliver bespoke interventions.

We commission and procure learning with, and on behalf of, city partners.

We align and connect development opportunities across partners.

We initiate and deliver training and development.

All services and products need to meet our four fundamental tests:

- Does it clearly underpin one or more of the strategic priorities?
- Is it transformational?
- Does it benefit the system?
- Is it centred around shared (cross-boundary) learning?

5. HOW WE WORK - OUR VALUES

Transparent:

we are accountable and operate in a context of high challenge and high support.



Make a difference:

we strive to improve the health of the poorest the fastest, optimise the Leeds Pound, advance inclusivity and reduce inequalities.



Person centred:

we work with people, we are innovative and see ourselves as continuous learners.



Partnership focused:

we are responsive, open and operate collaboratively, with our key partners front-of-mind in our activities.



5. HOW WE WORK - OUR TEAM

The Academy was formally launched in April 2019 with an interim team to build the infrastructure and shape the portfolio of work. Recruitment took place to secure a permanent team which came together in March 2020:



Kate O'Connell
Director of Leeds Strategic Workforce
& Health and Care Academy



Veena Murray
Head of Academy



Jessica Scrimshaw
Academy Programme Manager



Megan Darnell
Academy Development Lead



Saadia St Clair-Clarke
Academy Development Lead



Ruth Sykes
Academy Development Officer



Helen Thurston
Academy Development Officer



Vanessa Trueman
Administrative Assistant
and PA to Kate O'Connell



Zoe Merity
Administrative Assistant

6. GOVERNANCE

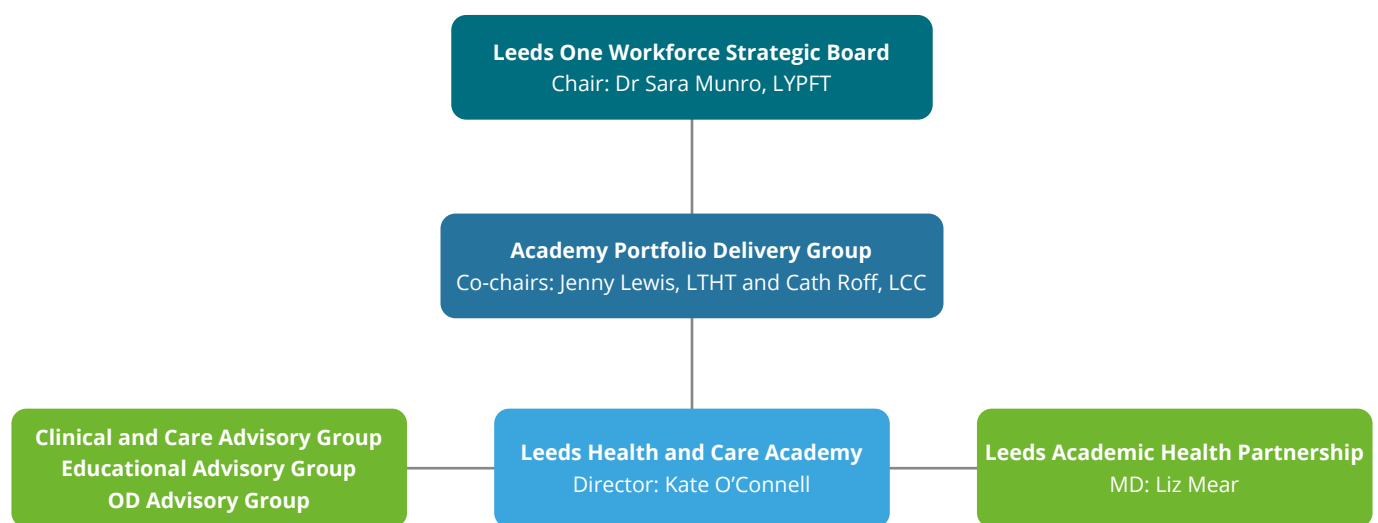
The Academy was conceived as a programme of the LAHP in 2017. Since this time the Academy has matured, and in 2020 developed into an autonomous organisation funded by city partners, with a director and its own Board (Oversight Committee). We continue to review our governance arrangements and relationships to ensure they reflect the next phase of our development towards being fully operational.

The Academy plays an important role in delivering the Leeds Health and Wellbeing Strategy and links into a number of workforce groups across the city.

The Portfolio Delivery Group (PDG)

Under the direction of the Leeds One Workforce Strategic Board, the PDG has responsibility for assuring the scope and impact of the Academy's portfolio.

The role of the PDG is to oversee the development, delivery and impact of all Academy products and services, in order to assure partner organisations that they are meeting the needs of the Health and Care workforce in Leeds.



“THE ACADEMY TEAM PROVIDE REGULAR REPORTS AND UPDATES AT EACH OF THE PDG MEETINGS AS WELL AS SHARING UPDATES WITH THE LEEDS ONE WORKFORCE STRATEGIC BOARD (LOWSB) AND PARTNERSHIP EXECUTIVE GROUP (PEG).”

7. OUR PARTNERS

The Academy is a partnership of leading influential organisations in the city, combining decision-making about research, health and care services and co-ordinating a workforce of over 57,000 people.

These organisations include Leeds Beckett University, Leeds City Council, Leeds Community Healthcare NHS Trust, Leeds Teaching Hospitals NHS Trust, Leeds Partnership NHS Foundation Trust, Leeds Trinity University, NHS Leeds Clinical Commissioning Group and the University of Leeds.

The nature of the Academy's work is collaborative, and as such we work with many other organisations and groups across Leeds including voluntary, community and charity groups as well as government departments and arms-length bodies.



8. OUR PORTFOLIO OF WORK

The COVID-19 pandemic impacted significantly on Academy programmes, some of which we had to pause. We reviewed our work, reprioritised (given that partners were rightly focused on the COVID-19 emergency) and tested whether a number of the legacy projects were still relevant to addressing the city's strategic workforce priorities.

We moved quickly to adapt the Academy's "in person" programmes to a virtual learning

environment (Zoom) as well as developing training to support other trainers and facilitators across the system to do the same.

Through a period of exceptional challenge, we are proud that the Academy team successfully supported our partners and met significant local and regional needs.

Academy products and services are structured under five priority areas:

Talent Pipeline:

Encouraging and enabling workers to enter the Leeds Health and Care Workforce through supported opportunities, skills and educational pathways.

System leadership, culture and change:

Developing knowledge, skills and behaviours which strengthen effective place-based working and enable continuous improvement.

Health and care practice:

Advancing leading practices across organisational boundaries.

Digital, data and technology:

Supporting the advancement of digital, data and technology in health and care through developing capability and competencies in practice.

Essential learning:

Core knowledge and skills for health and care across organisational boundaries.

