

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

A G E N D A

LEAD

1	Welcome and introductions (verbal)	Merran McRae
2	Sharing Stories: Update on Synergi Leeds (presentation)	Sharon Prince
3	Apologies for absence (verbal)	Merran McRae
4	Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (paper to read)	Merran McRae
5	Minutes	Merran McRae
	5.1 Minutes of the public Council of Governors' meeting held on the 9 May 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 (slides to read)	Dr Sara Munro
10	Lead Governor Report (verbal)	Les France
11	Finance Update (verbal)	Dawn Hanwell
12	Audit Committee Annual Report 2022/23 (paper to read)	Martin Wright
13	Auditors' Report on the Annual Accounts (paper to read)	Rashpal Khangura
14	Quarterly Quality and Performance Update Report and Non-clinical Dataset (paper to read and presentation)	Alison Kenyon Darren Skinner
15	Process for the Upcoming Elections to the Council of Governors (paper to read)	Cath Hill

The next public meeting of the Council of Governors will be held
on the 2 November 2023 at 3:30pm via Teams

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

Name: Cath Hill (Associate Director for Corporate Governance / Trust Board Secretary)

Email: chill29@nhs.net

Telephone: 07956 043 055

Name: Merran McRae (Chair of the Trust)

Email: merran.mcrae1@nhs.net

Telephone: 0113 8555913

Annual Declaration of Interests for the Council of Governors

Name	Directorships, including Non-executive Directorships, held in 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.
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
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.

**Minutes of the Public Meeting of the Council of Governors
held on Tuesday 9 May 2023 at 1pm in the Cheer Room, The Studio, Riverside
West, Whitehall Road, Leeds, LS1 4AW**

PRESENT:

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

Public Governors

Ivan Nip

Service User Governors

Rachel Gibala

Carer Governors

Peter Ongley

Bryan Ronoh

Executive Directors

Joanna Forster Adams

Dr Sara Munro

Cathy Woffendin

Staff Governors

Ian Andrews

Nicola Binns

Alex Cowman

Gail Harrison

Amy Pratt

Appointed Governors

Matthew Knight

Gabriella Obeng Nyarko

Cllr Fiona Venner

Non-Executive Directors

Dr Frances Healey

Cleveland Henry

Kaneez Khan

Martin Wright

IN ATTENDANCE:

Kieran Betts – Corporate Governance Assistant

Rose Cooper – Corporate Governance Officer

Dr Frances Dodd – Associate Director for People Experience

Amy Harker – People Engagement Practitioner (agenda item 14)

Cath Hill – Associate Director for Corporate Governance

Kerry McMann – Head of Corporate Governance

Amanda Naylor – Operational Manager (agenda item 2)

David Rowley – Head of Operations, Regional and Specialist Services (agenda item 2)

John Verity – Freedom to Speak Up Guardian (agenda items 14 and 15)

23/018 Welcome and introductions (agenda item 1)

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

23/019 Sharing Stories: Veterans Services (agenda item 2)

The Council received a detailed presentation on the Veterans Mental Health and Wellbeing Service, referred to as Op Courage. David Rowley and Amanda Naylor explained the provider collaborative arrangements for this service and the different trusts involved across the region. They described the different ways of accessing the service, the range of treatment and support offered, and the different pathways available to people. They also talked about their future plans to further support the armed forces community.

David and Amanda then talked about some of the benefits of working collaboratively with different partners across the region but highlighted the importance of also understanding the different needs of the armed forces population at a local level. The Council noted that an increasing awareness of the services available to veterans was helping those who need support to come forward more quickly. The Council also heard about the training available to staff to help them to be more Veteran Aware and be able to provide the appropriate support.

Gail Harrison asked if any formal evaluation had taken place following the change to the provider collaborative arrangements, particularly in terms of systems and resources, to create shared learning and help inform decision making processes in the future. Joanna Forster Adams agreed to raise this at the provider collaborative programme board.

JFA

The Council **thanked** David Rowley and Amanda Naylor for their presentation.

Kaneez Khan and Ian Andrews joined the meeting.

23/020 Apologies (agenda item 3)

Apologies were received from the following governors:

Oliver Beckett (Public Governor), Caroline Bentham (Carer Governor), Rita Dawson (Service User Governor), Cllr Claire Douglas (Appointed Governor), Les France (Public Governor), Oliver Hanson (Clinical Staff Governor), Sayma Mirza (Appointed Governor), Rebecca Mitchell (Public Governor), Joseph Riach (Service User Governor), and Tina Turnbull (Appointed Governor).

The meeting was not quorate. Therefore, any decisions made at this meeting would need to be emailed out to governors for endorsement.

RC

Apologies were received from the following Board members: Dawn Hanwell, Chief Financial Officer; Dr Chris Hosker, Medical Director; Darren Skinner, Director of People and Organisational Development; and Helen Grantham, Non-executive Director.

23/021 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.

23/022 Annual Declarations for Governors (agenda item 4.1)

The Council **noted** all interests declared by governors as at the 1 April 2023. Merran **reminded** any governors with outstanding or incomplete declarations to submit their declaration as soon as possible.

23/023 Non-executive Directors' (NEDs) Annual Declarations of Interests, Independence, and Fit and Proper Person (agenda item 4.2)

The Council **noted** the declarations of interests as per the attached matrix; **noted** that all directors had been judged and declared themselves to be fit and proper; and **noted** that all NEDs had declared they are independent.

23/024 Minutes of the public Council of Governors' meeting held on the 2 February 2023 (agenda item 5.1)

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

23/025 Matters arising (agenda item 6)

There were no matters arising.

23/026 Cumulative action log – actions outstanding from previous public meetings (agenda item 7)

The Council **received** the cumulative action log, **noted** the updates provided, and **agreed** the actions reported as complete.

23/027 Chair's Report (agenda item 8)

Firstly, Merran welcomed the new governors on the Council: Nicola Binns, Amy Pratt, and Peter Ongley. The Council noted that due to a change in circumstances Bradley Taylor had been unable to take up his seat on the Council. Merran then noted that Kirsty Lee had stepped down as a governor with effect from 20 April 2023 and John Manson had stepped down as a service user governor with effect from 28 April 2023. She thanked them both for their contributions during their time on the Council and wished them the best for the future. The Council also noted that since the last meeting, 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 and stood for election but was not successful. Merran thanked Peter and Mark for their enthusiasm and input into the work of the Council during their terms of office.

Merran then reminded governors that it was Cathy Woffendin's last Council of Governors' meeting before she retired from her post as Director of Nursing, Quality and Professions at the end of May 2023. On behalf of the Council, she thanked Cathy for her hard work and dedication to the work of the Trust and wished her the very best in her future endeavours. She also looked forward to welcoming Cathy's successor and current Deputy Director of Nursing, Nichola Sanderson, on 1 June 2023. The Council also noted that Cath Hill was due to retire on 31 July 2023 and that a recruitment process was currently ongoing to appoint to this post and governors had been invited to join the stakeholder panel as part of this process.

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

23/028 Chief Executive Report (agenda item 9)

Sara Munro introduced her report which included updates on service pressures and the ongoing impact of industrial action and Sara thanked colleagues for their hard work to mitigate the risks associated with this. Sara noted that a settlement had been agreed for the Agenda for Change aspect of remuneration for NHS employed staff. She also referred to the Synergi Leeds update in her report and it was agreed that the Council would hear more about this at a future meeting.

CGT

Peter Ongley asked if the recent industrial action had led to a reduction in accessing mental health services via A&E. Sara Munro explained that there had been no reduction in access to services as a result of industrial action and crisis services continued to be prioritised in terms of maintaining access, given the risks associated with those requiring support at that time. She added that the demand for community mental health services continued on a steady increase in terms of the referrals coming through from primary care.

The Council **received** the report from the Chief Executive.

23/029 Lead Governor Report (agenda item 10)

Due to apologies from Les France, this item was deferred to the next meeting.

23/030 Quarterly Quality and Performance Update Report (agenda item 11)

The Council received the report which outlined the Trust's performance as of February 2023. Firstly, Joanna Forster Adams outlined some hot spot areas in terms of service delivery for the Council to note, including the significant workforce challenges in community mental health services, and she thanked those staff who had been redeployed to provide additional support. Joanna also provided an update on out of area placements (OAPs), noted that the contract with Middleton St George Hospital to provide extra capacity had now come to an end, and 24 people were currently out of area. She provided assurance on the quality of care provided to those out of area and referred to the work to strengthen discharge processes and reduce OAPs which the Council would be kept updated on.

Fiona Venner asked for more information on some areas where there was deteriorating performance including the percentage of crisis referrals assessed within four hours. Joanna responded that the position had improved since the publication of this report. She described some of the workforce challenges affecting this service but reassured the Council that they continued to focus on being responsive. Fiona also noted that the percentage of referrals seen within 15 days by a community mental health team (CMHT) had dropped. Joanna explained that they were currently implementing a new triage process to determine the urgency of each person's need rather than focusing on the target of seeing all new referrals within that timeframe. Joanna added that the Trust benchmarked well against other organisations in terms of performance with this target. Fiona also asked about timely referrals into memory services and Joanna explained that access into this service was recovering post-Covid, and improvement was expected. Joanna also provided an update on appraisals which were now being recorded on a new system, and this had led to an improved position in terms of performance, supplemented by proactive support from HR colleagues.

Ivan Nip referred to the Trust's agency spend and asked how this was monitored and what the plan was to reduce it. Joanna explained that due to the ongoing workforce challenges the use of agency was necessary at this point in time to deliver care, however the Trust would be subject to increased scrutiny on agency spend going forward. She noted that the highest cost in terms of agency was with medical staff and highlighted some positive news in terms of recruitment to substantive medical roles. Kaneez Khan also provided some assurance on the efforts to improve staff culture and retain Bank staff.

Bryan Ronoh talked about his personal experience of working for the Trust as a member of Bank staff and asked how staff could be supported and incentivised further. The Council received an update on the various support packages and incentives for staff to encourage them to feel more valued and to help with the increasing cost of living, noting the need to work within the confines of Agenda for Change terms and conditions. It was hoped that with a consistent and co-ordinated approach there would be a positive impact on retention.

Merran thanked governors for their questions so far and noted that workforce was an area of significant interest. She referred to a recent Board strategic session on workforce and suggested that a similar presentation was scheduled for a future governors' meeting.

**DS /
HG**

The governors then discussed accessing mental health support via A&E and shared some of their own knowledge and experience of this. Joanna agreed to provide more information on the role of the Trust's Acute Liaison Psychiatry Service (ALPS) and the care they provide to people who present at A&E requiring mental health support. She noted that the lack of onsite accommodation for this service presented a challenge but informed the Council that with new investment they planned to create a base for the ALPS team at both St James's Hospital and Leeds General Infirmary. She also noted that they were looking to develop a crisis pathway linked to the community transformation work to make it as easy as possible for people to access support. Joanna also talked about the support in place for people admitted to acute hospital beds and referred to the ongoing work to reduce occupancy and improve flow in order to be more responsive to those in crisis.

JFA

Gabi Obeng Nyarko also talked about some of the difficulties and stigma felt by marginalised communities trying to access mental health support from statutory health services and highlighted the need for more training to support these groups. Gabi also noted that the demand for mental health services and acuity was likely to increase in the future and asked to hear more about how services were preparing for the impact of this.

JFA

Nicola Binns then discussed her own experience of being redeployed during Covid to support acute inpatient services and Merran suggested scheduling a future 'sharing stories' session on staff redeployment during the pandemic.

CGT

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

23/031 Non-Clinical Dataset (agenda item 11.1)

Frances Dodd introduced the slides, noted that work was ongoing to integrate the non-clinical staff data into the performance report, and welcomed any comments and feedback from governors. The Council found the data to be very informative and the layout easy to engage with and discussed a few areas in detail.

Amy Pratt noted that stress and anxiety was the highest reason for sickness absence and asked if non-clinical staff were offered support with challenging areas of their work in the same way as clinical staff. Frances Dodd agreed to check if the

FD

Trust's critical incident support pathway included non-clinical staff, as well as clinical staff, who were involved in an incident. Mrs Forster Adams also explained that some ancillary staff in clinical settings were externally contracted, therefore it was important to understand what wellbeing support their employers provide and to help those staff to feel part of the wider team, which she acknowledged could be a challenge. Gail Harrison referred to the ongoing work at a national level to make 'care spaces' open to all staff (both clinical and non-clinical) within the setting.

Alex Cowman provided more detail on the Trust's wellbeing offer for both clinical and non-clinical staff and talked about how they target hotspot areas where work stress was repeatedly cited as a reason for absence. The Council was assured to note that the wellbeing interviews had a high take up across the Trust and that the Trust benchmarked well against other organisations in terms of engagement with Health Assured (who provide the Trust's employee assistance programme) and had a low percentage of work stress related calls. Frances Dodd added that there was more work to do to triangulate this data with other data such as Staff Survey results in order to be able to clearly measure trends and progress.

Fiona Venner asked why Red Kite View had the highest number of vacancies despite being a new unit. Joanna explained that, compared to other services, the Trust directly employed more ancillary staff at Red Kite View rather than through other providers and this contributed to the disproportionate level of vacancies.

Merran asked that going forward the non-clinical data was provided as an appendix to the performance report so that both items could be discussed together, and for Andrew McNichol to define which staff groups are included in the non-clinical staff category.

AM

The Council was **assured** by the information provided.

23/032 Finance update (agenda item 12)

On behalf of Dawn Hanwell, Sara Munro informed the Council that for 2022/23 the Trust had delivered on its financial plan which was around a £1.2m surplus; however, this was still subject to scrutiny from external audit. The Council noted that the external auditors were scheduled to come to the July meeting to provide their report on the Trust's annual accounts. Sara also noted that the West Yorkshire Integrated Care Board (ICB) final plan for 2023/24 was still to be submitted but advised there would be no change to what had been approved by the Trust's Board, which was a balanced plan for 2023/24.

Gail Harrison asked if other partners in the system had ended the year on a balanced plan. Sara responded that all organisations had met their plan, but the plans varied according to each trust. She explained why this was the case and described some of the wider system challenges post-Covid which were caused by financial constraints and the increasing demand for services.

Ivan Nip asked if the financial requirements of the Integrated Care System (ICS) were impacting on the Trust's budgets. Sara responded that the Trust was affected by NHS England policy and treasury decisions on capital allocations and explained how the money was distributed between organisations in the ICS and what the impact was for the Trust.

The Council also sought assurance on the Trust's estates strategy and approach in terms of bed numbers. Sara explained that their focus was not on increasing bed numbers but on delivering clinically effective care at the right time, reducing length of stay and improving patient flow, rather than increasing the number of beds which could be ineffective in isolation. Cleveland Henry also provided some assurance on the development of a robust estates strategy that sought to understand and reflect the Trust's future estates requirements.

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

23/033 Report from the Chair of the Finance and Performance Committee (agenda item 13)

Cleveland Henry provided a summary of the key activities and priorities of the Finance and Performance Committee over the last year.

