

PUBLIC MEETING OF THE COUNCIL OF GOVERNORS
will be held at 3:30pm on Tuesday 1 November 2022
via Zoom

A G E N D A

	LEAD
1 Welcome and introductions (verbal)	Dr Sue Proctor
2 Sharing Stories: Crisis Services including an update on Leeds Oasis (presentation)	Maureen Cushley
3 Apologies for absence (verbal)	Dr Sue Proctor
4 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (paper to read)	Dr Sue Proctor
5 Minutes	Dr Sue Proctor
5.1 Minutes of the public Council of Governors' meeting held on the 5 July 2022 (paper to read)	Dr Sue Proctor
5.2 Endorsement of the decisions made at the Council of Governors' meetings on the 5 May and 5 July 2022 (paper to read)	Dr Sue Proctor
5.3 Minutes of the Annual Members' Meeting held on the 26 July 2022 – for information (paper to read)	Dr Sue Proctor
6 Matters arising (verbal)	Dr Sue Proctor
7 Cumulative Action Log – actions outstanding from previous public meetings (paper to read)	Dr Sue Proctor
8 Chair's Report (paper to read)	Dr Sue Proctor
8.1 New recommended approach to service visits (paper to read)	Cath Hill
9 Chief Executive Report (slides to read)	Dr Sara Munro
10 Lead Governor Report (verbal)	Les France
11 Quarterly Quality and Performance Update Report (paper to read)	Joanna Forster Adams Dr Frances Healey

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| 12 Finance update including financial risks and opportunities in the new system way of working (presentation) | Dawn Hanwell
Cleveland Henry |
| 13 Report from the Chair of the Workforce Committee (paper to read) | Helen Grantham |
| 14 Process for the upcoming elections to the Council of Governors (paper to read) | Kerry McMann |
| 15 Council of Governors' Meeting Governance: | Cath Hill |
| 15.1 Review of the Council of Governors' Terms of Reference (paper to read) | |
| 15.2 Approval of the Council of Governors' Annual Cycle of Business for 2023 (paper to read) | |
| 15.3 2023 and 2024 Meeting Dates (paper to read) | |

The next public meeting of the Council of Governors will be held
on 2 February 2023 at 1pm in the Create@2 room, Horizon, 2 Brewery Wharf,
Kendall St, Leeds LS10 1JR

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

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

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

Annual Declaration of Interests for the Council of Governors

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

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Les France	None.	None.	None.	None.	Volunteer Cloth Cat Studios	None.	None.	Management Committee Member Joanna Project Leeds
Rachel Gibala	None.	None.	None.	None.	None.	None.	None.	None.
Ruth Grant	None.	None.	None.	None.	None.	None.	None.	None.
Oliver Hanson	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared	Not yet declared
Gail Harrison	None.	None.	None.	None.	None.	None.	None.	Employee Leeds Community Healthcare NHS Trust
Peter Holmes	None.	None.	None.	None.	None.	None.	None.	None.
Andrew Johnson	None.	None.	None.	None.	None.	None.	None.	None.
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
John Manson	None.	None.	None.	None.	None.	None.	None.	None.
Rebecca Mitchell	None.	None.	None.	None.	None.	None.	None.	None.
Ivan Nip	None.	None.	None.	Trustee Advonet	Trustee Advonet	Trustee Advonet	None.	None.

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APPOINTED GOVERNORS								
Cllr Claire Douglas	None.	None.	None.	Founder and Chair of Trustees Big Futures Foundation	None.	None.	Councillor Labour Party City of York Council	Head of Service and Clinical Lead Schools for Northpoint
Sayma Mirza	Associate Director for Children, Young People and Families West Yorkshire Health and Care Partnership	None.	None.	None.	None.	None.	None.	None.
Tina Turnbull	Director Leeds Credit Union Chief Executive People Matters	None.	None.	Chief Executive People Matters	Chief Executive People Matters Grant Holder NHS Charities Together Prospective Grant Holder Leeds Integrated Care Board (Tackling Health Inequalities)	None.	Inclusive Growth Ambassador Leeds City Council	Trustee St Anne's Community Services Head of Service (Legal) Leeds City Council

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
Cllr Fiona Venner	None.	None.	None.	None.	None.	None.	Member Leeds City Council Councillor Labour – Kirkstall Ward Cabinet Member Adult and Children's Social Care, Early Years and Health Partnerships	None.

**Minutes of the Public Meeting of the Council of Governors
held on Tuesday 5 July 2022 in the View Room, The Studio Leeds, Riverside
West, Whitehall Road, Leeds, LS1 4AW**

PRESENT:

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

Public Governors

Nicola Swan
Peter Webster

Carer Governors

None

Service User Governors

Rachel Gibala
Joseph Riach

Executive Directors

Dawn Hanwell
Dr Chris Hosker
Sara Munro
Darren Skinner

Staff Governors

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

Appointed Governors

Cllr Claire Douglas
Helen Kemp
Tina Turnbull
Fiona Venner

Non-Executive Directors

Cleveland Henry
Merran McRae
Sue White
Martin Wright

IN ATTENDANCE:

Kieran Betts – Corporate Governance Assistant
Rose Cooper – Corporate Governance Officer
Dr Frances Healey – Associate Non-executive Director
Cath Hill – Associate Director for Corporate Governance
Rashpal Khangura – Director at KPMG (agenda item 15)
Kerry McMann – Corporate Governance Team Leader
Ben Watson – Communications and Marketing Manager

22/040 Welcome and introductions (agenda item 1)

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

22/041 Apologies (agenda item 3)

Apologies were received from the following governors: Caroline Bentham (Carer Governor), Mark Clayton (Carer Governor), Rita Dawson (Service User Governor), Les France (Public Governor), Oliver Hanson (Clinical Staff Governor), Peter Holmes (Service User Governor), Steve Howarth (Public Governor), Mussarat Khan (Public Governor), Kirsty Lee (Public Governor), Sayma Mirza (Appointed Governor), Ivan Nip (Public Governor), David O'Brien (Public Governor) and Bryan Ronoh (Carer Governor).

The meeting was not quorate.

Apologies were received from the following Board members: Prof John Baker, Non-executive Director; Joanna Forster Adams, Chief Operating Officer; Helen Grantham, Non-executive Director; Kaneez Khan, Associate Non-executive Director and Cathy Woffendin, Director of Nursing, Quality and Professions.

22/042 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.

22/043 Annual Declarations for Governors (agenda item 4.1)

Sue Proctor reminded the governors who had not yet returned their declaration form to the Head of Corporate Governance, to do so as soon as possible. The Council noted that the outstanding declarations would be reported to the next meeting in November 2022.

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

22/044 Minutes of the public Council of Governors' meeting held on the 5 May 2022 (agenda item 5.1)

The minutes of the public Council of Governors' meeting that was held on the 5 May 2022 were **approved** as a true record.

22/045 Endorsement of the decisions made at the Council of Governors' meeting held on the 5 May 2022 (agenda item 5.2)

Sue Proctor advised the Council that the meeting held on the 5 May 2022 was not quorate and therefore, the Council was asked to endorse the decisions agreed at that meeting. However, it was noted that this meeting was also not quorate because of the total number of governors present, service user, carer, and public governors were not in the majority.

It was agreed that a request to endorse the decisions made at both the May and July meetings would come to the November meeting. All governors would be contacted and reminded of the importance of attending these meetings and asked how they could be further supported to attend in the future.

**RC /
KM**

The Council **noted** the process that would be followed to endorse the decisions made at the May and July meetings.

22/046 Matters arising (agenda item 6)

There were no matters arising.

22/047 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. Tina Turnbull flagged a missing action in the May 2022 minutes regarding her request to be put in touch with a member of staff from the Learning Disability Service. Sue Proctor asked for this to be noted and actioned.

RC

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

22/048 Chair's Report (agenda item 8)

Sue Proctor presented the Chair's Report and highlighted a few key areas for the Council to note. Firstly, she welcomed the two new appointed governors: Sayma Mirza (Director for Children and Families Programme, West Yorkshire and Harrogate Integrated Care System) and Cllr Claire Douglas (City of York Council).

Sue then noted that this was the last meeting for some governors. Peter Webster, Niccola Swan and Steve Howarth had come to the end of their terms of office; Mussarat Khan and Ruth Grant had both decided not to stand for election at the end of their terms of office; and Sally Rawcliffe-Foo was leaving the Trust and would no longer be eligible to be a staff governor and was therefore stepping down from the

Council. Sue thanked all the governors mentioned on behalf of the Council for their hard work and dedication and to those governors who were eligible to stand again, she hoped that they decided to join us for another term of office at some point in the future. Sue also noted that since the last meeting Hazel Griffiths, a carer governor representing York and North Yorkshire, had stepped down from the Council and she thanked her for her contributions during her time as governor.

Finally, Sue reminded governors that the Trust was currently holding elections to the vacant seats on the Council and the results would be declared on the 22 July 2022.

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

22/049 Chief Executive Report (agenda item 9)

Sara Munro introduced the Chief Executive Report which included Covid-19 updates; key updates on the Trust's strategic objectives such as the People Plan, Care Services, and Estates; and updates on partnership working arrangements relating to the Integrated Care Board and the Leeds Place Based Partnership.

Sara noted that Covid-19 rates were rising in the general population, and the Trust had seen a slight increase in cases because of this. However, she assured the Council that this was being managed and the disruption was minimal due to the Trust's robust infection prevention and control measures, and they would continue to manage the situation based on the latest data.

Sara informed the Council that Integrated Care Boards (ICB) became legal entities on the 1 July 2022 and the Leeds Office of the West Yorkshire ICB held delegated authority from West Yorkshire to continue to develop and deliver the health and care strategy for Leeds and manage the NHS resources. Sara was pleased to note that Cllr Rebecca Charlwood, former Chair of the Leeds Health and Wellbeing Board and governor on the Trust's Council, had been appointed as the Independent Chair of the Leeds Place Based Partnership.

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

22/050 Lead Governor Report (agenda item 10)

On behalf of Les France and the rest of the Council, Sue Proctor said thank you to Peter Webster, Niccola Swan, and Steve Howarth, who throughout their time as governors had made a significant contribution, undertaken additional responsibilities and been a 'critical friend' to the Trust. Sue then presented Niccola, who had served nine years, and Peter, who had served six years and been Lead Governor for two and a half of those years, with end of service certificates. As Steve was not present, arrangements would be made to post his certificate to his home address.

The Council **received** the report from the Lead Governor.

22/051 Quarterly Quality and Performance Update Report (agenda item 11)

The Council received the report which outlined the Trust's performance as of March 2022. The Council then divided into smaller groups to discuss the report in more detail before sharing their reflections and directing questions to members of the Board as appropriate.

Firstly, Cllr Venner referred to the workforce metrics and in particular staff sickness figures, noting that the highest percentage related to mental health and stress and asked how our data benchmarked against other Trusts. Darren Skinner explained that sickness due to mental health and stress was sometimes home rather than work related. He informed the Council that they had recently introduced a mental health pathway to ensure that staff received an immediate referral to Occupational Health along with access into counselling. This had received positive feedback and was part of the wellbeing conversations that managers were encouraged to have with their staff. Darren then confirmed that the Trust's stress related sickness figures benchmarked similarly to other organisations. Sue White was encouraged to note that performance relating to the completion of wellbeing assessments was at 80% as this showed an understanding of staff health and wellbeing needs.

Helen Kemp noted that staff appraisals performance was low and asked what the plan was to address this. Darren acknowledged that performance had dropped and explained that this was directly related to staffing pressures. The Council noted that action plans were in place to address the current position and the team had also introduced a new appraisals system which encouraged more meaningful development conversations between staff and their managers. Merran McRae also provided some assurance on behalf of the Workforce Committee where the issue of appraisals was discussed regularly in detail. She explained that the Committee would be tracking the impact of the new appraisal system, which they expected to make a positive impact over the next few months. Sue Proctor added that workforce issues such as these were monitored through the People Plan and encouraged governors to observe the Workforce Committee where progress against the Plan was scrutinised.

Cllr Venner referred to the crisis response statistics in the service performance section of the paper. She noted that the percentage of Section 136 referrals assessed within three hours of arrival was around 10 to 15% in the period covered by the report and had no target attached to it. She asked why this figure was so low and what the Trust's expectation was around this. She also noted that the target for the number of Section 136 detentions over 24 hours was zero, but in March 2022 this was as high as 16. She also suggested that the Trust monitored the number of times people were detained under Section 136 of the Mental Health Act outside of the Section 136 suite at the Becklin Centre (for example at police stations).

Chris Hosker explained that the three-hour target in the report was not a national target and was well below the 24-hour requirement, but they did endeavour to see

people as quickly as possible. He also outlined some of the challenges associated with assembling the team to carry out the individual Mental Health Act assessments. He acknowledged that the figures relating to the number of Section 136 detentions over 24 hours was more concerning and was likely a result of Covid-19 pressures. He explained that some work had been done with the local authority to ensure that doctors were released to do Section 136 assessments as a priority. He also advised that very few people would be detained under Section 136 outside of the Section 136 suite.

Cllr Venner requested further information about the percentage of Section 136 referrals assessed within three hours of arrival and asked when the counting of the three-hour period started. Sue Proctor asked that this question was answered outside of the meeting. Sue also noted that there was an item on the Council of Governors' forward plan relating to the Trust's Section 136 suite and crisis services more generally which she asked to be scheduled for an upcoming meeting.

JFA

Helen Kemp then asked about plans to reduce the Gender Identity Service (GIS) waiting list and Cleveland Henry discussed a paper recently received by the Finance and Performance Committee which set out the impact of the Trust's additional investment to support the GIS reset plans and waiting list management. Cleveland noted that some improvements had been made to the waiting list position but there was still a significant way to go if referrals continued at the current rate.

Sara Munro then discussed physical health checks performance and the extra investment at a national level which was aimed at tackling health inequalities and improving outcomes for people with serious mental illness from a physical health point of view. She explained that as part of the money that was allocated to the Leeds system, they had recently agreed to invest in specific posts to support the uptake of physical health checks by people with serious mental illnesses. Chris Hosker added that the Trust had recently signed off the new Physical Health Improvement Procedure and a new version of the CareDirector form for inpatient physical health checks had been developed which would streamline the process.

Tina Turnbull raised a point around developing proactive rather than reactive metrics relating to effectiveness which would help us to prepare the relevant data sets for Population Health Boards. Sara Munro explained that this was a live conversation across all health and care partners in Leeds and they were looking at every domain including clinical effectiveness and evidence-based practice and tracking the impact in terms of outcomes across all services. Sue Proctor suggested adding an item to the forward plan for the September Board to Board around Leeds and York 'place' systems and priorities and the implications and opportunities for the Trust.

