

**PUBLIC MEETING OF THE COUNCIL OF GOVERNORS**  
will be held at 1pm on Tuesday 5 July 2022  
in the View Room, The Studio Leeds, Riverside West,  
Whitehall Road, Leeds, LS1 4AW

**A G E N D A**

	<b>LEAD</b>
<b>1 Welcome and introductions</b> (verbal)	Dr Sue Proctor
<b>2 Sharing Stories: Memory Assessment Service</b> (presentation)	Eve Townsley Claire Dinsdale
<b>3 Apologies for absence</b> (verbal)	Dr Sue Proctor
<b>4 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda Items</b> (verbal)	Dr Sue Proctor
<b>4.1 Annual Declarations for Governors</b> (paper to read)	Kerry McMann
<b>5 Minutes</b>	Dr Sue Proctor
<b>5.1 Minutes of the public Council of Governors' meeting held on the 5 May 2022</b> (paper to read)	Dr Sue Proctor
<b>5.2 Endorsement of the decisions made at the Council of Governors' meeting held on the 5 May 2022</b> (paper to read)	Dr Sue Proctor
<b>6 Matters arising</b> (verbal)	Dr Sue Proctor
<b>7 Cumulative Action Log – actions outstanding from previous public meetings</b> (paper to read)	Dr Sue Proctor
<b>8 Chair's Report</b> (paper to read)	Dr Sue Proctor
<b>9 Chief Executive Report</b> (slides to read)	Dr Sara Munro
<b>10 Lead Governor Report</b> (paper to read)	Dr Sue Proctor
<b>11 Quarterly Quality and Performance Update Report</b> (paper to read)	Joanna Forster Adams Prof John Baker
<b>12 Update on findings from the outcomes work</b> (paper to read)	Dr Chris Hosker
<b>13 Finance update</b> (verbal)	Dawn Hanwell Cleveland Henry

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|-----------|---|------------------|
| <b>14</b> | <b>Audit Committee Annual Report 2021/22</b> (paper to read)                    | Martin Wright    |
| <b>15</b> | <b>Auditor's Report on the Annual Accounts</b> (paper to read and presentation) | Rashpal Khangura |
| <b>16</b> | <b>Approval of changes to the Constitution</b> (paper to read)                  | Cath Hill        |

The next public meeting of the Council of Governors will be held  
on 1 November 2022 at 3:30pm via Zoom.

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

**Name:** Cath Hill (Associate Director for Corporate Governance / Trust Board Secretary)  
**Email:** [chill29@nhs.net](mailto:chill29@nhs.net)  
**Telephone:** 07956 043 055

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

**AGENDA  
ITEM**

**4.1**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>NAME OF PAPER:</b>	Annual Declarations for Governors
<b>DATE OF MEETING:</b>	5 July 2022
<b>PRESENTED BY:</b> (name and title)	Kerry McMann, Head of Corporate Governance
<b>PREPARED BY:</b> (name and title)	Kerry McMann, Head of Corporate Governance

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

**EXECUTIVE SUMMARY**

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).

A declaration form has not yet been received from five 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 November 2022.

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

**RECOMMENDATIONS**

The Council of Governors is asked to receive and note all interests declared by governors.

## 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
<b>ELECTED GOVERNORS</b>								
<b>Ian Andrews</b>	<b>Technical Services and Deputy Procurement Director</b> NHS North of England Commercial Procurement Collaborative	None.	None.	None.	None.	None.	None.	None.
<b>Caroline Bentham</b>	None.	None.	None.	None.	None.	None.	None.	None.
<b>Mark Clayton</b>	None.	None.	None.	<b>Director</b> Talking Sheds	<b>Volunteer</b> Together We Can  <b>Volunteer</b> Age UK  <b>Volunteer</b> Touchstone	None.	None.	None.
<b>Rita Dawson</b>	None.	None.	None.	None.	<b>Volunteer</b> 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.	<b>Volunteer</b> Cloth Cat Studios	None.	None.	<b>Management Committee Member</b> 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.	<b>Employee</b> LCH in Leeds IAPT  <b>Employee (now dormant)</b> CBT toolbox
Peter Holmes	None.	None.	None.	None.	None.	None.	None.	None.
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.	<b>Trustee</b> Advonet	<b>Trustee</b> Advonet	<b>Trustee</b> 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.	<b>Associate Director</b> Yorkshire Ambulance Service NHS Trust	
Sally Rawcliffe-Foo	None.	None.	None.	None.	None.	None.	None.	None.
Joseph Riach	None.	None.	None.	None.	None.	None.	<b>Member</b> Labour party	<b>Health Support Work</b> NICPM
Bryan Ronoh	<b>Director</b> African Diaspora Workers Union UK	None.	None.	None.	None.	None.	None.	None.
Nicola Swan	None.	None.	None.	None.	None.	None.	None.	None.
Peter Webster	<b>Non-executive Director</b> Compass – Service to improve Health & Wellbeing	None.	None.	<b>Non-executive Director</b> Compass – Service to improve Health & Wellbeing	None.	None.	None.	None.

[illegible]



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<b>Tina Turnbull</b>	<b>Director</b> Leeds Credit Union  <b>Chief Executive</b> People Matters	None.	None.	<b>Chief Executive</b> People Matters	<b>Chief Executive</b> People Matters  <b>Grant Holder</b> NHS Charities Together  <b>Prospective Grant Holder</b> Leeds Integrated Care Board (Tackling Health Inequalities)	None.	<b>Inclusive Growth Ambassador</b> Leeds City Council	<b>Trustee</b> St Anne's Community Services  <b>Head of Service (Legal)</b> Leeds City Council
<b>Cllr Fiona Venner</b>	None.	None.	None.	None.	None.	None.	<b>Member</b> Leeds City Council  <b>Councillor</b> Labour – Kirkstall Ward  <b>Cabinet Member</b> Adult and Children's Social Care, Early Years and Health Partnerships	None.

**Minutes of the Public Meeting of the Council of Governors  
held on Thursday 5 May 2022 in the Create@ Room at Horizon Leeds,  
2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR**

**PRESENT:**

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

**Public Governors**

Les France  
Niccola Swan  
Peter Webster

**Carer Governors**

Caroline Bentham

**Service User Governors**

Rachel Gibala  
Joseph Riach

**Executive Directors**

Joanna Forster Adams  
Dawn Hanwell  
Sara Munro  
Darren Skinner

**Staff Governors**

Ian Andrews  
Oliver Hanson  
Gail Harrison  
Andrew Johnson

**Appointed Governors**

Helen Kemp  
Tina Turnbull

**Non-Executive Directors**

Prof John Baker  
Helen Grantham  
Cleveland Henry  
Merran McRae  
Sue White  
Martin Wright

**IN ATTENDANCE:**

Kieran Betts – Corporate Governance Assistant  
Rose Cooper – Corporate Governance Officer  
Eddie Devine – Head of Pathway Integration: Mental Health, Learning Disability and Neurodiversity  
Josef Faulkner – Head of Operations for Community and Wellbeing Services  
Caroline Gatti – Clinical Operations Manager for Leeds Adult Community Mental Health Teams  
Dr Frances Healey – Associate Non-executive Director  
Cath Hill – Associate Director for Corporate Governance  
Kaneez Khan – Associate Non-executive Director  
Kerry McMann – Corporate Governance Team Leader  
Debbie Thrush – Clinical Lead for Working Age Adult Community Mental Health Teams

**22/021 Welcome and introductions (agenda item 1)**

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

**22/022 Sharing Stories: The Working Age Adult Community Mental Health Service with an update on the Community Transformation work (agenda item 2)**

Josef Faulkner, Caroline Gatti, Debbie Thrush and Eddie Devine delivered a detailed presentation on the Working Age Adult Community Mental Health Service with an update on the Community Transformation work. Josef, Caroline and Debbie provided an overview of the service which was made up of three localities and provided care to 3000 service users aged from 18 to 65, including those transitioning from Children and Young People's Services. The team outlined some of the current challenges which included increasing caseloads and the impact this had on their ability to deliver care to a high standard as well as the effect on staff wellbeing and retention. They also talked about the opportunities that the Community Mental Health Transformation would create, including developing co-production across the service, tackling health inequalities, and diversifying the workforce.

Eddie Devine then talked about the Community Transformation work in more detail. He explained that the aim was to create a radical new model of joined-up primary and community mental health that responded to the needs of the local population and removed barriers to access, so that people could access care, treatment, and support as early as possible and live as well as possible in their communities. Eddie also explained that the project was being designed using the Institute for Healthcare Improvement (IHI) 90 Day Learning Cycle which was a systematic approach to exploring complex challenges which may not have a clear starting point.

The Council asked if the service was adequately resourced, and Josef responded that this was a challenge, and they were having to think creatively about how staff managed their day jobs and contributed to the project development. The Council also asked about what measures were in place to ensure a smooth transition from child to adult services. The Council heard that this was an area of important focus and noted that the team had recently carried out a Quality Review with Children and Young People's Services to look at areas for improvement.

Kaneez Khan asked what the arrangements were for ensuring staff were trained in relation to cultural competencies and cultural awareness and diversity. It was agreed that Josef would respond to Kaneez directly outside of the meeting and Rose Cooper would facilitate this.

RC

It was agreed that the slides from the Sharing Stories session would be circulated along with the contact details of the presenters in case the governors wanted to discuss anything further outside of the meeting. Sue Proctor suggested that the Community Mental Health Service provided the Council with an update on progress in approximately six months' time. Rose Cooper would add this to the forward plan.

RC

RC

The Council **thanked** Josef Faulkner, Caroline Gatti, Debbie Thrush and Eddie Devine for their detailed presentation and **noted** the information provided.

Josef Faulkner, Caroline Gatti, Eddie Devine and Debbie Thrush left the meeting.

**22/023 Apologies** (agenda item 3)

Apologies were received from the following governors: Mark Clayton (Carer Governor), Rita Dawson (Service User Governor), Ruth Grant (Non-clinical Staff Governor), Hazel Griffiths (Carer Governor), Peter Holmes (Service User Governor), Steve Howarth (Public Governor), Mussarat Khan (Public Governor), Kirsty Lee (Public Governor), Ivan Nip (Public Governor), David O'Brien (Public Governor), Anna Perrett (Appointed Governor), Sally Rawcliffe-Foo (Clinical Staff Governor), Bryan Ronoh (Carer Governor) and Fiona Venner (Appointed Governor).

The meeting was not quorate.

Cathy Woffendin, Director of Nursing, Quality and Professions, and Dr Chris Hosker, Medical Director, had also sent their apologies for the meeting.

**22/024 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items** (agenda item 4)

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

**22/025 Non-executive Directors' Annual Declarations of Interests, Independence, and Fit and Proper Person** (agenda item 4.1)

The Council **noted** the declarations of interest as per the attached matrix; **noted** that all directors had been judged and declared themselves to be fit and proper; and **noted** that all non-executive directors had declared they were independent.

**22/026 Annual Declarations for Governors** (agenda item 4.2)

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

**22/027 Minutes of the public Council of Governors' meeting held on the 1 February 2022** (agenda item 5.1)

The minutes of the public Council of Governors' meeting that was held on the 1 February 2022 were **approved** as a true record.

**22/028 Matters arising** (agenda item 6)

There were no matters arising.

**22/029 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 **received** the cumulative action log.

**22/030 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 explained that since the February meeting Sue Rumbold had stepped down from the Council as she had retired from her role as Director for Children and Families Programme, West Yorkshire and Harrogate Integrated Care System. It was expected that Sue Rumbold's replacement would be confirmed at the next Council meeting. The Council thanked Sue Rumbold for her contributions to the meetings and for championing matters relating to children and families and wished her the very best for the future.

Sue Proctor also noted that face to face service visits would be reintroduced as soon as it was safe to do so.

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

**22/031 Introduction from Merran McRae, Kaneez Khan and Dr Frances Healey** (agenda item 8.1)

The Council received a short introduction from Merran McRae, Kaneez Khan and Dr Frances Healey where they discussed what experience and expertise they would bring to their new roles with the Trust.

The Council **welcomed** Merran McRae to the Board of Directors and Kaneez Khan and Dr Frances Healey as Associate Non-executive Directors.

## 22/032 Chief Executive Report (agenda item 9)

Sara Munro introduced the Chief Executive Report which included Covid-19 updates, key updates on the Trust's core strategic objectives, and updates on partnership working. Sara explained that community and clinical outpatient settings were in the process of reversing the arrangements in terms of social distancing. This was expected to take a few weeks as it needed to be done in line with the reset and recovery work. Sara also highlighted the continuing high level of demand in services.

Sara then advised the Council that legislation had recently been passed for the new Health and Care Bill which would legally bring into being the Integrated Care Boards (ICB) from the 1 July 2022. At this point Clinical Commissioning Groups would no longer exist and all functions would transfer to the ICB.

The Council then discussed the new Agile and Hybrid Working Policy which had recently launched and was intended to increase the flexibility of the working lives of staff. Sara noted that the Trust's headquarters had moved out of Thorpe Park and would be relocated alongside other clinical and corporate functions at St Mary's House.

Ian Andrews asked if there was a plan in place around how to build and support a team culture in a partially agile environment, as this was an increasing concern he was hearing from colleagues. Sara talked about the research done into the recommended optimum balance between office and home working but acknowledged that it was variable between teams. She added that the aim of the policy was to give individual teams the permission to do what worked best for them.

Ian Andrews also asked how the People Plan's impact on recruitment and retention would be measured. The Council noted this would be discussed in more detail as part of the Staff Survey agenda item but as Chair of the Workforce Committee, Helen Grantham provided some assurance from the Committee around its focus on recruitment and retention and informed the Council that they were currently updating the recruitment and wellbeing risks in the risk register. Helen explained that the People Plan was overseen by the Workforce Committee and brought together supporting strategies around Medical, Nursing, Allied Health Professionals, and Psychological Professions, all of which considered recruitment and retention in detail. She added that the Workforce Committee received regular updates about national and regional networking taking place around recruitment, in particular the Leeds Health and Care Academy and One Workforce Leeds.

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

## 22/033 Lead Governor Report (agenda item 10)

Les France presented his Lead Governor report and noted that he would be working with Cleveland Henry as the new Senior Independent Director. Les explained that he

had recently introduced the buddy scheme which had been received positively by governors. He had also attended an NHS Providers event which looked at backlogs both in elective and non-elective care. As part of this session, he had received an up-to-date jargon buster which he would share with the rest of the Council.

Les also talked about the approaching annual cycle of non-executive director appraisals which was due to start at the end of May and would be conducted by himself and Cleveland. This would be an opportunity to take stock of the last year and to make sure any development needs were being supported.

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

## **22/034 Quarterly Service Delivery and Performance Report** (agenda item 11)

Joanna Forster Adams introduced the report which outlined the Trust's performance as of February 2021 and provided insight from the March 2022 Board of Directors' discussion on performance. Joanna highlighted some issues for the Council to be alerted to which included the significant staffing disruption due to the Covid-19 surge earlier in the year (noting that it had been a similar picture across West Yorkshire) and the significant staffing level challenges in the Adult Community Mental Health Teams. She assured the Council that recruitment was progressing well, and recovery was taking place under strong leadership with a focus on wellbeing.

The Council noted that work would soon take place to refresh the performance report and make the metrics more meaningful with input from non-executive colleagues and the Lead Governor.