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

23/034 2022 NHS Staff Survey and Bank Staff Survey Results (agenda item 14)

Amy Harker introduced the paper which summarised the results and outcomes of the 2022 Staff Survey and Bank Staff Survey and showed how the Trust's results compared to previous years and highlighted emerging themes. Amy talked through the top performing areas and areas for improvement and explained that services and teams had been asked to complete intention plans, choosing at least one area where they could focus their energies on driving local improvement activities. Amy also explained that the survey results were used to inform the Trust's People Plan and the 'you said we did' work to help keep staff engaged with the process.

Gail Harrison asked if we know the statistical significance of the percentage changes in order to be able to distinguish between notable improvements / deterioration and natural variation which could be causing small percentage changes. Sara responded that there was limited national guidance around what was considered statistically significant, but the important work was to focus on positive changes as a result of intention planning and meaningful local conversations.

The Council noted that only 15% of Bank staff had responded to the survey (95 in total) which was 7% lower than the previous year. Amy Harker explained that this lower response rate was likely due to the nationally mandated change of questionnaire delivery method, which moved from paper questionnaire to e-

questionnaire format for this staff group. The Council heard that the Trust had tried to mitigate this with a robust engagement campaign ahead of the survey but unfortunately the response rate was not sufficiently representative of the Bank workforce. Amy Harker explained that this had been fed back to NHS England and they would work with them to improve response rates going forward. Kaneez Khan highlighted the importance of not digitally excluding staff who may not have the same access to devices to be able to complete an e-questionnaire.

The Council then discussed some of the statistics in more detail and was concerned to note that 29% of substantive staff and 37% of bank staff had experienced bullying, harassment or abuse from service users, their relatives or other members of the public. Sara suggested some factors that may be influencing this and provided some assurance on the programme of work led by Frances Dodd to address this, relating to civility and respect, and violence prevention and reduction. Fiona Venner felt that more needed to be done at a system level to target the increasing instances of harassment from the public towards frontline staff.

Amy Pratt also noted that 6.2% of substantive staff had reported harassment, bullying or abuse at work from a manager and asked if this would be looked at in more detail. Amy Harker responded that because the survey was confidential, they were not able to access any qualitative data about the incidents, but they would still track the data and correlate it with information from other sources. Frances Dodd added that the People Experience Team could access team level data to identify hotspot areas and provide targeted support and she assured the Council that the statistics relating to harassment, bullying or abuse were looked at in detail by the Workforce Committee.

Bryan Ronoh asked for more information on the reward and recognition schemes for Bank staff and Amy talked about the positive impact these schemes were having on both substantive and Bank staff which was reflected in some of the statistics relating to feeling valued. Merran noted that this was an area of interest to governors and asked that the discussion on staff incentives was revisited as part of the future session on workforce.

**DS /
FD**

Peter Ongley noted that only 58% of substantive staff would be happy with the standard of care provided by the Trust if a friend or relative needed treatment and asked if the Trust's data was cross referenced with what service users think of their own treatment. Merran asked that this question was answered outside of the meeting.

**DS /
FD**

It was agreed that an update on intention planning at team and service level would be provided at a future meeting so that governors could be assured on what actions were being taken to address the issues reflected in the survey results.

**DS /
FD**

The Council **received** the report on the 2022 National Staff Survey results.

Cleveland Henry, Bryan Ronoh and Alex Cowman left the meeting.

23/035 Introduction from the Trust's Freedom to Speak Up Guardian (agenda item 15)

John Verity introduced himself to the Council and talked about his role as the Trust's Freedom to Speak Up (FTSU) Guardian where he provides confidential advice and support to staff in relation to any concerns they have about patient safety and/or the way their concern has been handled. The Council noted that there were five FTSU Ambassadors who work alongside John and contribute to creating a culture of speaking up where all staff feel safe and confident to raise concerns. John emphasised that if governors are made aware of any concerns, they should speak to the FTSU Team to make sure these are reported through the correct route and dealt with appropriately.

Fiona Venner asked about the support mechanisms available to John considering the demands of his role and John highlighted the importance of his support networks which included regional colleagues with whom he regularly shared learning. He also referenced the psychological support available to him as well as support from his line management and Board member colleagues, all of which enabled him to maintain a positive outlook and a solution focused approach.

Nicola Binns asked if some staff may feel there was a barrier to raising concerns due to a fear of the repercussions. John outlined some of the ways he tries to mitigate this by being responsive, impartial, and protecting confidentiality. He also talked about how he makes himself visible to staff by regularly visiting Trust sites and attending staff and service user network meetings. He also referenced the QR code on the FTSU posters which provides additional information for those where English is not their first language or who need to access the information in British Sign Language. John added that he also regularly gathers feedback on the FTSU process and shares this formally with the Board to demonstrate learning.

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

23/036 Agree the arrangements for the 2023 Annual Members' Meeting (agenda item 16)

Mrs Hill advised the Council that the next Annual Members' Meeting would take place in person on the morning of the 25 July 2023 at the Queen's Hotel in Leeds. She explained that the Chief Executive, Chief Financial Officer, and Lead Governor would deliver presentations on the Trust's key achievements and challenges from 2022/23. She asked governors to prioritise attendance at this meeting as it was part of their statutory role to receive the Trust's annual report and accounts. She also noted that a special event to celebrate 75 years of the NHS was scheduled to take place in the afternoon.

The Council **noted** the arrangements for the 2023 Annual Members' Meeting.

23/037 Ratification of the Terms of Reference for the Appointments and Remuneration Committee (agenda item 16)

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

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 4.35pm. 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>23/028 - Chief Executive Report (May 2023 - agenda item 9)</p> <p>Sara referred to the Synergi Leeds update in her report and it was agreed that the Council would hear more about this at a future meeting.</p>	<p>Corporate Governance Team</p>	<p>July 2023</p>	<p>An update on Synergi Leeds has been scheduled as the 'sharing stories' session at the July 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>23/019 - Sharing Stories: Veterans Services (May 2023 - agenda item 2)</p> <p>Gail Harrison asked if any formal evaluation had taken place following the change to the provider collaborative arrangements, particularly in terms of systems and resources, to create shared learning and help inform decision making processes in the future. Joanna Forster Adams agreed to raise this at the provider collaborative programme board.</p>	<p>Joana Forster Adams</p>	<p>Management action</p>	<p><u>ONGOING</u></p> <p>Alison Kenyon and Joanna Forster Adams are picking this up with colleagues at Cumbria, Northumberland, Tyne and Wear (CNTW) NHS Foundation Trust. CNTW is the Lead Provider of the Provider Collaborative.</p>
<p>23/031 - Non-Clinical Dataset (May 2023 - agenda item 11.1)</p> <p>Merran asked that going forward the non-clinical data was provided as an appendix to the performance report so that both items could be discussed together, and for Andrew McNichol to define which staff groups are included in the non-clinical staff category.</p>	<p>Andrew McNichol</p>	<p>July 2023</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>23/030 - Quarterly Quality and Performance Update Report (May 2023 - agenda item 11)</p> <p>Merran noted that workforce was an area of significant interest to the governors and referred to a recent Board strategic session on workforce and suggested that a similar presentation was scheduled for a future governors' meeting.</p>	<p>Darren Skinner & Helen Grantham</p>	<p>September Board to Board</p>	<p><u>COMPLETE</u></p> <p>This has been added to the forward plan for the Board to Board.</p>
<p>23/034 - 2022 NHS Staff Survey and Bank Staff Survey Results (May 2023 - agenda item 14)</p> <p>Merran asked that the discussion on staff incentives was revisited as part of the future session on workforce.</p>	<p>Darren Skinner / Frances Dodd</p>	<p>September Board to Board</p>	<p><u>COMPLETE</u></p> <p>This has been added to the forward plan for the Board to Board.</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>23/034 - 2022 NHS Staff Survey and Bank Staff Survey Results (May 2023 - agenda item 14)</p> <p>It was agreed that an update on intention planning at team and service level would be provided at a future meeting so that governors could be assured on what actions were being taken to address the issues reflected in the survey results.</p>	<p>Darren Skinner / Frances Dodd</p>	<p>September Board to Board</p>	<p><u>COMPLETE</u></p> <p>This has been added to the forward plan for the Board to Board.</p>
<p>23/030 - Quarterly Quality and Performance Update Report (May 2023 - agenda item 11)</p> <p>Joanna agreed to provide more information on the role of the Trust's Acute Liaison Psychiatry Service (ALPS) and the care they provide to people who present at A&E requiring mental health support.</p>	<p>Joanna Forster Adams</p>	<p>Date TBC</p>	<p><u>COMPLETE</u></p> <p>This has been factored into the governor workplan for 2023/24. Colleagues from ALPS will join CoG at a future meeting to share their story and information about how they work, and outcomes achieved. The Corporate Governance Team to arrange in liaison with the Lead Governor and Chair.</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>23/030 - Quarterly Quality and Performance Update Report (May 2023 - agenda item 11)</p> <p>Nicola Binns discussed her own experience of being redeployed during Covid to support acute inpatient services and Merran suggested scheduling a future 'sharing stories' session on staff redeployment during the pandemic.</p>	<p>Corporate Governance Team</p>	<p>Date TBC</p>	<p><u>COMPLETE</u></p> <p>This has been factored into the governor workplan for 2023/24.</p>
<p>23/020 - Apologies (May 2023 - agenda item 3)</p> <p>The meeting was not quorate. Therefore, any decisions made at this meeting would need to be emailed out to governors for endorsement.</p>	<p>Rose Cooper</p>	<p>Management action</p>	<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>23/030 - Quarterly Quality and Performance Update Report (May 2023 - agenda item 11)</p> <p>Gabi Obeng Nyarko noted that the demand for mental health services and acuity was likely to increase in the future and asked to hear more about how services were preparing for the impact of this.</p>	<p>Joanna Forster Adams</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>Internally demand modelling and forecasting is undertaken in partnership with colleagues in Public Health, Service Leadership Teams, Service Development and Performance Analysts. Our recently published Care Services Strategic Plan is underpinned by demand and population modelling which has resulted in our service improvements, growth and expansion plans and key service development priorities. Governors will receive updates on this through Board reports and at scheduled sessions with the Council of Governors over the year. Our key link to this work is Alison Kenyon, Deputy Director of Service Development.</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>23/031 - Non-Clinical Dataset (May 2023 - agenda item 11.1)</p> <p>Frances Dodd agreed to check if the Trust's critical incident support pathway included non-clinical staff, as well as clinical staff, who were involved in an incident.</p>	Frances Dodd	Management action	<p><u>COMPLETE</u></p> <p>The critical incident pathway supports anyone who has been impacted by a critical incident/untoward event. As part of the initial liaison with the clinical area, a check is always undertaken as to who was involved and needs support. For some of our external colleagues, such as Mitie staff, there may be some issues about confidentiality by attending a clinical team debrief. However, they would be offered an alternative debrief, either individually or on a team basis.</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>23/034 - 2022 NHS Staff Survey and Bank Staff Survey Results (May 2023 - agenda item 14)</p> <p>Peter Ongley noted that only 58% of substantive staff would be happy with the standard of care provided by the Trust if a friend or relative needed treatment and asked if the Trust's data was cross referenced with what service users think of their own treatment. Merran asked that this question was answered outside of the meeting.</p>	<p>Darren Skinner / Frances Dodd</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>This was discussed with the Patient Experience Team. Currently there is not a question asking service users if they would recommend to a friend or relative. Previously, recommending a friend or relative was part of the Friends and Family Test questions; however, in 2021, this question was superseded by an "experience of care question." The question now is <i>"Overall, what is your experience of our service?"</i>. Therefore, this means this data is not comparable with our Staff Survey question.</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>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>Additional information provided as part of the Quality and Performance Update Report narrative.</p>
<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>	<p>Rose Cooper</p>	<p>Management action</p>	<p>This has been factored into the governor workplan for 2023/24.</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>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>	<p>Rose Cooper</p>	<p>Management action</p>	<p>The decisions were emailed out to governors for endorsement.</p>
<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>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>

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>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>	Darren Skinner	Management action	The non-clinical dataset has been included in your paper pack as agenda item 11.1 for information.

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>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>Naomi Makin has been invited to the September Board to Board to facilitate a session on sustainability.</p>

CHAIR'S REPORT

**PUBLIC COUNCIL OF GOVERNORS' MEETING
HELD 4 JULY 2023**

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

Since the May 2023 Council of Governors' meeting the following changes to the membership of the Council have taken place.

- Rita Dawson resigned on 15/05/23 (due to personal issues)
- Claire Douglas resigned on 17/05/23 (due to being elected as leader of City of York Council)
- Bryan Ronoh resigned on 26/05/23
- Tina Turnbull retired from Volition on 31 May 2023 and is no longer eligible to be a governor.

We are currently in touch with Volition for a replacement appointed governor who will take the seat vacated by Tina. We have also been advised that Cllr Ian Cuthbertson has been appointed as the new appointed governor for City of York Council.

I would like to thank all those governors who have stepped down from their role for all the support they have given to the work of the Council of Governors, and I very much look forward to working with our new governor from the City of York Council.

In regard to the next round of elections to the Appointments and Remuneration Committee, the process for finding a new governor to join the committee will begin on 7 July 2023.

There are currently five elected governors on the committee (Les France; Ivan Nip; Ian Andrews; Oliver Beckett; and Caroline Bentham). On 9 October 2023, Caroline Bentham will finish her term of office as a governor and one seat on the committee will become vacant.

The key dates for this election are:

- Governors will be invited to nominate themselves to join the committee on 7 July 2023
- Nominations statements to be submitted by 4 August 2023
- Ballot to be held between 11 August 2023 and 8 September 2023
- Results to be shared on 11 September 2023
- Those elected will become members of the Appointments and Remuneration Committee as of 9 October 2023

Any governor who is interested in standing for election can speak to Merran McRae or Cath Hill about its work and what is expected of governors who serve on the committee.

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

Since the May Council of Governors' meeting there have been two changes to the membership of the Board of Directors. On 31 May 2023 Cathy Woffendin took early retirement and left the post of Director of Nursing, Quality and Professions. I am very pleased to be able to report that Nichola Sanderson was appointed to this role and took up her position on the Board on the 1 June 2023.

There will be lots of opportunity for governors to get to know Nichola, although some of you will already know her as she was previously the Deputy Director of Nursing at the Trust.

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

Non-executive Directors

Name	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	25 May 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	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	25 May 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 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)	5 May 2022	5 July 2022	1 November 2022	2 February 2023	9 May 2023
Ian Andrews	E	✓	✓	✓	✓	✓
Oliver Becket	E			✓	✓	-
Caroline Bentham	E	✓	-	✓	-	-
Nicola Bins	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	-	-	-		
Peter Ongley	E					✓
Amy Pratt	E					✓
Sally Rawcliffe-Foo	E	-	✓			
Joseph Riach	E	✓	✓	✓	✓	-
Bryan Ronoh	E	-	-	-	-	✓
Sue Rumbold	A	-				
Nicola Swan	E	✓	✓			
Tina Turnbull	A	✓	✓	-	✓	-
Fiona Venner	A	-	✓	✓	✓	✓
Peter Webster	E	✓	✓			

The table above details the number of Council meetings that governors have attended.

