

PUBLIC MEETING OF THE COUNCIL OF GOVERNORS
will be held at 3:30pm on Thursday 2 November 2023
via Microsoft Teams

A G E N D A

LEAD

1	Welcome and introductions (verbal)	Merran McRae
2	Sharing Stories: The Trust's Voluntary Services (presentation)	Christine Heath
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 4 July 2023 (paper to read)	Merran McRae
5.2	Minutes of the Annual Members' Meeting held on the 25 July 2023 – for information (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)	Dawn Hanwell
10	Lead Governor Report (verbal)	Les France
11	Finance Update (verbal)	Dawn Hanwell
12	Report from the Chair of the Workforce Committee (paper to read)	Helen Grantham
13	Quarterly Quality and Performance Update Report including Non-clinical Dataset (paper and slides to read)	Joanna Forster Adams Darren Skinner
14	Process for the upcoming elections to the Council of Governors (paper to read)	Clare Edwards
15	Changes to the Constitution (paper to read)	Clare Edwards

16 Council of Governors' Meeting Governance:

Clare Edwards

- 16.1 Review of the Council of Governors' Terms of Reference**
(paper to read)
- 16.2 Council of Governors' Annual Cycle of Business for 2024**
(paper to read)
- 16.3 2024 and 2025 Meeting Dates** (paper to read)

The next public meeting of the Council of Governors will be held
on the 1 February 2024 at 1pm in the Cheer Room, The Studio Leeds,
Riverside West, Whitehall Road, Leeds, LS1 4AW

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

Name: Clare Edwards (Associate Director for Corporate Governance / Trust
Board Secretary)
Email: clare.edwards34@nhs.net
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Name: Merran McRae (Chair of the Trust)
Email: merran.mcrae1@nhs.net
Telephone: 0113 8555913

Annual Declaration of Interests for the Council of Governors

[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
APPOINTED GOVERNORS								
Cllr Ian Cuthbertson	Non-executive Director City of York Trading Ltd.	None.	None.	Trustee St Wilfred's Eleemosynary Charity	None.	None.	Elected Member City of York Council	Elected Member City of York Council
Matthew Knight	Chair Older Citizens Advocacy York Trustee York Centre for Voluntary Services	None.	None.	Chair Older Citizens Advocacy York Trustee York Centre for Voluntary Services	None.	None.	None.	None.
Gabriella Obeng Nyarko	None.	None.	None.	None.	None.	None.	None.	None.
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.

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**Minutes of the Public Meeting of the Council of Governors
held on Tuesday 4 July 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

Les France
Ivan Nip

Service User Governors

Joseph Riach

Carer Governors

Peter Ongley

Executive Directors

Dawn Hanwell
Dr Sara Munro
Nichola Sanderson
Darren Skinner

Staff Governors

Ian Andrews
Nicola Binns
Gail Harrison
Amy Pratt

Appointed Governors

Ian Cuthbertson
Sayma Mirza
Gabriella Obeng Nyarko
Cllr Fiona Venner

Non-Executive Directors

Helen Grantham
Cleveland Henry
Kaneez Khan
Martin Wright

IN ATTENDANCE:

Kieran Betts – Corporate Governance Assistant
Rose Cooper – Deputy Head of Corporate Governance
Cath Hill – Associate Director for Corporate Governance
Alison Kenyon – Deputy Director of Service Development
Rashpal Khangura – Director: Public Sector Audit, KPMG (for agenda item 13)
Dr Sharon Prince – Deputy Director of Psychological Professions (for agenda item 2)

23/038 Welcome and introductions (agenda item 1)

Merran McRae opened the meeting at 1:05pm and welcomed everyone.

23/039 Sharing Stories: Update on Synergi Leeds (agenda item 2)

Dr Sharon Prince, Deputy Director of Psychological Professions, delivered a presentation on Synergi Leeds which works closely with Words of Colour, an immersive change agency, and is part of the national Synergi Collaborative Network. Sharon explained that their aim is to help eradicate ethnic inequalities in the experience of mental illness through championing systems change, new science, creative inclusion, and co-production. She informed the Council that the Synergi Collaborative was created in response to the overrepresentation of black and minority ethnic groups on inpatient wards and their detention under the Mental Health Act.

Sharon then described the various Synergi Leeds workstreams which include a grants programme; skills library; a research project with Professor Coleman from the University of Leeds; and a number of creative projects co-designed with people with lived experience including an exhibition and a documentary. She explained they were also planning to develop a knowledge library which looked at sharing and retaining learning with third sector partners across Leeds. Sharon then noted some of the achievements of Synergi Leeds which included winning the Health and Wellbeing Legacy Award in October 2022 and two Health Service Journal (HSJ) Award submissions for Race Equity and Mental Health Innovation.

The Council discussed how governors could be an ally to this work and help to support the agenda and suggested this could be done by asking questions and highlighting the issue when attending learning visits. The Council noted that currently the performance report only included one metric relating to ethnicity which was about the recording of ethnicity data and agreed it would be useful to receive data on areas such as detention rates and restrictive interventions by ethnicity. The Council also noted that NHS England had developed a Patient and Carers Race Equalities Framework to support trusts to improve ethnic minority community experiences of care in mental health services and agreed to discuss this at a future meeting.

JFA

NS

Next, Sharon outlined some of the ways they were able to measure the impact of Synergi Leeds. She referred to their annual report which included qualitative feedback on their efforts to put service user and carer voices at the centre of their work. However, she noted some challenges with engaging service users and carers and emphasised the need to continue to build trust.

The Council then discussed the importance of developing people's understanding of racial trauma and staff being trained to provide trauma informed care to drive cultural change and equity for service users. Sharon referred to the trauma informed professional movement in Leeds led by one of her colleagues, and the Racial Trauma Group which she was leading on for the Integrated Care System (ICS). She also highlighted the importance of improving racial equity at board and senior leader

level and suggested this could be done by showing commitment to racial equity and creating an inclusive environment that attracts people from racial minority backgrounds to want to work for the NHS.

The Council **thanked** Sharon Prince for her presentation and **welcomed** receiving a further update at a future meeting.

23/040 Apologies (agenda item 3)

Apologies noted from the following governors: Oliver Beckett (Public Governor), Caroline Bentham (Carer Governor), Alex Cowman (Non-Clinical Staff Governor), Rachel Gibala (Service User Governor), Oliver Hanson (Clinical Staff Governor), Matthew Knight (Appointed Governor), and Rebecca Mitchell (Public 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: Joanna Forster Adams, Chief Operating Officer; Dr Frances Healey, Non-executive Director; Dr Chris Hosker, Medical Director; and Katy Wilburn, Non-executive Director.

23/041 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.

23/042 Minutes of the public Council of Governors' meeting held on the 9 May 2023 (agenda item 5.1)

The minutes of the public Council of Governors' meeting held on the 9 May were **approved** as a true record.

23/043 Matters arising (agenda item 6)

Cllr Fiona Venner referred to a point she had raised at the May Council of Governors' meeting about more needing to be done at a system level to target the increasing instances of harassment and abuse from the public towards frontline staff (minute 23/034). She informed the Council that she had raised the issue at a recent Health and Wellbeing Board workshop where they had agreed to take a zero-tolerance approach to abuse and asked to receive a six-monthly review of themes from all Freedom to Speak up Guardians across the health and care system in order to gather intelligence around what issues staff are taking to them.

The Council **thanked** Cllr Fiona Venner for the update provided.

23/044 Cumulative action log – actions outstanding from previous public meetings
(agenda item 7)

Alison Kenyon provided an update on action 23/019 which related to the Veterans Mental Health and Wellbeing Service Provider Collaborative. She explained that an evaluation had been done prior to the new delivery model being commissioned and that the new model would continue to be evaluated by NHS England to ensure it met the needs of the veteran population. It was agreed that Joanna Forster Adams would look into how learning around systems and processes could be taken into account when services are recommissioned in the future.

Peter Ongley noted the response to action 23/034 and asked for more information about how service users' feedback on their own treatment is collated and cross-referenced with other data, such as Staff Survey data. Miss McRae asked that this question was answered outside of the meeting.

The Council agreed that action 23/031 could be closed.

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

23/045 Chair's Report (agenda item 8)

Merran welcomed Cllr Ian Cuthbertson as the new appointed governor for City of York Council replacing Cllr Claire Douglas who had recently been elected as the leader of City of York Council. Merran also noted that Tina Turnbull had retired from her post at Volition on 31 May 2023 which meant she was no longer eligible to be an appointed governor. In addition to this, Rita Dawson had stepped down on 15 May 2023 and Bryan Ronoh had stepped down on 26 May 2023. Merran thanked those governors who had recently left the Council for their support and contribution and wished them the best for the future. Merran also noted that Caroline Bentham was due to finish her first term of office as a governor on 9 October 2023 which meant this would be her last meeting and thanked Caroline for her input to the work of the Council.

Merran then directed the governors to the information provided in the report regarding the timetable for the upcoming election to the Appointments and Remuneration Committee where one seat was available. Merran also reminded governors to respond to the Corporate Governance Team with their availability for their annual one-to-one meeting with the Chair.

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

23/046 Chief Executive Report (agenda item 9)

Firstly, Sara Munro provided an update on industrial action affecting the Trust. She informed the Council that the ballot held by the Royal College of Nursing had closed on the 23 June 2023, and they had not met the minimum threshold to proceed with industrial action. She noted that a significant amount of preparation work had been undertaken ahead of the upcoming strike action by junior doctors and consultants, both of which were likely to have an impact on routine care, and thanked staff for their continued efforts to mitigate the risks associated with this.

Sayma Mirza asked what impact the industrial action was likely to have on service delivery and patient experience. Sara explained that in some areas they had taken the decision to reduce outpatient provision, but reassured governors that appointments were being rescheduled as quickly as possible. Sara added that the consultants' strike was likely to have the widest impact due to junior doctors not being able to run routine clinics without consultant supervision. She also explained how the strikes had impacted the Trust and wider system in terms of admissions to inpatient mental health services.

Sara went on to advise the Council that the West Yorkshire ICS was currently in financial deficit and because of this would be subject to additional guidance and support from NHS England with a view to bringing it back into a balanced position. She explained that the Trust had been tasked with finding efficiencies in relation to out of area placements (OAPs) and agency spending and that associated governance groups had been set up to oversee this work. Dawn Hanwell emphasised that these efficiency measures had been identified to help the Trust to function within the required cost envelope without reducing access to care.

Gail Harrison asked if the Trust's OAPs spend had ever been successfully decreased and suggested developing a knowledge library for cost savings that people could refer to for effective schemes in the future. Dawn responded that this was already built into the process for identifying OAPs, and in addition to this learning and knowledge was regularly shared between partners in the system. Sara then referred to a recent 'Made' event with the Trust's Continuous Improvement Team where an improvement plan had been developed to target OAPs spend and suggested this was scheduled for discussion at a future meeting.

JFA

Finally, Sara was pleased to announce the appointment of a new Trust Board Secretary and noted that plans were in place for a handover period with Cath Hill who was retiring at the end of July.

The Council **received** the report from the Chief Executive. The Council **noted** there had been a formatting error with the electronic version of the Chief Executive Report and **agreed** that this would be recirculated to governors after the meeting.

CGT

23/047 **Lead Governor Report** (agenda item 10)

Les France introduced his report and shared some feedback from a recent NHS Providers event where discussions were had on the future role of foundation trust governors in light of the new system arrangements. Merran informed governors that they would be invited to join a system wide 'public voice forum' and encouraged governors to engage with this to ensure the views of the Council were considered. Merran also referred to plans for a partnership meeting of foundation trust chairs, led by the Chair of the West Yorkshire Integrated Care Board (ICB), which was due to take place in September. The Council noted that further consideration needed to be given as to how much information governors wanted to receive about West Yorkshire system-level activity.

Les then referred to a document he had received at the NHS Providers event entitled 'Race Equality: Ten Questions for Governors' which could be used by the governors to hold each other, the Council of Governors, and the Board (via the non-executive directors) to account on race equality and agreed to share this with governors via email.

CGT

Les also noted that he and Cleveland Henry (the Trust's Senior Independent Director) had recently completed the annual appraisals process for the non-executive directors and the Chair of the Trust. He reminded governors that a full report on the outcome of these would be provided at the private meeting in November as per the Council's cycle of business.

The Council **noted** the updates provided.

Cleveland Henry left the meeting.

23/048 **Finance update** (agenda item 11)

Dawn Hanwell provided an overview of the finances from a Trust and system perspective and informed the Council that the Trust had ended year 2022/23 in a solid financial position. She noted that 2023/24 would be the first full year of operating as part of a statutory ICB and explained that the associated financial regime changes alongside a reduction in non-recurrent funds such as Covid-19 allocation brought some challenges in terms of financial planning. She informed the Council that the only additional financial support in place for the mental health sector was the Mental Health Investment Standard (MHIS), but this did not apply to learning disability services or dementia care. She also noted that the Trust was subject to inflationary pressures particularly in the energy sector where the inflation uplift received was below inflationary pressure, and she outlined some risks associated with this. Dawn then described the Trust's approach to achieving a balanced plan for 2023/24 by identifying efficiencies in OAPs and agency spending; reducing vacancies; and increasing productivity.

