

PUBLIC MEETING OF THE COUNCIL OF GOVERNORS
will be held at 1pm on Thursday 2 February 2023
in the Create@2 Room, Horizon Leeds, 2 Brewery Wharf,
Kendall Street, Leeds, LS10 1JR

A G E N D A

LEAD

| | | |
|-----------|--|--|
| 1 | Welcome and introductions (verbal) | Merran McRae |
| 2 | Sharing Stories: Introduction to the Northern Gambling Service and its use of outcome measures (presentation) | Matthew Gaskell |
| 3 | Apologies for absence (verbal) | Merran McRae |
| 4 | Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (paper to read) | Merran McRae |
| 5 | Minutes | Merran McRae |
| | 5.1 Minutes of the public Council of Governors' meeting held on the 1 November 2022 (paper to read) | Merran McRae |
| 6 | Matters arising (verbal) | Merran McRae |
| 7 | Cumulative Action Log – actions outstanding from previous public meetings (paper to read) | Merran McRae |
| 8 | Chair's Report (paper to read) | Merran McRae |
| 9 | Chief Executive Report (verbal) | Dr Sara Munro |
| 10 | Lead Governor Report (verbal) | Les France |
| 11 | Introduction from the Head of Sustainability (verbal) | Naomi Makin |
| 12 | Quarterly Quality and Performance Update Report (paper to read) | Joanna Forster Adams Dr Frances Healey |
| 13 | Report from the Chair of the Quality Committee (paper to read) | Dr Frances Healey |
| 14 | Report from the Chair of the Mental Health Legislation Committee (paper to read) | Merran McRae |
| 15 | Finance update (verbal) | Dawn Hanwell Cleveland Henry |
| 16 | The Trust's Key Strategic Risks (paper to read) | Cath Hill |

The next public meeting of the Council of Governors will be held on the 9 May 2023 at 1pm in the Cheer Room, The Studio Leeds, Riverside West, Whitehall Road, Leeds, LS1 4AW

* 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: Merran McRae (Chair of the Trust)

Email: merran.mcrae1@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. |

| Name | Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies). | Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS. | Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS. | A position of authority in a charity or voluntary organisation in the field of health and social care. | Any connection with a voluntary or other organisation contracting for NHS services. | Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks. | Any other commercial or other interests you wish to declare. | Declaration on behalf of Spouse / co-habiting partner / close family member |
|------------------|---|---|--|--|---|---|--|---|
| Les France | None. | None. | None. | None. | Volunteer Cloth Cat Studios | None. | None. | Management Committee Member Joanna Project Leeds |
| Rachel Gibala | None. | None. | None. | None. | None. | None. | None. | None. |
| 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. |
| Joseph Riach | None. | None. | None. | None. | None. | None. | Member Labour party | Health Support Work NICPM |

| 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 |
|-------------|---|---|--|--|---|---|--|---|
| Bryan Ronoh | Director African Diaspora Workers Union UK | None. | None. | None. | None. | None. | None. | None. |

| Name | Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies). | Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS. | Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS. | A position of authority in a charity or voluntary organisation in the field of health and social care. | Any connection with a voluntary or other organisation contracting for NHS services. | Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks. | Any other commercial or other interests you wish to declare. | Declaration on behalf of Spouse / co-habiting partner / close family member |
|----------------------------|---|---|--|--|--|---|--|--|
| APPOINTED GOVERNORS | | | | | | | | |
| 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 |
| Matthew Knight | None. | None. | None. | Chair of Trustees Older Citizens Advocacy York | None. | None. | None. | None. |
| 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 1 November 2022 at 3:30pm via Zoom**

PRESENT:

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

Public Governors

Oliver Beckett
Rebecca Mitchell
Ivan Nip

Staff Governors

Ian Andrews
Alex Cowman
Andrew Johnson

Carer Governors

Caroline Bentham
Mark Clayton

Appointed Governors

Cllr Claire Douglas
Matthew Knight
Fiona Venner

Service User Governors

Rita Dawson
Joseph Riach

Non-Executive Directors

Helen Grantham
Dr Frances Healey
Cleveland Henry
Merran McRae
Martin Wright

Executive Directors

Joanna Forster Adams
Dawn Hanwell
Dr Chris Hosker
Dr Sara Munro
Darren Skinner

IN ATTENDANCE:

Kieran Betts – Corporate Governance Assistant

Martin Bishop – Peer Support Coordinator (agenda item 2)

Philippa Boocock – Clinical Team Manager for Intensive Support Service (agenda item 2)

Adele Campbell – Clinical Team Manager for Crisis (agenda item 2)

Rose Cooper – Corporate Governance Officer

Maureen Cushley – Head of Operations for Acute Care (agenda item 2)

Colm Fulton – Clinical Team Manager for Clinical Assessment Unit / Oasis (agenda item 2)

Gail Galvin – Clinical Operations Manager (agenda item 2)

Cath Hill – Associate Director for Corporate Governance

Faye Jackson – Clinical Operations Manager for CRISS / Clinical Assessment Unit (agenda item 2)

Helen Thurston – Clinical Team Manager for Street Triage / Section 136 (agenda item 2)

22/057 Welcome and introductions (agenda item 1)

Dr Sue Proctor opened the meeting at 3.30pm and welcomed everyone.

22/058 Sharing Stories: Crisis Services including an update on Leeds Oasis (agenda item 2)

Maureen Cushley and her team delivered a detailed presentation on each of the five areas that made up the Trust's Crisis Services. Firstly, Adele Campbell talked about Crisis Resolution which provided urgent mental health assessments to ascertain whether treatment was required in an acute setting or with a secondary mental health service. Phillipa Bookcock then talked about the Intensive Support Service which provided home based treatment in the west, south and east areas of Leeds, aligned with the community mental health teams. She explained that this service aimed to provide support for people in the community as an alternative to hospital admission.

Colm Fulton then talked about the Crisis Assessment Unit (CAU) which was a 6-bed unit with overnight facilities for those experiencing acute and complex mental health crises where inpatient admission was being considered. He explained that their aim was to develop a shared understanding of the person's needs by providing one to one care and support with things like housing and benefits. Colm then talked about Leeds Oasis which was a 6-bed property that functioned as an alternative to hospital admission for those not requiring an acute bed. It had been running since July 2021 and has capacity for visitors, arts and crafts facilities, a communal kitchen and shared garden. He explained that it was a joint venture between the Trust and Leeds Survivor Led Crisis Service.

Helen Thurston discussed the Street Triage service which was available 24/7 and responded to calls emergency services with the aim of reducing the number of Section 136 admissions. Helen also talked about the Section 136 suite which was there if a person needed moving to a place of safety for immediate care and control. She explained that they would be brought to the Becklin Centre and assessed within a 3-hour window and would stay there under a Section 136 for up to 24 hours.

Martin Bishop then talked about the role of the Peer Support team in the Crisis Resolution Intensive Support Service. He explained there were four peer support workers working across the east, west, and south of Leeds and in the Crisis Assessment Unit. They were people with lived experience who offer listening support and guidance and help service users to develop a wellness recovery action plan based on self-identified strengths to support sustained recovery. The support workers spend up to two hours with a person at a time for up to six weeks which can include things like artistic activity. Martin explained that he provides support for the peer support workers themselves who may be triggered by some of the things they hear.

The Council then heard about some of the challenges in the service which included staffing pressures, recruitment issues, and high caseloads all of which had an

impact on staff morale and wellbeing. Faye Jackson emphasised the importance of supporting staff wellbeing and investing in their development. She also outlined some of the estate issues in the service and noted that improvement works were planned for the Section 136 suite later in November.

Fiona Venner noted that the performance against the target of seeing people in crisis within 4 hours of referral was low and asked what factors were causing this. Maureen explained that there had been some issues with the Single Point of Access system, but this had been reviewed and performance had increased to 70%.

Joseph Riach asked if a person could be assessed under Section 136 outside of the Becklin Centre, such as a police station, and if so, what provisions were in place for support. Maureen responded that if there was no room at the Trust's Section 136 suite then the person would go to A&E where assessment would be a priority. She explained that as of next year it would become a 'never' event to go into police custody and the person would always be sent to a health-based place of safety.

Maureen Cushley then talked about a service user who had received ongoing support across all aspects of the Crisis Service and wanted to share some positive feedback of her experiences and the significant contribution it made to her recovery.

The Council **thanked** the team for their presentation and **noted** the information provided.

22/059 Apologies (agenda item 3)

Apologies were received from the following governors: Les France (Public Governor), Rachel Gibala (Service User Governor), Oliver Hanson (Clinical Staff Governor), Gail Harrison (Clinical Staff Governor), Peter Holmes (Service User Governor), Kirsty Lee (Public Governor), John Manson (Service User Governor), Sayma Mirza (Appointed Governor), David O'Brien (Public Governor), Bryan Ronoh (Carer Governor) and Tina Turnbull (Appointed Governor).