Peter Webster asked if there was an understanding as to what extent the figures in the report were influenced by an increase in demand due to Covid-19 as opposed to disruption to the service and staffing issues. Joanna responded that they were working with public health colleagues to learn more about the increase in demand, which in some cases was caused by people not being able to access the care they would ordinarily have been able to receive at the start of the pandemic, particularly in the Older Adult Services. The Council noted that the learning from these conversations would be shared in due course.

The Council then discussed the impacts of the pandemic and poverty on the health of the population. Sara Munro informed the Council that it had recently been agreed that each ICB would be given recurring money to target inequalities, which in the Trust's case would be used to focus on severe mental illness and supporting people with learning disabilities. She added that work was ongoing at a system level to improve the way data was used to direct resources where they were needed most. Dr Proctor suggested an area for discussion at the Board to Board meeting in September which related to challenges around inequalities and developing a shared understanding about the current issues and what we can do as an organisation, both in terms of service provision and how we spend our public sector pound in the city.

**RC**

As per Ian Andrew's request, it was agreed that future workforce performance reporting would differentiate between clinical and non-clinical staff data. Miss Grantham also noted that the workforce performance reporting was due to be reviewed by the Workforce Committee over the coming months.

The Council **noted** the Quarterly Service Delivery and Performance Report.

## **22/035 Finance Update** (agenda item 12)

Dawn Hanwell introduced the report which provided an overview of the financial position for 2021/22 and the plan for 2022/23 and highlighted key areas for the Council to note.

The Council understood that the Trust had achieved an income and expenditure surplus of £3.6 million in the last financial year and Dawn Hanwell reassured governors that this had not been their objective, which had been to break even within the system envelope. She acknowledged that the Trust still held vacancies and had not progressed some of the service developments as quickly as hoped due to the pandemic. She explained that the surplus would become an asset to the organisation to fund future capital investments but could not be used to support the future revenue position.

Dawn Hanwell noted that under the Health and Care Bill a new discretionary power would be introduced as of 1 July 2022 which gave NHS England / Improvement the power to impose a limit on Foundation Trusts' capital investment. She explained that this was a key strategic risk as it removed the freedom the Trust had under the existing foundation trust provider licence to invest its surplus cash reserves at its own discretion. She noted that in response to this they had engaged Healthcare Planners to help the Trust establish a medium-term estates plan which would be used to bid for national capital resource, as per the new process.

Tina Turnbull asked about the Trust's position around sending financial allocations to the local authority and how future requests from partners would be managed. Dawn Hanwell acknowledged the pressures in the system and the integrated way of working particularly around Adult Social Care and Children's Services. She noted that the Trust was well sighted on the pressures and challenges by local authority colleagues and the potential for further requests of support. She explained that the Covid-19 funding allocation did provide flexibility which could be shared but that it was a limited resource. She emphasised that the priority going forward would be service transformation which would free up resource and help make the money go further.

Dawn Hanwell explained what was meant by non-contractual income and in particular the North of England Commercial Procurement Collaborative which was an arm's length commercial body from which the Trust received commission on the procurement frameworks that it ran. She explained that this was discussed in the private meeting of the Finance and Performance Committee as it was commercial in confidence.



It was agreed that more detailed information would be shared with the governors at a future meeting around the financial risks and opportunities in the new system way of working.

The Council **noted** the finance update and **considered** the key points raised.

**22/036 Report from the Chair of the Finance and Performance Committee** (agenda item 13)

Sue White introduced her report which summarised the work of the Finance and Performance Committee and covered meetings from the 1 April 2021 to 31 March 2022. She noted that as of April this year Cleveland Henry had taken over as Chair of the Committee.

Sue White outlined some of the future plans of the Committee which included closing the Trust's financial gap by looking carefully at income and expenditure plans and looking in detail at the financial and governance implications of operating within the Integrated Care System. She also talked about making the most of the new Care Director patient administration system and noted that the Committee had recently supported the purchase of a new electronic document management system which, together with Care Director, would help the Trust to achieve some of its required efficiencies.

Sue White and Dawn Hanwell then talked about planning ahead for when the Trust's Private Finance Initiative (PFI) contracts expire in 2028 and explained the role of the Healthcare Planners in supporting this. Dawn assured the Council that they were working hard to understand the scale and size of the requirements which would take into consideration projections of need, models of clinical care and service requirements.

The Council noted that the Finance and Performance Committee had recently received a strategy and business plan for Thrive by Design which showed that good progress was being made. Sue White and Cleveland Henry explained the role and purpose of Thrive by Design which was to coproduce solutions with service users to healthcare challenges involving technology and the Trust was able to benefit from the innovations it was developing with partners across the country.

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

**22/037 Introduction from the Trust's Head of Wellbeing** (agenda item 14)

Alex Cowman introduced herself to the Council as the Trust's Head of Wellbeing and outlined her three key areas of focus over the last year which staff had identified as being important to them. The first was wellbeing spaces, one of which had now opened at the Mount, and they were looking to roll this out more widely across the Trust. The second was easier access to the wellbeing offers and in response to this

the team had created 'z cards' which detailed all of the support offered by the Trust in a small portable format. The third area of focus was menopause support and they had established a monthly support group which now included people from across the health and social care sector. They had also run a successful full day festival in April around wellbeing and menopause which had received national recognition and other trusts had been in touch looking to replicate a similar event.

Alex also talked about some of the other initiatives such as the Critical Incident Support Pathway (CrISSP) which looked at providing trauma support in the workplace. They had appointed a People Wellbeing Lead whose main focus would be to establish the Critical Incident Service and ensure it was embedded in the Trust. They had also arranged for a wellbeing gift box to be sent out to every colleague to celebrate a year of the Wellbeing Newsletter being introduced.

Alex then talked about the initiatives they had introduced jointly with the Leeds Recovery College such as in-person retreats for Leeds healthcare staff, tailored specifically for those suffering with their mental health. They were also running compassion circles which were an opportunity for reflective practice, networking, and sharing.

Ian Andrews thanked Alex Cowman for her encouraging and positive presentation and asked if she would be able to deliver something similar on a team level as his colleagues would welcome the opportunity to learn more about the various wellbeing offers and to thank Alex for the work she does. It was agreed that Alex's contact details would be shared with Ian Andrews outside of the meeting.

RC

The Council **received** the verbal update and **thanked** Alex Cowman for her hard work and the impact she had made over the last year.

## **22/038 NHS Staff Survey 2021: Results** (agenda item 15)

Darren Skinner introduced the paper which summarised the results and outcomes of the 2021 Staff Survey, which included Bank Staff, and where possible showed how the Trust's results compared to previous years and highlighted any emerging themes. He explained that the reporting also included new sub-scores, which were being used as performance metrics to enable the Trust to deliver against its recently launched People Plan which addressed many of the issues that had come out of the Staff Survey.

Darren talked through the top performing areas and areas for improvement, noting that Covid-19 had significantly impacted on some of the scores. He explained that across the NHS, the Staff Survey results had shown that staff experience had generally worsened, and these trends clearly reflected the impact of the Covid-19 pandemic. However, he emphasised that in light of another difficult year there were still some improvements to celebrate. He explained that services and teams had been asked to complete Intention Plans, choosing at least one area of focus that would make a difference to their working lives.

Gail Harrison asked if there were any teams or services which were a particular concern because of their low response rate or above or below average scores. Darren confirmed that there were pockets of this, but they hoped that the intention setting exercise would help make targeted improvements and work out underlying issues. Sara also added that they continued to offer the option to do a paper survey for those staff who did not have regular access to a computer.

Ian Andrews asked if they could factor into the survey the impact of agile working on staff, but Darren responded that the survey questions were set nationally. However, he explained that the Agile and Hybrid Working Guidance included a toolkit for enabling conversations about how best to achieve a work and life balance. Helen Grantham added that the Workforce Committee had received assurance that colleagues from the relevant People and Organisational Development teams were engaging directly with staff on a number of different fronts, including agile and hybrid working.

Tina Turnbull cautioned that there was more work to do around improving Bank Staff survey take up as this year's response rate had only been 22%. Darren acknowledged this but reminded the Council that the Trust also ran a Bank Staff Forum where staff were able to flag any issues or concerns directly.

The Council **received** and **noted** the outcome of the 2021 Staff Survey results.

## **22/039 Agree the arrangements for the Annual Members' Meeting** (agenda item 16)

Cath Hill informed the Council that this year's Annual Members' Meeting would be held virtually on Tuesday 26 July from 11am to 1pm. She explained the reasons why the meeting was being held virtually on this occasion but noted that they would look at options for a face-to-face event next year. The Council heard that there would be a presentation of the Annual Report and Accounts for 2021/22 and presentations from the Chief Executive, the Chief Financial Officer and the Lead Governor. The Council noted that the details of the event had been circulated to all the Trust's members and governors would shortly be receiving an email asking them to confirm their attendance.

The Council **agreed** and **supported** the arrangements for this year's Annual Members' Meeting.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 3.42pm. She thanked governors and members of the public for their attendance.

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

Date .....

**AGENDA  
ITEM**

**5.2**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Endorsement of the decisions made at the Council of Governors' meeting held on the 5 May 2022
<b>DATE OF MEETING:</b>	5 July 2022
<b>PRESENTED BY:</b> (name and title)	Dr Sue Proctor, Chair of the Trust
<b>PREPARED BY:</b> (name and title)	Kerry McMann, Head of Corporate Governance

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

**EXECUTIVE SUMMARY**

The Council of Governors' meeting on the 5 May 2022 was not quorate. Below are the decisions that were agreed at the meeting which the Council is asked to endorse.

- The Council approved the minutes of the meeting on the 1 February 2022.
- The Council agreed the arrangements for this year's Annual Members' Meeting.

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

**RECOMMENDATION**

The Council of Governors is asked to endorse the decisions made at the last meeting on the 5 May 2022.

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

**OPEN ACTIONS**

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>21/044 - Quarterly Quality and Performance Update Report</b> (July 2021 - agenda item 11)</p> <p>It was agreed that the Council would receive an update on Crisis House approximately six months after opening so that governors could hear how it was developing. Rose Cooper would add this to the forward plan.</p>	<p><b>Joanna Forster Adams / Rose Cooper</b></p>	<p><b>November 2022</b></p>	<p>This has been added to the forward plan for the November meeting.</p>
<p><b>21/044 - Quarterly Quality and Performance Update Report</b> (July 2021 - agenda item 11)</p> <p>Sue Proctor suggested that the governors might like to learn more about Section 136 at a future meeting.</p>	<p><b>Joanna Forster Adams / Rose Cooper</b></p>	<p><b>TBC</b></p>	<p>We are looking at scheduling this for a meeting in 2022.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>21/062 - Quarterly Performance and Quality Update Report</b> (November 2021 - agenda item 11)</p> <p>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>	Joanna Forster Adams	Management action	<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><b>22/034 - Quarterly Service Delivery and Performance Report</b> (May 2022 - agenda item 11)</p> <p>As per Ian Andrew's request, it was agreed that future workforce performance reporting would differentiate between clinical and non-clinical staff data.</p>	Joanna Forster Adams	Management action	

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>22/022 - Sharing Stories: The Working Age Adult Community Mental Health Service with an update on Community Transformation</b> (May 2022 - agenda item 2)</p> <p>Kaneez Khan asked what the arrangements were for ensuring staff were trained in relation to cultural competencies and cultural awareness and diversity. It was agreed that Josef Faulkner would respond to Kaneez directly outside of the meeting and Rose Cooper would facilitate this.</p>	Rose Cooper	Management action	<p><b><u>COMPLETE</u></b></p> <p>Josef Faulkner responded to Kaneez Khan directly outside of the meeting.</p>
<p><b>22/022 - Sharing Stories: The Working Age Adult Community Mental Health Service with an update on Community Transformation</b> (May 2022 - agenda item 2)</p> <p>Sue Proctor suggested that the Community Mental Health Service provided the Council with an update on progress in approximately six months' time. Rose Cooper would add this to the forward plan.</p>	Rose Cooper	Management action	<p><b><u>COMPLETE</u></b></p> <p>This has been added to the forward plan.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>22/022 - Sharing Stories: The Working Age Adult Community Mental Health Service with an update on Community Transformation</b> (May 2022 - agenda item 2)</p> <p>It was agreed that the slides from the Sharing Stories session would be circulated along with the contact details of the presenters in case the governors wanted to discuss anything further outside of the meeting.</p>	Rose Cooper	Management action	<p><b><u>COMPLETE</u></b></p> <p>The slides and contact details were sent to governors.</p>
<p><b>22/012 - People Plan 2021-2024</b> (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>	Rose Cooper	Management action	<p><b><u>COMPLETE</u></b></p> <p>The list of events 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><b>22/034 - Quarterly Service Delivery and Performance Report</b> (May 2022 - agenda item 11)</p> <p>Dr Proctor suggested an area for discussion at the Board to Board meeting in September which related to challenges around inequalities and developing a shared understanding about the current issues and what we can do as an organisation, both in terms of service provision and how we spend our public sector pound in the city.</p>	Rose Cooper	Management action	<p><b><u>COMPLETE</u></b></p> <p>This has been added to the forward plan for the September Board to Board meeting.</p>
<p><b>22/035 - Finance Update</b> (May 2022 - agenda item 12)</p> <p>It was agreed that more detailed information would be shared with the governors at a future meeting around the financial risks and opportunities in the new system way of working.</p>	Dawn Hanwell	Management action	<p><b><u>COMPLETE</u></b></p> <p>This has been added to the forward plan for the September Board to Board meeting.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>22/037 - Introduction from the Trust's Head of Wellbeing</b> (May 2022 - agenda item 14)</p> <p>Ian Andrews thanked Alex Cowman for her encouraging and positive presentation and asked if she would be able to deliver something similar on a team level as his colleagues would welcome the opportunity to learn more about the various wellbeing offers and to thank Alex for the work she does. It was agreed that Alex's contact details would be shared with Ian Andrews outside of the meeting.</p>	Rose Cooper	Management action	<p><b><u>COMPLETE</u></b></p> <p>Alex Cowman's contact details were shared with Ian Andrews.</p>
<p><b>21/051 - Clinical Outcomes Update</b> (November 2021 - agenda item 2)</p> <p>It was agreed that an update on the findings from the outcomes work would be presented to the May 2022 meeting which would include an update on the second cohort of services involved in the 90-day innovation cycle.</p>	Chris Hosker	July 2022	<p><b><u>COMPLETE</u></b></p> <p>This is on the agenda for the July meeting.</p>

### COMPLETED ACTIONS

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>21/060 - Chief Executive Report</b> (November 2021 - agenda item 9)</p> <p>The Council asked for more information on the community mental health transformation work, including how partners were working together and what it would mean for the Trust. It was agreed that Eddie Devine would be invited to a future meeting to update the governors.</p>	<p><b>Joanna Forster Adams / Rose Cooper</b></p>	<p><b>May 2022</b></p>	<p>This was scheduled for the May meeting.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>22/008 - Chair's Report</b> (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><b>Rose Cooper</b></p>	<p><b>May 2022</b></p>	<p>This was scheduled for the May meeting.</p>
<p><b>22/010 - Lead Governor Report</b> (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><b>Cath Hill</b></p>	<p><b>May 2022</b></p>	<p>An update was provided at the private meeting in May.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>21/026 - Update on the Child and Adolescent Mental Health Service (CAMHS) transfer</b> (May 2021 - agenda item 8)</p> <p>Niccola Swan referred to the number of young people currently placed out of area and asked that this data was incorporated into future performance reports so that it could be tracked as the new Child and Adolescent Mental Health Service (CAMHS) unit became operational.</p>	<p><b>Joanna Forster Adams</b></p>	<p><b>Management action</b></p>	<p>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><b>21/062 - Quarterly Performance and Quality Update Report</b> (November 2021 - agenda item 11)</p> <p>Joanna agreed to consider including highlights and analysis from the new Chief Operating Officer (COO) Report in future performance reports to the Council.</p>	<p><b>Joanna Forster Adams</b></p>	<p><b>Management action</b></p>	<p>This was 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><b>21/062 - Quarterly Performance and Quality Update Report</b> (November 2021 - agenda item 11)</p> <p>Regarding the ‘percentage of advice calls to safeguarding that resulted in a referral to social care’ metric, Sue Rumbold asked how many of those referrals led to a child being taken into care. Cathy agreed that this was something that the system needed to look at collecting and suggested that the Leeds Safeguarding Children Board might explore this.</p>	<p><b>Cathy Woffendin</b></p>	<p><b>Management action</b></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><b>22/002 - Sharing Stories: Connect Eating Disorders Project</b> (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>	<p><b>Rose Cooper / Gerard Enright</b></p>	<p><b>Management action</b></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><b>22/002 - Sharing Stories: Connect Eating Disorders Project</b> (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	The documents were circulated to governors.
<p><b>22/002 - Sharing Stories: Connect Eating Disorders Project</b> (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	The question-and-answer document was provided as an addendum to the February minutes.