**SM /
RC**

Cllr Douglas noted that for those admitted to the Children and Young People's Mental Health Service (CYPMHS) the target for assessment within seven days was 100% but in March 2022 performance was at 26.7%. She asked why this was the case and what impact this was having. Sara Munro explained that Red Kite View had only been fully occupied since March 2022, so it was expected that data from next quarter would show improvements in the types of metrics and data trends. She went on to explain that specific metric referred to the Health of the Nations Outcome Scale (HoNOS) which was a particular type of outcome measure to be completed

within seven days of admission. It was a national requirement and performance varied throughout the year for a number of reasons, but she assured the Council that this had no impact on the quality of care provided. The Council also noted that the Quality Committee would be doing further work to understand the CYPMHS inpatient data and the nature of referrals and needs of the service. There was also an ongoing conversation at Trust and Provider Collaborative Board level about developing more meaningful CYPMHS metrics.

Ian Andrews flagged a concern around the potential for Covid-19 risk fatigue amongst some staff and suggested reiterating the importance of infection prevention and control measures via staff communication channels. Sara explained that they were currently putting plans in place to prepare for winter at a Trust and system level and involving staff with these campaigns both in terms of Flu vaccinations and Covid-19 booster jabs.

Ian Andrews also highlighted the significant vacancy figures in junior nursing roles and asked what impact this was having both on the senior members of staff and the service provision. Sue Proctor responded that this was an area of constant scrutiny at system level, and they were fully cognisant of the supply chain issues which were a national problem. Sue Proctor assured the Council that Cathy Woffendin was involved in active work to encourage second and third year placement students to come and work for the Trust with the offer of a two year period of preceptorship which aimed to develop confident and qualified nursing staff. The Council noted that data relating to staff retention was regularly reviewed by the Workforce Committee.

Ian Andrews also pointed out that there were no figures for non-clinical staff performance as per his request from a previous meeting. Rose Cooper would revisit this action with the relevant people.

RC

Joseph Riach noted that the target for the percentage of appropriate crisis referrals seen face to face for assessment within four hours was 90% but had dropped to as low as 37.5% in February 2022. Chris Hosker responded that this reflected the strain that service was under at that period due to Covid-19 pressures which meant it had been unable to meet the target. Joseph also asked for more information about the percentage of Acute Liaison Psychiatry Service (ALPS) referrals responded to within one hour. Chris Hosker explained that ALPS covered the emergency departments at both St James' Hospital and Leeds General Infirmary, and he highlighted some challenges with meeting the one-hour target whilst working across two sites.

Joseph Riach questioned how readable some of the data in the Quarterly Quality and Performance Update Report was, and it was agreed that this would be factored into the refresh of the report which would be undertaken by the new Head of Performance once they were in post.

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

Andrew Johnson joined the meeting. Rashpal Khangura joined the meeting virtually.

22/052 Auditor's Report on the Annual Accounts (agenda item 15)

The Council received the Auditor's Annual Report which provided a summary of the findings and key issues arising from their 2021-22 audit of the Trust. Rashpal Khangura delivered a presentation which outlined the scope of work that had been undertaken. This included the financial statements audit which gave an unqualified (satisfactory) opinion and an assessment of the Trust's value for money arrangements where no significant weaknesses had been found.

Rashpal explained that the requirements regarding the Quality Report were removed at the start of the pandemic in Spring 2020 and had not returned as a mandatory requirement and KPMG no longer had any responsibilities regarding this. Tina Turnbull asked about the future of auditing around quality and what steps the Trust should consider if it was not formally reinstated. Rashpal outlined some of the options in terms of external scrutiny and benchmarking and Sue Proctor assured the Council that the Trust continued to produce an Annual Quality Report which was scrutinised by the Quality Committee and presented to the Board of Directors.

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

Rashpal Khangura left the meeting.

22/053 Update on findings from the outcomes work (agenda item 12)

Chris Hosker delivered a detailed presentation on the aims of the clinical outcomes project, the services involved so far, progress to date, provisional findings and next steps. Chris explained that the project was being delivered in partnership with the Institute for Healthcare Improvement (IHI) and an external progress review was being carried out by Dr Eivind Brandt, clinical psychologist with the Harvard School of Public Health.

Tina Turnbull asked for some assurance around what connections were being made between the Trust's clinical outcomes work and the wider system in Leeds, both in terms of mental health and learning disability services. She highlighted the importance of joined up working to ensure we learn from what already exists in the system and to make it as accessible as possible. Gail Harrison explained that work was being done at a Leeds Population Board level but acknowledged there was more to do to strengthen the partnership arrangements.

Nicola Swan asked for more detail around the individual measures being used, the process for developing these and what level of investment and commitment existed to take this forward. As an example, Chris Hosker provided an update on progress with developing outcome measures for the Community Working Age Adult Service. He explained that they had tested a system called DIALOG which had been well received. However, there were some challenges following the impact of the community transformation work, and what outcome measures were mandated by NHS England. He explained that progress had been temporarily paused while the

ICS awaited clarification on which and how many outcome measures could be used. Once this had been confirmed and the infrastructure was in place, this service would continue into the next cycle for further testing.

The Council received assurance that the outcomes work was a priority for the Trust and there was significant commitment at Board level as part of the Executive Directors' objectives, and the Council of Governors' work programme. Sue Proctor highlighted the importance of maximising on the current level of clinical engagement and traction. Chris Hosker then explained that as part of their support package the IHI have trained Trust staff to carry out the 90-day learning cycles independently. The need for further investment to support the implementation stages and sustain the project beyond that point would be monitored.

Rachel Gibala then shared her perspective from a service user point of view around the types and frequency of questionnaires used to measure outcomes and the toll these may take on the individual being asked to complete them. She suggested that the latest version of the form was made available to the person to work from and compare against. Chris Hosker thanked her for the suggestion and agreed to look into this further. He then highlighted the importance of service user engagement and ensuring the process was a meaningful and positive experience for those involved.

CHos

It was agreed that an update on progress with the clinical outcomes work would be scheduled for the February 2023 meeting, along with a case study of a service which showed the process and impact in more detail.

CHos

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

22/054 Finance Update (agenda item 13)

Dawn Hanwell provided a verbal overview of the Trust's financial position at month two. She explained that the Trust had a target of achieving a £1.1m surplus over the year and was on plan to deliver this. As per the new financial regime, where trusts have one control total and a statutory obligation to collectively break even, this surplus would be used to offset some of our neighbouring organisations being in deficit.

Dawn then informed the Council that the Trust had set its internal budgets for the coming year based on historic spend and outlined some of the challenges associated with this. She explained that consideration needed to be given as to what was achievable and deliverable within the finite finance resources that were available to the Trust.

Cllr Douglas asked how the system was coping with the threat of increased energy prices. Dawn Hanwell explained that the Spending Review had been set before the inflation increase and since then there had been some renegotiation at a national level and additional funding had been provided to support trusts with non-pay inflation costs. Dawn explained the impact this had on the Trust's surplus position and how it would need to be accounted for.

The Council noted that Dawn Hanwell would provide a 'look back' on the finances over the last year at the Annual Members' Meeting in July. An update on the financial risks and opportunities associated with the new system way of working would be scheduled for the Board to Board session in September. Rose Cooper would update the action log. Cleveland Henry also encouraged governors to observe the Finance and Performance Committee where issues such as these were discussed in more detail.

DH /
RC

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

22/055 Audit Committee Annual Report 2021/22 (agenda item 14)

Martin Wright, chair of the Audit Committee, introduced the Annual Report for 2021/22 which described the work undertaken over the last financial year as well as provided assurance on the work of the external auditors (KPMG) who were appointed by the Council. Martin highlighted some areas that the Committee had gained assurance on which included counter fraud and the process around managing the strategic risks set out in the Trust's Board Assurance Framework.

Tina Turnbull asked whether Martin thought that the Trust's Quality Report would benefit from an external review. Martin confirmed that he supported the idea of an external review and Sue Proctor added that this may be an item for consideration at an ICS level with other mental health and learning disability service providers. Sue anticipated that further conversations would be had regarding this in due course.

It was agreed that the dates of the upcoming Audit Committee meetings would be shared with governors.

RC

The Council **received** the 2021/22 Annual Report from the Audit Committee and was **assured** of the work of the external auditors in relation to providing assurance to the Audit Committee.

22/056 Approval of changes to the Constitution (agenda item 16)

Cath Hill outlined the two proposed changes to the Trust's Constitution. The first was the change of the Trust Headquarters' address to St Mary's House, St Mary's Road, Potternewton, Leeds, LS7 3JX. This change was reflected in the Foreword to Annex 7, the Foreword to Annex 8, and Section 2.1 of Annex 10 relating to governor elections.

The second update was to reduce the age at which people could become members of the Trust from 16 to 13 to reflect the lower age at which service users could be treated in our children and young people's mental health units. This change would be reflected in Section 3.1.1 of Annex 9. Cath noted that the age at which a person could become a governor remained at 16 which was in line with the model core

constitution. Tina Turnbull supported this proposal and highlighted the importance of meaningful engagement with young people. Cath Hill agreed and noted that the Patient Experience Team were planning a piece of work around this.

The Council **considered** and **approved** the proposed changes to the Constitution and **noted** that these would be presented to the July Annual Members' meeting for final sign off.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 3.50pm. She thanked governors and members of the public for their attendance.

**AGENDA
ITEM**

5.2

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Endorsement of the decisions made at the Council of Governors' meetings on the 5 May and 5 July 2022
DATE OF MEETING:	1 November 2022
PRESENTED BY: (name and title)	Dr Sue Proctor, Chair of the Trust
PREPARED BY: (name and title)	Kerry McMann, Head of Corporate Governance

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		
SO1	We deliver great care that is high quality and improves lives	<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.

The Council of Governors' meeting on the 5 July 2022 was also 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 5 May 2022.
- The Council approved the following changes to the Constitution. The first was the change of the Trust Headquarters' address to St Mary's House, St Mary's Road, Potternewton, Leeds, LS7 3JX. The second update was to reduce the age at which people could become members of the Trust from 16 to 13 to reflect the lower age at which service users could be treated in our children and young people's mental health units.

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

RECOMMENDATION

The Council of Governors is asked to endorse the decisions made at the meetings on the 5 May and 5 July 2022.

Minutes of the Annual Members' Meeting held on Tuesday 26 July at 11.00am until 1.00pm via Zoom

Board Members

Professor John Baker	Non-executive Director
Mrs Dawn Hanwell	Chief Financial Officer and Deputy Chief Executive
Mr Cleveland Henry	Non-executive Director and Senior Independent Director
Dr Chris Hosker	Medical Director
Dr Sara Munro	Chief Executive
Dr Sue Proctor	Chair of the Trust (Chair)
Mr Darren Skinner	Director of People and Organisational Development
Mrs Sue White	Non-executive Director
Mr Martin Wright	Non-executive Director

Governors

Mr Ian Andrews	Staff: Non-Clinical
Mr Oliver Beckett	Public: Leeds
Ms Caroline Bentham	Carer: Leeds
Ms Alex Cowman	Staff: Non-Clinical
Cllr Claire Douglas	Appointed: City of York Council
Mr Les France	Public: Leeds (Lead Governor)
Ms Gail Harrison	Staff: Clinical
Mr Andrew Johnson	Staff: Clinical
Mrs Helen Kemp	Appointed: Volition – Leeds (mental health representative)
Mr John Manson	Service User: York and North Yorkshire
Ms Rebecca Mitchell	Public: Leeds
Dr Ivan Nip	Public: Leeds
Ms Sally Rawcliffe-Foo	Staff: Clinical
Mr Joseph Riach	Service User: Leeds
Cllr Fiona Venner	Appointed: Leeds City Council

In attendance

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

		Action
22/001	<p>Welcome (agenda item 1)</p> <p>Dr Proctor opened the meeting at 11.00am and welcomed members of: the Board of Directors; the Council of Governors; the Trust; and the wider public. She noted in particular that this meeting was the first meeting for a number of new governors, including Mr Beckett, Ms Mitchell, Mr Manson, and Ms Cowman.</p>	
22/002	<p>Apologies for Absence (agenda item 2)</p>	

Apologies were received from: Mrs Joanna Forster Adams, Chief Operating Officer; Miss Helen Grantham, Non-executive Director and Deputy Chair; Ms Merran McRae, Non-executive Director; and Mrs Cathy Woffendin, Director of Nursing, Professions and Quality; who are members of the Board of Directors.

Apologies were also received from the following governors: Mr Mark Clayton, Carer: Leeds; Ms Rachel Gibala, Service User: Leeds; Mr Oliver Hanson, Staff: Clinical; Mr Peter Holmes, Service User: Leeds; Ms Kirsty Lee, Public: Leeds; Ms Sayma Mizra, Appointed: Director for Children and Families Programme, West Yorkshire and Harrogate ICS; Mr David O'Brien, Public: York and North Yorkshire; Mr Bryan Ronoh, Carer: Leeds; and Ms Tina Turnbull, Appointed: Volition – Leeds (learning disabilities representative).

The meeting was quorate.

22/003 Declaration of any conflicts of interest in respect of agenda items (agenda item 3)

No one present at the meeting declared any conflict of interest in respect of any agenda items to be discussed.

22/004 Minutes of the Annual Members' Meeting held 28 July 2021 (agenda item 4)

Dr Proctor presented the minutes of the Annual Members' Meeting held on 28 July 2021. They were accepted as a true record.

22/005 Matters arising (agenda item 5)

It was noted that there were no matters arising from the previous meeting.

22/006 Presentation from Les France, Lead Governor (agenda item 6)

Dr Proctor welcomed Mr France, Lead Governor, to present the report from the Council of Governors.

Mr France presented the Membership Report. He outlined to attendees that there were 14,515 members at the end of March 2021, explaining that this consisted of: 10,500 public members; 994 service user and carer members; and 3,021 staff members.

Mr France outlined the role of a governor as representing the views of service users, carers and wider public to the Trust. He informed the attendees that the Council of Governors met publicly four times per year to discuss the work and performance of the Trust. Mr France went on to add that the Council of Governors was responsible for the appointment of the Trust's Non-executive Directors (NEDs) and external auditors and also received reports including the Annual Accounts, Annual Report, and the Quality Report.