I CARE... AMBASSADORS

Our crucial Ambassadors are helping people to make informed decisions about their careers. These Ambassadors are:

- **Health and Care workers who inspire, engage and attract people from our local communities to work in our sector.**
- **Have experience in the service they are promoting, which is what makes their work so effective and special.**
- **Represent Leeds Health and Care employers at events across the city and talk honestly and enthusiastically about their job and career journey. Typically, these events include recruitment fairs, school careers evenings, virtual classroom Q&A sessions and online network meetings.**

Due to COVID-19, the I Care...Ambassador initiative was heavily affected by school closures and the cancellation of the majority of in-person career/workforce events across the city. Despite this we supported Ambassadors in joining four virtual events as they were developed. These events included a city-wide health and social care careers event organised by Leeds City Council, a guest speaker and information session with RedKite Teaching Alliance and a virtual careers panel with students from local schools.

There was involvement from over 650 people across these four events, including a Facebook live session which received almost 400 views, as well as a large-scale virtual event for a whole year 7 group.

In December 2020, I Care...Ambassadors also took part in a virtual coffee morning coordinated by the Leeds Health and Care Academy. As part of the session, Ambassadors participated in activities which enabled them to share their career journeys and network with each other. 100% of attending Ambassadors that completed a post-session evaluation stated that they felt more knowledgeable about the different roles in the health and care

sector and the career pathways into these, and 100% also felt more engaged with the I Care...Ambassador programme.

Looking forward, the initiative is expected to grow at least three times the size over the coming months, with a great line up of projects and events scheduled as we begin to emerge from the COVID crisis.



T LEVEL IN HEALTH AND CARE

T Levels are a new national educational route for students aged 16-18 and are available in a range of subject areas including Digital and Health Science. T Levels commenced in September 2020 on a phased approach with all subjects fully operational by 2023. The Health Science T Level will be available from September 2021, and is therefore the T Level the Academy has been developing at a system level.

These two-year courses launched in September 2020, combining classroom theory, practical learning, and a 315-hour (45 day) industry placement to ensure students have real experience of the workplace. The Academy has taken a pivotal role in developing a collaborative approach, and has brought together partners from across the city, including its NHS Trusts, Council, Primary Care and the third sector, as well as independent providers, to ensure that we have a diverse range of placement opportunities available for students.

We have secured joint funding with Leeds City College to recruit a Project Manager for the Health

T Level on behalf of the city. This is a pivotal role in progressing the design and planning of the industry placements that students require across the three occupational specialisms of:

Supporting Adult Nursing

Supporting Therapies Teams

Supporting Mental Health Teams

Students will commence their placement in their chosen specialism within year two of the T Level programme. Leeds placements will therefore commence in September 2022. Students will spend 80% of their studies in the classroom and 20% on an industry placement provided by the Leeds Health and Care system.

The Academy is proud to be working in partnership with Notre Dame Catholic Sixth Form College and Leeds City College to offer Health T-Level students industry placements across the city's Health and Social Care sector. In September 2021, we will be welcoming the first cohort of 80 students taking their first step towards their Health and Social Care career.



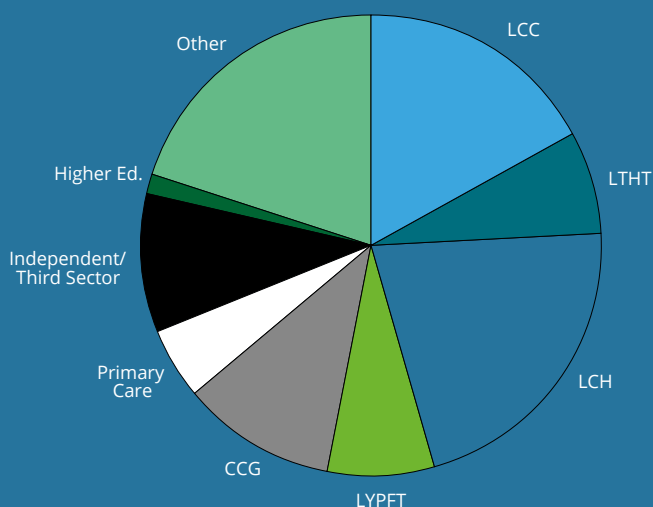
SYSTEM INTEGRATION & CULTURE CHANGE

As the Health and Care sectors move towards greater integration and working across organisational boundaries, it can be challenging for individuals to “think collaboratively”.

The Academy offers a number of programmes ranging from a structured two-day System Leadership Programme to more informal opportunities to connect with colleagues across the Leeds Health and Care sectors.

In 2020, the Academy took on delivery of the two-day System Leadership Programme with a plan to extend the reach and impact. We had to pause due to the pandemic but we knew there was a need to continue providing a space for colleagues to learn and connect. In response, we developed a series of 12 shorter virtual sessions across a range of topics related to System Leadership.

In total, 334 people attended, with representation from across all partners and sectors in Leeds. We also had enquiries from outside of the Leeds system, including other NHS Trusts, NHS England, NHS Improvement/Leadership Academy, West



Yorkshire and Harrogate Partnership and Yorkshire Ambulance Service.

Feedback was extremely positive; attendees reported that the sessions were more accessible and provided a space to stop and reflect.

Participants reported that the sessions challenged their thinking and, in turn, they would reach out to others in the system to work across boundaries.

We had an average Net Promoter Score of 8.4 out of 10, and 88% of attendees reported that they will do something different as a result of attending one of the sessions.

Completed System Leadership virtual sessions:

Finding Your New North

- Ross McIntosh

Shifting Paradigms

- Mike Chitty

Primary Care and COVID-19 Leadership Challenges

- Jim Barwick

Hearing Voices from the Community Frontline

- Steph Lawrence and Lucy Shuttleworth

Leading Teams in the New World

- Juliette Alban-Metcalf

Finding the Human in Systems

- John Walsh and Jonathan Lace

The Third Sector and its COVID-19 Response

- Pip Goff, Richard Jackson and Rachel Cooper

An Introduction to Organisational Flexibility and Prosocial

- Ross McIntosh and Anneli Gascoyne

People, Systems and Psychology in the COVID-19 Crisis

- Steve Keyes and John Walsh

Creating a Powerful Future: System Theories and Radical Co-creation

- Myron Rogers

VIRTUAL NETWORKING CLUB

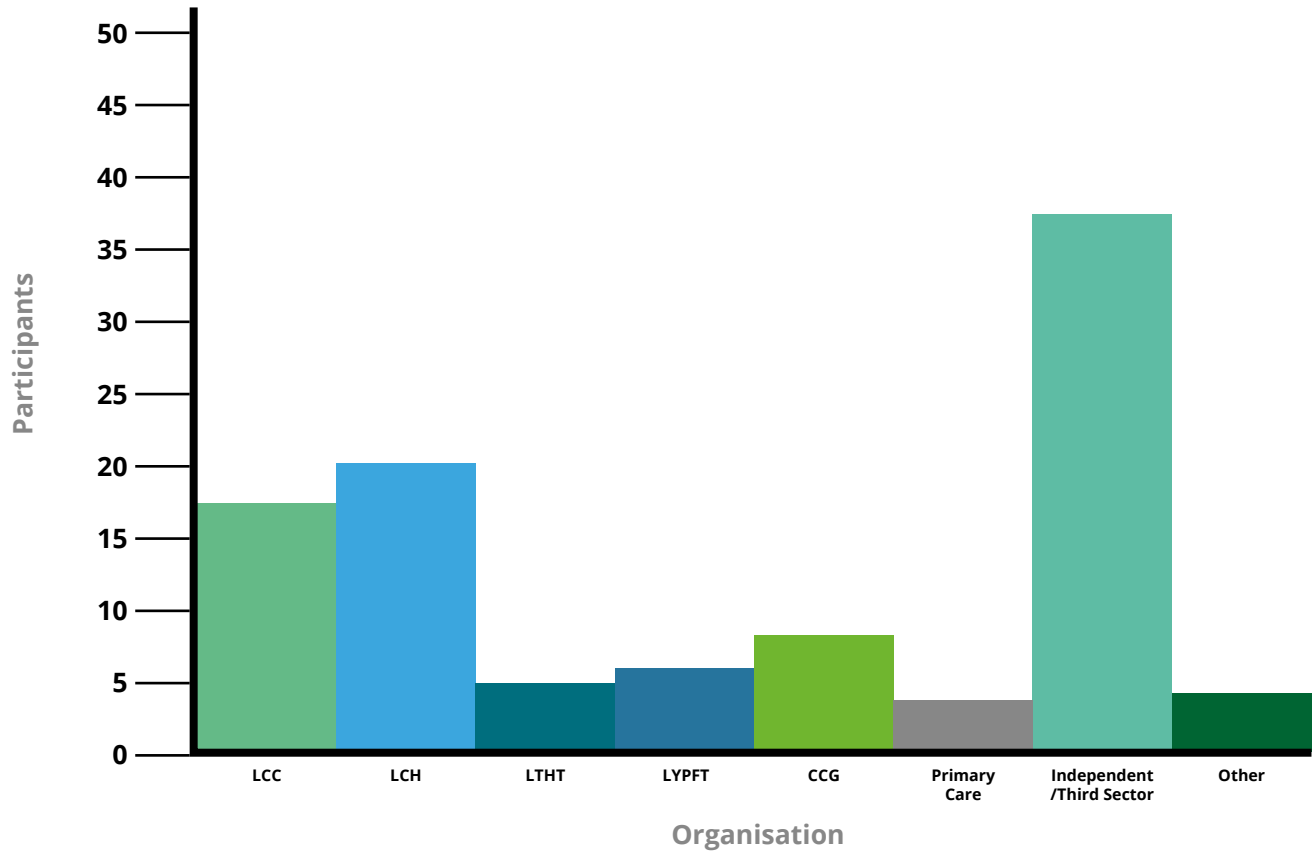
Having piloted the 'Take A Colleague to Work' scheme in 2019, the strategy was to broaden this initiative and enable colleagues from across sectors to shadow one another.

Given the COVID-19 restrictions, it was not possible to progress our ambition. However, the Academy was quick to pivot and instead established a Virtual Networking Club. Aimed at all staff, this informal opportunity was designed to encourage colleagues to create networks across organisational silos.

In 2020, we ran three waves of the Virtual Networking Club and matched a total of 110 colleagues across the system.

Again, the feedback for this initiative was very positive. We achieved an average Net Promoter Score of 8.9 out of 10 and individuals reported that the initiative allowed them to:

- **Connect with new colleagues that they would never have met otherwise.**
- **Understand roles and organisations in which other people work and therefore gain a better understanding of the Leeds Health and Care system.**
- **Make human connections in the virtual world and continue to grow their networks in spite of the COVID-19 restrictions in place.**



SPRINGBOARD



The Academy launched this three month in-person programme in January 2020 with a cohort of 30 women. This award-winning international programme focuses on personal and work-development and is aimed at women working in non-managerial roles across the Leeds Health and Care system. Women are supported to assess themselves, set goals and develop practical interpersonal skills and the self-confidence necessary to achieve success in their lives.

The final workshop due to take place in April 2020 was redesigned and delivered virtually. Based on the feedback from this new approach, the programme was further adapted and a second virtual cohort launched in September 2020. Two further cohorts enrolled in February and March 2021. A total of 87 women joined Springboard since launching in January 2020. More than 40% identify as BME.

Breakdown by partners:

Leeds City Council	28%
Leeds and York Partnership NHS Foundation Trust	11%
Leeds Community Healthcare NHS Trust	7%
Leeds Teaching Hospitals NHS Trust	28%
NHS Leeds CCG	13%
Third Sector	12%
General Practice	1%



Gemma Williams
Leeds City College

"I was going through a lot of changes in my personal life and felt stuck professionally. I had been in my role at Barca Leeds for 6 years and wanted to take the next step in my career and progress, but I did not know how. I was lacking confidence and I was confused about which job roles I should apply for. Additionally, I was concerned about how to manage the work life balance as a parent.

This programme offered me a safe space to explore all of these things while meeting other women that I could learn from and who would support my journey.

I became more confident at work and developed my assertiveness. I started practicing more self-care and made new friendships. It got me to really reflect on my values and to tap into my authenticity. Within a few months of completing the programme and utilising the tools and skills I gained, I got a strategic role within the education sector. I truly believe if it had not been for this programme I would not have even applied for the role.

Feedback from Springboard Programme participants included:

"[...]I feel like a new person and have definitely started to approach things differently such as speaking up at meetings and having those difficult conversations."

"I have a clearer perspective on what is important to me and what matters most. It's also helped me by giving me the space and time to think about myself and that in itself is a gift as a busy working mother."

"I feel more motivated and valued by my organisation."

DIGITAL WORKSHOPS

We used our experience of switching our previous in-person training programmes to virtual deliveries, to support colleagues across the Leeds health and care system to become comfortable with Zoom and Microsoft Teams. These virtual platforms were used heavily due to pandemic restrictions, but were new to many people within the health and care system.

Participants were also given time to share their learning and experiences with colleagues from across the system. These workshops were supported by a follow-up set of materials and drop-in sessions where colleagues could attend and work through specific problems or ask further questions.

In total, 497 colleagues participated in the training.