Dawn then informed the Council that the West Yorkshire system was not financially balanced and had a residual gap of £25m at the end of April 2023 which had been distributed across all five 'places' within the ICB on a fair shares basis and had resulted in an £8.5m unmitigated risk to manage across the Leeds place. She explained this was being worked on collectively and they were hoping to resolve it before the end of this financial year.

Dawn then provided a finance update as of month two and noted that the West Yorkshire system was in deficit and subject to increased oversight and a more rigid regime of monitoring which was currently being worked through. She also noted that the Trust was in a small deficit at month two and processes were being put in place in response to this.

Joseph Riach noted the current demand for beds and asked for more information on the plans to create OAPs savings. Dawn explained there was an ongoing programme of work looking at internal processes relating to inpatient admission and length of stay and issues at interface such as discharge and housing support. The Council noted that this would be described in more detail as part of the presentation on OAPs at a future meeting.

Ivan Nip asked if the Trust had any financial reserves. Dawn responded that they did not have unallocated reserves but there were guaranteed new developments as per the Trust's financial plan. She added that any fortuitous savings would be used to improve access to underfunded services, particularly attention deficit hyperactivity disorder (ADHD) assessments as this was a pressure for the whole system. Sara Munro added that the Trust would not restrict recruitment to vacancies in pursuit of financial balance.

Ian Andrews noted that the Council did not receive direct assurance on the financial aspects of the West Yorkshire ICB and suggested that lead governors of trusts across the region could have a role in understanding the system deficit at a West Yorkshire ICB level and seek assurance on the measures being taken to become financially balanced. Merran thanked Ian for his suggestion and agreed that this was an important area for governors to be kept updated on.

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

23/049 Audit Committee Annual Report 2022/23 (agenda item 12)

Martin Wright, chair of the Audit Committee, introduced the Annual Report for 2022/23 which provided a summary of the key activities and priorities of the Committee over the last financial year as well as assurance on the work of the external auditors who are appointed by the Council. Martin highlighted some additional areas that the Committee had gained assurance on including counter fraud and health and safety and invited governors to observe future meetings if they were interested in finding out more about the work of the Committee.

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

23/050 Auditors' Report on the Annual Accounts (agenda item 13)

The Council received the Auditor's Annual Report which provided a summary of the findings and key issues arising from their 2022/23 audit of the Trust. Rashpal Khangura delivered a presentation which outlined the scope of work that had been undertaken. This included the financial statements audit which gave an unqualified (satisfactory) opinion and an assessment of the Trust's value for money arrangements where no significant weaknesses had been found. Rashpal confirmed that the audit process was the same for all trusts in the ICB, regardless of foundation trust status.

Ivan Nip asked if the auditors identified 'look forward' risks as part of their audit and Rashpal explained that this was looked at as part of the Trust's financial sustainability, where no significant risks or weaknesses had been found. Ivan then asked if governors could have sight of the Trust's financial accounts in order to understand more about upcoming risks. Cath Hill directed him to the Chief Financial Officer's Report included in the public Board papers which were available on the Trust's website ahead of each meeting. She also advised the Council that the Trust's Annual Report and Accounts would be available in full ahead of the Annual Members' Meeting on the 25 July 2023.

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

23/051 Quarterly Quality and Performance Update Report and Non-clinical Dataset (agenda item 14)

The Council received the report which outlined the Trust's performance as of April 2023 and noted the accompanying non-clinical dataset. The Council then divided into smaller groups to discuss the reports in more detail before sharing their reflections and directing questions to members of the Board as appropriate.

Firstly, Dawn Hanwell and Amy Pratt summarised their discussion on cardiometabolic physical health monitoring which covered performance against the Trust's target, interventions such as weight management and how the effect of these could be measured, and the role of the wider system in supporting physical health and wellbeing. The Council also referred to the ongoing community transformation work to improve access to community care and highlighted the importance of helping to educate the wider NHS on mental health, learning disabilities and autism. The Council also discussed the current workforce challenges and noted that a dedicated session on workforce was scheduled for the Board to Board in September.

The Council agreed that it would be helpful if the commentary on key discussions, issues and actions came at the beginning of the Quarterly Quality and Performance

JFA

Update Report to provide context for the performance metrics later in the report. Helen Grantham also reminded governors that further detail on performance related matters could be found in the reports from the executive directors which were presented at each public Board meeting.

The Council **received** and **discussed** the Quarterly Quality and Performance Update Report and Non-clinical Dataset.

23/052 Process for the Upcoming Elections to the Council of Governors (agenda item 15)

Cath Hill outlined the process for the upcoming elections to the Council of Governors which included 11 seats from public, service user, and carer constituencies.

The Council **agreed** the timetable for the forthcoming elections to the Council of Governors which would conclude on the 9 October 2023.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 3:41pm. She thanked governors and members of the public for their attendance.

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**Minutes of the Annual Members' Meeting held on Tuesday 25 July 2023
at 11.00am until 12:10pm in the Palm Court Room at The Queens Hotel, New Station
Street, City Square, Leeds, LS1 1PJ**

Board Members

Ms Merran McRae	Chair of the Trust (Chair)
Mrs Joanna Forster Adams	Chief Operating Officer
Miss Helen Grantham	Non-executive Director
Mrs Dawn Hanwell	Chief Financial Officer and Deputy Chief Executive
Dr Frances Healey	Non-executive Director
Dr Chris Hosker	Medical Director
Mrs Kaneez Khan	Non-executive Director
Dr Sara Munro	Chief Executive
Ms Nichola Sanderson	Director of Nursing and Professions
Mr Darren Skinner	Director of People and Organisational Development
Mr Martin Wright	Non-executive Director and Deputy Chair

Governors

Mr Ian Andrews	Staff: Non-Clinical
Cllr Ian Cuthbertson	Appointed: City of York Council
Mr Les France	Public: Leeds (Lead Governor)
Ms Rachel Gibala	Service User: Leeds
Dr Gail Harrison	Staff: Clinical
Mr Matthew Knight	Appointed: York Council for Voluntary Services
Dr Ivan Nip	Public: Leeds
Ms Gabriella Obeng Nyarko	Appointed: Volition – Leeds (Mental Health representative)
Mr Peter Ongley	Carer: Leeds
Cllr Fiona Venner	Appointed: Leeds City Council

In attendance

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

		Action
23/001	Welcome (agenda item 1) Ms McRae opened the meeting at 11.00am and welcomed members of: the Board of Directors; the Council of Governors; the Trust; and the wider public.	
23/002	Apologies for Absence (agenda item 2) Apologies were received from: Mr Cleveland Henry, Non-executive Director, and Senior Independent Director; and from Ms Katy Wilburn, Non-executive Director; who are members of the Board of Directors.	

Apologies were also received from the following governors: Mr Oliver Beckett, Public: Leeds; Ms Caroline Bentham, Carer: Leeds; Ms Nicola Binns, Staff: Clinical; Ms Alex Cowman, Staff: Non-Clinical; Mr Oliver Hanson, Staff: Clinical; Ms Rebecca Mitchell, Public: Leeds; Ms Amy Pratt, Staff: Clinical; and Mr Joseph Riach, Service User: Leeds.

The meeting was quorate.

23/003 Declaration of any conflicts of interest in respect of agenda items (agenda item 3)

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

23/004 Minutes of the Annual Members' Meeting held 26 July 2022 (agenda item 4)

Ms McRae presented the minutes of the Annual Members' Meeting held on 26 July 2022. They were accepted as a true record.

23/005 Matters arising (agenda item 5)

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

23/006 Presentation from Les France, Lead Governor (agenda item 6)

Ms McRae welcomed Mr France, Lead Governor, to present the report from the Council of Governors.

Mr France presented the Membership Report. He outlined to attendees that there were 13,926 members of the Trust at the end of March 2023, explaining that this consisted of: 9,877 public members; 970 service user and carer members; and 3,079 staff members.

Mr France outlined the role of a governor to the attendees. He explained that a governor should represent the views of service users, carers and wider public to the Trust. He informed the attendees that one of the main ways this was done was through Council of Governors meetings, which were publicly held four times per year to discuss the work and performance of the Trust. Mr France went on to add that the Council of Governors was responsible for the appointment of the Trust's Non-executive Directors (NEDs) and external auditors and also received reports including the Annual Accounts, Annual Report, and the Quality Report.

Mr France next summarised some of the work conducted by the Council of Governors in 2022/23. He stated to the attendees that this included the appointment of a new Chair of the Trust after the departure of Dr Sue Proctor from the role, with Ms Merran McRae formally appointed on the 1 January 2023 following a competitive interview process. He added that this also included the appointment of a new Non-executive Director in Ms Katy Wilburn, who joined the Trust on the 26 June 2023. Mr France additionally noted that work on the appointment process to replace Miss Helen Grantham, Non-executive Director, whose appointment as a NED would conclude in November 2023 had started. He thanked Ms Grantham for her hard work in the role, and also thanked members of the recruitment team for their help in this process. He went on to inform members

that the Council of Governors and the Board of Directors had met in October 2022 to discuss the Trust's strategic direction, in particular discussing the Care Services Strategic Plan.

Mr France proceeded to present an update on the outcome of the two governor elections that had taken place over the past financial year. He informed attendees that the Summer 2022 election concluded on 22 July 2022 which had successfully elected five of the eight vacant seats. This was followed by the Spring 2023 elections which had concluded on 27 March 2023 where four of the nine vacant seats were filled. He added that the next round of governor elections had commenced on the 24 July 2023 and were scheduled to conclude on the 9 October 2023 and encouraged attendees to stand for election if interested. Mr France also highlighted additional resources about standing for governor elections which were available on the Trust's website.

Finally, Mr France thanked everyone who had worked for and supported the Trust, including the governors for volunteering their time over the course of the year.

23/007

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

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

Mrs Hanwell informed the attendees that the Trust was in a solid financial position according to its audited financial report. She provided attendees with an overview of the system changes which had come into effect over the year, stating that the Trust's finances were now even more linked to the overall financial position of the Integrated Care System (ICS). She explained that this meant that there were two additional limits on the expenditure of the Trust in the form of system wide revenue limits and capital resource limits. She added that from an operational planning perspective, the system was now running as "business-as-usual" following the COVID-19 pandemic, which meant the reintroduction of efficiency targets.

Mrs Hanwell presented the key elements of the financial report. She outlined to attendees that the Trust had achieved an income and expenditure surplus of £1.55 million (m). She explained that this was a reduction in the surplus achieved in the 2021/22 financial year, which was £5.37m, however, this was still ahead of the £1.1m surplus target set by the West Yorkshire Integrated Care Board. Mrs Hanwell added that this was due in part to £5.9m saved through efficiency savings but noted that much of this would be non-recurrent, such as the operational costs saved by moving the Trust Headquarters to an existing Trust site. She also reported that the Trust's cash position had improved to £122.37m, an increase from the £120.75m reported in 2021/22.

Mrs Hanwell next provided an overview of the Trust's income to attendees. She reported that the majority of the Trust's funds were generated through block contracts. She added that while COVID-19 specific income had fallen from £9m in 2021/22 to £3.7m in 2022/23, overall, the Trust's income had increased by 7% to £241.5m compared to the previous year. She explained that this was generated by additional Provider Collaborative income received by the Trust for being the lead provider for Children and Young People's Mental Health Services in the region. She also reported that the Trust saw an unusually large increase in money

received in interest from the Trust's cash savings to the sum of £2.9m, compared to £0.1m received last year, due to wider economic challenges.

Mrs Hanwell next addressed the Trust's expenditures over the 2022/23 financial year. She informed attendees that the Trust's overall expenditure had increased by 10% compared with the previous financial year to £238.5m. This included £171.9m spent on staff salaries, which amounted to a 13% increase compared with 2021/22, which was reflective of an increase seen in all substantive staffing groups employed across the Trust, with the exception of qualified nursing. Mrs Hanwell also pointed out that agency spending had increased by 27% this year, and this would be targeted as a potential efficiency saving next year. Mrs Hanwell highlighted two areas of non-pay expenditure in purchase of healthcare to the sum of £18.1m and building and estate costs to the sum of £20m.

Mrs Hanwell next reported to the attendees that the Trust had spent £8m in its Capital programme. These investments included £1.55m spent on the capitalisation of leases, as well as £0.9m invested in improving inpatient areas. She additionally explained that this figure did not include the money invested by Private Finance Initiative partners in buildings leased by the Trust. Other key investments included sustainability, improvements in health and safety, the refurbishment of corporate hubs, and improvements in the new electronic document management of health records.

Mrs Hanwell next reported on the future financial plans of the Trust. She stated to attendees that the Trust would continue to do joint planning with partners as it became more integrated within the ICS framework. She added that the Trust would continue to develop collaborative arrangements where value could be added, noting that the Trust was on course to become the lead provider of Perinatal Mental Health Services within the region. Finally, she reported that the Trust had an efficiency savings target of £8.5m for next year, which would be achieved by targeting specific areas such as reducing agency spending, reducing vacancies, reducing out of area placements which incurred significant costs, and through general productivity improvements.

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

23/008 Presentation by Dr Sara Munro, Chief Executive (agenda item 8)

Ms McRae welcomed Dr Munro, Chief Executive, to present the Chief Executive's Report which highlighted the main work, service developments and achievements of the Trust in the 2022/23 financial year.