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>22/009 - Chief Executive Report</b> (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>	<p><b>Darren Skinner</b></p>	<p><b>Management action</b></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><b>22/013 - Quarterly Performance and Quality Update Report</b> (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>	<p><b>Rose Cooper</b></p>	<p><b>Management action</b></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><b>22/014 - Financial Update</b> (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><b>Rose Cooper</b></p>	<p><b>Management action</b></p>	<p>The Chief Financial Officer Report from the January public Board of Directors' meeting was circulated to governors.</p>
<p><b>22/018 - Support for the Appointment of the Senior Independent Director</b> (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><b>Rose Cooper</b></p>	<p><b>Management action</b></p>	<p>This meeting took place on the 20 April.</p>

## **CHAIR'S REPORT**

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

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

Since the May meeting there have been a few changes to the membership of the Council of Governors.

- **Sayma Mirza** has been appointed as the new governor to the seat for the Director for Children and Families Programme, West Yorkshire ICS
- **Cllr Claire Douglas** has been appointed as the new governor representing City of York Council. Cllr Douglas was appointed to the seat after **Cllr Anna Perret** stepped down.

I would also like to report that this is the last meeting for some of our governors.

Peter Webster, Niccola Swan and Steve Howarth have come to the end of their term of office and having each served nine years on the Council (three terms of three years) they are not eligible to stand for election again. We will therefore be saying good-bye to them.

We are also saying good-bye to Mussarat Khan and Ruth Grant, both of whom have decided not to stand for election at the end of their term of office. Mussarat has been with us for one term and Ruth for two terms. They are both therefore, eligible to stand for election again and we very much hope they decide to join us for another term of office at some point in the future.

One further change I would like to report, is that Sally Rawcliffe Foo will be leaving the Trust in August. As such she will not be eligible to be a staff governor and so will be stepping down from the Council.

It has been a pleasure working with all our governors, but to those who are leaving the Council either permanently, or possibly only for a short period of time, I would like to extend my sincere thanks on behalf of the Council for all their hard work and dedication each has given to the role of governor. I would also like to welcome our two new governors and I very much look forward to working with them in the future.

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

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

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

The Council of Governors is asked to note the attendance of directors at the Board of Directors' meetings, in particular attendance relating to the non-executive directors. This information will also be provided in the Trust's Annual Report for the relevant financial years. The shaded boxes show the meetings people were not eligible to be at due to either their start or finish date.

#### Non-executive Directors

Name	29 July 2021	30 September 2021	25 November 2021	27 January 2022	31 March 2022	28 April 2022 (Extraordinary)	19 May 2022	16 June 2022 (extraordinary)
Sue Proctor (Chair)	✓	✓	✓	✓	✓	-	✓	✓
John Baker	✓	✓	✓	✓	-	✓	✓	-
Helen Grantham	✓	✓	✓	✓	✓	✓	✓	✓
Cleveland Henry	✓	✓	✓	✓	✓	✓	✓	✓
Andrew Marran	✓	✓						
Merran McRae				✓	✓	✓	✓	✓
Sue White	✓	✓	✓	✓	✓	-	✓	✓
Martin Wright	✓	✓	✓	✓	✓	✓	✓	✓

### Executive Directors

Name	29 July 2021	30 September 2021	25 November 2021	27 January 2022	31 March 2022	28 April 2022 (Extraordinary)	19 May 2022	16 June 2022 (extraordinary)
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	6 July 2021	2 November 2021	1 February 2022	5 May 2022
<b>Non-executive directors</b>				
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)	6 July 2021	2 November 2021	1 February 2022	5 July 2022
Ian Andrews	E	✓	✓	✓	✓
Caroline Bentham	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, however, it is recognised 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.

Governors are reminded of the importance of letting the Corporate Governance team know if they are not going to be at any of the meetings. They must do this prior to the meeting taking place. That way we can be aware if we are not going to be quorate and then manage the business of the meeting accordingly.

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Title: Governor elections  
Contributor: Cath Hill  
Status of item: For noting

The Governors are reminded that we are currently holding our elections to vacant seats on the Council of Governors. Our timetable of key stages is as follows:

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

After 22 July when we finish our elections we will be able to publish the outcome and let everyone know who has been successfully elected, including making a report at the Annual Members' meeting.

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Title: Annual Members' Meeting  
Contributor: Cath Hill  
Status of item: For noting

On 26 July we will be holding our Annual Members' Meeting.

This will take place virtually and be held between 11 am and 1 pm. Governors are required to attend this meeting as this allows you to fulfil one of your statutory duties; receiving the Annual Report and Accounts.

There will be presentations from Les France (your Lead Governor), Dawn Hanwell (the Chief Financial Officer) and Sara Munro (the Chief Executive). Following these presentations there will be an opportunity for members and members of the public to ask questions.

The papers for this meeting will be sent out to Governors mid-July.

I would ask that if you haven't already advised the Corporate Governance Team of your attendance that you do so as soon as possible.

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Title:	Recruitment for a new Chair of the Trust
Contributor:	Cath Hill
Status of item:	For noting

Governors are advised that the microsite for the recruitment of the Chair of the Trust is now live and can be accessed using the link below.

<https://www.leedsandYorkpft.nhs.uk/careers/professions/trust-chair/>

I would be grateful if you can use your networks to promote this opportunity.

The timeline for the recruitment process is as follows:

- 21 June – Recruitment process commences and is widely publicised in accordance with the agreed publication and promotion plan
- 24 July – Final date for applications to be submitted
- 9 August – Shortlisting meeting
- 12 September – Interview date

As you know this appointment is a governor appointment and any recommendation to appoint a preferred candidate will need to be approved by the Council of Governors. We have therefore convened an extraordinary meeting of the Council of Governors for this purpose on the 19 September, the day of our Board-to-Board meeting.

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

Governors are reminded they are invited to join our Non-executive Directors on their service visits. Now the Trust is moving out of Business Continuity mode and into Business as Usual we are looking at refreshing the process of NED / governor service visits.

Given the commitments of NEDs we have decided we will focus on having 6 NED / governor visits per year. These visits will go back to being face-to-face, unless there is a reason why it is not safe to do this or there is a legitimate service need, in which case we will arrange the visit virtually.

The services visited will be determined on the NED preferences which will have been identified as part of their annual review with the Chair of the Trust, but we will also try to accommodate governor preferences where possible.

In terms of the rearranged visits, the NSCAP visit took place as planned (see below). The Gender Identity Service visit has not yet gone ahead due to diary commitments, and we are hoping to arrange this later in the summer. The Head of Operations for the service has requested the visit is virtual as most of the team are still working remotely.

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Dr Sue Proctor  
**Chair of the Trust**  
**June 2022**

### Service visits undertaken by Non-Executive Directors and Governors

The following table lists the most recent visits that have either taken place or are in hand. Further visits are currently being arranged

Date of visit	Team / Service	In person / Virtual	Organised with	Non-Exec Director	Governor(s)	Notes
<b>1 June 2022</b>	Northern School of Child and Adolescent Psychotherapy (NSCAP)	Virtual	Ben Lloyd and Sue McCreath	Martin Wright	Gail Harrison Rita Dawson	Rearranged from 1 December 2021
<b>July / August 2022</b>	Gender Identity Service	Virtual	Laura Charlton	Cleveland Henry	Les France Ivan Nip	Rearranged from 16 November 2021



# Council of Governors

**Tuesday 5<sup>th</sup> July 2022**

Sara Munro, Chief Executive

# Areas to cover

- Covid-19 update
- Strategic objective updates
  - Our People Plan including The Big Thank You
  - Care services
  - Estates – Focus on our Green Plan
- Integrated Care Board Go Live
- Leeds Place Based Partnership
- Reasons to be proud
- Team of the month for April
- Question time

# Covid-19 update

Service user and staff covid rates are consistently low – thanks to the ongoing hard work and commitment on infection control

## **Infection Prevention and Control changes made in May**

- Staff continue wearing masks in inpatient and community environments
- Some relaxation in areas with no face-to-face contact with service users i.e. mask off when sat at a desk
- Face to face interviews have now resumed – based on new IPC guidance
- Continue lateral flow testing twice weekly before face-to-face contact with colleagues or service users
- Staff to order testing kits through gov.uk portal. Kits ringfenced for inpatients held centrally.

## **Vaccinations**

First, second and third (booster) vaccinations continue to be available for staff from our vaccination team. They are delivering 'spring boosters' (fourth vaccine) for eligible inpatients. Eligible staff can access this via their GP.

## **National incident stepped down in May**

Covid reclassified from Level 4 (nationally managed) to Level 3 (regionally managed) incident last month. In June we stood down our Trust incident response level – oversight of infection rates, national guidance and potential changes are now managed through monthly Executive Management Team meetings.

# Strategic objective update on Our People Plan #1



## Staff Survey 2021 Intention Planning

Engagement team meetings with each service now well underway.

## Collective Leadership

We held 3 face to face workshops in June 2022, with members of EMT and other senior leaders to receive feedback on the 1-1 coaching session that have taken place with all senior leaders, based on this feedback and the key themes emerging, forward plans will be developed for the next phase of the project which will include plans to develop and support all our trust leaders to adopt collective leadership approaches.

## Agile and Hybrid Working

Our new Agile and Hybrid Working toolkit is available on Staffnet.

We continue to encourage teams to be flexible and adaptive for what works best for them and the services they provide.

# Strategic objective update on Our People Plan #2

## **Critical Incident Staff Support Update from Judith Barnes**

Since commencing in post on 11<sup>th</sup> April Judith has reached out to offer debrief support for 38 incidents and so far has conducted 12 debriefs with 55 staff attending and with 4 more planned in the next 2 weeks the line manager.

Some examples of narrative feedback provided by staff who have attended the debriefs are:

*“Felt it was good as a team and individuals to come together and to discuss emotions and realise that others are perhaps feeling similar”*

*“Helped everyone involved in the incident to get together and discuss issues. Helped us protect this time for this purpose which was good”*

*“The ability to be completely honest and also realising how other members of the team/ other teams were affected. This validated my feelings”*

*“I think it helped us connect and I really valued the compassion and care everyone showed one another”*

# Strategic objective update on Our People Plan #3



## Learn – Now Live!

Learn is the new i-learn – our learning management system for appraisals, supervision and booking training.

### What's new?

- Access from mobile devices as well as desktop computers
- Access to course bookings, e-learning and your learning history from anywhere with an internet connection
- Managers can easily view and manage their own, and their teams' learning
- Enhanced reporting function, updated daily, allowing staff and managers to view Compulsory Training compliance

### What isn't new?

- Your username and password – these will be the same as those you used for iLearn!

To find out more about the changes and the user guides head to our Staffnet Page. <http://staffnet2/learn>

# The Big Thank You



# The Big Thank You: 4 – 15 July 2022

An opportunity to take time out from the day job to recognise and celebrate the hard work and commitment of LYPFT colleagues over the last two years.

Each team gets a small financial contribution to hold their own fuddle/tea party/picnic etc.

Managers and team leaders will also be asked to present their staff with a special commemoration (this is a surprise so no spoilers!)

The two weeks will culminate in The Big Thank You Bash! - evening of 15 July at The Royal Armouries in Leeds. Guests will enjoy a three-course dinner, drinks and some spectacular cultural entertainment.

We have had a fantastic uptake of places. As I have continued in service visits in the past couple of months it has been great to hear directly what teams are planning to do during the Big Thank You Fortnight.



# Strategic objective update on: Care services #1

## The here and now

- Older People's inpatient services developing a proposal to temporarily consolidate their bed base at The Mount to enable a more effective use of staff to cover ongoing and sustained shortages.
- Working Age Adult Community Mental Health Services still in business continuity. They're working hard to continue to deliver a service with their ongoing staff shortages.
- Leeds and York Forensic Services are developing plans to address their staff shortages too.
- We have stood down our Incident Response Management arrangements, moving back to normal pre-Covid working.
- In-patient staffing is an improving picture.
- Low levels of Covid related absences across care services, mostly in single figures.

# Strategic Update on: Care Services #2

## Looking ahead

- New strategic clinical plan currently being drafted and reviewed. We've engaged clinical and operational leads, service users and system partners in its development, testing and description of our ambitions and service models for the future.
- Improving access to crisis services – revised integrated pathway to provide easier access to assessment and interventions across health, care and third sector.
- Service contract tenders coming up for Veterans and Northern School of Child and Adolescent Psychotherapy

# Our strategic objectives – key updates

## #3 Estates and facilities

- **Our Green Plan**

- **What it is**

This is the start of our sustainability journey as we work to achieve our ambition of becoming a carbon neutral trust and generating our own energy by 2027. We have created our Green Plan to help us reduce the climate-damaging carbon emissions produced within the Trust. It covers our vision, objectives and how we will meet them.

- **Why**

The NHS's ambition is to be the first Net Zero health system in the world by 2040. Tackling climate change by reducing harmful carbon emissions will improve health and save many lives globally.

Our Green Plan aims to improve the sustainability of our care services and our support services. It allows us to plan and adapt to the future challenges of healthcare delivery brought about by the effects of climate change. We must achieve this without compromising future generations' ability to have their needs met.



# Our strategic objectives – key updates

## #3 Estates and facilities

- **How will we do this**

We have produced the Green Plan to reduce carbon emissions and be an environmentally responsible organisation. LYPFT has identified a Sustainable Road Map, creating SMART targets within the 2021-2025 period. Long-term goals to dramatically reduce carbon footprints are laid out, highlighting the Trust's ambitious goals to eliminate its carbon emissions beyond this timeframe.

- **Who**



# Our strategic objectives – key updates

## #3 Estates and facilities

- **What are our messages**
  - All Hands In personal Pledges – On YouTube
  - Trust Pledges
  - Cycle to Work
- **Where**
  - Our Website –
  - Staffnet – Search Green Plan
- **When**
  - **NOW**

**HEALTHIER**  
**PLANET**  
**HEALTHIER**  
**PEOPLE**



# Integrated Care Boards now live

- ICBs became legal entities on the 1<sup>st</sup> July 2022.
- West Yorkshire held its first official public board meeting on this today to confirm all requirements in place that gives it a license to operate.
- As the SRO for West Yorkshire I am pleased to confirm I have been nominated and confirmed as sector rep on the board.
- During this month a VCSE rep will be formally appointed to the board.
- Much of the existing governance will continue and the aim is to iterate over time as the new legislation becomes more embedded.
- The model for WY remains firmly committed to the principles of distributed leadership and accountability to each 'place'.
- Within Humber Coast and Vale the role we have as part of the provider collaboratives for CYP and adult secure remains unchanged as we had embedded ways of working that fit with the ICB governance.