The meeting was quorate.

Apologies were received from the following Board members: Kaneez Khan, Associate Non-executive Director and Cathy Woffendin, Director of Nursing, Quality and Professions.

22/060 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.

22/061 Minutes of the public Council of Governors' meeting held on the 5 July 2022
(agenda item 5.1)

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

22/062 Endorsement of the decisions made at the Council of Governors' meetings on the 5 May and 5 July 2022 (agenda item 5.2)

Sue Proctor advised the Council that the meetings held on the 5 May and 5 July 2022 were not quorate and therefore, the Council was asked to endorse the decisions agreed at those meetings.

The Council **endorsed** the decisions made at the meetings on the 5 May and 5 July 2022.

22/063 Minutes of the Annual Members' Meeting held on the 26 July 2022 – for information (agenda item 5.3)

The Council **noted** the minutes of the Annual Members' Meeting held on the 26 July 2022.

22/064 Matters arising (agenda item 6)

There were no matters arising.

22/065 Cumulative action log – actions outstanding from previous public meetings
(agenda item 7)

Sue Proctor presented the cumulative action log, and the Council agreed the actions reported as complete.

The Council **received** the cumulative action log and **noted** the updates provided.

22/066 Chair's Report (agenda item 8)

Sue Proctor presented the Chair's Report and highlighted a few key areas for the Council to note. She warmly welcomed the newly elected governors and noted that Oliver Beckett had recently been elected by fellow governors to sit on the Appointments and Remuneration Committee. Sue formally acknowledged that Helen

Kemp had recently stepped down as an appointed governor having retired from her role at Leeds Mind at the end of October 2022. Sue said a huge thank you to Helen for her contributions at Council meetings and partnership events across the city. She also noted that discussions were taking place about a replacement for Helen and governors would be kept updated on this. Sue also highlighted the changes to the membership of the Board of Directors since the last meeting in July 2022.

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

22/067 New recommended approach to service visits (agenda item 8.1)

Cath Hill outlined the new recommended approach to service visits which had been updated based on the feedback received at the Board-to-Board session on 13 October 2022. The new approach would now consist of three different types of service visits: learning visits for non-executive directors (NEDs) and governors; leadership visits for executive directors and NEDs; and Patient-Led Assessments of the Care Environment (PLACE) visits which would involve governors.

The Council **supported** the proposed approach to service visits and **noted** that the new process would be reviewed on an annual basis to ensure it continued to be fit for purpose.

22/067 Chief Executive Report (agenda item 9)

Sara Munro introduced the Chief Executive Report which included information on winter planning and infection control measures; 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 System and the Leeds Place Based Partnership. Sara also noted the ongoing work to support staff and vulnerable service users with the rising cost of living.

Sara then talked about the ongoing consultation on changes to the NHS Provider Licence which was due to be discussed by the Board at its next meeting. She assured the Council that it would be kept informed of any updates to the role of foundation trust governors as a result of new system working and collaboration arrangements.

Andy Johnson asked if there were any Care Quality Commission (CQC) visits likely to take place in the near future. Sara responded that the CQC relationship managers had been undertaking regular engagement visits to the Trust, but a full formal inspection was overdue, and the date was still to be confirmed. She explained that the CQC was currently undergoing a consultation regarding their inspection framework and looking to move towards a system-based inspection arrangement which may be affecting timescales. Sue Proctor assured the Council that governors would be briefed well in advance of an inspection.

CGT

Claire Douglas referred to the undercover documentaries on inpatient mental health wards in Manchester and Essex and asked about the systems and whistleblowing arrangements in place in the Trust for staff to be able to report their concerns. Sara referred to the work of John Verity, Freedom to Speak Up Guardian, and the Freedom to Speak Up Ambassadors. She noted that contact had increased since the release of the documentaries and that concerns raised by staff had been shared with the executive directors as appropriate. She also noted that John Verity's annual report was due to be presented at the public Board of Directors' meeting in November which would contain information on how concerns had been dealt with and any ongoing actions as well as benchmarking data.

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

22/068 Lead Governor Report (agenda item 10)

The Council **noted** that there was no Lead Governor Report as Les France had been unable to attend this meeting.

22/069 Quarterly Quality and Performance Update Report (agenda item 11)

The Council received the report which outlined the Trust's performance as of August 2022. Firstly, Joanna explained that this report was a high-level summary of what was talked about in a lot of detail at Board subcommittees and Board meetings. She then discussed the development of the quality dashboard and quality framework which would be used to present performance and service delivery information in the coming months and would include non-clinical workforce data.

Joanna then outlined some hot spot areas in terms of service delivery for the Council to note. These included staffing availability in the Forensic Services and Older Adult Inpatient Services. She explained that the Board had supported the idea of reducing ward sizes to improve the quality and therapeutic intervention on each ward and this was currently being tested. Joanna also talked about a sustained issue in the Adult Community Mental Health Service where they were having to manage and mitigate risks in terms of staff availability. She explained that the Board was fully sighted on these issues. Joanna also highlighted that face-to-face responsiveness in the Crisis Service had improved since the publication of the report.

Joseph Riach noted that the percentage of Acute Liaison Psychiatry Service (ALPS) referrals responded to within one hour was around 66% and asked if this meant that the person had been seen and assessed within this timeframe. Joanna clarified that it meant that an assessment had been started within one hour. She went on to explain that this service should be based within the emergency department but due to a number of reasons this was not currently possible, and this presented a challenge in terms of maintaining responsiveness.

Fiona Venner asked about the long waiting times for the Gender Identity Service. Joanna provided some context and explained that the Trust was commissioned to provide a relatively low level of access compared to actual need. She added that over the course of the last five years, they had been negotiating with colleagues at NHS England about expanding the service. However, a national model with services located in primary care was currently being developed, but this would take time. In the meantime, the service was adapting to be as effective and efficient as possible. Joanna also assured the Council that this issue was looked at in detail by the Finance and Performance Committee and a paper setting out the impact of the recent additional investment into the Gender Identity Service had been presented in September. This paper showed that the investment had slowed down the rate of increase in the waiting list but not reduced it.

Fiona Venner also asked about the increase in the total number of bed days for older people out of area and Joanna explained that this related to the same very small number of service users who had become delayed transfers of care. She explained that it was unusual for older adults to go out of area as system arrangements with partners mitigate this wherever possible. She added that there was robust clinical involvement in the cases to ensure they could be discharged for onward support as quickly as possible.

Fiona Venner and Matthew Knight asked about the increase in the number of self-harm incidents since June 2022. Dr Chris Hosker responded that the recent change to the Trust's service user demographics since the opening of the children and young peoples' mental health inpatient unit at Red Kite View may be contributing to the spike in cases. Dr Frances Healey then discussed the recent changes to the National Institute for Health and Care Excellence (NICE) guidelines regarding self-harm. Dr Hosker added that services would be reviewing the NICE guidance and identifying what changes needed to be made to the Trust's systems and processes.

Matthew Knight felt it would be useful if some longer-term trend analysis was included in the report to provide context in relation to some of the performance data, in particular where there was no target available for a metric. Joanna explained that this was looked at by the Quality Committee on an annual basis as part of individual services' quality reports. She added that this would be considered as part of the ongoing work to review the performance reporting to the Council of Governors.

Finally, Ivan Nip highlighted the position in terms of nursing vacancies and the impact this could have on the safety of services. He asked if recruitment processes could be simplified to address this, and it was agreed that Helen Grantham would respond to this question as part of her Workforce Committee Chair's Report.

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

22/070 Finance update including financial risks and opportunities in the new system way of working (agenda item 12)

Dawn Hanwell delivered a detailed presentation on the changes to the financial arrangements since the Health and Social Care Act in 2022 and the risks and opportunities for the Trust. She explained that in recent years there had been a move away from autonomy and competition towards joint responsibility and collaboration. She explained that the Trust had a statutory duty to work as part of the Integrated Care Board and to not exceed the revenue resource limit and capital resource limit each year. She emphasised that the organisation would not be operating as a standalone foundation trust and would instead be working collectively to live within the allocated resources across all the NHS organisations in West Yorkshire. In terms of the benefits and opportunities, she explained that population health data would be used to better allocate resources to the right place and there would be a focus on value and outcomes and reducing health inequalities all of which supported the Trust's organisational objectives.

Ivan Nip referred to the Integrated Care System arrangements and asked if there was the potential for internal competition for the funding. Dawn responded that all partners were working towards the same outcome of best value for money for the populations served. She explained that key principles had been agreed and the primary focus was on the Leeds 'Place'. She added that partners were working hard to have transparent conversations about the fair distribution of resources in a non-competitive way whilst paying attention to the needs of neighbouring trusts in the wider West Yorkshire patch.

Alex Cowman referred to the surplus which could be shared with other organisations and asked if this could cover events that had not been factored into budgets such as the increase in energy costs. Dawn explained that additional funds had been provided at a national level to address inflationary pressures on a fair share basis to individual organisations, but this would be non-recurrent. The Council noted that the rising rate of inflation and pressures would pose a greater challenge next year if things continued at the current rate.