Dr Munro thanked everyone for attending the event and reflected on the Trust's achievements in the year since the last Annual Members Meeting, adding that more detail on these could be found in the Trust's Annual Review. Firstly, she highlighted the Trust's resilience in responding to challenges following the COVID-19 pandemic, such as increased demand for services, the change to a more agile form of working, and managing the impact of industrial action taken by staff to ensure the continuity of service provision. She added that supporting staff at this time remained a priority with the roll out of staff support schemes.

Dr Munro went on to highlight to attendees a number of service developments

which had occurred during the year. She explained that work on the Community Mental Health transformation had started which was a large undertaking that would have a significant impact on how members of the community would be able to access care and support from the Trust, as well as other organisations in the area. She explained that more information on the progress of this work would be available at next year's meeting. She also shared an update on the redesign of Mental Health Crisis Services in Leeds which aimed to improve accessibility, consistency, and the environment of these services, as well as plans to expand community rehabilitation offers provided for service users with complex care requirements.

Dr Munro next reported on key achievements and accreditations achieved by the Trust. She drew particular attention to the Trust being awarded the Armed Forces Covenant Veterans Gold Award in 2023, which she explained was representative of the efforts to encourage veterans to work for the Trust so they could bring their lived experiences and skills in the care that they provided. Other accreditations highlighted included the Perinatal Community Mental Health Service being accredited by the Royal College of Psychiatrists, the Leeds Autism Diagnostic Service receiving re-accreditation from the National Autistic Society, and the Yorkshire Centre for Eating Disorders retaining its accreditation to the Quality Network for Eating Disorders. She also outlined a number of individual awards achieved by staff at the Trust.

Attendees were next briefed on the work the Trust was doing in collaboration with partners in health and social care, local authorities, charities and other third sector organisations. She explained that the Trust worked as part of the West Yorkshire Health and Care Partnership which had the aim that service users would receive the same high-quality service that offered the best possible health outcomes within resource limits, irrespective of individual circumstances and characteristics. She also explained that the Trust worked with a number of Provider Collaboratives such as the Leeds Health and Social Care Hub, the Northern Gambling Service, opCOURAGE, the Admiral Nursing Service, and the Synergi-Leeds Partnership.

Dr Munro next provided a report on the work conducted by the Patient Advice and Liaison Service. She reported that the service had received 340 compliments and 184 complaints over the year, with the majority of complaints relating to clinical care concerns. Dr Munro informed the attendees that the complaints received by the service were incorporated into individualised improvement plans for the service which generated the complaint.

Dr Munro next briefed the attendees on the work the Trust had undertaken to involve service users and carers. This was primarily conducted through the Service User Network (SUN) which supported various services to run projects involving service users. Dr Munro encouraged service users in attendance to contact SUN representatives to get involved in this work going forward.

Dr Munro continued by detailing the work undertaken throughout 2022/23 to make the Trust a supportive and inclusive place to work. Central to this was the approval and launch of the Trust's People Plan in March 2022, which detailed how the Trust planned to engage, retain, and recruit colleagues. She reported that other initiatives had been conducted as well, including the trust-wide rollout of the Critical Incident Staff Support Pathway, which would provide rapid support for staff where required, as well as the Trust providing a coffee van and hampers to staff on site,

which she noted was particularly successful in reaching out-of-hours staff. She also acknowledged the work performed by the Staff Networks to make the Trust a more inclusive place to work.

Dr Munro next presented a summary of the results from the 2022/23 Staff Survey. She reported that the results showed that the Trust was performing higher than the national average for Mental Health, Learning Disability and Community Trusts in three of the seven areas. She shared that work would be conducted with individual teams to improve in these areas to ensure that staff felt that they were supported so that they could perform to the best of their abilities.

Finally, Dr Munro thanked Mrs Cath Hill for her work as the Associate Director of Corporate Governance, noting that it would be Mrs Hill's last Annual Member's Meeting in this role. She thanked Mrs Hill for her hard work and dedication displayed in 43 years of service within the NHS and wished her well in her new role.

23/009 Opportunity to Receive Questions from Members and the Public (agenda item 9)

Ms McRae invited people in attendance to ask questions which the panel and members of the Board of Directors in attendance would answer.

A service user enquired how industrial action would impact the staff at the Trust over the next year. Dr Munro informed attendees that mitigation planning had taken place to minimise the disruption to service users as a result of industrial action taken by junior doctors and consultants earlier in the year, and that similar preparations were already taking place ahead of the industrial action planned by consultants in August 2023. She added that it was unclear what future industrial action would be taken going forward, as organisations with a legal mandate for industrial action were required only to give two weeks' notice for such action.

Next, a public member asked whether the new digitised health records that the Trust was using would be accessible by wider NHS services, such as Accident and Emergency departments and General Practitioners. Mrs Hanwell answered that the Trust utilised its own electronic health system that was used by clinicians as part of their everyday work, but that also it was implementing integration tools so that the information available in Trust electronic patient records would also be accessible by partner systems. She added that this was not a simple solution, but it was something that was continually worked on, for example, by ensuring that integration tools were available so that the Trust's system integrated with the Leeds Care Record used by multiple partners in the region.

Ms McRae next informed the attendees of a question that had been submitted in advance of the meeting. This question asked whether the Board saw a greater role for the NHS to work collaboratively with or investing in social enterprises. Ms Forster Adams answered affirmatively, noting that the Trust had a long history of working with multiple organisations. She reported that as part of the Trust's Care Services strategic plan the Trust was committed to growing these partnerships to meet the diverse needs of the service users in the region. She stated that a good example of this was the Trust's Community Mental Health transformation work.

Next an attendee questioned why 625 bank staff currently utilised by the Trust was

over three times greater than the 201 medical staff employed by the Trust. Dr Munro clarified that the Trust utilised bank staff to fulfil multiple different roles across the Trust such as other clinical staff, registered nurses, administrative staff, corporate services and estates and facilities and therefore it was a much broader category of staff which would explain why this group was larger.

A service user enquired what the different components of the name of the Trust meant. Dr Munro answered that many aspects of the name derived from its history, as originally the Trust provided only services in Leeds, then in Leeds and York, before finally expanding to be a regional provider for both clinical and non-clinical services. She continued by explaining 'Partnership' was included as the Trust provided services in partnership with providers across the region and that 'Foundation Trust' was a legal term. She added that being a Foundation Trust previously allowed the Trust to operate more flexibly, especially in terms of finance, but that this had been diminished somewhat following the establishment of Integrated Care Systems by the Health and Social Care Act (2022). She reported that being a Foundation Trust also allowed the Trust to operate with a Council of Governors. The attendees also heard that a recent rebranding exercise involving Trust stakeholders had determined that reiterating what services the Trust provides was more important than changing the name of the Trust.

Next, the same service user asked the panel what work was being conducted to improve Trust engagement with Romani and Gypsy populations in the region, including improving the underrepresentation of Romani in staff groups. Dr Munro informed attendees that work had been led in the community in this area, such as a dedicated post for the Romani/Gypsy community in suicide prevention, and Leeds Gypsy and Traveller Exchange (GATE) working with the gypsy community so that they were able to engage in physical and mental health services on their terms.

An attendee enquired with the panel whether there were any plans to build additional mental health units in order to meet the increased demand on services. Dr Munro informed that with the exception of Perinatal services where the Trust was in conversations with NHS England on increasing the number of specialist Perinatal beds in the region, that there were no plans to increase the number of beds offered by the Trust in its core services. She explained that this was because the Trust was committed to improving services within the community, including rehabilitation, through investments in services and supported housing for patients, as this route typically offered better health outcomes overall.

Next an attendee noted that social enterprises utilised by the Trust currently did not provide any outcome feedback to the Trust, and queried whether there was a mechanism for feedback to be provided. Ms Forster Adams answered by stating that the Trust was interested in this feedback and informed that the Mental Health Care Delivery Board would provide a good opportunity for this feedback to be received. She added that herself and Dr Hosker would consider this question in more detail.

Ms McRae informed attendees of the last question which had been submitted in advance of the meeting which asked the panel how people could support the NHS. Ms McRae informed attendees that this could be done by getting involved with service user and carer opportunities to help design services to improve outcomes. Dr Munro encouraged people to try to be mindful of their health and to engage with services when they required additional support. Mrs Hanwell encouraged people to

work for the service if they were able too. Mr France encouraged interested people to stand for election to become a governor.

Finally, Ms McRae offered her personal thanks to Mrs Hill for the help and support she had received, and echoed the sentiments expressed earlier in the meeting.

At the conclusion of formal business, Ms McRae closed the Annual Members' Meeting of the Leeds and York Partnership NHS Foundation Trust at 12:10pm and thanked everyone for attending.

Cumulative Action Report for the Public Council of Governors' Meeting

OPEN ACTIONS

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>23/046 - Chief Executive Report (July 2023 - agenda item 9)</p> <p>Sara Munro referred to a recent 'Made' event with the Trust's Continuous Improvement Team where an improvement plan had been developed to target out of area placements spend and suggested this was scheduled for discussion at a future Council of Governors' meeting.</p>	<p>Joanna Forster Adams / Alison Kenyon</p>	<p>February 2024</p>	<p>This has been added to the forward plan for the February meeting. Alison Kenyon, Deputy Director of Service development, to lead on this item.</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>23/039 - Sharing Stories: Update on Synergi Leeds (July 2023 - agenda item 2)</p> <p>The Council noted that NHS England had developed a Patient and Carers Race Equalities Framework to support trusts to improve ethnic minority community experiences of care in mental health services and agreed to discuss this at a future meeting.</p>	<p>Nichola Sanderson</p>	<p>2024</p>	<p>The Corporate Governance Team will work with Nichola Sanderson to schedule this for a future meeting.</p>
<p>23/039 - Sharing Stories: Update on Synergi Leeds (July 2023 - agenda item 2)</p> <p>The Council noted that currently the performance report only included one metric relating to ethnicity which was about the recording of ethnicity data and agreed it would be useful to receive data on areas such as detention rates and restrictive interventions by ethnicity.</p>	<p>Joanna Forster Adams</p>	<p>Management action</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>23/051 - Quarterly Quality and Performance Update Report and Non-clinical Dataset (July 2023 - agenda item 14)</p> <p>The Council agreed that it would be helpful if the commentary on key discussions, issues and actions came at the beginning of the Quarterly Quality and Performance Update Report to provide context for the performance metrics later in the report.</p>	Joanna Forster Adams	Management action	
<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>	Joanna Forster Adams	Management action	<p><u>COMPLETE</u></p> <p>At the July meeting, it was agreed that Joanna Forster Adams would look into how learning around systems and processes could be taken into account when services are recommissioned in the future.</p> <p>This has now been incorporated into the business development processes overseen by the 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>23/040 - Apologies (July 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>
<p>23/046 - Chief Executive Report (July 2023 - agenda item 9)</p> <p>The Council noted there had been a formatting error with the electronic version of the Chief Executive Report and agreed that this would be recirculated to governors after the meeting.</p>	<p>Corporate Governance Team</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>The formatting issue was corrected, and the July Council of Governors' papers were recirculated to governors.</p>
<p>23/047 - Lead Governor Report (July 2023 - agenda item 10)</p> <p>Les referred to a document he had received at the NHS Providers event entitled 'Race Equality: Ten Questions for Governors' and agreed to share this with governors via email.</p>	<p>Corporate Governance Team</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>The document was circulated to governors via email.</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>23/028 - 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 was received 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>23/031 - 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>	<p>The non-clinical data was provided as an appendix to the performance report.</p> <p>The generally applied definition of “non-clinical” is split using the staff groups as shown in the table below (non-clinical groups are highlighted in green).</p> <table><tr><td>Additional Professional Scientific and Technical</td></tr><tr><td>Additional Clinical Services</td></tr><tr><td>Administrative and Clerical</td></tr><tr><td>Allied Health Professionals</td></tr><tr><td>Estates and Ancillary</td></tr><tr><td>Medical and Dental</td></tr><tr><td>Nursing and Midwifery Registered</td></tr><tr><td>Students</td></tr></table> <p>The Professional Leads sit under Additional Professional Scientific so would be considered clinical for the purposes of the report.</p>	Additional Professional Scientific and Technical	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Medical and Dental	Nursing and Midwifery Registered	Students
Additional Professional Scientific and Technical											
Additional Clinical Services											
Administrative and Clerical											
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Students											

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>A session on strategic workforce matters was received at the September 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>A presentation on staff rewards was received at the September 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>An update on intention planning was received at the September 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>2024</p>	<p>This has been factored into the governor workplan for 2024. 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>2024</p>	<p>This has been factored into the governor workplan for 2024.</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>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>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>
<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>	<p>Frances Dodd</p>	<p>Management action</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>Frances Dodd / Patient Experience Team</p>	<p>Management action</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."</p> <p>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> <p>At the July meeting, Peter Ongley asked for more information about how service users' feedback on their own treatment is collated and cross-referenced with other data, such as Staff Survey data. This information will be shared with Peter outside of the meeting.</p>

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CHAIR'S REPORT

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

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

Governors are advised that the last round of elections finished on 9 October 2023, and I am very pleased to announce that the following seats were filled:

- Jon Salway – Carer: Leeds
- Becky Oxley – Service User: Leeds
- Sally Daley – Service User: Leeds

Soon after the election, we were advised that due to a change in personal circumstances, Sally Daley was unable to take up her seat on the Council and she stepped down. I would like to welcome Jon and Becky to the Council and I very much look forward to working with them.

