

PUBLIC MEETING OF THE COUNCIL OF GOVERNORS
will be held at 1pm on Tuesday 9 May 2023
in the Cheer Room, The Studio, Riverside West,
Whitehall Road, Leeds LS1 4AW

A G E N D A

LEAD

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|-------------|---|-------------------------------|
| 1 | Welcome and introductions (verbal) | Merran McRae |
| 2 | Sharing Stories: Veterans Services (presentation) | David Rowley
Amanda Naylor |
| 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 (verbal) | Merran McRae |
| 4.1 | Annual Declarations for Governors (paper to read) | Cath Hill |
| 4.2 | Non-executive Directors' Annual Declarations of Interests, Independence, and Fit and Proper Person (paper to read) | Cath Hill |
| 5 | Minutes | Merran McRae |
| 5.1 | Minutes of the public Council of Governors' meeting held on the 2 February 2023 (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 (paper to read) | Dr Sara Munro |
| 10 | Lead Governor Report (verbal) | Les France |
| 11 | Quarterly Quality and Performance Update Report (paper to read) | Joanna Forster
Adams |
| 11.1 | Non-Clinical Dataset (paper to read) – FOR INFORMATION | |
| 12 | Finance update (verbal) | Dawn Hanwell |
| 13 | Report from the Chair of the Finance and Performance Committee (paper to read) | Cleveland Henry |

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|-----------|---|----------------------------|
| 14 | 2022 NHS Staff Survey and Bank Staff Survey Results (paper to read and presentation) | Lucy Heffron
Amy Harker |
| 15 | Introduction from the Trust's Freedom to Speak Up Guardian (verbal) | John Verity |
| 16 | Agree the arrangements for the 2023 Annual Members' Meeting (verbal) | Cath Hill |
| 17 | Ratification of the Terms of Reference for the Appointments and Remuneration Committee (paper to read) | Cath Hill |

The next public meeting of the Council of Governors will be held
on the 4 July 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

**AGENDA
ITEM**

4.1

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Annual Declarations for Governors
DATE OF MEETING:	9 May 2023
PRESENTED BY: (name and title)	Cath Hill, Associate Director for Corporate Governance
PREPARED BY: (name and title)	Kerry McMann, Head of Corporate Governance

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

EXECUTIVE SUMMARY

All members of the Council of Governors are required to complete a declaration of interest form annually. Declaration forms were sent out to all Governors with a request to declare interests as at 1 April 2023. Completed forms are held on file by the Associate Director for Corporate Governance. They are a matter of public record and are available for inspection should such a request be made.

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

It should also be noted that no governor declared any reason why they were not fit to be a Governor on the Council. These declarations have been made in accordance with the criteria set out in the Constitution and the Provider Licence.

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

RECOMMENDATIONS

The Council of Governors is asked to receive and note all interests declared by governors as at the 1 April 2023. Any governors with outstanding or incomplete declarations are asked to submit their declaration as soon as possible.

Annual Declaration of Interests for the Council of Governors

Name	Directorships, including Non-executive Directorships, held in other organisations (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	Head of Talent Acquisition Stowe Family Law	None.	None.	None.	None.	None.	None.	Lead Software Consultant Organisation TBC
Caroline Bentham	None.	None.	None.	None.	None.	None.	None.	None.
Nichola Binns	None.	None.	None.	None.	None.	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.
Les France	None.	None.	None.	None.	None.	None.	None.	Management Committee Member Joanna Project Leeds

[illegible]

[illegible]

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co-habiting partner / close family member
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 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
Cllr Fiona Venner	None.	None.	None.	Trustee Leeds Mind	None.	None.	Councillor Labour – Kirkstall Ward Executive Board Member Children's and Adult Social Care and Health Partnerships	None.

**AGENDA
ITEM**

4.2

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Non-executive Directors' Annual Declarations of Interests, Independence, and Fit and Proper Person
DATE OF MEETING:	9 May 2023
PRESENTED BY: (name and title)	Cath Hill, Associate Director for Corporate Governance
PREPARED BY: (name and title)	Kerry McMan, Head of Corporate Governance

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

EXECUTIVE SUMMARY		
<p>At least annually all members of the Board of Directors are required to complete declaration of interest forms, fit and proper person annual declarations, and for Non-executive Directors (NEDs) only, a declaration of their independence.</p> <p>This paper provides assurance to the Council of the declarations relating to the NEDs; that all interests have been declared and are attached on the matrix; that all NEDs have declared themselves to be independent, with details on the attached matrix; and that all NEDs have declared themselves to be fit and proper.</p> <p>A report with the details attached was also presented to the March 2023 Board of Directors.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
	No	

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

Declaration of Interests for the Non-executive Directors

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
NON-EXECUTIVE DIRECTORS								
Merran McRae Chair	Director Finnbo Ltd <i>Management consultancy</i>	None.	None.	Trustee Hollybank Trust <i>Provider of teaching, residential care and a range of therapies and enrichment activities for children, young people and adults with disabilities.</i> Trustee Yorkshire Sculpture Park <i>Independent charitable trust and registered museum.</i>	None.	None.	None.	Partner: Director Finnbo Ltd <i>Management consultancy</i>
Helen Grantham Non-executive Director	None	None.	None	None	None	None	None	Partner: Director and co-owner Per Call Ltd <i>Co-owner of the company that provides marketing and website services to self-employed builders, roofers, gardeners</i>

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
Frances Healey Non-executive Director	None	None.	None	None	None	None	Visiting Professor University of Leeds Advisory Role and Peer Reviewer Research studies and potential research studies related to patient safety	None
Cleveland Henry Non-executive Director	Director 63 Argyle Road Ltd. <i>Property Management Company.</i>	None	None	Trustee Community Foundations For Leeds <i>Supports thousands of charities and voluntary groups across the city, addressing inequalities and working together to help create opportunities for those that need help the most.</i>	None	None	Group Delivery & Deployment Director EMIS Group (Digital Health sector) <i>Provider of healthcare software, information technology and related services in the UK.</i>	Partner: Lead Cancer Nurse Leeds Teaching Hospitals NHS Trust
Kaneez Khan Non-executive Director	Director Primrose Consultancy Yorkshire <i>Management Consultancy firm</i>	None	None	Faith and Community Co-ordinator Wellsprings Together <i>Offers guidance for individual parish churches who are looking to reflect and develop their community activities in rural as well as urban areas.</i>	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. This should include political or ministerial appointments (where this is information already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
Martin Wright Non-executive Director	None.	None.	None.	Trustee Roger's Almshouses (Harrogate) <i>A charity providing sheltered housing, retirement housing, supported housing for older people.</i>	None.	None.	None.	None.

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

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

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

Annual Declaration of Non-executive Director Independence

The Code of Governance for NHS Provider Trusts requires the Board to determine to what extent non-executive directors are independent in character and judgement and whether there are relationships or circumstances which are likely to affect or could appear to affect their judgement.

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

**Minutes of the Public Meeting of the Council of Governors
held on Thursday 2 February 2023 at 1pm in the Create@2 Room at
Horizon Leeds, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR**

PRESENT:

Merran McRae – Chair of the Trust (Chair of the meeting)

Public Governors

Oliver Beckett
Les France
Ivan Nip

Staff Governors

Ian Andrews
Gail Harrison
Andrew Johnson

Service User Governors

Rachel Gibala
Joseph Riach

Appointed Governors

Cllr Claire Douglas
Matthew Knight
Gabriella Obeng Nyarko
Tina Turnbull
Cllr Fiona Venner

Executive Directors

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

Non-Executive Directors

Dr Frances Healey
Cleveland Henry
Martin Wright

IN ATTENDANCE:

Kieran Betts – Corporate Governance Assistant
Rose Cooper – Corporate Governance Officer
Matthew Gaskell – Consultant Psychologist and Clinical Lead for the NHS Northern Gambling Service (agenda item 2)
Cath Hill – Associate Director for Corporate Governance
Naomi Makin – Head of Sustainability (agenda item 11)
Kerry McMann – Head of Corporate Governance

22/001 Welcome and introductions (agenda item 1)

Merran McRae opened the meeting at 1pm and welcomed everyone.

23/002 Sharing Stories: Introduction to the Northern Gambling Service and its use of outcome measures (agenda item 2)

Matthew Gaskell introduced the NHS Northern Gambling Service (NGS) and talked about how they use outcome measures for the benefit of patients and service development and to measure quality. He explained that they measure gambling outcomes pre and post treatment and at regular intervals for up to 12 months. They also do the same for outcomes relating to psychological wellbeing, depression, anxiety, work and social adjustment. The service also offers support for families and measures the impact of this. Matthew also shared some qualitative feedback from service users about their experience of accessing the NGS which between January and December 2022 had either been very good (87%) or good (13%). Matthew also highlighted the ongoing work to create and influence change at a policy and population health level.

Matthew provided some background to the NGS which received between 500 and 600 referrals a year and explained that people could be referred to the service in a variety of ways including self-referral. He advised that the waiting list was around four weeks, but that people received interim contact during that time. He also talked about the types of therapy used which was predominantly Cognitive Behavioural Therapy which could either be done on an individual basis or as part of a group.

Fiona Venner asked if the NGS provided support for children and Matthew explained that it was an adult service but agreed with Fiona's concerns about children being exposed to gambling from a young age and he explained that their work in this area focused mainly on the government and prevention. Fiona also shared some concerns about the funding sports companies receive from the gambling industry to advertise at matches. Matthew talked about the public's changing view of gambling sponsorships and highlighted the important work taking place at a policy level and their efforts in terms of lobbying the government.

Gail Harrison asked if the Trust's own systems enabled such effective measuring of outcome measures and Matthew responded that they had developed a separate system at NGS which allowed them to closely track the outcomes data. Dr Hosker advised that this was the 'gold standard' in terms of measuring service user outcomes and explained that the Trust's Care Director system was being developed so that it had similar capabilities to the system that NGS used. The Council noted that there was more work to do in terms of embedding the use of clinical outcome measures in other services.

Tina Turnbull asked about the co-production of outcomes and how important the role of charities such as Step Change Debt Charity and Citizens Advice were to improving outcomes further. Matthew responded that it was essential for service users to access financial support at the same time as addressing their gambling

problem, and they would signpost to these charities if that support was needed. He explained that the NGS provided an initial financial assessment for service users and offered advice but currently did not measure if any debt had been cleared.

The Council was very assured regarding the systems and processes used to track and measure outcomes, in particular the way data could be shared directly with service users and their families in a visual way to reflect their journey of recovery. It was agreed that Matthew Gaskell would come back to the Council to share an update in a year's time.

RC

The Council **thanked** Matthew Gaskell for his presentation and **noted** the information provided.

23/003 Apologies (agenda item 3)

Apologies were received from the following governors:

Caroline Bentham (Carer Governor), Mark Clayton (Carer Governor), Alex Cowman (Non-clinical Staff Governor), Rita Dawson (Service User Governor), Oliver Hanson (Clinical Staff Governor), Peter Holmes (Service User Governor), Kirsty Lee (Public Governor), John Manson (Service User Governor), Sayma Mirza (Appointed Governor), Rebecca Mitchell (Public Governor) and Bryan Ronoh (Carer Governor).

The meeting was not quorate.

Apologies were received from the following Board members: Helen Grantham, Non-executive Director and Kaneez Khan, Non-executive Director.

23/004 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.

23/005 Minutes of the public Council of Governors' meeting held on the 1 November 2022 (agenda item 5.1)

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

23/006 Matters arising (agenda item 6)

There were no matters arising.

23/007 Cumulative action log – actions outstanding from previous public meetings
(agenda item 7)

Merran McRae presented the cumulative action log, and the Council agreed the actions reported as complete. Dr Hosker provided an update on action 22/053 which related to the clinical outcomes work. He advised that work was continuing as per the 90-day learning cycles with the fourth cohort due to conclude in one month. He noted that the latest cohort included the Learning Disability Respite Service which was looking at how to measure outcomes in a similar way to the NGS.

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

23/008 Chair's Report (agenda item 8)

Merran McRae presented the Chair's Report and highlighted a few key areas for the Council to note. Firstly, Merran welcomed Gabriella Obeng Nyarko as this was her first meeting as an appointed governor on the Council. Merran also noted that in January the latest round of governor elections had begun, and that Mark Clayton and Peter Holmes were both eligible to stand for a second term. Merran also advised the Council that David O'Brien had stepped down as a governor with effect from 13 January 2023 and she thanked him for his contribution during his time on the Council and wished him the best for the future.

The Council noted that, due to the Part A meeting not being quorate, any decisions would need to be emailed out to governors for endorsement. On the issue of quoracy, Fiona Venner asked that in future communication was had with governors about any meetings they could not attend in advance of the dates being finalised.

RC

CGT

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

23/009 Chief Executive Report (agenda item 9)

Sara Munro provided a verbal report and described the enhanced arrangements the Trust had put in place to ensure services were safely staffed over the challenging winter period. Sara also advised the Council that the planning guidance for 2023/24 had been published by NHS England and services were currently undergoing a review of their priorities for delivery against the Long Term Plan and identifying efficiencies where possible. Sara also referred to the ongoing work to stabilise the Community Mental Health Service by addressing the workforce challenges through the community transformation project, new partnership arrangements with the voluntary and community sector, and mobilising direct support from staff across other services over the coming months. Sara also noted that Cathy Woffendin was

taking early retirement and that interviews for the new Director of Nursing were due to take place on the 29 March 2023 and governors would be invited to take part in the stakeholder panel.

The Council then received an update on the recent industrial action and Ivan Nip asked for more information about the impact to services and patients, as well as further assurance on how this was being managed, and any financial impact to the Trust. Sara explained that the dispute over the national pay award was with the government and not the Trust and explained that any increase in pay would be funded centrally. Joanna Forster Adams explained that so far there had been no direct impact on our services because no trade union organisation had achieved a mandate to strike within the Trust, but there was an ongoing risk that services would be indirectly impacted by the industrial action taken by regional partners. The Council noted that robust internal arrangements were in place to mitigate against the impact of industrial action within the sector.

Darren Skinner then gave an update on the current strike ballots which involved junior doctors and dieticians, and an upcoming ballot which involved consultants. He noted that the Trust had good industrial relations and met regularly with the trade union representatives and advised that preparatory work was taking place to assess and mitigate any risks to the Trust associated with future strike action.

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

23/010 Quarterly Quality and Performance Update Report (agenda item 12)

The Council received the report which outlined the Trust's performance as of October 2022. Firstly, Joanna Forster Adams outlined some hot spot areas in terms of service delivery for the Council to note. These included workforce challenges in the Forensic Service and Older Adults Inpatient Service and she described their approach to stabilising these services. She also highlighted the improvement in crisis face to face activity (since the publication of this report) and the improved responsiveness of the Acute Liaison Psychiatry Service.

Claire Douglas noted the increase in the number of bed days out of area and asked what had caused this and what the financial impact was. Joanna responded that they had seen high levels of occupancy and delayed transfers of care in acute services for a sustained period. She explained that people were presenting with higher acuity and therefore required longer episodes of care. In response to this they had commissioned some acute beds at the Middleton St George Hospital in Darlington using winter funding in order to consolidate out of area activity and improve quality in-reach. She reassured the Council this was a short-term stabilising measure, with minimal financial implications. Joanna offered to provide a further update on the Trust's use of out of area placements at a future meeting, including current improvement plans such as the Acute Care Excellence Programme. Tina Turnbull added that personal circumstances linked to finances and the rising cost of living were also impacting on service demand, as well as winter pressures. Joanna

JFA

agreed with this and noted the important work to reduce health inequalities across communities in Leeds.

Ian Andrews noted there was no non-clinical workforce data included in this report. Mr Skinner explained that it was a complex process to fully integrate this information into the report, but they were working on this. As an interim solution ahead of the data being fully integrated into the performance dashboard, it was agreed that this information would be provided as a separate appendix for future reports.

DS

Cleveland Henry also encouraged governors to observe the Finance and Performance Committee to hear more detail on performance matters. Ivan Nip queried why governors did not receive the full paperwork in advance of observing Board sub-committees and the Corporate Governance Team agreed to take this away for further consideration.

CGT

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

23/011 Finance update (agenda item 15)

Dawn Hanwell provided a verbal update on the Trust's current financial performance and outlined some of the factors influencing this position, including the current workforce challenges which were creating some underspend and the cost pressures impacting on overspend. She reminded governors that the Trust had a statutory duty to function collectively within the allocated resources across all NHS organisations in West Yorkshire. She noted that the Trust was required to make a £1.1 million surplus this financial year and confirmed that it was on target to achieve this. She explained that the system was required to break-even each year and outlined some of the challenges associated with this. She noted that planning was ongoing for a break-even position next year and that the financial plan for 2023/24 was due to go to the Board of Directors in March 2023.

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

23/012 Lead Governor Report (agenda item 10)

Les France welcomed Merran McRae as this was her first Council of Governors' meeting as Chair of the Trust and thanked all governors involved in her recruitment. Les noted that this Council meeting was not quorate and informed the governors that Merran and the Corporate Governance Team were currently reviewing how the quoracy of meetings would be measured in the future. He also referred to the NHS Providers Governor Focus Conference which was a face-to-face event being held on 23 May 2023 which he and one other governor were booked on to attend.

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

23/013 Introduction from the Head of Sustainability (agenda item 11)

Naomi Makin introduced herself to the Council as the Trust's Head of Sustainability. She explained that part of her role was to deliver the Green Plan which was divided into nine key themes including food and nutrition, sustainable models of care, medicines, and adaptation. She explained that she was working towards embedding sustainability across the organisation and supporting the Trust to consider sustainability when doing new projects such as service transformation. Naomi informed the Council that the NHS had a target of reaching 'net zero' carbon emissions by 2040, which she described as challenging, but reassured governors they were working hard to progress this. Naomi also noted that by the end of 2023/24 the Trust was required to have a Decarbonisation Plan, but she highlighted the significant financial gap in terms of decarbonising the NHS at a government level.

Fiona Venner asked if there had been any consideration to moving inpatients to a plant-based diet. Naomi responded that they were in dialogue with dieticians and were offering more plant-based options but completely removing certain food groups was not currently being considered as they want to offer as much choice as possible and avoid being prescriptive about what food people eat. Fiona also talked about the importance of adaptation to be ready for the impacts of climate change such as flooding and extreme temperatures. The Council noted that the Finance and Performance Committee received updates on issues such as this as well as wider updates on the delivery of the Green Plan.

Ivan Nip asked if the Trust had any money ringfenced for the 'green' agenda and Naomi explained she was currently undergoing a strategic review of the Green Plan to create milestones of what needed to be achieved by when and quantify what funds were required to deliver this. Merran suggested involving the governors in this review, and Naomi agreed to link with the Corporate Governance Team to discuss the best way to do this.

CGT

Claire Douglas asked what sustainability looked like in terms of medicines. Naomi explained that it was more of a challenge with mental health trusts than acute trusts, but a key element of this was looking at alternatives to medicine, such as green health and social prescribing. Gail Harrison then asked how Naomi's work would integrate sustainability with evidence-based practice to help clinicians to change their prescribing habits. Naomi responded that more focus was needed on developing sustainable models of care in the Trust but was pleased to note that she had received interest from clinicians who wanted to be involved in this workstream and she was hoping to recruit a Clinical Lead for Sustainability who would lead on this. Tina Turnbull provided some examples of where 'green' care was happening within the Leeds system such as the health inequalities work being coordinated through Forum Central. Naomi also referenced the unused woodland owned by the Trust that could be used for green social prescribing events and to help offset the Trust's carbon emissions.