Governors are expected to attend Council meetings wherever possible, however, it is recognised there may be legitimate reasons why this is not possible. Attendance by governors is recorded in the minutes by the Corporate Governance Team. Any instance where a governor has missed two or more meetings per *financial year* is discussed by the Chair of the Trust and the Associate Director for Corporate Governance and if needed with the governor concerned. There is an assessment of the reason/s for absence from meetings and any extenuating circumstances. If having reviewed attendance, there is a need for the Council to consider the matter of non-attendance for any governor a separate report will be made to the Council for consideration.

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

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

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

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

Merran McRae
Chair of the Trust
June 2023

Service visits undertaken by Non-Executive Directors and Governors

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

Date of visit	Team / Service	Location	Organised with	Non-Exec Director	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

Service 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 (CAMHS Inpatient Unit)	Mill Lodge, 520 Huntington Road, York YO32 9QA	Nick Mant, Head of Operations & Kay Lawn, Ops Manager	Frances Healey	Matthew Knight

Council of Governors

Chief Executives Report 4th July 2023

Dr Sara Munro, Chief Executive

Key Topics

- NHS pay award and further strike action
- Key updates on our 3 core strategic objectives
- Incident Management
- Key updates from around the Trust
- Spotlight on the City of Leeds
- NHS 75
- Reasons to be Proud

NHS PAY AWARD & STRIKE ACTION

- NHS staff council voted, on balance, to accept pay offer
- Agenda for Change staff can expect the award (incl back pay to 1st April) to be made at the end of June
- RCN remains in dispute with the government. Ballot on further action closes 23 June.
- BMA is balloting medical consultant workforce on strike action from July. Ballot closes 27 June.



Incident Management

There is a huge amount to say Thank you for to colleagues across all teams and departments led by our EPRR team dealing with some planned and unplanned disruption;

- Whole system IT outage with recovery compounded by major fault on the network provider
- 72 hour walk out by Junior Doctors (7am Wednesday 14th June to 17th June)
- Network outage at the Newsam Centre Seacroft
- Heatwave

All managed whilst running services and functions as usual. Many staff working through the night and extended hours to maintain patient and staff safety.

Thank you #lypfttogether

What else is happening in the Trust & beyond?

St Mary's House

- Main House office space should be open by October 2023
- Visit Staffnet news for the latest including site plan

Running costs in our health and care system

- West Yorkshire Integrated Care Board (ICB) have to reduce their running costs by 30% by April 2025
- We're financially stable, but will be contributing by reducing use of agency staff & out of area placements



Spotlight on the City

DHSC visit 5th June - Sir Chris

Wormald, permanent secretary of DHSC, and Professor Chris Witty were key note speakers at a public health conference hosted by the City to focus on breadth and importance of public health. A great event showcasing local, regional and national work with a recurrent theme on health inequalities.

Marmot City work - The inspirational Prof Marmot presented at the official launch of Leeds sign up as a Marmot City to as part of our ambition to make Leeds 'fairer for everyone'. This 2 year programme is aimed at improving health levels and tackling inequality which we know has got worse during the pandemic with healthy life expectancy falling.



NHS 75 – how you can get involved

Sharing your NHS stories

- Share a story for us to showcase at events, online & trust wide
- Complete our template and email to communications.lypft@nhs.net

NHS 75 Special All Staff Huddle (virtual) – Wed 5 July

- An opportunity for colleagues to mark the birthday together

NHS75 @ LYPFT (in person) – Tues 25 July

- AGM in the morning then afternoon tea & a special event to celebrate the NHS' 75th birthday
- The event is free, but numbers are restricted
If you'd like to attend, register your interest (link in chat)





What's your story?

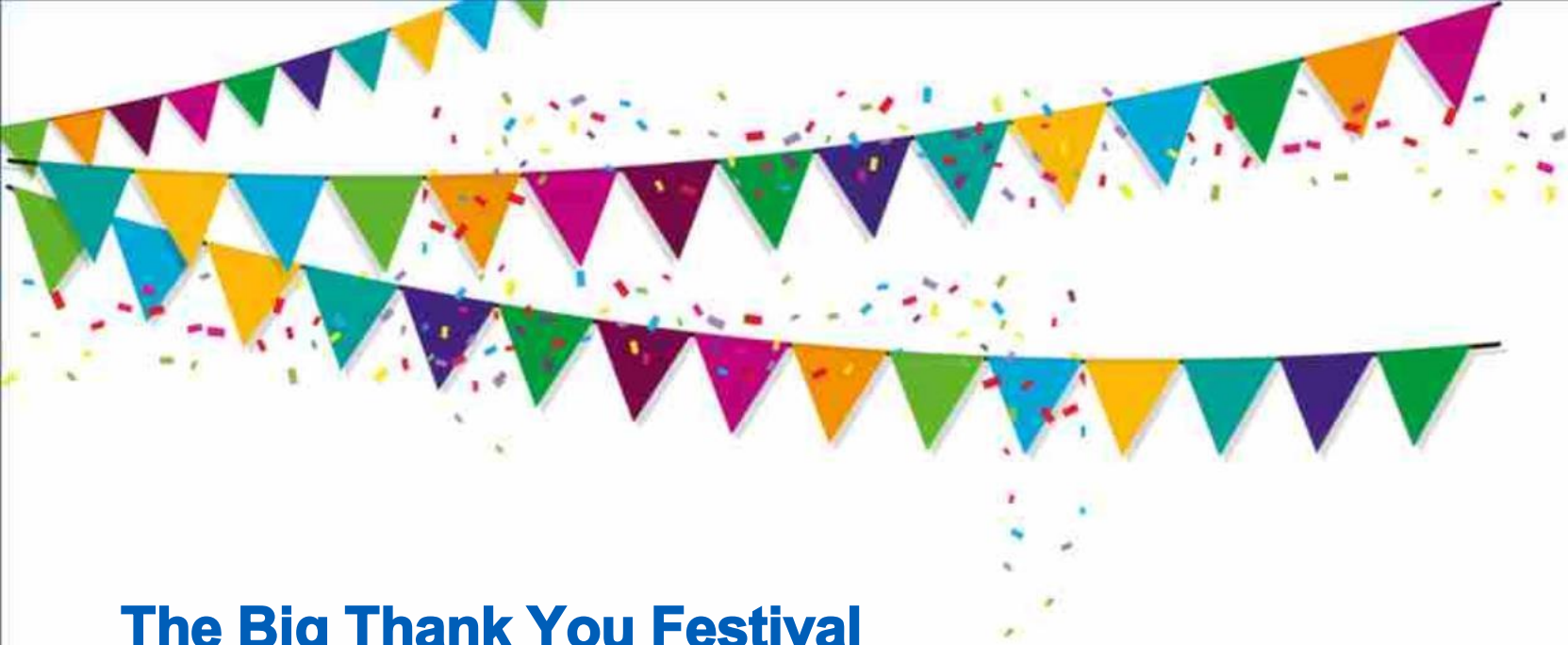
Andrew Walton

Healthcare Support Worker
Crisis Assessment Unit

"The support from my team inspires me.

*"Their care and kindness makes me
so proud to work here."*

Visit Staffnet news!



THE BIG
**THANK YOU
FESTIVAL**
19 JUNE - 14 JULY 2023

The Big Thank You Festival

- Local staff thank you events held 19 June to 14 July
- All teams are invited to take part
- Budget allocation to hold events (pizza, picnics, fuddles)

The Big Thank You Carnival

- Evening event, Friday 30 June @ ChowDown, Leeds
- 500 tickets available for staff and volunteers
- Free food, drink and entertainment!

What do you need to do?

Festival – Local events
Complete a short form to request funds

Carnival – Evening event
Register your interest

For queries, please contact:
Award.lypft@nhs.net

Celebrating Nurses Day Across the Trust



NHS 75

#IND2023



Happy Nurses Day 2023



Cathy Woffendin,
Director of Nursing, Quality
and Professions

39 years of service to the NHS
and inspirational leadership at
LYPFT.



Linda Rose,
Assistant Director of
Nursing

Celebrating Linda's
remarkable nursing
career on 14 June.



Sarah Beswick,
CTM, Leeds Autism
Diagnostic Service

Nearly 34 years of
NHS service -
thank you Sarah!

Happy Retirement!

PMVA is now certified – reducing restrictive practice. Well done to all the team!

The Preventing & Managing Violence & Aggression (PMVA) Training Team are now a certified service, complying with Restraint Reduction Network Standards.

It has been a rigorous process, taking approximately one year to complete.

Well done to Angela Macdonald, Lead Tutor (pictured right with the PMVA team) and Jan Smith, PMVA Lead, and all the team who have worked incredibly hard on this, whilst also conducting an intense training recovery plan.

The team deserves to feel incredibly proud - providing the safest and least restrictive interventions for our service users.



Bild
Association
of Certified
Training

Restraint
Reduction
Network

Leeds Community Mental Health Transformation Programme receives positive feedback

We're leading this programme which aims to have embedded a new model of care for community mental health by 2024.

The Programme team recently received positive feedback on the progress being made from the West Yorkshire Programme Senior Responsible Officer.

The team have also been chosen to present a paper at a national conference on transformation.

It is positive to see that despite the challenges the Leeds Transformation is being acknowledged as best practice.

Read more about the programme on the MindWell Leeds website.





MENTAL HEALTH AWARENESS WEEK



Reaching out to our communities

Mental
Health Practitioners
from our Crisis Team
visited community
venues across Leeds
during Mental Health
Awareness Week.

They promoted the
support available from
mental health services
and the third sector.

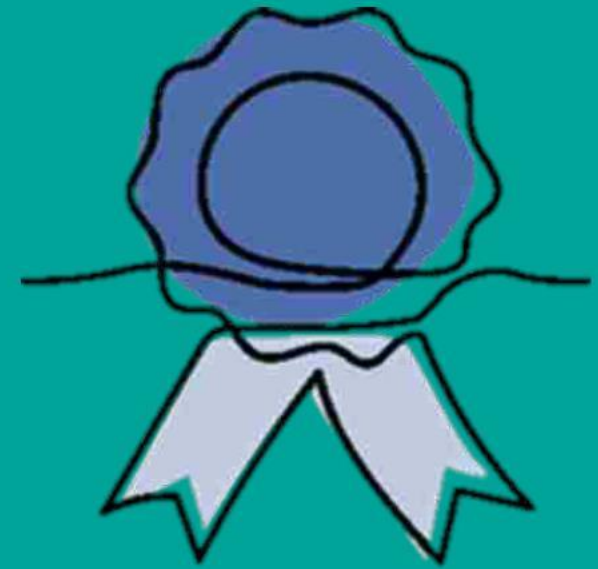
Pictured:
Brouch Boggon
Bank Senior Crisis
Practitioner along with
colleagues and
visitors.



Team of the Month

Team of the Month
celebrates and acknowledges teams
who have gone the extra mile, helped others out
and generally just smashed it recently!

Nominate your team
Email: award.lypft@nhs.net for a form



We are **recognised**
and **rewarded**

Physical Health Monitoring and Improvement Team

Nomination:

"Throughout Covid we visited patients, sometimes even in doorways in the snow and rain, to make sure they received care and engagement during difficult times.

"Sadly, we have lost many patients over the last 3 years which has been extremely hard, but with peer supervision and support from management we have listened, hugged and cried together.

"We have grown stronger as a team in work and during difficult personal times."

Judges:

"What an amazing entry, demonstrating your kindness and compassion and always putting our service users at the centre of your work – thank you."

"Real evidence of supportive team work to ensure that clients are given great service even under difficult conditions."



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: Rob Kershaw

Role: Desktop Support Analyst, Health Informatics

- Rob exemplifies professional excellence & exceptional technical skills in his role
- His excellent work ethic & dedication to supporting staff contribute immensely to the success of research initiatives

Email: research.lypft@nhs.net



**Research &
Development**



Rob Kershaw

Health Informatics Service

“It is a privilege to support research projects through the provision of ICT Services and an honour to work with such a dedicated and passionate team.”

**AGENDA
ITEM**

12

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Audit Committee Annual Report 2022/23
DATE OF MEETING:	4 July 2023
LEAD DIRECTOR: (name and title)	Martin Wright, Non-executive Director and Chair of the Audit Committee
PAPER AUTHOR: (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

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

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

The Annual Report attached is for the financial year 2022/23 and comes to the Council of Governors for information so it can be assured on the work of the external auditors (which the Council appoints).

The Annual Report was presented to the 22 June 2023 Board of Directors' meeting as part of the Committee's assurance process to demonstrate that it is working in accordance with its Terms of Reference as set by the Board to support the information provided in the Annual Governance Statement which is part of the Annual Report.

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

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

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

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

RECOMMENDATION
<p>The Council of Governors is asked to receive the 2022/23 Annual Report for the Audit Committee and to be assured of the work of the external auditors in relation to providing assurance to the Audit Committee.</p>

The Audit Committee
Annual Report
Financial Year 1 April 2022 to 31 March 2023

CONTENTS

Section

1	Period covered by this report
2	Introduction
3	Terms of Reference for the Audit Committee
4	Meetings of the committee
5	Membership of the committee and attendance at meetings
6	Reports made to the Board of Directors
7	Work of the committee during 2022/23
8	Conclusion
Appendix 1	Terms of Reference for the Audit Committee

1 PERIOD COVERED BY THIS REPORT

This report covers the work of the Audit Committee (the Board of Directors' primary governance committee) for the financial year 1 April 2022 to 31 March 2023.

2 INTRODUCTION

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

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

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

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

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

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

3 TERMS OF REFERENCE FOR THE AUDIT COMMITTEE

The Terms of Reference (ToR) for the Audit Committee were last ratified by the Board of Directors in November 2021. In October 2022, the committee reviewed its ToR and agreed that the assurance pathway for the Quality Report should be updated. The amended ToR are due to be presented to the committee in April 2023. The ToR relates to the work of the committee during 2022/23 and are attached to this report (see appendix 1).

The committee also carried out a review of its effectiveness in July and August 2022 when members completed the HFMA (Healthcare Financial Management Association's) committee effectiveness questionnaire. The results were collated and then presented to the committee at the August 2022 meeting. It was concluded that

there was a high level of effectiveness of the committee and that there were no areas of concern which it needed to bring to the attention of the Board.

4 MEETINGS OF THE COMMITTEE

In respect of the period covered by this report the committee met on five occasions as listed below:

- 19 April 2022
- 14 June 2022 (Extraordinary meeting for the annual accounts)
- 16 August 2022
- 18 October 2022
- 17 January 2023

5 MEMBERSHIP OF THE COMMITTEE AND ATTENDANCE AT MEETINGS

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

The table below shows attendance for members of the committee for the period 1 April 2022 to 31 March 2023.

