

PUBLIC MEETING OF THE COUNCIL OF GOVERNORS
will be held at 1pm on Thursday 5 May 2022
in the Create@ Room, Horizon Leeds, 2 Brewery Wharf,
Kendall Street, Leeds, LS10 1JR

A G E N D A

	LEAD
1 Welcome and introductions (verbal)	Prof Sue Proctor
2 Sharing Stories: The Working Age Adult Community Mental Health Service with an update on the community transformation work (presentation)	Josef Faulkner Caroline Gatti Debbie Thrush Eddie Devine
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 Non-executive Directors' Annual Declarations of Interests, Independence, and Fit and Proper Person (paper to read)	Kerry McMann
4.2 Annual Declarations for Governors (paper to read)	Kerry McMann
5 Minutes	Prof Sue Proctor
5.1 Minutes of the public Council of Governors' meeting held on the 1 February 2022 (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
8.1 Introduction from Merran McRae, Kaneez Khan and Frances Healey (verbal)	Merran McRae Kaneez Khan Frances Healey
9 Chief Executive Report (slides to read)	Sara Munro
10 Lead Governor Report (verbal)	Les France
11 Quarterly Service Delivery and Performance Report (paper to read)	Joanna Forster Adams John Baker

- | | |
|--|----------------------------------|
| 12 Finance Update (paper to read) | Dawn Hanwell
Martin Wright |
| 13 Report from the Chair of the Finance and Performance Committee (paper to read) | Sue White |
| 14 Introduction from the Trust's Head of Wellbeing (verbal) | Alex Cowman |
| 15 NHS Staff Survey 2021: Results (slides and paper to read) | Darren Skinner
Helen Grantham |
| 16 Agree the arrangements for the Annual Members' Meeting (verbal) | Cath Hill |

The next public meeting of the Council of Governors will be held
on 5 July 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**

4.1

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Non-executive Directors' Annual Declarations of Interests, Independence, and Fit and Proper Person
DATE OF MEETING:	5 May 2022
PRESENTED BY: (name and title)	Kerry McMann, Head of 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		
<p>At least annually all members of the Board of Directors are required to complete declaration of interest forms, fit and proper person annual declarations, and for Non-executive Directors (NEDs) only, a declaration of their independence.</p> <p>This paper provides assurance to the Council of the declarations relating to the NEDs; that all interests have been declared and are attached on the matrix; that all NEDs have declared themselves to be independent, with details on the attached matrix; and that all NEDs have declared themselves to be fit and proper.</p> <p>A report with the details attached was also presented to the March 2022 Board of Directors.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
	No	

RECOMMENDATION
<p>The Council of Governors is asked to note:</p> <ul style="list-style-type: none"> • The declarations of interests as per the attached matrix • That all directors have been judged and declared themselves to be fit and proper • That all NEDs have declared they are independent

Declaration of Interests for members of the Non-executive Directors
(Declared as at March 2022)

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
NON-EXECUTIVE DIRECTORS								
Susan Proctor Non-executive Director	Director: SR Proctor Consulting Ltd <i>Management consultancy activities other than financial management</i>	None. .	None. .	Chair: Day One Trauma <i>Charity supporting lives affected by major trauma</i>	None. .	None. .	None.	None.
John Baker Non-executive Director	None. .	None. .	None.	None. .	None. .	Professor: University of Leeds	None. .	None. .
Helen Grantham Non-executive Director	Director/Owner: Entwyne Ltd <i>Management consultancy</i>	None. .	None. .	None.	None. .	Consultant: Project 6 Charity <i>Charity delivering services for people with drug and alcohol problems and complex needs.</i>	None.	Director/Owner: Percall <i>Internet marketing service</i>

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
Cleveland Henry Non-executive Director	Director: 63 Argle Road Ltd <i>Property Management Company</i>	None.	None.	Trustee & Deputy Chair: Community Foundation for Leeds <i>Charity that addresses inequalities and working together to help create opportunities for those that need help the most</i>	None. .	None. .	Group Delivery & Deployment Director: EMIS Group Plc. <i>Provider of healthcare software, information technology and related services across the UK.</i>	Leeds Cancer Nurse: Leeds Teaching Hospital NHS Trust
Merran McRae Non-executive Director	Director: Finnbo Ltd <i>Management consultancy</i>	None.	None.	Trustee: Hollybank Trust <i>Provider of teaching, residential care and a range of therapies and enrichment activities for children, young people and adults with disabilities.</i> Trustee: The Hepworth Gallery <i>Art Gallery</i> Trustee: Yorkshire Sculpture Park <i>Independent charitable trust and registered museum.</i>	None. .	None. .	None.	Partner: Director Finnbo Ltd <i>Management consultancy</i>

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

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

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

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

Annual Declaration of Non-executive Director Independence (Declared as at March 2022)

Name	Has been an employee of the Trust within the last 5 years.	Has, or has had within the last three years, a material business relationship with the Trust directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the Trust.	Has received or receives additional remuneration from the Trust apart from a director's fee, participates in the Trust performance-related pay scheme, or is a member of the Trust's pension scheme.	Has close family ties with any of the Trust's advisers, directors or senior employees.	Holds cross-directorships or has significant links with other directors through involvement in other companies or bodies.	Has served on the Board for more than nine years from the date of their first appointment.	Any other reason you wish to declare. This should include any political or ministerial appointments (where this information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)
Sue Proctor Non-executive Chair	None	None	None	None	None	None	None
John Baker Non-executive Director	None	None	None	None	None	None	None
Helen Grantham Non-executive Director	None	None	None	None	None	None	None
Merran Mcrae Non-executive Director	None	None	None	None	None	None	None
Cleveland Henry Non-executive Director	None	None	None	None	None	None	None
Sue White Non-executive Director	None	None	None	None	None	None	None
Martin Wright Non-executive Director	None	None	None	None	None	None	None

**AGENDA
ITEM**

4.2

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Annual Declarations for Governors
DATE OF MEETING:	5 May 2022
PRESENTED BY: (name and title)	Kerry McMann, Head of 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

All members of the Council of Governors are required to complete a declaration of interest form annually. Declaration forms were sent out to all Governors with a request to declare interests as at 1 April 2022. Completed forms are held on file by the Associate Director for Corporate Governance. They are a matter of public record and are available for inspection should such a request be made.

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

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

It should also be noted that a declaration form has not yet been received from seven of the governors as listed on the attached document. Governors are asked to return these outstanding forms to the Head of Corporate Governance as soon as possible and these will be reported to the Council at the next meeting in July 2022.

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	

RECOMMENDATIONS
<p>The Council of Governors is asked to receive and note all interests declared by governors as at the 1 April 2022.</p>

Annual Declaration 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 Together We Can Volunteer Age UK Volunteer Touchstone	None.	None.	None.
Rita Dawson	None.	None.	None.	None.	Volunteer Age UK	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
Les France	None.	None.	None.	None.	Volunteer Cloth Cat Studios	None.	None.	Management Committee Member Joanna Project Leeds
Rachel Gibala	None.	None.	None.	None.	None.	None.	None.	None.
Ruth Grant	None.	None.	None.	None.	None.	None.	None.	None.
Hazel Griffiths	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared
Oliver Hanson	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared
Gail Harrison	None.	None.	None.	None.	None.	None.	None.	Employee LCH in Leeds IAPT Employee (now dormant) CBT toolbox
Peter Holmes	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared
Steve Howarth	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared
Andrew Johnson	None.	None.	None.	None.	None.	None.	None.	None.
Mussarat Khan	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared
Kirsty Lee	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared
Ivan Nip	None.	None.	None.	Trustee Advonet	Trustee Advonet	Trustee Advonet	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
David O'Brien	None.	None.	None.	None.	None.	None.	Associate Director Yorkshire Ambulance Service NHS Trust	
Sally Rawcliffe-Foo	None.	None.	None.	None.	None.	None.	None.	None.
Joseph Riach	None.	None.	None.	None.	None.	None.	Member Labour party	Health Support Work NICPM
Bryan Ronoh	Director African Diaspora Workers Union UK	None.	None.	None.	None.	None.	None.	None.
Nicola Swan	None.	None.	None.	None.	None.	None.	None.	None.
Peter Webster	Non-executive Director Compass – Service to improve Health & Wellbeing	None.	None.	Non-executive Director Compass – Service to improve Health & Wellbeing	None.	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
Fiona Venner	None.	None.	None.	None.	None.	None.	Member Leeds City Council Councillor Labour – Kirkstall Ward Cabinet Member Adult and Children's Social Care, Early Years and Health Partnerships	None.

**Minutes of the Public Meeting of the Council of Governors
held on Tuesday 1 February 2022 at 1pm via Zoom**

PRESENT:

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

Public Governors

Les France
Steve Howarth
Kirsty Lee
Ivan Nip
Peter Webster

Carer Governors

Caroline Bentham
Mark Clayton
Bryan Ronoh

Executive Directors

Joanna Forster Adams
Dawn Hanwell
Chris Hosker
Sara Munro
Darren Skinner

Staff Governors

Ian Andrews
Gail Harrison
Andrew Johnson
Sally Rawcliffe-Foo

Service User Governors

Rita Dawson
Peter Holmes

Appointed Governors

Sue Rumbold

Non-Executive Directors

Prof John Baker
Helen Grantham
Cleveland Henry
Sue White
Martin Wright

IN ATTENDANCE:

Lyndsey Charles – Clinical Director Learning Disability and Older Peoples Services (agenda item 11)
Rose Cooper – Corporate Governance Officer
Paul Dodgson – Allied Health Professions Clinical Lead - CONNECT: The West Yorkshire Adult Eating Disorders Service (agenda item 2)
Sylvie Fourcin – Director of Artlink West Yorkshire (agenda item 2)
Rozi Fuller – Artist (agenda item 2)
Cath Hill – Associate Director for Corporate Governance
Bea King – Corporate Governance Assistant
Kerry McMann – Corporate Governance Team Leader

22/001 Welcome and introductions (agenda item 1)

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

22/002 Sharing Stories: Connect Eating Disorders Project (agenda item 2)

Paul Dodgson, Sylvie Fourcin and Rozi Fuller delivered a detailed presentation on the Connecting Thoughts creative project. The pilot ran remotely for six months for inpatient and community eating disorder service users and was a partnership approach between the Connect adult eating disorder service, Artlink and Arts and Minds.

Paul explained that the aims of the project were to promote fun, self-expression, relaxation, and build confidence. He also explained some of the reasons why the Connect service was used for the pilot where 119 patients were surveyed over nine months. The results showed that over 88% felt that engaging in creative activities, hobbies and interests was important to them and after the 12 Zoom sessions were delivered 87% of those who attended reported that they had a meaningful time. Paul also talked about partnership working which was necessary to support the effective management of care pathways and build capacity within the local system. Recommendations for going forward included embedding art projects into patients' treatment packages, increased frequency of the sessions and transferring the project to other clinical settings.

Sue Proctor suggested that Paul Dodgson may be able to access some of the Trust's charitable funds to support the expansion of the Connecting Thoughts project and it was agreed that options would be considered outside of the meeting. Gail Harrison would also contact Paul outside of the meeting to discuss links with the community transformation work and possibilities for expansion and further funding.

RC/GE

Sally Rawcliffe-Foo suggested that service users could be encouraged to become peer mentors for future groups and could have a valuable role in engaging patients to attend. Paul thanked Sally for this suggestion and noted it for future projects.

It was agreed that the presentation slides would be circulated to the governors along with the executive summary and synopsis for the Connecting Thoughts project. The evaluation report for the project would be circulated in due course. The questions asked on the Zoom chat function would be sent to Paul Dodgson for a response and the question-and-answer document would then be provided as an addendum to the minutes at the next meeting.

RC

RC

The Council was **encouraged** by the project and **thanked** Paul, Sylvia and Rozi for taking the time to attend.

22/003 Apologies (agenda item 3)

Apologies were received from the following governors: Rachel Gibala (Service User Governor), Ruth Grant (Non-clinical Staff Governor), Hazel Griffiths (Carer Governor), Oliver Hanson (Clinical Staff Governor), Helen Kemp (Appointed Governor), Mussarat Khan (Public Governor), David O'Brien (Public Governor), Anna Perrett (Appointed Governor), Joseph Riach (Service User Governor), Niccola Swan (Public Governor), Tina Turnbull (Appointed Governor), and Fiona Venner (Appointed Governor).

The meeting was quorate.

Cathy Woffendin, Director of Nursing Quality and Professions, and Merran McRae, Non-executive Director, had also sent their apologies for the meeting.

22/004 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (agenda item 4)

Gail Harrison noted that she had contributed to the paper for agenda item 11 in her role as Principal Clinical Psychologist with the Trust.

Cleveland Henry declared a conflict of interest in respect of agenda item 18. It was agreed that Cleveland would not need to leave the meeting for this item as the appointment had already been agreed by the Board of Directors and it was an item of information to the Council.

The Council **noted** the declarations made.

22/005 Minutes of the public Council of Governors' meeting held on the 2 November 2021 (agenda item 5.1)

The minutes of the public Council of Governors' meeting that was held on the 2 November 2021 were **approved** as a true record.

22/006 Matters arising (agenda item 6)

There were no matters arising.

22/007 Cumulative action log – actions outstanding from previous public meetings (agenda item 7)

Sue Proctor presented the cumulative action log, and the Council agreed the actions reported as complete. The Council noted that the open actions from the November

2021 meeting relating to performance would be address as part of agenda item 13.

Mrs Forster Adams noted that updates on two significant pieces of work: Crisis House and community mental health transformation were both scheduled for the May 2022 meeting. It was agreed that the forward plan would be reviewed to ensure there was sufficient time to spend on each item.

RC

Sue Rumbold referred to an action around accessing data relating to children being taken into care as a result of their parents' mental health condition and behaviour. The Council noted that Cathy Woffendin had raised this with the Chair of the Leeds Safeguarding Children Partnership who had forwarded this for consideration as a piece of work at the relevant subgroup.

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

22/008 Chair's Report (agenda item 8)

Sue Proctor presented the Chair's Report and highlighted a few key areas for the Council to note. She noted that Merran McRae had joined the Board as a non-executive director on the 1 January 2022 and would sit on the Mental Health Legislation Committee and the Workforce Committee. It was agreed that Merran would be given an opportunity to introduce herself to the Council at the next meeting.