Ian Andrews asked if Naomi was linked in with the NHS procurement sector, and Naomi responded that she had been involved in some events looking at social value

in procurement. The Council also discussed supporting staff with sustainability and Naomi referred to the new Staff Sustainability Network which was designed to support staff to be sustainable in their own lives.

The Council **received** the verbal update and **thanked** Naomi for meeting with the governors today.

23/014 Report from the Chair of the Quality Committee (agenda item 13)

Dr Frances Healey provided a summary of the key activities and priorities of the Quality Committee over the last year.

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

23/015 Report from the Chair of the Mental Health Legislation Committee (agenda item 14)

Merran McRae provided a summary of the key activities and priorities of the Mental Health Legislation Committee over the last year and noted that Kaneez Khan had taken over as Chair of the Committee. She then asked if governors had any questions on the report and Fiona Venner asked if there had been any shift in the Trust's own statistics in terms of the disproportionate access and outcomes for black and other minority ethnic groups. Merran responded that there had not been a significant change but emphasised the importance of making sure the outcomes were the same for people regardless of their background and circumstances and the importance of having access to data that would help to identify areas for improvement.

Ivan Nip noted the use of advocacy services and the good working relationship between our services and the police and asked if this was the same for people with mental health issues in prison. Sara responded that the Trust offered direct support into police control rooms but explained that prison healthcare as a whole was commissioned separately to the NHS, unless the people requiring support were under our services in which case they would come into the Trust's forensic mental health pathway.

Gail Harrison referred to the proposed changes to the Mental Health Act reforms and asked whether the Trust had input into this and if it could enact any of the recommendations early. Sara Munro confirmed that the Trust had submitted responses to the consultations thus far and advised that some of the recommendations had already been acted on, for example Joanna Forster Adams had been named as the executive lead for health inequalities. The Council noted that Sharon Prince, Consultant Clinical Psychologist, was linked into the health inequalities work and was scheduled to provide an update on the Synergi Collaborative at a future Mental Health Legislation Committee.

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

23/016 The Trust's Key Strategic Risks (agenda item 16)

Cath Hill introduced the paper which advised the Council of the key strategic risks as reported through the Board Assurance Framework (BAF). She explained that the BAF was a document received by the Board and its sub-committees so they could be assured these risks were being effectively controlled. She added that work had been done recently to review and refine all the strategic risks and the risk scores and these had been used to populate the refreshed BAF.

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

23/017 Any other business (agenda item 17)

As this was Andy Johnson's last Council meeting having served three full terms, on behalf of Les France and the rest of the governors, Merran McRae thanked Andy for actively participating in the work of the Council, regularly observing Board and sub-committee meetings and attending service visits, and noted that his contributions over the last nine years had been very much valued.

The Council **thanked** Andy Johnson and wished him 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 3.45pm. 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>23/010 - Quarterly Quality and Performance Update Report (February 2023 - agenda item 12)</p> <p>Joanna offered to provide a further update on the Trust's use of out of area placements at a future meeting, including current improvement plans such as the Acute Care Excellence Programme.</p>	<p>Joanna Forster Adams</p>	<p>May 2023</p>	<p><u>COMPLETE</u></p> <p>Additional information provided as part of the Quality and Performance Update Report narrative.</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>23/002 - Sharing Stories: Introduction to the Northern Gambling Service and its use of outcome measures (February 2023 - agenda item 2)</p> <p>It was agreed that Matthew Gaskell would come back to the Council to share an update on the use of outcome measures in the Northern Gambling Service in a year's time.</p>	Rose Cooper	Management action	<p><u>COMPLETE</u></p> <p>This has been factored into the governor workplan for 2023/24.</p>
<p>23/008 - Chair's Report (February 2023 - agenda item 8)</p> <p>The Council noted that, due to the Part A meeting not being quorate, any decisions would need to be emailed out to governors for endorsement.</p>	Rose Cooper	Management action	<p><u>COMPLETE</u></p> <p>The decisions were emailed out to governors for endorsement.</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>23/008 - Chair's Report (February 2023 - agenda item 8)</p> <p>On the issue of quoracy, Fiona Venner asked that in future communication was had with governors about any meetings they could not attend in advance of the dates being finalised.</p>	<p>Corporate Governance Team</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>We will ensure meeting dates are shared with governors well in advance and will ask them to let us know if they are unable to attend any of the meetings. We will have to go with the majority in terms of governor availability but will always avoid local government election dates as this affects several governors on the Council. Meeting dates are also shared with governors upon their election / appointment.</p>
<p>23/010 - Quarterly Quality and Performance Update Report (February 2023 - agenda item 12)</p> <p>Ian Andrews noted there was no non-clinical workforce data included in the Quarterly Quality and Performance Update Report. As an interim solution ahead of the data being fully integrated into the performance dashboard, it was agreed that this information would be provided as a separate appendix for future reports.</p>	<p>Darren Skinner</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>The non-clinical dataset has been included in your paper pack as agenda item 11.1 for information.</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>23/010 - Quarterly Quality and Performance Update Report (February 2023 - agenda item 12)</p> <p>Ivan Nip queried why governors did not receive the full paperwork in advance of observing Board sub-committees and the Corporate Governance Team agreed to take this away for further consideration.</p>	<p>Corporate Governance Team</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>Governors are asked to note that committee meetings are in effect private meetings of the Board and across the NHS it is not common for governors to observe subcommittee meetings of foundation trusts; neither is it specified in the Code of Governance as part of a governor's role.</p> <p>However, this Trust has agreed that permission is granted to governors to attend sub-committee meetings to observe the work of the NEDs. Due to the role of governors at these meetings being to observe the work of the NEDs and not participate in the meeting itself, governors do not receive full paper packs and there is no requirement for them to prepare for the meeting. In addition, the level of detail and target audience for these papers does not extend to governors.</p> <p>Should governors have any questions about any of the matters discussed it is possible to speak with the Chair of the committee following the 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>23/013 - Introduction from the Head of Sustainability (February 2023 - agenda item 11)</p> <p>Merran suggested involving governors in the review of the Green Plan, and Naomi Makin agreed to link with the Corporate Governance Team to discuss the best way to do this.</p>	<p>Corporate Governance Team</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>Naomi Makin has been invited to the September Board to Board to facilitate a session on sustainability.</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>22/034 - 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.</p>
<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 was covered as part of the 'sharing stories' item at the February meeting. The Northern Gambling Service was 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>An Addendum to the Guide for Governors published by NHS England was circulated via email on 21 December 2022. This document was also added to the MS Teams document library.</p>

CHAIR'S REPORT

**PUBLIC COUNCIL OF GOVERNORS' MEETING
HELD 9 MAY 2023**

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

Governors are advised that the last round of elections finished on 27 March 2023, and I am very pleased to announce that the following seats were filled:

- Peter Ongley – Carer: Leeds
- Bradley Taylor – Service User: Leeds
- Nicola Binns – Staff: Clinical
- Amy Pratt – Staff: Clinical

Soon after the elections, we were advised that due to a sudden change in personal circumstances, Bradley Taylor was unable to take up his seat on the Council and he stepped down. On 4 May there was a Governor Induction session where I had the pleasure of meeting Peter Ongley, Nicola Binns and Amy Pratt. I would like to welcome Peter, Nicola and Amy to the Council and I very much look forward to working with them.

In addition to the three new governors joining the Council, at the end of the election process Andy Johnson came to the end of his third term of office and was not eligible to stand again, Peter Holmes came to the end of his first term of office and did not stand for re-election. Mark Clayton also came to the end of his first term of office. Mark stood for election but was not successful in being elected for a second term.

May I thank Andy, Peter and Mark for their enthusiasm and input to the work of the Council during each of their terms of office.

One further change to the Council to advise of is that Kirsty Lee, governor for Public: Leeds, has stepped down due to her increasing work commitments. I would like to thank Kirsty for her involvement with the work of the Council and wish her all the very best.

As of writing this report, I can advise the following seats are unfilled. These will go forward into the next round of elections which is due to start at the end of July:

- 3 x Public: Leeds
- 2 x Service user: Leeds
- 1 x Public: York and North Yorkshire
- 1 x Public: Rest of England and Wales
- 1 x Carer: York and North Yorkshire
- 1 x Service user and carer: Rest of UK

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

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

However, governors are reminded that at the end of May 2023 Cathy Woffendin will be retiring early from her post as Director of Nursing Quality and Professions. I am also pleased to be able to announce that following a robust recruitment process Nichola Sanderson (our current Deputy Director of Nursing) has been appointed as Cathy's successor and Nichola will take up her post on 1 June 2023. On behalf of the Council of Governors I would like to thank Cathy for her hard work and dedication to the work of the Trust and wish her all the very best in her future endeavours. I also look forward to working with Nichola when she takes up her new role on the Board in the next few weeks.

Whilst not a Board position, the Council is advised that on 31 July Cath Hill, Associate Director for Corporate Governance / Trust Board Secretary, will be retiring after a 43-year career in the NHS. We are currently undertaking a recruitment process to appoint someone to take over this role when Cath leaves, and governors have been invited to join the stakeholder panel as part of that process.

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

Non-executive Directors

Name	28 April 2022 (Extraordinary)	19 May 2022	16 June 2022 (extraordinary)	28 July 2022	29 September 2022	24 November 2022	8 December 2022 (extraordinary)	26 January 2023	30 March 2023
Merran McRae (Chair)								✓	✓
Sue Proctor (Chair)	-	✓	✓	✓	✓	-			
John Baker	✓	✓	-	✓					
Helen Grantham	✓	✓	✓	-	✓	✓	✓	✓	✓
Frances Healey					✓	✓	✓	✓	✓
Cleveland Henry	✓	✓	✓	-	✓	✓	✓	-	✓
Kaneez Khan						✓	✓	✓	✓
Merran McRae (NED)	✓	✓	✓	-	✓	✓	✓	See above	
Sue White	-	✓	✓	✓	✓				
Martin Wright	✓	✓	✓	✓	✓	✓	✓	✓	✓

Executive Directors

Name	28 April 2022 (Extraordinary)	19 May 2022	16 June 2022 (extraordinary)	28 July 2022	29 September 2022	24 November 2022	8 December 2022 (extraordinary)	26 January 2023	30 March 2023
Sara Munro	-	✓	✓	✓	✓	✓	✓	✓	✓
Joanna Forster Adams	✓	✓	-	✓	✓	✓	✓	✓	✓
Dawn Hanwell	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chris Hosker	✓	✓	✓	✓	✓	✓	✓	✓	✓
Darren Skinner	✓	-	✓	✓	✓	-	✓	✓	✓
Cathy Woffendin	-	✓	✓	✓	✓	✓	✓	✓	✓

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

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

Name	5 May 2022	5 July 2022	1 November 2022	2 February 2023
Non-executive directors				
Merran McRae (Chair)				✓
Prof Sue Proctor (Chair)	✓	✓	✓	
Prof John Baker	✓	-		
Dr Frances Healey			✓	✓
Helen Grantham	✓	-	✓	-
Cleveland Henry	✓	✓	✓	✓
Kaneez Khan			-	-
Merran McRae (NED)	✓	✓	✓	
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	2 February 2023
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			-	-	-
Ivan Nip	E	✓	-	-	✓	✓
Gabriella Obeng Nyarko	A					✓
David O'Brien	E	-	-	-	-	
Anna Perrett	A	-				
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 learning visits
Contributor:	Cath Hill
Status of item:	For noting

Governors are reminded they are invited to join our Non-executive Directors on their visits to Trust services. Attached is an update on the programme of learning visits which have been arranged so far.

Merran McRae
Chair of the Trust
April 2023

Learning visits undertaken by Non-Executive Directors and Governors

The following table lists the learning visits that have taken place and those scheduled for the near future. 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	South East & West Community Mental Health Teams	Aire Court, Lingwell Grove, Middleton, LS10 4BS	Josef Faulkner, Head of Operations & Caroline Gatti, Clinical Ops Manager	Helen Grantham	Rebecca Mitchell
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	Rachel Gibala
Monday 24 April 2023	Performance and Informatics Team	South Wing, St Mary's House, St Mary's Road, Leeds, LS7 3JX	Carl Money, Head of Performance and Informatics	Martin Wright	Nicola Binns

Learning visits undertaken by Non-Executive Directors and Governors

Date of visit	Team / Service	Location	Organised with	Non-Exec Director	Governor(s)
Wednesday 26 April 2023	Mill Lodge – Child and Adolescent Mental Health Inpatient Unit	Mill Lodge, 520 Huntington Road, York, YO32 9QA	Nick Mant, Head of Operations & Kay Lawn, Ops Manager	Frances Healey	Matthew Knight

**AGENDA
ITEM**

9

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Chief Executive Report
DATE OF MEETING:	9 May 2023
PRESENTED BY: (name and title)	Dr Sara Munro, Chief Executive
PREPARED BY: (name and title)	Dr Sara Munro, Chief Executive

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

EXECUTIVE SUMMARY

The purpose of this paper is to inform the Council of Governors on some of the activities of the Chief Executive which are undertaken to support the delivery of the Trust's strategic objectives and other important matters.

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

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

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

RECOMMENDATION

The Council is asked to note the content of the report.

MEETING OF THE COUNCIL OF GOVERNORS

9 May 2023

Chief Executive Report

The purpose of this paper is to update the Council of Governors on the activities of the Chief Executive.

1. Our Services and Our People

Service Pressures

Whilst December and January saw the most challenging pressures across the health and care sector there has been a continuation of additional demands and issues impacting on capacity and flow. We continue to see fluctuating rates of covid with outbreaks impacting on our inpatient wards and staff availability which are well managed by the IPC and operational leadership teams. However, this does impact on patient flow and ultimately lead to out of area placements which has been discussed at the Finance and performance committee as part of the routine performance report.

Industrial Action has been halted by those unions representing staff on agenda for change and has not directly affected our workforce however there has been two episodes of industrial action taken by Junior Doctors that did have a direct effect on our services. Thanks to fantastic leadership from Executive colleagues and in particular the Medical staffing department the risks to patient care were mitigated during the strike however in order to enable sufficient 24 hour medical cover some routine out-patient appointments have had to be postponed.

It is also important to recognise the impact of industrial action in other sectors especially teaching which does impact on our workforce and this continues to be overseen through enhanced arrangements led by the COO and Director of People and OD.

Service Visits and CMHT

During the past few weeks I have allocated the time I would ordinarily spend in services to supporting the CMHT as part of our redeployment effort alongside other colleagues from across corporate and clinical teams. This has involved being inducted, trained and now working as part of the triage and assessment team based at St Marys Hospital. Whilst we often focus on the challenges within the service spending time alongside team members is proving incredibly insightful for the day-to-day challenges but overwhelmingly the strength of leadership and level of team cohesion in our CMHTs. There is a clear plan in place and the support from colleagues across the Trust through redeployment is providing capacity for stabilisation and improvement.

I have visited our forensic wards at Newsam as have several members of the executive team to speak directly with ward staff and service users. This follows concerns being raised through the Freedom to Speak Up Guardian and with senior managers and HR colleagues. The senior team are being supported to address the current issues staff have raised regarding morale, communication and day to day support to strengthen engagement and enable ward staff to focus on the quality of care and service development. We have engaged with external support which Darren Skinner is overseeing to ensure we have a longer term and sustainable improvement plan in place. The commitment to patient care was very clear to see from the discussions with staff, observing interactions between staff and patients and speaking directly with some of the patients on the ward about their experiences and how they feed back in ward community meetings and their MDT meetings.

Synergi Leeds

Along with many colleagues from the Trust I attended the screening of a documentary showcasing the journey over the past 4 years that we have been part of called 'Synergi Leeds'. This is a true partnership collaboration aimed at tackling systemic race inequality in mental health through grass roots investment, creative space events and securing senior leadership commitment. These inequalities manifest in over representation of ethnic groups in secure care and detentions under the Mental Health Act. We have made a long-term commitment to the collaborative with several colleagues from the Trust taking active roles and the Deputy Director of Psychological Professions Sharon Prince is a joint SRO in the programme. There is lots to celebrate in the city regarding the shift in mindset, awareness

and action but there is also far more to do, and the event was an opportunity to put out another call to action for long term commitment and funding to address the inequalities faced by our ethnically diverse communities in access to and outcomes from mental health services. It was reassuring to hear from Service users at this event who are part of the redesign of community mental health services this is being embedded from the outset in the community transformation programme. Addressing racial inequalities will form part of the wider Health Inequalities strategy work being led by Joanna Forster Adams so we can ensure it is truly embedded and sustained.



Celebrating Apprenticeships

We held the first ever celebration event for colleagues completing their apprenticeships with us on the 17th March. In 4 years 74 staff have completed an apprenticeship ranging from level 2 in care, clinical apprenticeships, data and procurement apprenticeships through to level 7 in clinical psychology and leadership and management. The majority still work with us in the Trust and the event brought together students, managers and family members to celebrate their achievements and recognise the valuable contribution that apprentices make to our services and service users.

Additional nominations were sought for individuals who displayed Trust Values and the winners were:

CELEBRATING OUR APPRENTICES

**Well done to the
Apprenticeship Celebration
Event winners!**

- Integrity: Myer Bradley
- Simplicity: Sian Leese-Hook
- Caring: Olivia Goor
- Manager/Mentor (Simplicity): Andrew McNichol



Thanks to the apprenticeship team who co-ordinate and support apprenticeships across the Trust; Samantha Ibison (Apprenticeship and widening participation lead), Michelle Wood (Apprenticeships Officer), Becky Kirkbright (Organisational Development Administrator).

Staff Survey Results

The Board received a detailed presentation earlier this month on the Trusts results in the 2022 staff survey. I want to reiterate my thanks to the People and Experience and engagement team who have done a significant amount of work analysing results and now working with teams to create bespoke intention plans on areas for improvement. We know this approach does make a difference based on the areas we saw improvements from 2021 to 2022.

Recruitment Updates

Executive Director of Nursing, Professions and Quality

We had 12 applicants for the post of Executive Director of Nursing, Professions and Quality which was far higher than we anticipated. Final interviews took place on the 29th March 2023 and we are delighted that Nichola Sanderson, current deputy director of nursing in the Trust has been appointed. Nichola will take up the post on the 1st June following Cathys retirement.

Trust Board Secretary

Cath Hill is retiring at the end of July and therefore we will be recruiting a new Trust Board secretary. We have finalised the recruitment process with the post being advertised later in April and final interviews scheduled for early June. Lead Governor Les France has agreed to form part of the recruitment panel.

Freedom To Speak Up Guardian

John Verity has confirmed he will be stepping down from his role later in the summer and the CoG can be reassured we have now agreed the timeline and recruitment process for his replacement. The post will be advertised in May and final interviews early July.