Attendance at Audit Committee meetings 2022/23

Name	19 April 2022	14 June 2022 (ExtraO)	16 August 2022	18 October 2022	17 January 2023
Substantive Non-executive Director members					
Martin Wright (Chair of the Committee)	✓	✓	✓	✓	✓
Helen Grantham (Non-executive director)	✓	✓	-		
Cleveland Henry (Non-executive director)	✓	✓	✓	✓	✓
Dr Frances Healey (Non-executive director)	*	*	*	✓	✓

✓ Shows attendance

- Indicates those members who sent apologies during 2022/23

Indicates when a member was not eligible to attend the meeting.

* Indicates when an individual attended the meeting not in the capacity as a member (for example, as an Associate Non-executive Director).

During 2022/23 meetings of the Audit Committee were attended on a regular basis by the Chief Financial Officer and the Associate Director for Corporate Governance.

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

In addition to the officers that regularly attend the committee, invitations were extended to members of the executive team and senior managers who attended meetings to present papers and make assurances as required. Additionally, the Chief Executive of the Trust and the Chair of the Trust are both invited to attend at least one meeting a year to ensure the effective functioning of the Committee. The Chief Executive attended the 14 June 2022 meeting, and the Chair of the Trust attended the 18 October 2022 meeting.

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

6 REPORTS MADE TO THE BOARD OF DIRECTORS

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

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

Date of meeting	Assurance and escalation report to Board by Chair
19 April 2022	19 May 2022
16 August 2022	29 September 2022
18 October 2022	24 November 2022
17 January 2023	26 January 2023

In addition to the reports made by the chair of the committee this annual report also goes to the Board of Directors. Once received by the Board it will go to the Council of Governors as one method of providing assurance as to how the non-executive directors have held the executive directors to account for the performance of the Board. It also provides the Council with an outline of the work carried out by the external auditors (whom they appoint). The committee's annual report for 2021/22 was presented to the 5 July 2022 Council of Governors' meeting by Martin Wright.

7 THE WORK OF THE COMMITTEE DURING 2022/23

For 2022/23 the chair and members of the Audit Committee confirm that the committee has fulfilled its role as the primary governance and assurance committee in accordance with its Terms of Reference, which are attached at Appendix 1 for information.

In 2022/23 the committee approved the work plans for both the internal and external auditors and the counter-fraud service. It received and reviewed both regular progress reports and concluding annual reports for the work of internal and external audit and the counter-fraud team. This allowed the committee to determine its level of assurance in respect of progress with various pieces of work and the findings. These reports have also provided assurance on the Trust's internal controls. The committee assessed the effectiveness of these functions by reviewing the periodic reports from the auditors and monitoring the pre-agreed key performance indicators.

Areas of work on which the committee received assurance during 2022/23 are set out below. Details of the work of the committee can be found in the minutes of its meetings which are available on the Trust website, or from the Corporate Governance Team (corporategovernance.lypft@nhs.net).

Quality Account:

- At an extraordinary meeting held in June 2022, the committee reviewed the Quality Account for 2021/22. The Quality Account 2021/22 was then presented and approved by the Board of Directors.

Health and Safety:

- At its August 2022 meeting, the committee received the Health and Safety Annual Report. It acknowledged the progress that had been made in terms of its content. It also recommended that this report is shared more widely, and it was subsequently agreed that the report would be shared with the Board of Directors in addition to the other governance bodies it was already received by.
- The committee also receives quarterly updates in relation to Health and Safety at each meeting. Work is ongoing to define the parameters of "Health and Safety" so that the report is differentiated from wider Clinical Governance safety measures. It was also agreed that the quarterly Health and Safety updates would be shared with the Workforce Committee and the Finance and Performance Committee for assurance, with the Audit Committee retaining overall responsibility for seeking assurance.

Risk Management:

- The Director of Nursing, Professions and Quality attended the January 2023 committee meeting to make assurances on the risk management system and the system for recording risks, noting that significant progress had been made in relation to these systems.

Board Assurance Framework (BAF):

- The committee received the Board Assurance Framework at both its April 2022 and January 2023 meetings. It was assured on both the content and the process on both occasions and did not recommend any amendments to the content.

Annual Report and Accounts for 2021/22:

- The Annual Report and Accounts for 2021/22 were reviewed prior to being presented to the Board of Directors for adoption in June 2022.
- The ISA 260 (which is the report to those charged with governance on the annual accounts) was received and the findings from the audit of the annual accounts discussed. The recommendations from the report were noted and there were no significant outstanding issues to bring to the committee's attention. The Committee was assured by the external audit team that the annual report met the requirements of the guidance issued and that there were no inconsistencies found in the information provided in the annual report.
- The Head of Internal Audit Opinion and the Annual Governance Statement were reviewed and found to be consistent.
- The committee reviewed the Annual Governance Statement and agreed that it presented a correct view of the governance systems in place for the control of risk and was consistent with the views expressed by the internal and external auditors. It agreed that the statement should be incorporated in the Annual Report 2021/22 for ratification by the Board of Directors.
- The committee reviewed and was assured of the Trust's compliance with NHS Improvement's Foundation Trust Code of Governance.
- The committee reviewed and was assured on the process of obtaining the declarations required by the NHS Improvement Provider Licence Conditions and approved the positive confirmation for each of the licence conditions.

Internal Audit:

- The committee approved the Internal Audit Annual Plan for 2022/23 at its April 2022 meeting.
- The committee received suggestions for inclusion in the Internal Audit Plan from other Board sub-committees. These areas had been informed by matters that they considered posed a potential risk or an area of concern.
- The Internal Audit Annual Report was received by the Committee in June 2022 which brought together all the findings from across the previous year.
- The committee received a regular report from the Internal Audit Network
- The committee received internal audit progress reports on a regular basis to update the committee on the major findings, with assurance being provided on the actions taken to address any weaknesses in the systems of control. It noted that some audits had been deferred to a later date and that the committee was assured for the reasoning behind these deferrals.

Counter-fraud:

- The committee approved the Local Counter Fraud Annual Work Plan for 2022/23 at its August 2022 meeting.
- The Counter-fraud Annual Report was received in June 2022 which brought together the work from across the year.
- The committee received regular Local Counter-Fraud Progress Reports throughout the year in respect of those cases that can be reported to the committee in order to update the committee on the major findings and any lessons learnt from individual cases.
- Assurances were received about the processes in place to tackle fraud and bribery.

- The committee suggested that the Workforce Committee should seek assurance that staff are aware of the rules the Trust has in place and the process of declaring secondary employment, as this was identified as an increased fraud risk.

Action Tracking:

- The committee received regular reports in respect of progress with the implementation by managers of agreed audit recommendations and sought assurance on progress in particular with a number of old and outstanding actions. The committee also received specific assurance on the process for dealing with and monitoring outstanding actions, with particular reference to the role of the Executive Risk Management Group which has oversight of the actions.
- The committee received the internal audit recommendations benchmarking report and noted that the Trust was performing in-line with other provider clients of the internal audit team on completing recommended actions.

External audit:

- The committee reviewed and approved the external audit work plan for 2022/23 at the January 2023 meeting. It also agreed the baseline fee for this work, with the final fee to be confirmed and approved in April 2023.
- Regular update reports were received about the work of the auditors and also information about changes within the accounting regime and the health sector which would impact on the Trust.
- The committee received details of relevant sector updates along with assurances on how the executive directors had implemented or taken account of the guidance contained in the update report.

Registers and Declarations of Interest process:

- The committee reviewed: the Hospitality Register; the Gifts Register; the Sponsorship Register; the Register for the use of Management Consultants; and the Losses and Special Payments Register, to ensure the appropriateness and completeness of the content.
- The committee reviewed the annual declarations of interest process for 2022/23 and was assured that there had been a 100% return rate for declarations from identified decision makers across the Trust where there were no identified mitigating factors as to why a declaration was unavailable.

Tender and Quotation Exception reports:

- Assurance was received on the reasons for the Tender and Quotation procedures being waived during 2022/23.

8 Conclusion

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

It added value by maintaining an open and professional relationship with internal and external audit and counter-fraud. It carried out its work diligently, discussed issues

openly and robustly, and kept the Board of Directors apprised of any possible issues or risks. The Audit Committee fulfilled its work programme for 2022/23 and provided assurances to the Board for any issues referred to it. It took assurances from the internal and external auditors on key matters.

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

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

Martin Wright
Non-executive Director
Chair of the Audit Committee
April 2023

Kieran Betts
Corporate Governance Assistant
April 2023

AUDIT COMMITTEE

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

1 NAME OF COMMITTEE

The name of this committee is the Audit Committee.

2 COMPOSITION OF THE GROUP / COMMITTEE

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

Members

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

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

Attendees

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

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

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

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

2.1 Governor Observers

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

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

2.2 Associate Non-executive Directors

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

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

3 QUORACY

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

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

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

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

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

4 MEETINGS OF THE COMMITTEE

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

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

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

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

Private Sessions of the Committee

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

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

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

5 AUTHORITY

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

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

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

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

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

6 ROLE OF THE COMMITTEE

6.1 Purpose of the Committee

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

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

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

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

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

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

6.3 Duties of the group / committee

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

Board Assurance Framework

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

Quality Report

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

Risk Management

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

Health and Safety

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

Compliance and Disclosure Statements

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

Annual Accounts and Annual Report

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

Annual Governance Statement and Head of Internal Audit Opinion

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

Registers

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

Internal Audit

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

External Audit

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

Counter Fraud

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

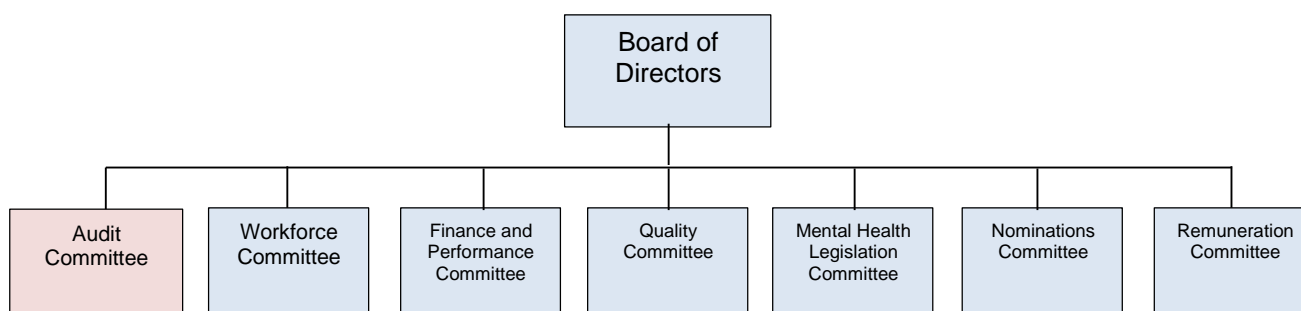
- The committee shall allow the Local Counter Fraud Specialist service (LCFSs) to attend Audit Committee meetings
- The committee shall receive a summary report of all fraud cases from the LCFSs
- The committee shall receive reports from the LCFSs regarding weaknesses in fraud related systems
- The committee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

7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES

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

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

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



8 DUTIES OF THE CHAIR

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

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

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

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

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

9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

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

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

Schedule of deputies

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

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

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

**AGENDA
ITEM**

13

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Auditor's Report on the Annual Accounts
DATE OF MEETING:	4 July 2023
LEAD DIRECTOR: (name and title)	Rashpal Khangura, Director – Public Sector Audit, KPMG
PAPER AUTHOR: (name and title)	Rashpal Khangura, Director – Public Sector Audit, KPMG

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

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

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

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

**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 receive the Auditor's Report and note the information and assurance provided.



Auditor's Annual Report 2022/23

Leeds York Partnership NHS Foundation Trust

June 2023

Key contacts

Your key contacts in connection with this report are:

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

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

Summary

Introduction

This Auditor's Annual Report provides a summary of the findings and key issues arising from our 2022-23 audit of Leeds and York Partnership NHS Foundation Trust (the 'Trust'). This report has been prepared in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the Trust alongside the annual report and accounts.

Our responsibilities

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

Accounts - We provide an opinion as to whether the accounts give a true and fair view of the financial position of the Trust and of its income and expenditure during the year. We confirm whether the accounts have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).

Annual report - We assess whether the annual report is consistent with our knowledge of the Trust. We perform testing of certain figures labelled in the remuneration report.

Value for money - We assess the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust's use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.

Other reporting - We may issue other reports where we determine that this is necessary in the public interest under the Local Audit and Accountability Act.

Findings

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

Accounts	<p>We issued an unqualified opinion on the Trust's accounts on 27 June 2023. This means that we believe the accounts give a true and fair view of the financial performance and position of the Trust.</p> <p>We have provided further details of the key risks we identified and our response on page 4.</p>
Annual report	<p>We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust.</p> <p>We confirmed that the Governance Statement had been prepared in line with the DHSC requirements.</p>
Value for money	<p>We are required to report if we identify any significant weaknesses in the arrangements the Trust has in place to achieve value for money.</p> <p>We have nothing to report in this regard.</p>
Other reporting	<p>We did not consider it necessary to issue any other reports in the public interest.</p>

Accounts Audit

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

Risk	Findings
<p>Valuation of land and buildings</p> <p>Land and buildings are required to be held at fair value. As hospital buildings are specialised assets and there is not an active market for them they are usually valued on the basis of the cost to replace them with a 'modern equivalent asset'.</p> <p>A full valuation was performed as at 31 March 2021. A desktop valuation was performed as at 31 March 2023.</p> <p>The value of the Trust's land and buildings at 31 March 2023 is £59.3m.</p>	<p>We reviewed the external valuer's valuation report and critically assessed the independence, objectivity and expertise of the external valuer, we assessed the accuracy of the data provided to the valuers and we did not identify any material matters to report.</p> <p>We noted that the methodology used was consistent with the requirements of the RICS Red Book and the GAM. We considered the estimate to be balanced based on the procedures performed.</p> <p>We did not identify any issues or misstatements as a result of our procedures.</p>
<p>Fraudulent revenue recognition</p> <p>Professional standards require us to make a rebuttable presumption that the fraud risk from revenue recognition is a significant risk.</p> <p>As the Trust is required to meet a control total at the end of the year this may create an incentive for revenue to be manipulated in order to achieve budgeted financial performance. We anticipate that this would occur through manipulation of year end income accruals or deferred income to decrease the level of income reflected in the financial statements.</p> <p>As communicated in the audit plan we have rebutted the fraud risk over NHS Block Contracts and other income</p>	<p>Our sample testing of deferred income at the year-end did not identify any matters that we need to report.</p> <p>We did not identify any material misstatements relating to this risk.</p>
<p>Fraudulent expenditure recognition</p> <p>Auditing standards suggest for public sector entities a rebuttable assumption that there is a risk expenditure is recognised inappropriately.</p> <p>We consider this would be most likely to occur through overstating manual accruals and/or understating prepayments, if performance against the control total allows, for example to bring forward expenditure from 2023-24 to mitigate financial pressures.</p>	<p>Our sample testing of expenditure items throughout the year did not identify any matters that we need to report.</p> <p>Our testing of a sample of year end accruals confirmed that there was supporting evidence underlying the reason for the accrual and to support the value recorded in the accounts. Our year-end journals testing did not identify any audit issues.</p> <p>We did not identify any issues or misstatements as a result of our procedures.</p>

Accounts Audit

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

Risk	Findings
Management override of controls We are required by auditing standards to recognise the risk that management may use their authority to override the usual control environment. We did not identify any specific additional risks of management override relating to this audit.	 Our testing of a sample of journal entries did not identify any inappropriate or unusual entries. We evaluated the valuation of land and buildings and did not identify any indicators of management bias. We did not identify any significant unusual transactions. Our testing of related party relationships and disclosures did not identify any significant matters to report.