In addition to the two new governors joining the Council, at the end of the election process Caroline Bentham came to the end of her first term of office and did not stand for re-election. I would like to thank Caroline for her enthusiasm and input to the work of the Council during her term of office.

Since the July 2023 Council of Governors' meeting the following changes to the membership of the Council have taken place:

- Sayma Mirza resigned on 18/07/23 (due to capacity issues)
- Rebecca Mitchell resigned on 28/09/23 (due to personal reasons)
- Alex Cowman left the Trust on 21/09/23 and is no longer eligible to be a staff governor.

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.

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

Since the July Council of Governors' meeting there has been one change to the membership of the Board of Directors. On 19 September 2023 Zoe Burns-Shore began her period of handover for the non-executive director role, with her substantive start date being 15 November 2023, once Helen Grantham steps down after six years on the Board. On behalf of the Council of Governors I would like to thank Helen for her hard work and dedication to the work of the Trust and wish her all the very best in her future endeavours. I also look forward to working with Zoe when she takes up her non-executive director role on the Board in the next few weeks.

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

Non-executive Directors

Name	24 November 2022	8 December 2022 (extraordinary)	26 January 2023	30 March 2023	25 May 2023	27 July 2023	28 September 2023
Merran McRae (Chair)			✓	✓	✓	✓	✓
Sue Proctor (Chair)	-						
Helen Grantham	✓	✓	✓	✓	✓	✓	✓
Frances Healey	✓	✓	✓	✓	✓	✓	✓
Cleveland Henry	✓	✓	-	✓	✓	-	✓
Kaneez Khan	✓	✓	✓	✓	✓	✓	✓
Merran McRae (NED)	✓	✓	See above				
Sue White							
Martin Wright	✓	✓	✓	✓	✓	✓	✓
Katy Wilburn						✓	✓

Executive Directors

Name	24 November 2022	8 December 2022 (extraordinary)	26 January 2023	30 March 2023	25 May 2023	27 July 2023	28 September 2023
Sara Munro	✓	✓	✓	✓	✓	✓	✓
Joanna Forster Adams	✓	✓	✓	✓	✓	✓	✓
Dawn Hanwell	✓	✓	✓	✓	✓	✓	✓
Chris Hosker	✓	✓	✓	✓	✓	✓	✓
Darren Skinner	-	✓	✓	✓	✓	✓	✓
Cathy Woffendin	✓	✓	✓	✓	✓		
Nichola Sanderson						✓	✓

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

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

Name	1 November 2022	2 February 2023	9 May 2023	4 July 2023
Merran McRae (Chair)		✓	✓	✓
Prof Sue Proctor (Chair)	✓			
Dr Frances Healey	✓	✓	✓	-
Helen Grantham	✓	-	-	✓
Cleveland Henry	✓	✓	✓	✓
Kaneez Khan	-	-	✓	✓
Merran McRae (NED)	✓			
Martin Wright	✓	✓	✓	✓
Katy Wilburn				-

Title: Attendance by governors at Council of Governors' meetings (rolling 12 months)
Contributor: Clare Edwards
Status of item: Standing item (for information)

**COUNCIL BUSINESS MEETINGS
ATTENDED**

Name	Appointed (A) or elected (E)	1 November 2022	2 February 2023	9 May 2023	4 July 2023
Ian Andrews	E	✓	✓	✓	✓
Oliver Becket	E	✓	✓	-	-
Caroline Bentham	E	✓	-	-	-
Nicola Bins	E			✓	
Mark Clayton	E	✓	-	-	
Alex Cowman	E	✓	-	✓	-
Ian Cuthbertson	A				✓
Rita Dawson	E	✓	-	-	
Claire Douglas	A	✓	✓	-	
Les France	E	-	✓	-	✓
Rachel Gibala	E	-	✓	✓	-
Oliver Hanson	E	-	-	-	-
Gail Harrison	E	-	✓	✓	✓
Peter Holmes	E	-	-	-	
Andy Johnson	E	✓	✓	-	
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			✓	✓
Joseph Riach	E	✓	✓	-	✓
Bryan Ronoh	E	-	-	✓	
Tina Turnbull	A	-	✓	-	
Fiona Venner	A	✓	✓	✓	✓

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:	Clare Edwards
Status of item:	For noting

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

Merran McRae
Chair of the Trust
24 October 2023

Learning visits undertaken by Non-Executive Directors and Governors

The following table lists the learning visits that have taken place and those scheduled for the near future.

Date of visit	Team / Service	Location	Organised with	Non-Exec Director	Governor(s)
Tuesday 29 November 2022	Acute and Crisis Services	Becklin Centre, Alma Street, Leeds, LS9 7BE	Maureen Cushley, Head of Operations	Merran McRae	Joseph Riach Ivan Nip
Tuesday 6 December 2022	Northern School of Child and Adolescent Psychotherapy (NSCAP)	Bevan House 34-36 Springwell Road, Leeds, LS12 1AW	Carolyn Wellings, Operations and Business Development Manager	Martin Wright	Andy Johnson
Tuesday 31 January 2023	South East & West Community Mental Health Teams	Aire Court, Lingwell Grove, Middleton, LS10 4BS	Josef Faulkner, Head of Operations & Caroline Gatti, Clinical Ops Manager	Helen Grantham	Rebecca Mitchell
Thursday 23 March 2023	Research and Development Team	South Wing, St Mary's House, St Mary's Road, Leeds LS7 3JX	Sarah Cooper, Head of Department	Frances Healey	Rachel Gibala
Monday 24 April 2023	Performance and Informatics Team	South Wing, St Mary's House, St Mary's Road, Leeds LS7 3JX	Carl Money, Head of Performance and Informatics	Martin Wright	Nicola Binns

Learning visits undertaken by Non-Executive Directors and Governors

Date of visit	Team / Service	Location	Organised with	Non-Exec Director	Governor(s)
Wednesday 26 April 2023	Mill Lodge (CAMHS Inpatient Unit)	Mill Lodge, 520 Huntington Road, York YO32 9QA	Nick Mant, Head of Operations & Kay Lawn, Ops Manager	Frances Healey	Matthew Knight
Tuesday 29 August 2023	Gender Identity Service	Virtual (at the request of the service)	Laura Charlton, Clinical Lead & Joanne Taylor, Operational Manager	Cleveland Henry	Les France Gabi Obeng Nyarko
Thursday 5 October 2023	Acute Liaison Psychiatry Service	Outpatient Department, Ground Floor, Becklin Centre, Alma Street, Leeds, LS9 7BE	Paul Fotherby, Head of Operations & Donna Hanson, Clinical Team Manager	Katy Wilburn	Peter Ongley
November 2023	Perinatal Service	The Mount, 44 Hyde Terrace, Woodhouse, Leeds, LS2 9LN	Paula Garrigan, Operational Manager & Cass Edwards, Ward Manager	Kaneez Khan	Fiona Venner
TBC	Forensic Service (Leeds)	The Newsam Centre, Seacroft Hospital, York Road, Leeds, LS14 6UH	Sarah Russo, Interim Head of Operations	TBC	TBC

Learning visits undertaken by Non-Executive Directors and Governors

Date of visit	Team / Service	Location	Organised with	Non-Exec Director	Governor(s)
TBC	Leeds Recovery College	Asket Croft, 2 Asket Place, Seacroft, Leeds, LS14 1PP	Simon Burton, Leeds Recovery College Manager	TBC	TBC

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CEO Update to the Council of Governors

Dawn Hanwell, Deputy Chief Executive

Prepared 20th October 2023

Contents

- Key updates on Strike action and Vaccination
- Key updates on our 3 core strategic objectives
- Reasons to be Proud
- Team of the Month
- Research Hero – October

STRIKE ACTION

- Thank you to everyone who has provided cover, made arrangements to maintain services and been part of the incident co-ordination and response efforts during the latest round of coordinated strike action by junior doctors and consultants.
- British Medical Association (BMA): 4-week pause to Industrial Action announcements.
- An indicative ballot for SAS Doctors (Specialist, Associate Specialist, and Specialty Doctors) ends on 16 Oct. If this is successful, they will hold a postal ballot.



STAFF VACCINATIONS

Its Vaccination Time

- **Booking**
 - The system is now open, please use VaccinationTrack
- **Eligibility**
 - Front-line staff can book Covid-19 Booster and Flu jab – Flu jab available to everyone
- **Clinic locations**
 - Newsam Centre, Becklin, The Mount, St Mary's House, St Mary's Hospital and Aire Court.
- **Remote staff**
 - Use the National Booking Service to access vaccinations closer to where you live if outside of Leeds.

Keep up to date on all the latest information on **Staffnet>**.



Updates on our three strategic objectives



**Our People
Plan**



**Our Care
Services**



**Our Digital &
Estates Plans**

NATIONAL STAFF SURVEY 2023



- National Staff Survey launched on 27 September. It allows colleagues to speak up in total confidence without fear of judgement or discrimination
- It's a chance for all voices to influence work experience and conditions at LYPFT
- Most staff will receive their invite or reminder emails via an email to their Trust email address from:
nhsstaffsurvey@iqvia.com

Email Subject: NHS Staff Survey 2023 Invitation: Leeds and York Partnership NHS Foundation Trust

People Engagement are visiting Trust sites with goodies throughout October and November.

People Promise



NATIONAL STAFF SURVEY 2023



Targets and incentives

- The more colleagues we hear from, the more representative our workforce
- The sooner you complete your survey, the more individual chances to win a prize
- IQVIA/Quality Health obtain consent for inclusion in the prize draw at the end of the Survey



Trust target is 48% (+4%)

Bank Workforce target is 20% (+5%)

Individual incentive

- 32 x £100 voucher for colleague's who complete the survey.
- Drawn at random by IQVIA/Quality Health
- 4 winners each week



Team target increase of 5% from 2022 response rate

Teams who achieved 100% in 2022, to maintain 100% for 2023

Team incentive

- 5x £200 voucher/Team budget allocation for Teams who achieve their team target
- Drawn on Sara Munro's December All Staff Huddle



OUR PEOPLE PLAN



CrISSP

LYPFT Critical Incident Staff Support Pathway

- Since mid-April 2022, the People Wellbeing Lead has responded to **215** incidents
- We have delivered **117** sessions and helped **525** members of staff.
- **CRISSP Team Leader and Peer Practitioner Training**
 - Joint Team Leader and peer Practitioner training is being rolled out trust wide to ensure local teams are provided with more immediate wellbeing support following an incident.
 - We have delivered **13** training sessions for **105** members of staff with **43** currently booked in for future sessions.

CARE SERVICES

- **New Clinical Director**
 - **Dr Gopi Narayan** appointed as the **Clinical Director** for the Yorkshire and Humber Perinatal Mental Health Provider Collaborative.
- **Team updates**
 - We are in the process of recruiting two replacement Heads of Ops during October.
- **Service updates**
 - Mobilisation of the **Deaf CAMHs** service for 18-25 year olds pilot commenced.
 - Implementation of the **MADE** action plan commenced
 - Delay in go live of **CMHT** early adopter sites until mid-November.



DIGITAL

- **MediViewer** - our new electronic document management system is nearing the end of the roll-out to all services across the trust with a target completion in November.
- **Care Director** - is having a range of updates tested for release in the next few weeks including a link to Outlook calendars.
- **Staff Mobile Phones** – a new contract has now been agreed on behalf of the Trust. This will enable 5G connectivity for staff using mobile phones in the coming months.



ESTATES

- **St Marys House- Trust HQ**
 - Works on the 1st and 2nd Floor now complete. Contractors working hard to aim to complete works and formally hand over to the Trust estates team. This allow the Trust to undertake their own commissioning to arrange for setup of IT and Facilities Management services which gets the building ready for occupation.
- **The Mount Perinatal Expansion**
 - Positive stakeholder engagement has been held recently to arrive at an agreed layout, due for formal signoff early October. This creates an additional 6 beds for the Perinatal Unit. The outline design will then pass over to Mitie for the design detail to be developed and a cost agreed. Target occupation by Summer 2024.



ESTATES



- **AccessAble Initiative**

- The Trust have commissioned the surveying of Trust Properties to provide information to be available on Trust Website, Intranet and an App to enable Service Users, Visitors and Staff with accessibility issues to be fully informed to plan their visit to our sites.

- **PLACE Assessment 2023**

- The 2023 Assessments will be finished mid-October with a focus T&F group set up to produce a report to be shared within the Trust, with a focus on how we integrate the PLACE assessments into our business as usual practices in LYFT. Thanks to all services and members of the PLACE team who have facilitated this year's assessment!



A large, solid orange circle is centered on a white background. Inside the circle, the text "REASONS TO BE PROUD" is written in white, bold, uppercase letters.

**REASONS TO
BE PROUD**

TRIANGLE OF CARE

LYPFT Retains Two Star Accreditation

- The Triangle of Care membership scheme was developed by Carers Trust and is aimed at mental health providers. The Triangle of Care describes a therapeutic relationship between the patient, staff member and carer that promotes safety, supports communication and sustains wellbeing.