2. Our Partnerships

West Yorkshire Integrated Care System

During March (7th) there has been a meeting of the Partnership Board chaired by Cllr Swift and attended by the Chair and CEO. The Integrated Care Board met in Public on the 21st March 2023 and papers are available on the ICB website. Key areas of focus were the draft ICS five-year strategy, a focus on the VCSE sector contribution and ongoing sustainability, Operational and financial planning for 2023/24 as well as routine performance reporting and updates from places/sectors. The committee approved the delegation of commissioning responsibility for pharmacy, optometry and dental services (POD) from April 2023 and signed an MOU to work with NHSE on plans to transfer responsibility for specialises decommissioning of services (physical/acute) in 2024.

Leeds Place Committee of the ICB held its public meeting on the 14th March and key agenda items included a report from Health watch on engagement work done with citizens exploring their experience of hospital discharge. Findings will be considered a part of the intermediate care redesign work taking place across the city. Routine performance, finance and operational planning was covered along with a presentation and discussion on the refresh of the Leeds Health and Wellbeing Strategy which was also discussed and welcomed at our March public Board meeting.

ICB Future Operating Models

A review of the West Yorkshire ICS operating model has now been commenced in response to wider communication from NHSE on the need to reduce overall operating costs. The CEO of West Yorkshire Rob Webster wrote to all partners to advise Tim Ryley will lead this for our ICS and will be undertaking wide ranging engagement over the next three months to produce a set of recommendations on how the operating model can be improved in its effectiveness and efficiency.

3. Reasons to be Proud

There is a lot to cover in this report as I have included our highlights from the past few months.

National Diversity Award Nominations

Well done to...

Declan Jenkinson, Apprentice
Healthcare Support Worker
In Rehab & Recovery,
nominated for
Positive Role Model for Disability Award



Gender Identity Service in 3 categories...

- Sophie Bracewell for Positive Role Model Award for LGBT
- Gender Outreach Workers - Community Organisation Award for LGBT
- Gender ID Service for Diverse Company Award



Core Trainee Outstanding Teacher Award August 2022 - January 2023

The Trust Medical Education Committee agreed that 6 monthly, we would all vote for a Core Trainee Outstanding Teacher Award and yearly for the Higher Trainee Outstanding Teacher Award

First ever award goes to Dr Benjamin Rutt



Dr Sharon Nightingale, Director of Medical Educations said:

Ben is an excellent teacher, blending warmth with conversational style, structure, and knowledge.

He set up the 'train the trainer day' and his Workplace-Based Assessments show his great use of examples to illustrate key points and note his excellent ability to deliver kind yet constructive feedback to students.



Social Worker of the Year Award

Tara Mitchell attended the Parliamentary Reception celebration at the House of Commons accompanied by Bal Dosanjh.

Both colleagues work in the Perinatal Mental Health Service.

Well done!!



Warm space at the Becklin

- Opened December 1st for 2 days per week offering tea, toast and a warm space to sit and meet people
- Throughout the three months there has been a real mix of between 30 -50 people per day – some service users and staff
- Some service users who have been discharged from the Becklin and have seemed to use the café as a bit of a transition space back into the community
- Phillip Long is going to be leading on a future initiative

I feel blessed that the Trust has offered me as a member of staff a slice of toast, a cup of tea and some soup. It has really helped me

Somewhere for me to go during the day rather than sitting at home on my own

Good to come back and see my friends at Becklin



Hilary Lewis

Senior Cognitive Behavioural Psychotherapist & Occupational Therapist in Liaison Psychiatry

Awarded a HEE/NIHR Doctoral Clinical and Practitioner Academic Fellowship (DCAF)

"I'm excited to start my research.

LYPFT and University of Leeds have supported me throughout the application process, and I look forward to working across both organisations for the next three years."

Claire Paul, Professional Lead for AHPs, added:

"We wish Hilary well in her doctoral research!

Her award is a fantastic achievement. It's so encouraging to see AHPs leading new research which will ultimately improve service user care."



Errol Murray spoke with the Princess of Wales

Errol Murray, a Partners Peer Support Worker in the LYPFT Perinatal Mental Health Service and Leeds Dads founder, met HRH Catherine, Princess of Wales, to talk about supporting early years, and the importance of nurturing and building attachments in the first 5 years of childhood.

"What Leeds is doing is really extraordinary. Actually, you are leading the way and putting children and young people at the heart of the city and community here. It's really impressive to hear."



Leeds Autism Diagnostic Service has this month received re-accreditation by the National Autistic Society.

LADS is the only NHS adult autism team to possess this accreditation, which is a benchmark of quality and accessibility.

The NAS specifically praised the LADS staff for their strong team spirit and shared ethos of actively seeking autistic peoples' feedback and involvement in developing the service.

Well done to all the LADS team!



The service is working towards its vision of being the best specialist adult autism team in the country.

Team of the Month: South CMHT

Community Mental Health Teams are continuing to work during a challenging time of staff shortages, increased workloads and various changes to the way they work

"The South CMHT are amazing, caring and knowledgeable. The team have offered good support to new staff who have been redeployed and students who have come on placement. I wanted to recognise the good work they continue to do for our service users."

Judges:

"This brought tears to my eyes - showing kindness and support to teams and service users in tough times."

"It is fantastic to hear from a member of staff how they have been supported when redeployed to CMHT."



SPECIALISED SUPPORTED LIVING SERVICE



Going above and beyond to celebrate the 80th birthday of one of our service users.

The team arranged family and friends visits, and to top it off, they booked the Yorkshire Belles, a trio of singers, to serenade her at home.

Nominator – "I might manage the service, but I can't take any credit. The staff planned every part. They are fantastic."

"What an amazing example of putting the person at the centre of a wonderful team and celebration. I was smiling reading this example - thank you."

- Judges



Research Heroes



Research Heroes are individuals who are part of a hidden army of staff supporting research across LYPFT.

Thank you for making a difference!

Name: IT, Performance & Informatics with Akrivia Health

Role: Partnership

- This partnership is helping our R&D team to unlock our CareDirector data
- It will streamline processes, enabling evidence -based decisions to be made in a much quicker timeframe

Email: research.lypft@nhs.net



**Research &
Development**



"Carl Money, Head of Performance and Informatics, said:

"I'm really pleased our teams were able to help and worked so effectively with others in the Trust, and with Akrivia!"

Research Heroes



Research Heroes are individuals who are part of a hidden army of staff supporting research across LYPFT.

Thank you for making a difference!

Denise Ramsden and Mary Page, Memory Nurses

- Creating a research culture as part of clinical care
- Both role model the variety of ways that nurses can support, engage, and lead on research as part of their core roles
- It all starts with simple conversations

Email: research.lypft@nhs.net



**Research &
Development**



Denise: *"More people being involved means one day we could get that cure for dementia ."*

Mary: *"All the team need to 'own' and to show a willingness to get involved."*

Informing our patient group about studies is now, I feel, a part of my role."

Dr Sara Munro
Chief Executive
19 April 2023

**AGENDA
ITEM**

11

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Quarterly Quality and Performance Update Report
DATE OF MEETING:	9 May 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.		
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 content 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 February 23, and Quality and Workforce is January 23. This is consistent with the latest information shared with the Trust Board of Directors.

Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Dec 2022	Jan 2023	Feb 2023
Percentage of crisis calls (via the single point of access) answered within 1 minute *	-	42.7%	41.8%	42.0%
Percentage of ALPS referrals responded to within 1 hour	-	75.7%	69.5%	76.6%
Percentage of S136 referrals assessed within 3 hours of arrival	-	19.4%	33.3%	30.0%
Number of S136 referrals assessed	-	31	30	30
Number of S136 detentions over 24 hours	0	0	0	0
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	85.0%	79.3%	57.9%	45.9%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	86.5%	80.3%	87.0%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	50.9%	61.2%	56.5%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Dec 2022	Jan 2023	Feb 2023
Gender Identity Service: Number on waiting list	-	4,010	4,048	4,147
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days **	-	17.78	56.42	30.44
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	75.0%	50.0%	82.8%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	0.0%	-	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	70.6%	-	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	90.9%	-	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	85.0%	94.3%	-	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	830	726	-	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	13.1%	-	-
Services: Our acute patient journey	Target	Dec 2022	Jan 2023	Feb 2023
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	72.0%	25.8%	46.4%
Crisis Assessment Unit (CAU) length of stay at discharge	-	18.1	5.67	4.79
Liaison In-Reach: attempted assessment within 24 hours	90.0%	77.5%	73.3%	53.2%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	97.3%	95.5%	98.7%
Becklin Ward 1 (Female)	-	96.0%	93.0%	99.0%
Becklin Ward 3 (Male)	-	98.8%	97.9%	97.9%
Becklin Ward 4 (Male)	-	101.4%	98.3%	99.7%
Becklin Ward 5 (Female)	-	91.3%	89.6%	98.2%
Newsam Ward 4 (Male)	-	99.5%	99.2%	98.8%
Older adult (total)	-	96.4%	96.7%	98.4%
The Mount Ward 1 (Male Dementia)	-	97.5%	98.2%	94.6%
The Mount Ward 2 (Female Dementia)	-	98.9%	95.7%	97.6%

Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Dec 2022	Jan 2023	Feb 2023
The Mount Ward 3 (Male)	-	95.0%	91.9%	99.1%
The Mount Ward 4 (Female)	-	95.5%	100.9%	100.8%
Percentage of delayed transfers of care	-	12.4%	13.8%	15.6%
Total: Number of out of area placements beginning in month	-	10	16	8
Total: Total number of bed days out of area (new and existing placements from previous months)	84	369	499	466
Acute: Number of out of area placements beginning in month	-	7	9	5
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	225	286	268
PICU: Number of out of area placements beginning in month	-	2	7	2
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	100	151	168
Older people: Number of out of area placements beginning in month	-	1	0	1
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	44	62	30
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90.0%	64.3%	-	-
Services: Our Community Care	Target	Dec 2022	Jan 2023	Feb 2023
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	82.2%	84.6%	72.7%
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	80.0%	81.5%	84.5%	72.1%
Number of service users in community mental health team care (caseload)	-	3,734	3,613	3,468
Percentage of referrals seen within 15 days by a community mental health team	80.0%	87.3%	72.0%	43.7%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	53.4%	54.0%	52.5%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	45.2%	42.2%	42.0%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	54.5%	88.2%	66.7%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	60.4%	-	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	78.3%	-	-
Services: Clinical Record Keeping	Target	Dec 2022	Jan 2023	Feb 2023
Percentage of service users with NHS Number recorded	-	99.0%	99.1%	99.1%
Percentage of service users with ethnicity recorded	-	74.9%	75.5%	75.7%
Percentage of service users with sexual orientation recorded	-	33.9%	34.8%	35.2%
Services: Clinical Record Keeping - DQMI	Target	Sep 2022	Oct 2022	Nov 2022
DQMI (MHSDS) % Quality %	95.0%	91.4%	91.9%	91.8%

* 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	Nov-22	Dec-22	Jan-23
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	Aug	Sep	Oct
		88.3%	91.4%	91.9%
Percentage of service users with ethnicity recorded	-	74.5%	74.7%	75.3%
Percentage of service users with sexual orientation recorded	-	33.0%	33.5%	34.5%
Quality: Our effectiveness	Target	Nov-22	Dec-22	Jan-23
Number of healthcare associated infections: C difficile	<8	0	0	0
Number of healthcare associated infections: MRSA	0	0	0	0
Number of inpatients diagnosed positive with Covid19	-	6	38	8
Quality: Caring / Patient Experience	Target	Nov-22	Dec-22	Jan-23
Friends & Family Test: Positive experience of care (total responses received)	-	93%(146)	90%(101)	92%(141)
Mortality:				
· Number of deaths reviewed (incidents recorded on Datix)*	Quarterly	-	78	-
· Number of deaths reported as serious incidents	Quarterly	-	6	-
· Number of deaths reported to LeDeR	Quarterly	-	3	-
Number of complaints received	-	18	14	10
Percentage of complaints acknowledged within 3 working days	-	100%	100%	100%
Percentage of complaints allocated an investigator within 3 working days	-	50%	50%	70%
Percentage of complaints completed within timescale agreed with complainant	-	100%	100%	100%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	190	109	187

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.

Quality and Workforce metrics: Tabular overview

Quality: Safety	Target	Nov-22	Dec-22	Jan-23
Number of patient/staff/visitor incidents reported on Datix	-	1,159	1,149	1,289
Number of Self Harm Incidents	-	235	151	217
Number of Violent or Aggressive Incidents	-	132	144	152
Number of never events	-	0	0	0
Number of physical restraints *	-	271	230	246
Number of ended seclusion incidents lasting 24+ hours **	-	6	5	7
No. of patients detained under the MHA (includes CTOs/conditional discharges)	-	551	513	513
Adult acute including PICU: % detained on admission	-	81.3%	65.0%	53.1%
Adult acute including PICU: % of occupied bed days detained	-	89.4%	88.7%	86.0%
Number of medication errors reported on Datix	Quarterly	-	199	-
Percentage of medication errors resulting in no harm	Quarterly	-	0.93	-
Safeguarding Adults: Number of advice calls received by the team	Quarterly	-	204	-
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	0.225	-
Safeguarding Children: Number of advice calls received by the team	Quarterly	-	39	-
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	0.23	-
Number of falls related to patients reported on Datix	-	48	78	80
Number of Pressure Ulcers occurring or deteriorating within inpatient or SSL services	-	1	1	2

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	Nov-22	Dec-22	Jan-23
Percentage of staff with an appraisal in the last 12 months	85%	61.9%	59.8%	59.1%
Percentage of staff with a wellbeing assessment completed	-	91.0%	91.0%	92.0%
Percentage of mandatory training completed	85%	83.5%	83.6%	83.4%
Safeguarding: Prevent Level 3 training compliance (quarter end snapshot)	85%	-	93.0%	-
Percentage of staff receiving clinical supervision	85%	64.7%	54.2%	64.4%
Staff Turnover (Rolling 12 months)	8-10%	10.1%	9.5%	9.9%
Sickness absence rate in month	-	6.5%	7.5%	6.0%
Sickness absence rate (Rolling 12 months)	4.9%	6.3%	6.3%	6.2%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	12.0%	11.9%	11.8%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	32.1%	31.7%	32.0%
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	-	456	642	419
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	18.8%	19.7%	19.1%
Medical Consultant Vacancies (number)	-	16.3	17.1	16.5
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	33.8%	27.3%	23.0%
Medical Career Grade Vacancies (number)	-	15.5	12.6	10.6
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	6.6%	26.7%	27.9%
Medical Trainee Grade Vacancies (number)	-	6.9	28.1	29.3
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	43.0%	43.0%	42.0%
Band 5 inpatient nursing vacancies (number)	-	111.3	112.8	110.2
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	14.0%	18.0%	17.0%
Band 6 inpatient nursing vacancies (number)	-	16.0	20.8	18.8
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	50.2%	52.2%	51.2%
Band 5 other nursing vacancies (number)	-	46.5	48.3	47.4
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	13.0%	13.3%	14.6%
Band 6 other nursing vacancies (number)	-	44.0	45.0	49.5
Percentage of vacant posts (Trustwide; all posts)	-	13.3%	14.6%	15.0%
Bank Agency Spend YTD (Cost)	-	14,045,087	16,354,757	18,153,081
Bank Agency Spend YTD (%)	-	13.0%	14.0%	14.0%
		Dec	Jan	Feb
Percentage of front-line staff vaccinated for Covid19 (22/23 booster dose)*		51%	48%	48%
Percentage of all staff vaccinated for Covid19 (22/23 booster dose)*		45%	43%	44%

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

* Jan booster data as at 20/02/23

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 - The consolidated programme of work responding to the challenges we have faced over the last 18 months in our CMHTs, led by Deputy Directors and Clinical Directors, has started to be implemented. The immediate response has seen approximately 24wte staff deployed into CMHT since the 20th of February. We continue to plan to align and potentially integrate of some of our more specialised community services to CMHT, specifically looking at how we can more comprehensively support needs of populations and geographies across the city. We have also identified service users who appropriately can be discharged from CMHT for their ongoing care to be supported by Primary Care. Additionally, we have identified people who are better supported by other community services – their transition will be supported by practitioners currently working with each individual and with oversight of the multi-disciplinary teams. This is predicted to reduce average individual caseloads in CMHTs to 30-35 from 50-55. In 2022/23 we have contracted with Community Links and Northpoint to employ 18 WTE key workers in total, with 16 WTE recruited and 9 WTE staff now in place.

Older Adult inpatient Services - continue to operate at a reduced bed base across our Older Adult inpatient services in line with our agreed recovery and stabilisation plan. Whilst there continue to be staffing issues because of workforce availability (a combination of vacancies and unplanned absence), we are now seeing an improved position. The DTOC rate across our older adult wards has on average been 20% throughout the year. It has been identified that 37% (based over a 3-month period) of our discharges to care homes are outside Leeds – highlighting the urgent need for further care home capacity that can meet the needs of people with complex and challenging conditions.

Forensic services – Leeds based Forensic services continue to face significant nursing workforce challenges with a registered nurse vacancy rate of 35%, and a total unavailability rate of 37% over the last four weeks. The case to improve our substantive establishment has been positively received as part of the West Yorkshire Provider Collaborative and recruitment to these additional posts has commenced, with 6 health support worker posts being appointed to. A further 6 is expected to be recruited in the coming weeks. We currently have all outstanding band 5 and band 6 registered nurse posts advertised, or within a recruitment process currently.

Children and Young People Mental Health – Red Kite View - Temporary Medical Staffing absence has resulted in the continued need to cap our admissions to beds reducing to 76% of our operational capacity, rather than the target of 85% in order to maintain quality of care. In February we saw a significant improvement to achieve 100% for the HoNOSCA outcome measure. We anticipate this will be maintained as we move forward.

Sustained and depleted staffing levels in our CMHTs has resulted in increased caseload sizes for staff, ranging from 50-70 per care coordinator, with a total caseload in excess of 2800. The work undertaken by our Information Team has identified those service users who are able to be discharged from CMHT. Work is ongoing to facilitate these discharges to reduce caseloads. We continue to see increased activity and caseloads in our more Intensive and Crisis response services, we believe to be because of the pressures in the CMHT.

Key issues, risks and actions:

Since the report in January 2023 the planning focus has shifted significantly more to the planning for and response to industrial action. More generally, the planning and incident management structures remain in place and are as previously reported.

- Enhanced Winter Coordination Group (EWCG) – overall coordination of all activities aimed at mitigating winter pressures and potential disruption (includes outbreaks, demand and capacity, workforce availability, industrial action, power, system pressures and disruption).
- Industrial Action Planning Group (IAPG) - Executive chaired planning for disruption caused directly and indirectly by NHS and other types of industrial action. The group provides assurance to the Executive Management Team.
- Industrial Action Tactical Group (IATG) – group that reports to the IAPG and is responsible for detailed planning for industrial action including developing plans and mitigations.
- Power Disruption Tactical Group – group reporting into the EWCG that developed plans and procured equipment to mitigate the risk of winter power outages. The group last met in January 2023 and was approved by the EWCG to stand down given its work plans had been completed.

Managing Winter Pressures and Flow - The Trust has continued to operate routinely at OPEL 3e which means “The local health and social care system (or individual body) is experiencing major pressures compromising patient flow and safety and continues to increase. Actions taken in OPEL 3 have not succeeded in de-escalation or recovery.” The wider system has also been under considerable pressure although consistently at level 3e rather than at level 4 (which was the case over December and January 2023).