Mr France next summarised some of the work conducted by the Council of Governors in 2021/22. He stated to the attendees that a new Associate Non-executive Director role had been created to help ease the introductory period of newly appointed NEDs to the Trust. With this in mind, he informed attendees that during 2021/2022 the Council had appointed Ms Khan and Dr Healey as Associate

Non-executive Directors, as well as Ms McRae as a Non-executive Director. He notified the attendees that planning had begun on the recruitment of a new Chair of the Trust. He went on to inform members that the Council of Governors and the Board of Directors had met in September 2021 to discuss three areas of strategic focus which were the Clinical Services Strategic Plan, the Workforce Strategic Plan, and Estates Strategic Plan.

Mr France proceeded to present an update on the outcome of the governor elections that had taken place in Spring 2021. He noted that on 6 May 2021, eight of the nine vacant seats had been filled. He thanked former governors who had stepped down for their service, highlighting in particular Mr Peter Webster, Ms Niccola Swan and Mr Steve Howarth who had served on the Council of Governors for multiple terms. He encouraged attendees who were considering standing to become a governor to contact him or the Corporate Governance Team. He noted that the next Council of Governors elections would begin in early 2023 and conclude by March 2023, with further elections scheduled for Autumn 2023.

Finally, Mr France thanked the Board of Directors and their support staff for their work and dedication over the past year, enabling work to continue through the pandemic. In particular he highlighted the efforts of Dr Proctor to assist the Board of Directors and Council of Governors to work collaboratively. He concluded by thanking everyone for attending. Dr Proctor thanked Mr France for his presentation.

22/007 Presentation from Dawn Hanwell, Chief Financial Officer, and Deputy Chief Executive (agenda item 7)

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

Mrs Hanwell presented the key elements of the financial report. She outlined to attendees that the Trust was in a strong financial position and had achieved an income and expenditure surplus of £5.37million (m). She reported that the Trust had spent £10.7m on capital expenditure. Mrs Hanwell outlined that the cash position of the Trust was £120.75m. She went on to outline that the Trust's surplus has increased due to the fact that income had increased (£225.735m in 2021/22, an 11% increase compared to 2020/21 financial year) by a greater amount than expenditure (£220.364m in 2021/22, an 9% increase compared to 2020/21 financial year).

Mrs Hanwell informed the attendees that income was generated by fixed block revenue allocations based on historic spending, as the usual avenue for income through the Clinical Commissioning Groups had been suspended due to the COVID-19 pandemic. In addition to this, income was also generated as the Trust took over financial responsibility for the provision of Children and Young Peoples' Mental Health Service (CYPMHS). Finally, it was reported that additional commercial activities had generated an extra £0.8m.

Mrs Hanwell next addressed the Trust's expenditures over the 2021/22 financial year. She notified the attendees that costs relating to the COVID-19 pandemic had been a continued focus and that the Trust's assumption of financial responsibility for the CYPMHS had impacted its expenditure over the year. She also noted that expenditure was down as the Trust had a number of unfilled vacancies.

Mrs Hanwell highlighted the key investments made throughout the year which included: the completion of the Red Kite View new build, various improvements to the Trust's estates, and IT support. She stated that in 2021/22 there had been a continued focus on the sustainability agenda, informing attendees that the Trust's Green Plan had been published and a Sustainability Team had been recruited

Mrs Hanwell next reported on the future financial plans of the Trust. She stated to attendees that the new financial structures introduced by Integrated Care Boards (ICBs) becoming statutory bodies as of 1 July 2022 had been fully implemented. This would mean revenue resource allocations and capital resource allocations would now be negotiated at the ICB level. She reported that the Trust would focus on its medium-term financial strategy which would involve replacing its previous Private Finance Initiative (PFI) by 2028, reintroducing efficiency requirements and continuing to develop Lead Provider and Provider Collaborative arrangements.

Mrs Hanwell thanked everyone for attending her presentation and welcomed questions to be answered at the end of the presentations.

22/008 Presentation by Dr Sara Munro, Chief Executive (agenda item 8)

Dr Munro thanked everyone for attending the event and reflected on the Trusts achievements in the year since the last Annual Members Meeting. Firstly, she highlighted the Trust's response to the COVID-19 pandemic, in particular the disruption caused by Omicron over the winter period. She reported that the Trust was able to maintain business critical safe services due in part to a redeployment programme. She thanked the Infection Prevention and Control Team for its work in proactively minimising the impact of outbreaks. Next, she stated that the Trust had played a role in the COVID-19 vaccination programme, which included a team going out to low-vaccine uptake areas in Leeds to deliver nearly 3,500 jabs over an 8-month period.

Dr Munro went on to highlight to attendees a number of clinical service developments over the course of the year. These included: the opening of Red Kite View; the Trust being awarded Veteran Aware accreditation; the rebranding of the EMERGE service; the initialisation of the Community Mental Health Transformation Project; the work undertaken under the Acute Care Excellence Programme; and the continuation of the work by the Community Rehabilitation Enhanced Support Team.

Dr Munro reported to attendees on how the Trust, in collaboration with partners, sought to address three key health inequalities faced by service users. These included: targeted interventions to improve physical health outcomes of those on the Serious Mental Illness register; improving access to care; and improving equity of care. She also outlined that the Trust had signed up to the Equally Well UK Charter which aimed to tackle the physical health inequalities faced by those with a mental health condition. She highlighted that the Trust's Quality Report 2021/22 had been published on the Trust's website, explaining that it went into greater detail about the work of the Trust over this year. Dr Munro thanked those involved in producing this report.

Dr Munro next briefed the attendees on the work the Trust had undertaken to involve service users and carers. She noted that this work could be seen in the 'Together', the Trust's Experience and Involvement Strategy. She thanked both the

Patient Experience Team and the service users and carers for their time and work to improve the services the Trust provides.

Dr Munro continued to detail the work undertaken throughout 2021/22 to make the Trust a supportive and inclusive place to work. Central to this was the approval and launch of the Trust's People Plan in March 2022, which detailed how the Trust planned to engage, retain, and recruit colleagues. Attendees were informed that the plan was dynamic and would be updated, with reports to the Workforce Committee to provide assurance on the progress of its implementation.

Dr Munro next presented a summary of the results from the 2021/22 Staff Survey. She reported that the questions had been changed to align with the NHS People Promise, and the results showed that the Trust was performing higher than the national average in three of the seven areas. She noted that the year was particularly tough given the continued effects to respond to the COVID-19 pandemic, and that the Board was committed to working to improve these results.

Finally, Dr Munro thanked Dr Proctor for her work as the Chair of the Trust over the six years she had spent with the Trust, noting that it would be Dr Proctor's last Annual Member's Meeting as the Chair. She stated that the Trust had benefited from her guidance and support throughout her term of office.

Dr Proctor thanked Dr Munro for her presentation.

22/009 Changes to the Constitution (agenda item 9)

Mrs Hill outlined two amendments that had been made to the Trust's Constitution in 2021/22. She explained that these amendments had been agreed by the Board of Directors on the 19 May 2022 and the Council of Governors on the 5 July 2022, with one amendment requiring final approval at the Annual Members Meeting.

Mrs Hill outlined the first change to the Trust's Constitution as the proposal to reduce the age where people could become members of the Trust to 13 or older, from the current age requirement of being 16 or over. She clarified that there was no change to the age at which members could stand for election to become a governor, which would remain at 16. Attendees considered and approved this change. Dr Proctor added that the Trust would look at models of best practise to support young people so that they can become effective members.

Mrs Hill continued to notify the attendees about the second change to the Trust's Constitution. This was a change of address of the Trust's Headquarters. Attendees were asked to note this change.

The attendees of the Annual Members' Meeting considered, noted and, where relevant, approved the changes to the Constitution and its annexes.

22/010 Opportunity to Receive Questions from Members and the Public (agenda item 10)

Dr Proctor informed the attendees that one question had been submitted in advance of the meeting. This question related to how the Trust could collaborate better with third-sector partners external to the NHS for better health outcomes for service users. Dr Munro reiterated that her presentation detailed how the Trust

collaborated with voluntary and community services. She stated that the Trust was selective about choosing the best partners to collaborate with based on their level of expertise. She stressed the need for these collaborations to be integrated seamlessly from the patient experience side, explaining that fragmented patient feedback may lead to negative health outcomes.

Questions were then opened up for those in attendance of the meeting. A service user enquired as to why the Trust's expenditure had dropped this year. Mrs Hanwell answered that the Trust's expenditure had not dropped but had increased by £18m. She clarified that the gap between the Trust's income and expenditure had increased in the 2021/22 financial year so that overall, the Trust was able to save more income. A staff member questioned why the Trust borrowed £15.289m. Mrs Hanwell stated that the borrowing was for future liabilities for the PFI estate that the Trust would have to pay out in the future.

A service user enquired about the funding of Red Kite View in relation to the Trust's expenditure. Mrs Hanwell informed the attendees that it was funded mainly through a successful bid for central funding for £13m by the West Yorkshire Mental Health Collaborative. She explained that, in addition to this, the Trust contributed an additional £5m from its own cash reserves to fund an expansion and the inclusion of a Section 136 Facility at the site. Cllr Douglas, appointed governor, asked what commercial activities the Trust had participated in to generate £0.8m. Mrs Hanwell answered that the Trust operated commercial ventures, including a procurement collaborative and lease car scheme, and that profit from running these services was fed back into Trust.

Mr Beckett, a public governor, questioned how the efficiency improvements alluded to in the finance report would be applied to save money in the next financial year. Mrs Hanwell clarified that efficiency measures ensured value for money rather than cutting costs. Dr Nip, a public governor, enquired what financial commitments the Trust was planning to allocate to support the People Plan. Mrs Hanwell reiterated to attendees that the Trust recognised the need to invest in the plan and did so by funding training. Mr Skinner told attendees that as part of the NHS Pay Award, the Trust had made a commitment to reduce agency staff spending by 10-30%. He also reported to the attendees that a workforce plan was in place for all nine of the Trust's service lines. Dr Proctor added that the Trust worked with local universities to support students in placements and recruit graduates

Next a service user asked what training was provided to staff who participated in interview panels, in particular unconscious bias training. Mr Manson, a service user governor, enquired what remuneration the Trust offered governors involved in recruitment. Mr Skinner addressed these questions, reporting that the Trust had established training for staff involved in recruitment and retention, and that this could be expanded to all Trust members involved in recruitment. Mrs Hill informed the attendees that the Trust's Policy for Payment and Reimbursement of Service Users, Patients, Carers and Members of the Public established a framework for ensuring an involvement fee is paid based on hours worked, and that it was designed to be below the threshold to impact benefit payments. This was in addition to reimbursing out of pocket expenses. It was also noted that the Trust was unable to pay governors, however, it was able to cover all expenses relating to their services for the Trust. She went on to state that unconscious bias training was a renewed priority for the Human Resources department, after work on its implementation was previously stalled due to the pressures of the COVID-19

pandemic.

A service user questioned whether there could be posts created for development work for service users who currently volunteered in this capacity, or whether this work would remain voluntary. Dr Munro responded that there were existing pathways open for all for this to occur, for example, through training provided by the Recovery College. She added that fixed employment was not suitable for all needs, and that some work would therefore remain on a voluntary basis.

Questions were then submitted regarding the conditions staff faced in working on Trust premises in regard to the ongoing COVID-19 pandemic. A service user questioned whether staff were allowed to work on Trust premises and whether vaccination against COVID-19 was a condition of deployment. Mr Skinner outlined that the Agile and Hybrid working model employed by the Trust meant that non-patient facing staff were able to choose where they worked from after discussions with their manager, based on their ability to fulfil their duties. He continued that the Trust Headquarters at St. Mary's House was currently being refurbished, which impacted the number of office-based staff able to work on Trust premises. As a result, a number of staff continued to work remotely whereas others were office based, depending on their circumstances. Mr Skinner continued by informing members that the legislation for vaccination as a condition of deployment was rescinded by Parliament in 2021, but that many of the staff had received COVID-19 vaccinations and that the Trust continued to encourage this.

Finally, a service user questioned whether smoking was permitted on hospital grounds. Dr Munro confirmed that Trust premises continued to be smokefree due to the health and fire risk. She added that the Trust had dedicated leads to support the smokefree policy and had recently implemented access to e-cigarettes in addition to previously existing nicotine replacement therapies for service users to support them while they remained on Trust premises.

Dr Proctor thanked all attendees for listening and participating in the discussion that had taken place, and to Mr Richard Jackson for providing British Sign Language interpretation throughout the meeting. She also thanked all staff, partners, service users, carers and governors for their hard work undertaken throughout the year, especially in light of the pressures created by the COVID-19 pandemic.