Mark Clayton added that it might take time for organisations to learn to trust each other having previously worked in a competitive way. Dawn acknowledged this but added that there were strict financial principles that all West Yorkshire directors of finance adhered to, and they were all working hard to develop trust.

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

22/071 Report from the Chair of the Workforce Committee (agenda item 13)

Helen Grantham provided a summary of the key activities and priorities of the Workforce Committee over the last year which included the finalisation of the Trust's People Plan, the development of the appropriate capacity and governance arrangements, and the revision of Strategic Risk 3 of the Board Assurance Framework to better reflect the key workforce risks and priorities. She noted that these fundamental pieces of work had all been completed and provided a sound basis for the delivery of workforce priorities going forward.

Helen then responded to a question from Ivan Nip earlier in the meeting and informed the Council that the October Workforce Committee had looked at nursing vacancies in some detail with Alison Quarry, Professional Lead for Nursing, presenting the Nursing Strategy Action Plan. The Committee had been assured by the ongoing work with local universities to attract newly qualified staff which was reflected in the number of nurse preceptees wanting to join the Trust.

Helen highlighted the new date of the December Workforce Committee meeting which was now scheduled to take place on the 12 December 2022. In addition to regular reports and assurances, this meeting would focus on recruitment, retention, and career pathways. She added that the February meeting would focus on learning and development as well as management and leadership.

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

Helen Grantham left the meeting.

22/072 Process for the upcoming elections to the Council of Governors (agenda item 14)

Cath Hill outlined the process for the upcoming elections to the Council of Governors. She explained that for those governors whose term of office was due to end on the 19 March 2023, if re-elected, their next term of office would not start until the 27 March 2023. The paper proposed that those governors stay on the Council in a non-voting capacity between the 19 March 2023 and the 27 March 2023. She explained that although there would be no formal meetings during this 8-day period, governors would continue to receive information and therefore, would be asked to sign a confidentiality agreement for the information received during that period.

The Council **agreed** the timetable for the forthcoming elections to the Council of Governors which would conclude on the 27 March 2023.

22/073 Review of the Council of Governors' Terms of Reference (agenda item 15.1)

Cath Hill highlighted a new clause in the Terms of Reference which allowed for any decisions made at non-quorate meetings to be circulated to governors for endorsement via email ahead of the next available meeting. This was due to the length of time between meetings. Cath emphasised that 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.

The Council was **assured** that the Terms of Reference had been reviewed to ensure they continued to be fit for purpose and **approved** the update to the section on non-quorate meetings.

22/074 Approval of the Council of Governors' Annual Cycle of Business for 2023
(agenda item 15.2)

The Council was **assured** that the Annual Cycle of Business included all the statutory duties which it must carry out and was **assured** that the areas which governors had asked to be kept informed on had been captured. The Council **approved** the Annual Cycle of Business for 2023.

22/075 2023 and 2024 Meeting Dates (agenda item 15.3)

The Council noted the meeting dates for 2023 and 2024.

22/076 Any other business

As this was Sue Proctor's last Council of Governor meeting, on behalf of Les France and the rest of the governors, Cath Hill said thank you to Sue for her dedication in leading the Council, providing opportunities for an open and honest dialogue with governors and opportunities for them to pursue areas they were passionate about, and for developing the governance framework which supported them to carry out their duties.

The Council thanked Sue Proctor and wished her the very best for the future.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 5.38pm. She thanked governors and members of the public for their attendance.

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>22/053 - 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> | <p>Chris Hosker</p> | <p>February 2023</p> | <p>This will be covered as part of the 'sharing stories' item at the February meeting. The Northern Gambling Service has been invited to provide an introduction to the service and talk about how they are using clinical outcome measures.</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>22/058 - Chief Executive Report (November 2022 - agenda item 9)</p> <p>Sara Munro assured the Council that it would be kept informed of any updates to the role of foundation trust governors as a result of new system working and collaboration arrangements.</p> | <p>Corporate Governance Team</p> | <p>Management action</p> | <p><u>COMPLETE</u></p> <p>An Addendum to the Guide for Governors published by NHS England was circulated via email on 21 December 2022. This document has also been added to the MS Teams document library.</p> |

COMPLETED ACTIONS

| ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION) | PERSON LEADING | COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY | COMMENTS |
|--|--|--|--|
| <p>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 was covered as part of Dawn's finance update at the November meeting.</p> |
| <p>21/044 - Quarterly Quality and Performance Update Report (July 2021 - agenda item 11)</p> <p>It was agreed that the Council would receive an update on Crisis House approximately six months after opening so that governors could hear how it was developing. Rose Cooper would add this to the forward plan.</p> | <p>Joanna Forster Adams / Rose Cooper</p> | <p>November 2022</p> | <p>This was 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>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 was covered as part of the 'sharing stories' item at the November meeting.</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> | <p>Joanna Forster Adams</p> | <p>Management action</p> | <p>In line with NHS England guidance, RAG ratings will not be reintroduced. However, effective quality dashboards are in development and will improve information to the Council of 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>22/034 - 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>Some non-clinical workforce data was circulated to governors ahead of the November meeting. On this occasion the data was provided separately to the Quality and Performance Update, but work is ongoing to incorporate this reporting into the new performance dashboard which is currently being developed. Darren Skinner will provide further detail on the timescales for this at the November meeting.</p> |
| <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>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>The decisions from the May and July meetings were endorsed 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>22/047 - 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>A meeting was arranged between Tina Turnbull and Peter Johnstone from the Learning Disability Service.</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>Response from Mark Dodd, Interim Deputy Director for Service Delivery: The measure of the 3hr assessment response applied to all S136 detentions commences at the time of the detention by the Police. There may be delays to this response at times for various reasons which can include the need to attend A&E for urgent medical treatment. We take each case on its own merit and will endeavour to complete the assessment as soon as possible. This can be impacted by the availability of the doctors and Approved Mental Health Professionals or if the person requires medical treatment that prevents the commencement of a mental health assessment.</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>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>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> | <p>Rose Cooper</p> | <p>Management action</p> | <p>The dates of the upcoming Audit Committee meetings were shared with governors.</p> |

CHAIR'S REPORT

**PUBLIC COUNCIL OF GOVERNORS' MEETING
HELD 2 FEBRUARY 2023**

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

The Council is reminded that Helen Kemp stepped down from the council of Governors late last year. Forum Central have advised they are looking for someone to take on this role and should be able to advise on a replacement before the May Council of Governors' meeting.

In January we started our next round of elections to current and upcoming vacant elected governor seats. It should be noted that as part of this round of elections the following governors will come to the end of their term of office:

- Andy Johnson (staff clinical governor) who will not be eligible to stand for election again
- Mark Clayton (carer Leeds governor) eligible to stand for a second term
- Peter Holmes (service user Leeds governor) eligible to stand for a second term

Governors are asked to note that whilst Mark Clayton and Peter Holmes are eligible to stand for election if they wish to, Andy Johnson has now come to the end of his third term and as such is not eligible to stand again. On behalf of the Council of Governors I would like to give a huge thank you to Andy who has actively participated in the work of the Council and has observed many Board sub-committee meetings. I know he will continue to be linked into future work to develop services and his views and contributions are very much valued. On behalf of the council, I would like to say a huge thank you to Andy!

One other update that I need to advise the Council of is that David O'Brien has advised that he stepped down as a governor with effect from 13 January 2023. I would like to thank David for his contribution during his time on the Council and wish him all the very best in the future.

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

Governors will recall that at its meeting on 1 November 2022, the Council agreed to appoint Kaneez Khan as a substantive NED. I am pleased to say that following her appointment I have discussed with Kaneez and she has agreed to be the chair of the Mental Health Legislation Committee.

I am also able to advise that Dr Sue Proctor formally stepped down from her role as Chair of the Trust at the end of November 2022. Sue played a huge role in developing the governance in respect of the Council of Governors and the Board of Directors and I know that you will all want to say thank you and farewell to Sue and wish her all the very best for the future. We are planning on having a farewell event for her at some point in 2023 and we will let you know the details of this once they are known.

During the period between Sue stepping down and me taking up my role as Chair, Helen Grantham (our Deputy Chair) stepped in as Acting Chair during December 2022. On your behalf I would like to thank Helen for stepping in at short notice and carrying out this role.

As many of you will know I am also very pleased to have taken up my role as Chair of the Trust, which I did on 1 January 2023. I am very much looking forward to getting to know you all better and working with you over the next few years; helping you to carry out your role as governors effectively.

When I took up my role as Chair, this left a vacant NED post. We are making plans to appoint to that vacancy and more information about the steps we need to take to ensure we have a full NED team will be discussed in more detail in the private session of the Council.