The Trust has planned for consequential impact of industrial action during January and February 2023. This has looked at:

- The impact of ambulance strikes on the response times for serious patient safety incidents in our hospitals and in supported living houses. The aim was to mitigate against the risk of non-response (or slower than usual) response from Emergency Ambulance. With the support of Michelle Higgins (Head of Physical Health and IPC) and Richard Dealhoy (Lead Resuscitation Officer) we prepared staff and developed operating instructions for staff faced with emergencies. In addition, there was meticulous planning and management of staff to ensure that people equipped with experience and skills were available across our inpatient services. There have been 2 periods of action over 4 days affecting ambulance response since the end of January and internally there were no internal adverse incidents.
- Secondly, plans to respond to industrial action which has affected partners (in Leeds Teaching Trust and Leeds Community services where there has been a period of Royal College of Nursing (RCN) action over two days since the last Board report). We have worked to ensure that our services which interface with them are geared up for the service user impact.

The junior doctors' strike (13-16 March 2023) was the first NHS industrial action to directly impact the Trust. Work planning the approach to mitigating disruption was conducted in both the tactical Industrial Action Group and by members of the Medical Education Department. Two pathways were identified – the in hours (09:00-17:00) pathway and the out of hours pathway (17:00-09:00). Care services management were responsible for the former and consultant medical staff and staff in the Medical Education Department for the latter – but worked together to ensure comprehensive arrangements were in place throughout the period of disruption. The initial assessment is that arrangements worked well. No significant issues arose on either pathway and patient care was maintained. In total 36 appointments or clinic spaces were cancelled over the three days. These mainly affected older peoples' community services. It has been announced that a further extended period of industrial action of junior doctors is planned for four days following the Easter bank holiday. The strategic and tactical group are meeting in response to this, and a verbal update will be provided in the Trust Board meeting.

Points to note:

The COO report presented in January showed that we had an increased length of stay in our Adult services due to the level of intensive treatment needed over a longer period of admission, (average length of stay has increased from 56 days to 98 over a 12-month period). Demand remains consistent with occupancy levels of 99% in March and a continued focus on clinical and operational management of our capacity and flow. We continue to aim to eliminate our out of area placements within the Acute Service over the next year and we had planned to stop the use of the contracted beds in the Priory Hospital by 31st March 2023.

We have seen an increase in our number of DToCs within our Adult Acute wards in the early part of the new year (with 16% DTOC in January and February). There are numerous factors contributing to these including internal waits for our rehabilitation services and externally for suitable accommodation. More recently work between Acute and Rehabilitation services has enabled several service users to be transferred to a more appropriate rehabilitation setting to support their ongoing recovery. This represents a reduction in DTOC to 11% in March 2023.

Trust Board Discussion Summary:

Care Services continue to face significant workforce challenges across many areas, yet we are now seeing some stabilisation in our core services – either due to temporary restrictions in capacity or due to increased staffing availability. These are summarised in the report above. Over the period, we have continued to manage ongoing disruption with the consistent aim of mitigating the potential risks and impacts of people who need our services. Our teams have consistently worked hard to provide safe, effective, and compassionate care which cannot always be reflected in numbers. We continue to focus on the wellbeing and support of staff, knowing that demands on them have been considerable including many managerial colleagues across Care Services.

Key issues, risks and actions:

At the time of writing the board report, Trades Unions are balloting members in respect of a pay offer (applicable to staff employed under Agenda for Change (AfC) terms and conditions made from the Government). However, no offer is in place for staff employed outside AfC. It has also been announced that a further extended period of industrial action of junior doctors is planned for four days following the Easter bank holiday. The strategic and tactical group are meeting in response to this, and a verbal update will be provided in the Trust Board meeting.

Arrangements for managing any disruption to power were assessed as completed in January 2023. With testing complete and emergency contingencies established, Tactical Power Outage Group stood down. However, the risk to power and fuel security has demonstrated significant vulnerabilities in the Trust's ability to withstand disruption to electricity distribution. This was compounded when it was discovered in March that not only were all the regions mental health inpatient sites not on the priority supply list for power; neither were they on the schedule as category A users for gas supplies. It is not clear why these omissions occurred, but the consequences are that significant numbers of organisations have identified greater vulnerability to the loss of power and/ or gas during the winter of 2022-23 that needs some significant planning to rectify if possible. This will be picked up as part of the Estates workplan and overseen by the Estates Strategic Steering Group (ESSG).

Spotlight on OOA:

Background

From September 2022, bed occupancy in our Acute Inpatient Service has been at an all-time high.

This has been as a result of a combination of factors including higher acuity of illness requiring longer hospital admission, increased number of delayed transfers of care, and flow into the community services affected by them being in Business Continuity. We have also seen an increase in demand for PICU and the challenges in sourcing placements, which resulted in service users being cared for on acute wards under higher levels of observations.

It was recognised that in order to respond to these pressures and to reduce delays elsewhere in the Leeds System, the Trust had to increase our winter resilience response which included the procurement of an additional 10 Adult Acute and 5 (reduced to 3) PICU beds. The temporary procurement of these beds allowed our Capacity and Flow Team to have increased governance over the quality of care offered and provide regular in reach into MDT meetings.

Our current position is that we have 5 people placed in OOA PICU who could not be cared for in a mixed sex environment, we expect this to reduce to 3 in the near future. Female demand for beds has been challenging of late, we have 5 females in OAPs which we expect to reduce over the next few weeks. We will continue to have 2 females in OAPs due to their specific needs, 1 is a staff member and 1 requires to be on a single sex accommodation site. In line with our planned trajectory to reduce our OAPs contracted bed usage, we have reduced the contracted beds in early April.

Following this response and in order to plan to reduce our OAPs we have reset our Out of Area Trajectory to reach zero by March 2024. This has required the service to develop a number of actions to ensure we can improve capacity and flow within our current provision. These actions include:

Complex Case Reviews:

There are number of patients receiving care in our acute mental health wards who present with multiple and/or complex needs which can result in longer lengths of stay and at times differing opinions as to the plan of care. We have therefore established Complex Case Reviews to provide the time and space for all involved clinicians to present a specific case following which any issues or barriers to recovery or discharge can be explored and resolved. The teams have fed back that they have found these reviews helpful, productive and supportive which is evidenced by the engagement on teams and that due to demand we have increased the frequency from monthly to two weekly.

The Service is also involved in the NHSE Discharge Challenge for Mental Health and Community services providers. We are working with our colleagues in BDHCT and SWYPFT and the ICB to strengthen our discharge processes with a set of 10 Key interventions. We have completed a self-assessment for LYPFT against these interventions and across West Yorkshire we are exploring solutions and sharing the learning. We are facilitating 2 MADE events for LYPFT involving all relevant stakeholders in the coming months to gain support from our partners in working through these challenges.

Acute Care Excellence:

The Acute Care Excellence is a programme of improvement to ensure the provision of an effective, safe, purposeful and high-quality services. Over the last year we have focussed upon 2 main projects: formulation and addressing clinical variation across the male acute inpatient wards.

Formulation

Since June 2022, Ward 1 and Ward 4 have been involved in a formulation pilot. The aim is to ensure that every patient has a formulation informing their care, treatment and discharge planning within the first 72 hours of admission in accordance with the current PIPA (Purposeful Inpatient Admission) pathway which aims to improve the patient experience of admission, providing clarity about their care and pathway to discharge, with the potential to reduce length of stay. The anecdotal feedback, thus far, is that the majority of staff has found formulation is helpful in shaping the care plan, but we acknowledge we still have work to do in assuring staff that this is not adding to an already high workload. We are awaiting the outcome of the evaluation before preparing to embed the process across the service.

Clinical Variation:

It is important in this project that we do not make assumptions about the reasons for the variation in capacity and flow data across the male acute wards, whilst recognising it is unlikely to be a single contributing factor. We also wanted to make it explicit that whilst we are aiming for the earliest discharge possible it should remain safe and planned. We met with the leadership team of each individual ward to invite their views as to barriers to discharge and any potential differences in practices across the wards. Following this an action plan which in addition to the MADE events and complex case reviews includes:

- The development of the men's service
- Review of the PIPA model
- Development of an admission and discharge procedure

LYPFT Non-Clinical Dataset - Council of Governors

9th May 2023

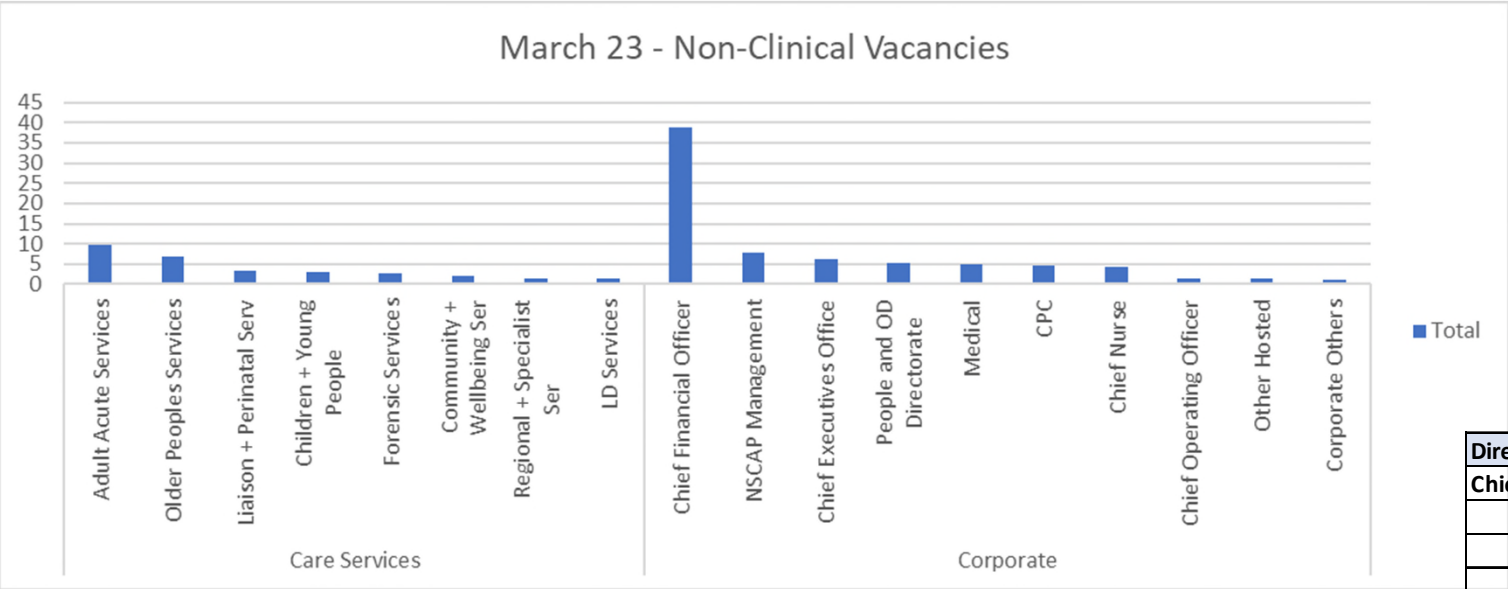
Darren Skinner, People and OD Director

Andrew McNichol, Head of People Analytics

Non-Clinical Workforce Data Overview – Staff in Post/Distribution

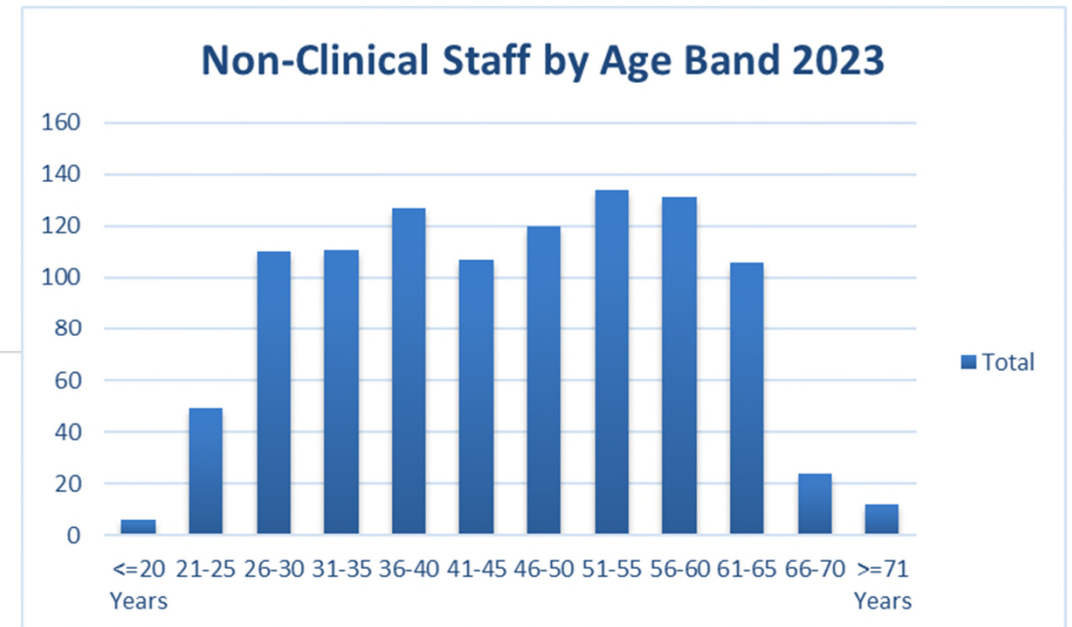
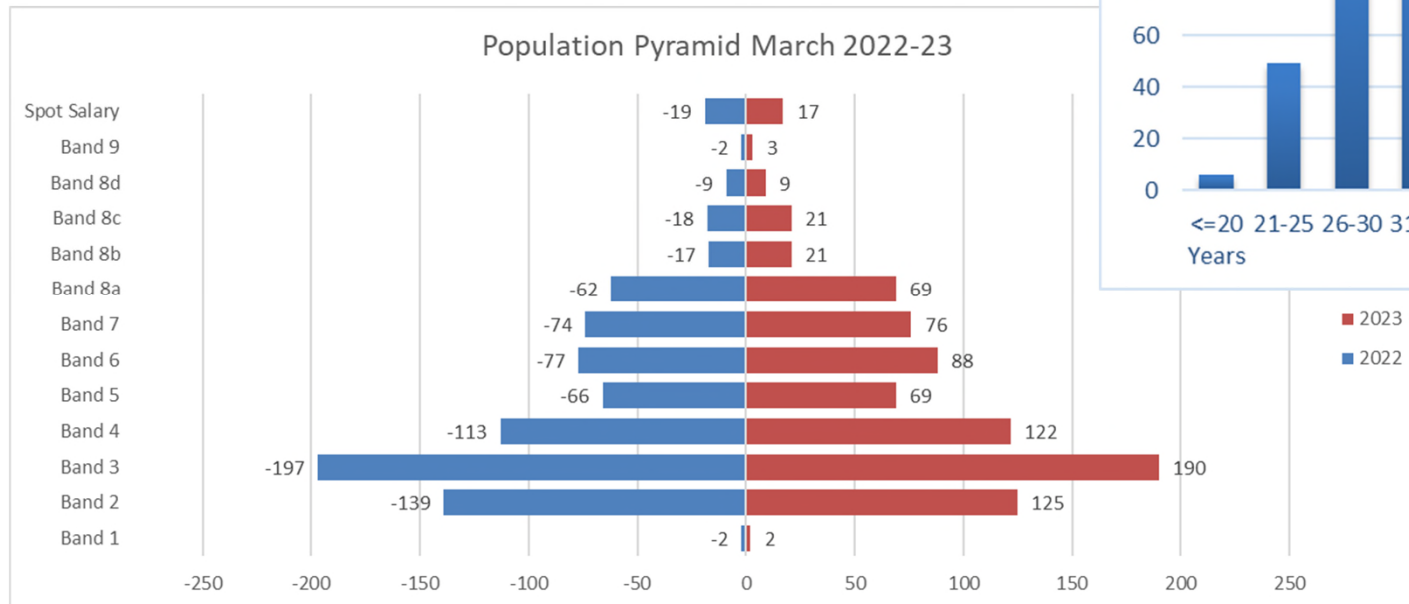
Service Line	2022 / 04	2022 / 05	2022 / 06	2022 / 07	2022 / 08	2022 / 09	2022 / 10	2022 / 11	2022 / 12	2023 / 01	2023 / 02	2023 / 03
Adult Acute Services	38.92	38.92	36.12	34.81	35.31	35.31	34.66	34.87	34.37	33.21	34.01	34.13
Care Services Other	15.00	15.00	15.00	15.00	15.00	15.00	16.00	16.00	16.00	17.00	16.20	16.20
Chief Operating Officer	2.00	2.00	2.00	2.00	2.00	2.00	4.00	4.00	4.00	4.00	4.00	4.00
Children and Young People's Services	15.99	15.99	14.99	15.65	14.65	14.52	14.52	15.45	15.45	15.55	14.07	12.27
Community and Wellbeing Services	48.86	47.83	46.83	48.00	47.29	49.03	50.03	50.63	48.27	50.87	52.97	51.95
Corporate Services	419.10	423.88	432.25	444.54	445.13	447.93	447.37	447.97	444.68	447.45	446.31	451.11
Eating Disorders and Rehabilitation and Gender Services	29.41	30.01	31.01	29.61	29.87	29.17	28.39	27.89	27.89	28.47	30.27	30.07
Forensic Services	19.39	19.39	18.39	18.39	18.39	18.39	17.39	17.39	17.39	17.39	17.39	18.39
Learning Disability Services	15.93	16.53	17.03	16.95	17.35	17.35	17.35	17.35	17.45	17.59	17.59	17.59
Liaison and Perinatal Services	19.13	19.13	19.60	19.60	19.60	19.20	19.20	19.20	19.40	19.70	19.90	19.70
Older Peoples Services	39.09	39.09	37.89	37.89	37.79	38.66	38.06	37.06	34.86	35.96	35.96	36.95
Regional and Specialist Services	20.24	20.24	20.24	20.24	21.24	20.24	20.75	20.75	20.91	20.91	20.44	19.24
Grand Total	683.07	688.02	691.36	702.69	703.63	706.80	707.72	708.56	700.68	708.10	709.12	711.60