Value for money

Introduction

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

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

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

Further details of our value for money responsibilities can be found in the Audit Code of Practice at Code of Audit Practice (nao.org.uk).

Matters that informed our risk assessment

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

Source	Detail
Care Quality Commission rating	Overall Good rating (2019)
Single Oversight Framework rating	Segment 2 – target support.
Governance statement	There were no significant control deficiencies identified in the governance statement.
Head of Internal Audit opinion	Significant Assurance as reported to April 2023 Audit Committee.

Commentary on arrangements

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

Summary of findings

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

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

Value for money

Financial sustainability	
Description	Commentary on arrangements
<p>This relates to ensuring that the Trust has sufficient arrangements in place to be able to continue to provide its services within the resources available to it.</p> <p>We considered the following areas as part of assessing whether sufficient arrangements were in place:</p> <ul style="list-style-type: none"> How the Trust sets its financial plans to ensure services can continue to be delivered; How financial performance is monitored and actions identified where it is behind plan; and How financial risks are identified and actions to manage risks implemented. 	<p>The financial plan for 2022/23 was submitted to NHSE in April 2022, reflecting a balanced position for the year. The plan was considered at various levels within the Trust including the Financial Planning Group and Finance and Performance Committee in March 2022.</p> <p>The plan was based on the NHS Financial Framework for 2022/23 which stipulates that entities plan within their respective Integrated Care Systems. The allocation and agreement of block income levels were confirmed by the West Yorkshire system. This included a reduction in COVID funding compared to the prior year and relevant tariff uplifts and an increase in Mental Health Investment Standard funding.</p> <p>The 2022/23 plan included the requirement to deliver efficiencies of £3.5m. The Trust has delivered these efficiencies using mainly non-recurrent measures such as unfilled vacancies, unbudgeted revenue and particularly increased investment income as a result of favourable interest rates and a high cash balance.</p> <p>The Trust recognises that it needs to re-introduce efficiency identification, monitoring and reporting arrangements it had pre-COVID in order to reduce its dependency on using non-recurrent measures of delivering savings. A budget rebasing exercise commenced in September 2021 to identify more clearly budget areas that had underlying funding gaps/cost pressures that needed to be addressed as part of budgeting and efficiency planning. However this exercise concluded that budget holders wanted to maintain historic budget levels and not rebase underspent budgets towards historically overspent areas. As a result, there remains the need to understand and address cost pressures within historic budgets in order to better inform budget setting and focus efforts for efficiency planning. Service Line Reviews have been undertaken to inform plans for recurrent efficiency programmes going forward.</p> <p>Each meeting of the Finance and Performance Committee and the Board of Directors receive the Chief Financial Officer's report, providing updates on expected/planned changes in financial planning assumptions and highlighting emerging financial sustainability risks.</p> <p>The Trust has budget monitoring processes to identify and incorporate significant pressures into the financial plan to ensure it is achievable and realistic. Where significant overspends are identified through the monthly monitoring process, these are escalated to the Head of Operations, the Financial Planning Group and Operational Delivery Group to identify mitigations. One such area has been increased spend on agency staff.</p>

Value for money

Financial sustainability	
Description	Commentary on arrangements
<p>This relates to ensuring that the Trust has sufficient arrangements in place to be able to continue to provide its services within the resources available to it.</p> <p>We considered the following areas as part of assessing whether sufficient arrangements were in place:</p> <ul style="list-style-type: none"> How the Trust sets its financial plans to ensure services can continue to be delivered; How financial performance is monitored and actions identified where it is behind plan; and How financial risks are identified and actions to manage risks implemented. 	<p>The Trust has a clear reporting structure for Risk Management. The key strategic risks are included on the Board Assurance Framework (BAF) and this is reviewed twice a year by the Trust Board and the Audit Committee. As reported in the previous year, the BAF continues to include a risk relating to financial sustainability. The BAF in January 2023 identified a gap in control/assurance related to efficiency plans and there is an action to re-establish the process that was in place for efficiency planning pre-COVID.</p> <p>The Finance and Performance Committee receives reports on the Trust financial position in year, this sets out the key risks to delivering the agreed financial plan and the implications for future plans. The month 9 finance report presented at the January Board highlighted that the Trust was performing well against the budgeted outturn. It was reported that £2.9m of COVID funding would be returned to the Leeds system to enable achievement of the budgeted position. The Trust has reported a surplus of £1.5m for the year ended 31 March 2023.</p> <p>The Trust has developed a financial plan for 2023/24 and this plan is based on the NHS 2023/24 priorities and operational planning guidance, as well as working with the partners in the West Yorkshire Integrated Care System (WYICS). A balanced plan was submitted.</p> <p>This includes savings of £8.5m which is approximately 3.4% of Trust turnover. Management have a list of schemes / areas that will deliver these savings and this includes reducing spend in areas such as out of area placements (£1m), agency spend (£3m), unfilled vacancies (£1m) and continued increased investment income (£2.5m). £1m of the efficiency target is currently unidentified. As in 2022/23, the efficiency schemes are largely non-recurrent. The Trust is currently refining the detail underlying each of the efficiency schemes, establishing governance arrangements to oversee the larger schemes and agreeing monitoring and reporting processes.</p>

Value for money

Governance	
Description	Commentary on arrangements
<p>This relates to the arrangements in place for overseeing the Trust's performance, identifying risks to achievement of its objectives and taking key decisions.</p> <p>We considered the following areas as part of assessing whether sufficient arrangements were in place:</p> <ul style="list-style-type: none"> Processes for the identification and management of strategic risks; Decision making framework for assessing strategic decisions; Processes for ensuring compliance with laws and regulations; How controls in key areas are monitored to ensure they are working effectively. 	<p>We consider the Trust to have effective processes in place to identify, monitor and manage risk. The Trust's 'Risk Management Policy' sets out how risks are identified and the reporting structure for the monitoring and management of risk. Strategic risks are identified and recorded in the Board Assurance Framework. All other risks are held on directorate risk registers and monitored through the reporting structure as set out in the 'Risk Management Policy'.</p> <p>The Trust has adequate controls in place to prevent and detect fraud. The Internal Audit provider includes a Counter Fraud service and an annual Local Counter Fraud Service Plan is reviewed and approved by the Audit Committee. Counter Fraud progress reports are presented at each Audit Committee meeting, providing details of fraud awareness and prevention activities, referrals, ongoing investigations, outcomes of investigations and national alerts.</p> <p>The financial plan for 2022/23 was presented to the April Finance and Performance Committee and formal approval was given by the an Extraordinary meeting of the Board in April. The paper to the Board included commentary on the assumptions applied, the wider context of the WYICS, financial risks perceived at the time and those not factored in the plan, and capital financial plans.</p> <p>As part of our risk assessment procedures, we found appropriate budget monitoring processes in place. Budget holders are able to directly access budget reports to enable monitoring of performance. Our minute review showed there was regular reporting to the Finance and Performance Committee to enable scrutiny and challenge of budgets and performance to date.</p> <p>Review and monitoring of compliance with laws and regulations as well as responsibility for compliance with expected standards of behaviour and reporting on exceptions are delegated by the Trust Board to the Audit Committee. The Audit Committee continued to receive these reports during the year. A register of interests is maintained and updated annually. Declaration of interests is also a standing item on all agendas for Board and Sub-Committee meetings.</p>

Value for money

Governance	
Description	Commentary on arrangements
<p>This relates to the arrangements in place for overseeing the Trust's performance, identifying risks to achievement of its objectives and taking key decisions.</p> <p>We considered the following areas as part of assessing whether sufficient arrangements were in place:</p> <ul style="list-style-type: none"> Processes for the identification and management of strategic risks; Decision making framework for assessing strategic decisions; Processes for ensuring compliance with laws and regulations; How controls in key areas are monitored to ensure they are working effectively. 	<p>Following a Care Quality Commission (CQC) review in 2019, the Trust had an overall rating of 'Good' for all domains except the 'Safe' domain which was rated as 'requires improvement'. The BAF continues to reflect this via its strategic risk which relates to the risk of not being able to maintain compliance with regulatory requirements and compromising the safe environment for staff, service users and visitors. CQC peer reviews recommenced in April 2022 and reports from these reviews are reported within the Trust governance structure.</p> <p>Key decision making is subject to discussion and scrutiny and executive team level, relevant sub committee level, followed by formal approval by the Board. We have seen evidence of this via our review of minutes and papers of the Board and the sub committees. This included for example, closure of the previous Trust Headquarter site in June 2022 and review and approval of the financial plan for 2022/23. The business case relating to the closure of the Trust Headquarter included commentary on various factors including, strategic impact, economic considerations, financial impact and overall benefits.</p>

Value for money

Improving economy, efficiency and effectiveness

Description	Commentary on arrangements
<p>This relates to how the Trust seeks to improve its systems so that it can deliver more for the resources that are available to it.</p> <p>We considered the following areas as part of assessing whether sufficient arrangements were in place:</p> <ul style="list-style-type: none"> ▪ The planning and delivery of efficiency plans to achieve savings in how services are delivered; ▪ The use of benchmarking information to identify areas where services could be delivered more effectively; ▪ Monitoring of non-financial performance to assess whether objectives are being achieved; and ▪ Management of partners and subcontractors. 	<p>The Trust continues to work closely within the West Yorkshire Integrated Care System (WYICS) and liaise with the West Yorkshire Integrated Care Board that was formed from 1 July 2022. Working together as a system has enabled the various entities to get access to benchmarking information to better inform their financial planning. Internally the Trust uses information on costs and performance to improve the way services are managed and delivered. Going forward, as the Trust re-invigorates its approach to efficiency programmes there is a recognition of the need for benchmarking sources to inform these targets and schemes.</p> <p>The Chief Executive provides a report at each meeting of the Board of Directors and this includes updates on emerging matters from the meetings of the WYICS. The Chief Financial Officer's report at the Finance and Performance Committee includes updates on the financial position of the WYICS so that the Trust position can be viewed within the context of the wider system.</p> <p>The Trust Director of Finance (capital lead for WYICS) and the Trust Chief Executive Officer (Senior Responsible Officer for MH across the WYICS) hold key positions within the wider system. Financial planning is performed across the system and this includes working within the system funding allocations and assumptions.</p> <p>The Trust Board receives reports from Lead Directors in relation to its core services and functions and this enables monitoring of performance. These reports include the Chief Operating Officer Report, Chief Financial Officer's Report, Medical Director's Report, Safer Staffing Report, Director of Nursing Report and Director of People Report. The reports include commentary on performance, highlighting areas where performance is behind expectations. One constant factor during 2022/23 has been in relation to significant level of unfilled vacancies in some areas and the impact of this on service delivery and increasing spend on agency staff.</p> <p>Arrangements are in place to monitor outsourced services. For example we reviewed quarterly contracting reports related to the early intervention in psychosis service and noted that agreed actions were documented in these reports and followed up each quarter.</p>



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Leeds & York Partnership NHS Foundation Trust

Presentation to the Council of Governors

July 2023

Rashpal Khangura

Director, KPMG LLP

Scope of our work

Financial Statements audit

True and Fair view of the state of the Trust's affairs as at 31 March 2023

Properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23

Value for Money arrangements

Overall criterion

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

Key Risks And Findings

Financial Statements Audit

Risks

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

Findings

- Unqualified (satisfactory) opinion
- One uncorrected misstatement below materiality
- Small number of presentational changes
- Annual Report consistent with financial statements

Value for Money

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



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

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**AGENDA
ITEM**

14

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Quarterly Quality and Performance Update Report
DATE OF MEETING:	4 July 2023
PRESENTED BY: (name and title)	Alison Kenyon, Deputy Director for Service Development
PREPARED BY: (name and title)	Nichola Sanderson – Director of Nursing, Professions and Quality / Director of Infection Prevention and Control Edward Nowell – Information Manager Performance & BI

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

EXECUTIVE SUMMARY		
This paper is to highlight and outline the Trust's current performance over the last 3 months and provide an insight to the Governors from recent Board discussions around performance. Please note the report reflects the data presented to Board in May 2023.		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
	No	

RECOMMENDATION
The council are asked to note the contents.

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 April 23, and Quality and Workforce is April 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	Feb 2023	Mar 2023	Apr 2023
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	42.0%	39.8%	30.4%
Percentage of ALPS referrals responded to within 1 hour	-	76.6%	75.6%	77.1%
Percentage of S136 referrals assessed within 3 hours of arrival	-	30.0%	43.3%	16.2%
Number of S136 referrals assessed	-	30	30	37
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	80.0%	45.9%	54.5%	56.4%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	87.0%	94.9%	93.9%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	56.5%	51.5%	57.1%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Feb 2023	Mar 2023	Apr 2023
Gender Identity Service: Number on waiting list	-	4,147	4,242	4,284
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	-	30.44	50.8	47.38
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	82.8%	77.5%	78.8%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	-	3.2%	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	-	25.0%	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	-	94.4%	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	85.0%	-	93.7%	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	863	-	765	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	-	9.6%	-
Services: Our acute patient journey	Target	Feb 2023	Mar 2023	Apr 2023
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	46.4%	34.9%	68.9%
Crisis Assessment Unit (CAU) length of stay at discharge	-	4.79	4.47	4.38
Liaison In-Reach: attempted assessment within 24 hours	90.0%	53.2%	68.8%	82.7%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	98.7%	97.8%	98.8%
Becklin Ward 1 (Female)	-	99.0%	102.8%	99.7%
Becklin Ward 3 (Male)	-	97.9%	97.9%	100.0%
Becklin Ward 4 (Male)	-	99.7%	92.2%	96.5%
Becklin Ward 5 (Female)	-	98.2%	96.2%	100.0%
Newsam Ward 4 (Male)	-	98.8%	100.2%	97.8%
Older adult (total)	-	98.4%	98.2%	96.9%
The Mount Ward 1 (Male Dementia)	-	94.6%	92.4%	97.6%
The Mount Ward 2 (Female Dementia)	-	97.6%	101.1%	93.1%

Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Feb 2023	Mar 2023	Apr 2023
The Mount Ward 3 (Male)	-	99.1%	94.5%	97.7%
The Mount Ward 4 (Female)	-	100.8%	103.4%	98.3%
Percentage of delayed transfers of care	-	15.6%	12.4%	11.6%
Total: Number of out of area placements beginning in month	-	8	4	10
Total: Total number of bed days out of area (new and existing placements from previous months)	330	466	419	469
Acute: Number of out of area placements beginning in month	-	5	1	7
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	268	206	189
PICU: Number of out of area placements beginning in month	-	2	1	3
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	168	168	190
Older people: Number of out of area placements beginning in month	-	1	2	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	30	45	90
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90.0%	-	77.2%	-
Services: Our Community Care	Target	Feb 2023	Mar 2023	Apr 2023
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	72.7%	80.5%	81.2%
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	80.0%	72.1%	79.7%	79.7%
Number of service users in community mental health team care (caseload)	-	3,468	3,446	3,421
Percentage of referrals seen within 15 days by a community mental health team	80.0%	43.7%	59.9%	66.7%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	52.5%	56.1%	49.3%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	42.0%	45.3%	52.1%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	66.7%	80.0%	69.2%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	-	77.8%	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	-	79.3%	-
Services: Clinical Record Keeping	Target	Feb 2023	Mar 2023	Apr 2023
Percentage of service users with NHS Number recorded	-	99.1%	99.2%	99.2%
Percentage of service users with ethnicity recorded	-	75.7%	75.9%	76.7%
Percentage of service users with sexual orientation recorded	-	35.2%	35.8%	37.6%
Services: Clinical Record Keeping - DQMI	Target	Nov 2022	Dec 2022	Jan 2023
DQMI (MHSDS) % Quality %	95.0%	91.8%	91.8%	91.7%

Quality and Workforce metrics: Tabular overview

Services: Clinical Record Keeping	Target	Feb-23	Mar-23	Apr-23
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	Nov	Dec	Jan
		91.8%	91.8%	91.7%
Percentage of service users with ethnicity recorded	-	75.3%	75.8%	76.7%
Percentage of service users with sexual orientation recorded	-	34.6%	35.5%	37.6%
Quality: Our effectiveness	Target	Feb-23	Mar-23	Apr-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	-	14	36	13
Quality: Caring / Patient Experience	Target	Feb-23	Mar-23	Apr-23
Friends & Family Test: Positive experience of care (total responses received)	-	89%(125)	96%(155)	90%(72)
Mortality:				
· Number of deaths reviewed (incidents recorded on Datix)*	Quarterly	-	84	-
· Number of deaths reported as serious incidents	Quarterly	-	4	-
· Number of deaths reported to LeDeR	Quarterly	-	4	-
Number of complaints received	-	13	15	11
Percentage of complaints acknowledged within 3 working days	-	100%	100%	100%
Percentage of complaints allocated an investigator within 3 working days	-	30%	26%	55%
Percentage of complaints completed within timescale agreed with complainant	-	100%	100%	100%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	152	189	150

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	Feb-23	Mar-23	Apr-23
Number of patient/staff/visitor incidents reported on Datix	-	1,084	1,087	1,140
Number of Self Harm Incidents	-	185	196	162
Number of Violent or Aggressive Incidents	-	146	160	131
Number of never events	-	0	0	0
Number of physical restraints *	-	238	179	304
Number of ended seclusion incidents lasting 24+ hours **	-	4	8	4
No. of patients detained under the MHA (includes CTOs/conditional discharges)	-	520	528	524
Adult acute including PICU: % detained on admission	-	68.2%	63.8%	66.7%
Adult acute including PICU: % of occupied bed days detained	-	86.1%	81.0%	83.7%
Number of medication errors reported on Datix	Quarterly	-	147	-
Percentage of medication errors resulting in no harm	Quarterly	-	95.0%	-
Safeguarding Adults: Number of advice calls received by the team	Quarterly	-	174	-
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	23.5%	-
Safeguarding Children: Number of advice calls received by the team	Quarterly	-	44	-
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	45.4%	-
Number of falls related to patients reported on Datix	-	85	60	56
Number of Pressure Ulcers occurring or deteriorating within inpatient or SSL services	-	1	1	1

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

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

** New indicator from October 2022

Quality and Workforce metrics: Tabular overview

Our Workforce	Target	Feb-23	Mar-23	Apr-23
Percentage of staff with an appraisal in the last 12 months	85%	59.6%	64.3%	66.4%
Percentage of staff with a wellbeing assessment completed	-	92.0%	92.9%	93.3%
Percentage of mandatory training completed	85%	83.2%	83.3%	83.6%
Safeguarding: Prevent Level 3 training compliance (quarter end snapshot)	85%	-	94.0%	-
Percentage of staff receiving clinical supervision	85%	67.8%	62.8%	67.2%
Staff Turnover (Rolling 12 months)	8-10%	9.8%	9.6%	9.5%
Sickness absence rate in month	-	5.7%	5.9%	5.6%
Sickness absence rate (Rolling 12 months)	4.9%	6.2%	6.1%	6.0%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	11.6%	11.7%	11.5%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	31.9%	32.0%	32.6%
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	-	469	658	467
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	17.2%	20.5%	23.9%
Medical Consultant Vacancies (number)	-	14.9	18.0	22.0
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	16.5%	16.5%	17.8%
Medical Career Grade Vacancies (number)	-	7.6	7.6	8.3
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	28.3%	29.7%	19.6%
Medical Trainee Grade Vacancies (number)	-	29.7	31.2	21.9
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	43.0%	43.0%	40.0%
Band 5 inpatient nursing vacancies (number)	-	111.6	112.8	94.8
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	16.0%	14.0%	18.0%
Band 6 inpatient nursing vacancies (number)	-	17.8	15.6	21.6
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	48.0%	49.6%	43.1%
Band 5 other nursing vacancies (number)	-	44.4	45.9	34.8
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	16.0%	17.1%	18.8%
Band 6 other nursing vacancies (number)	-	54.2	58.4	64.3
Percentage of vacant posts (Trustwide; all posts)	-	14.5%	15.1%	16.4%
Bank Agency Spend YTD (Cost)	-	20,232,178	22,271,285	2,101,318
Bank Agency Spend YTD (%)	-	14.0%	13.0%	15.0%
		Mar	Apr	May
Percentage of front-line staff vaccinated for Covid19 (22/23 booster dose)*		48%	*	*
Percentage of all staff vaccinated for Covid19 (22/23 booster dose)*		44%	*	*

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

* Feb booster data as at 22/03/23 (final figures for this campaign)

Trust Board Assurance: Key discussions, issues and actions

Key points, issues, risks and actions:

The key areas of concern have been identified through our governance arrangements and remain consistent with previous reports. The following updates provide a formulated position in services where challenges and risks are most prevalent.

Adult Acute Services: The CRISS Team has worked hard to achieve the 4hr target for Crisis Resolution assessments throughout the past two months with a marginal improvement since February to 62% in April. The waiting times for assessment have ranged from less than one hour to 45hrs.

The biggest impact has been as a result of the workforce availability. This has resulted in most shifts being unable to have their full complement of 7 staff, at times as low as only 4 regular staff on duty, with Team and Operational Managers providing cover and the use of Bank/Agency staff to cover shifts.The Service continues to actively recruit to its vacancies and is anticipating the recruitment of 5 qualifying students later this year, however given the number of vacancies across the Trust we do not expect this to resolve our shortages in the near future. As a result of the vacancies, the service has taken the decision to consolidate these two teams for a period of 6 months to attempt to stabilise the service.

We have seen a reduced number of S136 referrals since December 2022 with a slight increase during April. The number of S136 referrals assessed within 3 hours remains low despite the reduced number overall. Whilst all assessments are commenced within the 3 hours of arrival at the suite, the time of the assessment has not been correctly recorded due the inability of the service users to engage in the assessment as a result of being under the influence of alcohol or illicit substances for instance. We are working with the team to ensure that the assessment time is clearly recorded on Care Director to reflect that an assessment has been undertaken even if the service user remains unfit and is unable to be released from the S136.

We have seen a significant increase in demand for Acute beds over the latter part of winter. We have seen a steady increased in occupied bed days since December through January, with a slight reduction in February and March with this further increasing in April. It is difficult to attribute this to one single cause. Service users that are being admitted do appear to have more complex needs and are more acutely unwell, which has an impact on their length of stay. As a result of this increased demand for Acute beds, we have experienced an increase in the need to use Out of Area Placements, this has followed the pattern of occupied bed days for LYPFT wards.

We have experienced a higher degree of need and complexity on our acute wards resulting in longer stays and Delayed Transfers of Care (DToCs). Some of these delays have been because of limited access to suitable onward pathways, including accommodation. We have also identified some variation of clinical practice across our in-patient areas that has contributed to the impact on flow. We have commissioned a Multi-Agency Discharge Event (MADE) to enable us to further analyse these variations and factors that contribute to delays.

Forensic Service: The Forensic Service continues to experience high RN vacancy rates across the in-patient service. We also have a high number of substantive RC vacancies, 5 out of 6, all currently supported by Agency Locums. We are continuing with our recruitment for all posts with varying degrees of success. The service at Newsam Centre has been able to secure additional funding, approximately £900k, from the PC to improve the ward staffing compliment in line with other providers across the ICB. The service is currently developing a mobilisation plan for the recruitment of these additional posts, most of which are Support Worker and AHP roles. The Newsam Service continues to remain under increased PC surveillance as a result of concerns raised during a PC Quality visit last year. Concerns were raised regarding restrictive practices, staffing levels and care delivery. The service has developed an action plan in collaboration with the PC which is progressing well.

Community and Wellbeing Service: Our community mental health services continue to experience significant workforce challenges. Currently the service is experiencing the highest rate of vacancies (42 wtes) however the turnover of staff has slowed somewhat over the past 12 months to 12.43%, a possible indication of the staff team becoming more stable. We are continuing to work closely with our Third Sector colleagues and have successfully recruited 7 out of the proposed 9 key workers via North Point. We have also undertaken a significant amount of work to support the service over recent months and the staff deployed into the service are having a positive impact to the morale of the service. We are continuing to develop the community offer in Leeds that will support the service with the ongoing pressures it is facing. Emerge, AOT and FOT are completing proposals that will see them closer aligned to CMHT in order to improve flow and alleviate some of the pressure as a result.

Whilst we continue to see a deterioration in the 15-day wait to first contact we had taken the decision to change the way the service was delivered as a result of the workforce challenges and did implement a waiting list for the first time in its history. The service has adjusted their delivery model to re-establish the triage, assessment and brief intervention functions with the locality teams in order to improve their responsiveness to referrals. The triage function ensures the service users are responded to in an appropriate timeframe based on their individual level of need.

Trust Board Assurance: Key discussions, issues and actions

Key points, issues, risks and actions (Continued):

Children and Young Peoples Services: Mill Lodge continues to maintain agreed levels of occupancy with a stable workforce, with a contract variation in place to continue to provide 10 beds. This supports the case for the development of the Alternative to Hospital Service with support from the PC, which is currently progressing. This will provide the equivalent of a day service to young people that would alternatively have been admitted to hospital, with a focus on those with an eating disorder.

The completion of HoNOSCA/GBO across both in-patient services has significantly decreased over Quarter 4 2022/23. The service has identified that the target is based on the full completion of the assessment which for some young people have been difficult to achieve due to levels of engagement or the appropriateness of the assessment for some individuals. The service is working with the Care Director Team to ways to develop recording methods to improve compliance.

Eating Disorders, Rehabilitation and Gender Services:CONNECT has experienced an increased demand across both the community and in-patient elements of the service. We have seen steady increase in waits for the community service over the past 2 years. Caseload numbers have also increase to year high of 106, whilst we have also seen an increased vacancy rate of up to 29%. Many of the posts have now been recruited to with individuals yet to take up their posts. We are monitoring this closely to ensure we are able to improve our response with the increased capacity.

Complex Rehabilitation out of area placements continue to present a financial risk to the Organisation. We have experienced an increased demand for placements over recent years culminating in a £2.7m overspend at year end 2022/23. The service has developed an improvement plan, working closely with the ICB, to identify ways to bring the spend back under control.

Liaison and Perinatal Service: Liaison Psychiatry has seen an increase in referrals to its Hospital In-reach Team during the latter part of winter rising from an average of 150 per to month to an average of 200 per month January to March returning back to the norm in April. The Acute Liaison Psychiatry Service (ALPS) has maintained a response rate of 75-80% to all referrals within 1 hour. This has been despite anticipate increased demand as a result of winter pressures and industrial action. This has been sustained since October of last year, with the exception of January this year when the response rate dipped to 70% as a result of staff vacancies and absences. We have seen an increased waits for admission to the National In-patient Centre for Psychological Medicine (NICPM) due to low bed numbers and the absence of a substantive Psychiatrist. The service has closed the waiting list to referrals from outside of Leeds. The Psychiatrist has been recruited with a start date pending. The service will increase occupancy once they are in post, which is anticipated to be August 2023.

Older Peoples Service: We have seen an increased rate of referrals to the Intensive Care Homes Team (ICHT) raising to 30 in April as 50% increase from February and March, work is ongoing to understand these changes in demand and if they are expected to continue. The Young People with Dementia Service also is experiencing poor performance and is an outlier in terms of the whole service with regards to average wait from referral to face-face contact. This is being addressed by the Operations Manager and Clinical Lead with the CTM and Consultants to understand the causes and to agree necessary actions to improve performance.

Regional and Specialist Services: The Neuro-developmental Service continues to experience high rates of referrals and long waiting lists as previously reported in depth. The service is continuing to monitor trends and evaluate ways of responding including working across the ICB to develop different ways of responding to the demand.

The National Gambling Service is anticipating an upsurge in referrals in response to the White Paper released on the 7th April. This will be monitored by the service and reviewed by through the Quality, Delivery and Performance (QDaP) meeting.

The ECT service had faced significant challenges recently in delivering the number of treatments it can offer. This has been as a direct result of having suitably trained staff to deliver the treatments. The service has worked closely with colleagues in LTHT to train staff to the required level of competency and has been able to increase the number of treatments available. The service is now moving to being able to offer the full service of 10 treatments per week.

The National Deaf CAMHS Service has secured additional funding for a pilot project working with service users between the ages of 18-25. This is an area of development for young people transitioning from CAMHS services identified through NHSE. The service is currently developing their project plan for the development of this service. The Hydrotherapy and Rebound Therapy service at 4 Woodlands Square has recently restarted since closing at the start of the pandemic.

Trust Board Discussion Summary:

The ongoing challenges faced in maintaining high quality service delivery, have been managed and monitored through our now well-established operational governance meetings including “winter” coordination meetings. Service leadership teams continue to aim to maintain service delivery through ongoing disruption and set against the, now longstanding, context of significant levels of workforce vacancies (particularly in our core services). Our workforce challenges, consistent with the wider picture in the NHS, manifests in the ongoing variation and variability in our performance against standards. The Deputy Director of Operations meets with Service Leadership Teams, Clinical Directors and our Performance Team as part of our regular governance cycle to maintain oversight on performance and key areas that impact on service delivery whilst also highlighting areas of good performance and practice. We continue to see significant delivery challenges within our Adult Acute and Community and Well being Services that have impacts on the care delivery for our service users. Whilst some of our services have seen improvements in recruitment, workforce availability remains an area of concern across all areas. Our teams continue to work hard to ensure we meet the needs of our populations by providing safe and compassionate care. Care Services have responded well to the impact of the Industrial Action we have experienced over recent months by pulling together and covering any gaps in service delivery, and we will continue to have mechanisms in place to respond to any future strike action.