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 | 27 January 2022 | 31 March 2022 | 28 April 2022 (Extraordinary) | 19 May 2022 | 16 June 2022 (extraordinary) | 28 July 2022 | 29 September 2022 | 24 November 2022 | 8 December 2022 (extraordinary) |
|---------------------|-----------------|---------------|-------------------------------|-------------|------------------------------|--------------|-------------------|------------------|---------------------------------|
| Sue Proctor (Chair) | ✓ | ✓ | - | ✓ | ✓ | ✓ | ✓ | - | |
| John Baker | ✓ | - | ✓ | ✓ | - | ✓ | | | |
| Helen Grantham | ✓ | ✓ | ✓ | ✓ | ✓ | - | ✓ | ✓ | ✓ |
| Frances Healey | | | | | | | ✓ | ✓ | ✓ |
| Cleveland Henry | ✓ | ✓ | ✓ | ✓ | ✓ | - | ✓ | ✓ | ✓ |
| Kaneez Khan | | | | | | | | ✓ | ✓ |
| Merran McRae | ✓ | ✓ | ✓ | ✓ | ✓ | - | ✓ | ✓ | ✓ |
| Sue White | ✓ | ✓ | - | ✓ | ✓ | ✓ | ✓ | | |
| Martin Wright | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Executive Directors

| Name | 27 January 2022 | 31 March 2022 | 28 April 2022 (Extraordinary) | 19 May 2022 | 16 June 2022 (extraordinary) | 28 July 2022 | 29 September 2022 | 24 November 2022 | 8 December 2022 (extraordinary) |
|----------------------|-----------------|---------------|-------------------------------|-------------|------------------------------|--------------|-------------------|------------------|---------------------------------|
| Sara Munro | ✓ | ✓ | - | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Joanna Forster Adams | ✓ | ✓ | ✓ | ✓ | - | ✓ | ✓ | ✓ | ✓ |
| Dawn Hanwell | ✓ | - | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Chris Hosker | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Darren Skinner | ✓ | ✓ | ✓ | - | ✓ | ✓ | ✓ | - | ✓ |
| Cathy Woffendin | ✓ | ✓ | - | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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

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

| Name | 1 February 2022 | 5 May 2022 | 5 July 2022 | 1 November 2022 |
|--------------------------------|-----------------|------------|-------------|-----------------|
| Non-executive directors | | | | |
| Prof Sue Proctor | ✓ | ✓ | ✓ | ✓ |
| Prof John Baker | ✓ | ✓ | - | |
| Dr Frances Healey | | | | ✓ |
| Helen Grantham | ✓ | ✓ | - | ✓ |
| Cleveland Henry | ✓ | ✓ | ✓ | ✓ |
| Kaneez Khan | | | | - |
| 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) | 1 February 2022 | 5 May 2022 | 5 July 2022 | 1 November 2022 |
|---------------------|--|-----------------|------------|-------------|-----------------|
| Ian Andrews | E | ✓ | ✓ | ✓ | ✓ |
| Oliver Becket | E | | | | ✓ |
| Caroline Bentham | E | ✓ | ✓ | - | ✓ |
| Mark Clayton | E | ✓ | - | - | ✓ |
| Alex Cowman | 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 | - | ✓ | ✓ | |
| Matthew Knight | A | | | | ✓ |
| Kirsty Lee | E | ✓ | - | - | - |
| John Manson | E | | | | - |
| Rebecca Mitchell | 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: | 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. Attached is an update on the programme of Learning visits which have been arranged so far.

Merran McRae
Chair of the Trust
January 2023

Learning visits undertaken by Non-Executive Directors and Governors

The following table lists the learning visits that have taken place (in green) and those scheduled for the near future (in red). Further visits are currently being arranged.

| Date of visit | Team / Service | Location | Organised with | Non-Exec Director | Governor(s) |
|---|--|---|---|-------------------|--------------------------|
| Tuesday 29 November 2022 | Acute and Crisis Services | Becklin Centre, Alma Street, Leeds, LS9 7BE | Maureen Cushley, Head of Operations | Merran McRae | Joseph Riach Ivan Nip |
| Tuesday 6 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 | Andy Johnson |
| 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 | Rebecca Mitchell |
| Friday 24 February 2023 (1pm – 3pm) | Mill Lodge (CAMHS Inpatient Unit) | Mill Lodge, 520 Huntington Road, Huntington, York YO32 9QA | Nick Mant, Head of Operations & Kay Lawn, Ops Manager | Frances Healey | Matthew Knight |
| Thursday 23 March 2023 | Research and Development Team | South Wing, St Mary's House, St Mary's Road, Leeds LS7 3JX | Sarah Cooper, Head of Department | Frances Healey | TBC |

**AGENDA
ITEM**

12

MEETING OF THE COUNCIL OF GOVERNORS

| | |
|--|--|
| PAPER TITLE: | Quarterly Quality and Performance Update Report |
| DATE OF MEETING: | 2 February 2023 |
| PRESENTED BY: (name and title) | Joanna Forster Adams – Chief Operating Officer |
| PREPARED BY: (name and title) | Cathy Woffendin – Director of Nursing, Professions and Quality / Director of Infection Prevention and Control 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 the Board of Directors in 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 |
| | No | |

RECOMMENDATION

The Council of Governors is asked to note the contents of the report.

COUNCIL OF GOVERNORS : QUARTERLY PERFORMANCE AND QUALITY UPDATE REPORT



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

Please note that the latest Services information reported is October 22, and Quality and Workforce is October 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 | Aug 2022 | Sep 2022 | Oct 2022 |
|---|---------------|----------|----------|----------|
| Percentage of crisis calls (via the single point of access) answered within 1 minute * | - | 56.4% | 49.9% | 46.5% |
| Percentage of ALPS referrals responded to within 1 hour | - | 66.1% | 68.7% | 86.5% |
| Percentage of S136 referrals assessed within 3 hours of arrival | - | 10.7% | 17.4% | 30.3% |
| Number of S136 referrals assessed | - | 56 | 46 | 33 |
| Number of S136 detentions over 24 hours | 0 | 3 | 1 | 1 |
| Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral | 80.0% | 30.6% | 36.4% | 56.6% |
| Percentage of service users who stayed on CRISS caseload for less than 6 weeks | 70.0% | 88.0% | 82.8% | 83.5% |
| Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support | 50.0% | 44.3% | 51.9% | 41.8% |
| Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services | Target | Aug 2022 | Sep 2022 | Oct 2022 |
| Gender Identity Service: Number on waiting list | - | 3,718 | 3,774 | 4,001 |
| Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days ** | - | - | 20.08 | 7.13 |
| Community LD: Percentage of referrals seen within 4 weeks of receipt of referral | 90.0% | 75.6% | 74.3% | 80.0% |
| Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly) | - | - | 4.0% | - |
| CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly) | 100.0% | - | 42.9% | - |
| Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly) | - | - | 93.3% | - |
| Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly) | 85.0% | - | 82.9% | - |
| Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly) | 798 | - | 737 | - |
| Perinatal Community: Face to Face DNA Rate (quarterly) | - | - | 14.0% | - |
| Services: Our acute patient journey | Target | Aug 2022 | Sep 2022 | Oct 2022 |
| Number of admissions to adult facilities of patients who are under 16 years old | - | 0 | 0 | 0 |
| Crisis Assessment Unit (CAU) bed occupancy | - | 88.7% | 82.8% | 108.4% |
| Crisis Assessment Unit (CAU) length of stay at discharge | - | 7.18 | 12.53 | 11.92 |
| Liaison In-Reach: attempted assessment within 24 hours | 90.0% | 74.3% | 82.2% | 75.5% |
| Bed Occupancy rates for (adult acute excluding PICU) inpatient services: | 94.0% - 98.0% | 97.5% | 100.1% | 97.7% |
| Becklin Ward 1 (Female) | - | 98.2% | 105.3% | 101.2% |
| Becklin Ward 3 (Male) | - | 99.3% | 98.8% | 91.2% |
| Becklin Ward 4 (Male) | - | 96.9% | 97.2% | 96.5% |
| Becklin Ward 5 (Female) | - | 94.4% | 99.2% | 100.1% |
| Newsam Ward 4 (Male) | - | 98.8% | 100.0% | 99.8% |
| Older adult (total) | - | 94.2% | 96.7% | 94.2% |
| The Mount Ward 1 (Male Dementia) | - | 95.8% | 92.9% | 92.3% |
| The Mount Ward 2 (Female Dementia) | - | 94.4% | 94.2% | 94.2% |