RC

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

22/009 Chief Executive Report (agenda item 9)

Sara Munro introduced the Chief Executive Report and explained that the Trust remained in business continuity mode and there continued to be significant pressures across the services, related to the impact of Covid-19 outbreaks and an increase in demand in crisis services. Sara highlighted the partnership working that was taking place across teams in the Trust in order to maintain the resilience of services in spite of these pressures.

Sara explained that guidance had recently been released regarding the proposed change to the rules around vaccination as a condition of deployment and the team were working through this. Ian Andrews relayed some concerns from non-clinical colleagues around the process for staff to navigate and concerns relating to the negative impact on staff wellbeing and how this had been handled. Sara assured the Council that they were working on the latest national guidance but did have a role to ensure the Trust maintained a high level of protection for staff and service users to prevent infection. Mr Skinner added that work to identify staff in or out of scope was being carried out on an individual basis. It was agreed that Ian's concerns would be addressed further outside of the meeting.

DS

The Council noted that the meetings Sara Munro and Sue Proctor had planned with staff governors had been rescheduled to March 2022.

The Council **received** the report from the Chief Executive and **noted** the updates provided.

22/010 Lead Governor Report (agenda item 10)

Les France presented his first Lead Governor report. Firstly, he thanked Peter Webster for his extended run as Lead Governor. Les then referred to the Trust's current business continuity arrangements and the challenges associated with this. Les also thanked those governors who had participated in the recent well-led focus group run by Deloitte. The Council noted that it would receive an update on Deloitte's well-led governance and leadership review at a future meeting.

CHi

Les noted that he would be sharing his ideas for developing the Council with governors in due course.

The Council **received** the verbal update from the Lead Governor.

22/011 Implementing Outcome Measures within Clinical Service: A summary of lessons learned (agenda item 11)

Chris Hosker introduced the report which summarised the key lessons learned when trying to embed the routine use of outcome measures within clinical care across a number of services in the Trust. The Council noted that the themes documented in the paper were drawn from the experiences, and practice-based evidence, of Dr Gail Harrison (Principal Clinical Psychologist) and Lyndsey Charles (Clinical Director for Learning Disability and Older Peoples Services), both of whom had professional experience of implementing outcome measures within their respective services.

Lyndsey Charles explained that the lessons learned documented within the paper could be considered as factors that influenced the success (or otherwise) of a service in being able to embed the long term, sustainable, routine use of outcome measures within care delivery. These factors were interdependent and were an amalgamation of the right culture, targeted leadership, effective support systems, routine monitoring and clinical analysis and application.

Chris Hosker highlighted the importance of making the learning accessible to staff and explained that information such as this would be available in a virtual 'bookshelf' learning environment to support similar projects in the future. It was suggested that the Improvement and Knowledge team would be key to overseeing this process. Chris Hosker also acknowledged that outcome measures often worked best when managed at a team level and this could pose a challenge when trying to hold all the learning centrally.

It was agreed that the update on the findings from the outcomes work would be presented to the July 2022 meeting rather than the May meeting as the third cohort of services to be involved in the 90-day innovation cycle had been paused for a month. Chris Hosker would also give thought as to how outputs from the Improvement and Knowledge team could feed into the July update.

CHos

The Council **received** the report and **noted** the assurance provided.

Sara Munro left the meeting.

22/012 People Plan 2021-2024 (agenda item 12)

Darren Skinner introduced the Trust's People Plan and explained that it was aligned to the NHS People Plan and the 7 People Promises as described nationally. He added that a performance framework had also been developed to support the delivery of the People Plan and to track progress and success across the key areas of activity using realistic outcome measures.

Darren informed the Council that they had received the preliminary Staff Survey results and were mapping the People Plan objectives across some of the initial findings and would adjust the timelines for the objectives accordingly to reflect issues highlighted by the survey.

The Council discussed what was meant by 'collective leadership' and the importance of identifying what behaviour defined this and whether it could be measured. The Council also noted the introduction of a key piece of work to roll out a specific support offer for staff impacted by the menopause. The Council then discussed career development, particularly for healthcare support workers who wanted to undergo further training to become qualified practitioners. Darren advised that they were looking at potential ways to support those staff, including financially, to progress in their careers. Darren also discussed apprenticeships and highlighted that this was an important area of work which had been factored into the Plan. He explained there was an objective for 2022 to develop a robust Trust apprenticeship approach with a governance structure to support development pathways.

Sue Proctor thanked the governors for their feedback and encouraged them to observe the Workforce Board subcommittee which was tasked with overseeing the progression of the Plan and where issues such as those raised here would be discussed in more detail.

In reference to the participation programmes mentioned in the Plan, it was agreed that the Corporate Governance Team would circulate a list of upcoming events which governors could attend to promote themselves to members, supporting them to fulfil their role of representing the members of their constituency.

KM

The Council **received** the Trust's People Plan for information and **was** assured by the high standard of work and the level of detail included.

Sue White and Bryan Ronoh left the meeting.

22/013 Quarterly Performance and Quality Update Report (agenda item 13)

Joanna Forster Adams introduced the report which outlined the Trust's performance as of October 2021 and provided insight from the November 2021 Board of Directors' discussion on performance. Joanna also noted the ongoing open actions on the Council of Governors' action log relating to the performance report. She agreed to liaise with the performance team to refresh the report taking into account preferences from the Council via input from the Lead Governor.

JFA

Steve Howarth shared some concerns relating to performance targets being missed for learning disability and specialist services. Joanna explained that the percentages related to very small numbers and were therefore disproportionately affected by variation. She reassured the Council that they had seen some recovery in the Memory Assessment Service in the last few months. She then went on to explain that the report covered a period of relative stability which had focused on recovery however the impact of the winter surge of Covid-19 would be evident in the next report to the May meeting.

Ivan Nip asked for more clarity around the nature of the risks on the last page of the report and how they could be mitigated. Joanna explained that they were issues rather than risks and were consequences of the disruption caused by the pandemic. She noted the potential for further disruption and their intent to plan fully to prepare for this. She added that there had been some service recovery, but they were still managing Covid-19 outbreaks across inpatient services and were mitigating this by supporting people out of hospital where possible.

It was agreed that the Chief Operating Officer Report from the January public Board of Directors' meeting would be circulated to governors.

RC

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

Darren Skinner left the meeting.

22/014 Financial Update (agenda item 14)

Dawn Hanwell explained that the Trust remained in an interim financial framework where it received financial allocations rather than operating through contracts with commissioners. This had resulted in a healthy financial position and at month nine the Trust reported an income and expenditure surplus of £1.1m. Dawn explained that this surplus money would be needed to support the significant estates reconfiguration over the next few years. The Council noted that the Trust was allowed to retain any unspent allocation money, and this would be used to support the financial position in future years.

It was agreed that the Chief Financial Officer Report from the January public Board of Directors' meeting would be circulated to governors.

RC

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

22/015 Trust's Green Plan 2021-2025 (agenda item 15)

Dawn Hanwell introduced the Green Plan which provided an overview of the Trust's sustainability ambitions for the future including meeting the direct NHS zero carbon emission targets for 2040 and indirect NHS zero carbon emission targets for 2045.

Dawn explained that the Green Plan and wider sustainability activities would have a significant impact on the way the Trust delivered care in the future. She noted that the more detailed governance arrangements were still being worked through in terms of implementation across the Trust and explained that this Plan would also form part of a wider Integrated Care System (ICS) level Green Plan. The Council noted that additional posts in the form of a Head of Sustainability and extra project resource to support the workstreams were currently being recruited to.

Ivan Nip asked to what extent the Trust's PFI partners would be expected to adhere to the Plan. Dawn responded that they were committed as partners to support the green agenda and would be held to account as far as possible.

Gail Harrison referred to an earlier discussion on 'collective leadership' and asked how this work would link with other Trust plans such as the People Plan. The Council then had a discussion on the importance of staff engagement and embedding new behaviours and processes and Dawn highlighted sustainable clinical delivery models as one of the key drivers for change. Dawn also noted that more work would be done by the Executive Team to link the various plans together.

The Council noted that progress with the Plan would be overseen by the Finance and Performance Committee with the Chair of that Committee, Sue White, as the non-executive director lead for sustainability.

The Council **received** the Trust's Green Plan and **noted** that a final version would be presented to the Board of Directors on the 31 March 2022.

22/016 Report from the Chair of the Quality Committee (agenda item 16)

As the Chair of the Quality Committee, John Baker introduced his report which summarised the work of the Committee and covered meetings from the 8 December 2020 to 14 December 2021.

The Council **noted** the report for information and assurance.

22/017 The Trust's Key Strategic Risks (agenda item 17)

Cath Hill introduced the paper which advised the Council of the key strategic risks as reported through the Board Assurance Framework (BAF). Cath explained that the BAF was a document received by the Board and its sub-committees quarterly so they could be assured that these risks were being effectively controlled.

Cath asked the Council to note that work was being done to review and refine the strategic risk around workforce to make it more representative of the issues outlined in the NHS People Plan. It was expected that this would be agreed by the Board of Directors in March 2022 and then added to the BAF.

Cath also explained why Covid-19 was not referred to as a specific strategic risk. This was because all the risk scores had been reviewed and adjusted by the executive leads in light of the pandemic, reflecting the impact that Covid-19 had across the entire organisation. Cath added that day to day risks associated with the pandemic were managed through the incident response governance structure.

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

22/018 Support for the Appointment of the Senior Independent Director (agenda item 18)

Cath Hill explained that it was the role of the Board of Directors to appoint one of the independent non-executive directors (NED) to be the Senior Independent Director (SID). At its meeting on the 25 November 2021 the Board had agreed that Cleveland Henry would step into the role with effect from 1 May 2022 for a period of two years. This timeframe would allow for a period of handover and shadowing. The Council noted that it was the role of the SID to be available to members and governors if they had concerns which contact through the normal channels of chair, chief executive or finance director had failed to resolve the matter, or for which such contact was inappropriate.

In preparation for Cleveland Henry starting the role of Senior Independent Director, the Corporate Governance Team would arrange a meeting between Cleveland and the new Lead Governor (Les France).

RC

The Council **thanked** Martin Wright for his dedication and support during his time as the Senior Independent Director and **supported** the appointment of Cleveland Henry as the next SID with effect from 1 May 2022 for a period of two years.

22/019 Process for the upcoming elections to the Council of Governors (agenda item 19)

The Council **noted** which seats would be included in the forthcoming elections to the Council of Governors and **agreed** the timetable which would conclude on the 22 July 2022.

22/020 Ratification of the Terms of Reference for the Appointments and Remuneration Committee (agenda item 20)

The Council noted that the Appointments and Remuneration Committee was required to review its terms of reference annually to ensure they were up to date and reflected the work of the Committee. As part of this review a sentence had been added to reflect that meetings could be held remotely via telephone and/or electronic conference facilities.

The Council **reviewed** the changes made and **ratified** the revised Terms of Reference.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust 3.25pm. She thanked governors and members of the public for their attendance.

Signed (Chair of the Trust)

Date

**Council of Governors' Meeting
1 February 2022
Sharing Stories Q&A: responses from Paul Dodgson (in red)**

From Gail Harrison - staff clinical to Everyone 01:14 PM

This work is invaluable, so pleased to hear about it. I hope you can showcase this through the West Yorkshire (WY) Integrated Care System (ICS) too Paul. It has great benefits on so many levels

Thanks Gail, yes I still believe we have only scratched the surface both within the Connect service and within the Trust. I think the project can be scaled up so much more extending through to WY ICS as you mention.

From Sue White to Everyone 01:14 PM

This is all really positive. I am wondering if the Artlink offer will be extended to children and young people at Red Kite View?

Thanks Sue. I think naturally the project is something that could be utilised within the children and young people's service. I think a lot of the resources could be replicated and receive positive benefits for this group of people. I think if we were to scale a project like this up, I believe the children and young people's service would be an obvious choice to extend this partnership. It would be good to see different services sharing resources and collaborating on what could have potential to be potentially ground-breaking. I would be keen to explore this possibility in the near future.

From Gail Harrison - staff clinical to Everyone 01:20 PM

I agree - In Rehab and Recovery we have worked with Arts and Minds with a number of different projects and it has been so positive. I am not sure how we capture all of this over time.

When you send out the evaluation report I suggest you send it to the WY ICS comms as well as LYPFT so people hear about it (if you haven't thought of this already).

We were keen to create something that had potential to offer sustainability and enable these types of projects to be embedded within services. I think there is a much better chance of evaluating and identifying longer term positive outcomes for patients. Thanks for the suggestion around sharing with the WY ICS comms as it is a model that I think would sit well with these new services that are being set up.

From Caroline Bentham to Everyone 01:21 PM

I'd love to know more about use of these kind of tools in primary care/GP prescribing, what with recent studies on over-prescribing of antidepressants that are not helpful, move toward social prescribing interventions that benefit mental health.

Thanks Caroline, I think it is an emerging area that has potential to provide lots of support for many struggling with their mental health in whatever capacity. I think the model we designed would sit really well in primary care and in preventative health strategies. One of the things I

noted before setting up this project is that often you find lots of social prescribing services, groups and activities in local communities. Nevertheless, I felt that within eating disorders in particular there is so much complexity that trying to engage patients in these areas requires lots of therapeutic work to overcome barriers to things that we can clearly identify as therapeutic for them to engage with. I think the project for me was trying to outline the importance of removing the barriers to engagement which I believe should be a big part of services work to then provide more success for linking in with primary care and third sector services. I think having these projects guided by secondary/specialist services would really enhance the success of these types of services.

From Joanna Forster Adams (She/Her) to Everyone 01:22 PM

Great to see this work continuing despite all of the disruption and challenges faced. Thanks

Thanks Joanna. It was testament to the partnership and vision from all involved that gave us the initiative to keep pushing forward. Also, we had a brilliant occupation therapist student Abi Cranswick who enabled the project to flourish towards the end as she ended up managing the referrals and engagement work.

From Les France to Everyone 01:24 PM

Thanks for the work you have done. The evaluation shows clearly the positive impact that this project as had on those involved.

Thanks Les, much appreciated.

From Sara Munro to Everyone 01:26 PM

Thank you

Thanks Sara, thank you for firstly replying to my email over 6 months ago and enabling us the opportunity to present at the Council of Governors. We all enjoyed the chance to share the work we have been undertaking within Connect.

A few things that we didn't mention on the day but are important:

- Plan to further embed a co-production approach for any future project
- To look at linking in with Leeds Beckett students for possible research project
- To embed some standardised outcomes from beginning to the end of the project to further establish effectiveness.