Feedback was overwhelmingly positive - 97% reported that they felt more confident/knowledgeable about the tools available for increasing engagement in a virtual environment. As a result of the sessions, 95% reported they will/might do something differently now.

Additionally, participants reported:

- **the session gave them information on tools they were not aware of and a space to share with other colleagues.**
- **the tips and guidance sparked ideas of how they could improve their online training and meetings.**

Organisation	LCC	LTHT	LCH	LYPFT	CCG	Primary Care	Independent/3 rd	Higher Ed.	Other	Total
Attendance	137	91	68	36	6	10	94	4	51	497



DATA ANALYST APPRENTICESHIP

A 15-month Level 4 Data Analyst Apprenticeship was launched in September 2020 which aimed to build the digital and analytical skills of our existing employees.

A need was identified in Leeds to improve data use, digital technology, and apply analyst skills to help people and patients. We therefore partnered with Multiverse to deliver this cross-organisational initiative.

A first-of-its-kind in Leeds, the Apprenticeship enables colleagues from across the system to develop knowledge and skills in partnership with each other.

The programme encourages individuals to progress new ways of working back in their host organisations; it combines industry-leading technical expertise with values-based leadership development. Apprentices gain two qualifications in data analysis. There are currently 18 participants enrolled on two cohorts from seven different organisations from across the Leeds Health and Care system.

Feedback from apprentices is extremely positive:

"This course is not just for people who have the words 'Data' or 'IT' in their job role name, if you use any sort of data, then this course is for you!"

"I never thought you could tell a story with data - it's made me look at things differently."

"Using my knowledge of Excel, linking datasets to build a simple framework to prioritise small area geography



to locate agile [COVID-19] vaccination clinics is something that I am very proud of."

"Since last review [she] has successfully progressed to the role and department of Business intelligence."

"[She] is now leading on projects and driving the Data Quality agenda forward"

We are currently planning the next phase of this innovative apprenticeship delivery.

9. COVID VACCINATION PROGRAMME

The Academy played a vital role in the city's COVID-19 vaccination programme.

When the Pfizer/BioNTech COVID-19 vaccine was approved in December 2020, the Academy had to work at scale and pace to support the recruitment and training of the workforce required to vaccinate all of the priority groups identified.

Just days after the vaccination programme launched, COVID-19 numbers increased significantly, and the third national lockdown was announced.

Hospital cases were on the rise, health and care staff were required in their substantive posts, but the vaccination programme continued to ramp up. The Academy drew on expertise and resources from all partners, commissioning and delivering training, while ensuring consistent high standards and minimal duplication.

Primary care networks, hospital hubs and vaccination centres were able to draw on centralised training, created in partnership with the universities and delivered with appropriate oversight and supervision at vaccination sites. This delivery removed the administrative burden from GP-based teams and ensured every vaccine dose was administered to the same high, safe standards.

With just four weeks between programme inception and the first vaccination being administered, and more than half a million vaccinations given between December 2020 and May 2021, the city-wide co-ordination has reaped incredible rewards, not only for this project, but by creating a strong future health and social care talent pipeline.

“IT’S REALLY GIVEN ME A PURPOSE SINCE I STARTED THERE [COVID-19 VACCINE CENTRE VOLUNTEERING]. WE ARE IN THE BIGGEST HEALTH CRISIS I’VE EVER SEEN AND I’M NOT A NURSE AND I’M NOT A SCIENTIST, BUT IN A TINY, TINY WAY, I CAN SAY I HELPED. WHEN THE VACCINE STATS COME THROUGH ON THE NEWS, I LOOK AT IT AND THINK “I WAS PART OF THAT” - A TINY PART, BUT LOTS OF TINY THINGS ADD UP TO SOMETHING OVERWHELMING. [...] THE VACCINE CENTRE IS AN AMAZINGLY WELL ORGANISED, FRIENDLY AND POSITIVE PLACE.”

**MIK PARKIN,
TRAINED VACCINE CENTRE VOLUNTEER**

9. COVID VACCINATION PROGRAMME

Vaccination Training

The Academy took a lead role in developing, co-ordinating and delivering the training and induction for the vaccination programme. This comprised several elements:

Defining competency and training requirements

The team developed a competency matrix for the range of roles in the programme.

Induction process and checklist

To provide assurance and support for all settings.

Commissioning and co-ordinating training

The Academy team developed a comprehensive training pathway and approach, including e-learning and face-to-face training elements for each role. This involved drawing in and working with experts from across the city.

In the early days of the programme there was no provision for this training regionally or nationally. The Academy commissioned bespoke training from Leeds Beckett University which took place in late December 2020 and early January 2021. Through this mechanism, 159 existing staff from LCH, LTHT, LYPFT, Leeds CCG and Primary Care were rapidly trained and deployed into the vaccination workforce. Where there were additional places available, sessions were also opened out to wider West Yorkshire staff.

Working with the vaccination programme clinical educator and lead nurse, the Academy supported the development of a single training pod model to support the competency sign-off process for vaccinating staff. Importantly, the training pod was designed to service the whole vaccination programme workforce. This included working with

the vaccination centre HR team to ensure processes were in place to roster staff into the pod, and communicating with workforce leads from other partner organisations to ensure they could also access the training pod.

HEE-funded regional training for the vaccination workforce became available in February 2021 (commissioned from Leeds Beckett University and the University of Leeds). The Academy continued to play a key role in co-ordinating access and enrolment, and 294 people completed this training over a six-week period.

“IT WAS A GREAT PLEASURE AND RESPONSIBILITY THIS WEEK TO BE PART OF THE RECENT COVID VACCINATION PROGRAMME AT THE THACKRAY MUSEUM. IT GAVE ME AN OLD-SCHOOL WARM HEART TO SEE VOLUNTEERS FROM ALL AREAS OF THE NHS, ADMIN-STAFF, WARD DOCTORS, PHARMACISTS, NURSES AND HEALTH CARE ASSISTANTS COMING TOGETHER AS COGS IN THIS VITAL MACHINE TO DELIVER THE VACCINE. I FELT REALLY WELL SUPPORTED AND WOULD RECOMMEND VOLUNTEERING FOR THIS ROLE AS A POSITIVE THING TO DO IF YOU'VE HAD THE REQUIRED TRAINING.”

**EDWARD KIRBY,
HEALTH CASE MANAGER**

9. COVID VACCINATION PROGRAMME

Staff Handbook

The staff handbook was developed to support the opening of our first vaccination site on 8 December 2020, and included key information to orientate staff from different organisations to the programme. This included an overview of the vaccination programme, workforce model, information about the site and a set of frequently asked questions. We continued to develop the handbook as the vaccination programme progressed and more sites were added.