Service Performance - Chief Operating Officer

| Services: Our acute patient journey | Target | Aug 2022 | Sep 2022 | Oct 2022 |
|--|--------|----------|----------|----------|
| The Mount Ward 3 (Male) | - | 92.2% | 100.3% | 94.3% |
| The Mount Ward 4 (Female) | - | 95.0% | 97.2% | 95.4% |
| Percentage of delayed transfers of care | - | 9.6% | 11.7% | 13.4% |
| Total: Number of out of area placements beginning in month | - | 1 | 13 | 10 |
| Total: Total number of bed days out of area (new and existing placements from previous months) | 124 | 122 | 322 | 446 |
| Acute: Number of out of area placements beginning in month | - | 0 | 10 | 5 |
| Acute: Total number of bed days out of area (new and existing placements from previous months) | - | 15 | 179 | 303 |
| PICU: Number of out of area placements beginning in month | - | 1 | 3 | 5 |
| PICU: Total number of bed days out of area (new and existing placements from previous months) | - | 14 | 53 | 73 |
| Older people: Number of out of area placements beginning in month | - | 0 | 0 | 0 |
| Older people: Total number of bed days out of area (new & existing placements from previous months) | - | 93 | 90 | 70 |
| Cardiometabolic (physical health) assessments completed: Inpatients (quarterly) | 90.0% | - | 69.0% | - |
| Services: Our Community Care | Target | Aug 2022 | Sep 2022 | Oct 2022 |
| Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking) | 80.0% | 83.9% | 77.5% | 84.8% |
| Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only) | 80.0% | 86.1% | 80.0% | 84.7% |
| Number of service users in community mental health team care (caseload) | - | 3,886 | 3,881 | 3,885 |
| Percentage of referrals seen within 15 days by a community mental health team | 80.0% | 82.5% | 73.6% | 72.8% |
| Percentage of referrals to memory services seen within 8 weeks (quarter to date) | 90.0% | 67.5% | 64.9% | 52.5% |
| Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date) | 50.0% | 58.9% | 57.6% | 45.7% |
| Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks | 60.0% | 78.9% | 75.0% | 58.8% |
| Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly) | - | - | 66.0% | - |
| Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly) | 90.0% | - | 77.4% | - |
| Services: Clinical Record Keeping | Target | Aug 2022 | Sep 2022 | Oct 2022 |
| Percentage of service users with NHS Number recorded | - | 98.9% | 99.0% | 99.0% |
| Percentage of service users with ethnicity recorded | - | 74.9% | 74.7% | 74.8% |
| Percentage of service users with sexual orientation recorded | - | 31.0% | 31.2% | 32.7% |
| Services: Clinical Record Keeping - DQMI | Target | May 2022 | Jun 2022 | Jul 2022 |
| DQMI (MHSDS) % Quality % | 95.0% | 91.4% | 86.1% | 88.2% |

* 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 | Aug-22 | Sep-22 | Oct-22 |
|---|-----------|----------|----------|----------|
| Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS) | 95% | May | Jun | Jul |
| | | 91.4% | 86.1% | 88.2% |
| Percentage of service users with ethnicity recorded | - | 74.8% | 74.6% | 74.7% |
| Percentage of service users with sexual orientation recorded | - | 30.9% | 31.0% | 32.4% |
| Quality: Our effectiveness | Target | Aug-22 | Sep-22 | Oct-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 | - | 9 | 5 | 14 |
| Quality: Caring / Patient Experience | Target | Aug-22 | Sep-22 | Oct-22 |
| Friends & Family Test: Positive experience of care (total responses received) | - | 88%(127) | 90%(134) | 89%(140) |
| Mortality: | | | | |
| · Number of deaths reviewed (incidents recorded on Datix)* | Quarterly | - | 94 | - |
| · Number of deaths reported as serious incidents | Quarterly | - | 5 | - |
| · Number of deaths reported to LeDeR | Quarterly | - | 0 | - |
| Number of complaints received | - | 16 | 11 | 21 |
| Percentage of complaints acknowledged within 3 working days | - | 100% | 100% | 100% |
| Percentage of complaints allocated an investigator within 3 working days ** | - | 38% | 55% | 50% |
| Percentage of complaints completed within timescale agreed with complainant | - | 100% | 100% | 100% |
| Number of enquiries to the Patient Advice and Liaison Service (PALs) | - | 194 | 185 | 174 |

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.

**11 of 22 complaints allocated within 3 days. Matrix now fully operational and all outstanding complaints being allocated.

Quality and Workforce metrics: Tabular overview

| Quality: Safety | Target | Aug-22 | Sep-22 | Oct-22 |
|--|-----------|--------|---------|---------|
| Number of patient/staff/visitor incidents reported on Datix | - | 1,242 | 1,034 | 1,340 |
| Percentage of suspected suicide incidents reported within 48 hours of identification | 100% | 0%(0) | 100%(2) | 100%(1) |
| Number of Self Harm Incidents | - | 167 | 151 | 234 |
| Number of Violent or Aggressive Incidents | - | 138 | 67 | 127 |
| Number of never events | - | 0 | 0 | 0 |
| Number of physical restraints * | - | 320 | 195 | 257 |
| Number of ended seclusion incidents lasting 24+ hours ** | - | - | - | 6 |
| No. of patients detained under the MHA (includes CTOs/conditional discharges) | - | 549 | 544 | 524 |
| Adult acute including PICU: % detained on admission | - | 76.7% | 71.7% | 64.2% |
| Adult acute including PICU: % of occupied bed days detained | - | 85.8% | 88.2% | 87.3% |
| Number of medication errors reported on Datix | Quarterly | - | 186 | - |
| Percentage of medication errors resulting in no harm | Quarterly | - | 88% | - |
| Safeguarding Adults: Number of advice calls received by the team | Quarterly | - | 167 | - |
| Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care | Quarterly | - | 1% | - |
| Safeguarding Children: Number of advice calls received by the team | Quarterly | - | 45 | - |
| Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care | Quarterly | - | 1% | - |
| Number of falls related to patients reported on Datix | - | 53 | 62 | 65 |
| Number of Pressure Ulcers occurring or deteriorating within inpatient or SSL services | - | 0 | 0 | 1 |

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

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

** New indicator from October 2022

Quality and Workforce metrics: Tabular overview

| Our Workforce | Target | Aug-22 | Sep-22 | Oct-22 |
|--|--------|------------|------------|------------|
| Percentage of staff with an appraisal in the last 12 months | 85% | 67.0% | 66.3% | 62.8% |
| Percentage of staff with a wellbeing assessment completed | - | 89.0% | 90.0% | 90.0% |
| Percentage of mandatory training completed | 85% | 85.2% | 84.1% | 83.7% |
| Safeguarding: Prevent Level 3 training compliance (quarter end snapshot) | 85% | - | 92.0% | - |
| Percentage of staff receiving clinical supervision | 85% | 55.6% | 59.6% | 63.7% |
| Staff Turnover (Rolling 12 months) | 8-10% | 10.4% | 10.3% | 10.0% |
| Sickness absence rate in month | - | 6.2% | 5.8% | 5.7% |
| Sickness absence rate (Rolling 12 months) | 4.9% | 6.3% | 6.2% | 6.2% |
| Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months) | - | 11.5% | 11.7% | 11.9% |
| Percentage of sickness due to Mental Health & Stress (rolling 12 months) | - | 33.1% | 32.9% | 32.4% |
| Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days) | - | 513 | 391 | 438 |
| Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage) | - | 19.4% | 19.6% | 21.2% |
| Medical Consultant Vacancies (number) | - | 16.8 | 17.0 | 18.4 |
| Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage) | - | 29.5% | 33.9% | 33.3% |
| Medical Career Grade Vacancies (number) | - | 13.6 | 15.6 | 15.3 |
| Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage) | - | 0.0% | 5.4% | 0.0% |
| Medical Trainee Grade Vacancies (number) | - | 0.0 | 5.7 | 0.0 |
| Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage) | - | 48.0% | 47.0% | 44.0% |
| Band 5 inpatient nursing vacancies (number) | - | 123.9 | 121.2 | 113.1 |
| Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage) | - | 11.0% | 15.0% | 11.0% |
| Band 6 inpatient nursing vacancies (number) | - | 12.0 | 17.1 | 12.8 |
| Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage) | - | 49.2% | 44.9% | 47.0% |
| Band 5 other nursing vacancies (number) | - | 45.5 | 41.5 | 43.5 |
| Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage) | - | 12.2% | 12.4% | 13.1% |
| Band 6 other nursing vacancies (number) | - | 40.9 | 41.8 | 44.1 |
| Percentage of vacant posts (Trustwide; all posts) | - | 14.9% | 15.6% | 13.6% |
| Bank Agency Spend YTD (Cost) | - | 8,381,493 | 10,387,025 | 12,175,778 |
| Bank Agency Spend YTD (%) | - | 13.0% | 13.0% | 13.0% |
| | | Sep | Oct | Nov |
| Number of staff vaccinated for Covid19 (first dose)* | | 3,605 | 3,639 | 3,619 |
| Percentage of staff vaccinated for Covid19 (first dose)* | | 89% | 89% | 89% |
| Number of staff vaccinated for Covid19 (second dose)* | | 3,465 | 3,456 | 3,407 |
| Percentage of staff vaccinated for Covid19 (second dose)* | | 86% | 85% | 84% |
| Percentage of front-line staff vaccinated for Covid19 (22/23 booster dose)** | | | | 42% |
| Percentage of all staff vaccinated for Covid19 (22/23 booster dose)** | | | | 36% |

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

* Oct data as at 23/11/22

** Oct booster data as at 28/11/22

Trust Board Assurance: Key discussions, issues and actions

Points to note:

Our services continue to experience ongoing pressures particularly relating to capacity and demand, which has been impacted by the sustained workforce availability position. Specific areas of concern for alert include:

Adult Community Mental Health Services – continues to operate in business continuity directly because of significant levels of vacancies and staff absence, which commenced in November 2021. Workforce recruitment and retention is central to our recovery plan and approach for this service. With the Community Transformation Programme (CTP), additional Psychologists are in the process of being recruited which will enable us to meet demand more robustly in future. Recent successful recruitment to posts in the CMHT's through the third sector provider Community Links (again in line with the CTP) is a significant boost and we remain optimistic that this will be a catalyst to sustained improved service delivery.