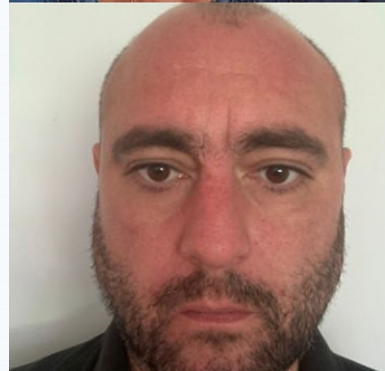
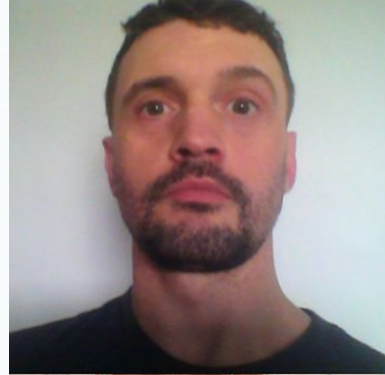
TEAM OF THE MONTH - PMVA TEAM

Nomination:

"The PMVA team, with a new team lead, have been undertaking pivotal work, gaining certification for the Trust around reducing restrictive practice and meeting the required training standards for the NHS and the CQC. This was a huge undertaking achieved in a short 5 month window. "

Judges:

"During a time when there is quite rightly a great deal of scrutiny on restrictive practices it is extremely encouraging to again see all the efforts that the team are going to when it comes to innovating and learning from others. A great example of strong leadership and impact"



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!

LYPFT Allied Health Professionals.

- This month's Research Heroes are Allied Healthcare Professionals. AHP's contribute to research in lots of different ways around the Trust.
- "Research is essential to improve the care we deliver. It is central to both the national and trust AHP Strategy." – Clair Paul.

Email: research.lypft@nhs.net

integrity | simplicity | caring



Research &
Development



Claire Paul
Professional Lead for AHPs

**AGENDA
ITEM**

12

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Report from the Chair of the Workforce Committee
DATE OF MEETING:	2 November 2023
PRESENTED BY: (name and title)	Helen Grantham – Non-executive Director and Chair of the Workforce Committee
PREPARED BY: (name and title)	Helen Grantham – Non-executive Director and Chair of the Workforce Committee

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

EXECUTIVE SUMMARY

This report provides an overview of the Workforce Committee and covers the meetings from 12 December 2022 to 5 October 2023. It includes a summary of recent activity, reports and assurances received, and future plans.

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

RECOMMENDATION

The Council of Governors is asked to:

- Note this report for information and assurance.

Workforce Committee Report for the Council of Governors

2 November 2023

1. Background

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

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

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

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

2. Programme of Meetings

The Committee meets virtually on a bi-monthly basis with Executive Directors and HR leads for key projects along with guest speakers on specific topics including several professional clinical leaders and the Director of Leeds Strategic Workforce. Governors are invited to attend all meetings and during this period 4 have observed a meeting.

Additionally, there has been a Board Strategic session solely focused on workforce and a Board to Board with the Council of Governors to consider the significant risk of recruitment and retention.

3. Changes to Terms of Reference of the Workforce Committee

- Amendment to the role descriptions of the non-executive directors, to reflect the updated Code of Governance for NHS Provider Trusts, NHS England 2022. As follows: *Non-executive directors provide constructive challenge and strategic guidance, and lead in holding the executive to account. In particular, non-executive directors should scrutinise the performance of the executive management in meeting agreed goals and objectives, receive adequate information and monitor the reporting of performance. They should satisfy themselves as to the integrity of clinical and other information, and make sure that clinical quality controls, and systems of risk management and governance, are robust and implemented.*
- Amendment to the role of Associate Non-executive Directors at Committee meetings. As follows: *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 by the Chair in circumstances that support the ANEDs development and understanding. This is so the accountability of the substantive members of the Committee is maintained.*

- Updated to reflect the current practice of circulating paperwork five working days before the meeting.
- 'Powers' section updated to reflect what is stated in NHS England's Code of Governance for NHS Provider Trusts. As follows: *In consultation with the Board of Directors, the committee is able to access independent professional advice and secure the attendance of persons outside the Trust with relevant experience and expertise if it considers this necessary.*
- Updated the duties of the Chair and duties of the Committee as follows:
 - Duties of the Committee: *Carry out the duties of the Designated Board Member when an investigation is undertaken regarding a doctor's practice in line with the Managing Concerns About Medical Colleagues (Maintaining High Professional Standards) Policy, with the Chair of the Committee being the Designated Board Member.*
 - Duties of the Chair: *The Chair of the Workforce Committee will also be the Designated Board Member when an investigation is undertaken regarding a doctor's practice in line with the Managing Concerns About Medical Colleagues (Maintaining High Professional Standards) Policy.*

4. Summary of Key Activity of the Workforce Committee (Dec 2022 to Oct 2023)

The priorities for the Committee over the last year were to monitor progress against the Trust's People Plan with the development of a People Plan Dashboard of measures. The Committee received reports from the People and OD Governance Groups on key themes and from Professional Leads on specific workforce strategies. The programme of work for the Committee was developed to provide oversight of the Trust's workforce risks as set out in the Board Assurance Framework (BAF). Strategic Risk 3 was updated during the year:

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

Significant assurance has been gained that the Trust is focused on the key workforce risks with initiatives and work streams to address these. The People and OD team is appropriately resourced with a range of expertise and networks; the service is engaged with leaders and managers at all levels to enable the Trust to understand the issues, respond appropriately and support the workforce going forward.

5. Reports and Assurances:

- a. The Director of People and Organisational Development provides a report to each meeting that summarises the work of the different groups of the People and Organisational Development Governance Framework (see appendix one) which provides assurance on the implementation of the People Plan as well as an opportunity to discuss specific risks and challenges.

- b. Throughout 2023 the Trust has experienced significant disruption through wide ranging Industrial Action across several staff groups. The Committee has been kept abreast of plans and mitigations and noted the impact on services, individuals and the capacity of the Trust to progress some activity as quickly as may have been desired.
- c. The Committee considers all available workforce data at each meeting. Assurance has been gained that the OD/HR leads and managers are regularly and consistently considering granular data at service and team levels with regard to key workforce metrics including attendance, vacancies, and development so as to inform initiatives and actions.
- d. There is now regular reporting against the People Plan with a specific performance dashboard that has continued to develop and includes qualitative and quantitative measures.
- e. A key role of the Committee is that of 'Wellbeing Guardian'. Significant assurance has been provided that the Trust is fulfilling, and in many ways exceeding, the requirements of the Wellbeing Guardian Framework. Each meeting of the Committee considers the latest attendance data across services and staff groups and receives assurance on the various support mechanisms available to all staff, including Bank, during challenging times with increasing demand and significant vacancies in some areas.
- f. Recruitment and Retention is a key risk for the Trust and the Committee has regularly considered how this is being addressed. There is assurance on workforce planning processes and the connectivity of activity to ensure the Trust is an employer of choice. This has included specific reports -
 - i. The Flexible and Agile Working Policy
 - ii. Approach to Apprenticeships and use of levy
 - iii. International Recruitment
 - iv. Experience of students on placements
 - v. Education and development of Medical workforce
 - vi. Career pathways for Band 5 and 6 nurses
 - vii. Career pathways for the administrative workforce
- g. Ensuring the culture and working environment is conducive to excellent quality and safety is also essential to recruiting and retaining staff. The Committee has received a number of reports to gain assurance on the work the Trust is doing to further develop the culture in line with Trust values; these include:
 - i. Development of Civility and Respect Policy
 - ii. Publishing the Modern Slavery Statement
 - iii. Work to understand and eliminate bullying and harassment, specifically within the Bank workforce.
 - iv. Review of the Staff Survey results 2022 with assurance on action planning and preparation for 2023.
 - v. Oversight of the Collective Leadership Programme
 - vi. Oversight of the development of Clinical Leadership arrangements
 - vii. Work on reducing Violence and Aggression

- h. Reports on the development and implementation of a range of related professional workforce strategies are received by the Committee; these include the Nursing Workforce Strategy, the Medical Workforce Strategy, the Allied Health Professions Strategy, and the Strategy for Psychological Professions. The Committee has taken these opportunities to make connections to the People Plan and ensure learning is shared across the Trust.
- i. The Committee received a report on the Workforce Race Equality Standard (WRES) data, Workforce Disability Equality Standard (WDES) data and Gender Pay Gap data for the period 2022/2023. It was assured on progress and ongoing actions.
- j. The Committee continues to have oversight of performance relating to mandatory training, appraisals, wellbeing assessments, and supervision. It welcomed significant improvement in compliance although recognises that further work is ongoing to meet targets.
- k. The Committee has overseen the development of non-Clinical datasets as requested by Governors and in future these will be integrated to the wider workforce performance reports.
- l. During the year the Committee remained connected to other Committees. At the request of the Finance and Performance Committee it has reviewed the Trust's approach to the use of Locums and Agency staff and now receives updates from the working group to reduce agency spend.
- m. There has been regular connectivity with the Quality Committee as workforce matters are fundamental to the quality and safety of service delivery. As a result, there have been some amendments to the work programme and terms of reference to ensure clarity of remit and oversight.
- n. At the request of the Audit Committee the Workforce Committee receives workforce related audit reports and considers any areas of limited assurance.
- o. Following discussions at the Board the connectivity of the Workforce Committee and wider People and OD Governance Groups with the Trust's Health and Safety Committee is being reviewed.

6. Looking Forward

The Committee is assured that the Trust has robust arrangements in place to continue to develop and implement the People Plan. At the meeting in October the Committee considered the recently published NHS Long Term Plan, how the Trust is placed against these national priorities and what future initiatives may be required.

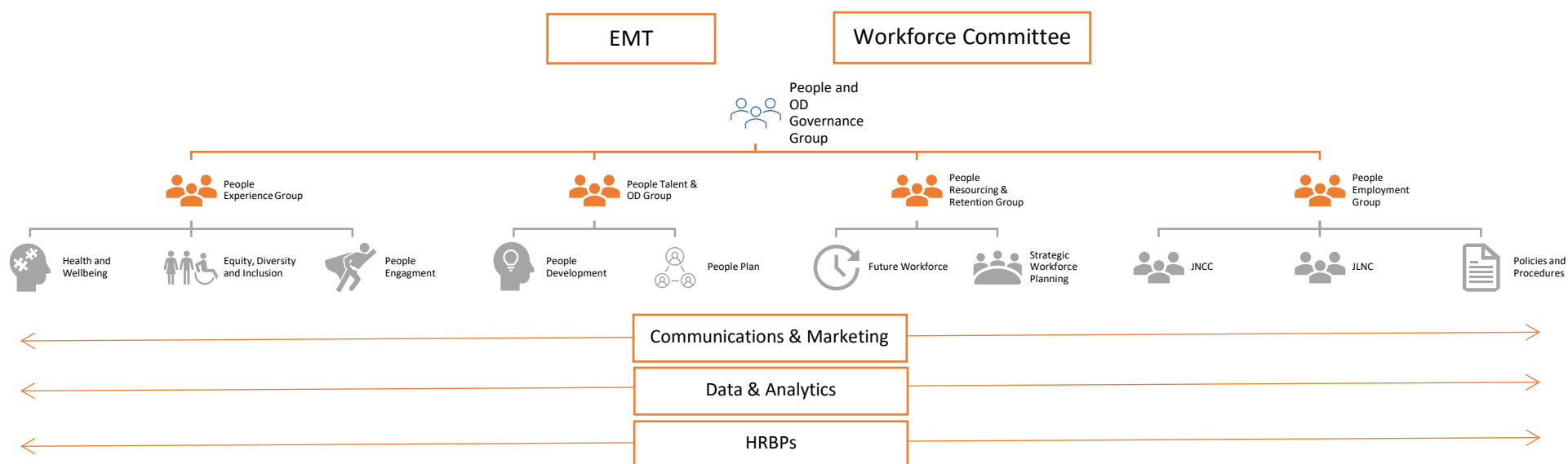
There are many ongoing challenges, not least to ensure the recruitment, retention, and development of the workforce needed now and into the future to provide quality services. These challenges are articulated in the BAF and continue to inform the work programme of the Committee going forward.

The Committee remains concerned that despite the breadth and depth of great work, the wider workforce issues for the Health and Social Care sector continue to impact on the Trust's ability to recruit and retain the workforce needed now and in the future. This has formed the basis of wider discussions with the Board and Council of Governors.

With this report the current Chair of the Workforce Committee is standing down and would like to thank Governors for their support. The incoming Chair will be reviewing the work programme going forward as the People Plan is also being refreshed.