Delivering Local Inductions & Welcome Sessions

A crucial component of the vaccination programme was bringing colleagues together from different organisations. The Academy team devised a two hour interactive virtual welcome session which included:

- **An introduction to the COVID-19 Vaccination Programme for 'new to NHS' and 'existing NHS' staff.**
- **Partnership working and a 'One Leeds Workforce' approach.**
- **What to expect on the first shift; uniforms; infection prevention and control.**
- **Programme values.**
- **Health & wellbeing.**

Altogether, 19 sessions were delivered by LHCA between 1 February - 8 April 2021 with 664 colleagues attending from a range of organisations. These cohorts included students and those returning to the workforce, as well as volunteers with a range of backgrounds, from police officers to teachers. Strong positive feedback highlighted that 84% of participants found the sessions to be very relevant/essential.

“IT IS LOVELY TO BE INVOLVED IN SUCH A POSITIVE EXPERIENCE, WITH A WELCOMING TEAM, LOVELY ATMOSPHERE AND MEMBERS OF THE PUBLIC BEING SO GRATEFUL. EVERYONE, WITHOUT EXCEPTION, IS SO FRIENDLY [...] IT IS GOOD TO HAVE THE FLEXIBILITY TO BOOK VARIOUS SHIFTS ONLINE AND AT RELATIVELY SHORT NOTICE, RATHER THAN HAVING TO HAVE A FIXED COMMITMENT THAT WOULD BE DIFFICULT AT THE MOMENT.

I'D ALSO LIKE TO ACKNOWLEDGE THE AMAZING WORK THAT THE VOLUNTEER TEAM HAVE DONE IN SETTING UP THIS PROGRAMME SO WELL IN SUCH A SHORT TIME - NOT EASY WITH SO MANY OF US TO RECRUIT WITH TIGHT (AND NO DOUBT CHANGING) SCHEDULES. THANK YOU FOR GIVING ME THIS OPPORTUNITY THAT HAS COME AT A PERFECT TIME FOR ME!”

9. COVID VACCINATION PROGRAMME

Recruitment

Working with the city's three universities, we launched and managed a large-scale recruitment drive which resulted in 1,300 students stepping forward to join the vaccination workforce.

The Academy worked closely with partners from Leeds Trinity University, Leeds Beckett University and the University of Leeds to promote the range of vaccination programme roles available. Applications were open from 18 December 2020 to 6 January 2021 (less than three weeks), and in that time we received 1,383 applications from students. Applicants were from a range of backgrounds and disciplines, including those studying for healthcare degrees, but also a breadth of others e.g. events management, business studies.

The volume of applications was overwhelmingly positive, but also presented a challenge in terms of time and expertise to screen each applicant. Drawing together colleagues from across partners, including Leeds CCG, University of Leeds, Leeds Beckett University, LYPFT, Leeds City Council and LCH, the Academy designed and led a screening process for each applicant, which involved over 500 hours of screening calls alone. This enabled candidates to rapidly progress to pre-employment checks and the training stage of the recruitment process.

To date, a total of 177 students have been offered roles in the vaccination programme (250 people withdrew from the process due to changes in national restrictions). The remainder of applicants are being proactively engaged and managed through the One Workforce Talent Pool to identify alternative roles and routes into health and care, including future vaccination cycles.

Volunteer applicants included university students and members of the public, through to employees at organisations such as Voluntary Action Leeds. Many reported wanting to play their part, give something back, gift their time during furlough, and gain new experiences relating to study.



Volunteers started just 12 days from application. We have already secured one volunteer into the Trust with another five interested in giving the Trust ongoing support, either as well as or after volunteering at the vaccination centre.

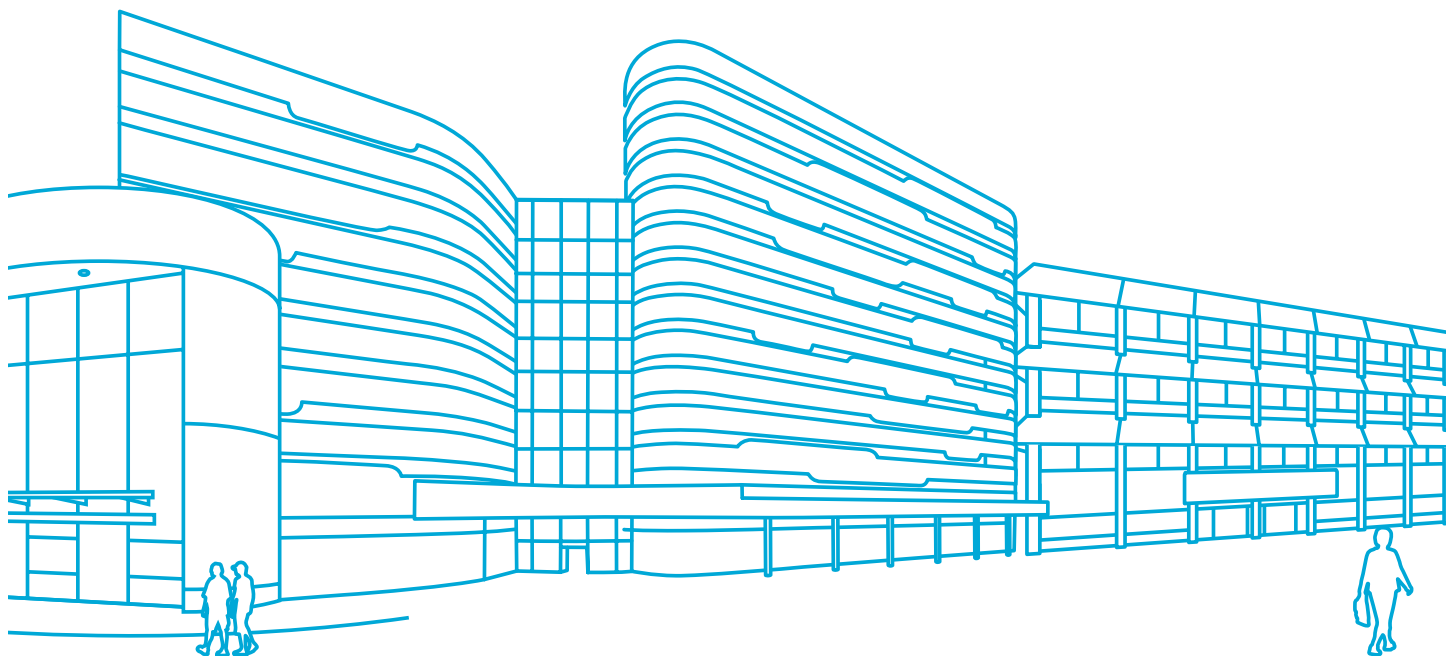
10. FINANCE AND FUNDING

Academy Funding

The Academy's operational budget is split between the five statutory providers using a 'fair shares' methodology. Leeds Teaching Hospitals has agreed to be the main host organisation for the Academy and also acts as the budget holder.