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

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>22/035 - Finance Update (May 2022 - agenda item 12)</p> <p>It was agreed that more detailed information would be shared with the governors at the July meeting around the financial risks and opportunities in the new system way of working.</p>	<p>Dawn Hanwell</p>	<p>November 2022</p>	<p>This will be covered as part of Dawn's finance update at the November meeting.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>21/044 - Quarterly Quality and Performance Update Report (July 2021 - agenda item 11)</p> <p>It was agreed that the Council would receive an update on Crisis House approximately six months after opening so that governors could hear how it was developing. Rose Cooper would add this to the forward plan.</p>	<p>Joanna Forster Adams / Rose Cooper</p>	<p>November 2022</p>	<p>This will be covered as part of the 'sharing stories' item at the November meeting.</p>
<p>21/044 - Quarterly Quality and Performance Update Report (July 2021 - agenda item 11)</p> <p>Sue Proctor suggested that the governors might like to learn more about Section 136 and the Trust's Section 136 suite at a future meeting. Rose Cooper would add this to the forward plan.</p>	<p>Joanna Forster Adams / Rose Cooper</p>	<p>November 2022</p>	<p>This will be covered as part of the 'sharing stories' item at the November 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>22/053 - Update on findings from the outcomes work (July 2022 - agenda item 12)</p> <p>It was agreed that an update on progress with the clinical outcomes work would be scheduled for the February 2023 meeting, along with a case study of a service which showed the process and impact in more detail.</p>	Chris Hosker	February 2023	<p>This has been added to the forward plan for the February meeting and the Northern Gambling Service has been invited to talk about how they are using clinical outcome measures.</p>
<p>21/062 - Quarterly Performance and Quality Update Report (November 2021 - agenda item 11)</p> <p>Ivan asked whether it was possible to incorporate a traffic light indicator to show the performance data more clearly. Joanna responded that the preference was to look at trends over the longer term rather than RAG ratings, but she would revisit this with Nikki Cooper in terms of the paper for the governors.</p>	Joanna Forster Adams	Management action	<p>Joanna Forster Adams to work with the Performance Team to refresh the Quarterly Performance and Quality Update Report taking into account preferences from the Council via input from the Lead Governor.</p> <p>A further update will be provided in due course.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>22/034 - Quarterly Service Delivery and Performance Report (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>	<p>Darren Skinner / Joanna Forster Adams</p>	<p>Management action</p>	<p>All governors will have the opportunity to input into the refresh of the Quarterly Performance and Quality Update Report and this request will be considered as part of the review.</p>
<p>22/051 - Quarterly Quality and Performance Update Report (July 2022 - agenda item 11)</p> <p>Cllr Venner referred to the percentage of Section 136 referrals assessed within three hours of arrival and asked when the counting of the three-hour period started, was it when the person arrived at the Section 136 suite, or did it include hours spent elsewhere such as A&E? Sue Proctor requested that this question was answered outside of the meeting.</p>	<p>Joanna Forster Adams</p>	<p>Management action</p>	<p>This will be covered as part of the 'sharing stories' item at the November 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>22/045 - Endorsement of the decisions made at the Council of Governors' meeting held on the 5 May 2022 (July 2022 - agenda item 5.2)</p> <p>It was agreed that a request to endorse the decisions made at both the May and July meetings would come to the November meeting. All governors would be contacted and reminded of the importance of attending these meetings and asked how they could be further supported to attend in the future.</p>	<p>Rose Cooper / Kerry McMann</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>A letter was sent to governors in August to remind them of key meeting dates, encourage them to prioritise attendance at meetings and to offer support.</p> <p>A request to endorse the decisions of the last two meetings is on the agenda for the November meeting.</p>
<p>22/047 - Cumulative action log – actions outstanding from previous public meetings (July 2022 - agenda item 7)</p> <p>Tina Turnbull flagged a missing action in the May 2022 minutes regarding her request to be put in touch with a member of staff from the Learning Disability Service. Sue Proctor asked for this to be noted and actioned.</p>	<p>Rose Cooper</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>A meeting was arranged between Tina Turnbull and Peter Johnstone from the Learning Disability Service.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>22/051 - Quarterly Quality and Performance Update Report (July 2022 - agenda item 11)</p> <p>Sue Proctor suggested adding an item to the forward plan for the September Board to Board around Leeds and York 'place' systems and priorities and the implications and opportunities for the Trust. Rose Cooper would add this to the forward plan.</p>	<p>Sara Munro / Rose Cooper</p>	<p>Board to Board (postponed to October)</p>	<p><u>COMPLETE</u></p> <p>This was covered at the Board to Board meeting on the 13 October 2022.</p>
<p>22/053 - Update on findings from the outcomes work (July 2022 - agenda item 12)</p> <p>Rachel Gibala shared her perspective from a service user point of view around the types and frequency of questionnaires used to measure outcomes and the toll these may take on the individual being asked to complete them. She suggested that the latest version of the form was made available to the person to work from and compare against. Dr Hosker thanked her for the suggestion and agreed to look into this further.</p>	<p>Chris Hosker</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>Chris Hosker corresponded directly with Rachel who kindly shared some very useful insights into the impact that poorly designed outcome focused forms can have on the service users that are asked to complete them. Chris agreed to capture this useful perspective and include it as they take the clinical outcomes project forward in the Trust. The 90-day learning cycle involves a testing phase which will help them to gain immediate feedback on how user-friendly proposed clinical outcome forms are.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>22/055 - Audit Committee Annual Report 2021/22 (July 2022 - agenda item 14)</p> <p>It was agreed that the dates of the upcoming Audit Committee meetings would be shared with governors.</p>	Rose Cooper	Management action	<p><u>COMPLETE</u></p> <p>The dates of the upcoming Audit Committee meetings were shared with governors.</p>

COMPLETED ACTIONS

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>21/051 - Clinical Outcomes Update (November 2021 - agenda item 2)</p> <p>It was agreed that an update on the findings from the outcomes work would be presented to the May 2022 meeting which would include an update on the second cohort of services involved in the 90-day innovation cycle.</p>	<p>Chris Hosker</p>	<p>July 2022</p>	<p>This was received at the July meeting.</p>
<p>22/012 - People Plan 2021-2024 (February 2022 - agenda item 12)</p> <p>It was agreed that the Corporate Governance Team would circulate a list of upcoming events which governors could attend to promote themselves to members.</p>	<p>Rose Cooper</p>	<p>Management action</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>22/022 - Sharing Stories: The Working Age Adult Community Mental Health Service with an update on Community Transformation (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	Josef Faulkner responded to Kaneez Khan directly outside of the meeting.
<p>22/022 - Sharing Stories: The Working Age Adult Community Mental Health Service with an update on Community Transformation (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	This was added to the forward plan.

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>22/022 - Sharing Stories: The Working Age Adult Community Mental Health Service with an update on Community Transformation (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	The slides and contact details were sent to governors.
<p>22/034 - Quarterly Service Delivery and Performance Report (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	This was added to the forward plan for the September Board to Board meeting.

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>22/037 - Introduction from the Trust's Head of Wellbeing (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	Alex Cowman's contact details were shared with Ian Andrews.

CHAIR'S REPORT

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

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

The election to the Council of Governors closed on 21 July 2022. This election saw the following governors being elected:

Public Leeds – Les France (re-elected)
Public Leeds – Oliver Beckett (newly elected)
Public Leeds – Rebecca Mitchell (newly elected)
Service user York and North Yorkshire – John Manson (newly elected)
Non-clinical Staff – Alex Cowman (newly elected)

We also have a new appointed governor representing York Council for Voluntary Services, Matthew Knight. We would like to welcome all our new governors who will join the Council for their first formal meeting in November.

We have been advised that Helen Kemp will be stepping down at the end of October. A huge thank you to Helen for her contribution at Council of Governors' meetings and events across the city.

During the period we have also said "good-bye" to the following governors:

Public Leeds: Steve Howarth (end of term of office)
Public Leeds: Peter Webster (end of term of office)
Public Leeds Mussarat Khan (end of term of office)
Public Rest of England and Wales: Niccola Swan (end of term of office)
Staff Non-clinical: Ruth Grant (end of term of office)
Staff Clinical: Sally Rawcliffe Foo (stepped down due to other commitments)

On behalf of the Council, I would like to say thank you to those governors who have served on the Council and brought to our meetings their personal experiences; helped to shape our services and hold our Board members to account.

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

Since the July Council of Governors' meeting there have been the following changes to the membership of the Board of Directors:

- Prof John Baker stepped down as non-executive director on 31 August 2022
- Dr Frances Healey took up her post as substantive NED on 1 September 2022
- Sue White stepped down as non-executive director on 31 October 2022.

On behalf of the Council of Governors we would like to say thank you to John and Sue for all their hard work and dedication as NEDs, and we wish them all the very best in their future endeavours. We would also like to say welcome to Frances who has been an Associate NED since 2 April 2022 and who transitioned to a substantive NED on the 1 September 2022. Many of you will have met Frances who has been at Board, Board sub-committee and Council of Governors meetings and who you will get to know better over the coming weeks and months.

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

Executive Directors

Name	25 November 2021	27 January 2022	31 March 2022	28 April 2022 (Extraordinary)	19 May 2022	16 June 2022 (extraordinary)	28 July 2022	29 September 2022
Sara Munro	✓	✓	✓	-	✓	✓	✓	✓
Joanna Forster Adams	✓	✓	✓	✓	✓	-	✓	✓
Dawn Hanwell	✓	✓	-	✓	✓	✓	✓	✓
Chris Hosker	✓	✓	✓	✓	✓	✓	✓	✓
Darren Skinner	✓	✓	✓	✓	-	✓	✓	✓
Cathy Woffendin	✓	✓	✓	-	✓	✓	✓	✓

Title: Attendance by non-executive directors at Council of Governors' meetings (rolling 12 months)
Contributor: Cath Hill
Status of item: Standing item (for information)

The Council of Governors is asked to note the attendance of non-executive directors at the Council of Governors' meetings. This information will also be provided in the Trust's Annual Report. Shaded boxes show those meetings that people were not eligible to be at due to their start or finish date.

Name	2 November 2021	1 February 2022	5 May 2022	5 July 2022
Non-executive directors				
Prof Sue Proctor	✓	✓	✓	✓
Prof John Baker	✓	✓	✓	-
Helen Grantham	✓	✓	✓	-
Cleveland Henry	✓	✓	✓	✓
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)	2 November 2021	1 February 2022	5 May 2022	5 July 2022
Ian Andrews	E	✓	✓	✓	✓
Caroline Bentham	E	✓	✓	✓	-
Mark Clayton	E	-	✓	-	-
Rita Dawson	E	-	✓	-	-
Claire Douglas	A				✓
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	-	✓	-	-
Sayma Mirza	A				-
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.

Title:	Election to the Appointments and Remuneration Committee
Contributor:	Cath Hill
Status of item:	For noting

Following a process of election I am pleased to advise that Oliver Beckett has been elected by fellow governors to sit on the Appointments and Remuneration Committee. We very much welcome Oliver to the committee and the skills he brings. We now have a full complement of governors on the committee.

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.

Attached is an update on the programme of Learning visits which have been arranged so far. Further information about the programme and nature of learning visits is set out in a later agenda item.

Dr Sue Proctor
Chair of the Trust
November 2022

Service visits undertaken by Non-Executive Directors and Governors

The following table lists the visits that are in hand. Further visits are currently being arranged

Date of visit	Team / Service	Location	Organised with	Non-Exec Director
Tuesday 29 November 2022 (AM)	Acute and Crisis Services	Becklin Centre, Alma Street, Leeds, LS9 7BE	Maureen Cushley, Head of Operations	Merran McRae
Wednesday 7 December 2022	Northern School of Child and Adolescent Psychotherapy (NSCAP)	Bevan House 34- 36 Springwell Road, Leeds, LS12 1AW	Carolyn Wellings, Operations and Business Development Manager	Martin Wright
Tuesday 31 January 2023 (2pm – 4pm)	South East & West Community Mental Health Teams	Aire Court, Lingwell Grove, Middleton, LS10 4BS	Josef Faulkner, Head of Operations	Helen Grantham

**AGENDA
ITEM**

8.1

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	New recommended approach to service visits
DATE OF MEETING:	1 November 2022
LEAD DIRECTOR: (name and title)	Cath Hill, Associate Director for Corporate Governance
PAPER AUTHOR: (name and title)	Kerry McMann, Head of Corporate Governance

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		
SO1	We deliver great care that is high quality and improves lives	<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

Service visits provide an opportunity for board members and governors to get to know services better and understand what is going on in each area, which in turn, helps the Trust make better decisions in the best interests of the people who use our services, their carers and families and staff.

In 2020, the Non-executive Director (NED) and Governor service visits programme was paused to allow staff to appropriately respond to the covid-19 pandemic. In 2021, service visits resumed and began to take place virtually. As we return to face-to-face service visits it felt appropriate to refresh the process.

The new approach will see three different types of service visits.

- Learning visits, for NEDs and governors
- Leadership visits, for executive directors and NEDs
- Patient-Led Assessments of the Care Environment (PLACE) visits, for governors

The paper provides further details on each type of visit. Appendix A shows the proposed feedback form for the learning visits.

This paper has been updated based on the feedback received at the Board-to-Board session on 13 October 2022.

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

RECOMMENDATION
<p>The Council is asked to:</p> <ul style="list-style-type: none">- Support the proposed approach to service visits- Note that the approach to service visits will be reviewed regularly- Note that we will continue to invite services to present at the Council of Governors' meetings to allow governors other opportunities to learn more about our services.

MEETING OF THE COUNCIL OF GOVERNORS

1 November 2022

NEW RECOMMENDED APPROACH TO SERVICE VISITS

1 Introduction

Service visits to both clinical and non-clinical services provide an opportunity for board members and governors to get to know services better and understand what is going on in each area, which in turn, helps the Trust make better decisions in the best interests of the people who use our services, their carers and families and staff. In 2020, the Non-executive Director (NED) and Governor service visits programme was paused to allow staff to appropriately respond to the covid-19 pandemic. In 2021, service visits resumed and began to take place virtually. As we return to face-to-face service visits it felt appropriate to refresh the process.

The new approach will see three different types of service visits. These are:

- Learning visits, for NEDs and governors
- Leadership visits, for executive directors and NEDs
- Patient-Led Assessments of the Care Environment (PLACE) visits, for governors

2 Learning Visits

Learning visits will be undertaken by NEDs and governors. Due to NED capacity, six learning visits will be scheduled per year. At least one of the six visits per year will be to a non-clinical service. The services visited will be determined on NED preferences which have been identified as part of their annual review with the Chair of the Trust. We acknowledge that governors may have a preference of which services they would like to visit, which may be based on expert knowledge, lived experience or a general interest, and we will try to accommodate these preferences where possible. Governor preferences should be shared with the Chair of the Trust at their 1-1 meetings.

These visits are not inspections. They are to provide an opportunity for NEDs and governors to learn about a service. They also provide an opportunity for the services to share what they are proud of, and services may be able to benefit from the expert knowledge or lived experience that governors and NEDs may have. Briefings will be sent to the services prior to the visit to ensure they are aware of the purpose of the visit. Some visits may be virtual if a service requests this due to operational pressures. The Council is asked to note that we will continue to invite services to present at the Council of Governors' meetings to allow governors to learn more about our services.

Appendix A shows the proposed feedback form for learning visits.

The process for learning visits is outlined in the flow chart on the next page.

Process for learning visits:

Trigger

- Service areas to be visited will be identified in the NEDs annual review with the Chair of the Trust.
- We will try to accommodate governor preferences where possible. Governor preferences should be shared with the Chair of the Trust at their 1-1 meetings.