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

People and Organisational Development Governance Structure



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**AGENDA
ITEM**

13

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Quarterly Quality and Performance Update Report
DATE OF MEETING:	2 November 2023
PRESENTED BY: (name and title)	Joanna Forster Adams – Chief Operating Officer
PREPARED BY: (name and title)	Nichola Sanderson – Director of Nursing and Professions / Director of Infection Prevention and Control Darren Skinner – Director of People and Organisational Development Edward Nowell – Information Manager Performance & BI

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

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

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

COUNCIL OF GOVERNORS : QUARTERLY PERFORMANCE AND QUALITY UPDATE REPORT



- Performance and Quality metrics summary

- Trust Board Assurance: Key discussions, issues and actions

Please note that the latest Services information reported is August 23, and Quality and Workforce is August 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	Jun 2023	Jul 2023	Aug 2023
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	30.9%	28.9%	29.2%
Percentage of ALPS referrals responded to within 1 hour	-	59.7%	77.4%	76.6%
Percentage of S136 referrals assessed within 3 hours of arrival	-	25.7%	21.2%	4.8%
Number of S136 referrals assessed	-	35	33	42
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%	57.1%	54.8%	60.6%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	94.8%	94.8%	94.4%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	56.4%	59.8%	50.7%
Percentage of CRISS caseload where source of referral was acute inpatients	-	11.4%	5.9%	10.5%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Jun 2023	Jul 2023	Aug 2023
Gender Identity Service: Number on waiting list	-	4,453	4,683	4,753
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	-	39.64	95.63	20.71
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	72.7%	71.4%	62.9%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	7.6%	-	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	42.9%	-	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	100.0%	-	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	-	94.5%	-	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	766	792	-	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	12.6%	-	-
Services: Our acute patient journey	Target	Jun 2023	Jul 2023	Aug 2023
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	85.6%	81.7%	90.9%
Crisis Assessment Unit (CAU) length of stay at discharge	-	8.15	13.07	8.19
Liaison In-Reach: attempted assessment within 24 hours	90.0%	79.0%	71.5%	81.0%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	101.0%	101.0%	101.0%
Becklin Ward 1 (Female)	-	104.8%	101.6%	103.5%
Becklin Ward 3 (Male)	-	99.7%	99.6%	101.6%
Becklin Ward 4 (Male)	-	100.6%	100.7%	99.6%
Becklin Ward 5 (Female)	-	100.6%	99.4%	101.3%
Newsam Ward 4 (Male)	-	99.4%	103.7%	99.1%
Older adult (total)	-	91.0%	90.3%	91.5%
The Mount Ward 1 (Male Dementia)	-	100.0%	96.3%	93.3%
The Mount Ward 2 (Female Dementia)	-	78.7%	86.0%	93.3%

Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Jun 2023	Jul 2023	Aug 2023
The Mount Ward 3 (Male)	-	85.5%	80.5%	85.6%
The Mount Ward 4 (Female)	-	99.2%	98.6%	94.5%
Percentage of delayed transfers of care	-	11.8%	10.8%	13.6%
Total: Number of out of area placements beginning in month	-	16	12	19
Total: Total number of bed days out of area (new and existing placements from previous months)	217	652	677	660
Acute: Number of out of area placements beginning in month	-	15	10	16
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	418	505	525
PICU: Number of out of area placements beginning in month	-	1	2	3
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	174	161	135
Older people: Number of out of area placements beginning in month	-	0	0	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	60	11	0
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	80.0%	78.9%	-	-
Services: Our Community Care	Target	Jun 2023	Jul 2023	Aug 2023
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	82.7%	81.1%	75.4%
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	80.0%	81.7%	79.4%	75.9%
Number of service users in community mental health team care (caseload)	-	3,434	3,351	3,359
Percentage of referrals seen within 15 days by a community mental health team	80.0%	82.8%	85.2%	79.7%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	48.8%	53.6%	60.8%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	41.3%	37.5%	42.2%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	62.5%	35.3%	66.7%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	63.3%	-	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	82.0%	-	-
Services: Clinical Record Keeping	Target	Jun 2023	Jul 2023	Aug 2023
Percentage of service users with NHS Number recorded	-	99.1%	99.2%	99.2%
Percentage of service users with ethnicity recorded	-	79.7%	79.7%	80.4%
Percentage of service users with sexual orientation recorded	-	42.2%	43.1%	43.8%
Services: Clinical Record Keeping - DQMI	Target	Mar 2023	Apr 2023	May 2023
DQMI (MHSDS) % Quality %	95.0%	92.0%	92.3%	91.9%

Quality and Workforce metrics: Tabular overview

Services: Clinical Record Keeping		Target	Jun-23	Jul-23	Aug-23
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)		95%	Mar	Apr	May
			92.0%	92.3%	91.9%
Percentage of service users with ethnicity recorded		-	79.7%	79.4%	80.2%
Percentage of service users with sexual orientation recorded		-	42.2%	42.6%	43.5%
Quality: Our effectiveness		Target	Jun-23	Jul-23	Aug-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		-	0	3	18
Quality: Caring / Patient Experience		Target	Jun-23	Jul-23	Aug-23
Friends & Family Test: Positive experience of care (total responses received)		-	84%(186)	88%(174)	87%(140)
Mortality:					
· Number of deaths reviewed (incidents recorded on Datix)*		Quarterly	79	-	-
· Number of deaths reported as serious incidents		Quarterly	6	-	-
· Number of deaths reported to LeDeR		Quarterly	6	-	-
Number of complaints received		-	12	5	15
Percentage of complaints acknowledged within 3 working days		-	100%	100%	100%
Percentage of complaints completed within timescale agreed with complainant		-	100%	100%	100%
Number of enquiries to the Patient Advice and Liaison Service (PALs)		-	162	123	140

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	Jun-23	Jul-23	Aug-23
Number of patient/staff/visitor incidents reported on Datix	-	1,180	1,008	1,067
Number of Self Harm Incidents	-	202	154	199
Number of Violent or Aggressive Incidents	-	95	75	138
Number of never events	-	0	0	0
Number of physical restraints *	-	326	170	154
Number of ended seclusion incidents lasting 24+ hours	-	2	3	2
Number of Rapid Tranquilisation administered**	-	85	76	110
No. of patients detained under the MHA (includes CTOs/conditional discharges)	-	558	562	541
Adult acute including PICU: % detained on admission	-	82.9%	80.5%	75.9%
Adult acute including PICU: % of occupied bed days detained	-	80.1%	82.6%	87.6%
Number of medication errors reported on Datix	Quarterly	166	-	-
Percentage of medication errors resulting in no harm	Quarterly	92.0%	-	-
Safeguarding Adults: Number of advice calls received by the team	Quarterly	168	-	-
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	12.4%	-	-
Safeguarding Children: Number of advice calls received by the team	Quarterly	30	-	-
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	24.4%	-	-
Number of falls related to patients reported on Datix	-	32	56	52
Number of Pressure Ulcers occurring or deteriorating within inpatient or SSL services	-	0	0	1

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

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

** New indicator from June 2023

Quality and Workforce metrics: Tabular overview

Our Workforce	Target	Jun-23	Jul-23	Aug-23
Percentage of staff with an appraisal in the last 12 months	85%	67.7%	71.0%	71.2%
Percentage of staff with a wellbeing assessment completed	-	93.7%	93.0%	92.7%
Percentage of mandatory training completed	85%	84.8%	85.9%	86.5%
Safeguarding: Prevent Level 3 training compliance (quarter end snapshot)	85%	96.0%	-	-
Percentage of staff receiving clinical supervision	85%	71.1%	67.3%	68.4%
Staff Turnover (Rolling 12 months)	8-10%	9.4%	9.3%	9.0%
Sickness absence rate in month	-	5.4%	5.9%	5.8%
Sickness absence rate (Rolling 12 months)	6.0%	6.0%	6.0%	5.9%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	12.1%	12.2%	12.1%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	33.0%	33.8%	33.9%
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	-	306	240	383
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	24.5%	25.2%	24.2%
Medical Consultant Vacancies (number)	-	22.6	23.2	22.2
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	20.1%	18.1%	18.3%
Medical Career Grade Vacancies (number)	-	9.6	8.6	8.7
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	19.3%	19.3%	0.0%
Medical Trainee Grade Vacancies (number)	-	21.6	21.6	0.0
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	43.0%	45.0%	44.0%
Band 5 inpatient nursing vacancies (number)	-	102.2	106.4	103.0
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	18.0%	15.0%	17.0%
Band 6 inpatient nursing vacancies (number)	-	21.6	17.6	20.8
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	44.6%	46.7%	45.7%
Band 5 other nursing vacancies (number)	-	36.4	38.2	37.4
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	20.0%	19.1%	20.0%
Band 6 other nursing vacancies (number)	-	68.1	65.2	68.4
Percentage of vacant posts (Trustwide; all posts)	-	16.9%	17.3%	16.5%
Bank Agency Spend YTD (Cost)	-	6,469,850	8,657,482	11,029,913
Bank Agency Spend YTD (%)	-	15%	15%	14%

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

Points to note:

Acute Service Line – Inpatient Capacity

We continue to see sustained pressure for inpatient Acute beds, in particular across our female wards. We are fully utilising the Crisis Assessment Unit, which had been converted to female only during August to try to respond to the increased demand for female beds, and the Oasis Crisis beds to capacity during this time reducing any flexibility in the system. We have seen some impact on people awaiting transfer from Leeds Teaching Hospitals, which is a priority area of work for us particularly heading into winter where we anticipate seeing increased demand. We continue to see consistent levels of delayed discharges and transfers of care. The newly established Inpatient Flow Oversight group led by the Chief Operating Officer is part of the efficiency programme for 2023/24 within the Trust. It has three primary objectives as set out in the table below. As part of our programme to improve flow and address the longstanding issues of delayed transfers of care, we convened a MADE (Multi Agency Discharge Event) in June.

Objective	How the group / committee will meet this objective
Ensure our internal processes for managing patient flow are robust, effective, efficient and ensure patient safety and quality outcomes are central to our decision making and management.	<p>Understand and have oversight of Service Line and Care services Flow management arrangements.</p> <p>Take action where the objective is not fully achieved.</p> <p>Coordinate action where internal delays or transfers do not meet the objective.</p>
Agree strategic and tactical approach for progressing necessary System level action, support and response.	<p>To use intelligence to formulate the key areas where we are not able to optimise efficiency due to gaps, delays or inadequacies in our health and care system.</p> <p>To formulate who, how and where best to progress a response to these issues.</p> <p>To monitor progress (and continue to identify gaps), including the progress of our MADE action plan.</p>
Agree and Monitor improvement plans and resultant performance and financial trajectories.	<p>Will ensure we have a shared understanding of the ambition and expectations of the plan.</p> <p>Oversee progress and delivery of the plan.</p> <p>Design and support appropriate oversight dashboards.</p>

Trust Board Assurance: Key discussions, issues and actions

Points to note (Continued):

Children and Young Peoples Services: Red Kite View Staffing

In July we reported that Red Kite View continued to face significant registered nursing vacancies, with 70% vacancies on Lapwing (PICU) and 55% on Skylark (the General Adolescent Unit). The level of vacancies across the service was reported as continued through to September and we have discussed how it is essential that the preceptee nurses commencing in September are supported and developed. Staff from our support and Corporate teams will be working with them to supplement substantive service based staff. The provider collaborative was pleased to hear that our general adolescent unit occupancy has increased in line with our plans following the brief period of reduced Medical cover. We have also been supported in maintaining occupancy in PICU at 67% in light of workforce challenges. Nonetheless we are reviewing this on a case-by-case basis aiming to support the care of young people from West Yorkshire as close to home as possible. The service continues to review each potential new admission to ensure the service can meet the service users' individual needs.

Neuro-developmental waiting lists

As previously reported, the Neuro-Developmental Service continues to see high rates of referrals and subsequent long waiting times. The service continues to work with the Trust and ICB to identify different ways of being able to respond to this demand. The service has seen an increase in complaints for the ADHD service in relation to the waiting times following the services participation in the Panorama documentary recently. The service is responding to these and providing support to those individuals involved.

Forensic Service: Medical staffing position

Across Forensic services we have 6 WTE Medical Consultant posts. 5 of these are currently covered by agency medics. This remains a concern in terms of the potential risk of key staff leaving at short notice. Nonetheless, these staff are integrated well into the multidisciplinary service and are working well with colleagues and service users. The leadership team are being supported by medical directorate colleagues to explore recruitment options including seeking mutual aid from neighbouring Organisations.

Trust Board Discussion Summary:

In summary, the most significant risks and challenges faced and experienced by our services continue to be workforce supply (where we continue to have material vacancies in our core services), sustained demand in our core mental health and more specialist services, and ongoing disruption as a result of the impact of industrial.

A high-level summary of the most concerning issues as Chief Operating Officer include:

- Sustained pressure in our Acute inpatient services where this has resulted in a prolonged period of out of areas placements (above our planned trajectory). Notwithstanding the quality and experience issues well documented for our service users, the financial challenge at the end of quarter 2 being approximately £1.2m.
- Vacancies and workforce availability in our:
 - Community Mental Health Services.
 - Children and Young People's Red Kite View Unit.
 - Medical staff in Forensic Services (currently covered by locum medical staff).
- Risk of further disruption due to Industrial Action, incidents and preparation for Winter pressures.
- Growing (or significant) waiting times in Neurodiversity services, Gender Identity services, Chronic Fatigue service.

Overarching these key risks and challenges, is the relentless and sustained pressure this creates for staff working across our services. Whilst working towards sustainable solutions, ensuring we support staff wellbeing so they can continue to provide high quality, safe and effective care is our priority with the support of colleagues from the broader Organisation.