Older Adult inpatient services – continues to face staffing challenges within the in-patient area. As a result, plans to reduce ward size have commenced to consolidate and stabilise staffing providing higher quality interventions and care for a smaller number of patients. To date 8 beds have been reduced with a further 2 to be reduced in line with planned discharges of patients. An additional Matron role has been introduced – specifically to lead and manage our dementia wards (working closely with services across the dementia pathway).

Forensic services – workforce availability and level of vacancies remains a key challenge and is set against a context of on-going change in the leadership team, issues surfacing regarding practice and culture and longstanding issues in terms of flow into and from these services. An improvement plan has been developed and continues to be enhanced.

Sustained and depleted staffing levels in our CMHTs has resulted in increased caseload sizes for staff. Whilst mitigations to support service users and staff in different ways, and prioritising and sharing of tasks and contacts across other services, we are now seeing increased activity and caseloads in our more Intensive and Crisis response services. Work is being done to understand why we are seeing more people in Crisis requiring support from our intensive support teams so that we can focus our resources in the best way to support the people who need our care prior to crises.

We have started to see increased length of stay of our patients, 7 believed, in our Adult services, to be due to the level of intensive treatment needed over a longer period of admission. Additionally, we have had 2 periods of ward closure due to Covid in the period resulting in (small but crucial) bed reductions. Demand remains consistently high and consequentially we have seen a significant rise in our out of area activity in recent weeks.

In September we reported ongoing concerns relating to staffing, data capture and demand which meant that we were not achieving the expected levels of face-to-face work in our Crisis services. Performance against the crisis assessment within 4-hours KPI continues to increase (to 57.3%) in line with the trajectory set for this indicator in 22/23. We are anticipating staffing challenges in December across the service which may have an impact on the planned trajectory. However, we are aiming to mitigate this through contingency planning and workforce review.

As a key and essential priority service for winter, our Acute Liaison team have worked hard to make improvements in responsiveness, despite the ongoing logistical challenges faced by being located off site from Accident and Emergency at St James University Hospital. There has been a substantial improvement in the performance of the Service in October with 86.5% of people seen within one hour of referral. Working closely with our Acute Trust colleagues in the Emergency Departments, we have prioritised those who are fit for assessment rather than deploying resources to assess those who may not be ready to be seen (for example patients who are intoxicated). Sickness absence also reduced in October which increased capacity within the team to meet demand.

Key issues, risks and actions:

Winter 2022/23 is predicted to be very challenging; Systems will be expected to maximise opportunities to continue to support the NHS recovery programme whilst also ensuring continued application of the UK Infection Prevention and Control guidance to prevent and control infection, and to respond to additional demands and pressures as they arise.

The significant staffing challenges already faced combined with the level of uncertainty of workforce availability (exacerbated by the potential for industrial action), together with sustained demand for our services, means that we will need to consider pausing some of our service development or improvement work to focus on service delivery and maintaining high quality care.

The Trust declared partial compliance with NHS England's core standards for EPRR in October and work has started to address the seven areas of partial compliance. A pandemic planning group has formed and met to start developing the pandemic plan. Managers are continuing to attend the Principles of Health Command training at strategic and tactical level that is being organised by NHS England. Operational level training is expected in 2023 and will involve significantly more staff than the other two levels combined. An internal audit is looking at business continuity in terms of how the process is reported, how we get better participation in developing plans and attending exercises and this work will help in addressing another partial standard.

Capability to evacuate a whole site or part of a site in response to a threat to patient and staff safety is currently an area of significant focus by NHS England. This is due to the ongoing issues in several hospitals whose roofs are made from Reinforced Autoclaved Aerated Concrete (RAAC) and are at significant risk of catastrophic collapse e.g., Airedale NHS FT. It is acknowledged that evacuation of a hospital is one of the hardest tasks in emergency planning and hence preparation and effective plans are crucial. The Trust has developed an evacuation plan following recent NHS guidance and is aiming to test this next year.

A multi-agency exercise planned by the EPRR lead and colleagues from Bradford and NHS England – Exercise Arcadia was held to test low and medium secure evacuation. The exercise which covered West, and South Yorkshire and Humberside was seen by participants as a success and identified significant learning. A debrief report is being prepared.

The EPRR lead has participated in drafting the winter plan including both the more expected disruptions such as winter weather and infectious disease outbreaks and for this year the new risk of industrial action and power disruption. Both disruptive risks threaten to make what is being predicted to be a very difficult winter considerably more challenging.

Any industrial action brings with it a direct risk to service continuity. Particularly for services already operating with large numbers of vacancies or as in the case of working age adults CMHTs and Older Peoples Inpatients in a business continuity arrangement. The EPRR team will be providing planning support and business continuity advice both to the Executive led group but also at tactical level and to service managers – particularly in relation to mitigating staff shortages and clearly escalating if staff shortages threaten to make the service unable to maintain its critical activities.

NHS EPRR attended a briefing by NHS England around the potential for a series of power outages caused by insufficient generating capacity this winter. Multi-disciplinary work is commencing to develop mitigation and responses should the worst-case scenario materialise.

Key to effective incident management is to have a clear set of criteria that signify that the situation has deteriorated to the extent that incident response arrangements are required. The Trust developed these during the pandemic when the situation allowed incident management arrangements to be relaxed. These triggers are being revised to consider new risks and will form part of the strategy behind the shift from planning to response, should this be needed.

Points to note:

Key issues, risks and actions:

Another lesson learned from the pandemic response was the importance of central coordination of activities aimed at preparing for incidents and hence an advanced planning group will be created from 5 December to act as this central coordination. This group, comprising many of the members who sat on the Covid Incident response team, will move into response configuration should either NHS England or the ICB direct or the escalation triggers show that the Trust has significant disruptive risks facing it.

We continue to work collaboratively as a partnership and with colleagues to develop and put in place additional capacity and services for people with dementia. The Operational Discharge Group (ODG) is working to identify and prioritise those people who have been delayed at the Mount for a newly commissioned service, Paisley Lodge opening in November. The previously reported scheme for specialist dementia care, Dolphin Manor (in collaboration with Leeds City Council), has been further delayed due to capital estates issues. The date for opening has now been identified as May 2023 (8 months after the original target date).

Due to the potential for sustained levels of demand, uncertainty about potential disruption to admission capacity and the pattern of length of stay in recent weeks, we are finalising arrangements to block purchase contingency independent sector capacity for the remainder of winter 2022/23. This will enable us to consolidate (as far as possible) any additional Adult acute activity and provide in reach and quality oversight. This contract arrangement will operate until the end of March 2023 and is reflected in our financial planning and forecast to the year end. This is a major decision for LYPFT. However, given the challenges faced and the risks heading through the winter period this provides additional resilience for service continuity and availability when needed.

A further strategic planning day to identify Trust priorities for 22/23 and the required resources to deliver these will be undertaken 5th December 2023. Risks and challenges that will impact on the successful delivery of the strategy have been identified with mitigations to be included in our implementation plan. The availability and supply of workforce, and the potential for continued service disruption are central to key risks. In addition, a series of engagement events with key stakeholders is being undertaken to ensure there is continued involvement and influence across all professional groups as well as stakeholders and partners. The implementation plan will be presented to Trust Board in early 2023.

The community mental health transformation programme continues to progress, and internal governance arrangements have been strengthened to support the people leading the programme. The new clinical model for community mental health delivery has been drafted and is currently being presented to partners with the aim of testing it in three Local Care Partnership pilot sites in spring 2023.

Significant work has been led by the CYPMH leadership team to establish a S136 provision at Red Kite View effective from 17th November. Appropriate clinical and operational sign off of the model has been undertaken but it comes at significant cost and relies on a team of people who are largely dedicated to this service which, based on past activity, will be used relatively infrequently. This is therefore an interim arrangement whilst work with partners in CYPMH Community Services determine how best to provide this from spring 2023.