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>21/060 - Chief Executive Report (November 2021 - agenda item 9)</p> <p>The Council asked for more information on the community mental health transformation work, including how partners were working together and what it would mean for the Trust. It was agreed that Eddie Devine would be invited to a future meeting to update the governors.</p>	<p>Joanna Forster Adams / Rose Cooper</p>	<p>May 2022</p>	<p>This has been scheduled for the May meeting alongside a sharing stories presentation on the work of the Community Mental Health Teams from Josef Faulkner (Head of Operations: Community and Wellbeing Services).</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>22/008 - Chair's Report (February 2022 - agenda item 8)</p> <p>It was agreed that Merran McRae, new non-executive director, would be given an opportunity to introduce herself to the Council at the next meeting.</p>	<p>Rose Cooper</p>	<p>May 2022</p>	<p>This is on the May agenda.</p>
<p>22/010 - Lead Governor Report (February 2022 - agenda item 10)</p> <p>The Council noted that it would receive an update on Deloitte's well-led governance and leadership review at a future meeting.</p>	<p>Cath Hill</p>	<p>May 2022</p>	<p>An update will be provided at the private meeting in May.</p>
<p>21/051 - Clinical Outcomes Update (November 2021 - agenda item 2)</p> <p>It was agreed that an update on the findings from the outcomes work would be presented to the May 2022 meeting which would include an update on the second cohort of services involved in the 90-day innovation cycle.</p>	<p>Chris Hosker</p>	<p>July 2022</p>	<p>At the February meeting it was agreed that the update on the findings from the outcomes work would be presented to the July 2022 meeting rather than the May meeting. Chris Hosker would also give thought as to how outputs from the Improvement and Knowledge team could feed into the July update.</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) 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.	Joanna Forster Adams / Rose Cooper	TBC	We will look at scheduling this for later in the year.
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.	Joanna Forster Adams / Rose Cooper	TBC	We are looking at scheduling this for a meeting in 2022.

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>21/062 - Quarterly Performance and Quality Update Report (November 2021 - agenda item 11)</p> <p>Ivan asked whether it was possible to incorporate a traffic light indicator to show the performance data more clearly. Joanna responded that the preference was to look at trends over the longer term rather than RAG ratings, but she would revisit this with Nikki Cooper in terms of the paper for the governors.</p>	<p>Joanna Forster Adams</p>	<p>Management action</p>	<p>At the February meeting Joanna Forster Adams agreed to liaise with the performance team to refresh the report taking into account preferences from the Council via input from the Lead Governor.</p> <p>This will be developed upon the appointment of a new Head of Performance. Further update to be provided in September 2022.</p>
<p>22/012 - People Plan 2021-2024 (February 2022 - agenda item 12)</p> <p>It was agreed that the Corporate Governance Team would circulate a list of upcoming events which governors could attend to promote themselves to members.</p>	<p>Kerry McMann</p>	<p>Management action</p>	<p>This is being developed by the Corporate Governance Team and will be circulated in the near future.</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>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>	Joanna Forster Adams	Management action	<p><u>COMPLETE</u></p> <p>This information is now generated and reported through the Children and Young People Mental Health (CYPMH) Provider Collaborative (PC) Board. Any concerns or escalations are routinely reported through membership Trust Boards. As part of the CYPMH PC development we are now looking to standardise performance reporting through Care Director to ensure automatic reporting in our Service Delivery Performance Report. This will commence in May 2022.</p>
<p>21/062 - Quarterly Performance and Quality Update Report (November 2021 - agenda item 11)</p> <p>Joanna agreed to consider including highlights and analysis from the new Chief Operating Officer (COO) Report in future performance reports to the Council.</p>	Joanna Forster Adams	Management action	<p><u>COMPLETE</u></p> <p>This has been included in the summary narrative. For more information, please refer to the Chief Operating Officer report included in the public Board papers.</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>21/062 - Quarterly Performance and Quality Update Report (November 2021 - agenda item 11)</p> <p>Regarding the ‘percentage of advice calls to safeguarding that resulted in a referral to social care’ metric, Sue Rumbold asked how many of those referrals led to a child being taken into care. Cathy agreed that this was something that the system needed to look at collecting and suggested that the Leeds Safeguarding Children Board might explore this.</p>	Cathy Woffendin	Management action	<p><u>COMPLETE</u></p> <p>At the February meeting the Council noted that Cathy Woffendin had raised this with the Chair of the Leeds Safeguarding Children Partnership who had forwarded this for consideration as a piece of work at the relevant subgroup.</p>
<p>22/002 - Sharing Stories: Connect Eating Disorders Project (February 2022 - agenda item 2)</p> <p>Sue Proctor suggested that Paul Dodgson may be able to access some of the Trust’s charitable funds to support the expansion of the Connecting Thoughts project and it was agreed that options would be considered outside of the meeting.</p>	Rose Cooper / Gerard Enright	Management action	<p><u>COMPLETE</u></p> <p>Gerard Enright’s contact details were shared with Paul Dodgson.</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>22/002 - Sharing Stories: Connect Eating Disorders Project (February 2022 - agenda item 2)</p> <p>It was agreed that the presentation slides would be circulated to the governors along with the executive summary and synopsis for the Connecting Thoughts project. The evaluation report for the project would be circulated in due course.</p>	Rose Cooper	Management action	<p><u>COMPLETE</u></p> <p>The documents were circulated to governors.</p>
<p>22/002 - Sharing Stories: Connect Eating Disorders Project (February 2022 - agenda item 2)</p> <p>The questions asked on the Zoom chat function would be sent to Paul Dodgson for a response and the question-and-answer document would then be provided as an addendum to the minutes at the next meeting.</p>	Rose Cooper	Management action	<p><u>COMPLETE</u></p> <p>The question-and-answer document has been provided as an addendum to the February minutes.</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>22/009 - Chief Executive Report (February 2022 - agenda item 9)</p> <p>It was agreed that the concerns shared by Ian Andrews (non-clinical staff governor) regarding the impact that the vaccination as a condition of deployment process was having on staff wellbeing would be addressed further outside of the meeting.</p>	Darren Skinner	Management action	<p><u>COMPLETE</u></p> <p>All staff who were identified with no vaccination status were invited to a series of staff meetings via MS Teams to discuss any concerns that they may have regarding the VCOD regulations. Only a small number of staff decided to attend these meetings and we understand that they were able to voice their concerns. The VCOD Regulations were rescinded before the implementation date.</p>
<p>22/013 - Quarterly Performance and Quality Update Report (February 2022 - agenda item 13)</p> <p>It was agreed that the Chief Operating Officer Report from the January public Board of Directors' meeting would be circulated to governors.</p>	Rose Cooper	Management action	<p><u>COMPLETE</u></p> <p>The Chief Operating Officer Report from the January public Board of Directors' meeting was circulated to governors.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>22/014 - Financial Update (February 2022 - agenda item 14)</p> <p>It was agreed that the Chief Financial Officer Report from the January public Board of Directors' meeting would be circulated to governors.</p>	<p>Rose Cooper</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>The Chief Financial Officer Report from the January public Board of Directors' meeting was circulated to governors.</p>
<p>22/018 - Support for the Appointment of the Senior Independent Director (February 2022 - agenda item 18)</p> <p>In preparation for Cleveland Henry starting the role of Senior Independent Director, the Corporate Governance Team would arrange a meeting between Cleveland and the new Lead Governor (Les France).</p>	<p>Rose Cooper</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>This meeting took place on the 20 April.</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>21/051 - Clinical Outcomes Update (November 2021 - agenda item 2)</p> <p>It was agreed that a summary of the learning from previous outcomes work would be presented to the next meeting in February including any high-level principles that could be taken forward. The Council also asked that consideration was given as to where the learning could be stored so it was accessible to staff in the future.</p>	<p>Chris Hosker / Lyndsey Charles</p>	<p>February 2022</p>	<p>See agenda item 16.</p>
<p>21/060 - Chief Executive Report (November 2021 - agenda item 9)</p> <p>It was agreed that an agenda item on the Trust's Green Plan would come to future meeting.</p>	<p>Dawn Hanwell</p>	<p>February 2022</p>	<p>See agenda item 15.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>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>	<p>Bea King</p>	<p>Management Action</p>	<p>At the November meeting it was agreed that the Mental Health Legislation Committee would reopen this action which was previously referred to the joint meeting of the Board subcommittees.</p> <p>This action was transferred to the Mental Health Legislation Committee action log.</p>
<p>21/051 - Clinical Outcomes Update (November 2021 - agenda item 2)</p> <p>Rose Cooper would circulate the presentation slides from this session, along with Chris Hosker's email address so that governors could suggest services to be included in future outcomes work.</p>	<p>Rose Cooper</p>	<p>Management action</p>	<p>The presentation slides and contact details were circulated to governors.</p>

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

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>21/062 - Quarterly Performance and Quality Update Report (November 2021 - agenda item 11)</p> <p>Helen Grantham suggested that a guide was circulated to governors explaining what performance data was available in various reports to the Board and which meetings it was presented to.</p>	<p>Rose Cooper</p>	<p>Management action</p>	<p>This was circulated to governors and included in the governor induction pack.</p>
<p>21/070 - Update on the Leeds Health and Care Academy (November 2021 - agenda item 16.1)</p> <p>It was agreed that governors would send any questions on the 'for information' agenda items (16.1 and 16.2) to Kerry who would contact the relevant director for a response. The questions and responses would then be collated and sent to the February meeting as an addendum to the minutes.</p>	<p>Kerry McMann</p>	<p>Management action</p>	<p>No questions relating to agenda items 16.1 or 16.2 were received.</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>21/070 - Update on the Leeds Health and Care Academy (November 2021 - agenda item 16.1)</p> <p>It was agreed that the 'for information' items (16.1 and 16.2) would be added to the Microsoft Teams Library for governors to comment on.</p>	Kerry McMann	Management action	The relevant items were added to the Microsoft Teams Library.

CHAIR'S REPORT

**PUBLIC COUNCIL OF GOVERNORS' MEETING
HELD 5 MAY 2022**

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

Since the February meeting Sue Rumbold has stepped down from the Council as she retired from the role of Director for Children and Families Programme, West Yorkshire and Harrogate ICS. We have been in contact with the West Yorkshire and Harrogate ICS to confirm who will replace Sue and we should be able to confirm this at the next Council meeting.

We would like to thank Sue for her contributions to our meetings and to championing matters relating to Children and Families in the work the Council does and wish her all the very best for the future.

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

Since the February Council of Governors' meeting there have been no changes change to the membership of the Board of Directors.

However, we are pleased to report that Kaneez Khan and Frances Healey took up their roles as Associate Non-executive Directors on 1 April and 2 April, respectively. Governors will have the opportunity to meet Kaneez and Frances at Council meetings and will see them in attendance at Board meetings and at Board sub-committee meetings throughout their period of induction, shadowing and handover from John Baker and Sue White.

We very much welcome Kaneez and Frances and look forward to working with them and supporting them in their induction.

Title: Directors' attendance at Board meetings (rolling 12 months)
Contributor: Cath Hill
Status of item: Standing item (for information)

The Council of Governors is asked to note the attendance of directors at the Board of Directors' meetings, in particular attendance relating to the non-executive directors. This information will also be provided in the Trust's Annual Report for the relevant financial years. The shaded boxes show the meetings people were not eligible to be at due to either their start or finish date. If a member of the Board attended only part of a meeting this will be detailed in the minutes; however, they will be shown as having attended the meeting in the table below.

Non-executive Directors

Name	25 March 2021	29 April 2021 (Extraordinary)	20 May 2021	10 June 2021 (Extraordinary)	29 July 2021	30 September 2021	25 November 2021	27 January 2022	31 March 2022
Sue Proctor (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓
John Baker	✓	✓	✓	✓	✓	✓	✓	✓	-
Helen Grantham	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cleveland Henry	✓	✓	✓	✓	✓	✓	✓	✓	✓
Andrew Marran	✓	✓	✓	✓	✓	✓			
Merran McRae								✓	✓
Sue White	✓	✓	✓	✓	✓	✓	✓	✓	✓
Martin Wright	✓	✓	✓	✓	✓	✓	✓	✓	✓

Executive Directors

Name	25 March 2021	29 April 2021 (Extraordinary)	20 May 2021	10 June 2021 (Extraordinary)	29 July 2021	30 September 2021	25 November 2021	27 January 2022	31 March 2022
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	4 May 2021	6 July 2021	2 November 2021	1 February 2022
Non-executive directors				
Prof Sue Proctor	✓	✓	✓	✓
Prof John Baker	✓	✓	✓	✓
Helen Grantham	✓	✓	✓	✓
Cleveland Henry	✓	✓	✓	✓
Andrew Marran	✓	✓		
Merran McRae				-
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)	4 May 2021	6 July 2021	2 November 2021	1 February 2022
Ian Andrews	E		✓	✓	✓
Caroline Bentham	E	✓	-	✓	✓
Sophia Bellas	E	-			
Mark Clayton	E	✓	-	-	✓
Rita Dawson	E	✓	✓	-	✓
Les France	E	✓	✓	✓	✓
Rachel Gibala	E		✓	✓	-
Ruth Grant	E	-	✓	✓	-
Hazel Griffiths	E		✓	✓	-
Oliver Hanson	E		✓	-	-
Gail Harrison	E		✓	✓	✓
Peter Holmes	E	✓	-	✓	✓
Steve Howarth	E	✓	✓	-	✓
Andy Johnson	E	✓	✓	✓	✓
Mussarat Khan	E	-	-	-	-
Helen Kemp	A	✓	✓	✓	-
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	✓	✓	✓	✓
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 wherever 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:	Non-executive Director and Governor service visits
Contributor:	Cath Hill
Status of item:	For noting

Over recent months the Trust has been in Business Continuity Mode which means that much of our day-to-day work was paused in order to manage the impact of the COVID-19 pandemic and ensure we have the capacity to provide our services.

Operationally a decision was taken to pause some service visits to allow staff to concentrate on the delivery of their services. The table attached shows those visits that were able to go ahead. Service visits are commencing again in the coming weeks however, a decision has been taken to continue the non-executive director / governor visits on a virtual basis, for the next few months.

Prof Sue Proctor
Chair of the Trust
May 2022

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

The following table lists:

- Service visits scheduled between November 2021 and May 2022.