Non-Clinical Workforce Data Overview – Vacancy

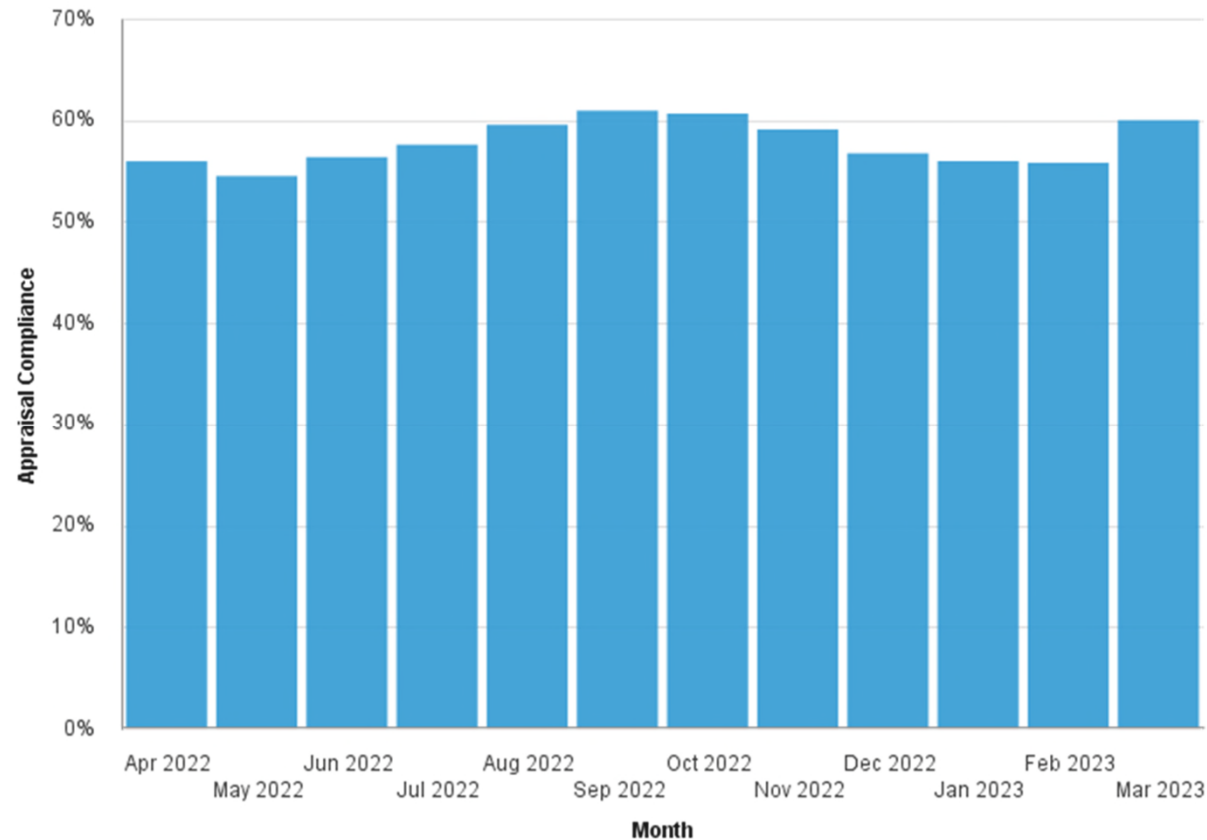


Directorate/Service Line (L4)	Business Unit	Total
Chief Financial Officer	Red Kite View Estates	7.41
	Finance	6.96
	Logistics	4.68
	Transport	4.28
	ICT Service Delivery	4.00
	Facilities Management	2.90
	ICT	2.87
	NYU Estates	1.94
	Reporting	1.80
	Applications	1.79
	Hotel Services	0.96
	Info & Knowledge	0.07
	Misc Facilities	0.00

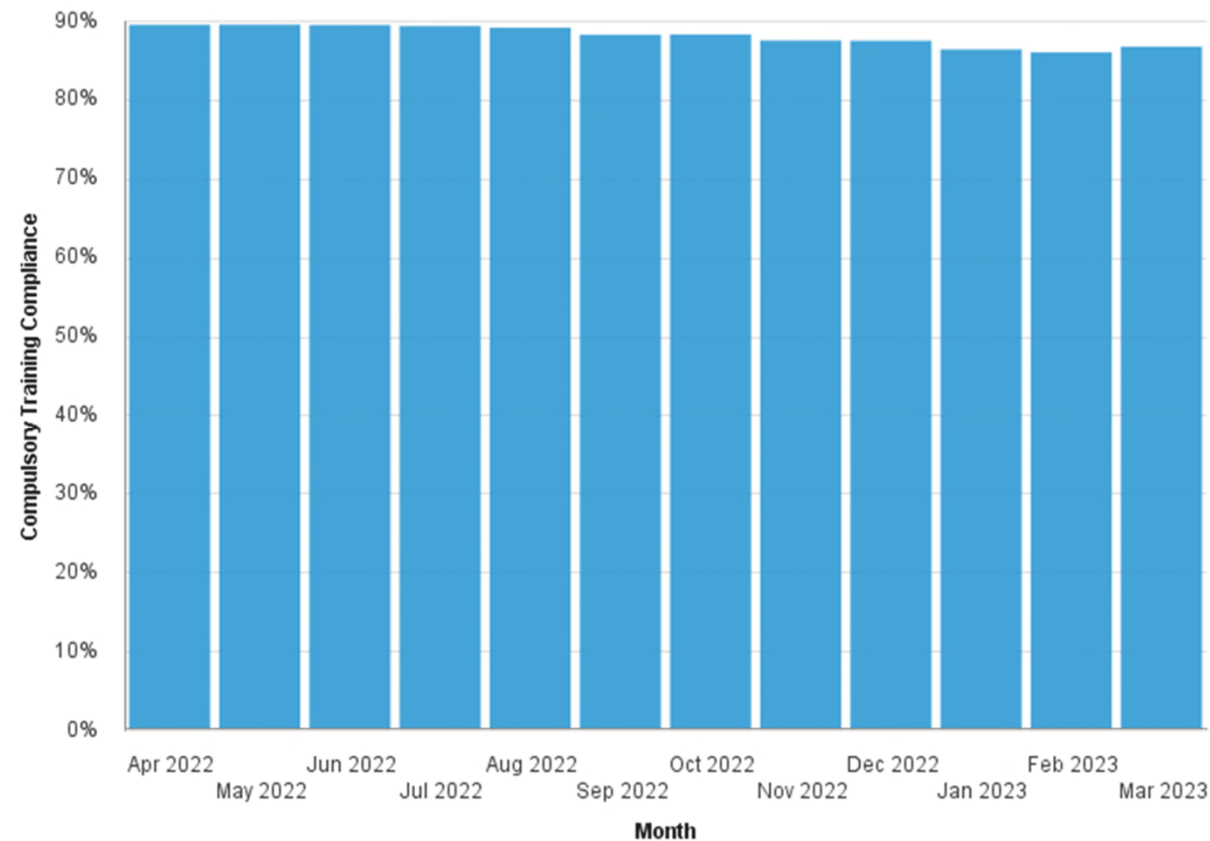
Non-Clinical Workforce Data – Population Pyramid and Age Band Distribution



Non-Clinical Workforce Data Overview – Appraisal Compliance

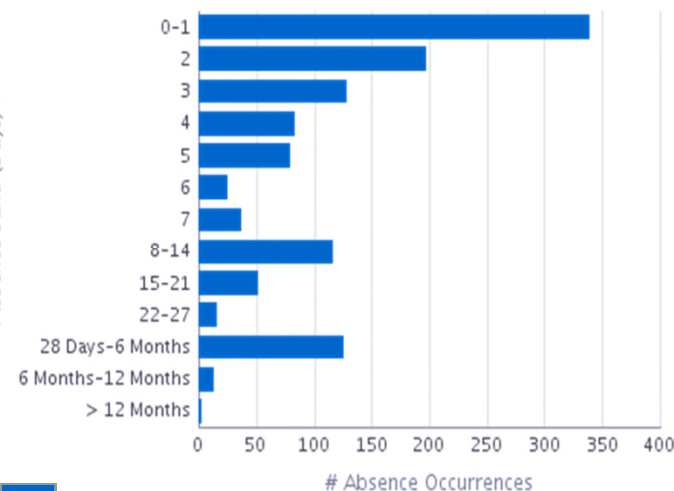
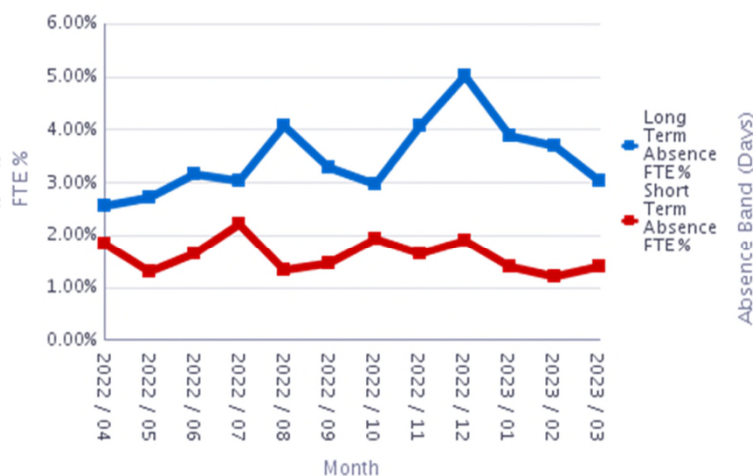
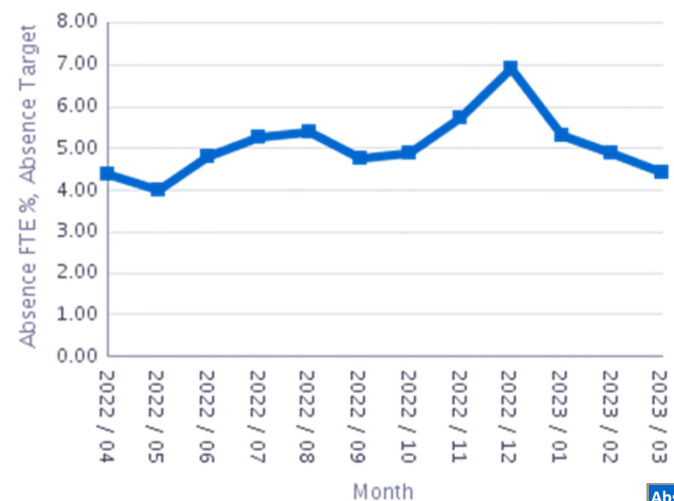


Non-Clinical Workforce Data Overview – Compulsory Training Compliance



Non-Clinical Workforce Data Overview – Sickness Absence

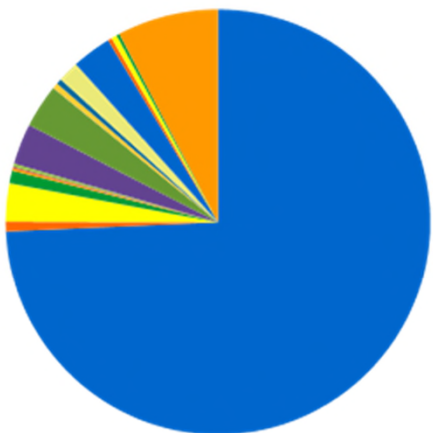
Absence FTE %	Absence Days	Absence FTE	Available FTE
5.07%	16,005	13,480.72	265,672.93



Absence Reason	Headcount	Abs Occurrences	Abs Days	%
S10 Anxiety/stress/depression/other psychiatric illnesses	89	114	3,524	22.0
S27 Infectious diseases	190	207	2,699	16.9
S12 Other musculoskeletal problems	40	54	1,316	8.2
S13 Cold, Cough, Flu - Influenza	220	273	1,153	7.2
S17 Benign and malignant tumours, cancers	5	7	1,027	6.4
S15 Chest & respiratory problems	47	50	1,026	6.4
S25 Gastrointestinal problems	158	191	919	5.7
S16 Headache / migraine	74	96	620	3.9
S28 Injury, fracture	19	19	599	3.7
S26 Genitourinary & gynaecological disorders	26	35	543	3.4

Non-Clinical Workforce Data Overview – EDI Profile and Gender Pay Distribution

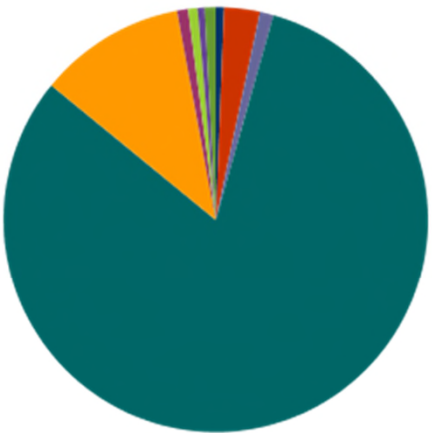
Ethnicity Profile



Measure

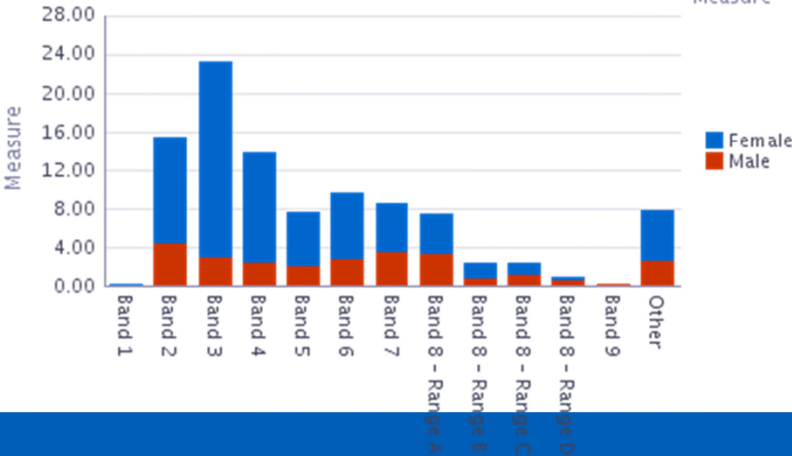
- A White - British
- B White - Irish
- C White - Any other White backgr...
- D Mixed - White & Black Caribbean
- E Mixed - White & Black African
- F Mixed - White & Asian
- G Mixed - Any other mixed backg...
- H Asian or Asian British - Indian
- J Asian or Asian British - Pakistani
- K Asian or Asian British - Banglad...
- L Asian or Asian British - Any oth...
- M Black or Black British - Caribbean
- N Black or Black British - African
- P Black or Black British - Any othe...
- R Chinese
- S Any Other Ethnic Group
- Z Not Stated

Disability Profile



- Learning disability/difficulty
- Long-standing illness
- Mental Health Condition
- No
- Not Declared
- Other
- Physical Impairment
- Sensory Impairment
- Yes - Unspecified

Measure



Thank you

**AGENDA
ITEM**

13

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Report from the Chair of the Finance and Performance Committee
DATE OF MEETING:	9 May 2023
PRESENTED BY: (name and title)	Cleveland Henry – Non-executive Director and Chair of the Finance and Performance Committee
PREPARED BY: (name and title)	Cleveland Henry – Non-executive Director and Chair of the Finance and Performance Committee

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

EXECUTIVE SUMMARY

This report for the Council of Governors summarises the work of the Finance and Performance Committee (Part A only) for the period 1 April 2022 to 31 March 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'**

No

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

RECOMMENDATION

The Council of Governors is asked to:

- Note this report for information and assurance.

MEETING OF THE COUNCIL OF GOVERNORS

9 May 2023

REPORT FROM THE CHAIR OF THE FINANCE AND PERFORMANCE COMMITTEE

1 Executive Summary

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

2 The Committee's remit

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

3 Membership

The membership of the Finance and Performance Committee is currently made up of two non-executive directors; the Chief Financial Officer (Dawn Hanwell) and the Chief Operating Officer (Joanna Forster Adams). The Committee is chaired by a non-executive director (NED), Cleveland Henry who took over as Chair from Sue White in April 2022. Sue White remained on the Committee as a member until the end of her term of appointment. The Committee also has as one of its non-executive director members the Chair of the Audit Committee (Martin Wright) who provides independent financial expertise to the Committee. Kaneez Khan was a member of the Committee for the 22 November 2022 meeting only and has since moved to the Workforce Committee. This left a temporary NED vacancy on the Committee. Jonathan Saxton, Deputy Director of Finance, and Gerard Enright, Senior Finance Manager, attend the meeting on a regular basis and other members of staff attend to present or advise on particular issues as required. Over the past year several governors have observed the work of the Committee.

4 The work of the Committee over the past year

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

- the Chief Operating Officer report and the different factors affecting performance, including Covid-19 and the plans for the reset and recovery of Care Services, and received assurance on the actions taken to improve performance related issues
- received the Care Services Strategic Plan for 2023 – 2028 and supported the detail around the ambition and priorities
- the Winter Resilience and Operating Plan for 2022/23, noted the challenges likely to affect the Trust during this period and was assured that robust continuity plans were in place
- the Emergency Preparedness, Resilience and Response (EPRR) Annual Report which covered the period 1 April 2021 to 31 March 2022 and agreed to recommend that it was approved by the Board of Directors
- reviewed in detail the financial performance reports at each meeting
- the risks and opportunities related to the development of “provider collaboratives” across the West Yorkshire Integrated Care System where provider organisations come together to organise and provide services in innovative ways
- an update on progress being made against the main IT projects and received assurance that no major unmitigated risks currently existed that would impact the ICT Service to the Trust
- the Thrive by Design business plan and budget for 2022/23 and was assured that good progress was being made
- an update on the Trust’s Digital Inclusion Strategy, developed by Thrive by Design, and supported the plan for the next 12 months
- received an update on the Trust’s Procurement Strategy and was assured that progress was being made
- reviewed the quarterly Estates and Clinical Environments Report which provided updates on estates issues and outputs from the Estates Steering Group and Clinical Environments Group
- reviewed the latest version of the Trust’s Green Plan ahead of Board.

5 Opportunities and challenges for the future

These include:

- the financial and governance implications of operating within the Integrated Care System
- planning ahead for when the Trust’s Private Finance Initiative (PFI) contracts expire in 2028.

Cleveland Henry

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

24 April 2023

**AGENDA
ITEM**

14

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	2022 NHS Staff Survey and Bank Staff Survey Results
DATE OF MEETING:	9 May 2023
PRESENTED BY: (name and title)	Lucy Heffron – People Engagement & Wellbeing Lead Amy Harker – People Engagement Practitioner
PREPARED BY: (name and title)	Tracey Needham – Head of People Engagement Amy Harker – People Engagement Practitioner

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

EXECUTIVE SUMMARY

This paper provides the Council of Governors with a high-level summary of the results and outcomes of the 2022 Staff Survey (Substantive Staff) and 2022 Bank Staff Survey. The paper examines, where possible, how the Trust's results compare to previous years for substantive and bank staff, across the seven People Promise elements and the Engagement and Morale themes. It highlights any emerging themes, where we have made improvements or seen deterioration and shares our plans for ensuring these results are incorporated into local and Trust-wide plans to drive improvements in how it feels to work at our Trust.

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

RECOMMENDATION

The Council of Governors is asked to receive and note the high-level report for the 2022 National Staff Survey results.

MEETING OF THE COUNCIL OF GOVERNORS

9th MAY 2023

2022 NHS Staff Survey and Bank Staff Survey Results

1 Executive Summary

This paper provides the Council of Governors with a high-level summary of the results and outcomes of the 2022 Staff Survey (Substantive Staff) and 2022 Bank Staff Survey. The results for substantive staff. The paper examines, where possible, how the Trust's results compare to previous years for substantive and bank staff, across the seven People Promise elements and the Engagement and Morale themes. It highlights any emerging themes, where we have made improvements or seen deterioration and shares our plans for ensuring these results are incorporated into local and Trust-wide plans to drive improvements in how it feels to work at our Trust.