# Leeds Office of the West Yorkshire ICB

- Sorry for the long title, it is what it is!
- Hold delegated authority from West Yorkshire to continue to develop and deliver the health and care strategy for Leeds and manage the NHS resources.
- Important to note we are clear on the importance of delivering for our wider Health and Wellbeing Board Strategy for Leeds – all has to fit together.
- Building a model of shared governance and accountability which is different to the commissioner/provider relationship. This will develop over the next few months and will involve repurposing roles to work in different ways.
- Independent Chair now appointed and many will know her – Rebecca Charlwood formally chair of the Leeds Health and Wellbeing Board/elected member and member of our CoG. Rebecca will chair the board which has membership from health and social care, VCSE, Health Watch, public health and lay members.



# What else is happening in the Trust?

## Jubilee Celebrations

- Mill Lodge - Had a Jubilee garden party on wed 1<sup>st</sup> June. Young people were involved in planning it and made decorations leading up to it. Including the very fine queens guard scarecrow. On the day we played games such as giant Jenga, pin the crown on the queen and hoopla, had music and using chalks to draw jubilee themed images in the courtyard.
- Woodland Square celebrate 25 years of Woodland Square plus the Queen's Platinum Jubilee





# What else is happening in the Trust?

## Jubilee Celebrations

- Ward 3 OT's and service users recycled some old plastic wallets to make stain glass window/sun catchers for Jubilee Celebration.



# What else is happening in the Trust?

Make caring  
Visible, Valued  
and Supported

## Carers Week



6-12 June 2022

- Learning Disability services have shared several ways they support carers, and also how they are using their knowledge and expertise to develop the work the service does.
- The Health Facilitation Team are about to re start their co production groups, where service users and their relatives / carers work together to produce information and resources about health issues for people with learning disabilities. Check out some of the great work they have done to date <https://www.learningdisabilityservice-leeds.nhs.uk/get-checked-out/>
- The team at 3 Woodland Square at St Mary's Hospital restarted their carers coffee mornings after a long break caused by the pandemic, the first one went ahead on **Monday 6<sup>th</sup> June**.
- The Community Learning Disability Teams have collated a very comprehensive 'grab pack' of information for the relatives and carers of the service users they support, who can 'pick and mix' the information from the pack that is most helpful to their personal situation. Information from this pack will be added to the 'Carers Corner' that Donna Hadley Deakin from the West and South Community Learning Disability Team has set up in the team base at St Mary's Hospital.
- Jo Jenner from Carers Leeds is ready and waiting to come to your team meeting to share, in 15 minutes, who Carers Leeds are, and what they do! Please contact her directly [jo.jenner@carersleeds.org.uk](mailto:jo.jenner@carersleeds.org.uk)
- Did you know you can refer someone caring for a service user to Carers Leeds? You might come cross someone who would appreciate a bit of help with getting in touch with Carers Leeds so simply fill in their online referral form via their website <https://www.carersleeds.org.uk/home/the-leeds-carers-partnership/professionals-referral-form/>

# Reasons to be proud



## Rhys Jones taking part in Big Ride Home



Consultant psychiatrist and paratriathlete Rhys will take part in the Big Ride Home 270 mile charity bike ride in September alongside 200 riders from Hull to Elland, Halifax.

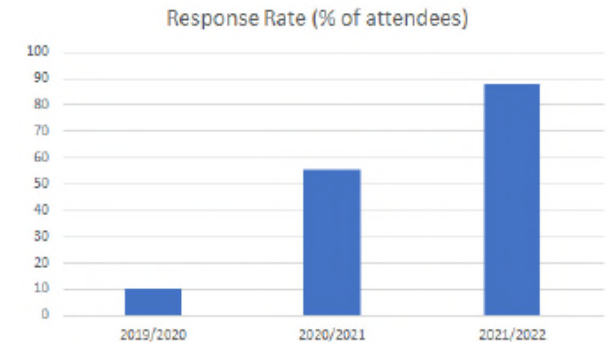
Rhys was part of the team that set up the CONNECT West Yorkshire Adult Eating Disorders Service in Halifax.

The event is raising money for Overgate Hospice, homeless charity Happy Days and FC Halifax Town Foundation.

## Effective remote clinical skills training

**Dr Rajini Mulukutla** (ST6 in General Adult Psychiatry) and **Dr Sharon Nightingale** (Director of Medical Education) delivered useful and effective clinical skills training during the pandemic despite restrictions, alongside University of Leeds

78% increase in feedback response rate  
Feedback more positive than pre-pandemic



A big congratulations to Hannah Shephard  
Our very own Hannah Shepard was recently nominated for an award at the Student Nursing Times Awards, held on 27th May 2022, for her work within the research team.

Hannah was amongst others from across the country who were nominated for the 'Student Nurse or Midwife of the Year: Clinical Research' award.

Steve Ford, editor of the Nursing Times said, "Our awards recognise a group of outstanding students on their journey to entering the nursing profession, as well as all those who support them along the way, including lecturers, universities and healthcare providers."  
Congratulations again from everyone at LYPFT.

We have hosted two visits to Red Kite view in the last month.  
Gillian Keegan – government minister for mental health and social care visited with her team to explore further the work of mental health and integrated care pathways.  
Colleagues leading the community mental health transformation in Leeds showcased the work to date and the future ambition.

The capital and finance leads from the Department of Health also visited – this team oversee business cases and wanted to see what the money delivers.

It's fair to say both visits went extremely well, and our guests were very impressed with the unit itself and the progress being made by the whole team at Red Kite View and the wider provider collaborative and our vision for better community mental health services for the citizens of Leeds..





**We have a tie**  
**Congratulations to our worthy winners!...**



## East CMHT WAA

*“Over the past few months, CMHT has unfortunately had significant recruitment and retention problems due to a variety of factors. This in combination with high caseloads and increased service demands has led to the CMHT being in business continuity measures.*

*It is no secret that all teams/localities have been working extremely hard in light of the current pressures, but I really wanted the Trust to know just how hard the team over in the East are working as they deserve so much recognition and more! Even though the team is under huge amounts of pressure, with considerably reduced capacity and significant challenges, everyone continues to pull together, adapt and work flexibly. They always put service users needs at the heart of the care they deliver. As a team, they are extremely supportive of each other and ready to help their colleagues when needed, even when busy themselves. They show genuine compassion and respect for both service users and each other, and do so with warmth, integrity and even humour. They’re an absolutely fab team!”*

**- Nominator**

*“The Board is really aware of the challenges this team faces in terms of demand and capacity. Their teamwork, commitment and adaptability during difficult times is very much appreciated.”*

**- Judges**



## Forensics Services Leeds

*“This team worked tirelessly together having dealt with a massive increase in acuity over the past 2 years. Staff are supporting each other by moving a lot to support where the acuity is which does increase anxiety.*

*Staff have worked hard despite been exhausted, they have almost constantly worked under our staffing requirement to manage and care for our service users safely. They have had 6 student nurses all requesting to come back upon qualifying which speak volumes in relation to the good experience they had. There has been lots of proactive work within the service and environmental developments despite all the challenges as well as developing and supporting the cohorting area that has been used for the whole Trust. Due to acuity within the Trust our seclusion room has been used a lot from other services, this does effect our service and staffing as it require a team to do reviews, supporting the induction as it is within a secure environment. The staff well being has been a priority and the teams within the community team as well as the inpatient service have worked creatively to look after one another to ensure a high quality care is maintained.”*

**- Nominator**

*“The work of the team to support other services with cohosting and use of the seclusion facility is very much appreciated; it has been critical to our response to the pandemic. It is fantastic to hear that students want to come back to the ward.*

**- Judges**

# Any questions?

**AGENDA  
ITEM**

**10**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Lead Governor Report
<b>DATE OF MEETING:</b>	5 July 2022
<b>PRESENTED BY:</b> (name and title)	Sue Proctor, Chair of the Trust
<b>PREPARED BY:</b> (name and title)	Les France, Lead Governor

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

**EXECUTIVE SUMMARY**

Today's meeting gives us all an opportunity to say a big thank you to Peter Webster, Niccola Swan and Steve Howarth, who have come to the end of their time as governors. Throughout their time as governors, they have contributed so much, undertaken additional responsibilities and been that critical friend to the Trust. Personally, I would like to say how much I have appreciated what they have brought to the Trust in their role as governors and the difference they have made.

Since our last meeting I have, along with Sue Proctor, been undertaking annual reviews of all non-executive directors. Cleveland Henry and I have also undertaken Sue Proctor's annual review.

As mentioned at the previous meeting, I would encourage all governors to contact me if you are interested in the governors' buddying scheme. This scheme is for all recent or newly appointed governors and is also an opportunity for governors with over two years' experience to act as buddies offering support and guidance to those new to the role.

Finally, I would like to remind governors that the Trust's Annual Members' Meeting will be held at on the 26 July 2022 at 11.00am until 1.00pm via Zoom.

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

**RECOMMENDATION**

The Council of Governors is asked to:

- Note this report for information and assurance.



**AGENDA  
ITEM**

**11**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Quarterly Quality and Performance Update Report
<b>DATE OF MEETING:</b>	5 July 2022
<b>PRESENTED BY:</b> (name and title)	Joanna Forster Adams, Chief Operating Officer
<b>PREPARED BY:</b> (name and title)	Cathy Woffendin, Director of Nursing, Professions and Quality Darren Skinner, Interim Director of OD and Workforce Edward Nowell, Information Manager Performance & BI

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

<b>EXECUTIVE SUMMARY</b>		
<p>This paper is to highlight and outline the Trust's current performance over the last 3 months and provide an insight to the Governors from recent Board discussions around performance and service delivery. Please note the report reflects the data presented to Board in March 2022.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

<b>RECOMMENDATION</b>
The Council is asked to note the contents of the report.

# COUNCIL OF GOVERNORS : QUARTERLY PERFORMANCE AND QUALITY UPDATE REPORT



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

*Please note that the latest Services information reported is March 22, and Quality and Workforce is March 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	Jan 2022	Feb 2022	Mar 2022
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	72.9%	69.4%	66.8%
Percentage of ALPS referrals responded to within 1 hour	90.0%	53.0%	68.9%	72.8%
Percentage of S136 referrals assessed within 3 hours of arrival	-	15.0%	14.6%	10.0%
Number of S136 referrals assessed	-	40	48	50
Number of S136 detentions over 24 hours	0	9	5	16
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	90.0%	57.1%	37.5%	60.0%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	92.8%	91.4%	84.7%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	49.1%	50.8%	47.1%
Percentage of CRISS caseload where source of referral was acute inpatients	-	22.9%	17.6%	16.7%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Jan 2022	Feb 2022	Mar 2022
Gender Identity Service: Number on waiting list	-	3,228	3,358	3,513
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%	70.0%	81.1%	77.8%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	95.0%	-	-	68.8%
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	-	-	26.7%
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%	-	-	69.5%
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	710	-	-	712
Perinatal Community: Face to Face DNA Rate (quarterly)	-	-	-	6.7%
Services: Our acute patient journey	Target	Jan 2022	Feb 2022	Mar 2022
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	80.6%	81.0%	68.8%
Crisis Assessment Unit (CAU) length of stay at discharge	-	6.25	12.23	15.36
Liaison In-Reach: attempted assessment within 24 hours	90.0%	77.0%	84.7%	71.1%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0%	91.1%	97.3%	99.8%
Becklin Ward 1 (Female)	-	94.4%	101.5%	101.5%
Becklin Ward 3 (Male)	-	93.1%	102.3%	98.5%
Becklin Ward 4 (Male)	-	97.7%	97.7%	100.0%
Becklin Ward 5 (Female)	-	78.4%	95.5%	99.0%
Newsam Ward 4 (Male)	-	92.0%	89.5%	100.2%
Older adult (total)	-	72.4%	83.2%	83.0%
The Mount Ward 1 (Male Dementia)	-	71.2%	67.6%	58.1%
The Mount Ward 2 (Female Dementia)	-	85.4%	82.1%	84.7%

## Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Jan 2022	Feb 2022	Mar 2022
The Mount Ward 3 (Male)	-	68.4%	85.6%	86.4%
The Mount Ward 4 (Female)	-	68.9%	92.0%	95.5%
Percentage of delayed transfers of care	-	9.6%	10.7%	10.0%
Total: Number of out of area placements beginning in month	-	12	5	11
Total: Total number of bed days out of area (new and existing placements from previous months)	62	521	370	430
Acute: Number of out of area placements beginning in month	-	10	3	8
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	305	192	209
PICU: Number of out of area placements beginning in month	-	2	2	3
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	93	94	128
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)	-	123	84	93
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90.0%	-	-	64.7%
Services: Our Community Care	Target	Jan 2022	Feb 2022	Mar 2022
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	92.1%	75.3%	84.2%
Percentage of inpatients followed up within 3 days of discharge (CCG commissioned services only)	80.0%	91.2%	75.6%	86.6%
Number of service users in community mental health team care (caseload)	-	4,159	4,090	4,010
Percentage of referrals seen within 15 days by a community mental health team	80.0%	80.5%	80.9%	76.5%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	71.1%	73.2%	73.4%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	67.5%	67.1%	68.2%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	66.7%	46.2%	55.6%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	-	-	62.6%
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	-	-	37.9%
Services: Clinical Record Keeping	Target	Jan 2022	Feb 2022	Mar 2022
Percentage of service users with NHS Number recorded	-	99.2%	99.3%	99.2%
Percentage of service users with ethnicity recorded	-	78.1%	77.8%	77.1%
Percentage of service users with sexual orientation recorded	-	30.5%	30.9%	31.0%
Percentage of in scope patients assigned to a mental health cluster	-	69.1%	70.0%	69.5%
Services: Clinical Record Keeping	Target	Oct 2021	Nov 2021	Dec 2021
DQMI (MHSDS) % Quality %	95.0%	91.9%	91.4%	91.2%

\* 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	Jan-22	Feb-22	Mar-22
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	Oct	Nov	Dec
		91.9%	91.4%	91.2%
Percentage of service users with ethnicity recorded	-	78.0%	77.3%	76.8%
Percentage of in scope patients assigned to a mental health cluster	90%	68.9%	69.9%	69.5%
Percentage of service users with sexual orientation recorded	-	30.4%	30.5%	31.0%
Quality: Our effectiveness	Target	Jan-22	Feb-22	Mar-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	-	67	5	17
Quality: Caring / Patient Experience	Target	Jan-22	Feb-22	Mar-22
Friends & Family Test: Positive experience of care (total responses received) **	-	94%(129)	95%(131)	83%(148)
Mortality:				
• Number of deaths reviewed (incidents recorded on Datix)*	Quarterly	-	-	74
• Number of deaths reported as serious incidents	Quarterly	-	-	3
• Number of deaths reported to LeDeR	Quarterly	-	-	0
Number of complaints received	-	11	13	17
Percentage of complaints acknowledged within 3 working days	-	100%	100%	100%
Percentage of complaints allocated an investigator within 3 working days***	-	36%	92%	70%
Percentage of complaints completed within timescale agreed with complainant	-	100%	100%	100%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	211	180	233

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.