Outcome of visit

- NEDs and governors to learn about services
- Services may also benefit from the expert knowledge or lived experience that governors and NEDs may have
- To connect with staff
- To triangulate information received at other meetings and forums
- To strengthen the relationship between NEDs and governors
- Services able to showcase their work and achievements



Output

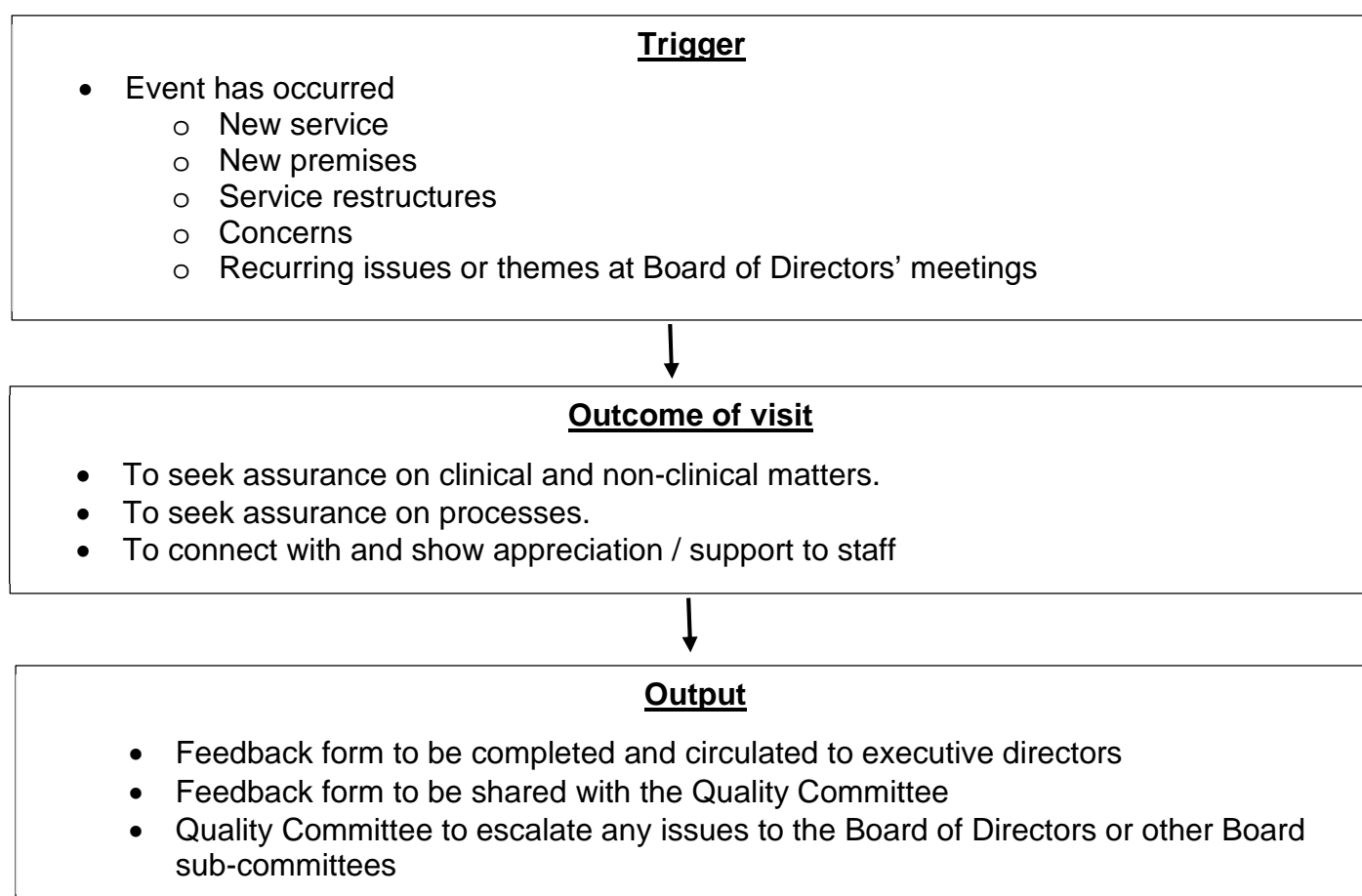
- Feedback form to be completed by the NEDs, assisted by the governors, and circulated to executive directors
- Feedback form to be shared with the Quality Committee
- Feedback form to be circulated to governors
- High level information about the services visited and when to be included in the Chair's report to the Council of Governors
- Feedback form to be shared with the service
- Any feedback received from the service will be used to inform future service visits

3 Leadership Visits

Leadership visits will be undertaken by executive directors and NEDs. At least three leadership visits will be scheduled per year (this will be subject to the availability of NEDs and EDs). The services visited will be determined by events that may occur throughout the year, new service developments, new premises, any concerns and any reoccurring themes or issues at Board of Directors' meetings.

The process for leadership visits is outlined in the flow chart one the next page.

Process for leadership visits:



4 **PLACE (Patient Led Assessments of the Care Environment) Visits**

PLACE assessments involve local people (known as patient assessors) going into hospitals as part of teams to assess how the environment supports the provision of clinical care, assessing such things as privacy and dignity, food, cleanliness and general building maintenance and, more recently, the extent to which the environment is able to support the care of those with dementia or with a disability.

From summer 2023, governors will be invited to take part in PLACE across Trust sites. These visits are organised by the Facilities and Estates Team.

5 Recommendation

The Council is asked to support the proposed approach to service visits which will see three different types of visits:

- Learning visits, for NEDs and governors
- Leadership visits, for executive directors and NEDs
- Patient-Led Assessments of the Care Environment (PLACE) visits, for governors

The Council is also asked to note that the approach to service visits will be reviewed regularly based on feedback from board members, governors, and services.

Kerry McMan
Head of Corporate Governance
19 October 2022

Joint Non-Executive Director and Governor Learning Visits

Learning visits to both clinical and non-clinical services provide an opportunity for board members and governors to get to know services better and understand what is going on in each area, which in turn, helps the Trust make better decisions in the best interests of the people who use our services, their carers and families and staff.

These visits are not inspections, they provide an opportunity for NEDs and governors to meet frontline staff across all departments and learn about their service and the work they do. They also provide an opportunity for the services to share what they are proud of, and services may be able to benefit from the expert knowledge or lived experience that governors and NEDs may have.

The following template should be used to capture key points and reflections. This form will be shared with your executive director colleagues and key findings will be sent to the Quality Committee and the Council of Governors.

Date of visit	
Non-Executive Director	
Governor(s)	
Areas visited (please list all)	
Staff member contact	
Key learning from the visit	
Reasons to be proud	

Anything to highlight to the Executive Team	
--	--

Council of Governors CEO Report

Tuesday 1st November

Dr Sara Munro, Chief Executive

Key Updates

- Winter is coming . . .
- Key updates on our three core strategic objectives
 - People Plan
 - Care services
 - Estates, sustainability and digital
- Key updates from around the Trust and beyond
- Reasons to be Proud - Celebrating our colleagues and achievements including our new Research Heroes
- Time for Q&A

Winter is coming...

We are reminding staff, patients and visitors to our sites to please continue to remain vigilant about infection control measures

- wear the correct PPE
 - regularly wash your hands
 - open windows to let fresh air in
 - regularly test for Covid-19 infection using lateral flow testing
 - please don't come to work if you are unwell
- Predictions from the government's Scientific Pandemic Influenza Group on Modelling are suggesting **another wave of Covid this winter coupled with a resurgence of flu**
- The Coronavirus pandemic is still being treated as a level 3 incident by NHS England and community transmission rates are on the rise along with increased numbers of patients in hospital with covid.
- Our vaccination programme for Flu and Covid boosters is well underway



Updates on our three strategic objectives

- 1. Our People Plan**
- 2. Our care services**
- 3. Our estates, sustainability and digital plans**

1. Our People Plan #1

Cost of living support

- LYPFT group set up to see what more we can do as a Trust
- Cost of living information pack <https://bit.ly/3Ca6q81>

PERFORM - new Personal Development Review platform is now live

- Access through your Learn account or see Staffnet for a Quick Start guide. Email od.lypft@nhs.net with queries.

New Wellbeing and Absence Policy

- Being finalised - launch planned for 1 November

New Apprenticeship Strategy now in place

- 2-year plan that will be supported by an implementation matrix in Spring 2023



1. Our People Plan #1

Staff Health and Wellbeing

- **Access support** - Health Assured 24/7 helpline **0800 030 5182**
- **Visit the Staffnet wellbeing hub** for self-help resources
- **Dr Eve Randall**, is the Trust's new Speciality Doctor & Associate Specialist/Specialist (SAS) Advocate which aims to promote & improve support for SAS doctor's wellbeing

More on [the Medical Directorate Staffnet site](#) or email: everandall@nhs.net

- Some great **agile working tips** & a new **Health Starts With You** video series in this month's Wellbeing Wednesday newsletter from Trust Physio Phil Johnson



Equality, Diversity and Inclusion

- **WREN staff network**: In the process of confirming who the new chairs will be with two great applications.
- **Rainbow Alliance**: 5 excellent applicants for chair and vice chair so members now voting.
- **DaWN staff network**: Next meets Wednesday 9 November, 1.30-3pm Email diversity.lypft@nhs.net
Although this is a peer support network, colleagues who do not have a disability or long-term health condition are encouraged to join and find out more about activities to develop more inclusive practices and culture.
UK Disability History Month starts on 16 November with a focus on disability, health and wellbeing

Our People Plan #2

We each have a voice that counts, Staff Survey 2022 is open!

- Our wish is for LYPFT to be a workplace where people realise a healthy work/life balance, feel safe, respected and fulfilled. A place where people seek to work, feel a sense of pride and a workplace in which everyone thrives.
- For the third year, our Bank Staff are also invited to take part and will receive a letter to their home address with details of how to take part.
- By completing your survey, not only will you help to shape the future of how it feels to work at LYPFT but also:
 - Be entered into a prize draw run by Quality Health to win one of 30 £100 vouchers
 - Teams who hit their target response rate will be in a draw to win a £200 prize
- Colleagues have until Friday 25 November to complete the survey and make your voice count



2. Care services

The Care services strategic Plan was approved at the September board. It sets out our ambitions for the next 5 years. Governors received an update at the board to board in October and more will be shared as the implementation plan is developed.

System and staffing pressures

Ongoing pressures with staffing although we have welcomed a number of Preceptees into the Trust

- Developing Winter plans recognising that we envisage ongoing pressures across the Leeds system including any impact from the cost of living crisis, so working in partnership with other organisations including the Third Sector
- Exploring creative ways of addressing backlogs and waits through partnership working
- From mid-Sept Clinical Triage through Single Point of Access (SPA) ceased, and staff transferred to the Crisis Team
 - All calls are now being triaged by Crisis Team staff, therefore reducing the delays in face-to-face assessments
 - We will keep this approach under close review to measure improvement and assess sustainability

New initiatives

In collaboration with Dementia UK, we have appointed two Admiral Nurses who will work into Leeds Teaching Hospital to support people with dementia, their families, and professionals

3. Estates, sustainability and digital

Strategic estates planning

- **The Mount**

- Learn more about the changes at The Mount with a case study on the new staff well-being hub and off-ward visitor suites on Staffnet
- Mother and Baby Unit and the community perinatal team have now returned to the Mount.
- Plans are progressing with the business case to convert Parkside Lodge into a quality-of-life facility for longer term care for people across West Yorkshire.

Sustainability at the Trust

- **New Opportunities to Get Involved.....**

- Join the Staff Sustainability Network on MS Teams.> [LYPFT Staff Sustainability Network](#)
- Join the Bike User Group (BUG) on MS Teams.> [LYPFT Bike User Group \(BUG\)](#)
- More Groups coming soon

- **Projects Underway...**

- 8 x Energy, Waste & Environmental Projects including Solar Panels and Decarbonisation Plans [Getting rid of Gas]
- Sustainable Travel Survey coming soon
- Starting a fun project for food waste in the CAHMS unit called Wiggly Warriors

What else is happening in the system?

- NHSE published its new operating Model which reaffirms the role of NHS organisations and ICS's.
- Additional guidance on winter planning has also just been released which has a number of asks in relation to system oversight at an ICS level, strengthening flow and reducing demand on beds through more out of hospital provision (e.g. falls, respiratory services, crisis provision in mental health) and increasing mental health input to ambulance services.
- Following the undercover documentaries on inpatient mental health wards in Manchester and Essex we are exploring ways in which we can work across our system through peer review, benchmarking and sharing of best practice to ensure we have the best cultures for safe and compassionate care in all our settings.

Reasons to be proud #1



Great wins at the National Positive Practice in Mental Health Awards 2022

Veterans High Intensity Service (HIS) won in the Specialist Service category 🏆

Leeds Autism Diagnostic Service (LADS) won in the Learning Disability and/or Autism/or ADHD category 🏆

The Specialised Supported Living Service were also Highly Commended 🌟



Veterans High Intensity Service



Autism Diagnostic Service



Specialised Supported Living Service

NHS
Leeds and York Partnership
NHS Foundation Trust

Red Kite View wins New Build Project of the Year!

The Institute of healthcare Engineering and Estates Management (IHEEM) Awards took place on the 5th of October in Manchester.

Red Kite View was successful in being awarded the New Build Project of the year Award.

Strong competition with 6 other projects on the shortlist.



Reasons to be proud #2



Award nominations

Our **R&D Team** has been shortlisted at the **Medipex NHS Innovation Awards** for their project to create a Consent for Contact register, increasing service user access to opportunities to participate in research. The awards ceremony is taking place tonight, 12 October.

Leeds Synergi is a finalist in the Health Category at the **Legacy Awards**, which takes place on the 15 October.

The **AHP faculty** have been shortlisted for Chief AHP award for leadership for equality, diversity and inclusion at the **CAHPO Awards Ceremony** on the 13 October.

Good luck to everyone! 🍀

The Perinatal Community Mental Health Service accredited by the Royal college of Psychiatrists' perinatal quality network

A huge congratulations on achieving accreditation and on all your hard work!



Collecting our Silver ERS Award

This year our Veterans Service was awarded the Silver ERS Award. On 6 October team members from the service attended the official ceremony and picked up the award in person.



Trust in the News – Cost of Living

The Trust has been encouraging people across Leeds to open up about their finance troubles this World Mental Health Day and as the cost-of-living crisis takes its toll.

Dr Chris Hosker, spoke about how the crisis is affecting people's mental health on Capital FM and Heart radio.





**Congratulations to our August winner
Drum roll please**





Logistics

“While several teams were involved in making sure the Trust’s Big Thank You Fortnight was a success, it was Logistics who worked incredibly efficiently behind the scenes to make sure that teams received their vouchers and Covid Stars on time.

The team were engaged at a relatively late stage in our planning and with the benefit of hindsight, our processes would have been much improved if we had included them earlier, as their hard work, knowledge and insight were incredibly valuable. However, even with tight timelines, the team were incredibly accommodating of what we needed to do. They took the task on without complaint and collaboratively worked with us to ensure that it was a success. This must have required incredible flexibility on their part alongside their normal duties, and for this we are additionally grateful.

While spending some time at Roseville Road myself, everyone I interacted with was so friendly and welcoming.

They made quite a stressful task much more enjoyable and straightforward. A HUGE thank you.”