**Agenda item
14**

LYPFT Non-Clinical Dataset - Council of Governors

July 2023

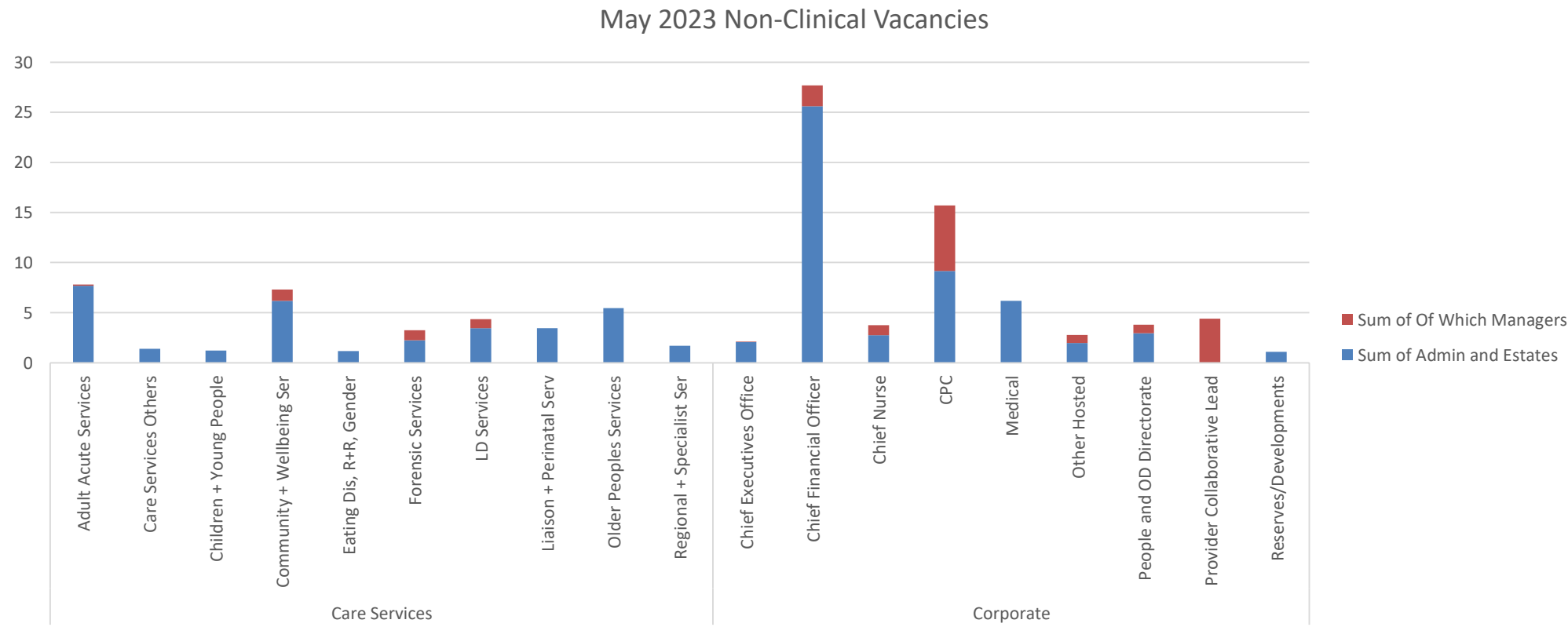
Darren Skinner, People and OD Director

Andrew McNichol, Head of People Analytics

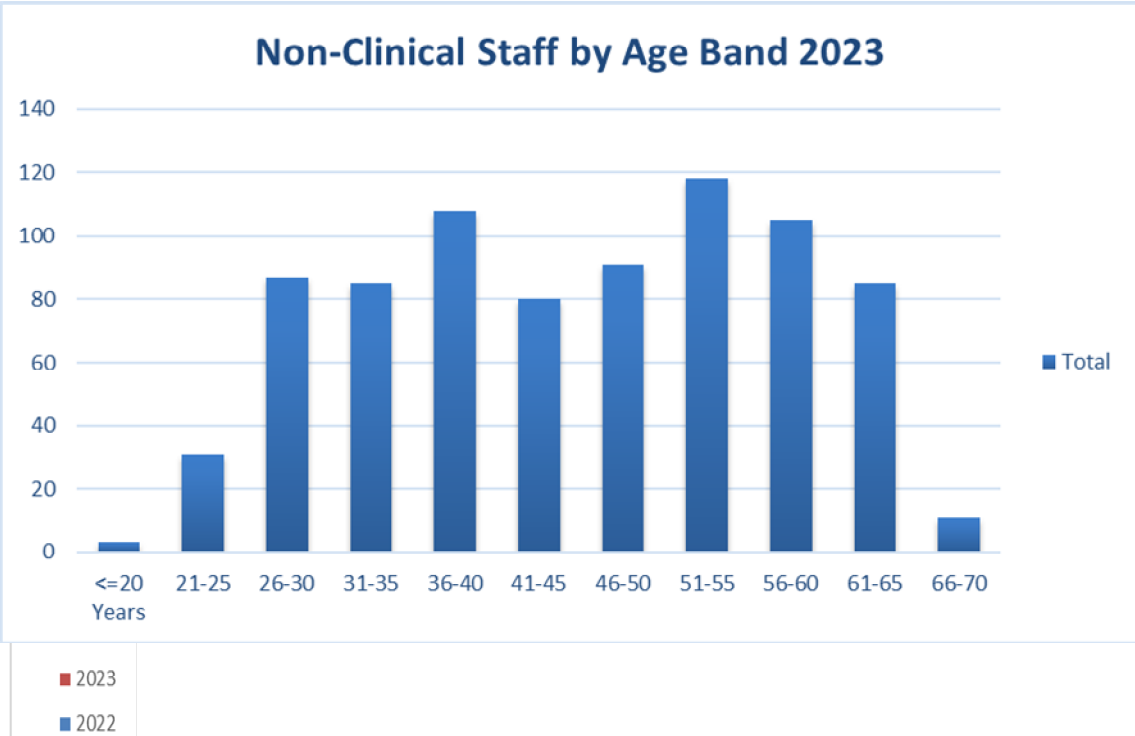
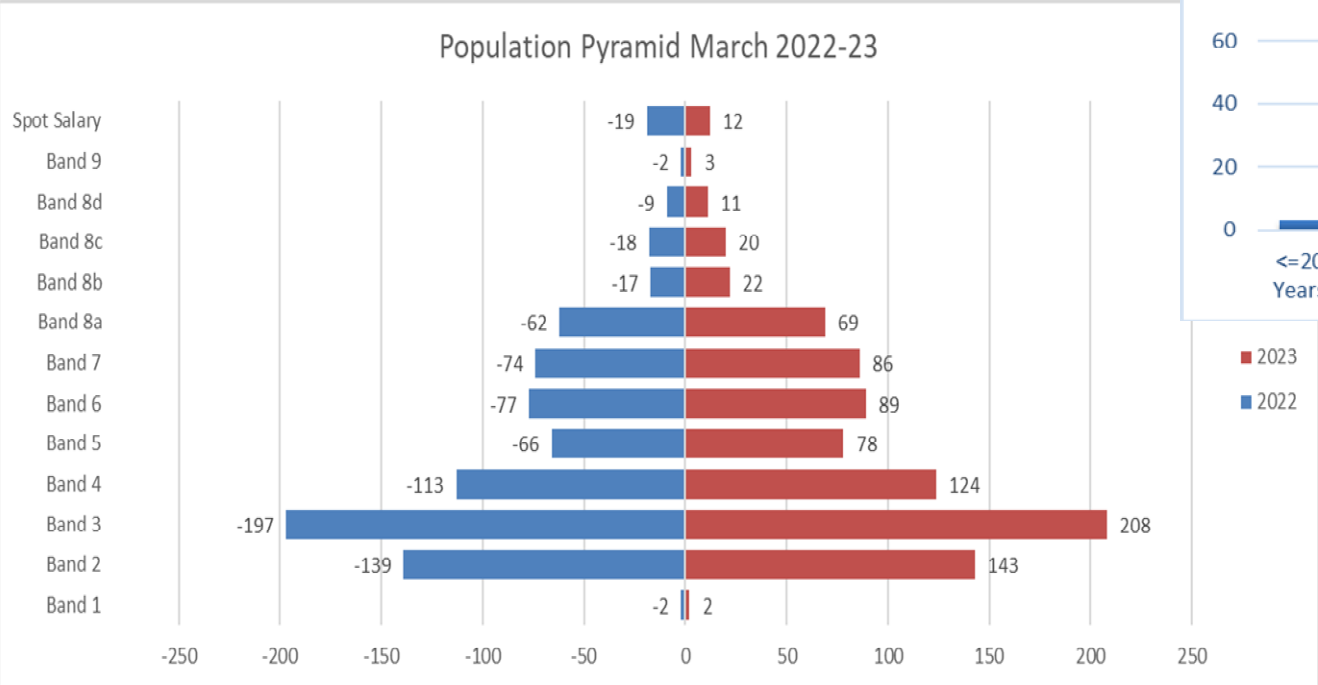
Non-Clinical Workforce Data Overview – Staff in Post/Distribution

Org L4	2022 / 06	2022 / 07	2022 / 08	2022 / 09	2022 / 10	2022 / 11	2022 / 12	2023 / 01	2023 / 02	2023 / 03	2023 / 04	2023 / 05
Adult Acute Services	36.12	34.81	35.31	35.31	34.66	34.87	34.37	33.21	34.01	34.13	35.51	34.71
Care Services Other	15.00	15.00	15.00	15.00	16.00	16.00	16.00	17.00	16.20	16.20	16.20	16.20
Chief Operating Officer	2.00	2.00	2.00	2.00	4.00	4.00	4.00	4.00	4.00	4.00	3.00	3.00
Children and Young People's Services	14.99	15.65	14.65	14.52	14.52	15.45	15.45	15.55	14.07	12.27	12.57	13.57
Community and Wellbeing Services	46.83	48.00	47.29	49.03	50.03	50.63	48.27	50.87	52.97	51.95	48.59	50.59
Corporate Services	432.25	444.54	445.13	447.93	447.37	447.97	444.68	447.45	446.31	452.91	454.10	461.00
Eating Disorders and Rehabilitation and Gender Services	31.01	29.61	29.87	29.17	28.39	27.89	27.89	28.47	30.27	30.07	29.07	29.07
Forensic Services	18.39	18.39	18.39	18.39	17.39	17.39	17.39	17.39	17.39	18.39	17.79	16.79
Learning Disability Services	17.03	17.83	18.23	18.23	18.23	18.23	18.33	18.47	18.47	18.47	18.47	17.39
Liaison and Perinatal Services	19.60	19.60	19.60	19.20	19.20	19.20	19.40	19.70	19.90	19.70	19.50	19.70
Older Peoples Services	37.89	37.89	37.79	38.66	38.06	37.06	34.86	35.96	35.96	36.95	38.35	37.51
Regional and Specialist Services	20.24	20.24	21.24	20.24	20.75	20.75	20.91	20.91	20.44	18.81	17.35	18.35
WY MHLDA Programme Team											9.47	9.47
Grand Total	691.36	703.57	704.51	707.68	708.60	709.44	701.56	708.98	710.00	713.86	719.96	727.34

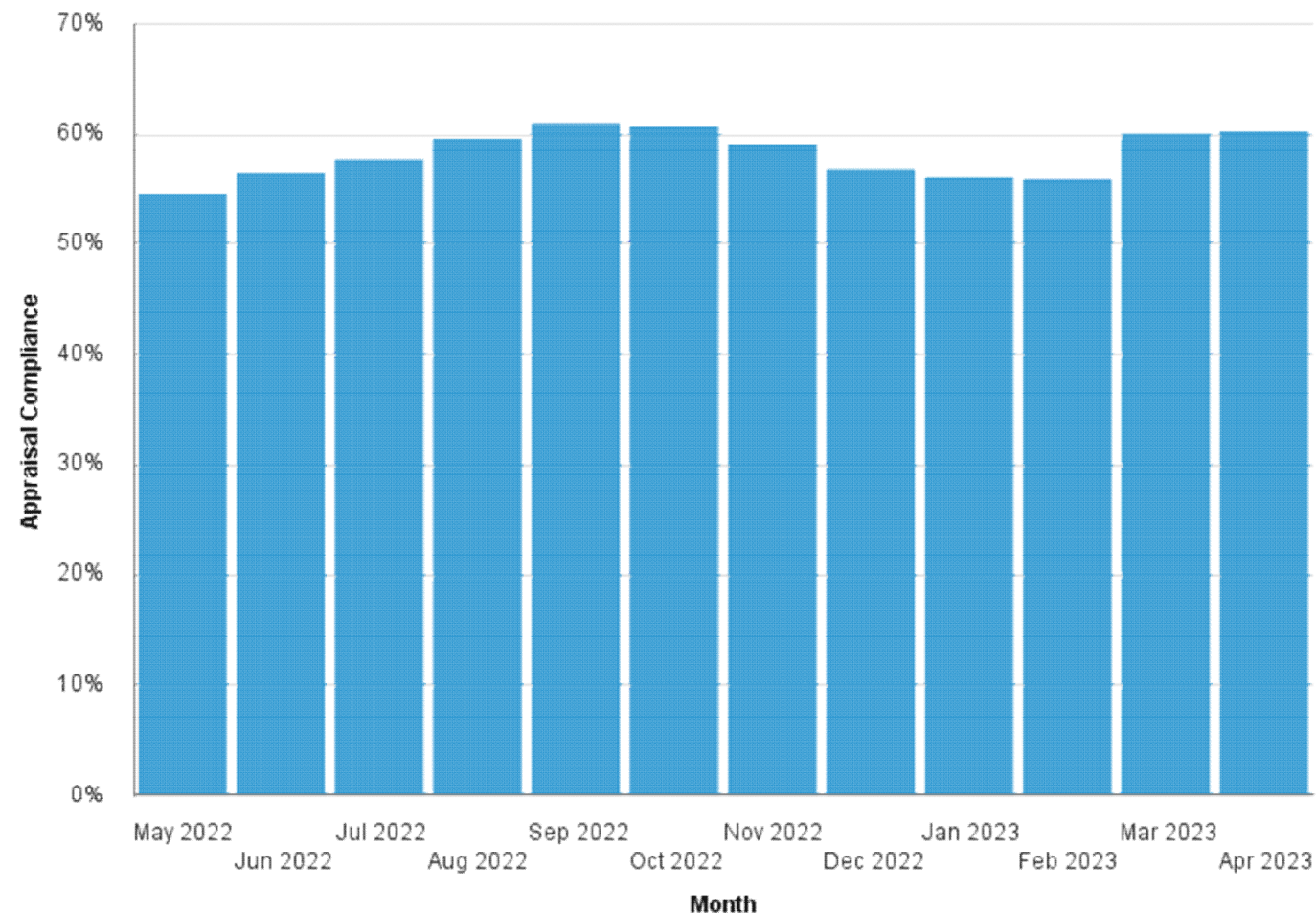
Non-Clinical Workforce Data Overview – Staff in Post/Distribution