\*\*\* As in previous months, there have been some delays with allocations. Investigators from other services are helping out with these. We are still including some info on acknowledgement letters to advise there may be a delay in allocation.

## Quality and Workforce metrics: Tabular overview

Quality: Safety	Target	Jan-22	Feb-22	Mar-22
Number of incidents recorded	-	943	879	1,020
Percentage of incidents reported within 48 hours of identification as serious	100%	100%(1)	0%(0)	0%(0)
Number of Self Harm Incidents	-	128	107	92
Number of Violent or Aggressive Incidents	-	102	95	80
Number of never events	-	0	0	0
Number of physical restraints *	-	134	187	208
No. of patients detained under the MHA (includes CTOs/conditional discharges)	-	525	536	531
Adult acute including PICU: % detained on admission	-	62.5%	60.7%	73.3%
Adult acute including PICU: % of occupied bed days detained	-	86.8%	86.8%	89.8%
Number of medication errors	Quarterly	-	-	154
Percentage of medication errors resulting in no harm	Quarterly	-	-	95%
Safeguarding Adults: Number of advice calls received by the team	Quarterly	-	-	152
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	-	18%
Safeguarding Children: Number of advice calls received by the team	Quarterly	-	-	39
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	-	20%
Number of falls	-	24	49	34
Number of Pressure Ulcers **	-	0	1	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	Jan-22	Feb-22	Mar-22
Percentage of staff with an appraisal in the last 12 months	85%	68.2%	67.2%	67.3%
Percentage of staff with a wellbeing assessment completed	-	81.0%	82.0%	81.0%
Percentage of mandatory training completed	85%	84.8%	85.2%	85.4%
Safeguarding: Prevent Level 3 training compliance (quarter end snapshot)	85%	-	-	93.0%
Percentage of staff receiving clinical supervision	85%	63.3%	65.6%	65.5%
Staff Turnover (Rolling 12 months)	8-10%	9.4%	9.6%	10.2%
Sickness absence rate in month	-	6.9%	6.4%	6.6%
Sickness absence rate (Rolling 12 months)	4.9%	5.7%	5.9%	6.0%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	10.6%	11.0%	11.0%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	37.8%	36.3%	35.5%
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	-	2,584	711	931
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	15.9%	14.0%	13.9%
Medical Consultant Vacancies (number)	-	12.8	11.3	11.2
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	15.8%	15.6%	15.1%
Medical Career Grade Vacancies (number)	-	6.7	6.6	6.4
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	13.8%	2.9%	10.8%
Medical Trainee Grade Vacancies (number)	-	14.0	2.9	10.9
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	37.0%	38.0%	39.0%
Band 5 inpatient nursing vacancies (number)	-	88.6	94.9	97.7
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	0.0%	9.0%	9.0%
Band 6 inpatient nursing vacancies (number)	-	0.0	10.1	10.1
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	33.7%	34.8%	35.1%
Band 5 other nursing vacancies (number)	-	34.6	32.0	32.3
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)	-	7.7%	7.2%	7.3%
Bank Agency Spend YTD (Cost)	-	14,517,005	16,163,034	18,182,227
Bank Agency Spend YTD (%)	-	12.0%	12.0%	12.0%
		<b>Feb</b>	<b>Mar</b>	<b>Apr</b>
Number of staff vaccinated for Covid19 (first dose)*		3,742	3,712	3,711
Percentage of staff vaccinated for Covid19 (first dose)*		96%	95%	95%
Number of staff vaccinated for Covid19 (second dose)*		3,626	3,599	3,599
Percentage of staff vaccinated for Covid19 (second dose)*		93%	92%	92%

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

\* April data as at 22/04/22

Trust Board Assurance: Key discussions, issues and actions

Points to note:

Services have continued to be challenged during March with the effects of the pandemic and the associated backlogs being compounded by the business continuity measures instigated across all services in January. The Trust remained in business continuity arrangements with the accompanying incident response structures in place until the second week of February. As anticipated, this has impacted on consistency and performance across the Trust as staff were redeployed and services worked to maintain safe, reliable and effective care with a focus on critical and essential services. In some instances, services are not expecting to see improvement or consistency in terms of performance against key performance indicators into April, and possibly beyond.

Areas where performance has been impacted/are below target are the percentage of Acute Liaison Psychiatry Service (ALPS) 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 service users seen at least 5 times in the first week of receiving Crisis Resolution and Intensive Support Service (CRISS) support, the percentage of assessments attempted by Liaison In-Reach within 24 hours, the percentage of referrals assessed by a Community Mental Health Team (CMHT) within 15 days and the percentage of referrals to the Memory Assessment Service (MAS) seen within 8 weeks.

However, there are some measures that have remained above target in spite of the circumstances in which teams are operating such as the percentage of referrals to MAS with a diagnosis recorded within 12 weeks and the percentage of inpatient discharges followed up within 3 days.

Although the target to assess referrals within 4 hours was not met in March, performance against this target improved considerably and continues to do so in April to date, despite challenging circumstances. Performance has been affected by staffing challenges across February and March with the triage element of CRISS being well staffed in March but the capacity not being available in the Crisis Resolution team to complete all assessments within the 4-hour timeframe. The clinical triage stage has significant bearing on the timeliness of assessment so the service are going to be looking into how best to manage these two elements in order to minimise delays to assessment. The service have expressed the need for some improvement work around the 4-hour assessment target. Now that the community redesign is complete, a similar piece of service evaluation and improvement work will be initiated in conjunction with management changes due to take place between now and May.

There has been an increase in bed occupancy in March (99.8%) within the Adult Acute inpatient service which has exceeded the target range of 94-98%. Length of stay in Adult Acute services is continuing to increase following a noticeable drop in January. The Adult Acute service is going to be working with the Acute Care Excellence workstream to better understand length of stay in the service. The service has seen increased levels of observations, and service users being significantly unwell for longer. Occupancy for Older Adult services has been maintained from February but has not returned to levels seen prior to business continuity measures being introduced in January.

There continues to be a high level of demand for out of area beds with 11 new placements starting in March across Acute and PICU services. The number of bed days in-month and out of area placements starting is reflective of out of area beds that were available rather than reflective of total out of area demand.

The percentage of inpatient bed days where the service user's transfer is delayed has reduced slightly in March, which is particularly noticeable in Older Adult services. Within Adult Acute services the cause of delay is mainly internal, whereas in Older Adult services, delays are mainly related to care home placements and a smaller number due to being able to access packages of care.

Appraisal rates continue to hold steady at 67.3% in March. 81.0% of staff had received a recent wellbeing assessment through our Staff Wellbeing Framework.

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

Clinical supervision rates have been maintained in April with 65.5% of eligible staff receiving clinical supervision, against a target of 85%.

As of 14th April, 94.3% of staff had received their first COVID vaccination dose (3,690 people), and 91.3% (3,575 people) their second dose. As of the date above, 81.5% of eligible staff (2,898 people) had received a booster vaccination.

Trust Board Discussion Summary:

The last LYPFT Public Meeting of the Board of Directors (BoD) was held in person on 19th May 2022. As of the date of writing (20th June 2022), the minutes of this meeting have not yet been signed-off and released. No recording is available for this meeting so in its place, the summary from the Chief Operating Officer report produced for April's service activity, is included.

The focus of services continues to be responding to the level of need and demand of people needing our services, at the same time as planning for future changes in demand and changes in population need. We are actively working on our plans to address health equity as part of our reset and recovery programme which will be reported comprehensively in late June and in the Trust Board meeting in July.

In terms of service delivery our areas of focus continue to be in our Community and Wellbeing Services and Older Adults inpatient services. Members of Trust Board have met with and discussed plans for Community Services in our Governors Council and more recently at our Quality Committee so that there is awareness, oversight, and assurance on managing the challenges we face – and the impact for our service users and staff.

The plans for sustaining and stabilising our Older Adult inpatient service will be shared in due course as these are currently being developed with internal and external stakeholders and staff. In the meantime, we are focusing on provision of high quality care in this service ensuring that staffing levels and additional support is always in place.

The area of concern in month that is highlighted in this report which was not predicted is the challenges in our Adult Crisis provision. The leadership team are working on actions which will ensure that we can confidently and consistently respond and provide support for people in Crisis. This is being managed operationally and escalations and assurance will be provided through our clinical governance arrangements.

Key issues, risks and actions:

Our staff and members of the LYPFT Leadership team participated in two events (late March) aimed at determining the key areas of improvement and focus where we can make significant impact in the system response to the sustained level of pressure in the health and care sector. The two improvement and planning events were: (1) A MADE (Multi agency discharge event), and (2) A Care Home partnership event. In addition, there are breakthrough work programmes established in two key areas. They include: (1) Establishing joint bed brokerage service to help improve timeliness of placements (led by the Director of Adult Social Care), and (2) Improving the way in which we meet the needs of people with dementia with acute/hospital needs (led by LYPFT – specifically the Chief Operating Officer).

Business continuity arrangements have been improved in several areas as a result of pandemic stress-testing. Improvements made include: (1) A new business impact and risk assessment process that is simpler and quicker for services to conduct, (2) A redesigned template for producing plans that concentrates on action cards, flowcharts, and checklists, (3) More consideration of triggers in business continuity plans those services need to be aware of as indicators that plan activation may be required, and (4) Greater focus on staffing threats by considering minimum staffing levels and points of failure. Feedback on new documentation has been positive.

The ability to safely evacuate a mental health or Learning disability ward and resettle patients to another safe environment is one of the most challenging aspects of EPRR across all mental health services. Very few Trusts have spare capacity such as decant wards to be able to withstand the loss of a ward to fire or flood damage. There has been a mutual aid agreement covering Low and Medium Secure services for many years involving all NHS and independent providers in the Yorkshire and Humber region. This agreement is being worked on by EPRR leads from mental health trusts in consultation with NHS England and the provider collaboratives to develop a more comprehensive plan that would be used in any evacuation from Clifton House of the forensic services at the Newsam Centre. The picture regarding non forensic services is more challenging given that there is no agreement around mutual aid in place. An ICS wide discussion occurred in April 2022 about this issue and the feasibility of a jointly funded decant facility, prompted by a substantial risk on the Trust's risk register. However, the view was that this was not feasible given the current financial climate and an alternative method of managing the risk was needed based on mutual aid.

We continue to collaborate closely with local authority colleagues and have a twice weekly escalation and oversight meeting to monitor all aspects of hospital discharge. In addition, the OPS discharge team continue to attend all the ward multi-disciplinary teams (MDTs) which helps to identify potential issues early and act accordingly. We have seen a slight increase in the numbers of people delayed in hospital recently. This is due to ongoing availability challenges in the care homes sector (as previously reported) and in fewer cases, access to packages of care. We continue to experience delays for very specialist placements for a small number of individuals. More recently we have started working with the Leeds Teaching Hospitals (LTH) team of Trusted Assessors to further support the transition to care homes in some cases. This is a positive and beneficial development as it was not something we had access to previously.

The sustained level of registered nursing vacancies in the Older Adult wards together with the need for additional staff to support our patients has resulted in longstanding issues of staffing challenges across this service. To continue to provide high quality care we are working together to determine how we might configure and deliver the service in the medium term. We are working with stakeholders, staff, and partners to explore options and are aiming to have an agreed plan in place towards the end of June/early July.

The CMH Transformation Programme is making considerable progress toward finalising the delivery model that will be evaluated from July 2022 in three Local Care Partnerships. The models being developed by the broad partnership but internally is anchored in our Trust Wide Clinical Governance Group within LYPFT. The engagement of staff, service users and other stakeholders has commenced, and feedback is being used to further refine the programme.

One of the priority workstreams within the Leeds Mental Health Strategy is to ensure there is timely access to Crisis services. The Mental Health Collaborative have developed a revised integrated pathway that has been supported by the Mental Health Partnership Board and is proceeding to implementation. The aim is to provide easier access to appropriate assessment and timely interventions from the range of partner organisations that provide services across health, social care and third sector partners. There has been strong engagement from LYPFT, service users and other stakeholders within the programme. The ambition is to create integrated care, share information utilising agreed assessment tools and clinical risk management frameworks, providing a consistent compassionate experience for service users and aiding swifter recovery, and improving outcomes for service users.

There are a number of existing service contracts provided by LYPFT that are due to be retendered, these include the Veterans Services. It is expected that the invitation to tender will be issued at the end of June for the three elements of Operation Courage, these are the Transition & Liaison Service (CNTW are the lead provider, LYPFT are not involved in the delivery of this service), the Complex Treatment Service and the High Intensity Service (for both of which LYPFT is lead provider). These services will be moved into a single contracting process by NHSE. LYPFT is working with partners on the proposals for this service moving forward. As of May 2022, LYPFT was awaiting a decision on the Northern School of Child and Adolescent Psychotherapy contract.



**AGENDA  
ITEM**

**12**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Update on Clinical Outcome Measures
<b>DATE OF MEETING:</b>	Tuesday 5 <sup>th</sup> July 2022
<b>PRESENTED BY:</b> (name and title)	Chris Hosker, Medical Director
<b>PREPARED BY:</b> (name and title)	Chris Hosker, Medical Director

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

**EXECUTIVE SUMMARY**

In response to the Trust's ambition to embed clinical outcomes across all clinical services in line with the aims of the quality strategic plan, 10 clinical teams have now worked through 90 day learning cycles as part of a focused improvement programme delivered in partnership with the Institute of Health Innovation (IHI). This has involved a range of services identifying questions around clinical outcome implementation and testing solutions as part of an eventual process of creating road maps specifying full implementation of clinical outcomes.

Dr Eivind Brandt, clinical psychologist with the Harvard School of Public Health has been conducting a progress review which will be finalised in a report in late July. Here we present some provisional findings from that review, an overview of progress to date and the known next steps.

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**

To note the progress so far.

## INTRODUCTION

The Council was last updated on this project in November 2021 and the detail included in that report has not been repeated here.

To summarise however, the development of meaningful clinical outcomes measures which can be used by service users, clinicians and services in the Trust in a constructive, psychologically safe way, has been a long standing priority for our organisation. When implemented it will allow those using our services to track their own recovery, while also providing insights into the effectiveness of the care and interventions we provide. Both are crucial if we are to delivery consistently high quality services through focused improvement.

Although at first glance such a project could appear relatively straight forward, learning from previous Trustwide attempts, has left us much more organisationally aware that this will be dependent upon a large complex project and require a high level of collective engagement, specific expertise and the freedom and time to test and innovate.

This project formally commenced on the 1<sup>st</sup> July 2021, and continues to be supported by the Institute for Healthcare Improvement (IHI) (appendix 2). 90 day innovation cycles (appendix 3) have been the vehicle through which teams have sought to identify questions, understand and innovate around their unique challenges with clinical outcomes. A hoped for by product was that teams would build familiarity with, and expertise around, 90 day learning cycles which could then be deployed when tackling future areas of improvement.