Date of visit	Team / Service	In person / Virtual	Organised with	Non-Exec Director	Governor(s)	Notes
4 November 2021	Children and Young People's Services	Virtual	Tim Richardson	Sue White	Sue Rumbold Rachel Gibala	This visit took place as planned
6 December 2021	Acute Inpatient Service	Virtual	Maureen Cushley	John Baker	Joseph Riach Rita Dawson	This visit took place as planned (rearranged from the 28 October)
6 April 2022	Logistics Facilities	In person	Mahesh Patel	Sue White	N/A	Postponed to June 2022
4 May 2022	Northern School of Child and Adolescent Psychotherapy (NSCAP)	Virtual	Ben Lloyd and Carolyn Wellings	Martin Wright	Gail Harrison	Rearranged from the 1 December
May / June 2022	Gender Identity Service	Virtual	Laura Charlton	Cleveland Henry	Les France Ivan Nip	Rearranged from 16 November 2021

Council of Governors CEO Update

Thursday 5 May

Dr Sara Munro, Chief Executive

Welcome to the April briefing

- Covid-19 updates
- Key updates on our core strategic objectives
- Key updates from around the Trust
- Key updates from Partnerships
- Celebrating our colleagues and achievements
- Time for Q&A

Key Covid-19 updates



Latest Covid-19 guidance

- Guidance relating to IPC for the NHS has changed. The IPC team are working through this in detail before we implement any changes in the Trust.
- We do currently have 4 outbreaks within our inpatient settings and continue to see absence of staff due to covid.
- Please check the latest all-staff Covid email and Covid web pages

Testing for staff

- **All patient-facing staff** continue to complete **twice-weekly lateral flow tests**
- Staff also **continue to test** if **coming onto a Trust site for any purpose** or **coming together with other staff members for work related activities** (on or off site). This should include governors.
- NHS staff can still order free LFD test kits from www.gov.uk/order-coronavirus-rapid-lateral-flow-tests
- Any member of staff who has been in contact with a positive case or has a household member who is positive does not need to isolate or complete a PCR test. They will just require their twice-weekly lateral flow tests unless they become symptomatic - at this point they should contact the IPC team.

Our strategic objectives – key updates (1)

#1 Our workforce

- **2021 Staff Survey results** were published on 30 March – team level commitment planning is now underway supported by our People and Organisational Development team.

Our People Plan has been launched – visit our interactive website to view roadmaps

<https://www.leedsandYorkpft.nhs.uk/about-us/our-strategy/our-people-plan/>

- Progress on some key actions:
 - New project includes implementing the NHS Violence Prevention and Reduction Standard – a risk-based framework that supports a safe and secure working environment for NHS staff
 - New hybrid working policy being rolled out in May
 - New Medical Strategy approved – can be used as a tool to support medical recruitment



Physical Health Checks for Staff – May to December

- Jane Oldroyd, from SWYFT, will be at St. Mary's Hospital one day a month, from May onwards

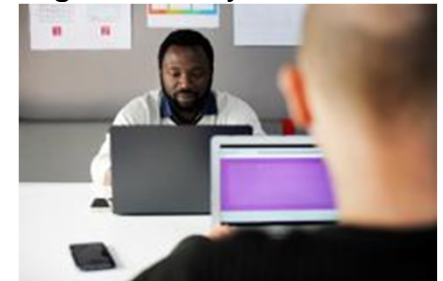
Agile and hybrid working policy

Hybrid: Work > meet > collaborate

- Hybrid working at LYPFT is intended to increase the flexibility of our working lives – improving our ability to work, meet and collaborate across different Trust sites as well as from home.

Make decisions as to where and how you work

- Our new policy and guidance will launch on 3 May 2022.
- We are asking colleagues and teams to start thinking differently about your working day from now.
- An area on *Staffnet* will be available soon to offer tools, guidance and practical advice on what this might mean for you.



This is the start of our hybrid working journey

- We have to learn together. Workshops are taking place to understand progress, share learning and overcome unforeseen obstacles and issues.
- The first big change is the move of Trust HQ out of Thorpe Park. This saves us money that was spent on the lease and will enable us to relocate alongside other trust clinical and corporate functions at St Mary's House later in the year.

Our strategic objectives – key updates (2)

#2 Care services



- I have recommenced in person visits and so far have been to our adult acute wards, Psychiatric Care Intensive Service (PICU), forensic wards at Clifton House, Children and Young People's Service at Mill Lodge, Veterans Team at Lea House, Red Kite View and Mother and Baby Unit at Parkside Lodge.
- Meeting with a range of staff, and some service users to understand current challenges
- Some staffing challenges - in particular Community Mental Health Teams and Older Adults Service. Staff have given open and honest feedback on the impact this is having for them including redeployment which we aim to avoid wherever possible.
- Staff are also very proud of how they have worked together, supported one another and got through some of the most challenges of times over the past two years. Taking the time to acknowledge and show our appreciation is something the board is keen to do over the coming months as board members restart face to face service visits.
- Operational and financial planning for 2022/2023 has been taking place with all West Yorkshire based NHS organizations submitting their plans through the West Yorkshire ICB at the end of April. We have used this process to identify each of our services year-end position and the impact of pandemic which then has enabled services to prioritize short, medium and long-term.

What else is happening in the Trust?

Supporting with the cost of living

- We are fully aware of the pressure that the rising cost of living is placing on our people
- At an Executive Management Team meeting in March, we decided we would create an **info pack** to highlight support available you might not be aware of. See Staffnet news.
- **Please share and let us know what would make a difference to you.** We've also set up a simple short survey in the pack where you can provide this information anonymously.



New version of iLearn coming soon!

- In June we will be launching a new system called Learn with a greatly improved user experience

Update on our Partnerships

Integrated Care Boards

- We operate within the **Humber Coast and Vale** and **West Yorkshire Integrated Care Boards**. Both boards have been recruiting to their senior teams.
- Within Humber our involvement is specific to the two provider collaboratives for Children and Young Peoples Mental Health Services (Mill Lodge) and Forensic services (Clifton House and Forensic Outreach).
- In West Yorkshire we are more heavily involved in the leadership, governance and accountability for the whole of the ICB. I am a member of the ICB shadow board which has held its initial meeting. Once legislation has been passed (1st July 2022) the ICB board and sub committees will be held in public. At this point CCGs will no longer exist and all functions transfer into the ICB.
- Leeds partners will be delegated authority from the West Yorkshire ICB to oversee the development, delivery and monitoring of health care for Leeds once the CCG no longer exists. This is described as a **place-based partnership** (PBP). Tim Ryley the current CEO of the CCG will be the place-based lead reporting into the ICB.
- Independent chair's that oversee the place-based partnership for each place in West Yorkshire are being recruited. Interviews for the Leeds chair are on the 12th May and Prof Proctor is on the interview panel. Two lay members for Leeds have already been appointed.

Reasons to be proud



Hannah shortlisted for Student Nurse of the Year



Well done to **Hannah Shephard**, who has been shortlisted for Student Nurse of the Year for Clinical Research at the Student Nursing Times Awards.

Hannah has worked alongside colleagues in the research team to put together a programme of activities that students can participate in and has expanded her own knowledge of research.

Max's new Uni of Leeds psychiatry role

Congratulations to **Dr Max Henderson**, Consultant Liaison Psychiatrist and Clinical Lead for Research & Development, who has been appointed **Chair of Psychiatry** with the University of Leeds.

This is a joint appointment with the Trust and will be important in our ongoing ambitions to further develop our research activity and relationship with the University.



Verity's amazing swim story



A massive congratulations to **Verity Joyce**, Practice Development Practitioner with our Veterans Mental Health Service (part of NHS Op Courage), who has been awarded the **Special Recognition Award** by the Channel Swimming and Piloting Federation for her achievement in becoming the first deaf women to swim the channel.

Verity is an active fundraiser and role model - sharing her own experiences and career pathway to inspire others.

Verity has been very much in demand with press, TV and radio interviews and has used the platforms to raise awareness of Op Courage.

Look out for Verity's story in the May Wellbeing Wednesday for Deaf Awareness Week along with details of her new 40-mile outdoor swim challenge.

Reasons to be proud



Nomination for Gender Outreach Workers team

Gender Identity Service needs your vote in the National Diversity Awards!

Gender Outreach Workers have been nominated in the Community Organisation Award for LGBT category of the National Diversity Awards.

Gender Outreach Workers provide advice and peer support to people on the Leeds GIS waiting list and care pathway, as well as people thinking about referral to the service.

Vote online <https://www.nationaldiversityawards.co.uk/>



Susan appointed Royal College Clinical Adviser

Congratulations to Susan Guthrie, an Advanced Practitioner Speech and Language Therapist and a CARdINAL Clinical Academic Research Fellow, who has been offered a prestigious role with the Royal College of Speech and Language Therapists (RCSLT) as a Clinical Adviser which will include offering and developing guidance and advising on research priorities.





Congratulations to our February winner!...



Ward 4, Acute Male Inpatients, The Becklin Centre

“Towards the back end of January and early February, Ward 4 Becklin was the only Male Acute Ward open to admissions due to Covid restrictions on other wards. Some of the admissions were challenging at times, and also due to the increased pace of new admissions and discharges, the paperwork was also challenging. The Ward Manager, nursing team, HSWs, OTs and all other staff working on the ward were fabulous and took everything in their stride. The team supported each other as well as the service users. It was challenging but also very rewarding and handled as always with professionalism.”

- Nominator

“An example of how good teamwork can support flexibility and adaptability during these continuing challenging times. Hope that ways of making the paperwork more straightforward can also be found when time permits.”

“Real achievement during very testing times.”

- Judges



Leeds and York Partnership
NHS Foundation Trust

Any questions?

**AGENDA
ITEM**

11

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Quarterly Service Delivery and Performance Report
DATE OF MEETING:	5 May 2022
PRESENTED BY:	Joanna Forster Adams, Chief Operating Officer
PREPARED BY:	Edward Nowell, Senior Information Analyst

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

In the period we continued to see significant disruption in staff availability and as a result this has impacted on the achievement of our performance standards. Nonetheless, we continued to operate across all services throughout (with disruption in service delivery in our smaller more specialised services proportionally more significant). The attached report provides a summarised version of the comprehensive service delivery and performance report contained within the public Board meetings.

The Council of Governors is asked to be **alert** to:

- Significant staffing disruption due to Covid surge late December 2021 into January 2022.
- Impact on our normal level of responsiveness and accessibility into services during the period.
- Ongoing pressured demand for Acute, Forensic and Older Adult inpatient services (locally and nationally).
- Significant staffing level challenges in our adult Community Mental Health Teams.

The Council of Governors is asked to be **advised** of:

- Board level involvement and leadership in the Leeds health and care pressures review of current plans to achieve backlog recovery of elective care.

The Council of Governors is asked to be **assured** on:

- Board scrutiny and support on all aspects of service delivery in the period.
- Maintaining of service delivery (albeit with varying degrees of disruption) throughout the period.
- Recovery of more normal levels of access and responsiveness (following a surge in Covid infection rates in January).
- Mitigating business continuity plans in place in Adult Community services.
- Our part in establishing new priorities and plans being in place at a Leeds level to manage and mitigate pressures and demand in system flow (including recovery of backlog in elective care).

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 of Governors is asked to highlight any areas of concern or further work required in respect of service delivery and performance.

COUNCIL OF GOVERNORS : QUARTERLY PERFORMANCE AND QUALITY UPDATE REPORT



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

Please note that the latest Services information reported is February 22, and Quality and Workforce is February 22. This is consistent with the latest information shared with the Trust Board of Directors.

Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Dec 2021	Jan 2022	Feb 2022
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	73.2%	72.9%	69.4%
Percentage of ALPS referrals responded to within 1 hour	90.0%	69.9%	53.0%	68.9%
Percentage of S136 referrals assessed within 3 hours of arrival	-	12.5%	15.0%	14.6%
Number of S136 referrals assessed	-	48	40	48
Number of S136 detentions over 24 hours	0	3	9	5
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	90.0%	63.6%	57.1%	37.5%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	88.4%	92.8%	91.4%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	56.1%	49.1%	50.8%
Percentage of CRISS caseload where source of referral was acute inpatients	-	19.6%	22.9%	17.6%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Dec 2021	Jan 2022	Feb 2022
Gender Identity Service: Number on waiting list	-	3,227	3,228	3,358
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days *	-	-	-	-
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	73.3%	70.0%	81.1%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	95.0%	54.3%	-	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	71.4%	-	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	100.0%	-	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for bio psychosocial assessment (quarterly)	85.0%	31.9%	-	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	623	620	-	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	10.3%	-	-
Services: Our acute patient journey	Target	Dec 2021	Jan 2022	Feb 2022
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	69.4%	80.6%	81.0%
Crisis Assessment Unit (CAU) length of stay at discharge	-	14.92	6.25	12.23
Liaison In-Reach: attempted assessment within 24 hours	90.0%	80.4%	77.0%	84.7%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0%	98.3%	91.1%	97.3%
Becklin Ward 1 (Female)	-	100.0%	94.4%	101.5%
Becklin Ward 3 (Male)	-	95.2%	93.1%	102.3%
Becklin Ward 4 (Male)	-	99.1%	97.7%	97.7%
Becklin Ward 5 (Female)	-	102.8%	78.4%	95.5%
Newsam Ward 4 (Male)	-	94.5%	92.0%	89.5%
Older adult (total)	-	80.2%	72.4%	83.2%
The Mount Ward 1 (Male Dementia)	-	60.5%	71.2%	67.6%
The Mount Ward 2 (Female Dementia)	-	89.0%	85.4%	82.1%

Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Dec 2021	Jan 2022	Feb 2022
The Mount Ward 3 (Male)	-	74.3%	68.4%	85.6%
The Mount Ward 4 (Female)	-	94.1%	68.9%	92.0%
Percentage of delayed transfers of care	-	8.9%	9.6%	10.7%
Total: Number of out of area placements beginning in month	-	12	12	5
Total: Total number of bed days out of area (new and existing placements from previous months)	56	290	521	370
Acute: Number of out of area placements beginning in month	-	9	10	3
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	148	305	192
PICU: Number of out of area placements beginning in month	-	3	2	2
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	18	93	94
Older people: Number of out of area placements beginning in month	-	0	0	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	124	123	84
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90.0%	67.1%	-	-
Services: Our Community Care	Target	Dec 2021	Jan 2022	Feb 2022
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	82.7%	92.1%	75.3%
Percentage of inpatients followed up within 3 days of discharge (CCG commissioned services only)	80.0%	81.4%	91.2%	75.6%
Number of service users in community mental health team care (caseload)	-	4,174	4,159	4,090
Percentage of referrals seen within 15 days by a community mental health team	80.0%	84.1%	80.5%	80.9%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	73.4%	71.1%	73.2%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	56.0%	67.5%	67.1%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	100.0%	66.7%	46.2%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	65.2%	-	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	39.3%	-	-
Services: Clinical Record Keeping	Target	Dec 2021	Jan 2022	Feb 2022
Percentage of service users with NHS Number recorded	-	99.0%	99.2%	99.3%
Percentage of service users with ethnicity recorded	-	77.4%	78.1%	77.8%
Percentage of service users with sexual orientation recorded	-	29.6%	30.5%	30.9%
Percentage of in scope patients assigned to a mental health cluster	-	68.3%	69.1%	70.0%
Services: Clinical Record Keeping	Target	Sep 2021	Oct 2021	Nov 2021
DQMI (MHSDS) % Quality %	95.0%	91.8%	91.9%	91.4%

* Reporting of the Deaf CAMHS time to first contact measure has been paused to allow the service to resolve some known recording issues. Reporting will recommence from April.