2 NHS Staff Survey 2022

2.1 Introduction

The purpose of this report is to provide a summary of the key outcomes of the 2022 survey results provided by the National Co-Ordination Centre (NCC) for the Leeds and York Partnership NHS Foundation Trust (LYPFT). This report looks at:

- NHS National Staff Survey Results for substantive staff (weighted data)
- Bank Staff Survey Results for bank staff (unweighted data)

For NCC to make reasonable comparisons between organisations and to account for Trust size when calculating national results, the NHS Staff Survey data is weighted and the results in this report, for substantive staff, are from that 'weighted data'. Whilst this is the fourth year that we have surveyed our bank staff, it is only the first year several other Trusts have undertaken this work. Therefore in 2022, data for bank staff remains unweighted. We hope that if a National Bank Survey is mandated in 2023, we will be able to provide improvements in reporting, such as sector scores etc.

2.2 Background

The 2022 LYPFT NHS (Substantive) Staff Survey and Bank Staff Survey ran from 26 September–25 November 2022. The Trust's official sample size was 3,013 (substantive) and 506 (bank) which is a full census of all staff in post on 1 September 2022. This is consistent with the approach we have taken in previous years.

Once again, we deployed a Task & Finish Group to support the delivery of the Staff Survey. A communications campaign ran to engage managers and staff across the Trust, including a toolkit for all line managers, regular news stories about the importance of completing the survey, weekly team manager response rate updates and features in Trustwide. In 2022 our response rates were:

- 44% of substantive staff (1322 responses) which was 3% lower than the previous year.
- 15% of bank staff (95 responses) which was 7% lower than the previous year.

All staff in the Trust continue to be under pressure. We therefore anticipated that this would impact our final response rates. Intelligence from other NHS organisations shows similar response rate challenges for 2022, so we are pleased with the 44% response rate for substantive staff. However, the 15% response rate for bank staff proves more challenging as this does not feel sufficiently representative of our bank workforce. We believe this lower response rate is primarily due to the nationally mandated change of questionnaire delivery method, where we had to move from paper questionnaire to e-questionnaire format for this staff group. This low response rate was despite a heavyweight engagement campaign with bank staff to clearly share how they could engage with and complete the new format survey. Considering this we are continuing to advise NCC of our desire to return to paper questionnaires and no decision has yet been made for 2023 fieldwork.

2.3 2022 NHS Staff Survey Results

2.3.1 People Promise Theme Overview (substantive staff)

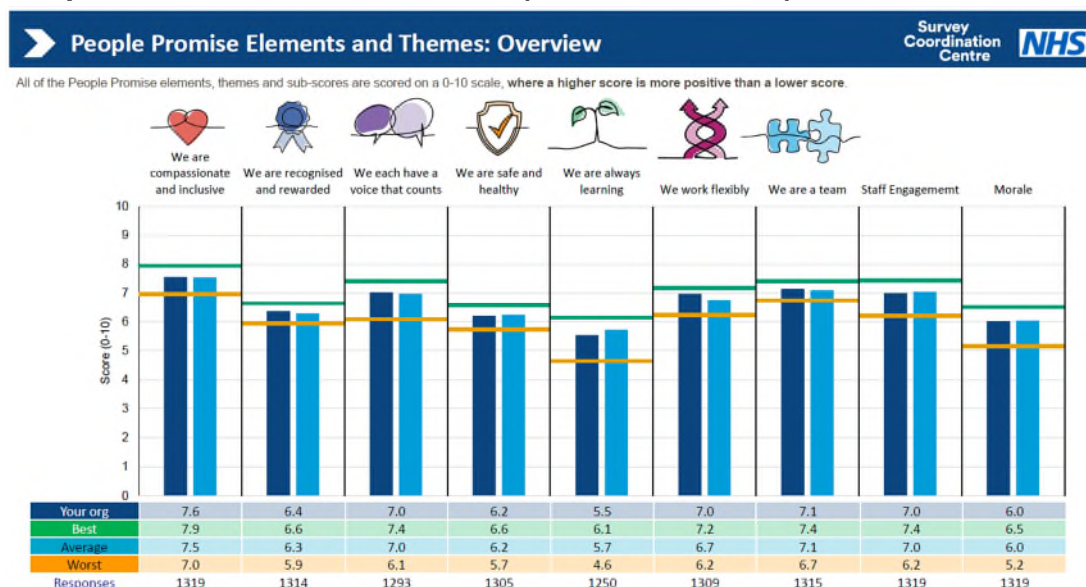


Fig 1: 2022 NHS (Substantive) Staff Survey - People Promise theme results.

Across the nine key themes for substantive staff, in comparison to our sector (Mental Health and Learning Disability Trusts), we are:

- Above average in three themes (We are compassionate & inclusive, We are recognised & rewarded and We work flexibly).

- Below average in one theme (We are always learning).
- Average in the remaining five themes (We each have a voice that counts, We are safe & healthy, We are a team, Staff Engagement and Morale).

2.3.2 People Promise Theme Overview (bank versus substantive staff)

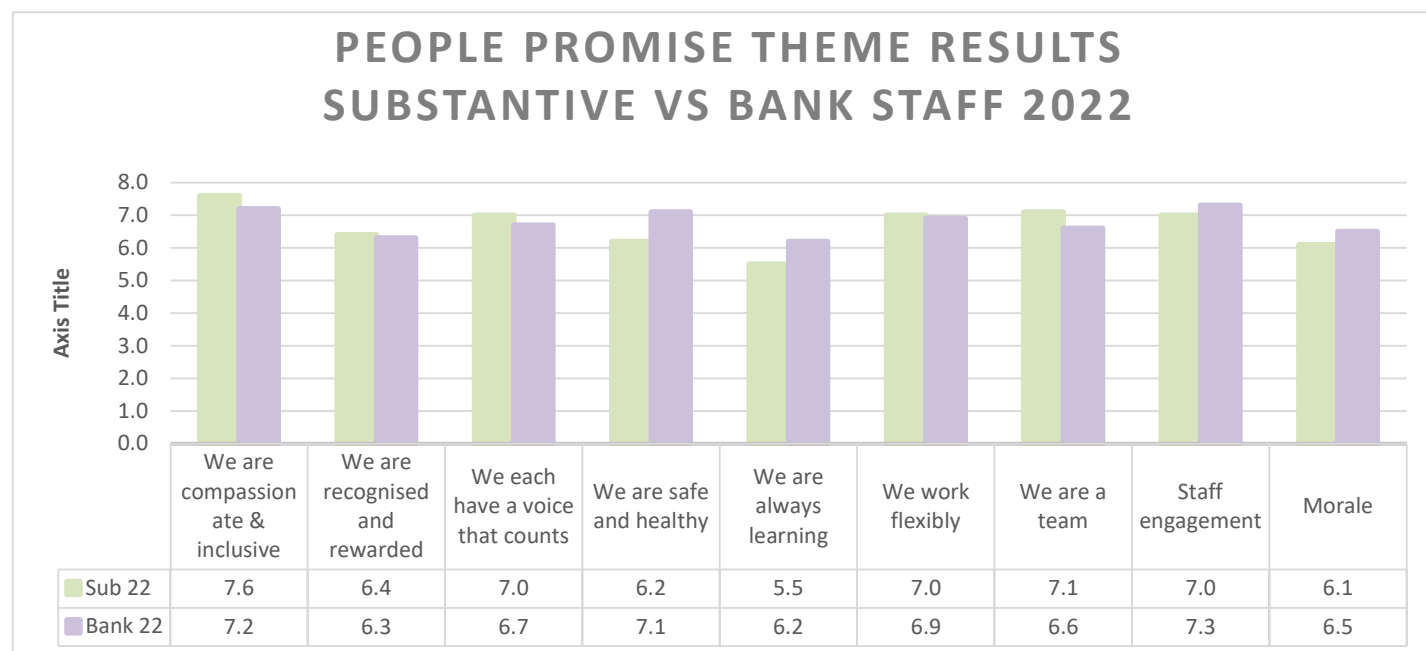


Figure 2: People Promise theme results – Substantive vs Bank Staff 2022

Comparing our bank staff to our substantive staff across the seven people promises and two themes indicates that bank staff are:

- Outperforming in the 'We are safe and healthy' theme, largely due to bank staff responding more favourably to the questions regarding burnout.
- Outperforming in the Staff Engagement theme, which is linked to bank staff responding significantly more favourably to questions on motivation and advocacy.
- Outperforming in the Morale theme, and this is linked to bank staff responding significantly more favourably to work pressure questions.

In the 'We are always learning' theme, it appears bank staff are outperforming substantive staff, however, we are unable to make an exact comparison here, as bank staff are not asked all appraisal questions, so the theme score is based solely on the development sub-score of the promise.

2.3.3 National Staff Survey all question results

Please refer to Appendix 1 to see the results for substantive and bank staff against all questions.

2.3.4 Areas where the Trust is performing well

Overall

- 92% of our substantive staff and 95% of bank staff feel trusted to do their job.

- 84% of substantive staff and 91% of bank staff feel their role makes a difference to service users.
- 83% of substantive staff and 87% of bank staff always know what their work responsibilities are.

Specifically, our substantive staff report feeling:

- significant improvements working in teams and with colleagues, such as:
 - a stronger attachment to their team (+5%), and feeling more valued by them (+4%)
 - receiving more respect from their colleagues (+4%) and enjoying working with them more (+5%)
- that the Trust is acting more fairly regarding career progression regardless of ethnic background, gender, religion, sexual orientation, disability, or age (+3%)
- the Trust respects individual differences, such as cultures, working styles, backgrounds, ideas etc more (+3%)
- the Trust is committed that our staff having a better work and home life balance (+3%).

Specifically, our bank staff report feeling:

- significant improvements working in with teams and colleagues, such as:
 - more valued by the teams they work with (+7%), more involved in deciding on changes introduced in their work area (+12%), and that they are more able to make improvements happen locally (+14%)
 - that more of their colleagues are understanding and kind to one another (+6%) and that they receive the respect they deserve from them (+6%)
 - a reduction in bullying and harassment from managers (-9%) and reduced discrimination from colleagues (-5%).
- that the Trust is acting more fairly regarding career progression regardless of ethnic background, gender, religion, sexual orientation, disability, or age (+5%)
- they are less burnt-out because of work; with less of them being exhausted (-5%), less finding their work frustrating (-10%), less finding every working hour tiring (-8%) and more of them having time for friends and family at the end of the working day (-10%).

2.3.5 Areas where the Trust has room for improvement

Overall

- 27% of bank staff and 9% of substantive staff are experiencing discrimination from service users, their carers/relatives or other members of the public
- 19% of substantive staff and 40% of bank staff are experiencing physical violence at work from service users, their carers/relatives or other members of the public
- 29% of substantive staff and 37% of bank staff are experiencing bullying, harassment or abuse from service users, their carers/relatives or other members of the public.

Specifically, our substantive staff report feeling:

- that only 58% of them would be happy with the standard of care provided by the Trust, if a friend or relative needed treatment (an unfavourable decline of -5%)

- that 61% of them have enough equipment to do their work (-5%)
- that only 28% of them believe there is enough staff at the Trust for them to do their job properly, unfavourably declining from 31% last year
- that more of them (38%) are finding work frustrating (+4%).

Specifically, our bank staff report feeling:

- reduced levels of support from their 'immediate manager^{*1}' at work;
 - including fewer managers caring about their concerns (-10%), helping them with problems they face (-12%) or working with them to come to an understanding of those problems (-7%)
 - fewer managers asking for their opinion before making decisions that affect their work (-15%), encouraging them at work (-12%) and fewer managers valuing their work (-10%)
 - fewer managers taking a positive interest in their health and wellbeing (-12%) and offering lower levels of support for their development, with fewer opportunities to develop their career (-5%), or their potential (-12%).
- That fewer of them feel secure to raise concerns; about unsafe clinical practice (-6%), or anything else that concerns them (-8%). With fewer of them believing the Trust would address these concerns (-8%).

^{*1} 'immediate manager is the person or people bank staff report to when at work. This could be a line manager, placement manager, supervisor, or someone else they report to directly.

2.4 Making the most of our results

As with previous years, following the national publication date, our NHS Staff Survey results will be available via Echo for any staff to access. This was implemented in 2018, and we are continuing to provide full transparency at Trust, service, and team level. Last year, our entire reporting suite on Echo was changed following the new questionnaire and People Promise themes. This impacted our ability to show year-on-year results comparisons however, for 2022 we can begin again to track year-on-year comparisons.

This year we worked closely with the Performance and Informatics team to re-design Echo. The redesign includes People Promise theme data at Trust, Service and Team level, via an interactive dashboard. Breakdown options also include data by staff group and by ethnicity. The interactive dashboard will improve the user experience and quickly show where progress has been made and where improvements are needed.

2.5 Plans for working with Services and Teams on Intention Planning

Last year, we reinstated what was previously known as action planning, in the form of Intention Planning. Intention Planning was a collaborative approach across the People and OD Directorate, led by the Engagement Team, involving the priority leads for each of the four areas of the People Plan and our HR Business partners. This process was designed to allow teams to concentrate on at least one issue, identified through the survey, where they could focus their energies on driving local improvement activities.

Significantly when looking at the impact of Intention Planning, we can see that there is a correlation between teams who submitted an intention plan for 2021 and their response rate to the 2022 survey. We can identify year-on-year response rate data for 68 teams in the Trust and, of those, 35 teams completed an intention plan in 2021. For the 2022 survey, 43% of teams with an Intention Plan increased their response rate, compared to 27% of teams without an Intention Plan. **This shows a clear link to improved employee engagement in teams that commit to intention planning.**

Following the success of our approach last year, we are using the same strategy for the 2022 survey results. We have contacted services and teams with their results and are supporting them with Intention Planning. We will use this opportunity to show how commitment to intention planning is showing a clear link to improved employee engagement at a local level, giving our people a voice, listening, and acting on their feedback whilst involving them in decision-making to drive improvements.

It is important in these discussions to reassure teams that the Staff Survey results are a diagnostic tool to steer and drive positive change in their area by reviewing progress against their 2022 results and assessing for any impact. As part of our governance, in August 2023, we will provide the Workforce Committee with an update on the status and evolving themes of Intention Planning within the Trust.

The Bank Staff Survey Results have been presented to our Bank Workforce Managers for onward discussion and bespoke Intention Planning with our Bank Workforce via the Bank Forum.

3 Conclusion

While our overall response rate did decline this year, largely the question level results show some fantastic favourable gains. This is clear with 54% of questions improving compared to 2021 results (where only 15% of questions improved).

The theme scores are less favourable for bank staff with five themes showing below that of substantive staff. Although this shows the experiences of our bank colleagues remain worse than that of substantive staff, it does not illustrate how our bank staff experience compares to bank staff in other NHS organisations. We hope, if there are new mandated bank survey results available in 2024, this will allow a like-for-like comparison for bank staff within the NHS and open doors for analysis and improvement for our Bank Workforce.

Continuing to measure staff experience in this way through the NHS Staff Survey ensures we have a data set to measure progress over time. Comparisons of most of the People Promise themes are now possible, so this year our key focus is to continue with collaborative Intention Plans, supporting managers and teams to interpret this data to help drive local improvement initiatives.

Additionally, Trust-wide data has been shared with several groups, such as the Civility & Respect, Strategic Resourcing, Health & Wellbeing, EDI, Violence Prevention & Reduction Groups etc, to ensure that this data then feeds into their planning process for improvements.

4 Recommendation

The Council of Governors is asked to receive and note the high-level report for the 2022 National Staff Survey results.

Tracey Needham
Head of People Engagement

Amy Harker
People Engagement Practitioner

Appendix one: National Staff Survey all question results

For percentage scores (%):

Unfavourable/favourable differences of 5% or more highlighted **red/green**. Unfavourable differences between 3% and 5% highlighted in **amber**.

For scale scores (0.0 to 10.0):

Unfavourable/favourable differences of 5.0 or more highlighted **red/green**. Unfavourable differences between 3.0 and 4.99 highlighted in **amber**

**LB = Measures where a lower score is better in italics and identified with an asterisk (*).*

**1 Questions appear twice in reporting deck so RAG Colour Coded but not counted twice*

Number of respondents

Response Rate

Subs.	Subs	Subs YoY	Bank	Bank	Bank YoY
2021	2022	2022 YoY	2021	2022	2022 YoY
6	2	-4	14	21	7

6	5	-1	5	6	1
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Subs.	Subs	Subs YoY	Bank	Bank	Bank YoY
2021	2022	YoY	2021	2022	YoY
1384	1322	-62	106	95	-11
47%	44%	-3%	22%	15%	-7%

Substantive Staff - 2021 Weighted Data	Substantive Staff - 2022 Weighted Data	Substantive YoY Difference 2021 - 2022	Bank Staff - 2021 Unweighted Data	Bank Staff - 2022 Unweighted Data	Bank YoY Difference 2021 - 2022
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Promise 1: We are compassionate and inclusive		
Sub	Bank	Sub Score P1.1: Compassionate culture
Q6a	Q8a	I feel that my role makes a difference to patients/service users. (Agree/Strongly Agree)
Q23a	Q27a	Care of patients / service users is my organisation's top priority. (Agree/Strongly Agree)
Q23b	Q27b	My organisation acts on concerns raised by patients/service users. (Agree/Strongly Agree)
Q23c	Q27c	I would recommend my organisation as a place to work. (Agree/Strongly Agree)
Q23d	Q27d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. (Agree/Strongly Agree)
Total Sub Score P1.1: Compassionate culture		

Subs.	Subs	Subs. YoY	Bank	Bank	Bank YoY
2021	2022	YoY	2021	2022	YoY
83.3%	83.6%	0.3%	82%	90.8%	8.8%
78.5%	78.7%	0.2%	85%	85.6%	0.6%
74.5%	72.5%	-2.0%	80%	83.5%	3.5%
65.4%	63.8%	-1.6%	81%	79.3%	-1.7%
63.5%	58.6%	-4.9%	72%	73.6%	1.6%
7.2	7.1	-0.1	6.9	7.8	0.9

Sub	Bank	Sub Score P1.2: Compassionate leadership	2021	2022	YoY	2021	2022	YoY
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Q9f	Q13f	My immediate manager...works together with me to come to an understanding of problems. (Agree/Strongly Agree)	78.1%	77.5%	-0.6%		64%	56.7%	-7.3%
Q9g	Q13g	My immediate manager...is interested in listening to me when I describe challenges I face. (Agree/Strongly Agree)	81.3%	80.8%	-0.5%		68%	63.3%	-4.7%
Q9h	Q13h	My immediate manager...cares about my concerns. (Agree/Strongly Agree)	80.4%	80.7%	0.3%		68%	57.1%	-10.9%
Q9i	Q13i	My immediate manager...takes effective action to help me with any problems I face. (Agree/Strongly Agree)	74.5%	75.0%	0.5%		69%	56.7%	-12.3%
Total Sub Score P1.2: Compassionate leadership			7.6	7.6	0.0		5.8	6.7	0.9

	Sub	Bank	Sub Score P1.3: Diversity and equality	2021	2022	YoY		2021	2022	YoY
*LB	Q15	Q19	My organisations acts fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age. (Yes)	56.0%	58.7%	2.7%		50%	54.8%	4.8%
	Q16a	Q20a	In the last 12 months I have personally experienced discrimination at work from...patients/service users, their relatives or other members of the public. (Yes)	8.9%	8.9%	0.0%		21%	26.9%	5.9%
*LB	Q16b	Q20b	In the last 12 months I have personally experienced discrimination at work from...manager/team leader or other colleagues. (Yes)	6.9%	6.1%	-0.8%		14%	9.0%	-5.0%
	Q20	Q24	I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc). (Agree/Strongly Agree)	72.1%	75.2%	3.1%		77%	75.5%	-1.5%
Total Sub Score P1.3: Diversity and equality				8.2	8.3	0.1		6.8	7.3	0.5