LYPFT Non-Clinical Dataset - Council of Governors

Oct 2023

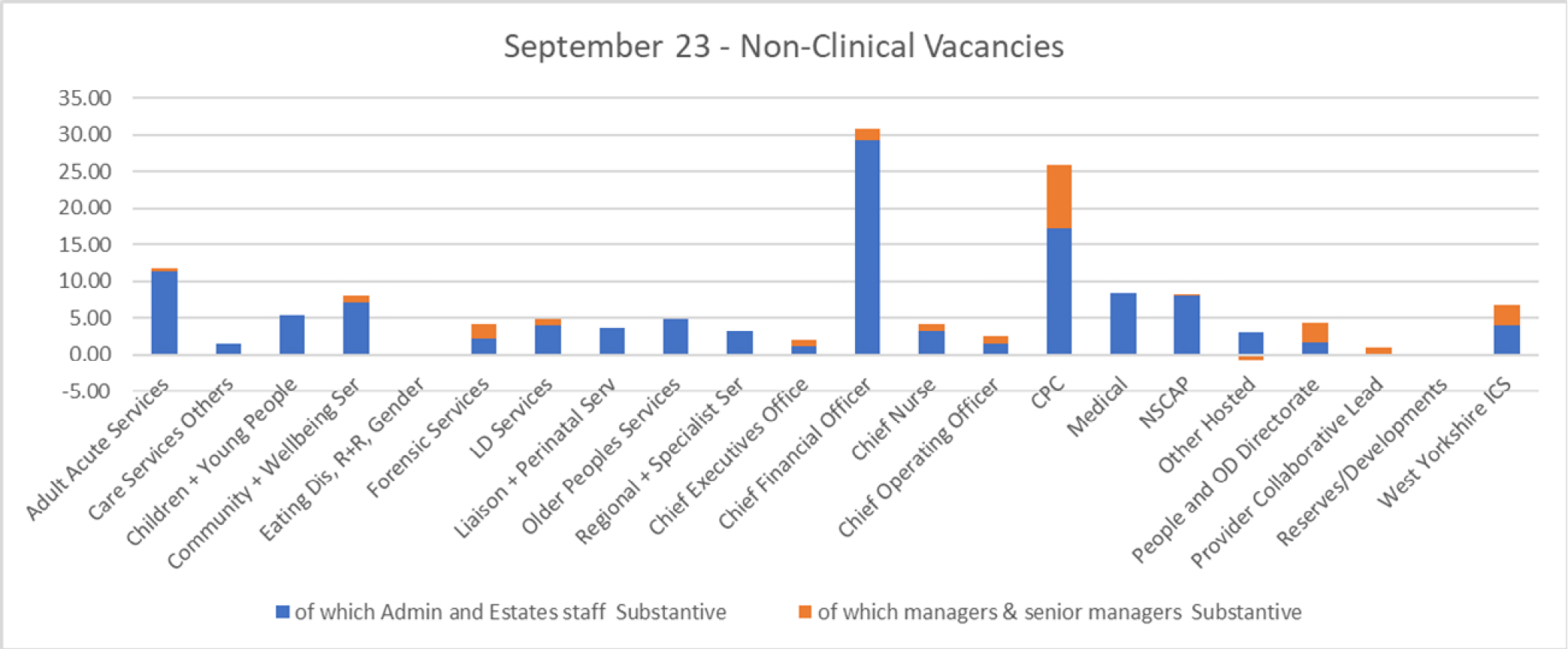
Darren Skinner, People and OD Director

Andrew McNichol, Head of People Analytics

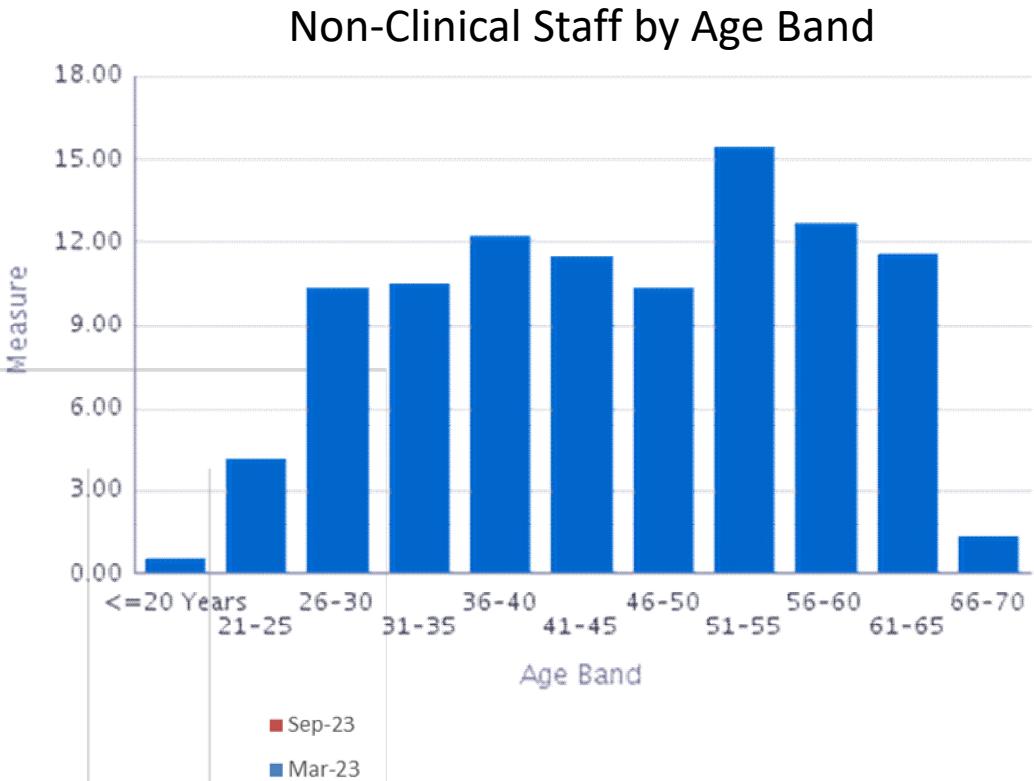
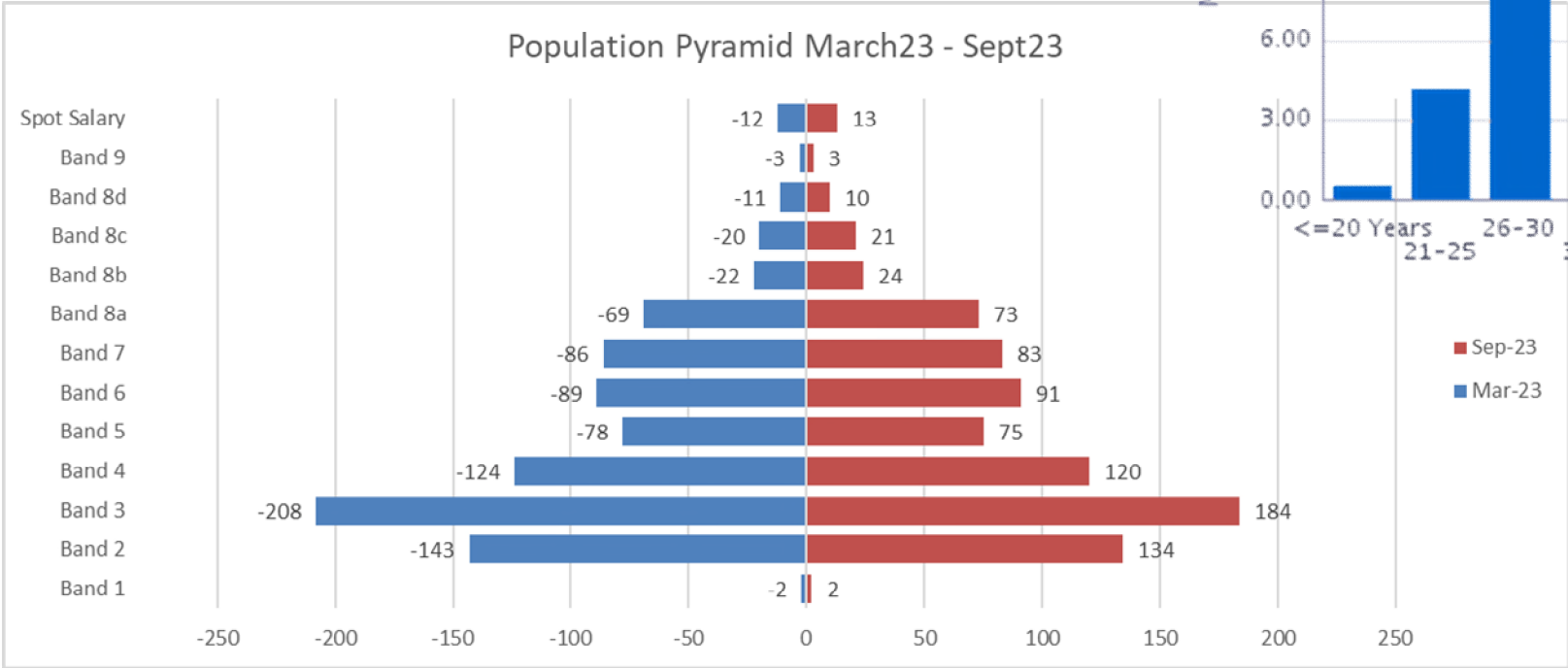
Non-Clinical Workforce Data Overview – Staff in Post/Distribution

Org L4	2022 / 09	2022 / 10	2022 / 11	2022 / 12	2023 / 01	2023 / 02	2023 / 03	2023 / 04	2023 / 05	2023 / 06	2023 / 07	2023 / 08
173 Adult Acute Services	35.31	34.66	34.87	34.37	33.21	34.01	34.13	35.51	34.71	32.71	29.99	28.99
173 Care Services Other	16.00	17.00	17.00	17.00	18.00	17.20	17.20	17.20	17.20	17.20	17.20	18.20
173 Chief Operating Officer	2.00	4.00	4.00	4.00	4.00	4.00	4.00	3.00	3.00	3.00	3.00	3.60
173 Children and Young People's Services	14.52	14.52	15.45	15.45	15.55	14.07	12.27	12.57	13.57	13.35	12.69	11.69
173 Community and Wellbeing Services	49.03	50.03	50.63	48.27	50.87	52.97	51.95	48.59	50.59	50.99	49.99	49.79
173 Corporate Services	446.93	446.37	446.97	443.68	446.45	445.31	451.91	453.10	459.75	459.41	468.57	468.33
173 Eating Disorders and Rehabilitation and Gender Services	29.17	28.39	27.89	27.89	28.47	30.27	30.07	29.07	29.07	29.37	28.33	27.53
173 Forensic Services	18.39	17.39	17.39	17.39	17.39	17.39	18.39	17.79	16.79	17.79	17.79	17.79
173 Learning Disability Services	18.23	18.23	18.23	18.33	18.47	18.47	18.47	18.47	17.39	15.99	16.65	16.65
173 Liaison and Perinatal Services	19.20	19.20	19.20	19.40	19.70	19.90	19.70	19.50	19.70	18.70	19.20	18.40
173 Northern School Of C & A Psychotherapy	10.82	11.32	11.32	11.32	11.32	11.32	11.32	10.82	10.82	10.82	10.82	10.82
173 Older Peoples Services	38.66	38.06	37.06	34.86	35.96	35.96	36.95	38.35	37.51	38.31	38.11	38.31
173 Regional and Specialist Services	20.24	20.75	20.75	20.91	20.91	20.44	18.81	17.35	18.35	21.15	21.15	21.15
173 WY MHLDA Programme Team								9.47	9.47	9.47	9.47	9.47
Grand Total	718.50	719.92	720.76	712.88	720.30	721.32	725.18	730.78	737.90	738.26	742.95	740.71

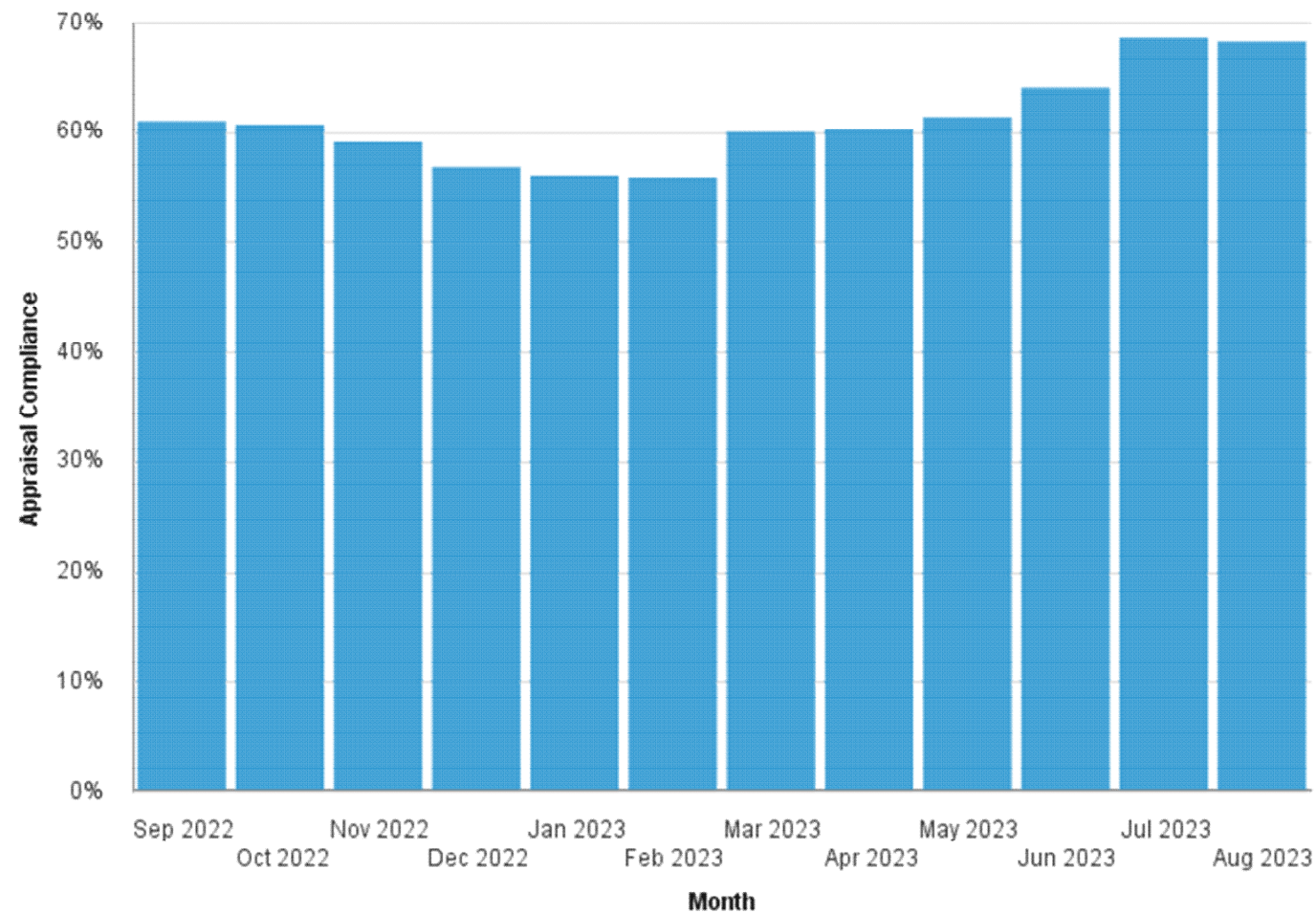
Non-Clinical Workforce Data Overview – Staff in Post/Distribution