The table below provides an overview of the Services and Leads that have so far been involved in initial 90 day cycle:

**Table 1: Services and leads involved in 90 day cycles**

Cohort	Area	Clinical Director	Clinical Project Lead
1	Gender ID	Eli Joubert	Laura Charlton
	Older People Service	Lyndsey-jane Charles	Lou Bergin
	Liaison Psychiatry	Gopinath Narayan	Ankush Vidyarthi
2	Perinatal	Gopinath Narayan	Deborah Page
	Learning Disability	Lyndsey-jane Charles	Ruth Berry
	Working Age Inpatient & Community	Jamie Pick	Debbie Thrush/Gail Galvin
	Personality Disorder Network (Probation)	Eli Joubert	Jo Ramsden
3	Connect	Eli Joubert	Monique Schelhasae
	Deaf CAMHS	Eli Joubert	Hannah George
	Learning Disability (IST)	Lyndsey-jane Charles	Claire Husband

## Progress

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As mentioned, a full external report will follow which will be based on qualitative interviews with key individuals involved in the project to date.

To date, three, 90 day cycle cohorts, involving 10 clinical services, have been conducted and the learning from each has been captured in a written report accessible via the innovation bookshelf. Each cycle has involved regular virtual meetings that have linked our clinical and improvement teams to innovation experts from the IHI.

As anticipated, launching an innovation programme of this scale during a period of national crisis has presented significant challenges, particularly around the amount of time in the organisation that could be applied to improvement work. Additionally, all services have felt that final implementation will require the roll out of a user-friendly IT interface that will allow those using our services to input data on their condition directly into the electronic case records. Although the capability for this exists within our Caredirector EPR, the testing and implementing of that is still some months off. Nonetheless, valuable steps forward have been made.

We now have a set of principles (see appendix) within which clinical outcomes can be safely used. Initial feedback from the external review has suggested that there remains some scepticism about whether clinical outcomes will be used for individual staff performance management, rather than as a quality improvement instrument. Clear, ongoing communication around the principles will therefore be important as we continue this project so that staff understand that we are hoping to improve quality, rather than to punitively manage performance.

Several services have now identified an outcome measure that fits with the project principles and have successfully tested these with staff and service users. In some cases, that testing has led to the rejection of a measure or the adaption of it. A small number of services (e.g. PD Network and LD in phase 1) struggled to arrive at an outcome measure that satisfied their desired levels of validity (academically proven to measure what it says it measures). This has led to some useful academic links being made with local institutions such as Bradford University and will likely lead to eventual larger scale research activity. There progress has however been slow as a result.

Several services have focused on the barriers that have historically prevented the recording of outcome data and have subsequently captured learning about how to make both the completion of a measure by a service user and its eventual reporting in an electronic patient record system more likely. Important findings have included that service users are more likely to engage with outcome measures if they understand the purpose and if the numbers of questions is minimised and that both they and staff value being able to see outcome results being presented back to them.

A summary of the work conducted by Claire Husband in the Learning Disability Intensive Support Team, illustrates the type of learning and subsequent adaptation that has occurred. The project team sought to identify a measure that could be used in a learning disabled population group. They visited other, similar services as part of a scanning process which led to the identification of seven potentially usable outcome measures. Three out of the seven outcome measures identified were deemed to be a potentially good fit for the needs of service users and staff. The three were then further narrowed down to a single measure (HEF) which was then tested in paper form with service users and its applicability was subsequently confirmed. The longer term ambition however is to digitise the measure and next steps will therefore involve a focus on creating and then testing digitised versions. The project has therefore not only offered a step forward in terms of the overall ambition of embedding

outcome measurement, but has also demystified the 90 day process for those involved and led to useful links being made with other intensive support providers.

## **NEXT STEPS**

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The 90 day learning innovation cycles have now involved ten different services, all of whom have taken appropriately different approaches, from different starting position and have arrived at different stages of outcome implementation.

A further 90 day cohort is planned to capture those services that have not yet experienced the process. There will also be the opportunity to reflect on the aggregated learning that will be provided through Dr Brandt's external report.

Provisional findings from that report have suggested that a wave of momentum and pockets of innovation have been sparked and then maintained by the process to date and that there is an eagerness for the momentum to be maintained and to propagate further. It is anticipated that the involvement from the IHI will become progressively light touch as our own confidence with 90 day learning cycles grow. Manuals have been created within the improvement team to ensure that clear guidance on using 90 day cycles is now available.

In addition to new cycles for those, as yet, untouched services, it is likely that those that have already undertaken cycles will embark on further ones to address the new questions that have arisen from the initial learning. These will continue to receive support from the improvement team through that process.

A key milestone will be the eventual availability of the patient portal that will remove the need for paper based measures and allow outcomes to be captured directly into our electronic care record. It is likely that harnessing the full potential of that will require further exploration through 90 day learning cycles.

**Christian Hosker**  
**Medical Director**  
**5<sup>th</sup> July 2022**

## Appendix 1 - 90-Day Learning Cycle

### Medical Director Briefing: Clinical outcomes

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

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

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

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

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

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

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

We will seek to:

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

We will not:

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

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

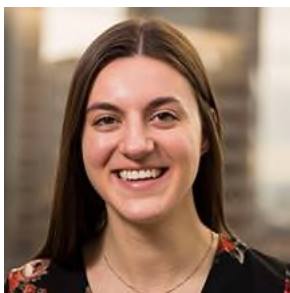
## Appendix 2 – IHI Main Contacts



### **Susan Hannah, Senior Director, IHI**

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

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



### **Olivia Butkowski, Project Manager, IHI**

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





**Lindsay A. Martin, MSPH,**

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



## Appendix 3 - 90-Day Learning Cycle

### Purpose

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

### How will my organisation benefit?

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

### Structure

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

- **Phase 1 (Scan):**

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

- **Phase 2 (Focus):**

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

create a driver diagram — a tool to conceptualize an issue, describe its system components, and demonstrate a pathway to achieve outcomes.

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

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

## Appendix 4 – Overall Programme Charter

### Clinical Outcomes Programme Phase 1 - 90 Day Cycle Charter

#### Aim

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

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

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

#### High-Level Measures:

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

Staff/patient response to the outcome measures.

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

#### Problem to be solved

- The use of clinical outcomes measures that add clinical value or are essential to patient outcomes and that are used every time that they should be
- The use of evidence based methods of innovation and improvement in the Trust
- The practice of collective leadership around a wicked or adaptive leadership issue as a generic issue for the trust with outcomes within the clinical leadership collective being one example

## Background

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

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

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

## Team

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

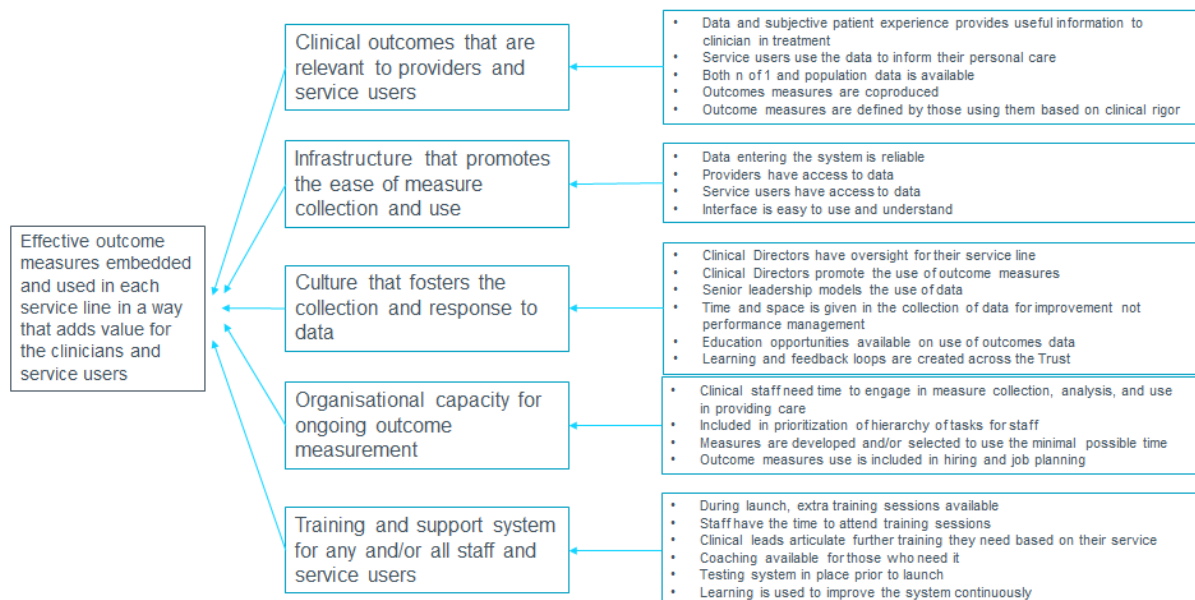
- Informatics support: Nikki Cooper
- Expert external support and challenge: Lindsay Martin

## Key Contacts

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

## Theory of Change

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



The use of measures includes validated outcome measures and patient reported outcomes

## Testing

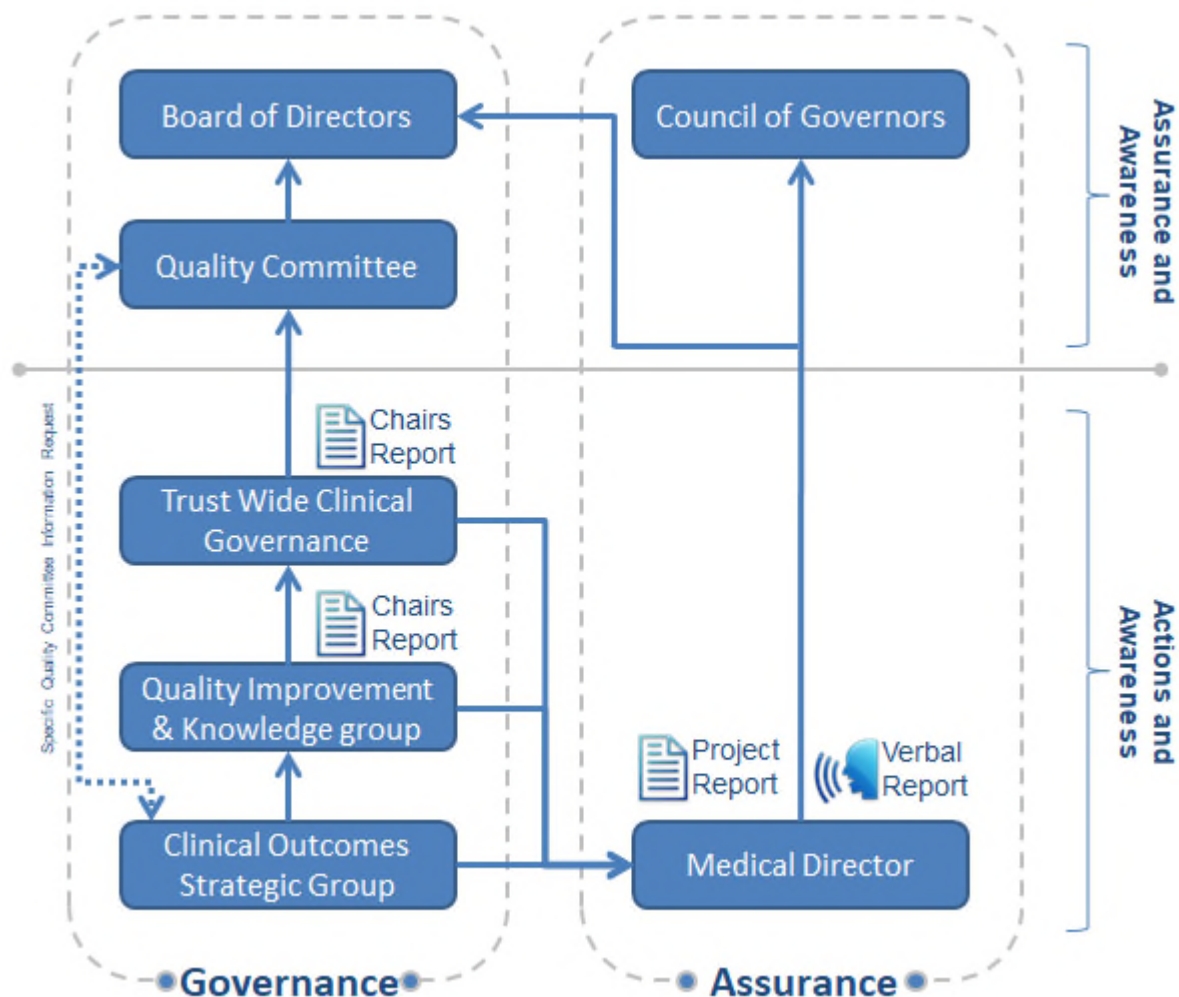
- 4 areas to include all Clinical Directors and a Clinical lead from each of their areas

Area	Clinical Director	Clinical Lead	Improvement Lead
<u>Gender ID</u>	<u>Eli Joubert</u>	Laura Chalton	<u>Nicole Child</u>
<u>Assertive Outreach Service</u>	<u>Jame Pick</u>	<u>Dr Nuwan Dissanayaka</u>	<u>Kuldip Nijjar</u>
<u>Older People Service</u>	<u>Lyndsey-jane Charles</u>	<u>Lou Bergin</u>	<u>Fabrizio Girolomini</u>
<u>Liaison Psychiatry</u>	<u>Gopinath Narayan</u>	Ankush Vidyarthi	<u>Vishal Sharma</u>

## Anticipated Deliverable

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

## Appendix 5 – Governance



**AGENDA  
ITEM**

**14**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Audit Committee Annual Report 2021/22
<b>DATE OF MEETING:</b>	5 July 2022
<b>LEAD DIRECTOR:</b> (name and title)	Martin Wright, Non-executive Director and Chair of the Audit Committee
<b>PAPER AUTHOR:</b> (name and title)	Bea King, Corporate Governance Assistant

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

**EXECUTIVE SUMMARY**

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

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

The Annual Report attached is for the financial year 2021/22 and comes to the Council of Governors for information so it can be assured on the work of the external auditors (which the Council appoints).

The Annual Report was presented to the 16 June 2022 Board of Directors' meeting as part of the Committee's assurance process to demonstrate that it is working in accordance with its Terms of Reference as set by the Board to support the information provided in the Annual Governance Statement which is part of the Annual Report.

This report has been scheduled to be presented at the same meeting as the report from the Auditors on the Annual Accounts and provides a complementary report to all the year-end work carried out.

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



<b>RECOMMENDATION</b>
<p>The Council of Governors is asked to receive the 2021/22 Annual Report for the Audit Committee and to be assured of the work of the external auditors in relation to providing assurance to the Audit Committee.</p>

## **The Audit Committee**

### **Annual Report**

**Financial Year 1 April 2021 to 31 March 2022**

## CONTENTS

### Section

1	Period covered by this report
2	Introduction
3	Terms of Reference for the Audit Committee
4	Meetings of the committee
5	Membership of the committee and attendance at meetings
6	Reports made to the Board of Directors
7	Work of the committee during 2021/22
8	Conclusion
Appendix 1	Terms of Reference for the Audit Committee

## **1 PERIOD COVERED BY THIS REPORT**

This report covers the work of the Audit Committee (the Board of Directors' primary governance committee) for the financial year 1 April 2021 to 31 March 2022.

## **2 INTRODUCTION**

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

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

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

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

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

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

## **3 TERMS OF REFERENCE FOR THE AUDIT COMMITTEE**

In October 2021, the committee reviewed its Terms of Reference (ToR) and noted that changes had been made regarding the process for governors observing a committee meeting. This was reported to the Board of Directors in November 2021. The ToR relate to the work of the committee during 2021/22 and are attached to this report.