Sub	Bank	Sub Score P1.4: Inclusion	2021	2022	YoY		2021	2022	YoY
Q7h	Q10f	I feel valued in my team. (Agree/Strongly Agree)	72.1%	76.2%	4.1%		69%	76.3%	7.3%
Q7i	Q10g	I feel a strong personal attachment to my team. (Agree/Strongly Agree)	62.4%	67.3%	4.9%		50%	54.3%	4.3%
Q8b	Q11b	The people I work with are understanding and kind to one another. (Agree/Strongly Agree)	75.5%	78.4%	2.9%		67%	73.1%	6.1%
Q8c	Q11c	The people I work with are polite and treat each other with respect. (Agree/Strongly Agree)	77.9%	79.7%	1.8%		74%	73.4%	-0.6%
Total Sub Score P1.4: Inclusion			7.0	7.2	0.2		5.9	7.0	1.1
PROMISE 1: We are compassionate and inclusive Theme Score			7.5	7.6	0.1		6.1	7.2	1.1

Promise 2: We are recognised and rewarded			Subs.	Subs	Subs. YoY		Bank	Bank	Bank YoY
Sub	Bank	We are recognised and rewarded	2021	2022	YoY		2021	2022	YoY
Q4a	Q6a	I am satisfied with...the recognition I get for good work. (Satisfied/V.Satisfied)	62.2%	63.3%	1.1%		62%	56.5%	-5.5%
Q4b	Q6b	I am satisfied with...the extent to which the organisation values my work. (Satisfied/V.Satisfied)	50.3%	52.4%	2.1%		58%	57.0%	-1.0%
Q4c	Q6c	I am satisfied with...my level of pay. (Satisfied/V.Satisfied)	40.6%	33.4%	-7.2%		36%	28.7%	-7.3%
Q8d	Q11d	The people I work with show appreciation to one another. (Agree/Strongly Agree)	72.5%	74.0%	1.5%		67%	69.9%	2.9%
Q9e	Q13e	My immediate managers...values my work. (Agree/Strongly Agree)	80.8%	81.0%	0.2%		75%	64.8%	-10.2%
PROMISE 2: We are recognised and rewarded Theme Score			6.4	6.4	0.0		5.6	6.2	0.6

Promise 3: We each have a voice that counts		
Sub	Bank	Sub Score P3.1: Autonomy and control
Q3a	Q5a	I always know what my work responsibilities are. (Agree/Strongly Agree)
Q3b	Q5b	I am trusted to do my job. (Agree/Strongly Agree)
Q3c	Q5c	There are frequent opportunities for me to show initiative in my role. (Agree/Strongly Agree)
Q3d	Q5d	I am able to make suggestions to improve the work of my team/dept. (Agree/Strongly Agree)
Q3e	Q5e	I am involved in deciding on changes introduced that affect my work area/team/dept. (Agree/Strongly Agree)
Q3f	Q5f	I am able to make improvements happen in my area of work. (Agree/Strongly Agree)
Q5b	Q7b	I have a choice in deciding how to do my work. (Often/Always)
Total Sub Score P3.1: Autonomy and control		

Subs.	Subs	Subs. YoY
2021	2022	YoY
81.0%	82.6%	1.6%
91.2%	92.1%	0.9%
76.5%	78.8%	2.3%
78.3%	79.5%	1.2%
57.7%	60.5%	2.8%
61.1%	63.3%	2.2%
62.5%	64.9%	2.4%
7.2	7.3	0.1

Bank	Bank	Bank YoY
2021	2022	YoY
89%	87.2%	-1.8%
90%	94.6%	4.6%
71%	72.8%	1.8%
64%	62.0%	-2.0%
28%	39.8%	11.8%
43%	56.5%	13.5%
40%	37.6%	-2.4%
5.9	6.7	0.8

Sub	Bank	Sub Score P3.2: Raising concerns
Q19a	Q23a	I would feel secure raising concerns about unsafe clinical practice. (Agree/Strongly Agree)
Q19b	Q23b	I am confident that my organisation would address my concern. (Agree/Strongly Agree)
Q23e	Q27e	I feel safe to speak up about anything that concerns me in this organisation. (Agree/Strongly Agree)
Q23f	Q27f	If I spoke up about something that concerned me I am confident my organisation would address my concern. (Agree/Strongly Agree)
Total Sub Score P3.2: Raising concerns		
PROMISE 3: We each have a voice that counts Theme Score		

2021	2022	YoY
78.0%	76.6%	-1.4%
63.4%	60.2%	-3.2%
68.6%	70.8%	2.2%
56.4%	57.8%	1.4%
6.8	6.8	0.0
7.0	7.0	0.0

2021	2022	YoY
74%	68.1%	-5.9%
71%	62.8%	-8.2%
76%	68.5%	-7.5%
66%	60.9%	-5.1%
6.3	6.7	0.4
7.0	6.7	-0.3

Promise 4: We are safe and healthy		
Sub	Bank	Sub Score P4:1 Health and safety climate
Q3g	Q5g	I am able to meet all the conflicting demands on my time at work. (Agree/Strongly Agree)
Q3h	Q5h	I have adequate materials, supplies and equipment to do my work. (Agree/Strongly Agree)
Q3i	Q5i	There are enough staff at this organisation for me to do my job properly. (Agree/Strongly Agree)
Q5a	Q7a	I have unrealistic time pressures (Never/Rarely). Bank Q7a
Q11a	Q15a	My organisation takes positive action on health and well-being. (Agree/Strongly Agree)
Q13d	Q17d	The last time you experienced physical violence at work, did you or a colleague report it. (% Staff or Colleague who reported it and excludes DN/NA)
Q14d	Q18d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it. (% Staff or Colleague who reported it and excludes DN/NA)

Subs.	Subs	Subs. YoY
2021	2022	YoY
44.9%	44.1%	-0.8%
65.9%	61.3%	-4.6%
30.7%	28.0%	-2.7%
29.4%	31.4%	2.0%
64.0%	65.1%	1.1%
94.5%	92.1%	-2.4%
63.2%	64.1%	0.9%

Bank	Bank	Bank YoY
2021	2022	YoY
64%	62.4%	-1.6%
77%	77.2%	0.2%
42%	44.1%	2.1%
46%	45.7%	-0.3%
75%	69.1%	-5.9%
91%	97.1%	6.1%
64%	62.9%	-1.1%

Total Sub Score P4.1: Health and safety climate				5.8	5.7	-0.1		5.9	6.7	0.8
	Sub	Bank	Sub Score P4:2 Burnout	2021	2022	YoY		2021	2022	YoY
*LB	Q12a	Q16a	How often, if at all, do you find your work emotionally exhausting? (Often/Always)	36.0%	38.1%	2.1%		18%	12.8%	-5.2%
*LB	Q12b	Q16b	How often, if at all, do you feel burnt out because of your work? (Often/Always)	27.8%	28.1%	0.3%		13%	7.5%	-5.5%
*LB	Q12c	Q16c	How often, if at all, does your work frustrate you? (Often/Always)	34.3%	37.9%	3.6%		18%	7.6%	-10.4%
*LB	Q12d	Q16d	How often, if at all, are you exhausted at the thought of another day/shift at work? (Often/Always)	26.3%	25.5%	-0.8%		11%	8.6%	-2.4%
*LB	Q12e	Q16e	How often, if at all, do you feel worn out at the end of your working day/shift? (Often/Always)	39.6%	39.6%	0.0%		21%	17.4%	-3.6%
*LB	Q12f	Q16f	How often, if at all, do you feel that every working hour is tiring for you? (Often/Always)	16.1%	15.1%	-1.0%		11%	3.2%	-7.8%
*LB	Q12g	Q16g	How often, if at all, do you not have enough energy for family and friends during leisure time? (Often/Always)	27.2%	27.8%	0.6%		17%	7.5%	-9.5%
Total Sub Score P4.2: Burnout				5.2	5.1	-0.1		5.4	6.5	1.1
	Sub	Bank	Sub Score P4:3 Negative experiences	2021	2022	YoY		2021	2022	YoY
*LB	Q11b	Q15b	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? (Yes)	26.8%	26.6%	-0.2%		21%	23.9%	2.9%
*LB	Q11c	Q15c	During the last 12 months have you felt unwell as a result of work related stress? (Yes)	44.3%	44.7%	0.4%		25%	23.7%	-1.3%
*LB	Q11d	Q15d	In the last three months have you ever come to work despite not feeling well enough to perform your duties? (Yes)	51.4%	54.4%	3.0%		23%	18.5%	-4.5%
*LB	Q13a	Q17a	In the last 12 months how many times have you personally experienced physical violence at work from...Patients / service users, their relatives or other members of the public (% staff saying they experienced at least one incident)	17.7%	19.3%	1.6%		38%	39.4%	1.4%
*LB	Q13b	Q17b	In the last 12 months how many times have you personally experienced physical violence at work from...managers. (% staff saying they experienced at least one incident)	0.4%	0.2%	-0.2%		1%	1.1%	0.1%
*LB	Q13c	Q17c	In the last 12 months how many times have you personally experienced physical violence at work from...other colleagues. (% staff saying they experienced at least one incident)	1.1%	0.8%	-0.3%		5%	4.3%	-0.7%
*LB	Q14a	Q18a	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...Patients / service users, their relatives or other members of the public. (% staff saying they experienced at least one incident)	28.5%	29.1%	0.6%		39%	37.2%	-1.8%
*LB	Q14b	Q18b	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...managers. (% staff saying they experienced at least one incident).	8.0%	6.2%	-1.8%		13%	4.4%	-8.6%
*LB	Q14c	Q18c	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...other colleagues. (% staff saying they experienced at least one incident).	13.9%	14.1%	0.2%		21%	17.8%	-3.2%
Total Sub Score P4.3: Negative experiences				7.9	7.8	-0.1		6.9	8.1	1.2
PROMISE 4: We are safe and healthy Theme Score				6.3	6.2	-0.1		6.0	7.1	1.1

Promise 5: We are always learning			Subs.	Subs	Subs. YoY		Bank	Bank	Bank YoY
Sub	Bank	Sub Score P5.1: Development	2021	2022	YoY		2021	2022	YoY
Q22a	Q26a	This organisation offers me challenging work (Agree/Strongly Agree)	72.9%	76.1%	3.2%		52%	47.8%	-4.2%
Q22b	Q26b	There are opportunities for me to develop my career in this organisation. (Agree/Strongly Agree)	56.6%	57.2%	0.6%		55%	50.5%	-4.5%
Q22c	Q26c	I have opportunities to improve my knowledge and skills. (Agree/Strongly Agree)	73.6%	75.1%	1.5%		66%	64.8%	-1.2%
Q22d	Q26d	I feel supported to develop my potential. (Agree/Strongly Agree)	60.4%	61.2%	0.8%		54%	42.4%	-11.6%
Q22e	Q26e	I am able to access the right learning and development opportunities when I need to. (Agree/Strongly Agree)	61.7%	61.1%	-0.6%		61%	57.6%	-3.4%
Total Sub Score P5.1: Development			6.6	6.7	0.1		5.5	6.1	0.6

Sub	Bank	Sub Score P5.2: Appraisals	2021	2022	YoY		2021	2022	YoY
Q21a	Q25a	In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review. (Yes)	78.1%	75.9%	-2.2%		na	38.6%	na
Q21b	na	It helped me to improve how I do my job. (Yes/definitely)	21.6%	23.3%	1.7%		na	na	na
Q21c	na	It helped me agree clear objectives for my work. (Yes/definitely)	35.0%	37.8%	2.8%		na	na	na
Q21d	na	It left me feeling that my work is valued by my organisation. (Yes/definitely)	29.4%	29.3%	-0.1%		na	na	na
Total Sub Score P5.2: Appraisals			4.4	4.4	0.0				
PROMISE 5: We are always learning Theme Score			5.5	5.5	0.0		5.5	6.1	0.6

Promise 6: We work flexibly			Subs.	Subs	Subs. YoY		Bank	Bank	Bank YoY
Sub	Bank	Sub Score P6.1: Support for work-life balance	2021	2022	YoY		2021	2022	YoY
Q6b	Q8b	My organisation is committed to helping me balance my work and home life. (Agree/Strongly Agree)	55.6%	58.6%	3.0%		64%	61.3%	-2.7%
Q6c	Q8c	I achieve a good balance between my work life and my home life. (Agree/Strongly Agree)	58.7%	59.7%	1.0%		86%	78.7%	-7.3%
Q6d	na	I can approach my immediate manager to talk openly about flexible working. (Agree/Strongly Agree)	80.5%	82.5%	2.0%		72%	na	na
Total Sub Score P6.1: Support for work-life balance			6.7	6.8	0.1		6.4	6.9	0.5

Sub	Bank	Sub Score P6.2: Flexible working	2021	2022	YoY		2021	2022	YoY
Q4d	na	I am satisfied with...the opportunities for flexible working patterns. (Satisfied/V.Satisfied)	68.7%	70.3%	1.6%		80%	na	80%
Total Sub Score P6.2: Flexible working			7.0	7.1	0.1		6.8		-6.8
PROMISE 6: We work flexibly Theme Score			6.9	7.0	0.1		6.6	6.9	0.3

Promise 7: We are a team			Subs.	Subs	Subs. YoY		Bank	Bank	Bank YoY
Sub	Bank	Sub Score P7.1: Team working	2021	2022	YoY		2021	2022	YoY
Q7a	na	The team I work in has a set of shared objectives. (Agree/Strongly Agree)	73.7%	74.1%	0.4%		70%	na	na
Q7b	na	The team I work in often meets to discuss the team's effectiveness. (Agree/Strongly Agree)	66.2%	68.0%	1.8%		54%	na	na
Q7c	Q10a	I receive the respect I deserve from my colleagues at work. (Agree/Strongly Agree)	73.9%	77.4%	3.5%		75%	80.9%	5.9%
Q7d	Q10b	Team members understand each other's roles. (Agree/Strongly Agree)	67.0%	68.2%	1.2%		71%	77.4%	6.4%
Q7e	Q10c	I enjoy working with the colleagues in my team. (Agree/Strongly Agree)	81.4%	85.7%	4.3%		77%	79.6%	2.6%
Q7f	Q10d	My team has enough freedom in how to do its work. (Agree/Strongly Agree)	61.0%	64.8%	3.8%		58%	57.6%	-0.4%
Q7g	Q10e	In my team disagreements are dealt with constructively. (Agree/Strongly Agree)	61.3%	61.9%	0.6%		56%	52.7%	-3.3%
Q8a	Q11a	Teams within this organisation work well together to achieve their objectives. (Agree/Strongly Agree)	52.1%	50.8%	-1.3%		67%	71.0%	4.0%
Total Sub Score P7.1: Team working			6.7	6.8	0.1		5.9	7.0	1.1

Sub	Bank	Sub Score P7.2: Line management	2021	2022	YoY		2021	2022	YoY
Q9a	Q13a	My immediate manager...encourages me at work. (Agree/Strongly Agree)	80.5%	81.0%	0.5%		66%	54.3%	-11.7%
Q9b	Q13b	My immediate manager...gives me clear feedback on my work. (Agree/Strongly Agree)	73.1%	72.1%	-1.0%		56%	53.3%	-2.7%
Q9c	Q13c	My immediate manager...asks for my opinion before making decisions that affect my work. (Agree/Strongly Agree)	69.9%	72.0%	2.1%		53%	38.5%	-14.5%
Q9d	Q13d	My immediate manager...takes a positive interest in my health and well-being. (Agree/Strongly Agree)	81.8%	79.9%	-1.9%		67%	54.9%	-12.1%
Total Sub Score P7.2: Line management			7.4	7.5	0.1		5.6	6.1	0.5
PROMISE 7: We are a team Theme Score			7.1	7.1	0.0		5.7	6.6	0.9

The following measures (previously 'themes') will also continue to be reported:

Measure: Staff Engagement			Subs.	Subs	Subs. YoY		Bank	Bank	Bank YoY
Sub	Bank	Sub Score E.1: Motivation	2021	2022	YoY		2021	2022	YoY
Q2a	Q4a	I look forward to going to work. (Often/Always)	54.0%	54.5%	0.5%		70%	72.2%	2.2%
Q2b	Q4b	I am enthusiastic about my job. (Often/Always)	69.2%	68.3%	-0.9%		79%	74.7%	-4.3%
Q2c	Q4c	Time passes quickly when I am working. (Often/Always)	72.0%	72.5%	0.5%		67%	62.1%	-4.9%
Total Sub Score E1: Motivation			7.0	7.0	0.0		6.8	7.7	0.9

Sub	Bank	Sub Score E.2: Involvement	2021	2022	YoY		2021	2022	YoY
Q3c	Q5c	There are frequent opportunities for me to show initiative in my role. (Agree/Strongly Agree)	76.5%	78.8%	2.3%		71%	72.8%	1.8%

*1

*1	Q3d	Q5d	I am able to make suggestions to improve the work of my team/dept. (Bank 'Work we do') (Agree/Strongly Agree)	78.3%	79.5%	1.2%		64%	62.0%	-2.0%
*1	Q3f	Q5f	I am able to make improvements happen in my area of work. (Agree/Strongly Agree)	61.1%	63.3%	2.2%		43%	56.5%	13.5%
Total Sub Score E2: Involvement				7.1	7.2	0.1		5.8	6.6	0.8

	Sub	Bank	Sub Score E.3: Advocacy	2021	2022	YoY		2021	2022	YoY
*1	Q23a	Q27a	Care of patients/service users is my organisation's top priority. (Agree/Strongly Agree)	78.5%	78.7%	0.2%		85%	85.9%	0.9%
*1	Q23c	Q27c	I would recommend my organisation as a place to work. (Agree/Strongly Agree)	65.4%	63.8%	-1.6%		81%	79.3%	-1.7%
*1	Q23d	Q27d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. (Agree/Strongly Agree)	63.5%	58.6%	-4.9%		72%	73.6%	1.6%
Total Sub Score E3: Advocacy				6.9	6.8	-0.1		6.8		-6.8
Staff Engagement: Engagement Theme Score				7.0	7.0	0		6.4	7.3	-6.4

Measure: Morale				Subs.	Subs	Subs. YoY		Bank	Bank	Bank YoY
	Sub	Bank	Sub Score M1: Thinking about leaving	2021	2022	YoY		2021	2022	YoY
*LB	Q24a	na	I often think about leaving this organisation. (Agree/Strongly Agree)	28.8%	31.2%	2.4%		12%	na	na
*LB	Q24b	na	I will probably look for a job at a new organisation in the next 12 mths. (Agree/Strongly Agree)	21.9%	24.0%	2.1%		10%	na	na
*LB	Q24c	na	As soon as I can find another job, I will leave this organisation. (Agree/Strongly Agree)	13.8%	14.4%	0.6%		7%	na	na
Total Sub Score M1: Thinking about leaving				6.2	6.1	-0.1		6.3	na	na