- Nominator

“Excellent response at short notice from the team to support the Big Thank You celebrations.

This made a real impact across the Trust as we recognised everyone's contribution. Thank you!”

- Judge





Introducing . . . our Research Heroes

Research Heroes is a new initiative launched by our Research and Development Team (R&D)

- They are individuals or teams who are part of a hidden army of staff supporting research across the Trust and beyond
- We want to take the opportunity to celebrate their contribution and thank them for making a difference



Our latest Research Hero is...

Emma Pearce, Speech and Language Therapist

Emma's project explores the unmet communication needs of patients living with dementia in the Older People's Service inpatient units.

The outputs of Emma's work have already been used on wards to inform practice. Emma has shown huge motivation and enthusiasm for incorporating research into her clinical role, despite the challenges of Covid and working part time.





Leeds and York Partnership
NHS Foundation Trust

Any questions?

**AGENDA
ITEM**

11

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Quarterly Quality and Performance Update Report
DATE OF MEETING:	1 November 2022
PRESENTED BY: (name and title)	Joanna Forster Adams, Chief Operating Officer
PREPARED BY: (name and title)	Cathy Woffendin, Director of Nursing, Professions and Quality Darren Skinner, Director of People and Organisational Development Edward Nowell, Information Manager Performance & BI

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

EXECUTIVE SUMMARY

This paper is to highlight and outline the Trust's current performance over the last 3 months and provide an insight to the Governors from recent Board discussions around performance. Please note the report reflects the data presented to Board in September 2022.

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

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

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

RECOMMENDATION

The Council 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 August 22, and Quality and Workforce is August 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	Jun 2022	Jul 2022	Aug 2022
Percentage of crisis calls (via the single point of access) answered within 1 minute *	-	58.0%	54.6%	56.4%
Percentage of ALPS referrals responded to within 1 hour	-	65.7%	65.2%	66.1%
Percentage of S136 referrals assessed within 3 hours of arrival	-	26.7%	15.2%	10.7%
Number of S136 referrals assessed	-	45	46	56
Number of S136 detentions over 24 hours	0	1	4	3
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	75.0%	36.1%	24.7%	30.6%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	87.1%	80.4%	88.0%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	41.2%	42.7%	44.3%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Jun 2022	Jul 2022	Aug 2022
Gender Identity Service: Number on waiting list	-	3,626	3,666	3,718
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days **	-	34.34	20.85	-
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	78.9%	55.3%	75.6%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	16.9%	-	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	38.9%	-	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	50.0%	-	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for bio psychosocial assessment (quarterly)	85.0%	54.1%	-	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	766	727	-	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	17.6%	-	-
Services: Our acute patient journey	Target	Jun 2022	Jul 2022	Aug 2022
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	88.9%	81.7%	88.7%
Crisis Assessment Unit (CAU) length of stay at discharge	-	10.38	10.33	7.18
Liaison In-Reach: attempted assessment within 24 hours	90.0%	86.5%	85.8%	74.3%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	98.2%	97.6%	97.5%
Becklin Ward 1 (Female)	-	97.0%	96.8%	98.2%
Becklin Ward 3 (Male)	-	98.6%	99.1%	99.3%
Becklin Ward 4 (Male)	-	96.5%	96.9%	96.9%
Becklin Ward 5 (Female)	-	101.8%	98.1%	94.4%
Newsam Ward 4 (Male)	-	96.8%	97.2%	98.8%
Older adult (total)	-	85.1%	87.8%	94.2%
The Mount Ward 1 (Male Dementia)	-	90.6%	96.0%	95.8%
The Mount Ward 2 (Female Dementia)	-	79.6%	80.4%	94.4%

Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Jun 2022	Jul 2022	Aug 2022
The Mount Ward 3 (Male)	-	86.9%	89.2%	92.2%
The Mount Ward 4 (Female)	-	83.1%	85.2%	95.0%
Percentage of delayed transfers of care	-	12.3%	10.7%	9.6%
Total: Number of out of area placements beginning in month	-	2	3	1
Total: Total number of bed days out of area (new and existing placements from previous months)	140	158	166	122
Acute: Number of out of area placements beginning in month	-	0	0	0
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	11	42	15
PICU: Number of out of area placements beginning in month	-	2	2	1
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	87	34	14
Older people: Number of out of area placements beginning in month	-	0	1	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	60	90	93
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90.0%	67.9%	-	-
Services: Our Community Care	Target	Jun 2022	Jul 2022	Aug 2022
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	83.3%	81.5%	83.9%
Percentage of inpatients followed up within 3 days of discharge (CCG commissioned services only)	80.0%	84.3%	80.7%	86.1%
Number of service users in community mental health team care (caseload)	-	3,992	3,927	3,886
Percentage of referrals seen within 15 days by a community mental health team	80.0%	83.4%	81.7%	82.5%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	74.9%	70.3%	67.5%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	63.9%	55.9%	58.9%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	69.2%	93.3%	78.9%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	58.3%	-	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	39.5%	-	-
Services: Clinical Record Keeping	Target	Jun 2022	Jul 2022	Aug 2022
Percentage of service users with NHS Number recorded	-	99.1%	98.9%	98.9%
Percentage of service users with ethnicity recorded	-	75.3%	75.3%	74.9%
Percentage of service users with sexual orientation recorded	-	30.9%	31.1%	31.0%
DQMI (MHSDS) % Quality %	95.0%	88.1%	92.2%	91.4%

* SPA calls answered within 1 minute includes calls to the 0800 number only from April 2022.

** Reporting of the Deaf CAMHS time to first contact measure has recommenced as of April 2022 following work by the service to resolve some recording issues affecting this indicator.

Quality and Workforce metrics: Tabular overview

Services: Clinical Record Keeping	Target	Jun-22	Jul-22	Aug-22
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	Mar	Apr	May
		88.1%	79.8%	91.4%
Percentage of service users with ethnicity recorded	-	75.2%	75.1%	74.8%
Percentage of service users with sexual orientation recorded	-	30.6%	30.8%	30.9%
Quality: Our effectiveness	Target	Jun-22	Jul-22	Aug-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	-	6	56	9
Quality: Caring / Patient Experience	Target	Jun-22	Jul-22	Aug-22
Friends & Family Test: Positive experience of care (total responses received)	-	87%(167)	91%(125)	88%(127)
Mortality:				
· Number of deaths reviewed (incidents recorded on Datix)*	Quarterly	79	-	-
· Number of deaths reported as serious incidents	Quarterly	3	-	-
· Number of deaths reported to LeDeR	Quarterly	0	-	-
Number of complaints received	-	8	15	16
Percentage of complaints acknowledged within 3 working days	-	100%	100%	100%
Percentage of complaints allocated an investigator within 3 working days	-	50%	73%	38%
Percentage of complaints completed within timescale agreed with complainant **	-		100%	100%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	170	176	194

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.

** 6 of 16 complaints allocated within 3 days, delay due to ensuring matix system operational and up to date.

Quality and Workforce metrics: Tabular overview

Quality: Safety	Target	Jun-22	Jul-22	Aug-22
Number of clinical and non-clinical incidents reported on Datix	-	1,183	1,254	1,242
Percentage of suspected suicide incidents reported within 48 hours of identification	100%	100%(1)	100%(2)	0%(0)
Number of Self Harm Incidents	-	93	139	167
Number of Violent or Aggressive Incidents	-	133	135	138
Number of never events	-	0	0	0
Number of physical restraints *	-	354	317	320
No. of patients detained under the MHA (includes CTOs/conditional discharges)	-	536	550	542
Adult acute including PICU: % detained on admission	-	67.3%	63.0%	76.7%
Adult acute including PICU: % of occupied bed days detained	-	89.8%	91.2%	85.8%
Number of medication errors reported on Datix	Quarterly	161	-	-
Percentage of medication errors resulting in no harm	Quarterly	93%	-	-
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	22.3%	-	-
Safeguarding Children: Number of advice calls received by the team	Quarterly	46	-	-
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	39.4%	-	-
Number of falls related to patients reported on Datix	-	60	65	53
Number of Pressure Ulcers occurring or worsening within inpatient or SSL services	-	0	1	0

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

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

Quality and Workforce metrics: Tabular overview

Our Workforce	Target	Jun-22	Jul-22	Aug-22
Percentage of staff with an appraisal in the last 12 months	85%	64.6%	65.5%	67.0%
Percentage of staff with a wellbeing assessment completed	-	88.0%	89.0%	89.0%
Percentage of mandatory training completed	85%	86.2%	85.9%	85.2%
Safeguarding: Prevent Level 3 training compliance (quarter end snapshot)	85%	93.0%	-	-
Percentage of staff receiving clinical supervision	85%	61.9%	49.9%	55.6%
Staff Turnover (Rolling 12 months)	8-10%	10.6%	10.6%	10.4%
Sickness absence rate in month	-	6.0%	6.5%	6.2%
Sickness absence rate (Rolling 12 months)	4.9%	6.2%	6.3%	6.3%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	11.0%	11.3%	11.5%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	34.0%	33.3%	33.1%
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	-	94	838	513
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	18.8%	20.4%	19.4%
Medical Consultant Vacancies (number)	-	16.3	17.7	16.8
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	24.7%	24.9%	29.5%
Medical Career Grade Vacancies (number)	-	11.4	11.5	13.6
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	12.8%	12.9%	0.0%
Medical Trainee Grade Vacancies (number)	-	13.4	13.5	0.0
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	45.0%	46.0%	48.0%
Band 5 inpatient nursing vacancies (number)	-	116.9	119.2	123.9
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	10.0%	13.0%	11.0%
Band 6 inpatient nursing vacancies (number)	-	11.4	15.0	12.0
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	44.4%	46.6%	49.2%
Band 5 other nursing vacancies (number)	-	41.1	43.1	45.5
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	10.4%	11.1%	12.2%
Band 6 other nursing vacancies (number)	-	35.0	37.2	40.9
Percentage of vacant posts (Trustwide; all posts)	-	15.4%	15.3%	14.9%
Bank Agency Spend YTD (Cost)	-	4,938,930	6,538,748	8,381,493
Bank Agency Spend YTD (%)	-	13.0%	13.0%	13.0%
		Jul	Aug	Sep
Number of staff vaccinated for Covid19 (first dose)*		3,629	3,613	3,605
Percentage of staff vaccinated for Covid19 (first dose)*		92%	90%	89%
Number of staff vaccinated for Covid19 (second dose)*		3,510	3,487	3,465
Percentage of staff vaccinated for Covid19 (second dose)*		89%	87%	86%
Number of staff vaccinated for Covid19 (booster dose)*		2,840	2,828	2,821
Percentage of eligible staff vaccinated for Covid19 (booster dose)*		81%	81%	81%

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

* Sep data as at 26/09/22

Trust Board Assurance: Key discussions, issues and actions

Points to note:

We continue to have sustained challenges across our much of Care Services because of workforce availability (absence and increasing levels of vacancies), high levels of demand for access into services and ongoing recovery of Covid related backlogs.

We have mitigating and monitoring actions in place to minimise the impact on the safety and quality of care we deliver to the people who use our services. (An improved process evaluating the quality impact of ongoing workforce challenges is being developed as part of the Safer Staffing arrangements we have in place and will be reported thematically through the autumn and winter period).

One area of most concern currently, and has been for some time, is the Community and Wellbeing Service. Across the Health and Social Care system in Leeds we continue to operate in 'Silver' command. We continue to experience system pressures at various times, often linked with ongoing Covid infection rates. This approach enables us to respond immediately to these system pressures and take necessary action to support the wider system. More latterly the focus has been on the forthcoming Winter Planning, to identify where we expect the pressures to be and how we might respond as an Organisation, Leeds System and wider into the ICB system.

As a result of the continued challenges and pressure on services, performance is affected in some areas. Whilst some improvements against key performance indicators have been seen in some services, consistency, and improvement in other areas of the Trust is a fluctuating picture.

Areas where performance has been impacted/are below target are 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 to Community Learning Disability Teams seen within 4 weeks and the percentage of referrals to the Memory Assessment Service (MAS) seen within 8 weeks.

However, there are some services where, despite significant challenges, access and response standards have been maintained. They include the percentage of referrals to the Early Intervention in Psychosis service seen within 2 weeks, the percentage of referrals to Community Mental Health Teams seen within 15 days, the percentage of referrals to MAS with a diagnosis recorded within 12 weeks and the percentage of inpatient discharges followed up within 3 days.

Performance against the Crisis assessment within 4-hour response has increased in August to 30.6% but remains well below the standard we work to. The service continues to report that in reality they are seeing considerably more people in Crisis on a face to face basis than those reported. Work has identified a process issue between Clinical Triage within SPA and the Crisis Assessment team. This is now being addressed and it is anticipated that this delay in the process will be resolved within the next two months at which point the service will a significant increase in the reported response rates. A recovery trajectory is being finalised and will be available to member of the Finance and Performance Group in October 2022/November 2022.

The percentage of referrals seen within 4 weeks of receipt of referral saw a significant dip down to 55 % in July due to some very particular and unexpected absences and pressures in the team. The compliance has recovered in August to a more usual 75% (although still short of the 90% target). Due to the small numbers involved this only equates to around 6 patients with good reasons for not meeting the target timescale, mostly related with delays in getting adequate information to determine eligibility. We have also had a recent meeting with the Leeds ICB about service specifications and a discussion took place about how relevant and meaningful this target is with a view to moving towards a more outcome focussed set of measures.

Key issues, risks and actions:

As part of the reset and recovery of Care Services work, services have been using some of the available national demand and capacity modelling tools. Services have started this work and it is providing good insight into the management of waiting lists, the resources required to bring them back to sustainable levels, the length of time it will take to reach a position of recovery to business as usual and has highlighted where more focus is needed on recording of information. A presentation with updates on this work was given to Heads of Operations, with an invitation to take up the offer of support in this area reiterated to services that have yet to participate.

Updates on action plans and progress against these, will be presented as part of the CQPR Appendix accompanying the Chief Operating Officer Report tabled at public board meetings. The August report is the second report to include this section, for which services have provided an update on their plans to address backlogs and address waiting times.

The Coronavirus pandemic is still being treated as a level 3 incident by NHS England. The Trust is required to provide daily situation reports covering covid cases, symptomatic cases, numbers of beds and instances of no right to reside. Weekly situation reports covering lateral flow stocks and lateral flow test results. Predictions from the government's Scientific Pandemic Influenza Group on Modelling (SPI-M) are suggesting another wave of covid this winter coupled with a resurgence of influenza. Therefore, it is unlikely that any relaxation of incident levels will be made or if made will persist throughout the coming winter.