The committee also carried out a review of its effectiveness in July 2021; members completed both the Trust's committee effectiveness questionnaire and the HFMA (Healthcare Financial Management Association's) committee effectiveness questionnaire. It was concluded that there was a high level of effectiveness of the committee and that there were no areas of concern which it needed to bring to the attention of the Board.

## 4 MEETINGS OF THE COMMITTEE

In respect of the period covered by this report the committee met on five occasions as listed below. It should be noted that the committee met on a formal basis throughout the period of the pandemic and was assured of the ongoing governance arrangements:

- 20 April 2021
- 8 June 2021 (Extraordinary meeting for the annual accounts)
- 20 July 2021
- 19 October 2021
- 18 January 2022

## 5 MEMBERSHIP OF THE COMMITTEE AND ATTENDANCE AT MEETINGS

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

The table below shows attendance for members of the committee for the period 1 April 2021 to 31 March 2022.

**Attendance at Audit Committee meetings 2021/22**

Name	20 April 2021	8 June 2021	20 July 2021	19 October 2021	18 January 2022
<b>Substantive non-executive director members</b>					
Martin Wright (chair of the committee)	✓	✓	✓	✓	✓
Helen Grantham (non-executive director)	✓	-	✓	✓	✓
Cleveland Henry (non-executive director)	✓	✓	✓	✓	✓

During 2021/22 meetings of the Audit Committee were attended on a regular basis by the Chief Financial Officer and the Associate Director for Corporate Governance.

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

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

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

## 6 REPORTS MADE TO THE BOARD OF DIRECTORS

The Chair of the Audit Committee makes an assurance, escalation and advisory report regarding the most recent meeting of the committee to the next available Board of Directors' meeting. This report seeks to assure the Board on the main items discussed by the committee and should it be necessary to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself.

The below table outlines the dates that the assurance and escalation reports were presented by the Chair of the Audit Committee to the Board of Directors meetings.

Date of meeting	Assurance and escalation report to Board by Chair
20 April 2021	20 May 2021
20 July 2021	29 July 2021
19 October 2021	25 November 2021
18 January 2022	27 January 2022

In addition to the reports made by the chair of the committee this annual report also goes to the Board of Directors. Once received by the Board it will go to the Council of Governors as one method of providing assurance as to how the non-executive directors have held the executive directors to account for the performance of the Board. It also provides the Council with an outline of the work carried out by the external auditors (whom they appoint). The committee's annual report for 2020/21 was presented to the 6 July 2021 Council of Governors' meeting by Martin Wright.

## 7 THE WORK OF THE COMMITTEE DURING 2021/22

For 2021/22 the chair and members of the Audit Committee confirm that the committee has fulfilled its role as the primary governance and assurance committee in accordance with its Terms of Reference, which are attached at Appendix 1 for information.

In 2021/22 the committee approved the work plans for both the internal and external auditors and the counter-fraud service. It received and reviewed both regular progress reports and concluding annual reports for the work of internal and external audit and the counter-fraud team. This allowed the committee to determine its level of assurance in respect of progress with various pieces of work and the findings. These reports have also provided assurance on the Trust's internal controls. The committee assessed the effectiveness of these functions by reviewing the periodic reports from the auditors and monitoring the pre-agreed key performance indicators.

Areas of work on which the committee received assurance during 2021/22 are set out below. Details of the work of the committee can be found in the minutes of its meetings which are available on the Trust website or from the Associate Director for Corporate Governance ([chill29@nhs.net](mailto:chill29@nhs.net)).

**Quality Account:**

- At its June 2021 meeting the committee reviewed the Quality Account for 2020/21 before being presented to the Board of Directors for approval.

**Health and Safety:**

- At its October 2021 meeting, the committee received the Health and Safety Annual Report. It acknowledged the progress that had been made in terms of its content.
- The committee also receives updates in relation to Health and Safety at each meeting.

**Risk Management:**

- The Director of Nursing, Professions and Quality attended the committee to make assurances on the risk management system and the system for recording risks, noting that significant progress had been made in relation to these systems.

**Board Assurance Framework (BAF):**

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

**Annual Report and Accounts for 2020/21:**

- The Annual Report and Accounts for 2020/21 were reviewed prior to being presented to the Board of Directors for adoption in June 2021
- The ISA 260 (which is the report to those charged with governance on the annual accounts) was received and the findings from the audit of the annual accounts discussed. The recommendations from the report were noted and there were no matters of any significance to bring to the committee's attention
- The Head of Internal Audit Opinion and the Annual Governance Statement were reviewed and found to be consistent
- The committee reviewed the Corporate Governance Statement and agreed that it presented a correct view of the governance systems in place for the control of risk and was consistent with the Head of Internal Audit Opinion. The committee was assured of the process by which the declarations were made and the completeness of the evidence provided to support the statements and agreed to sign the statement on behalf of the Board
- The committee reviewed and was assured of the Trust's compliance with NHS Improvement's Foundation Trust Code of Governance.

The committee was advised that the national timetable for the audit of the annual report and accounts had been delayed due to the impact of the COVID-19 pandemic on the functions of the NHS and that the Audit Committee and Board meetings would need to take place in June rather than May. However, it was assured that the work to prepare the accounts and annual report had been completed within normal timeframes and that there was no delay in submitting these to the auditors.

**Internal Audit, Counter-fraud:**

- The committee approved the Internal Audit Annual Plan and the Counter Fraud Annual Plan for 2021/22
- The committee received suggestions for inclusion in the Internal Audit Plan from other Board sub-committees. These areas had been informed by matters that they considered posed a potential risk or an area of concern.
- The Internal Audit Annual Report was received which brought together all the findings from across the previous year
- The committee received a regular report from the Internal Audit Network
- The committee received internal audit progress reports on a regular basis to update the committee on the major findings, with assurance being provided on the actions taken to address any weaknesses in the systems of control. It noted that some audits had been deferred to a later date due to there being insufficient management capacity due to the COVID-19 pandemic. However, assurances were received that sufficient work in relation to key audits would be completed by the end of the financial year to allow the Head of Internal Audit Opinion to be issued
- Local Counter-fraud progress reports were received on a regular basis in respect of those cases that can be reported to the committee in order to update the committee on the major findings and any lessons learnt from individual cases.
- Assurances were received about the processes in place to tackle fraud and bribery.
- The Counter-fraud Annual Report was also received which brought together to work from across the year.

**Action Tracking:**

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

**External audit:**

- The committee reviewed and approved the work plan for 2021/22 and the associated fee
- Regular update reports were received about the work of the auditors and also information about changes within the accounting regime and the health sector which would impact on the Trust
- The committee received details of relevant sector updates along with assurances on how the executive directors had implemented or taken account of the guidance contained in the update report.
- The committee considered and agreed to recommend to the Council of Governors that the contract with KPMG was extended by two years.



**Registers:**

- The committee reviewed: the Hospitality Register; the Gifts Register; the Sponsorship Register; the Register for the use of Management Consultants; and the Losses and Special Payments Register; to ensure the appropriateness and completeness of the content.

**Tender and Quotation Exception reports:**

- Assurance was received on the reasons for the Tender and Quotation procedures being waived during 2021/22

**8 Conclusion**

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

It added value by maintaining an open and professional relationship with internal and external audit and counter-fraud. It carried out its work diligently, discussed issues openly and robustly, and kept the Board of Directors apprised of any possible issues or risks. The Audit Committee fulfilled its work programme for 2021/22 and provided assurances to the Board for any issues referred to it. It did this even in light of the constraints posed by the pandemic and took assurances from the internal and external auditors on key matters.

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

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

**Martin Wright**  
**Non-executive Director**  
**Chair of the Audit Committee**  
**April 2022**

**Bea King**  
**Corporate Governance Assistant**  
**April 2022**

**AUDIT COMMITTEE**

**Terms of Reference**  
**(Ratified by the Board 25 November 2021)**

**1 NAME OF COMMITTEE**

The name of this committee is the Audit Committee.

**2 COMPOSITION OF THE GROUP / COMMITTEE**

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

**Members**

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

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

**Attendees**

Title	Role in the committee	Attendance guide
Chief Financial Officer	Key responsibilities regarding audit and reporting	Every meeting
Internal Audit representation	Independent assurance providers	Every meeting
External Audit representation	Independent assurance providers	Every meeting
Local Counter Fraud representation	Independent assurance providers	Dependant on the agenda
Associate Director for Corporate Governance	Committee support and advice	Every meeting

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

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

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

## **2.1 Governor Observers**

The role of the governor at Board sub-committee meetings is to observe the work of the Committee, rather than to be part of its work as they are not part of the formal membership of the Committee. The governor observes Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe non-executive directors appropriately challenging the executive directors for the operational performance of the Trust.

At the meeting the governor observer will be required to declare any interest they may have in respect of any of the items to be discussed (even-though they are not formally part for the discussion). Governors will receive an information pack prior to the meeting. This will consist of the agenda, the minutes of the previous meeting and summaries of the business to be discussed. Governor observers will be invited to the meeting by the Corporate Governance Team. The chair of the meeting should ensure that there is an opportunity for governor observers to raise any points of clarification at the end of the meeting.

## **2.2 Associate Non-executive Directors**

Associate Non-executive Directors will be invited to attend Board Sub-committee meetings as part of their induction. They will be in attendance at the meeting, in the capacity of observer only, unless invited to contribute (in exceptional circumstances) by the Chair. This is so the accountability of the substantive members of the committee is maintained.

Associate NEDs will be invited to meetings by the Corporate Governance Team and will be sent copies of the meeting papers.

# **3 QUORACY**

**Number:** The minimum number of members for a meeting to be quorate is 2. Attendees do not count towards this number.

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

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

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

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

## 4 MEETINGS OF THE COMMITTEE

Meetings may be held face-to-face or remotely as is considered appropriate. Remote meetings may involve the use of the telephone and / or electronic conference facilities.

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

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

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

### Private Sessions of the Committee

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

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

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

## 5 AUTHORITY

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

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

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

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

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

## **6 ROLE OF THE COMMITTEE**

### **6.1 Purpose of the Committee**

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

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

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

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

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

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

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

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

#### **Board Assurance Framework**

- Be assured that the organisation has in place an effective Board Assurance Framework
- Be presented with the Board Assurance Framework and receive assurance that this presents the up to date position in respect of controls, assurances and that gaps are being addressed, and be assured as to the completeness of the information included in the Framework
- Use the Board Assurance Framework to inform the committee's forward work plan, in particular focussing on those gaps that pose a major risk to the organisation.

#### **Quality Report**

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

#### **Risk Management**

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

#### **Health and Safety**

- Receive an annual report and regular update reports on health and safety management within the Trust
- Have oversight quarterly of the progress against the Health and Safety action plan.

#### **Compliance and Disclosure Statements**

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

## **Annual Accounts and Annual Report**

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

## **Annual Governance Statement and Head of Internal Audit Opinion**

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

## **Registers**

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

## **Internal Audit**

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

## **External Audit**

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

## **Counter Fraud**

- The committee's responsibilities regarding counter fraud are governed by Section 47 of the Base Model Contract between Foundation Trusts and PCTs and Schedule 13 of this contract and the duties of the Audit Committee are set out in this contract specifically that:



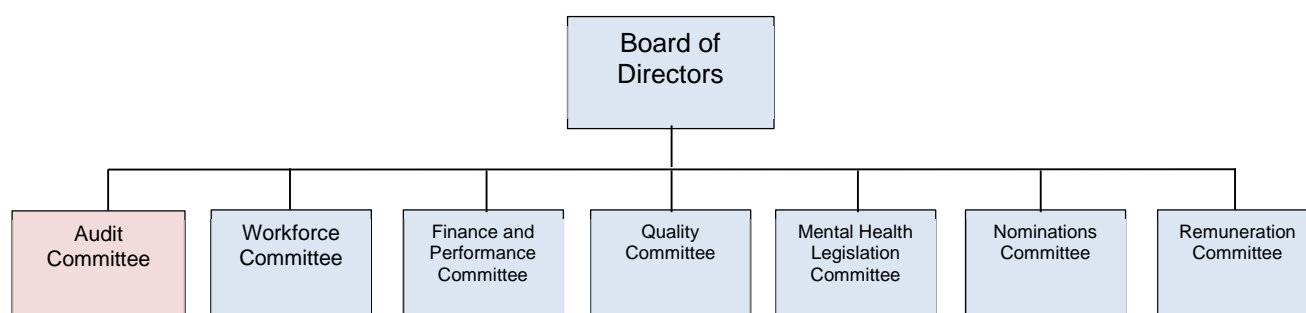
- The committee shall allow the Local Counter Fraud Specialist service (LCFSs) to attend Audit Committee meetings
- The committee shall receive a summary report of all fraud cases from the LCFSs
- The committee shall receive reports from the LCFSs regarding weaknesses in fraud related systems
- The committee shall receive and review the LCFSs' Annual Report of Counter Fraud Work
  - The committee shall receive the LCFSs' annual work plan for comment.

## 7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES

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

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

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



## 8 DUTIES OF THE CHAIR

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

- Agreeing the agenda
- Directing the meeting ensuring it operates in accordance with the Trust's values
- Giving direction to the minute taker
- Ensuring everyone at the meeting has a reasonable chance to contribute to the discussion
- Ensuring discussions are productive, and when they are not productive they are efficiently brought to a conclusion
- Deciding when it is beneficial to vote on a motion or decision
- Checking the minutes

- Ensuring sufficient information is presented to the Board in respect of the work of the group / committee
- Ensuring the Chair's report is submitted to the Board as soon as possible.
- Ensuring that governor observers and / or Associate NEDs are offered an opportunity at the end of the meeting to raise any points of clarification.

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

In the event of there being a dispute between any 'groups' in the hierarchy (in the case of this Board sub-committee, this would be between the Board and the Audit Committee and, in recognition of the nature of matrix working between the work of all Board sub-committees, the Audit Committee and any other Board sub-committee) it will be for the chairs of those groups to ensure there is an agreed process for resolution; that the dispute is reported back to the 'groups' concerned; and that when a resolution is proposed the outcome this is also reported back to the 'groups' concerned for agreement.

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

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

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

**Schedule of deputies**

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

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

<b>Attendee (by job title)</b>	<b>Deputy (by job title)</b>
Chief Financial Officer	Deputy Director of Finance
Associate Director for Corporate Governance	Head of Corporate Governance

**AGENDA  
ITEM**

**15**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Auditor's Report on the Annual Accounts
<b>DATE OF MEETING:</b>	5 July 2022
<b>LEAD DIRECTOR:</b> (name and title)	Rashpal Khangura, Director – Public Sector Audit, KPMG
<b>PAPER AUTHOR:</b> (name and title)	Rashpal Khangura, Director – Public Sector Audit, KPMG

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

**EXECUTIVE SUMMARY**

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

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

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

**RECOMMENDATION**

The Council of Governors is asked to receive the Auditor's Report and note the information and assurance provided.





# Auditor's Annual Report 2021/22

Leeds and York Partnership NHS  
Foundation Trust

22 June 2022

Key contacts

Your key contacts in connection with this report are:

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This report is addressed to Leeds and York Partnership NHS Foundation Trust (the Trust) and has been prepared for the sole use of the Trust. We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

## Summary

### Introduction

This Auditor's Annual Report provides a summary of the findings and key issues arising from our 2021-22 audit of Leeds York Partnership NHS Foundation Trust (the Trust). This report has been prepared in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the Trust alongside the annual report and accounts.