The percentages and amounts of investing partners are set out below:

	CCG	LCC	LCH	LTHT	LYPFT	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Fair Shares	212	71	27	206	27	543
Fair Shares %	39%	13%	5%	38%	5%	100%



10. FINANCE AND FUNDING

External funding

A significant role of the Academy is to secure external funding on behalf of the city.

£90,000 was secured from the Regional Workforce Board to support training and development activity including Springboard, System Leadership and work to support the development of nursing talent in social care.

A further **£40,000** has been secured from Leeds Community Healthcare NHS Trust to support system-wide development of a Healthcare Support Worker (HCSW) training programme.

As envisaged, some delays this year hampered Academy team recruitment as well as several of its programmes.

Any underspend in 2020/2021 will be carried forward allowing contributions to remain at current levels. As a result, funding partners have not been asked to increase their contributions in 2021/2022.

“THE ACADEMY MANAGEMENT TEAM ARE COMMITTED TO MANAGING WITHIN THE FUNDING ENVELOPE AND A KEY FOCUS FOR 2021/22 IS TO IDENTIFY OPPORTUNITIES TO MAXIMISE EXTERNAL FUNDING.”



11. LOOKING FORWARD 2021-22

Against the backdrop of an extremely challenging year, the Academy team has been successful in providing and delivering training and development to support “one workforce” in Leeds. Building on this success, we now look forward to a growing portfolio of work which is in planning or underway:

Digital, Data and Technology

A key priority going forwards will be to build on the success of our virtual delivery training and to expand our offer to support the workforce in developing capability and competencies in practice. We will be focusing activity in three key areas:

- 1. Managing and leading teams virtually** - aimed at all levels and focusing on how the workforce can adapt their current strategies and practices to enable them to thrive in the virtual/hybrid world with a focus on managing individuals, team dynamics, change and ambiguity.
- 2. Hosting effective virtual meetings** - aimed at meeting chairs/facilitators/hosts to share what has worked for them when managing virtual/hybrid meetings with a focus on managing group dynamics and tools available to support.
- 3. Delivering clinical and care services virtually** - aimed at clinicians, service managers and care providers to share expertise and learning around the possibilities and benefits of virtual care.

Better Conversations

A key priority of the city's Health and Wellbeing Strategy is “People will be actively involved in their health and their care”. Better Conversations is our approach to a culture change programme designed to achieve this. The programme was developed as “proof of concept” and funded by the IBCF (Improved Better Care Fund) for three years (2018-2021). The aim is to embed a “working with people” approach across our Health and Care workforce. It is person centred, asset based, strength based, and holistic.

A package of training has been developed and delivered to over 2,300 staff. The training focuses on supporting staff to recognise how they can have more collaborative conversations with the people they assist (clients, citizens, patients) and to support services that embed this in the way they work.

As the pilot phase has been successfully completed, this package of training and support has transferred into the Academy with the focus of integrating and embedding Better Conversations across the Leeds Health and Care system.

Essential Learning

Across the Health and Care sectors there are a whole host of training opportunities and the Academy is adding to this resource. We want to share and open up training across our partners and in particular to people in care homes, primary care and the third sector.

To support this, the Academy is investing in the infrastructure to support the sharing of training by developing a learning platform to launch in 2021.

Transferable Training

Leeds One Workforce, with the support of the Academy, is increasingly seeking to work in integrated ways, across traditional organisational boundaries, for the benefit of patients, service users, citizens and communities.

In support of this, the transferable training approach aims to enable greater transferability of skills, experience and training between organisations and sectors, both as part of individual career moves and as part of integrated working or mutual aid approaches.

Over the next 12 months, the Academy focus is to work with the third sector to develop a package of core skills training which meets the sector's needs and which can be passported across these organisations.

11. LOOKING FORWARD 2021-22

Health Care Support Workers

We are developing a city-wide approach to the recruitment, retention and professional development of health and social care support workers.

This is in response to demand for staff in key areas of the workforce, as well as to support:

- **Retention of existing staff**
- **COVID-19 vaccination workforce oversupply**
- **Individuals who have been displaced due to COVID-19**
- **Target groups (e.g. those from migrant backgrounds)**

Collaborative Apprenticeship Expansion

Building on the Data Analyst city-wide Apprenticeship and in consultation with our partners, we are looking to broaden our offer into other priority areas and meet the emerging workforce needs of the city.

During 2021/22 we will be launching three CPD apprenticeship programmes, open to existing staff across partner organisations and focusing on developing key skills in our workforce:

- **Level 3 Team Leader - pilot cohort(s)**
- **Level 4 Associate Project Manager - pilot cohort(s)**
- **Level 4 Data Analyst - cohort 3**

Alongside the above, we will continue to refine the broad range of options in both how we provide and support collaborative apprenticeships, as well as which specific roles, skillsets and apprenticeships are system-wide priorities. A key priority over the next year is to work more closely with partners across Primary Care, third and independent sectors.

Team Expansion

We've recently hired two new colleagues into the Academy, Suzanne Saleh who joins us as Academy Development Lead, and Eve Lindsay who joins us as Senior Communications and Engagement Officer. We're excited about the experience that they're both able to bring into the team, in terms of the development and promotion of the work that we do.

Following a successful three-year pilot, in 2021 the Better Conversations programme will be transferring into the Academy to further embed and integrate the "working with" approach across our health and care sectors. We're looking forward to welcoming the six-strong Better Conversations team into the Academy.

AFTERWORD

It has been a particular privilege this year to be the joint Executive Sponsors for the Leeds Health and Care Academy, as this year our work and the team has definitely come into its own, and its impact felt.

We'd like to say a particular thank you and well done to Kate O'Connell, our newly appointed Director, and also the talent in our small but very impactful team. You'll see in the report the impact metrics and participant quotes from those who have first-hand experience of Academy personal development opportunities.

The step-change this year has been the engagement across all of the city's health and care partners resulting in a strengthened and united commitment to the Academy's work. We solely focus on work that adds value and the benefits are amplified when we do the work together as a city, rather than individual organisations.

We hadn't planned for the challenges that the COVID-19 pandemic would present our Academy - but you'll see in this year's annual report the work that the team was able to do at scale and pace, to engage from multiple supply routes, and train hundreds of staff to deliver the city's vaccination programme. Without the Academy, we simply would not have been able to mobilise this number of practitioners and ensure the quality and safety of care.