Trust Board Discussion Summary:

The last LYPFT Public Meeting of the Board of Directors (BoD) was held in person on 24th November 2022. The Chief Operating Officer (COO) presented the Chief Operating Officer report to the group.

Care Services continue to face significant workforce challenges across all areas. Services continue to take steps to recruit and retain staff and we have explored (alongside partners) the potential for further short-term incentives. We are now in the winter 2022/23 period where demand for health and care services is expected to increase further, and we continue to operate with relative uncertainty due to the ongoing impact of outbreaks in our services, staff absence, potential for disruption to power supply, the impact of potential industrial action etc. As an Organisation we are actively engaged in and have influenced winter operating arrangements across the health and care sector. In addition, we have developed an iterative winter plan and are establishing enhanced 14 coordination and oversight arrangements to support the ongoing delivery of care and treatment for the people who need our services.

Looking to the immediate future the need to fundamentally rethink our workforce model for care delivery will be led in line with the implementation of the Care Services Strategic Plan. Where we have opportunities for different roles and partnerships, for example as part of the Community Transformation Programme, we are making progress – and this may be a blueprint for the future. Our staff continue to be committed to the delivery of high-quality care and, despite challenges, are dedicated to supporting the people who need our support across our populations.

**AGENDA
ITEM**

13

MEETING OF THE COUNCIL OF GOVERNORS

| | |
|--|---|
| PAPER TITLE: | Report from the Chair of the Quality Committee |
| DATE OF MEETING: | 2 February 2023 |
| PRESENTED BY: (name and title) | Dr Frances Healey – Non-executive Director and Chair of the Quality Committee |
| PREPARED BY: (name and title) | Dr Frances Healey – Non-executive Director and Chair of the Quality Committee |

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

| EXECUTIVE SUMMARY | | |
|--|--------------------------------------|--|
| This report for the Council of Governors summarises the work of the Quality Committee from January 2022 to January 2023. | | |
| Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? | State below 'Yes' or 'No' | If yes please set out what action has been taken to address this in your paper |
| | No | |

| RECOMMENDATION |
|--|
| <p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> Note this report for information and assurance. |

MEETING OF THE COUNCIL OF GOVERNORS

2 February 2023

REPORT FROM THE CHAIR OF THE QUALITY COMMITTEE

This report for the Council of Governors summarises the work of the Quality Committee from January 2022 to January 2023.

This period covers nine months when Professor John Baker chaired the Committee. The Board, Committee members and governors expressed gratitude to Professor Baker for all his contributions during his six-year term as a Non-Executive Director.

Ms Helen Grantham deputised as chair for meetings where Professor Baker was unavailable. Since September 2022 Dr Frances Healey has chaired the Committee. The Committee has met monthly (with the exception of August). The follow is a summary of some of our activity.

Quality risks, priorities and strategy

- The Committee is the assurance lead for the Board Assurance Framework Strategic Risks 1 and 2. These have been updated and revised in late 2022 and continue to centre on risks to quality assurance processes and risks to delivery of the Quality Strategy.
- In December 2022 the Committee agreed a one-year extension to the [Quality Strategic Plan](#) first published in 2018.
- The Committee received the Quality Report 2021/22, and has received updates on specific quality improvement areas designated as Quality Improvement Priorities and has taken forward to Board a discussion on alignment of quality risks and quality priorities for 2022/23.

Reports the Committee receives frequently

- The Committee reviewed the Combined Quality and Workforce Performance Report at each meeting. Whilst awaiting the development of a new Quality Dashboard (under development with commissioned support) this report has been adjusted to provide some additional indicators, more timely data, and the titles of some indicators have been amended to make their content clearer.
- The Committee received on a quarterly basis and annual basis the Report on Combined Complaints, Concerns, PALS, Compliments and Patient Safety (which includes data on Claims, Central Alert System compliance and compliance with some other types of safety notifications, reported incidents, Serious Incidents and Duty of Candour). The Committee seeks assurance that all key themes have actions/improvement plans.
- The Committee received the Safer Staffing Six Monthly Update Reports, which encompass national requirements for [monthly public reporting of levels of nurse staffing in inpatient services](#). The six-monthly reports now have expanded commentary to support the Committee and an additional report relating to Community Mental Health Teams was added in January 2023. These

reports have gone forward for further consideration by the Board for what steps may be possible to further improve recruitment and retention and reduce workload.

- The Committee received the Learning from Deaths quarterly and annual reports. These include Serious Incident Investigations and Trust participation in LeDeR (Learning from Lives and Deaths of People with a Learning Disability and autistic people). The Committee discussed safety planning, risk assessments and domestic violence. The Committee has received additional assurances on processes for reviewing deaths of people on waiting lists for our services and on the review of deaths in the community of people with long-term physical health needs alongside mental health needs. It was assured of the work ongoing within the Trust to improve mortality review and subsequent improvement action across the organisation.
- The Committee received verbal monthly updates on the work of the Trust Wide Clinical Governance, the Nursing and Professions Council, and the Trustwide Safeguarding Committee.
- The Infection Prevention and Control Group also provides monthly updates and annual reports to the Committee, including verbal updates on COVID-19 cases across the Trust and data on the roll out of COVID-19 and influenza vaccinations across staff and patients. The Committee reviewed the Infection Prevention Board Assurance Framework and agreed that it was assured on the processes in place to reduce the transmission of Covid-19 and other nosocomial infections. The Committee recognised the extraordinary level of support and expertise provided by the infection prevention and control team to colleagues and service users over the course of the pandemic.
- The focus of Non-executive Director and Governor Service Visits on learning has been agreed at Board and a schedule of visits recommenced from early 2023. Reports which provided details of service visits undertaken by Non-executive Directors and Governors will be brought to the Committee quarterly following this.

Annual Quality Reports from services for 2021/22

- The Committee received Annual Quality Reports for 2021/22 using the Safe, Timely, Effective, Efficient, Equitable and Patient Centred (STEEEP) framework from the following services:
 - Working Age Community Mental Health Services
 - Learning Disability Services
 - Older People's Services
 - Autism diagnostic services
 - Personality Disorder services
 - Forensics Services
 - ADHD Service
 - Acute Care Services
 - CONNECT: The West Yorkshire and Harrogate Adult Eating Disorder Service.
 - National Deaf CAMHS
 - Complex Rehabilitation Service.
 - Rehabilitation and Recovery Service
 - Assertive Outreach Service
 - Little Woodhouse Hall Adolescent Inpatient Service (closed in early 2022)
 - Gender Identity Services.
 - Forward Leeds (specialist addiction service delivered in partnership)
 - Northern Gambling Service

- The Committee was assured these services have good systems in place for understanding their quality issues and to drive improvements, and has recognised many impressive examples of action to improve quality in a year where services had faced many external challenges related to the pandemic and recovery, including the efforts of leaders, staff and peer support within the services. The Committee suggested an event supporting the mutual sharing of good practice between services which is planned for 2023. The formats presented to the committee are evolving, with a general aim of working towards more consideration of the full detailed report outside Committee with key highlights and challenges considered at Committee.
- Discussion at Committee brings out themes common to multiple services to support strategic quality discussions (for example, insights to improve outcome data for all services, and accessibility of PALS/complaints services).

Annual reports

- In addition to the annual reports listed above, the Committee received the following annual reports for 2021/22:
- The Patient Experience and Involvement Progress Report summarised how the trust is making progress on the priorities identified in the Patient and Carer Experience and Involvement Strategy, including the introduction of the 'Have Your Say' measure and the work of the Service User Network.
- The Research and Development Annual Report was received and the Committee noted the publication of [the Research and Development Strategy 2022-2025](#). The Committee acknowledged the staffing pressures being faced across the Trust and their impact on staff involvement in research, whilst noting the impressive levels of research initiatives the report described.
- The Restrictive Interventions Annual Report was received. The Committee discussed this alongside the Panorama and Dispatches documentaries which had uncovered patient abuse on mental health wards at the Essex Partnership University Trust and Greater Manchester Mental Health NHS Foundation Trust. It discussed the use of restrictive interventions across the Trust and was assured on the quality improvement work being undertaken. It also received a further update on the Trust's implementation of the *Mental Health Units (Use of Force) Act 2018* and the associated statutory guidance issued in December 2021. The Committee has requested that monthly restrictive practice data is broken down into the main types of restrictive practice, and is receiving this for restraint and for seclusion over 24 hours, with further data on rapid tranquilisation and ethnicity data to follow. Thresholds for escalating certain types of restrictive practice to the Quality Committee and Board on an individual patient basis are being developed.
- The Committee received the Safeguarding Annual Report. It discussed benchmarking, new approaches to delivering safeguarding training, and sexual safety. It received a further separate report on the trust's sexual safety improvement work and its positive impact.
- The Committee received the Medicines Optimisation Group Annual Report. It discussed systems for ensuring the safety of women and girls prescribed sodium valproate and the impact of electronic Prescribing and Medicines Administration systems (ePMA) on quality. The Committee agreed that the summary of the work carried out by the Medicines Safety Committee provided assurance on systems for understanding and acting on quality issues involving medication.