Quality and Workforce metrics: Tabular overview

Services: Clinical Record Keeping	Target	Dec-21	Jan-22	Feb-22
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	Sep	Oct	Nov
		91.8%	91.9%	91.4%
Percentage of service users with ethnicity recorded	-	77.2%	78.0%	77.3%
Percentage of in scope patients assigned to a mental health cluster	90%	68.2%	68.9%	69.9%
Percentage of service users with sexual orientation recorded	-	29.3%	30.4%	30.5%
Quality: Our effectiveness	Target	Dec-21	Jan-22	Feb-22
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	-	14	67	5
Quality: Caring / Patient Experience	Target	Dec-21	Jan-22	Feb-22
Friends & Family Test: Positive experience of care (total responses received) **	-	92%(101)	94%(121)	95%(131)
Mortality:				
• Number of deaths reviewed (incidents recorded on Datix)*	Quarterly	63	-	-
• Number of deaths reported as serious incidents	Quarterly	5	-	-
• Number of deaths reported to LeDeR	Quarterly	0	-	-
Number of complaints received	-	18	11	13
Percentage of complaints acknowledged within 3 working days	-	100%	100%	100%
Percentage of complaints allocated an investigator within 3 working days ***	-	66%	36%	92%
Percentage of complaints completed within timescale agreed with complainant	-	100%	100%	100%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	164	211	180

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.

*** Some delays due to being in business continuity and then devising a plan for allocations once this came to an end (other services helping to investigate CMHT complaints). 92% have now been allocated.

Quality and Workforce metrics: Tabular overview

Quality: Safety	Target	Dec-21	Jan-22	Feb-22
Number of incidents recorded	-	810	943	879
Percentage of incidents reported within 48 hours of identification as serious	100%	100%(3)	100%(1)	0%(0)
Number of Self Harm Incidents	-	82	128	107
Number of Violent or Aggressive Incidents	-	77	102	95
Number of never events	-	0	0	0
Number of physical restraints *	-	176	134	187
No. of patients detained under the MHA (includes CTOs/conditional discharges)	-	517	519	531
Adult acute including PICU: % detained on admission	-	55.3%	62.5%	60.7%
Adult acute including PICU: % of occupied bed days detained	-	82.1%	86.8%	86.8%
Number of medication errors	Quarterly	174	-	-
Percentage of medication errors resulting in no harm	Quarterly	91%	-	-
Safeguarding Adults: Number of advice calls received by the team	Quarterly	191	-	-
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	21.0%	-	-
Safeguarding Children: Number of advice calls received by the team	Quarterly	46	-	-
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	23.0%	-	-
Number of falls	-	27	24	49
Number of Pressure Ulcers **	-	0	0	1

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	Dec-21	Jan-22	Feb-22
Percentage of staff with an appraisal in the last 12 months	85%	69.8%	68.2%	67.2%
Percentage of staff with a wellbeing assessment completed	-	81.0%	81.0%	82.0%
Percentage of mandatory training completed	85%	85.5%	84.8%	85.2%
Safeguarding: Prevent Level 3 training compliance (quarter end snapshot)	85%	-	-	-
Percentage of staff receiving clinical supervision	85%	68.1%	63.3%	65.6%
Staff Turnover (Rolling 12 months)	8-10%	9.5%	9.4%	9.6%
Sickness absence rate in month	-	6.6%	6.9%	6.4%
Sickness absence rate (Rolling 12 months)	4.9%	5.6%	5.7%	5.9%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	10.5%	10.6%	11.0%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	37.9%	37.8%	36.3%
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	-	1,381	2,584	711
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	14.6%	15.9%	14.0%
Medical Consultant Vacancies (number)	-	11.5	12.8	11.3
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	7.7%	15.8%	15.6%
Medical Career Grade Vacancies (number)	-	3.1	6.7	6.6
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	13.2%	13.8%	2.9%
Medical Trainee Grade Vacancies (number)	-	13.3	14.0	2.9
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	34.0%	37.0%	38.0%
Band 5 inpatient nursing vacancies (number)	-	73.2	88.6	94.9
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	0.0%	0.0%	9.0%
Band 6 inpatient nursing vacancies (number)	-	0.0	0.0	10.1
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	20.0%	33.7%	34.8%
Band 5 other nursing vacancies (number)	-	20.6	34.6	32.0
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	0.0%	0.0%	0.0%
Band 6 other nursing vacancies (number)	-	0.0	0.0	0.0
Percentage of vacant posts (Trustwide; all posts)	-	5.2%	7.7%	7.2%
Bank Agency Spend YTD (Cost)	-	13,243,504	14,517,005	16,163,034
Bank Agency Spend YTD (%)	-	12.0%	12.0%	12.0%
		Jan	Feb	Mar
Number of staff vaccinated for Covid19 (first dose)*		3,759	3,742	3,712
Percentage of staff vaccinated for Covid19 (first dose)*		97%	96%	95%
Number of staff vaccinated for Covid19 (second dose)*		3,645	3,626	3,599
Percentage of staff vaccinated for Covid19 (second dose)*		94%	93%	92%

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

* March data as at 22/03/22

Trust Board Assurance: Key discussions, issues and actions

Points to note:

In the period we continued to see significant disruption in staff availability and as a result this impacted on the achievement of our performance standards. Nonetheless, we continued to operate across all services throughout (with disruption in service delivery in our smaller more specialised services proportionally more significant). Our contractual standards across services are measured as a matter of routine and in this period:

There are some measures that have remained above target in spite of the circumstances in which teams are operating such as the percentage of service users who were seen or visited at least 5 times within the first week of receiving CRISS support, the percentage of referrals assessed by CMHT within 15 days and the percentage of referrals to memory services with a diagnosis recorded within 12 weeks.

Areas where performance has been most impacted are the percentage of Acute Liaison Psychiatry referrals responded to within 1 hour, the percentage of appropriate crisis referrals seen face-to-face for assessment within 4 hours of referral, the percentage of assessments attempted by Liaison In-Reach within 24 hours and the percentage of inpatients followed up within 3 days of discharge from CCG commissioned services. These are key indicators which highlight where staffing availability impacted on responsiveness and access in particular. Teams worked hard to mitigate ensuring that those most at risk received care and support and in recovering quickly our access and responsiveness across services.

The clinical triage function within SPA is now fully staffed and the CRISS service is planning some improvement work to understand where the daily peaks in demand occur so that resourcing can be allocated appropriately, and management of the service will move into community services from May onwards with a new operational manager coming into post.

Of particular concern in the period and on a continued basis, demand on acute inpatient services remain high with very few out of area beds available nationally, our bed management team reporting 10 bed requests for male beds on just one day. Whilst there appears to be a drop in inappropriate out of area bed days during February, this may be artificially low due to the lack of beds rather than a lack of demand.

For the first time in 21/22, we have not met the 80% target for follow-up within 3 days, achieving 75.6% for CCG commissioned services and 75.3% Trust-wide. Most of the breaches related to service users within Intensive Support Services, working age adult CMHTs and Care Homes. Breaches have been actively followed up to ensure that service users are receiving the care and support needed in the crucial days following discharge.

Appraisal rates continue to hold steady at 67.2% in February. 82% of staff had received a recent wellbeing assessment through our Staff Wellbeing Framework.

Mandatory Training Compliance has been stable over recent months and in February was 85.2%, against a target of 85%.

Clinical supervision rates have remained consistent in February with 65.6% of eligible staff receiving clinical supervision, against a target of 85%.

Trust Board Discussion Summary:

The LYPFT Public Meeting of the Board of Directors (BoD) was held via Zoom on 31st March 2022. The agenda and papers are published on the Trust's website (<https://www.leedsandYorkpft.nhs.uk/about-us/board-of-directors/board-meetings-2022/>).

The Chief Operating Officer provided a number of highlights from the Chief Operating Officer Report. Plans developed as part of the work that has been taking place at a system level to address the sustained pressure the Leeds health system has been under, have not had the expected impact. Work has been taking place to understand the key issues and themes driving the sustained pressure being felt in the Leeds health system. There are four key themes being investigated; (1) a brokerage system being put in place in order to simplify access to care home placements and packages of care for social care practitioners, which is being led by the Adult Social Care lead; (2) development of the transfer of care hub, setup in November 2021 and located within LHTT, who are responsible for navigating the health and care system which is proving to be successful and follows in the footsteps of similar services already existing in other part of the country which is being led by the Chief Executive of Leeds Community Healthcare with a key part being played by LYPFT; (3) development of a blended workforce so that staff can work across boundaries; (4) older adults mental health system across the city with residential, nursing and care packages in particular needing immediate attention, the city-wide lead for which is yet to be finalised.

Concerns around services, in particular Community Mental Health Teams were noted. The Community Transformation Programme aims to break down some of the boundaries and to make working together for our service users easier. The Community Transformation Programme is a significant change to our services, at a time when staff are already under strain keeping services running in addition to high levels of vacancies and absence in Community Mental Health Teams. The Leadership Team are working with staff to stabilise services in relation to the issues above by putting a series of measures in place, including recruitment plans, enhanced recruitment plans, retention plans and wellbeing support, in particular. The other service where there is staffing pressure is in Older Adult services where acuity demands additional staff. The third service where there is significant staffing pressure is in Forensic services which are impacted by sustained vacancies, absence (including leave), and acuity where additional staff are required. No significant workforce changes are expected in the immediate future. Despite the challenges, opportunities to sustain and build on our workforce are being found. Feedback from services needs to be considered when determining what the limitations are for services and what level of high quality care we can realistically deliver in the immediate future with the resources available. The level of demand needs to be made clear in order that the gaps between demand and service capacity can be fully understood along with the associated risks. Stabilisation work has been taking place within Adult Acute services which has started to have a positive impact. In Older Adult Inpatient and Forensic services the Board can expect to hear further updates over the next few weeks. Next steps will focus on the level of high quality care that can be delivered with the resources that are available in the immediate future.

Key issues, risks and actions:

Due to ongoing disruption (at times extremely significant) in staff availability, as yet our recovery of backlog plans are not achieving a level of performance to meet increasing demand. Our limiting factor in the main is staff availability however, there are additional efficiencies in processes that we are anticipating will have some impact on improving performance and mitigating some of the staffing issues we face.

At a Leeds system level however, there is major concern about the pressures in the health and care sector which mean that the current plans for recovery of backlogs in elective care (including urgent and vital treatment) are not achieving the required impact.

As a result, partners are now urgently working together with the support of national teams to implement new plans which are anticipated will have more impact at pace.

An enhanced multi agency group was established to specifically focus on people who have the longest delays in transfer of care or discharge. In addition, we were a key partner in an event running in parallel with Care Home partners, facilitated by the Director of Adult Social Care Cath Roff. This was aimed at rebuilding confidence and relationships and working out alongside Care Home teams how we can enable better flow and less hesitancy in taking transfers (particularly supporting people with dementia). A new set of clear priorities for action has been agreed and is now in place across Leeds.

Staffing remained a key area of concern throughout January and February, and to continue to be so, into March. As of week commencing 21st March 2022, we had around 50 Covid related absences in the Trust. Of course, Covid absence is one element of staffing pressure. Increasing vacancies in some services, annual leave, and other illness all have influenced staff numbers. A notable increase in absence was seen in the half-term week (21-25th February).

The phrase has been coined of "living with Covid" and this is the focus for the next 12 or more months. Although indicators of community are increasingly unreliable and with cessation of community testing will become more so, the Office of National Statistics are continuing to produce data. This data suggests continuing high levels of community transmission in the 3-4% range. Given the potential for future outbreaks, new variants, and staff sickness, particular as vaccine waning occurs during 2022 the ability to build resilience in dealing with Covid is essential.

The key to the Trust maintaining service provision during 2022 is building on its resilience and its plans for managing disruptions. A tabletop exercise is being held in late March to test some of the assumptions and responses to any re-emergence of risks around the pandemic. The aim is to enable plans to be developed across both clinical and corporate services that prevent serious disruption over the next 12 months.

Organisational business continuity ended in mid-February, but business continuity remains in place for our Community Mental Health Teams. As is to be expected, the pressures being felt over the last couple of months, have impacted significantly on staff availability and staffing levels resulting in further sustained period of disruption in care, support, and service delivery. Clearly this is seen starkly in our performance against our standard KPIs.

**AGENDA
ITEM**

12

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Finance Update
DATE OF MEETING:	5 May 2022
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 for 21/22 and the plan for 22/23.

Financial planning and management is wholly embedded in the system architecture where the Integrated Care Board is the key planning footprint and all revenue and capital resources are allocated through this.

For 21/22 we have achieved our financial objectives in the context of continuing to operate with the unpredictability of the COVID pandemic. Our year end results are positive, we have achieved and income and expenditure surplus of £3.6 million and invested £10.7 million on capital projects.

22/23 Plans have just been finalised and whilst these are challenging we are aiming to deliver all our requirements within the revenue and capital resources we have been allocated. 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. We continue to work in partnership to achieve the best value for money outcomes for our service users.

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 the finance update, and discuss and consider any key points.

MEETING OF THE COUNCIL OF GOVERNORS

5 MAY 2022

FINANCE UPDATE

1 Introduction

This report provides an overview of our financial position, covering the end of year position for 2021/22 and the plan for 2022/23.