### Our responsibilities

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. In line with this we provide conclusions on the following matters:

- **Accounts** - We provide an opinion as to whether the accounts give a true and fair view of the financial position of the Trust and of its income and expenditure during the year. We confirm whether the accounts have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).
- **Annual report** - We assess whether the annual report is consistent with our knowledge of the Trust. We perform testing of certain figures labelled in the remuneration report.
- **Value for money** - We assess the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust's use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.
- **Other reporting** - We may issue other reports where we determine that this is necessary in the public interest under the Local Audit and Accountability Act.

### Findings

We have set out below a summary of the conclusions that we provided in respect of our responsibilities

<b>Accounts</b>	<p>We issued an unqualified opinion on the Trust's accounts on 22 June 2022. This means that we believe the accounts give a true and fair view of the financial performance and position of the Trust.</p> <p>We have provided further details of the key risks we identified and our response on page 4.</p>
<b>Annual report</b>	<p>We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust.</p> <p>We confirmed that the Governance Statement had been prepared in line with the DHSC requirements.</p>
<b>Value for money</b>	<p>We are required to report if we identify any matters that indicate the Trust does not have sufficient arrangements to achieve value for money.</p> <p>We have nothing to report in this regard.</p>
<b>Other reporting</b>	<p>We did not consider it necessary to issue any other reports in the public interest.</p>



# Accounts audit

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Findings
<p><b>Valuation of land and buildings</b></p> <p>Land and buildings are required to be held at fair value. As hospital buildings are specialised assets and there is not an active market for them they are usually valued on the basis of the cost to replace them with a 'modern equivalent asset'.</p> <p>The value of the Trust's land and buildings at 31 March 2021 was £32.6m. A full valuation was undertaken as at 31 March 2021 and a desktop review was undertaken as at 31 March 2022.</p>	<p>We reviewed the external valuer's valuation report and critically assessed the independence, objectivity and expertise of the external valuer, we assessed the accuracy of the data provided to the valuers and we did not identify any material matters to report. We noted that the methodology used was consistent with the requirements of the RICS Red Book and the GAM.</p> <p>We did not identify any issues or misstatements as a result of our procedures.</p>
<p><b>Management override of controls</b></p> <p>We are required by auditing standards to recognise the risk that management may use their authority to override the usual control environment.</p> <p>We did not identify any specific additional risks of management override relating to this audit.</p>	<p>Our testing of a sample of journal entries did not identify any inappropriate or unusual entries.</p> <p>We evaluated the valuation of land and buildings and did not identify any indicators of management bias.</p> <p>We did not identify any significant unusual transactions.</p> <p>Our testing of related party relationships and disclosures did not identify any matters to report.</p>
<p><b>Fraudulent expenditure recognition</b></p> <p>Auditing standards suggest for public sector entities a rebuttable assumption that there is a risk expenditure is recognised inappropriately.</p> <p>The setting of an expected outturn can create an incentive for management to overstate the level of non-pay expenditure compared to that which has been incurred. We consider this would be most likely to occur through overstating year-end accruals.</p>	<p>Our sample testing of expenditure items throughout the year did not identify any matters that we need to report.</p> <p>Our testing of a sample of year end accruals confirmed that there was supporting evidence underlying the reason for the accrual and to support the value recorded in the accounts. Our year-end journals testing did not identify any audit issues.</p> <p>We did not identify any issues or misstatements as a result of our procedures.</p>

# Value for money

## Introduction

We consider whether there are sufficient arrangements in place for the Trust for each of the elements that make up value for money. Value for money relates to ensuring that resources are used efficiently in order to maximise the outcomes that can be achieved.

We undertake risk assessment procedures in order to assess whether there are any risks that value for money is not being achieved. This is prepared by considering the findings from other regulators and auditors, records from the organisation and performing procedures to assess the design of key systems at the organisation that give assurance over value for money.

Where a significant risk is identified we perform further procedures in order to consider whether there are significant weaknesses in the processes in place to achieve value for money.

Further details of our value for money responsibilities can be found in the Audit Code of Practice at [Code of Audit Practice \(nao.org.uk\)](https://nao.org.uk)

## Matters that informed our risk assessment

The table below provides a summary of the external sources of evidence that were utilised in forming our risk assessment as to whether there were significant risks that value for money was not being achieved:

<b>Care Quality Commission rating</b>	Overall Good rating (2019)
<b>Single Oversight Framework rating</b>	Segment 2 – target support
<b>Governance statement</b>	There were no significant control deficiencies identified in the governance statement.
<b>Head of Internal Audit opinion</b>	Unqualified as reported to April 2022 Audit Committee.

## Commentary on arrangements

We have set out on the following pages commentary on how the arrangements in place at the Trust compared to the expected systems that would be in place in the sector.

## Summary of findings

We have set out in the table below the outcomes from our procedures against each of the domains of value for money:

Domain	Risk assessment	Summary of arrangements
<b>Financial sustainability</b>	No significant risks identified	No significant weaknesses identified
<b>Governance</b>	No significant risks identified	No significant weaknesses identified
<b>Improving economy, efficiency and effectiveness</b>	No significant risks identified	No significant weaknesses identified

# Value for money

Financial sustainability	
Description	Commentary on arrangements
<p>This relates to ensuring that the Trust has sufficient arrangements in place to be able to continue to provide its services within the resources available to it.</p> <p>We considered the following areas as part of assessing whether sufficient arrangements were in place:</p> <ul style="list-style-type: none"> <li>How the Trust sets its financial plans to ensure services can continue to be delivered;</li> <li>How financial performance is monitored and actions identified where it is behind plan; and</li> <li>How financial risks are identified and actions to manage risks implemented.</li> </ul>	<p>The revised funding arrangements introduced in light of the pandemic have been extended into the 2021/22 financial year. The initial budget for 2021/22 was agreed by the Executive and Finance and Performance Committee and signed off by the Board in June 2021. As part of the system funding envelope and planning guidance issued, the budget was based on local and national planning assumptions. The Chief Finance Officer's report to the Finance Committee and the Board of Directors provides regular updates on expected/planned changes in financial planning assumptions.</p> <p>The financial plan for the first half of 2021/22 was a breakeven position. This included a contingency of approx. £3m to respond to cost pressures that may arise. Although formal cost improvement planning remained paused during this period, the planning guidance referred to 1.1% savings from the second quarter onwards which equated to approx. £1.8m for the Trust for the full 12 months of the year. The financial plan for the second half of 2021/22 was also submitted as a breakeven position. As a result a formal efficiency plan was not developed during 2021/22, however the Trust started a budget rebasing exercise in September 2021 to identify more clearly budget areas that had underlying funding gaps/cost pressures that need to be addressed as part of budgeting and efficiency planning going forward.</p> <p>The Trust has budget monitoring processes to identify and incorporate significant pressures into the financial plan to ensure it was achievable and realistic. Where overspends are identified through the monthly monitoring process, the finance team work with operational and clinical colleagues to identify mitigations.</p> <p>The Trust Board Assurance Framework (BAF) continues to include a risk relating to financial sustainability and identified actions include the development of an approach to identify longer term cost improvement plans. The Finance and Performance Committee receives reports on the Trust financial position in year, the key risks to delivering the agreed financial plan and the implications for future plans.</p> <p>A detailed budget rebasing exercise was started in September 2021 to enable the Trust to have an improved understanding of underlying "gaps" in certain areas of the budget. The Financial Planning Group has reviewed the outputs of this exercise and it has also informed the 2022/23 budgeting exercise. The Trust submitted a draft financial plan for 2022/23 based on planning guidance and meeting the requirement of a balanced outturn. The plan is reliant of delivery of £6m of "mitigations" in the form of cost reduction, revenue generation and reduction in COVID spend.</p> <p><b>Conclusion</b> No significant weaknesses were identified as a result of our work.</p>

# Value for money

Governance	
Description	Commentary on arrangements
<p>This relates to the arrangements in place for overseeing the Trust's performance, identifying risks to achievement of its objectives and taking key decisions.</p> <p>We considered the following areas as part of assessing whether sufficient arrangements were in place:</p> <ul style="list-style-type: none"> <li>Processes for the identification and management of strategic risks;</li> <li>Decision making framework for assessing strategic decisions;</li> <li>Processes for ensuring compliance with laws and regulations;</li> <li>How controls in key areas are monitored to ensure they are working effectively.</li> </ul>	<p>We consider the Trust to have effective processes in place to identify, monitor and manage risk. The Trust has a 'Risk Management Policy' that is reviewed every three years and sets out how risks are identified and the reporting structure for the effective monitoring and management of risk. Strategic risks are identified and recorded in the Board Assurance Framework. All other risks are held on corporate risk registers and monitored through the reporting structure as set out in the 'Risk Management Policy'.</p> <p>The two half year plans for 2021/22 were presented to Finance and Performance Committee and formal approval was given by the Board. The papers setting out the plans included commentary on the assumptions applied, the wider context of the West Yorkshire Integrated Care System (WYICS) and any financial risks that management perceived at the time. Our minute review showed there was regular reporting to the Finance and Performance Committee to enable scrutiny and challenge of budgets and performance to date.</p> <p>Review and monitoring of compliance with laws and regulations as well as responsibility for compliance with expected standards of behaviour and reporting on exceptions are delegated by the Trust Board to the Audit Committee. The Audit Committee continued to receive these reports during the year. We noted from our minute review of Board and Committee minutes that there was ongoing and frequent recoding of interests, gifts and hospitality. Key officers are required to declare and record any interests at least annually. The Trust also has in place a 'Declaration of Interest and Potential Conflicts of Interest Policy and Procedure' which sets out the arrangements in place.</p> <p>Following a Care Quality Commission review in 2019, the Trust had an overall rating of 'Good' for all domains except the 'Safe' domain which was rated as 'requires improvement'. The BAF reflects this via its strategic risks which relate to the risks of not being able to maintain compliance with regulatory requirements and compromising the safe environment for staff, service users and visitors. The Trust has a CQC Project Group which meets monthly to monitor progress against the CQC action plan and to identify any risks which require immediate action.</p> <p>Key decision making is subject to discussion and scrutiny and executive team level, relevant sub committee level, followed by formal approval by the Board. We have seen evidence of this via our review of minutes and papers of the Board and the sub committees. This included for example, review and approval of the two financial plans for 2021/22, review of a number of business cases relating to provider collaborative provision and monitoring the performance of the Trust against the various performance standards.</p> <p><b>Conclusion</b> No significant weaknesses were identified as a result of our work.</p>

# Value for money

## Improving economy, efficiency and effectiveness

### Description

This relates to how the Trust seeks to improve its systems so that it can deliver more for the resources that are available to it.

We considered the following areas as part of assessing whether sufficient arrangements were in place:

- The planning and delivery of efficiency plans to achieve savings in how services are delivered;
- The use of benchmarking information to identify areas where services could be delivered more effectively;
- Monitoring of non-financial performance to assess whether objectives are being achieved; and
- Management of partners and subcontractors.

### Commentary on arrangements

Working together as part of the WYCIS has enabled the entities in the local health economy to get access to benchmarking information to better inform their financial planning. Information on costs and performance is used to improve the way services are managed and delivered. Pre COVID-19, the Trust would utilise various benchmarking sources to inform Trust Efficiency Programme targets and schemes. Some of these data collation processes are beginning to restart, for example the Trust participated in the NHS Benchmarking Network data collation in June 2021.

The Trust implemented an Electronic Patient Record system at the beginning of 2021/22. As a result the Trust's performance reporting has been evolving during the year. A Combined Quality, Performance and Workforce report is presented to the Trust Board at each meeting. This aims to provide an overview of performance against various standards expected of the Trust, for example, NHS oversight framework, NHS standard contract metrics and Commissioner contract metrics. The report includes commentary on areas where performance is behind expectations. Underlying this performance report, contractual meetings are held with providers where specific performance issues are identified and actions agreed to address the areas.

The Chief Executive's update at the Board of Directors meetings includes relevant updates on the progress made in relation to establishing the WYICS as a statutory body. The Finance and Performance Committee also receives regular updates from the Trust Chief Financial Officer in relation to the financial position of the ICS.

The Trust Chief Financial Officer is capital lead for WYICS and she is also a member of the national mental health Director of Finance group. The Trust Chief Executive Officer is the chair of the West Yorkshire and Harrogate Mental Health, Learning Disability and Autism Programme Board and Senior Responsible Officer for mental health across the WYICS. Business cases for collaborative provision have been scrutinised by the Finance and Performance Committee during the year and there is minuted evidence of challenge in relation to the planned governance arrangements and also financial implications of the proposed plans. The Trust took on the role of Lead Provider for the West Yorkshire Children and Adults Mental Health Services (CAMHS) Tier 4.

### Conclusion

No significant weaknesses were identified as a result of our work.



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# Leeds & York Partnership NHS Foundation Trust

**Presentation to the Council of Governors**

05 July 2022

Rashpal Khangura

Director, KPMG LLP

# Scope of our work

## Financial Statements audit

*True and Fair view of the state of the Trust's affairs as at 31 March 2022*

*Properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2021/22*

## Value for Money arrangements

### Overall criterion

*In all significant respects, the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.*



# Key Risks And Findings

## Financial Statements Audit

### Risks

- Valuation of land and buildings
- Fraud risk to income
- Fraud risk to expenditure
- Management override of controls

### Findings

- Unqualified (satisfactory) opinion
- One corrected misstatement impacting on the surplus
- One uncorrected misstatement
- Small number of presentational changes
- Annual Report consistent with financial statements

# Findings

## Value for Money

- We considered the Trust's arrangements under the following specified reporting criteria:
  - Financial sustainability
  - Governance
  - Improving economy, efficiency and effectiveness
- Our work did not identify any significant weaknesses in the Trust's arrangements.



The information contained herein is of a general nature and is not intended to address the circumstances of any particular individual or entity. Although we endeavour to provide accurate and timely information, there can be no guarantee that such information is accurate as of the date it is received or that it will continue to be accurate in the future. No one should act on such information without appropriate professional advice after a thorough examination of the particular situation.

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**AGENDA  
ITEM**

**16**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Approval of changes to the Constitution
<b>DATE OF MEETING:</b>	5 July 2022
<b>PRESENTED BY:</b> (name and title)	Cath Hill, Associate Director for Corporate Governance
<b>PREPARED BY:</b> (name and title)	Cath Hill, Associate Director for Corporate Governance

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

**EXECUTIVE SUMMARY**

The Council of Governors is asked to note that in order to make any changes to the Trust's Constitution this must first be approved by the Board of Directors, the Council of Governors and then presented at the Annual Members Meeting (where the changes affect members of governors) at which point the changes are final.

Since its last major update in February 2021, it has been necessary to make the following changes for the reasons set out below:

- The address of our Trust Headquarters has been changed to St Mary's House, St Mary's Road, Potternewton, Leeds, LS7 3JX. This has been reflected in the Foreword to Annex 7, the Foreword to Annex 8, and Section 2.1 of Annex 10 relating to governor elections.
- The age at which people can become members has been changed from 16 to 13 to reflect the lower age at which service users can be treated in our CAMHS units. The age at which a person can become a governor remains at 16 which is in line with the model core constitution, but Trusts are able to determine the age at which a person can become a member. It is proposed that this is lowered to 13 and that this is reflected in Section 3.1.1 of Annex 9.

These proposed changes were presented to the Board of Directors on 19 May 2022. The Board agreed these changes subject to further approval by the Council of Governors.

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

<b>RECOMMENDATION</b>
<p>The Council is asked to consider and approve the proposed changes to the Constitution and note that if agreed these will then be proposed to the July Annual Members' meeting for final sign off.</p>