It is with excitement that we look forward to building on last year's successes and in particular this year's plan to engage all of our 57,000 health and care staff and volunteers across the city: to gain their support for, and focus on, a city collective effort to improve health and care and to close health inequality gaps - something that COVID has shone a light on again. We are determined to do all that we can collectively to reverse this.

“TO KATE AND THE ACADEMY'S FABULOUS TEAM, EXTREMELY WELL DONE. WE LOOK FORWARD TO CONTINUING TO DELIVER THE CITY'S HEALTH AND WELLBEING AMBITIONS WITH YOU AND YOUR TEAM AT THE HEART OF THIS.”



Jenny Lewis

Director of Human Resources and Organisational Development at Leeds Teaching Hospitals NHS Trust



Cath Roff

Director, Adults and Health, Leeds City Council



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LHCA Portfolio 2021/22

Talent pipeline

Name	Overall status	Strategic lead	Delivery team	Initiation/ Scoping	Planning	Delivery & Outputs	Evaluation	Project Objective	Latest updates
T-level in healthcare science	In progress	Andy Dodman	Robert Cranmer, Helen Thurston	Complete	In Progress	In Progress		To develop and implement the Health Science T-Level qualification, including meaningful industry placements across partners.	A total of 48 students are enrolled on the programme (30 at Leeds City College and 18 at Notre Dame 6th Form College). 21 placements are confirmed and we continue to work with partners to identify further placements.
iCare ambassadors	In progress	Kate O'Connell	June Rollins, Ruth Sykes	Complete	Complete	Ongoing	Ongoing	To create a cohort of health and care staff from a wide range of service areas to act as ambassadors to promote careers across the Leeds sector.	- ICAs supported three student T-level days providing hands on clinical obvs demonstrations and leading mock interview practice - Targeted recruitment campaign planned, supported by videos, case studies and new webpage Review with SRO planned, following scoping and planning discussions
Internationally registered staff conversion	Pending Review	Jenny Lewis	Megan Darnell, Ruth Sykes	Pending Review				To pilot a city-wide programme enabling internationally registered staff to gain NMC registration.	
Support worker development programme	Scoping	Kate O'Connell	Suzanne Saleh, Helen Thurston	Complete	In Progress	In Progress		To develop a city-wide programme focusing on attracting, recruiting and retaining staff in entry-level support worker roles.	GenerationUK pilot launched with 22 participants. Guaranteed interviews to take place at end of programme by LTHT, LCH, LYPFT and St Gemma's Hospice
Collaborative apprenticeship expansion	In progress	Jenny Lewis	Suzanne Saleh, Ruth Sykes, Jessica Scrimshaw	Complete	Complete	In Progress		To develop a suite of collaborative apprenticeships open for all partners, linked to the future workforce planning and skills needs of partners.	Associate Project Manager and Team Leader apprenticeships launched with Multiverse

System leadership, change and culture

Name	Overall status	Strategic lead	Delivery team	Initiation/ Scoping	Planning	Delivery & Outputs	Evaluation	Project Objective	Latest updates
Team Leeds, Hearts and Minds	Planning	Kate O'Connell	Veena Murray	Scoping				To support Aims 3 & 4 of the the Hearts and Minds Workstream: embedding "Team Leeds" and "Co-designed quality improvement and transformation" to support integrated working.	We are currently supporting End of Life Care service re-design process: psychological safety assessment was undertaken in the July's and September's workshops with individual facilitation support being offered.
System leadership development programme	Planning	Jenny Lewis	Steve Keyes, Megan Darnell	In Progress				To develop a comprehensive programme bringing together health and care staff from across Leeds to learn and network together, seeing system leadership in action.	Exploring a variety of options to develop the programme with a focus on supporting our workforce to work in a more integrated way
Springboard	In progress	Kate O'Connell	Veena Murray, Zoe Merity	Complete	Complete	Ongoing	Ongoing	To support women in non-managerial roles with focus on BAME women, increasing diversity/inclusion and address inequalities.	- Cohort 5 launched in September - Seeking to train additional facilitators
Virtual networking club	In progress	Kate O'Connell	Helen Thurston	Complete	Complete	Ongoing	Ongoing	To enable a range of health and care staff to connect, network and share learning.	- Annual plan in design with a strong focus on comms and engagement. - Exploring connections with Team Leeds: Hearts and Minds
Better Conversations	In progress	Lucy Jackson	Veena Murray, Jonathan Lace	In Progress	In Progress	Ongoing		To embed Better Conversations, an established culture change programme which seeks to establish a co-ordinated health and care approach to working with people in Leeds.	We are in process of reviewing and refreshing the programme alongside embedding BC across Academy programmes.
Coaching for Innovation	In progress	Liz Mear	Liz Gardner, Ruth Sykes	In Progress	In Progress			To pilot a development programme for a cohort of innovation champions, building on good practice already used across the city.	- Further discussions scheduled to take place with LAHP later this month

Health and care practice

Name	Overall status	Strategic lead	Delivery team	Initiation/ Scoping	Planning	Delivery & Outputs	Evaluation	Project Objective	Latest updates
Long-term conditions training	Scoping	Steph Lawrence	TBC	In Progress				To co-ordinate and support the development of e-learning modules for the training and to make available across Leeds H&C sector via the LHCA LMS.	LCH keen to offer some elements of this training to public (diabetes management)- we are exploring this as part of our scoping for a learning platform solution
Excellence in Practice	Scoping	Lisa Grant	Veena Murray	In Progress				To develop a city-wide Excellence in Nursing programme, building on The Leeds Owl (LTHT) along with relevant frameworks from LYPFT, LCH and St Gemma's.	Exploring resource to scope this work
Pressure Ulcer Prevention Training	Scoping	Sheila Sorby	Ruth Sykes	In Progress				To collaboratively design and develop a Pressure Ulcer Prevention Training Package and support implementation across the city	- Scoping conversation taken place with city-wide pressure ulcer prevention group and initial timescales agreed

Digital, data and technology

Name	Overall status	Strategic lead	Delivery team	Initiation/ Scoping	Planning	Delivery & Outputs	Evaluation	Project Objective	Latest updates
Digital workshops	In progress	Kate O'Connell	Megan Darnell, Suzanne Saleh	Complete	In Progress			To support individuals, teams, departments and organisations to embed and adapt to new ways of working in a virtual and hybrid world.	Scoping session content and developing delivery plan
Data analyst apprenticeship	In progress	Jenny Lewis	Ruth Sykes, Jessica Scrimshaw	Complete	Complete	In Progress		To support system-wide development of data analysis capability, through the commissioning of a shared 18 month Level 4 Data Analyst Apprenticeship programme.	Cohort 3 launched in September with 20 apprentices from across 7 different partners organisations
Emerging portfolio	Scoping	Kate O'Connell	Suzanne Saleh, Jessica Scrimshaw	In Progress				To explore the Academy's role in supporting DDT skills, workforce development and careers	University of Leeds management consultancy project focusing on digital skills development is underway. Interviews concluded with the report expected by November.
Supporting young people into digital careers	Planning	Kate O'Connell	Jessica Scrimshaw, Fran Quartarulli	Complete	In Progress			To raise awareness of digital careers, inspire and attract young people into the breadth of digital, data and technology careers available in the system	Scoping underway with Thrive by Design (mHabitat)