The Trust is currently developing its winter plan in response to NHS England directions. Guidance received on 12 August 2022 helps frame some of the objectives on this year's plan. For example: 1) Planning around tackling an assumed new surge in covid variants and the seasonal influenza via vaccination programmes 2) Increasing capacity outside acute hospitals 3) Ensuring timely discharge 4) Provision of better support at home – adoption of virtual ward initiatives. This year's plan is going to be led by data in a more fundamental way than in some previous years. This is particularly true in terms of the two greatest challenges the Trust is likely to face this winter: a) Staffing disruption and low numbers – The workforce information team are being asked to prepare some long-term predications of staffing through until March 2023 based on three different scenarios. b) Capacity and surge – Informatics are being asked to model expected demand for beds through the coming winter to identify any pressure points and areas where advanced planning may be prudent. The plan will include EPRR considerations around severe winter weather and potential disruptions. We anticipate sharing of our arrangements for winter in October 2022 initially through our Finance and Performance Committee.

The cyber-attack (Ransome Ware) that affected one/Advanced on 4 August 2022 continues to cause massive disruption to affected providers. The trust was not directly affected by this attack although the impact on Carenotes system affected a significant number of Mental Health Trusts in the country. The impact and scale of the attack brings with it the realisation that absolute protection for NHS systems is not possible and hence a focus on impact limitation, additional supporting strategies and planning for recovery are key tools. This is about business continuity and both care and corporate services clearly understanding the impact a cyber-attack will have on their ability to maintain critical parts of their services.

Exercise Arcadia was a multi-agency tabletop exercise held on 5th September 2022. The purpose was to assess the Northeast and Yorkshire Low and Medium secure decant plan that has been in development during 2022 was fit for purpose to go forward to be finalised and approved by signatory organisation. The exercise was run via an MS Teams meeting attended by providers, commissioners and ICBs from across West, South and East Yorkshire / Humberside. A debrief report will be prepared for later in 2022 but preliminary issues identified were about the complexity of a secure services mental health decant. The need to engage with regulators and the ministry of justice to ensure there is wider understanding of chosen relocation sites. Finally, the expectation that the loss of a single ward would potentially mean that the incident became a national level 3 incident as a solution may be needed at national level.

Trust Board Assurance: Key discussions, issues and actions

Points to note:

Bed occupancy within the Adult Acute inpatient service in August has decreased slightly to 97.5%, falling within the target range of 94-98%. Length of stay in Adult Acute services is continuing to increase which has previously reflected the situation with delayed transfers of care in the service. In recent weeks we have seen a reduction in DTOC combined with increased LOS which correlates with clinical reports of admitted people being more unwell requiring longer periods of crisis recovery and stabilisation.

Out of Area Placements continue to be at a level below the agreed trajectory. The ongoing work of the Capacity and Demand team together with clinicians and managers, continues to result in very few people being admitted out of area. We saw a slight increase in demand in July as a response to ward closures, due to Covid and high demand for beds.

The percentage of inpatient bed days where the service user's transfer of care or discharge has decreased in August to 9.6%. Within the Adult Acute service, the reasons for these delays range from Ministry of Justice restrictions, housing, community packages of care and access to specialist placements. In Older Adult services, which carries most of the Trust's delays, these are related to sourcing residential or nursing placements.

Appraisal rates show a small improvement in August at 67.0% and at the end of the month 89% of staff had received a recent wellbeing assessment through our Staff Wellbeing Framework, consistent with previous months. Compliance has been stable over recent months and is meeting the target of 85% with performance for mandatory training compliance in August achieving 85.2%. Clinical supervision is showing a noticeable improvement in August with 55.6% of eligible staff receiving clinical supervision, following the lowest level reported during the 13-month period in July 22. The Trust's system for recording mandatory training, appraisal and clinical supervision, iLearn, has been undergoing a programme of upgrades between May and August, including periods of unavailability which will have affected compliance.

Key issues, risks and actions:

Trust Board Discussion Summary:

The last LYPFT Public Meeting of the Board of Directors (BoD) was held in person on 29th September 2022. The Chief Operating Officer (COO) presented the Chief Operating Officer report to the group. The COO noted the continued pressure under which the Leeds health system is operating, which is reflected in the silver command status in place across the city. Escalations and meetings to sustain flow across the health and care system have been necessary reflecting the level of pressure across services. At the time of the meeting, Leeds Teaching Hospitals Trust (LTHT) were operating at OPEL level 4 and LYPFT were operating at OPEL level 3 escalating. The COO commended the work of all staff involvement in planning for and meeting the needs of services during the bank holiday which was announced with little prior warning.

The COO has received a report on phase one of the system flow work which describes a stabilising position but it is unclear if improvements will be seen over the winter.

In Leeds two Admiral Nursing posts have been secured which will support people living with dementia to make sure the right discharge packages of care are in place so people can return home rather than go into long term residential care. The Frailty Board is looking at the future of dementia care in Leeds. The first step as a city is to look at how the strategic plan is developed for dementia care.

Finance & Performance (F&P) Committee are looking at increasing training and development for on-call managers and managers in services in relation to Emergency Planning, Readiness and Response (EPRR). F&P Committee will be linked into the winter plan work, and are working alongside Leeds City Council on the cost of living response.

In the area of Performance and Delivery, significant workforce challenges remain in CMHTs where the situation with substantive posts is stabilising but not improving. Adult services are operating with vacancies for approximately 50% of the registered nursing posts. The Trust is developing partnerships with the 3rd sector and have recruited 16 people with an improved position anticipated by the end of this year. Progress against the improvement plan in Older Adult services is slower than expected and in Forensic Services, work with colleagues across West Yorkshire is ongoing to improve workforce availability. Achievement of the S136 3-hour assessment standard is proving challenging due to the availability of medical staff availability, changes in staff and annual leave. The timescales within which people are being seen is quite varied.

**AGENDA
ITEM**

13

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Report from the Chair of the Workforce Committee
DATE OF MEETING:	1 November 2022
PRESENTED BY: (name and title)	Helen Grantham – Non-executive Director and Chair of the Workforce Committee
PREPARED BY: (name and title)	Helen Grantham – Non-executive Director and Chair of the Workforce Committee

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

EXECUTIVE SUMMARY

This report provides an overview of the Workforce Committee and covers the meetings from 2 December 2021 to 6 October 2022. It outlines the role of the Committee, including recent activity and future plans.

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

RECOMMENDATION

The Council of Governors is asked to:

- Note this report for information and assurance.

Workforce Committee Report for the Council of Governors

November 2022

1. Background

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

The Workforce Committee does not oversee everyday operational human resources (HR) and workforce matters but focusses on gaining assurance on the development and implementation of the Trust's People Plan and associated workforce strategies.

It takes a key role in gaining assurance that the Trust is meeting the national requirements for a Wellbeing Guardian. Furthermore, the Committee maintains awareness of national, regional, and local developments relating to workforce, to learn from best practice and to be prepared for significant workforce issues.

In seeking assurance, the Committee monitors data, and metrics in relation to the workforce and has input to the development and review of key HR policies and procedures.

2. Programme of Meetings

The Committee formally reconvened in October 2020 following the Covid-19 pandemic. It continues to meet virtually on a bi-monthly basis with Executive Directors and HR Leads for key projects along with guest speakers on specific topics. This has included several professional clinical leaders and the Director of Leeds Strategic Workforce.

3. Summary of Key Activity of the Workforce Committee (November 2021 to 2022)

The priorities for the Committee over the last year included the finalisation of the Trust's People Plan, assurance of appropriate organisational development (OD) and HR capacity and governance, and revision of Strategic Risk 3 of the Board Assurance Framework to better reflect the key workforce risks and priorities. These fundamental pieces of work have all been completed and provide a sound basis for the delivery of workforce priorities going forward.

- Strategic Risk 3: *There is a risk that we fail to deliver a culture and environment that recruits, retains, and attends to the wellbeing of staff to enable them to be their best and deliver quality services now and in the future.*

In addition to having oversight of this underpinning work the Committee receives a wide variety of reports and assurances.

4. Reports and Assurances:

- a. The Director of People and Organisational Development provides a report to each meeting that summarises the work of the different groups of the People and Organisational Development Governance Framework (see appendix one) which provides

assurance on the implementation of the People Plan as well as an opportunity to discuss specific risks and challenges.

- b. The Committee considers all available workforce data at each meeting. Assurance has been gained that the OD/HR leads and managers are regularly and consistently considering granular data at service and team levels with regard to key workforce metrics including attendance, vacancies, and development so as to inform initiatives and actions.
- c. There is now regular reporting against the People Plan with a specific performance dashboard that continues to develop and includes qualitative and quantitative measures.
- d. A key role of the Committee is that of 'Wellbeing Guardian'. Significant assurance has been provided that the Trust is fulfilling, and in many ways exceeding, the requirements of the Wellbeing Guardian Framework. Notable highlights would be the introduction of a Critical Incident Staff Support Pathway (CrISSP) to support staff with potentially distressing clinical events at work, development of Menopause friendly policies, work to implement the Violence Prevention and Reduction Standard and improvements to working environments.
- e. A report was received on the Trust's approach to workforce planning with a further update due in December 2022.
- f. Reports on the development and implementation of a range of related professional workforce strategies are now received by the Committee; these include the Nursing Workforce Strategy, the Medical Workforce Strategy, the Allied Health Professions Strategy, and the Strategy for Psychological Professions. These have provided assurance on the work being done to develop innovative career pathways and development support for staff. This is fundamental to creating a sustainable workforce and for developing shared learning on recruitment and retention initiatives.
- g. The Committee continues to receive the Staff Survey results and welcomed the significant work done to survey the views of Bank Staff. This work has influenced the adoption of a Bank Staff Survey at a national level by NHS England/Improvement.
- h. The Committee received a report on the Workforce Race Equality Standard (WRES) data, Workforce Disability Equality Standard (WDES) data and Gender Pay Gap data for the period 2021/2022. It was assured on progress and ongoing actions.
- i. Assurance has been provided regarding training placement capacity in the Trust's medical and nursing workforces. The Committee has also been provided with updates regarding the revised Clinical Leadership and Professional Leadership structures.
- j. The Committee continues to have oversight of performance relating to mandatory training, appraisals, wellbeing assessments, and supervision. It welcomed the implementation of the new Learning Management System in June 2022 and the work carried out to improve appraisals compliance and the launch of the new appraisal platform in September 2022.

5. Looking Forward

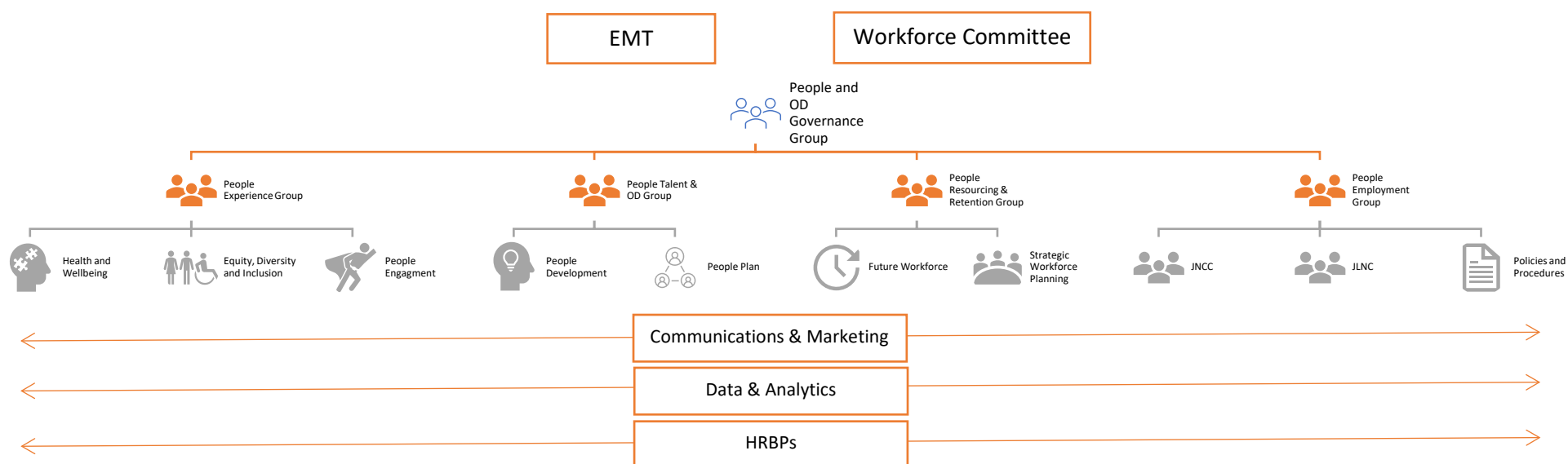
The Committee now feels that the Trust has robust arrangements in place to implement the People Plan and our priorities to be a good employer. There are many challenges, not least to ensure the recruitment, retention, and development of the workforce we need now and into the future to provide quality services. These challenges as articulated in the Strategic Risk will inform the work programme of the Committee going forward.

In addition to regular reports and assurances, the December meeting will see a focus on recruitment, retention, and career pathways and in February there will be a focus on learning and development as well as management and leadership.

There will be continued focus on developing a culture dashboard and ensuring metrics and performance reporting is appropriate and informative.