As previously discussed with the Council, the NHS financial framework has changed in response to the pandemic, with fixed block allocation arrangements, rather than variable contract arrangements. Now as we transition into the establishment of statutory Integrated Care Boards (ICBs), financial planning on an overall system basis is firmly embedded and whilst we will be returning to agreed contract arrangements these remain based on fixed allocations, including growth. Individual provider organisations all have a financial objective to work with partner organisations and live within agreed revenue and capital resources which are allocated through the ICB.

2 21/22 Income and Expenditure Position

We have completed our draft financial accounts for the year ended 31 March 22. This is subject to external audit. The final position is shown in the table below, the Trust delivered a £3.6m income and expenditure surplus.

Overall our income exceeded our costs in the year, but the benefits were all one off in nature. Predominantly this was service development slippage, income from commercial activities and unplanned additional funding from NHS England.

The pay and other income variances from plan relate primarily to a technical adjustment which aims to show in LYPFT accounts the 6.3% additional employer pension contribution which is paid nationally. This is a “grossing up” adjustment which increases both our cost and our income in the reported year end position.

Throughout the year we continued to manage a number of cost pressures particularly in relation to workforce costs linked to the ongoing impact of the pandemic and Out of Area placements. Due to the level of COVID funded we received this was all manageable, and partly offset by vacancies. In the second half of the year we did go live with the Children and Young Peoples provider

collaborative, and we used some one off funding to help us transition from Little Woodhouse Hall to Red Kite View.

Income & Expenditure Position	NHSEI Plan £000s	Actual £000s	Variance £000s
Pay	(144,324)	(152,044)	(7,720)
Non Pay	(72,020)	(70,072)	1,948
Total Expenditure	(216,344)	(222,116)	(5,772)
Income: System allocations			
COVID	9,314	9,314	0
Top up - Prospective	3,938	3,938	0
Block contracts	155,032	159,339	4,307
Growth	1,450	1,450	0
Sub Total System Allocations	169,734	174,041	4,307
Other Income	46,548	51,694	5,146
Total Income	216,282	225,735	9,453
Reported Total Surplus/ (Deficit)	(62)	3,619	3,681
Remove excluded costs	0	96	96
System Surplus/ (Deficit)	(62)	3,715	3,777

3 21/22 Capital Expenditure Position

We successfully delivered most of our intended capital plan investments during 21/22. During the year we revised our plan due to the practical difficulties of delivering some of our ward upgrades given the operational pressures. In total we spent £10.78 million on improvements to the estate and our informatics infrastructure, of this £6.5 million was linked to the Red Kite View Children and Young Peoples inpatient facility which opened in January.

4 22/23 Plan

We have just finalised and submitted our financial plan for 22/23 covering both revenue and capital. The plans have been constructed in line with the planning guidance, taking into account the operational deliverables we need to achieve during the year.

Income and Expenditure

The income and expenditure plans are set at breakeven and based on the known and agreed income which we will receive, through the set allocations process. This will be a challenging year as the financial operating rules have reintroduced the requirement to meet a national efficiency saving of 1.1%, our COVID allocation has been reduced by £5.5m and the cost of inflation will exceed the funding we have received.

Based on our predicted expenditure requirements we have a financial challenge/gap of £6 million to make sure we can deliver income and expenditure breakeven. We have planned a series of savings/mitigations which should ensure we deliver to plan, without any significant impact on our service deliverables. Whilst overall the financial outlook clearly looks challenging, there remains a national and local commitment to investing in mental health and learning disability services. We

have good partnership working arrangements which we will need to optimise to ensure we continue to deliver the quality of care to our service users. Although we still face some uncertainty regarding 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.

Capital Plan

The new operating framework has significantly changed the way we are able to invest in capital. We are now strictly aligned to the ICB capital allocation for our operational capital requirements. In 22/23 the ICB has been allocated a capital resource limit of £158 million to redistribute between the 10 provider organisations. We have been allocated £7 million of this which is slightly higher than our fair share based on the allocation methodology. We have agreed a plan for 22/23 within this allocation, to meet our requirements including ward upgrades, redeveloping St Mary's House as a corporate hub and headquarters and further developments in information technology.

Our main risk going forward will be the way we fund our strategic capital investment requirements. Under the Health and Social Care bill a new discretionary power has been introduced which gives NHS England/Improvement the power to impose a limit on Foundation Trusts capital investment. This takes away the freedom we have under the existing foundation trust provider licence to invest our surplus cash reserves at our own discretion. Going forward for any investment above the operational ICB allocation we will need to access funding approval from the national capital expenditure limit which is highly constrained. This key strategic risk will impact on our plans. We have engaged healthcare planners to help us establish a clear strategic case for our longer term requirements which we will use to bid for national capital resource.

5 Conclusion

This paper gives an overview of the financial end of year position for 21/22 and our current planning assumptions for 22/23. The Trust is wholly embedded within the financial operating framework which has developed aligned to the statutory establishment of ICBs. This brings with it some challenge and opportunity and reinforces the concept of system integration and the way in which financial planning is very much managed on an aggregate system level, with individual and collective accountability.

6 Recommendation

The Council of Governors is asked to note the finance update, and discuss and consider any key points.

Dawn Hanwell

Chief Financial Officer and Deputy Chief Executive

22 April 2022

**AGENDA
ITEM**

13

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Report from the Chair of the Finance and Performance Committee
DATE OF MEETING:	5 May 2022
PRESENTED BY: (name and title)	Sue White – Non-executive Director and Chair of the Finance and Performance Committee
PREPARED BY: (name and title)	Sue White – Non-executive Director and Chair of the Finance and Performance 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 for the Council of Governors summarises the work of the Finance and Performance Committee (Part A only) for the period 1 April 2021 to 31 March 2022.

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

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

No

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

RECOMMENDATION

The Council of Governors is asked to:

- Note this report for information and assurance.

MEETING OF THE COUNCIL OF GOVERNORS

5 May 2022

REPORT FROM THE CHAIR OF THE FINANCE AND PERFORMANCE COMMITTEE

1 Executive Summary

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

2 The Committee's remit

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

3 Membership

Membership of the Finance and Performance Committee is made up of three non-executive directors; the Chief Financial Officer (Dawn Hanwell) and the Chief Operating Officer (Joanna Forster Adams). The Committee has been chaired by a non-executive director, Sue White, since May 2018. The other non-executive directors are Martin Wright, who also chairs the Audit Committee, and provides independent financial expertise to the Committee; and Cleveland Henry, who brings specific expertise on information technology. Cleveland Henry will take over as chair of the Committee from April 2022. David Brewin, Assistant Director of Finance, and Gerard Enright, Senior Finance Manager, attend the meeting on a regular basis and other members of staff attend to present or advise on particular issues as required. Over the past year several governors have observed the work of the Committee.

4 The work of the Committee over the past year

Issues on which the Committee has reviewed and received assurance over the last year include:

- reviewed progress on the build of the new Children and Young People's Mental Health Inpatient Unit (Red Kite View) at St Mary's Hospital
- winter resilience and operational planning, including for Covid-19
- discussed the potential impact of the recent Government decision around compulsory Covid-19 vaccination
- received a regular Chief Operating Officer report and considered the different factors affecting performance, including Covid-19 and the new ways of working as part of the reset and stabilisation plan, and received assurance on the actions taken to improve performance related issues
- received assurance around progress with maximising the benefits of the Care Director system
- noted the progress of the current programme of work against the Informatics Plan, and received assurance that no major unmitigated risks currently existed that would impact the ICT Service to the Trust
- the risks and opportunities related to the development of "provider collaboratives" across the West Yorkshire Integrated Care System where provider organisations come together to organise and provide services in innovative ways
- reviewed the latest draft of the Trust's Green Plan which has been drawn up in conjunction with a wide range of stakeholders.
- received an overarching three-year 2020/23 strategy for Thrive by Design (formerly known as mHabitat) and a more detailed business plan for 2021/22 which showed that good progress was being made
- reviewed the Trust's Emergency Preparedness, Resilience and Response (EPRR) Annual Report which covered the period 1 April 2020 to 31 March 2021. The Committee received assurance on two major risks affecting the ongoing business continuity of the Trust: the continuation of the Coronavirus pandemic and the end of EU exit transition.
- reviewed in detail the financial performance reports at each meeting
- reviewed an update on the Trust's internal Procurement Transformation Plan
- reviewed a quarterly Estates and Clinical Environments Report which provided updates on estates issues and outputs from Estates Steering Group and Clinical Environments Group
- the effect of Covid-19 on the Trust's non-NHS contracted income and plans for the future.

5 Opportunities and challenges for the future

These include:

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

Sue White

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

25 April 2022

**AGENDA
ITEM**

15

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	NHS Staff Survey 2021: Results
DATE OF MEETING:	5 May 2022
PRESENTED BY: (name and title)	Darren Skinner, Interim Director of People and OD
PREPARED BY: (name and title)	Lucy Heffron, People Engagement Lead

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 the Council of Governors with a summary of the results and outcomes of the 2021 Staff Survey. The questions in the NHS Staff Survey have been changed to align to the People Promise, which sets out, in the words of NHS Staff, the things that would most improve their working experience.

The paper examines this new focus of the staff survey and, where possible, how the Trust's results compare to previous years. It highlights any emerging themes, on where we have made improvements or seen deterioration. For the third year in a row, we also opted to survey our Bank Staff. We are awaiting these results from Quality Health.

In previous years we were able to compare Theme Scores against our historic data. As the structure and questions in the survey have changed this year, the same comparisons will not be possible for the 2021 data. The NHS Coordination centre have however, continued to monitor two of the previous 10 Key Themes: Engagement and Morale, and these theme comparisons are reported in this paper. The Trust has shown a decline in both of these Key Themes.

The reporting also includes new sub-scores, which feed into the People Promise elements and themes. The results from these new sub-scores are being used as performance metrics to enable us to deliver against our recently launched People Plan, as well as identify progress towards achieving the People Promise.

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
<p>The Council of Governors is asked to receive and note the outcome of the 2021 National Staff Survey results which should promote further discussion.</p>

MEETING OF THE COUNCIL OF GOVERNORS

5 May 2022

NHS Staff Survey 2021: Results

Executive Summary

This paper provides the Council of Governors with a summary of the results and outcomes of the 2021 Staff Survey. The questions in the NHS Staff Survey have been changed to align to the People Promise, which sets out, in the words of NHS Staff, the things that would most improve their working experience.

The paper examines this new focus of the staff survey and, where possible, how the Trust's results compare to previous years. It highlights any emerging themes, on where we have made improvements or seen deterioration. For the third year in a row, we also opted to survey our Bank Staff. We are awaiting these results from Quality Health.

In previous years we were able to compare Theme Scores against our historic data. As the structure and questions in the survey have changed this year, the same comparisons will not be possible for the 2021 data. The NHS Coordination centre have however, continued to monitor two of the previous 10 Key Themes: Engagement and Morale, and these theme comparisons are reported in this paper. The Trust has shown a decline in both of these Key Themes.

The reporting also includes new sub-scores, which feed into the People Promise elements and themes. The results from these new sub-scores are being used as performance metrics to enable us to deliver against our recently launched People Plan, as well as identify progress towards achieving the People Promise.

Background

The 2021 LYPFT NHS Staff Survey ran from 1 October – 26 November 2021. The Trust's official sample size was 2,961 which is a full census of all substantive staff in post on 1 September 2021. This is consistent with the approach we have taken in previous years.

Once again we deployed a Task & Finish Group to support the delivery of the Staff Survey. A communications campaign ran to engage managers and staff across the Trust including a toolkit for all line managers, regular news stories about the importance of completing the survey, and features in Trustwide. This was a slightly smaller campaign that would have run pre-Covid to acknowledge the competing pressures staff across the organisation were facing.

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

	2021 Survey	2020 Survey	2019 Survey	2018 Survey	2017 Survey	% Change 2020 - 2021
--	----------------	----------------	----------------	----------------	----------------	-------------------------

Trust	47%	47%	54.5%	58.1%	53%	0%
National Average	52%	49%	53%	51%	51%	+3%

In addition to the standard NHS Staff Survey we ran a Bespoke Bank Staff Survey for the third year in a row. The response rate from our Bank Staff was 22%, a slight decline on the 25% response rate of 2020.

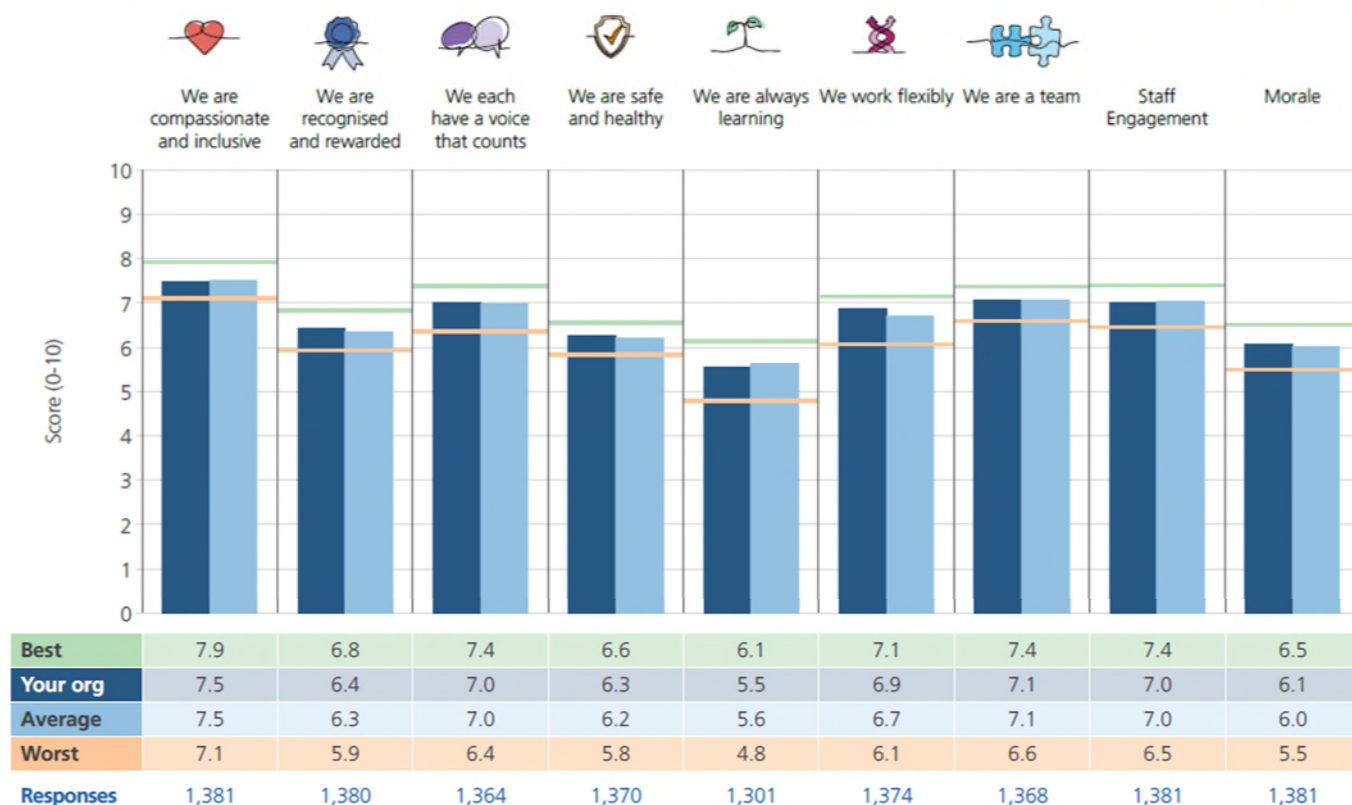
2021 Results

In previous reports we used to compare the 10 Key Theme scores year on year, but with the new questions and focus of the Staff Survey, this comparable data is limited for 2021. As the majority of the themes are new for this year, the first comparative data we will have against our own scores will be in 2022.