Essential learning

Name	Overall status	Strategic lead	Delivery team	Initiation/ Scoping	Planning	Delivery & Outputs	Evaluation	Project Objective	Latest updates
CPD catalogue - LMS	Scoping	Kate O'Connell	Veena Murray	In Progress				To create a productive learning space/approach by sharing CPD catalogues between partners so that staff can learn together and all available training places are filled by partner staff.	We have reviewed LMS options and are in process of exploring/scoping alternatives- which include building a hybrid solution which we would own and manage. - Programme split into two work streams to allow for progress and momentum. Enhancing Safeguarding training for third sector and improving access
Transferable core training	Planning	Kate O'Connell	Helen Thurston	In Progress	In Progress			To enable transferability of core training and embed consistency across priority training topics, focusing on the third and independent sectors.	- Stakeholder mapping complete with individuals identified and invited to each workstream

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**AGENDA
ITEM**

16.2

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Synergi Leeds Update
DATE OF MEETING:	2 November 2021
PRESENTED BY: (name and title)	For information only
PREPARED BY: (name and title)	Sharon Prince – Consultant Clinical Psychologist

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

EXECUTIVE SUMMARY

This paper provides an overview of the activity of Synergi Leeds since the Governors' meeting in May 2021. The profile of the project continues to increase across the city and nationally with new members attending the Steering Group and growing service user and carer involvement in development activities. There have been two successful online Creative Spaces Events co-created with service users and carers; and the core team are in the process of completing Synergi Leeds' first annual report.

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

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

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

RECOMMENDATION

The Council is asked to:

- Receive the paper for information.

MEETING OF THE COUNCIL OF GOVERNORS
2 November 2021

SYNERGI LEEDS UPDATE

1. Executive Summary

1.1. This paper provides an overview of the activity of Synergi Leeds since the Governors' meeting in May 2021. The profile of the project continues to increase across the city and nationally with new members attending the Steering Group and growing service user and carer involvement in development activities. There have been two successful on line Creative Spaces Event, co-created with service users and carers. And the core team, are in the process of completing Synergi Leeds' first annual report.

2. Overview Synergi Leeds (May-October 2021)

2.1. Reducing over-representation of Black, Asian and other minority ethnic (BAME) communities admitted in crisis is a priority in the Leeds Mental Health Strategy and a key metric in the Leeds Health Care Plan. This ambition, identified a few years ago, predated the pandemic and the tragic death of George Floyd. Both events have highlighted and amplified ethnic inequalities within our communities, shining a spotlight on racism and discrimination experienced by minoritised groups.

2.2. For the last three years, Leeds has been working with the Synergi Collaborative Centre (<https://synergicollaborativecentre.co.uk/>) Synergi is an academic and co-design centre of excellence funded by Lankelly Chase Foundation, to work with cities across the country to provide research expertise, facilitation, coaching, and to support a whole-system focused approach to addressing ethnic inequalities for those experience severe mental illness. The purpose of this report is to provide an update of the progress made since this project was last presented in May 2021.

2.3. The Steering group is now officially known as Synergi Leeds, part of the Synergi Collaborative Network with its own logo and strapline. It is a growing network of statutory and voluntary sector organisations committed to reducing ethnic inequalities in mental health, taking a life course approach with a long term focus of reducing mental health detentions. The membership of the Network now includes representation from the education sector, and the ambition is to have representation from a variety of sectors; housing, leisure, employment, criminal justice which we know have an impact upon mental health and wellbeing. The Steering group meets alternate months acting as a catalyst for change within the system. As part of its resourcing and energising function the core team are trying to develop a local website and rolling podcast programme. Members of Synergi Leeds and other stakeholders are in the process of being filmed as part of a Case Study for the Synergi Collaborative Centre.

2.4. Creative Spaces Events were held in June and October and were co-curated with service users. The focus was an update of the work completed so far; some of the funded grassroots projects were showcased; there were interviews with systems leader, including Dr. Sara Munro; Dr. Victoria Eaton, Director of Public Health and Dr. Jim Barwick, Chief Executive, Leeds GP Confederation. The session also included powerful spoken word performances and film.

2.5. Grants Programme. Funding provided by the CCG has been used to fund grass root mental health projects. The all age grants has been designed to support very local activity addressing the wider determinants of mental illness (including racism and discrimination); improving access to services and bolstering community mental health support. It has become apparent that some of these projects require support in thinking about outputs and outcomes, as a consequence Sinead Cregan, Director of Development and Innovation at Inspire North and Sharon Brown, Business Development Director, Touchstone have kindly agreed to offer mentoring sessions. The Synergi Leeds core team have also organised a development session in December for all the projects. The ambition is that those who are able to demonstrate impact, in the broadest sense, will be supported to survive and thrive through continuation funding or supported to seek relevant/alternative funding streams.

2.6. Service user and carer involvement has to be at the centre of what we do and we have committed to working with service users and carers to progress this agenda. All our

Creative Spaces Events have been co-curated and we are currently trying to develop a model/framework for involvement which is creative, flexible and sustainable.

2.7. National Pledge On the 25th November, there will be a meeting of all the signatories and supporters of the National Pledge. Members of the public will also be able to book via Eventbrite. This will be the first time that all the cities working with the Synergi Collaborative will have come together, sharing the learning and the challenges. Synergi Leeds have been asked to present about our collaborative leadership model.

2.8. Research and evaluation: Aspects of Synergi Leeds have been evaluated by researchers commissioned by Synergi Collaborative, and their initial results will be made available to us over the coming months. We have also applied for some pump prime funding from our own Research and Development Department to focus more specifically on the evaluation of our approach within the Leeds' system.

2.9. The profile of Synergi Leeds is growing both within the city and nationally, with this comes increasing requests for input and support from services and organisations. Meeting this increased demand is starting to prove a challenge and will require some discussion about future resourcing and sustainability.

2.10. Next steps

- Completion of the first Synergi Leeds Annual Report.
- Development of the website, enabling promotion of activities and resources within the wider community.
- Continued engagement of other statutory services within Leeds.
- Discussion within the Leeds System about resourcing and sustainability.

3. Recommendation

This paper has been submitted for information.

Sharon Prince
Consultant Clinical Psychologist
Deputy Director Psychological Professions
19.10.2021