Additional updates

- The Committee has noted that new NICE guidelines on [Self-harm: assessment, management and preventing recurrence](#) were published in September 2022 and has asked for a report on the strategic approach to their implementation including linkages to existing work in the Trust on clinical risk assessment and on prevention of suicide death.
- The Committee received a report on the implications for trust services of the [Final Report of the Ockenden Review](#) on the safety of maternity services published in March 2022. The Committee agreed to take on the role of maternity safety champion, and will receive annual Quality reports from the Perinatal Mental Health Service.
- The Committee acknowledged the publication of the new national [Patient Safety Incident Response Framework](#) and will be updated on plans for its adoption within the trust and Integrated Care System.

Part B of the Quality Committee

- The Quality Committee holds a private Part B meeting when there is a need to discuss information that is personal to individual staff or patients, or for other limited reasons (e.g. need to protect detail related to methods of self-harm).
- The Committee agreed that information related to completed inquests, included Regulation 28 letters from the coroner and the trust's response, can in future usually be taken forward in part A of the Quality Committee as these letters and responses are published by the Chief Coroner.

Linking to other sub-committees.

- The Committee has maintained good connectivity with other sub-committees. Examples include where Workforce Committee has taken forward impact assessments for service expansion after discussion at Quality Committee, where Audit Committee and the Quality Committee have a shared interest in improvements to care planning, and where the Mental Health Legislation Committee and the Quality Committee have a shared interest in reducing restrictive practice and inequalities.
- The Committee has mutually agreed with the Audit Committee their respective roles related to the production of the annual Quality Report following changes in national guidance. The Committee frequently considers areas for future internal audits.

Conclusion

I believe this to be a reasonable summary of the work of the Quality Committee, and will appreciate those governors who have attended any of the meetings providing additional observations for discussion.

Dr Frances Healey

Non-executive Director and Chair of the Quality Committee

19 January 2023

**AGENDA
ITEM**

14

MEETING OF THE COUNCIL OF GOVERNORS

| | |
|--|--|
| PAPER TITLE: | Report from the Chair of the Mental Health Legislation Committee |
| DATE OF MEETING: | 2 February 2023 |
| PRESENTED BY: (name and title) | Merran McRae – Chair of the Trust |
| PREPARED BY: (name and title) | Merran McRae – Chair of the Trust |

| | | |
|---|--|---|
| 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>This report provides an update about the work of the Mental Health Legislation Committee. It provides information about the role of the Committee, including recent activity and future plans.</p> | | |
| Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? | State below 'Yes' or 'No' | If yes please set out what action has been taken to address this in your paper |
| | No | |

| RECOMMENDATION |
|--|
| <p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> Note this report for information and assurance. |

MEETING OF THE COUNCIL OF GOVERNORS

REPORT FROM THE CHAIR OF THE MENTAL HEALTH LEGISLATION COMMITTEE

Purpose of this report

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

1 What is the Mental Health Legislation Committee?

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

This is a huge responsibility given that at any one time we have about 279 people in our inpatient services who are detained under the Mental Health Act 1983; 176 people who are living in the community on conditional discharge or subject to a legally binding Community Treatment Order (this means that the Trust has power to readmit them to hospital if required). When the Trust considers whether or not people should be detained (or sectioned) five guiding principles have to be applied:

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

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

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

2 Who is on the Mental Health Legislation Committee?

Members of the MHLC include:

- 2 Non-Executive Directors
- 2 Executive Directors

In addition, there are people with expertise who attend:

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

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

3 How do we do the job?

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

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

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

4 What has the MHLC done recently?

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

- Legislation: Continued to receive updates on the progress of legislative reforms to the Mental Health Act and to respond to consultations, including on changes to the Mental Health Capacity Act Code of Practice. Received updates and assurance on the introduction of Use of Force Act and associated training.
- Responding to Mental Health Audits: the Committee have agreed an action plan to improve the use of section 62 and issues of consent to treatment.
- Long term use of detention: the Committee received a safeguard review of service users detained for long periods following extensive discussion over the previous year
- Equality and Diversity: a continued focus on questioning disproportionate access and outcomes for Black and Other Minority Ethnic Groups and further requests for recording of data
- Mental Health Act Managers: There had been agreement to extend the term of office of MHAM due to uncertainty about the impact on this role of proposed legislation. In view of the legislative delays the Committee agreed to a new round of recruitment with a number of new managers successfully recruited. The Committee also requested further work on remuneration of MHAM and particular Chairs of hearings.

- Responding to issues raised by MHAM: the question of availability and use of independent advocates at MHAM hearings has been raised a number of times and further information and analysis on this is being sought.

5 Future plans

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

- Ensuring that effective new ways of working implemented during Covid are adopted and developed, making best use of technology. This will include a review of the role of virtual MHAM hearings.
- Reviewing data availability to better understand the experiences of Black and other Minority Ethnic service users and identify areas for improvement.
- Ensuring the Trust is in a strong position to implement changes to MH legislation once the Government makes decisions about what these will be, and also that new Liberty Safeguard Protection arrangements are implemented smoothly and effectively.
- Ensuring appropriate and effective use of advocacy services
- Reviewing the impact of the new approach to Human Rights Act training.

Merran McRae

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

December 2022

**AGENDA
ITEM**

16

MEETING OF THE COUNCIL OF GOVERNORS

| | |
|---|---|
| PAPER TITLE: | The Trust's Key Strategic Risks |
| DATE OF MEETING: | 2 February 2023 |
| LEAD DIRECTOR: (name and title) | Cath Hill – Associate Director for Corporate Governance |
| PAPER AUTHOR: (name and title) | Cath Hill – associate Director for 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>This paper advises the Council of the key strategic risks as reported through the Board Assurance Framework (BAF). The BAF is a document received by the Board and its sub-committees so they can be assured these risks are being effectively controlled.</p> <p>It should be noted that work has been done to review and refine all the strategic risks and the risk scores. These have been used to populate the refreshed BAF. Attached is a list of the risks as they appear on the BAF and details of the governance arrangements for the Trust's strategic risks.</p> | | |
| Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? | State below 'Yes' or 'No' No | If yes please set out what action has been taken to address this in your paper |

| RECOMMENDATION |
|--|
| <p>The Council of Governors is asked to be assured the Board has agreed the strategic risks and the risks are monitored by the Board of Directors and its sub-committees to ensure these are being effectively controlled and mitigated.</p> |

MEETING OF THE COUNCIL OF GOVERNORS

2 February 2023

The Trust's Key Strategic Risks

1 Executive Summary

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

2 The eight strategic risks

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

| | Strategic risk | Oversight group | Exec lead |
|-----|--|---------------------|-----------------|
| SR1 | If there is a breakdown of quality including safety assurance processes, we risk not being able to maintain standards of safe practice, meeting population health needs and compliance with regulatory requirements. | Quality Committee | Cathy Woffendin |
| SR2 | There is a risk that we fail to make the improvements outlined in the Quality Strategic Plan and that this has an impact on how we understand and act on the care of those who use our services. | Quality Committee | Chris Hosker |
| SR3 | 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. | Workforce committee | Darren Skinner |

| | Strategic risk | Oversight group | Exec lead |
|-----|---|-----------------------------------|----------------------|
| SR4 | There is a risk that a lack of financial sustainability results in the destabilisation of the organisation and an inability to meet our objectives. | Finance and Performance Committee | Dawn Hanwell |
| SR5 | Due to an inability to provide adequate working and care environments we risk being unable to deliver safe and effective services. | Finance and Performance Committee | Dawn Hanwell |
| SR6 | As a result of insecure, inadequate and poorly utilised digital technologies there is a risk the quality and continuity of services is compromised. | Finance and Performance Committee | Dawn Hanwell |
| SR7 | If we fail to achieve solutions for PFI provision we will incur quality and financial risks for the organisation. | Finance and Performance Committee | Dawn Hanwell |
| SR8 | There is a risk we fail to understand, plan and deliver services that meet the health needs of the population we serve. | Finance and Performance Committee | Joanna Forster Adams |

On the 30 June 2022 the strategic risks used in the Board Assurance Framework (BAF) were considered. At that meeting a number of revisions and new risks were proposed. Following the workshop the risk narratives were circulated to the Executive Directors for further comment and consideration. The revised and new risks were then presented to the Board for approval in July 2022, with the exception of the workforce risk which was further refined and agreed by the Workforce Committee on 1 August 2022.

The risks were then circulated to the responsible leads and executive directors so the BAF could be populated with the controls, assurances and gaps against these refreshed / new risks. The fully updated BAF was then presented to the Board on 27 October 2022 and was signed off.

3 The process for monitoring the strategic risks

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

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

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

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

4 Recommendation

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

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

Cath Hill
Associate Director for Corporate Governance
20 January 2023