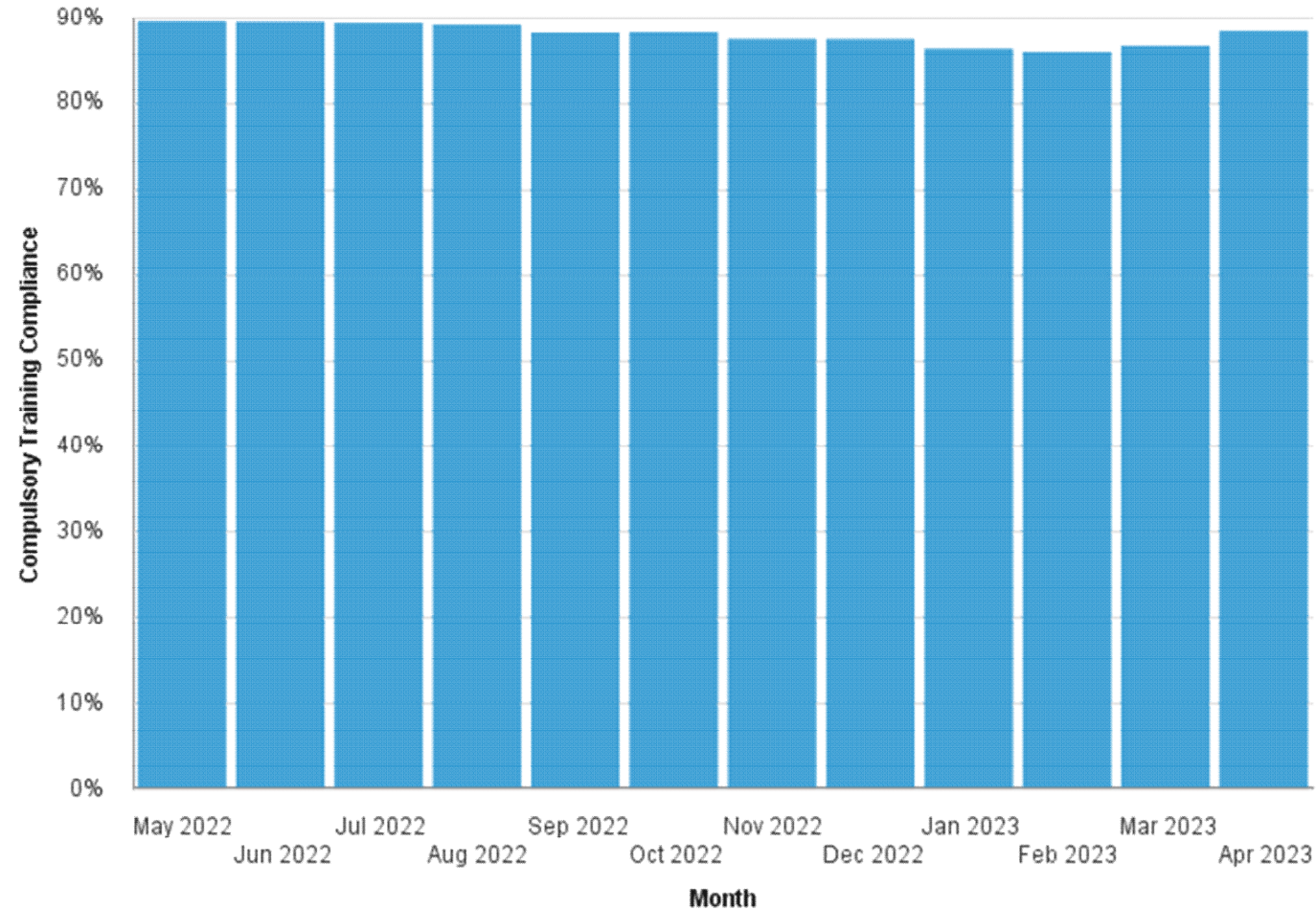
Non-Clinical Workforce Data – Population Pyramid and Age Band Distribution



Non-Clinical Workforce Data Overview – Appraisal Compliance

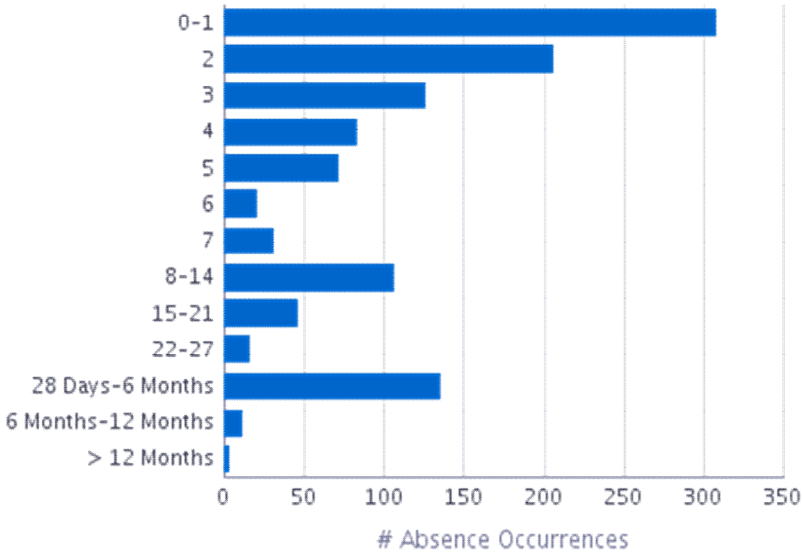
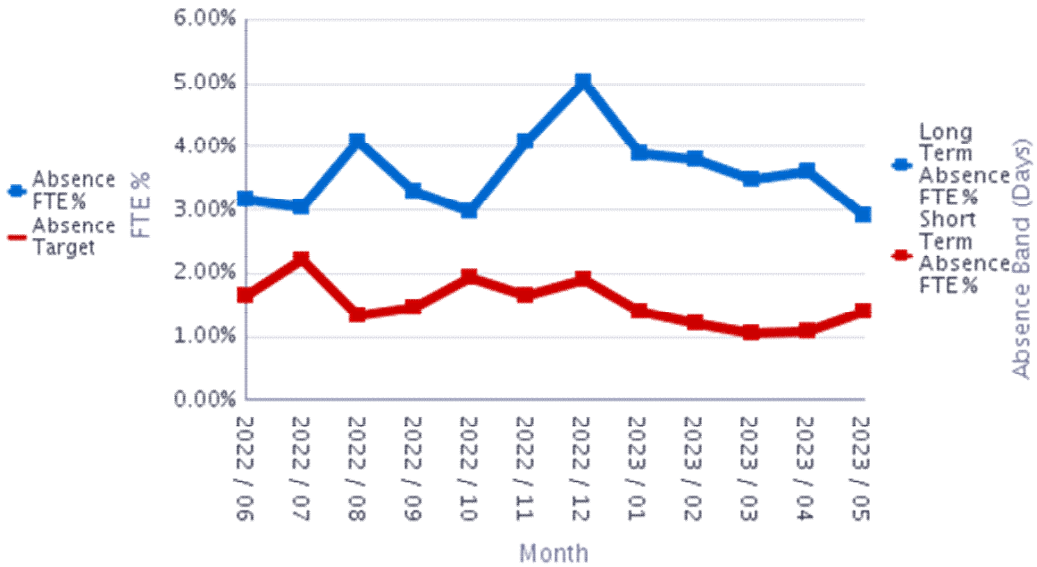
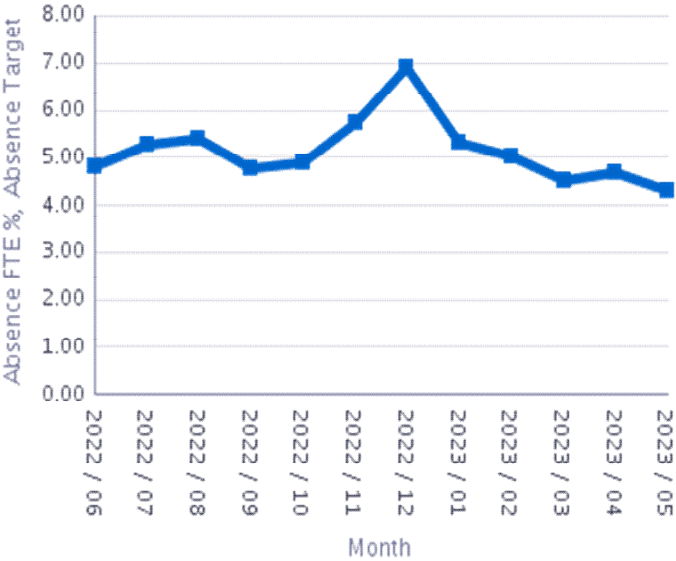


Non-Clinical Workforce Data Overview – Compulsory Training Compliance



Non-Clinical Workforce Data Overview – Sickness Absence

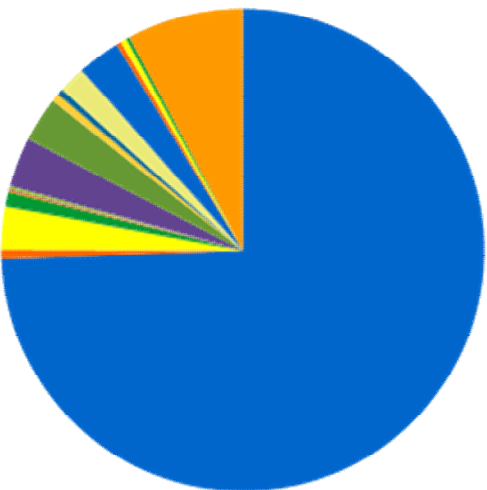
Absence FTE %	Absence Days	Absence FTE	Available FTE
5.13%	16,194	13,759.41	268,167.59



Absence Reason	Headcount	Abs Occurrences	Abs Days	%
S10 Anxiety/stress/depression/other psychiatric illnesses	91	116	3,603	22.2
S27 Infectious diseases	165	178	2,422	15.0
S12 Other musculoskeletal problems	43	55	1,345	8.3
S13 Cold, Cough, Flu - Influenza	217	265	1,278	7.9
S15 Chest & respiratory problems	37	40	1,093	6.7
S17 Benign and malignant tumours, cancers	5	7	966	6.0
S25 Gastrointestinal problems	160	201	859	5.3
S16 Headache / migraine	68	87	740	4.6

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

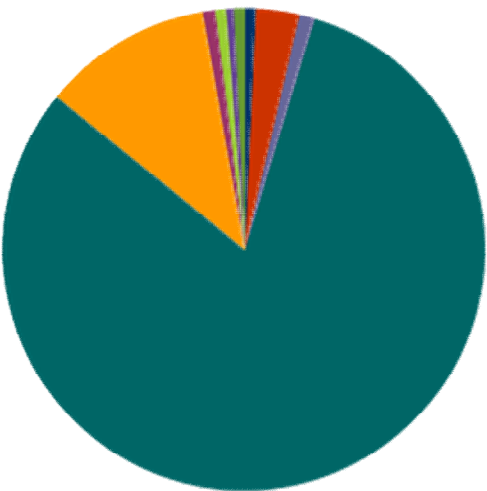
Ethnicity Profile



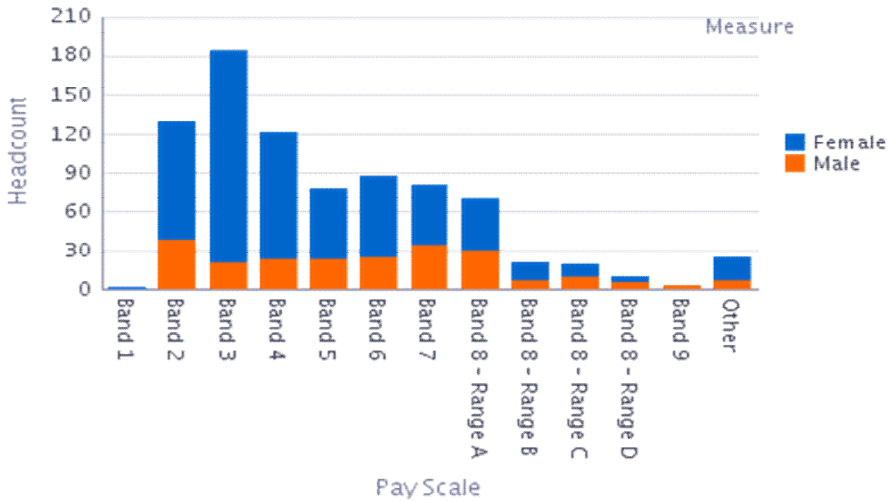
Measure

- A White - British
- B White - Irish
- C White - Any other White background
- D Mixed - White & Black Caribbean
- E Mixed - White & Black African
- F Mixed - White & Asian
- G Mixed - Any other mixed background
- H Asian or Asian British - Indian
- J Asian or Asian British - Pakistani
- K Asian or Asian British - Bangladeshi
- L Asian or Asian British - Any other
- M Black or Black British - Caribbean
- N Black or Black British - African
- P Black or Black British - Any other
- 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



Thank you

**AGENDA
ITEM**

15

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Process for the upcoming elections to the Council of Governors
DATE OF MEETING:	4 July 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
<p>The Council of Governors is advised that the following seats are currently vacant will be included in the next round of elections:</p> <ul style="list-style-type: none"> • Public: Leeds (2 seats) • Public: York and North Yorkshire (1 seat) • Public: Rest of England and Wales (1 seat) • Carer: Leeds (2 seats) • Carer: York and North Yorkshire (1 seat) • Service user: Leeds (2 seats) • Service user: York and North Yorkshire (1 seat) • Service user and Carer: Rest of UK (1 seat) <p>The Council is asked to note that the following seat currently has an elected governor in office, and they will come to the end of their term of office on the 9 October 2023. This governor is eligible to stand for election again should they wish to do so:</p> <ul style="list-style-type: none"> • Caroline Bentham (Carer: Leeds) <p>The elections will be overseen by Civica Election Services (CES), who will be the returning officer, and the Head of Corporate Governance, who will be the Trust's co-ordinating officer, working with other members of the Corporate Governance Team and CES to ensure the completion of the elections in accordance with the Trust's internal timetable and the Trust's Constitution (Annex 5) 'Election Rules'.</p>

For this round of elections we will be working with the Patient Experience and Involvement Team and the Service User Network to encourage members to stand for election to ensure there is wide representation on our Council of Governors.

Overall, 11 seats will be included in the next round of elections and the timetable for this is proposed below:

ELECTION STAGE	DATE
Notice of Election / nomination open	Monday 24 July 2023
Nominations deadline	Monday 21 August 2023
Summary of valid nominated candidates published	Tuesday 22 August 2023
Final date for candidate withdrawal	Thursday 24 August 2023
Notice of Poll published	Tuesday 12 September 2023
Voting packs despatched	Wednesday 13 September 2023
Close of election	Friday 6 October 2023
Declaration of results	Monday 9 October 2023

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

RECOMMENDATIONS

The Council of Governors is asked to agree the timetable for the forthcoming elections to the Council of Governors which will conclude on the 9 October 2023.