Helen Grantham,
Non-Executive Director
Chair of the Workforce Committee

People and Organisational Development Governance Structure



**AGENDA
ITEM**

14

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Process for the upcoming elections to the Council of Governors
DATE OF MEETING:	1 November 2022
PRESENTED BY: (name and title)	Kerry McMann, Head of Corporate Governance
PREPARED BY: (name and title)	Kerry McMann, Head of Corporate Governance

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

EXECUTIVE SUMMARY
<p>The Council of Governors is advised that the following seats are currently vacant will be included in the next round of elections:</p> <ul style="list-style-type: none"> • Public: Leeds (1 seat) • Public: Rest of England and Wales (1 seat) • Carer: York and North Yorkshire (1 seat) • Service user and Carer: Rest of UK (1 seat) • Staff Clinical: Leeds and York & North Yorkshire (1 seat) <p>The Council is asked to note that the following seats currently have elected governors in office, and they will come to the end of their term of office on the 19 March 2023. These governors are eligible to stand for election again should they wish to do so:</p> <ul style="list-style-type: none"> • Mark Clayton (Carer: Leeds) • Peter Holmes (Service User: Leeds) <p>The Council should be aware that if these governors are re-elected, their next term of office will not start until the 27 March 2023. This is because we have delayed the start of the election to avoid the festive period. We are proposing that for any governor who wishes to stand for re-election, that they stay on the Council in a non-voting capacity between the 19 March 2023 and the 27 March 2023. Although there will be no formal meetings during this 8-day period, governors will continue to receive information. Therefore, we will be asking any governor who stands for re-election to sign a confidentiality agreement for the information they receive during the 8-day period.</p>

The Council is also asked to note that the following seat currently has an elected governor in office, and they will also come to the end of their final term of office on the 19 March 2023. The following governor has completed three terms of office and is therefore not eligible to stand for election again:

- Staff Clinical: Leeds and York & North Yorkshire – Andy Johnson

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

ELECTION STAGE	DATE
Notice of Election / nomination open	Tuesday, 10 Jan 2023
Nominations deadline	Tuesday, 7 Feb 2023
Summary of valid nominated candidates published	Wednesday, 8 Feb 2023
Final date for candidate withdrawal	Friday, 10 Feb 2023
Notice of Poll published	Tuesday, 28 Feb 2023
Voting packs despatched	Wednesday, 1 Mar 2023
Close of election	Friday, 24 Mar 2023
Declaration of results	Monday, 27 Mar 2023

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

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

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

RECOMMENDATIONS

The Council of Governors is asked to agree the timetable for the forthcoming elections to the Council of Governors which will conclude on the 27 March 2023.

**AGENDA
ITEM**

15.1

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Review of the Council of Governors' Terms of Reference
DATE OF MEETING:	1 November 2022
PRESENTED BY: (name and title)	Cath Hill, Associate Director for Corporate Governance
PREPARED BY: (name and title)	Rose Cooper, Corporate Governance Officer

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		
SO1	We deliver great care that is high quality and improves lives	✓
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 is reminded that in accordance with its Terms of Reference it is required to review these annually to ensure they still meet the needs of the Council. The Terms of Reference are based on the Trust's Constitution and the NHS Act 2006 and as such does not normally change in terms of its duties or rules governing the running of the Council.

However, since the Terms of Reference were last reviewed, the following paragraph has been added to the section on non-quorate meetings:

Due to the length of time between meetings, any decisions made at non-quorate meetings can be circulated to governors for endorsement via email ahead of the next available meeting. A quorate number of governors (at least one third of the whole number of governors elected or appointed) must respond and confirm their support for the decision(s) to be agreed. This will also be recorded in the minutes of the next meeting.

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

RECOMMENDATION

The Council is asked to:

- Be assured that the Terms of Reference have been reviewed to ensure they continue to be fit for purpose
- Approve the update to the section on non-quorate meetings.

Council of Governors

Terms of Reference

(To be ratified by the Council of Governors on the 1 November 2022)

1 NAME OF GROUP

Council of Governors

2 COMPOSITION OF THE COUNCIL

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

Membership is set out below.

Elected Governors

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

Appointed Governors

Local Authority Governors

City of York Council	1
Leeds City Council	1

Partner Organisation Governors

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

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

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

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

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

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

3 QUORACY

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

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

Non-quorate meeting: Non-quorate meetings may go ahead unless there has been an instruction from the Chair not to proceed with the meeting. **Due to the length of time between meetings, any decisions made at non-quorate meetings can be circulated to governors for endorsement via email ahead of the next available meeting. A quorate number of governors (at least one third of the whole number of governors elected or appointed) must respond and confirm their support for the decisions to be agreed. This will also be recorded in the minutes of the next meeting.**

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

4 MEETINGS OF THE GROUP

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

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

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

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

Minutes: The Associate Director for Corporate Governance shall ensure the minutes of the meeting are taken and will also ensure these are presented to the next Council of Governors' meeting.

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

5 AUTHORITY

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

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

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

6 ROLE OF THE GROUP

6.1 Purpose of the Group

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

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

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

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

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

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

6.3 Duties of the Council of Governors

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

- Hold the non-executive directors to account (both collectively and individually) for the performance of the Board of Directors
- Represent the interests of the members of the Trust as a whole and the interests of the public
- Influence the forward plans of the Trust
- Appoint and, if appropriate, remove the Chair
- Appoint and, if appropriate, remove the other non-executive directors
- Decide the remuneration and allowances, and the other terms and conditions of office, of the Chair of the Trust and the other non-executive directors
- Approve the appointment of the Chief Executive

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

The Council of Governors is also responsible for:

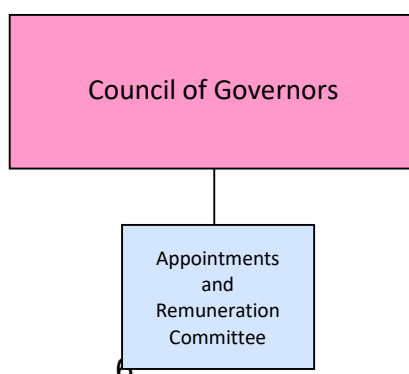
- Considering complaints about any member of the Trust in accordance with Annex 9 of the Constitution and take action which may include expulsion from the membership of the Trust
- Ratifying the removal of any member of the Council of Governors for any reason as set out in Annex 6 of the Constitution

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

7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES

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

The sub-committee structure is detailed below.



8 DUTIES OF THE CHAIRPERSON

The Chair of the Council shall be responsible for:

- Agreeing the agenda with the Corporate Governance Team as directed by the Associate Director for Corporate Governance
- Directing the conduct of the meeting ensuring it operates in accordance with the Trust's values
- Giving direction to the secretariat
- Ensuring all governors have an opportunity to contribute to the discussion
- Ensuring the agenda is balanced and discussions are productive, and when they are not productive they are efficiently brought to a conclusion
- Deciding when it is beneficial to vote on a motion or decision
- Checking the minutes
- Ensuring sufficient information is presented to the Board of Directors in respect of the matters discussed by the Council and ensuring that issues raised by the Board of Directors are appropriately reported to the Board.

9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

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

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

**AGENDA
ITEM**

15.2

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Annual Cycle of Business for 2023
DATE OF MEETING:	1 November 2022
PRESENTED BY: (name and title)	Cath Hill, Associate Director for Corporate Governance
PREPARED BY: (name and title)	Rose Cooper, Corporate Governance Officer

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

EXECUTIVE SUMMARY

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

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

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

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

RECOMMENDATION

The Council of Governors is asked to:

- Be assured that the Annual Cycle of Business includes all the statutory duties which the Council must carry out
- Be assured that the areas which governors have asked to be kept informed on have been captured in the Annual Cycle of Business
- Note and approve the Annual Cycle of Business for 2023.

Annual Cycle of Business 2023 – Council of Governors

	Lead	2 February	9 May	4 July	Ann Members' Meeting – 25 July	Board to Board – 18 September	2 November
Welcome, apologies and standing items							
Apologies	-	X	X	X	X	X	X
Questions from the public (Annual Members' Meeting)	-				X		
Minutes of the last meeting	CG	X	X	X	X		X
Minutes of the Annual Members' Meeting (For information)	CG						X
Matters arising	-	X	X	X			X
Cumulative Action Log	CG	X	X	X			X
Chair's Report (to include: NED and governor visits; governor non-attendance)	CHi	X	X	X			X
Chief Executive Report	SM	X	X	X			X
Lead Governor Report	LF	X	X	X			X
Quarterly Quality and Performance Update Report	EN	X	X	X			X
Financial Update	DH	X	X	X			X
Council of Governors' Statutory Duties (annual)							
Remuneration of the Chair of the Trust and the other non-executive directors (to ratify) Link to Appointments and Remuneration Committee (ARC) cycle	CHi	As required					
Appointment of the Deputy Chair of the Trust (to ratify) Link to ARC cycle	CHi	As required - next due 1 April 2023 (paper to February 2023 meeting)					
Presentation of the annual report and accounts and any report on them (to receive)	CHi				X		
Signed Auditors' Report on the Annual Accounts	CHi				X		
Presentation by the Auditors on their findings from the audit of the accounts	KPMG			X			
Agree the arrangements for the Annual Members' Meeting	OT		X				

	Lead	2 February	9 May	4 July	Ann Members' Meeting – 25 July	Board to Board – 18 September	2 November
Council of Governors' Statutory Duties (as and when)							
Appointment/removal of the Chair of the Trust (to ratify) PRIVATE MEETING Link to ARC cycle	CHi	As required					
Appointment/removal of the other non-executive directors (to ratify) PRIVATE MEETING Link to ARC cycle	CHi	As required					
Approve the appointment of the Chief Executive (to approve – support)	CHi	As required					
Appointment of the external auditor (to ratify)	CHi	Current contract extended to 30 June 2024 (break clause up to 1 March 2023)					
Amendments to the Constitution (to ratify)	CHi	As required					
Approval of any significant transactions	CHi	As required					
Approval of an application for a merger with or acquisition of another foundation trust (FT) or NHS Trust	CHi	As required					
Approval of an application for the dissolution of the FT	CHi	As required					
Approval of a proposal to increase non-NHS income by 5% or more	CHi	As required					
Council of Governors' non-statutory duties (scheduled)							
Agree the process for the performance evaluation of the Chair of the Trust and the other NEDs	CHi	As required					
Receive the Strategic Plan priorities	SM	As required					
Receive the Trust's Draft Strategic Plan	SM	As required					
Staff Survey Results	DS		X				
Presentation of the agreed governor objectives and workplan for 2023/24	CHi		X				
Annual Members' Meeting – thematic report and analysis	OT						X
Board sub-committee report	NEDs	QC & MHL	F&P	AC			W/F

	Lead	2 February	9 May	4 July	Ann Members' Meeting – 25 July	Board to Board – 18 September	2 November
Annual Strategic Risk Analysis	CHI	X					
Ratify changes to the Terms of Reference of the Appointments and Remuneration Committee	CHI	As required					
Agree with the Audit Committee the process for appointment/removal of the external auditor	MW	Current contract extended to 30 June 2024 (break clause up to 1 March 2023)					
Agree who should be appointed as the Lead Governor	CHI	As required - next due November 2023					
Be consulted on the appointment of the Senior Independent Director	CHI	As required - next due April 2024					
Agree the process for the appointment of the Chair of the Trust and the other NEDs	CHI	As required					
Ratify the removal of a governor from the Council of Governors	CHI	As required					
Approve the establishment / disbanding of Council of Governors sub-committees	CHI	As required					
Holding the Non-executive Directors to Account (monthly / annual)							
Receive a high-level report on the outcome of the NED and Chair appraisals (Link to ARC cycle) PRIVATE MEETING	CHI						X
Make a report to members on how they have carried out their duties	CHI				X		
NEDs Annual Declaration of Interests, Fit and Proper Declarations and Independence (as reported to Board)	CHI		X				
Council of Governors' Administrative Business							
Approval of the Council of Governors' Annual Cycle of Business	CG						X
Receive future meeting dates	CG						X
Review the Council of Governors' Terms of Reference	CG						X
Review the Declarations of Interest and Register of Interests for Governors	CHI		X				

	Lead	2 February	9 May	4 July	Ann Members' Meeting – 25 July	Board to Board – 18 September	2 November
Review of Policies and Procedures and governance documents relating to the Council of Governors (as and when)							
Procedure for the Reimbursement of Expenses for Governors (CG-0000)	CHi	As required					
Code of Conduct and Standards of Behaviour for Governors (CG-0001)	CHi	As required - next due July 2025					
Council of Governors' Meeting Etiquette Procedure (CG-0010)	CHi	As required - next due November 2024					
Role Description for the Council of Governors and a Governor	CHi	As required - if refreshed					
Role Description for the Lead Governor	CHi	As required - if refreshed					

Related documents:

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

**AGENDA
ITEM**

15.3

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	2023 and 2024 Meeting Dates
DATE OF MEETING:	1 November 2022
LEAD DIRECTOR: (name and title)	Cath Hill, Associate Director for Corporate Governance
PAPER AUTHOR: (name and title)	Rose Cooper, Corporate Governance Officer

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

EXECUTIVE SUMMARY

The purpose of this paper is to confirm the 2023 and 2024 dates for the Council of Governors' meetings, including the Annual Members' Meeting and the Board to Board.

2023

DATE	START TIME OF PUBLIC COUNCIL OF GOVERNORS	VENUE FOR COUNCIL OF GOVERNORS MEETING
Thursday 2 February 2023	13.00 (Governor pre-meet 12.30)	Create@2 room, Horizon, 2 Brewery Wharf, Kendall St, Leeds LS10 1JR
Tuesday 9 May 2023	13.00 (Governor pre-meet 12.30)	Cheer Room, The Studio, Riverside West, Whitehall Road, Leeds LS1 4AW
Tuesday 4 July 2023	13.00 (Governor pre-meet 12.30)	Cheer Room, The Studio, Riverside West, Whitehall Road, Leeds LS1 4AW
Tuesday 25 July 2023 (Annual Members' Day)	To be confirmed (all day)	To be confirmed
Monday 18 September 2023 (Board to Board meeting which will be held in private)	To be confirmed (all day)	Cheer Room, The Studio, Riverside West, Whitehall Road, Leeds LS1 4AW
Thursday 2 November 2023	15.30 (Governor pre-meet 15.00)	Annual virtual meeting (Zoom)

2024

DATE	START TIME OF PUBLIC COUNCIL OF GOVERNORS	VENUE FOR COUNCIL OF GOVERNORS MEETING
Thursday 1 February 2024	13.00 (Governor pre-meet 12.30)	To be confirmed
Tuesday 7 May 2024	13.00 (Governor pre-meet 12.30)	To be confirmed
Tuesday 2 July 2024	13.00 (Governor pre-meet 12.30)	To be confirmed
Tuesday 30 July 2024 (Annual Members' Meeting)	To be confirmed (all day)	To be confirmed
Monday 16 September 2024 (Board to Board meeting which will be held in private)	To be confirmed (all day)	To be confirmed
Thursday 7 November 2024	15.30 (Governor pre-meet 15.00)	Annual virtual meeting (Zoom)

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

We have also listened to the comments of governors who have competing daytime commitments and have scheduled the virtual November meeting as a twilight meeting. This has a start time of 3.30pm and a finish time of 6.30pm (it should be noted that the Governors' pre-meeting will start at 3.00pm). It was felt that holding the twilight meeting between these times would mean that staff or service users who are invited to present papers will not be asked to work or attend much outside normal hours. We will continue to keep this arrangement under review to ensure it is meeting the needs of all those involved in our meetings.

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

RECOMMENDATION

The Council of Governors is asked to note:

- The meeting dates for 2023 and 2024.