Therefore, for the results analysis within this report, data will be compared against the 2020 scores where possible, and the NHS national average score for 2021 to provide additional perspective. Where the national average is mentioned, this specifically refers to our benchmark group of Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts.

We are scoring above the benchmark group in three of the seven People Promises, and one of the two Key Themes. Our score for 'we are always learning' is the only People Promise to be below that of the sector average. Where we can compare the two Key Themes with last year's score, we have declined by 0.2 for Staff Engagement and by 0.4 for Morale.

The overall top-level summary of our Staff Survey results for our Trust, are as follows.



Areas where the Trust is performing well:

Compassionate Leadership

When considering our results against that of the national average, we continue to outperform our sector well in questions around leadership. For all questions around Compassionate Leadership, our scores are higher than the national average, with the highlight being 81% of staff feel their immediate manager is interested in listening to them when they describe challenges they face (q9g). This is 4.3% higher than the national average.

Health and Safety Climate

We saw a 3.3% improvement in staff reporting physical violence at work (q13d). It's important to note that while we want to see incidences of physical violence decreasing, an increase in the reporting of an incident is considered a positive outcome. To this, we have seen a favourable decrease of 1.5% of staff experiencing physical violence from service users, their families, or the general public (q13a).

Raising Concerns

Our scores around raising concerns are improving. The greatest year on year increase for the Trust was an additional 4.1% of staff who would feel secure raising concerns about unsafe clinical practice (q17a), rising to 78%. Furthermore, staff are 1.3% more likely than in 2020 to feel confident that the organisation would address their concern (q17b).

Line Management

In all questions within the line management sub-theme, the Trust is scoring higher than the sector average. The particular highlight is our score of 82% for staff feeling that their immediate manager takes a positive interest in their health and well-being (q9d) which is 5% higher than the sector average score.

Areas where the Trust has room for improvement

The Trust's biggest year on year decline was an 11% decrease in staff feeling that there are enough staff at this organisation for them to do their job properly. Our score of 30% for this question mirrors that of the national average.

Staff Engagement

All nine questions within the Staff Engagement theme decreased for 2021. The biggest decline was a 6% decrease in staff feeling that they look forward to coming to work (q2a) bringing our score to 54%. While this is disappointing, we are largely on par with the sector average for these scores. For example, while our score for staff feeling able to make improvements happen in their area of work (q3f) declined by 4%, we are still 2% above the sector average score of 59%.

Compassionate Culture

All scores within the sub-theme for Compassionate Culture declined for 2021. Of these five questions we are scoring below the sector average for three. The biggest decrease from 2020 was for staff recommending the organisation as a place to work (q21c) which fell from 71% to 63%. However, our score is 2% above that of the sector average.

Negative Experiences

In 2020 we had made considerable progress with regard to presenteeism as we saw a favourable decline of 9% in staff coming into work despite not feeling well enough to perform their duties (q11d). However, this figure has unfavourably risen for 2021 to pre-pandemic levels, reaching 51% yet again.

Recurring themes 2017-21

Although we have a more limited comparable data set due to considerable changes in the survey structure, the 2021 results highlight a couple of recurring themes and areas where the Trust continues to **perform poorly** including the following. Questions in *italics* denote where a lower score is more favourable:

No.	Question	2017	2018	2019	2020	2021
3a	I am involved in deciding on changes introduced that affect my work area/team/department.	56%	59%	62%	60%	58%
3g	I am able to meet all the conflicting demands on my time at work	45%	49%	49%	48%	45%
3i	There are enough staff at this organisation for me to do my job properly.	33%	38%	39%	42%	31%
11d	<i>In the last three months have you ever come to work despite not feeling well enough to perform your duties?</i>	53%	51%	52%	43%	51%

However on a positive note we have **continued to improve** in the following areas:

No.	Question	2017	2018	2019	2020	2021
17a	I would feel secure raising concerns about unsafe clinical practice.	70%	73%	73%	74%	78%
17b	I am confident that my organisation would address my concern	56%	59%	59%	62%	63%
9c	My immediate manager asks for my opinion before making decisions that affect my work	63%	66%	70%	69%	70%
9d	My immediate manager takes a positive interest in my health and well-being	77%	77%	80%	82%	82%

Top 5 overall highest scoring questions for 2020

1. 0% of staff *experienced physical violence at work from managers in the last 12 months*
2. 1% of staff *experienced physical violence at work from other colleagues in the last 12 months*
3. 94% of staff said they or a colleague reported physical violence the last time they experienced it at work
4. 7% of staff *experienced discrimination at work from their manager/team leader or other colleagues in the last 12 months*
5. 8% of staff *experienced harassment, bullying or abuse at work from managers in the last 12 months*

Bottom five overall lowest scoring questions for 2021

1. 22% of staff felt their appraisal helped improve how they do their job.
2. 30% of staff said their appraisal left them feeling their work is valued by the organisation.
3. 31% of staff feel there are enough staff at this organisation for them to do their job properly
4. 35% of staff said their appraisal helped them agree clear objectives for their work
5. 41% of staff are satisfied with their level of pay.

Next Steps

We continue to await the results of the bespoke Bank Staff survey from Quality Health. This year we have also requested some additional reports on the 6 protected characteristics at People Promise/Theme level and are awaiting receipt of these.

Action plans at local level were stood down for the 2019 and 2020 Staff Survey due to the significant pressures that Covid-19 brought to our services and staff. This year, we intend to reinstate that in the form of Intention Planning to work on issues that have been identified, and also will make a difference to daily working lives.

We have an agreed comms and engagement plan, involving a collaborative approach with the engagement team, members of the People and OD team who are responsible for priority areas of the people plan and HR Business partners.

The engagement team are meeting with each service (clinical and corporate) to share their results and support them to choose at least one area of focus to work on, that will make a difference to the working lives of staff in that area.

The results were presented to Trust Board in March 2022 and will be presented to the Operational Delivery Group as a whole in April 2022. We are also presenting results to the Health and Wellbeing and Strategic Resourcing work stream groups to support them to take account of the data when developing their strategies and plans in 2021.

Bank staff action planning

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

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

Lucy Heffron
People Engagement Lead
13 April 2022

For percentage scores (%):Unfavourable/favourable differences of 5% or more highlighted **red/green**.Unfavourable differences between 3% and 5% highlighted in **amber**.**For scale scores (0.0 to 10.0):**Unfavourable/favourable differences of 5.0 or more highlighted **red/green**.Unfavourable differences between 3.0 and 4.99 highlighted in **amber**** and Italics denotes where a lower score and % change is more favourable*

Q is not new but reporting structure changed

New Q for 2021

Number of respondents

Response Rate

2017	2018	2019	2020	2021	2021 YoY	2021 National Average
2	0	0	2	7		
8	1	3	1	6		
4	16	2	4	0		
1,347	1420	1410	1311	1384	73	
56%	58.1%	54.5%	47%	47%	0%	

Promise 1: We are compassionate and inclusive			2017	2018	2019	2020	2021	YoY	National Av.
Sub Themes(s)	Q. No.	Question							
P1.1: Compassionate culture	6a	I feel that my role makes a difference to service users.	87.4%	87.1%	84.7%	86.2%	83.3%	-2.9%	87.5%
	21a	Care of service users is my organisation's top priority.	70.1%	77.3%	77.6%	80.2%	78.6%	-1.6%	78.5%
	21b	My organisation acts on concerns raised by service users.	69.0%	73.3%	72.4%	74.9%	74.4%	-0.5%	77.0%
	21c	I would recommend my organisation as a place to work.	56.8%	65.8%	66.6%	71.3%	65.4%	-5.9%	63.2%
	21d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	59.2%	64.1%	64.2%	67.4%	63.5%	-3.9%	64.9%
P1.2: Compassionate leadership	9f	My immediate manager works together with me to come to an understanding of problems.					78.1%		75.1%
	9g	My immediate manager is interested in listening to me when I describe challenges I face.					81.2%		76.9%
	9h	My immediate manager cares about my concerns.					80.3%		76.4%
	9i	My immediate manager takes effective action to help me with any problems I face.					74.5%		72.3%

P1.3: Diversity and equality	15	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age? (Yes)	86.5%	85.4%	85.2%	86.7%	56.0%		58.6%
	16a*	<i>In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public? (Yes)</i>	8.4%	10.0%	8.3%	9.1%	8.9%	-0.2%	7.4%
	16b*	<i>In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues? (Yes)</i>	6.4%	5.4%	6.2%	6.5%	6.9%	0.4%	7.6%
	18	I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).					72.1%		72.2%
P1.4: Inclusion	7h	I feel valued by my team.					72.0%		74.2%
	7i	I feel a strong personal attachment to my team.					62.4%		66.4%
	Q8b	The people I work with are understanding and kind to one another					75.5%		76.9%
	Q8c	The people I work with are polite and treat each other with respect					77.8%		72.0%

Promise 2: We are recognised and rewarded			2017	2018	2019	2020	2021	YoY	National Av.
Sub Themes(s)	Q. No.	Question							
P2 We are recognised and rewarded	4a	The recognition I get for good work.	56.7%	63.9%	66.7%	67.3%	62.3%	-5.0%	61.0%
	4b	The extent to which my organisation values my work.	40.3%	49.8%	51.7%	51.3%	50.4%	-0.9%	49.1%
	4c	My level of pay.	33.1%	39.3%	41.4%	42.5%	40.9%	-1.6%	37.0%
	8d	The people I work with show appreciation to one another.					72.4%		74.3%
	9e	My immediate manager values my work.	77.5%	80.0%	82.4%	82.2%	80.8%	-1.4%	78.2%

Promise 3: We each have a voice that counts			2017	2018	2019	2020	2021	YoY	National Av.
Sub Themes(s)	Q. No.	Question							
P3.1: Autonomy and control	3a	I always know what my work responsibilities are.	83.1%	83.1%	81.9%	82.6%	81.0%	-1.6%	84.6%
	3b	I am trusted to do my job.	90.2%	90.6%	90.4%	91.3%	91.2%	-0.1%	91.2%
	3c	There are frequent opportunities for me to show initiative in my role.	73.3%	78.7%	79.1%	78.5%	76.5%	-2.0%	76.4%

	3d	I am able to make suggestions to improve the work of my team/department.	78.3%	81.1%	81.1%	81.0%	78.3%	-2.7%	76.7%
	3e	I am involved in deciding on changes introduced that affect my work area/team/department.	55.7%	58.7%	61.6%	59.6%	57.6%	-2.0%	54.4%
	3f	I am able to make improvements happen in my area of work.	78.3%	81.1%	81.1%	81.0%	61.1%		58.8%
	5b	I have a choice in deciding how to do my work.		61.6%	63.1%	63.7%	62.5%	-1.2%	63.6%
P3.2: Raising concerns	17a	I would feel secure raising concerns about unsafe clinical practice.	70.3%	72.6%	72.5%	73.9%	78.0%	4.1%	79.6%
	17b	I am confident that my organisation would address my concern.	55.8%	58.5%	59.4%	62.1%	63.4%	1.3%	64.2%
	21e	I feel safe to speak up about anything that concerns me in this organisation.				80.5%	68.6%		66.8%
	21f	If I spoke up about something that concerned me I am confident my organisation would address my concern.					56.5%		55.1%

Promise 4: We are safe and healthy			2017	2018	2019	2020	2021	YoY	National Av.
Sub Themes(s)	Q. No.	Question							
P4:1 Health and safety climate	3g	I am able to meet all the conflicting demands on my time at work.	45.3%	48.6%	48.9%	48.1%	45.0%	-3.1%	44.9%
	3h	I have adequate materials, supplies and equipment to do my work.	63.2%	65.0%	65.3%	68.3%	65.9%	-2.4%	64.0%
	3i	There are enough staff at this organisation for me to do my job properly.	32.5%	37.7%	39.2%	41.9%	30.8%	-11.1%	30.5%
	5a*	<i>I have unrealistic time pressures. (Often/Always)</i>		28.8%	31.6%	30.6%	29.5%	-1.1%	26.2%
	11a	My organisation takes positive action on health and well-being.	33.7%	35.9%	35.7%	41.3%	64.0%		63.5%
	13d	The last time you experienced physical violence at work, did you or a colleague report it? (Yes)	90.8%	94.0%	92.2%	91.0%	94.3%	3.3%	89.6%
	14d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? (Yes)	64.6%	61.3%	58.8%	64.3%	62.8%	-1.5%	60.7%
P4:2 Burnout	12a*	<i>How often, if at all, do you find your work emotionally exhausting? (often / always)</i>					35.8%		35.8%