	Sub	Bank	Sub Score M2: Work pressure	2021	2022	YoY		2021	2022	YoY
*1	Q3g	Q5g	I am able to meet all the conflicting demands on my time at work. (Agree/Strongly Agree)	44.9%	44.1%	-0.8%		64%	62.4%	-1.6%
*1	Q3h	Q5h	I have adequate materials, supplies and equipment to do my work. (Agree/Strongly Agree)	65.9%	61.3%	-4.6%		77%	77.2%	0.2%
*1	Q3i	Q5i	There are enough staff at this organisation for me to do my job properly. (Agree/Strongly Agree)	30.7%	28.0%	-2.7%		42%	44.1%	2.1%
Total Sub Score M2: Work pressure				5.4	5.2	-0.2		5.7	6.3	0.6

	Sub	Bank	Sub Score M3: Stressors (HSE index)	2021	2022	YoY		2021	2022	YoY
*1	Q3a	Q5a	I always know what my work responsibilities are. (Agree/Strongly Agree)	81.0%	82.6%	1.6%		89%	87.2%	89%
*1	Q3e	Q5e	I am involved in deciding on changes introduced that affect my work area/team/dept. (Agree/Strongly Agree)	57.7%	60.5%	2.8%		28%	39.8%	11.8%
*1	Q5a	Q7a	I have unrealistic time pressures. (Never/Rarely)	29.4%	31.4%	2.0%		46%	45.7%	-0.3%
*1	Q5b	Q7b	I have a choice in deciding how to do my work. (Often/Always)	62.5%	64.9%	2.4%		40%	37.6%	-2.4%
	Q5c	Q7c	Relationships at work are strained. (Never/Rarely)	50.9%	52.4%	1.5%		47%	13.0%	-34.0%

*1	Q7c	Q10d	I receive the respect I deserve from my colleagues at work. (Agree/Strongly Agree)	73.9%	77.4%	3.5%		75%	80.9%	5.9%
*1	Q9a	Q13a	My immediate manager...encourages me at work. (Agree/Strongly Agree)	80.5%	81.0%	0.5%		66%	54.3%	-11.7%
Total Sub Score M3: Stressors (HSE index)				6.6	6.7	0.1		5.6	6.4	0.8
Morale: Morale Theme Score				6.1	6.0	-0.1		5.9	6.4	0.5

**AGENDA
ITEM
17**

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Ratification of the Terms of Reference for the Appointments and Remuneration Committee
DATE OF MEETING:	9 May 2023
PRESENTED BY: (name and title)	Cath Hill, Associate Director for Corporate Governance
PREPARED BY: (name and title)	Kieran Betts, Corporate Governance Assistant

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

EXECUTIVE SUMMARY		
<p>The Council is asked to note that the Appointments and Remuneration Committee is required to review its terms of reference annually to ensure they are up to date and reflect the work of the committee. The Committee reviewed and approved its terms of reference on 28 February 2023. The following amendments were made (highlighted in yellow):</p> <ul style="list-style-type: none"> Page two – removal of sentence that states ‘members joining via conference call or other live two-way electronic means’ do not count towards the quoracy. Page two – removal of sentence that states if the meeting is not quorate no formal decisions can be taken and the matters will be deferred to the next meeting.’ Page two – sentence added to state ‘any decisions made at non-quorate meetings should be circulated to members for endorsement via email ahead of the next available meeting. A quorate number of members (three governors plus the chair) must respond and confirm their support for the decisions to be agreed. This will also be recorded in the minutes of the next meeting.’ Page eight – removal of reference to ‘specific governor groups’ 		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below ‘Yes’ or ‘No’	If yes please set out what action has been taken to address this in your paper
	No	

RECOMMENDATION
The Council is asked to review the changes made and ratify the revised Terms of Reference.

Appointments and Remuneration Committee

Terms of Reference

(Approved by the Committee on 28 February 2023)
To be ratified by the Council of Governors on 9 May 2023)

1 NAME OF GROUP / COMMITTEE

The name of this committee is the Appointments and Remuneration Committee.

2 COMPOSITION OF THE GROUP / COMMITTEE

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

Members: full rights

Title	Role in the Committee
Chair of the Trust	Committee chair and responsible for evaluating the assurances given and the processes followed and identifying if further consideration action is needed.
Five governors	Responsible for evaluating the assurance given and identifying if further consideration / action is needed, and being involved in the recruitment panels for non-executive director (NED) appointments. The governors can be from any constituency.

The membership of the Committee should always include the Lead Governor unless there are extenuating circumstances as to why this may not be possible.

An election process will take place when there is a vacancy on this Committee. It will be a self-nomination scheme with a subsequent ballot taking place. The governor(s) elected onto the Committee as a result of the ballot, will immediately form part of the Committee.

In attendance: in an advisory capacity

Title	Role in the Committee	Attendance guide
Associate Director for Corporate Governance (acting as Trust Board Secretary)	Committee support and advice and Council of Governors' governance	Every meeting
Director of Organisational Development and Workforce	Committee support and advice in respect of NED appointments and terms and conditions	Every meeting

3 QUORACY

Number: The Committee will be quorate if three or more governors plus the Chair of the Committee are present.

Members of the Committee shall be allowed to contribute to the meeting via conference call or other live two way electronic means. ~~With respect to quoracy, members contributing via a conference call or other live two way electronic means at the time of the meeting shall be counted as attending.~~

If a situation arises where it is thought there may not be enough governors to allow a Committee meeting to be quorate, other governors can be invited to that meeting. This will be at the discretion of the Chair of the Committee and in agreement with the Lead Governor. In this situation, those governors invited to the Committee meeting will count towards the quoracy of governor members.

Non-quorate meeting: If the meeting is not quorate it shall be for the Chair to decide if the meeting takes place and, in conjunction with the members present, what if any items of business shall be discussed. ~~If the meeting is not quorate no formal decisions can be taken and these matters will be deferred to the next meeting.~~ Any decisions made at non-quorate meetings should be circulated to members for endorsement via email ahead of the next available meeting. A quorate number of members (three governors plus the chair) must respond and confirm their support for the decision(s) to be agreed. This will also be recorded in the minutes of the next meeting.

Alternate chair: When the Chair of the Committee is not able to attend or where they are conflicted in any agenda item, the Lead Governor will chair the meeting or part of the meeting.

4 MEETINGS OF THE COMMITTEE

Frequency: The Appointments and Remuneration Committee will meet as often is required to allow the Committee to discharge its duties. Meetings may be held face-to-face or remotely as is considered appropriate. Remote meetings may involve the use of the telephone and / or electronic conference facilities.

Urgent meeting: Any of the Committee members may, through the Chair, request an urgent meeting. The Chair will normally agree to call an urgent meeting to discuss the specific matter unless the opportunity exists to discuss the matter in a more expedient manner (for example at a Council of Governors meeting).

Minutes: The Associate Director for Corporate Governance will arrange for minutes to be taken of the Committee meeting.

Draft minutes will be circulated to the Chair of the Committee no later than one week after the meeting. Actions from the meeting will be circulated to relevant members within ten working days from the day of the meeting taking place.

An assurance report will be made to the next available Council of Governors meeting in relation to the items discussed or agreed.

5 AUTHORITY

Establishment: In accordance with the Code of Governance for NHS Foundation Trusts and the Trust's Constitution.

Powers: The Appointments and Remuneration Committee is constituted as a standing committee of the Council of Governors and has no executive powers, other than those specifically delegated in these terms of reference. Its terms of reference are set out below and can only be amended with the approval of the Council of Governors.

The Committee has delegated responsibility from the Council of Governors for its duties which are set out in the duties section below.

It is authorised to make decisions on behalf of the Council of Governors but it must refer back to the Council, by way of a recommendation, any decision which is reserved to the Council for example the ratification of the appointment of a non-executive director.

The Committee will, for part of its duties, work closely with the Board of Directors' Nominations Committee and will need to have regard to the recommendations this Committee makes in respect of the skills and experience required to fill any vacant chair and non-executive director posts.

Cessation: The Appointment and Remuneration Committee is a standing committee in that its responsibilities and purpose are not time limited. While the functions of the Appointments and Remuneration Committee are required by NHS improvement, the exact format may be changed with the approval of the Council of Governors but this will always include the core role as set out in the Code of Governance.

6 ROLE OF THE COMMITTEE

6.1 Purpose of the Committee

The purpose of the Committee is to review and make recommendations to the Council of Governors regarding appointments to vacant posts within the non-executive director team, and also review and agree set the level of remuneration made to members of the non-executive team.

With regard to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 5 - Fit and Proper Persons Test: Directors, the Appointments and Remuneration Committee shall be responsible for receiving and considering any information in relation to any NED preferred candidate, or current NED who is reportedly not a 'fit and proper person' and decide on any action to be taken.

The Committee will also receive a report in respect of the outcome of the appraisals carried out for each non-executive director, including the Chair of the Trust, where there are any matters of concern.

The remit of the Appointments and Remuneration Committee enables it to seek assurance in the areas of the following strategic objectives:

Objective	Committee roles
We provide a rewarding and supportive place to work (SO2)	The Appointments and Remuneration Committee has a key role regarding the recruitment of appropriately qualified, experienced and 'fit and proper' non-executive directors on the Board of Directors.

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

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

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

6.3 Duties of the committee

Notwithstanding any duty which the Council of Governors may from time-to-time agree to retain for itself, the duties of the Committee are:

- Agree and make recommendations to the Council of Governors regarding the appointment process for the Chair of the Trust and other non-executive directors.

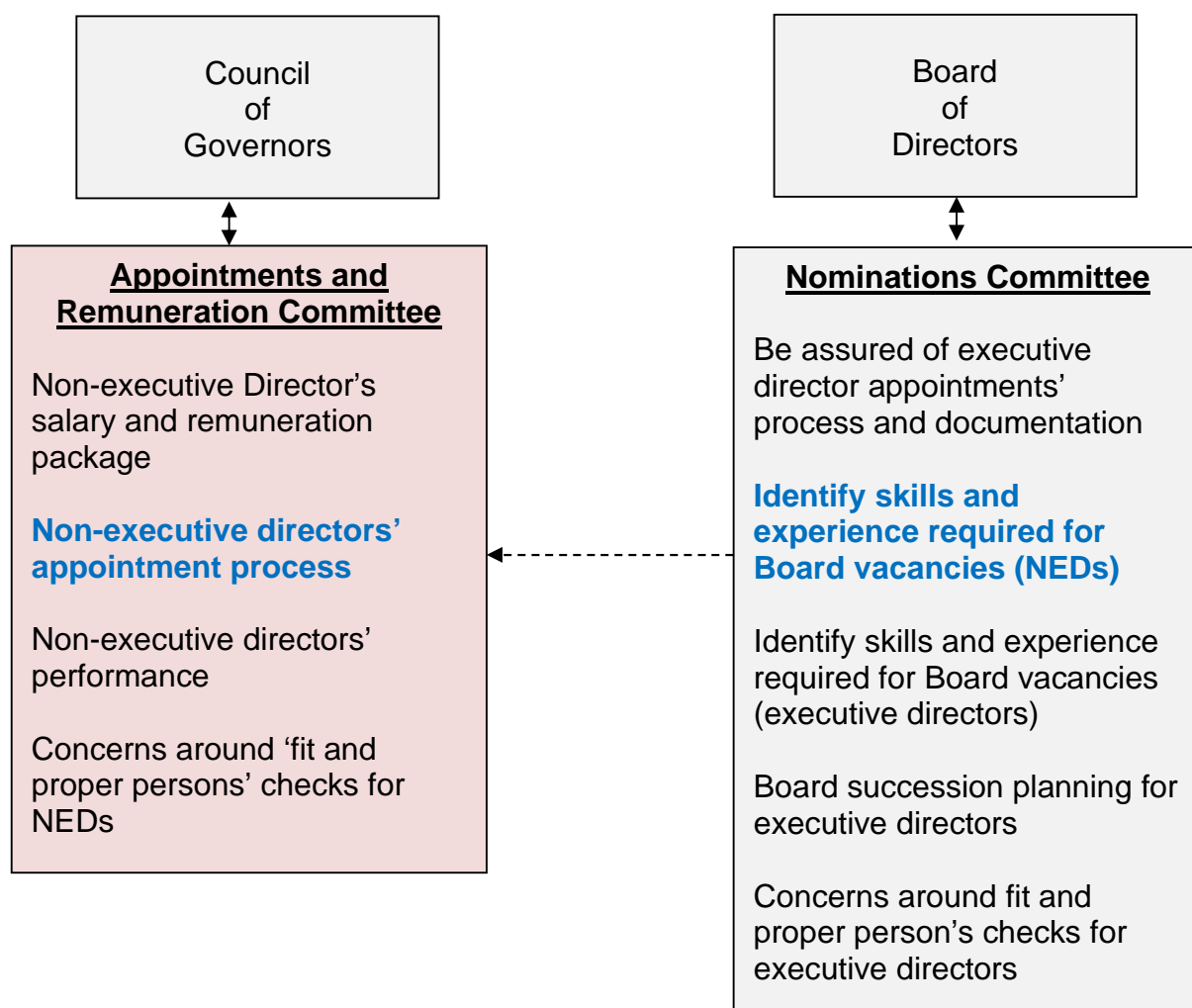
- Agree the documentation for any Chair or NED appointment, including the role description, person specification, and advert having regard to the recommendations from the Nominations Committee in respect of the content and the specific and generic skills and knowledge required.
- Where possible make up the recruitment and selection panel that will be involved in the appointment process for vacant non-executive director posts (note unless there are extenuating circumstances the Lead Governor will be the chair of the shortlisting and interview panel when the appointment is in respect of the Chair of the Trust).
- Where during the pre-appointment checks (under the 'fit and proper person's test) there are any concerns raised about a preferred NED candidate being a 'fit and proper person' the Appointments and Remuneration Committee will consider what course of action to take.
- In consultation with the Chair of the Trust make recommendations to a general meeting of the Council of Governors regarding the appointment or re-appointment of the Deputy Chair of the Trust in order to inform the ratification of such an appointment by the Council.
- Keep under review the terms and conditions of appointment including the level of remuneration of the Chair and the other non-executive directors and make recommendations to a general meeting of the Council of Governors as appropriate.
- Review information received about any current NED who is reportedly not a 'fit and proper person', consider the matter, instigate any investigation (as necessary), review the outcome of the investigation and agree what course of action to take.
- Make recommendations to a general meeting of the Council of Governors regarding the appointment or re-appointment of the Chair of the Trust and the other NEDs in order to inform the ratification of such an appointment by the Council.
- In relation to the re-appointment of the Chair of the Trust and/or the other non-executive directors, take the lead on agreeing a process for the re-appointment.
- Where concern is raised about performance of a non-executive director, either as part of the appraisal process or any matter separate to this, the Committee will receive an exception report outlining details of the concern. Where appropriate, this will be presented by the Chair of the Trust, or the Senior Independent Director, in the case of the Chair of the Trust.
- Agree the process and documentation for the annual appraisal process for the non-executive directors and the Chair of the Trust before it is ratified by the Council of Governors.

7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES

The Appointments and Remuneration Committee shall have a direct relationship with other committees as shown below:

This Committee reports to the Council of Governors. It also has a link to the work of the Nominations Committee where that committee is considering vacancies in the non-executive director team (including the post of Chair of the Trust).

See the organogram below.



8 DUTIES OF THE CHAIRPERSON

The Chair of the Committee shall be responsible for:

- agreeing the agenda with the Corporate Governance Team
- directing the conduct of the meeting ensuring it operates in accordance with the Trust's values
- giving direction to the minute taker
- ensuring all attendees have an opportunity to contribute to the discussion

- ensuring the agenda is balanced and discussions are productive, and when they are not productive they are efficiently brought to a conclusion
- deciding when information or matters presented to the Appointments and Remuneration Committee need escalation to the Board of Directors
- checking the minutes
- ensuring sufficient information is presented to the Board of Directors in respect of the work of the Committee.

It shall be the responsibility of the Chair to provide a conduit for communication between the Board of Directors' Nominations Committee and the Appointments and Remuneration Committee, and for the Chair to report back to the Board of Directors, as appropriate, regarding non-executive director appointments.

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

9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

The terms of reference shall be reviewed by the Committee and then presented to the Council of Governors for ratification, where there has been a change.

In addition to this the Chair must ensure the Committee carries out an annual assessment of how effectively it is carrying out its duties and make a report to the Council of Governors including any recommendations for improvement.

PROCESS FOR THE APPOINTMENT OF GOVERNORS TO THE APPOINTMENTS AND REMUNERATION COMMITTEE

As per its Terms of Reference the membership of the Appointments and Remuneration Committee is made up of:

- The Chair of the Trust
- Five governors.

Please note: unless there are extenuating circumstances as to why it may not be possible, the membership of the committee should always include the Lead Governor. They will not be required to undergo an election to the committee.

Vacancies on the Committee

As and when there is a governor vacancy on the Committee an invitation will be made to governors to make an application to join the Committee.

This invitation may be made either at a general meeting of the Council of Governors or for reasons of expediency outside of a meeting via email and post by the Corporate Governance Team.

- Expressions of interest should be made to the Chair of the Trust (via the Corporate Governance Team) in writing (letter or email) accompanied by a supporting statement from each applicant as to the skills and experience they have relating to senior appointments or the reason why they wish to be considered (in no more than 300 words). If help with writing a statement is required this will be provided.
- In the event of there being no expressions of interest or, if in the opinion of the Chair of the Trust, no suitable expressions of interest are received the Chair of the Trust will discuss options with the other Committee members. Subsequently the vacancy may either be carried for an agreed period or the Chair will approach a governor ~~from the relevant group~~ directly to encourage interest. The decision to carry the vacancy should not adversely affect the quoracy of the committee, which is three or more governors plus the Chair of the Trust.
- Where an expression of interest is made and the Chair of the Trust does not feel the individual to be suitable for consideration this shall be discussed with the individual concerned.
- Once the expressions of interest and supporting statements have been received by the Chair of the Trust, ballot papers will be prepared by the Corporate Governance Team (which will include the supporting statement) to allow governors to vote as to whom they want to represent them on the Committee.
- The ballots will be opened and counted by the Corporate Governance Team and the Chair of the Trust. The way in which individual governors have voted will be kept confidential at all times.

- f) The outcome of the election will be announced by the Chair of the Trust by whatever method is considered most expedient, but ultimately it will be reported at the next scheduled Council of Governors' meeting.

Terms of office on the Committee

- a) A governor may serve two terms up to a maximum of six years.
- b) If a governor is elected to the Committee part way through their term of office, their appointment to the Committee shall be offered for the remainder of their term of office as a governor, subject to their performance on the Committee being considered satisfactory by the Chair of the Trust.
- c) Where a governor is appointed or elected to the Council of Governors for consecutive terms of office their appointment to the Committee shall be considered to continue, subject to their performance on the Committee being considered satisfactory by the Chair of the Trust, and subject to them not already having served six years on the Committee.
- d) Where the appointment or election of a governor to the Council of Governors is not for consecutive terms of office (i.e. they are not re-elected or re-appointed immediately after their previous term came to an end) the above procedure for filling vacancies on the Committee shall be followed.
- e) Where there is cause for concern about the performance or the behaviour of a governor in respect of their duties on the committee this shall be addressed by the Chair of the Trust. The Chair of the Trust has the authority to remove any governor from the committee if they are not deemed to be suitably contributing or performing on the Committee.