	12b*	How often, if at all, do you feel burnt out because of your work? (often / always)					27.7%		27.7%
	12c*	How often, if at all, does your work frustrate you? (often/always)					34.3%		33.4%
	12d*	How often, if at all, are you exhausted at the thought of another day/shift at work? (often/always)					26.2%		23.8%
	12e*	How often, if at all, do you feel worn out at the end of your working day/shift? (often/always)					39.5%		39.7%
	12f*	How often, if at all, do you feel that every working hour is tiring for you? (often/always)					16.0%		15.6%
	12g*	How often, if at all, do you not have enough energy for family and friends during leisure time? (often/always)					27.1%		27.5%
P4:3 Negative experiences	11b*	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? (Yes)	18.8%	20.5%	21.9%	29.0%	26.8%	-2.2%	26.6%
	11c*	During the last 12 months have you felt unwell as a result of work related stress? (yes)	38.1%	39.6%	37.2%	45.2%	44.1%	-1.1%	43.5%
	11d*	In the last three months have you ever come to work despite not feeling well enough to perform your duties? (yes)	53.1%	50.9%	52.0%	43.1%	51.4%	8.3%	52.6%
	13a*	In the last 12 months how many times have you personally experienced physical violence at work from service users, their relatives or other members of the public? (Yes)	22.2%	22.0%	21.3%	19.0%	17.5%	-1.5%	14.3%
	13b*	In the last 12 months how many times have you personally experienced physical violence at work from managers? (yes)	0.8%	0.1%	0.1%	0.3%	0.4%	0.1%	0.4%
	13c*	In the last 12 months how many times have you personally experienced physical violence at work from other colleagues? (Yes)	2.3%	1.0%	0.8%	0.7%	1.1%	0.4%	1.0%
	14a*	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from service users, their relatives or other members of the public? (Yes)	29.9%	29.8%	28.9%	27.1%	28.3%	1.2%	27.2%

	14b*	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers? (Yes)	8.6%	7.6%	8.0%	7.3%	8.0%	0.7%	8.9%
	14c*	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues? (Yes)	15.3%	15.5%	14.5%	13.8%	14.0%	0.2%	14.6%

Promise 5: We are always learning			2017	2018	2019	2020	2021	YoY	National Av.
Sub Themes(s)	Q. No.	Question							
P5.1: Development	20a	This organisation offers me challenging work.					72.9%		73.9%
	20b	There are opportunities for me to develop my career in this organisation.					56.6%		54.6%
	20c	I have opportunities to improve my knowledge and skills.					73.6%		72.5%
	20d	I feel supported to develop my potential.					60.4%		58.9%
	20e	I am able to access the right learning and development opportunities when I need to.					61.7%		59.4%
P5.2: Appraisals	19a	In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	91.7%	88.6%	88.3%	Appraisals stood down due to Covid	78.1%		84.9%
	19b	It helped me to improve how I do my job.	21.0%	25.5%	28.7%		21.6%		20.8%
	19c	It helped me agree clear objectives for my work.	36.3%	39.8%	41.8%		35.1%		33.1%
	19d	It left me feeling that my work is valued by my organisation.	24.9%	31.9%	31.2%		29.6%		33.3%

Promise 6: We work flexibly			2017	2018	2019	2020	2021	YoY	National Av.
Sub Themes(s)	Q. No.	Question							
P6.1: Support for work-life balance	6b	My organisation is committed to helping me balance my work and home life.					55.7%		54.9%
	6c	I achieve a good balance between my work life and my home life.					58.7%		59.1%
	6d	I can approach my immediate manager to talk openly about flexible working.					80.4%		77.0%
P6.2: Flexible working	4d	The opportunities for flexible working patterns.	61.7%	66.7%	66.2%	72.6%	68.6%	-4.0%	65.4%

Promise 7: We are a team			2017	2018	2019	2020	2021	YoY	National Av.
Sub Themes(s)	Q. No.	Question							
P7.1: Team working	7a	The team I work in has a set of shared objectives.	70.9%	72.5%	76.0%	75.0%	73.7%	-1.3%	75.6%
	7b	The team I work in often meets to discuss the team's effectiveness.	64.4%	66.9%	68.4%	68.8%	66.2%	-2.6%	67.8%
	7c	I receive the respect I deserve from my colleagues at work.		75.9%	76.5%	75.8%	73.8%	-2.0%	75.9%
	7d	Team members understand each other's roles.					67.0%		71.3%
	7e	I enjoy working with the colleagues in my team.					81.3%		84.3%
	7f	My team has enough freedom in how to do its work.					61.0%		61.5%
	7g	In my team disagreements are dealt with constructively.					61.3%		61.0%
P7.2: Line management	8a	Teams within this organisation work well together to achieve their objectives.					52.1%		53.1%
	9a	My immediate manager encourages me at work.		79.4%	80.5%	81.5%	80.4%	-1.1%	78.0%
	9b	My immediate manager gives me clear feedback on my work.	69.8%	70.2%	73.9%	74.0%	73.1%	-0.9%	71.7%
	9c	My immediate manager asks for my opinion before making decisions that affect my work.	63.4%	65.5%	69.5%	68.9%	69.9%	1.0%	65.7%
	9d	My immediate manager takes a positive interest in my health and well-being.	77.3%	77.4%	79.7%	81.5%	81.7%	0.2%	77.1%

Theme: Staff Engagement			2017	2018	2019	2020	2021	YoY	National Av.
Sub Themes(s)	Q. No.	Question							
E.1: Motivation	2a	I look forward to going to work.	53.7%	60.1%	58.0%	60.5%	54.1%	-6.4%	56.7%
	2b	I am enthusiastic about my job.	70.8%	73.5%	74.0%	74.5%	69.3%	-5.2%	70.6%
	2c	Time passes quickly when I am working.	73.5%	72.5%	73.4%	75.0%	72.1%	-2.9%	76.5%
E.2: Involvement	3c	There are frequent opportunities for me to show initiative in my role.	73.3%	78.7%	79.1%	78.5%	76.5%	-2.0%	76.4%
	3d	I am able to make suggestions to improve the work of my team / department.	78.3%	81.1%	81.1%	81.0%	78.3%	-2.7%	76.7%
	3f	I am able to make improvements happen in my area of work.	60.3%	62.0%	62.1%	65.1%	61.1%	-4.0%	58.8%

E.3: Advocacy	21a	Care of service users is my organisation's top priority.	70.1%	77.3%	77.6%	80.2%	78.6%	-1.6%	78.5%
	21c	I would recommend my organisation as a place to work.	56.8%	65.8%	66.6%	71.3%	65.4%	-5.9%	63.2%
	21d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	59.2%	64.1%	64.2%	67.4%	63.5%	-3.9%	64.9%

Theme: Morale			2017	2018	2019	2020	2021	YoY	National Av.
Sub Themes(s)	Q. No.	Question							
M.1: Thinking about leaving	22a*	<i>I often think about leaving this organisation. (yes)</i>		28.9%	25.8%	24.8%	28.6%	3.8%	27.8%
	22b*	<i>I will probably look for a job at a new organisation in the next 12 months</i>		22.5%	21.1%	19.5%	21.8%	2.3%	21.4%
	22c*	<i>As soon as I can find another job, I will leave this organisation</i>		14.5%	12.4%	12.1%	13.8%	1.7%	14.4%
M.2: Work pressure (rag rated in people promise themes)	3g	I am able to meet all the conflicting demands on my time at work.	45.3%	48.6%	48.9%	48.1%	45.0%	-3.1%	44.9%
	3h	I have adequate materials, supplies and equipment to do my work.	63.2%	65.0%	65.3%	68.3%	65.9%	-2.4%	64.0%
	3i	There are enough staff at this organisation for me to do my job properly.	32.5%	37.7%	39.2%	41.9%	30.8%	-11.1%	30.5%
M.3: Stressors (HSE index) (rag rated in people promise themes)	3a	I always know what my work responsibilities are.	83.1%	83.1%	81.9%	82.6%	81.0%	-1.6%	84.6%
	3e	I am involved in deciding on changes introduced that affect my work area / team / department	55.7%	58.7%	61.6%	59.6%	57.6%	-2.0%	54.4%
	5a*	<i>I have unrealistic time pressures. (Often/Always)</i>		28.8%	31.6%	30.6%	29.5%	-1.1%	26.2%
	5b	I have a choice in deciding how to do my work.		61.6%	63.1%	63.7%	62.5%	-1.2%	63.6%
	5c*	<i>Relationships at work are strained. (Often/Always)</i>		49.9%	52.6%	54.0%	50.9%	-3.1%	53.6%
	7c	I receive the respect I deserve from my colleagues at work.		75.9%	76.5%	75.8%	73.8%	-2.0%	75.9%
	9a	My immediate manager encourages me at work.		79.4%	80.5%	81.5%	80.4%	-1.1%	78.0%

LYPFT Staff Survey 2021 Results Presentation to Council of Governors

Thursday 5th May

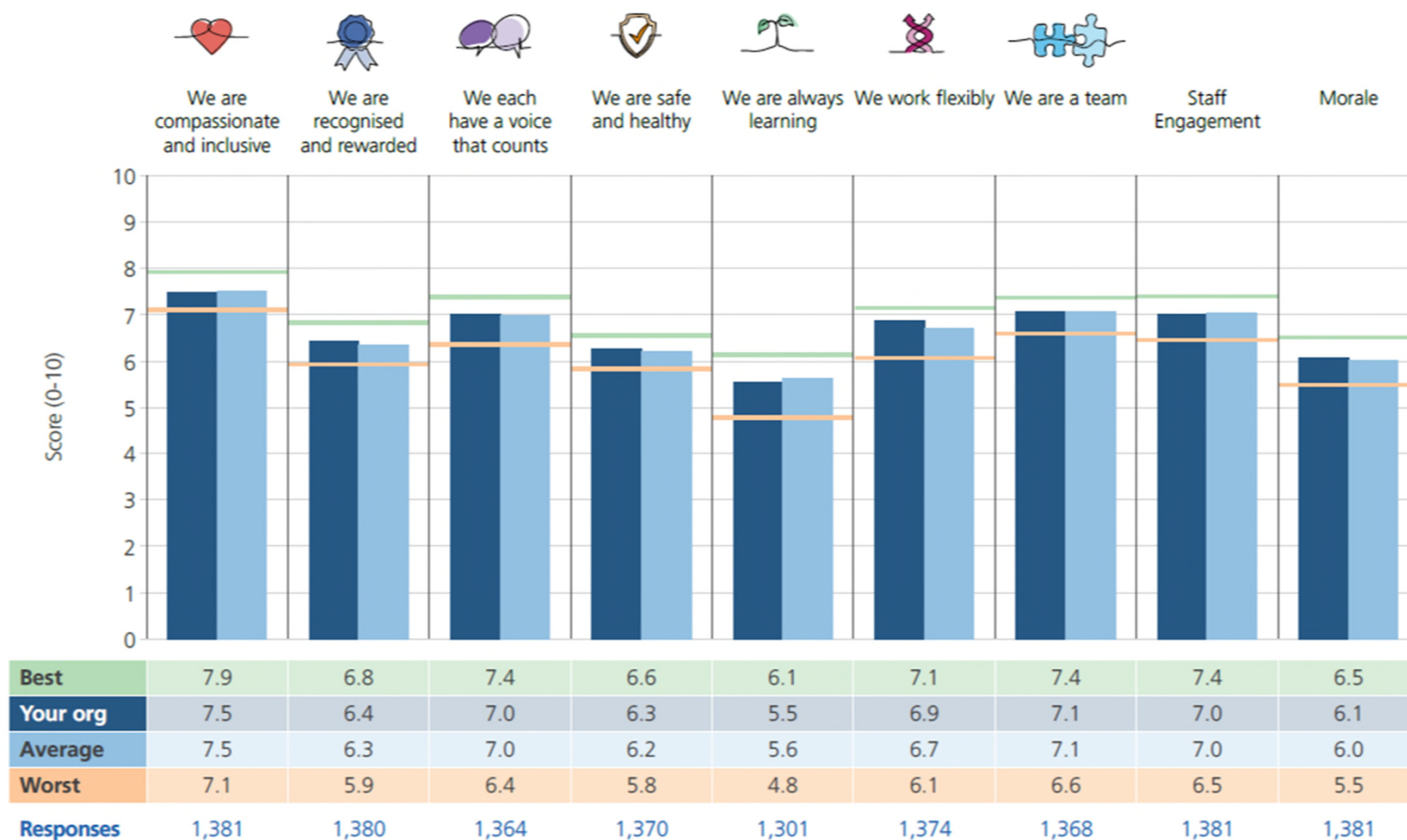
What's happened so far?

- Survey open 1st Oct – 26th Nov 2021
- Questionnaire changed considerably for 2021 - 10 Key Themes replaced by 7 People Promises. Additional 32 new questions added
- Results published nationally on 30th March and presented to Board of Directors
- Trust wide results were released via comms channels. Data is available to all Staff via Echo – Trust, service and team level

	SS21 (Substantive)	SS20 (Substantive)	SS21 (Bank)	SS20 (Bank)
Usable Sample	2961	2,802	491	496
Completed	1384	1311	106	125
% Response Rate	47%	47%	22%	25%

7 People Promises

Substantive Staff



Top Performing Areas

Substantive Staff

Where are we performing well	2020	2021	Benchmark score
My immediate manager is interested in listening to me when I describe challenges I face	New for 2021	81%	77%
My immediate manager cares about my concerns	New for 2021	80%	76%
The last time you experienced physical violence at work, did you or a colleague report it?	91%	94%	90%
My immediate manager takes a positive interest in my health and well-being	82%	82%	77%
My immediate manager asks for my opinion before making decisions that affect my work.	69%	70%	66%
I would feel secure raising concerns about unsafe clinical practice	74%	78%	80%

Areas for Improvement

Substantive Staff

Where there is room for improvement	2020	2021	Benchmark score
There are enough staff at this organisation for me to do my job properly	42%	31%	31%
I look forward to going to work	61%	54%	57%
I feel that my role makes a difference to service users	86%	83%	88%
I would recommend my organisation as a place to work	71%	65%	63%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	67%	64%	65%
<i>In the last three months have you ever come to work despite not feeling well enough to perform your duties?</i>	43%	51%	53%

Finally...

- Across the NHS, the Staff Survey results show that staff experience has generally worsened. These trends clearly reflect the impact of the Covid-19 pandemic
- However, in light of another difficult year there are still some improvements to celebrate
- Services and teams are asked to complete Intention Plans, choosing at least one area of focus that will make a difference to working lives
- Still to come...bespoke Bank Staff Survey results