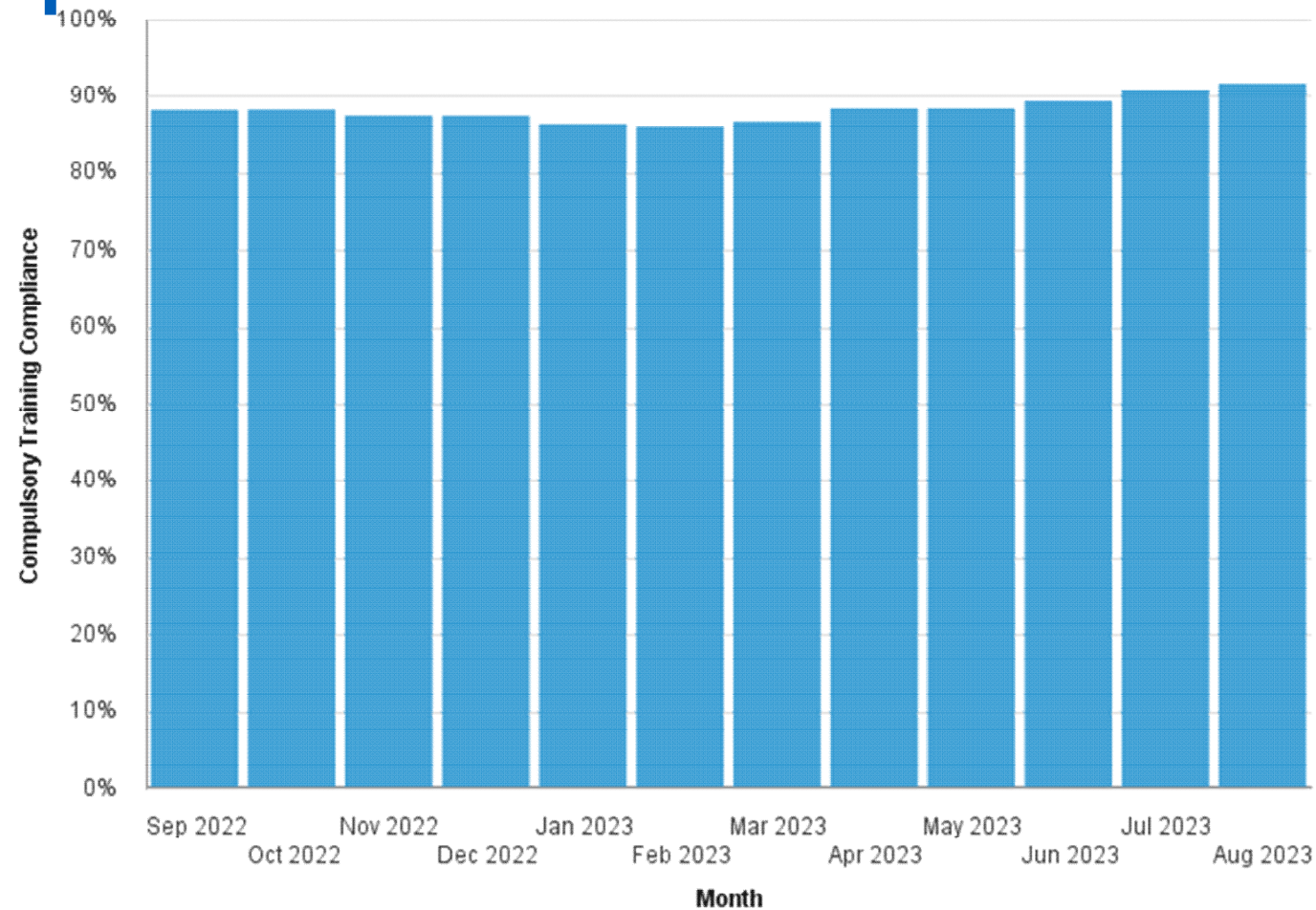
Non-Clinical Workforce Data – Population Pyramid and Age Band Distribution



Non-Clinical Workforce Data Overview – Appraisal Compliance

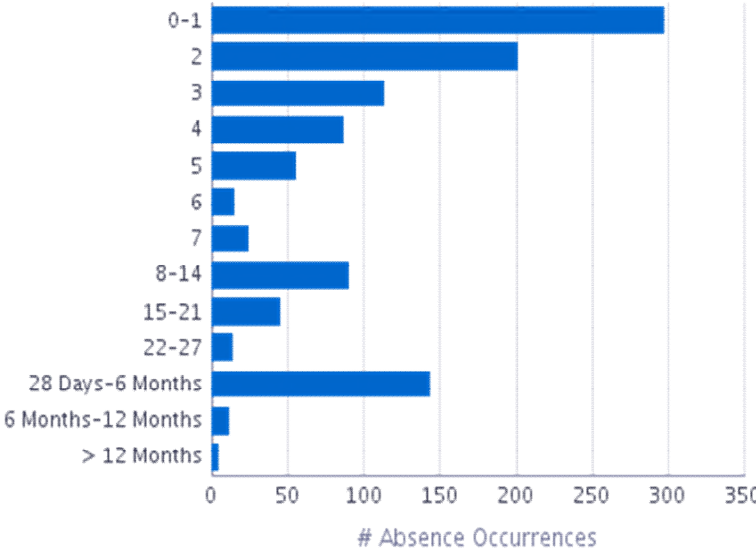
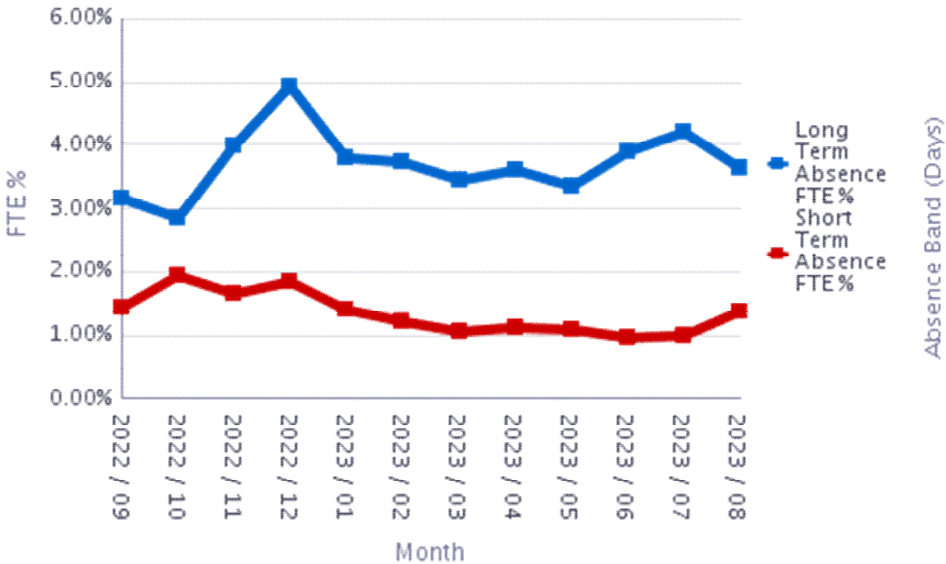


Non-Clinical Workforce Data Overview – Compulsory Training Compliance



Non-Clinical Workforce Data Overview – Sickness Absence

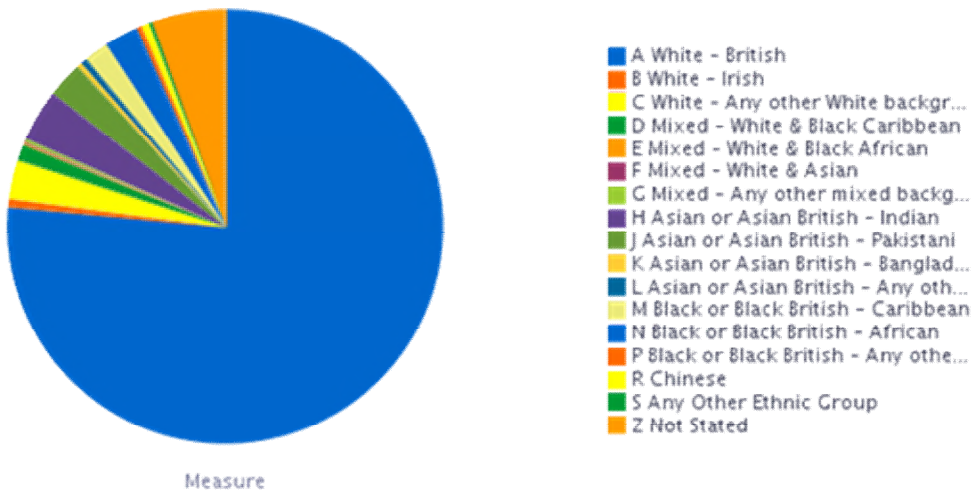
Absence FTE %	Absence Days	Absence FTE	Available FTE
5.04%	15,761	13,634.23	270,300.79



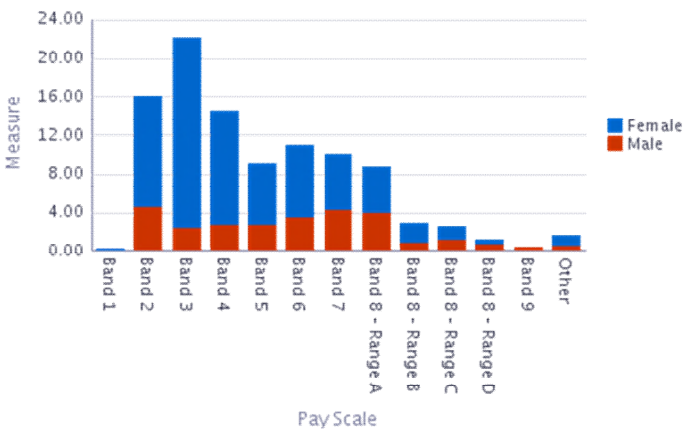
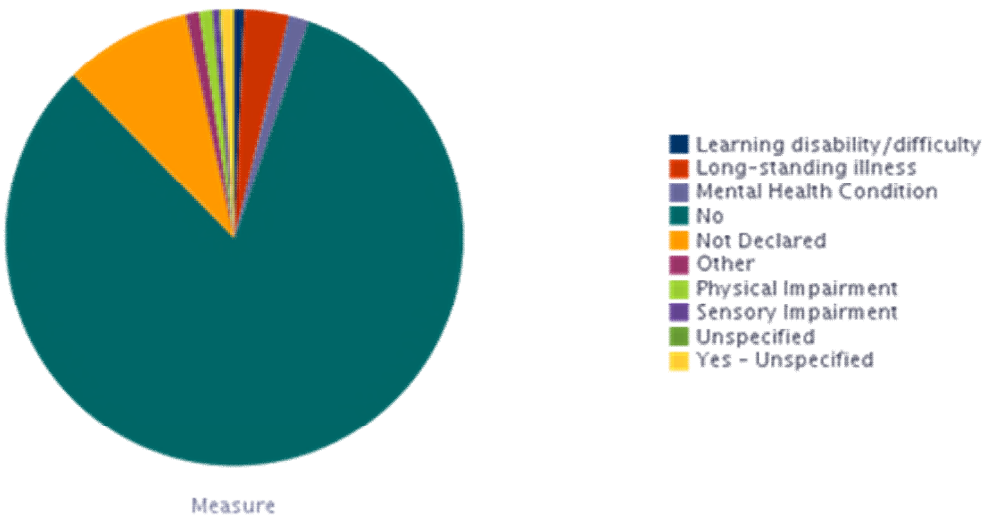
Absence Reason	Headcount	Abs Occurrences	Abs Days	%
S10 Anxiety/stress/depression/other psychiatric illnesses	95	125	4,195	26.6
S27 Infectious diseases	117	122	1,490	9.5
S12 Other musculoskeletal problems	34	44	1,365	8.7
S13 Cold, Cough, Flu - Influenza	221	268	1,305	8.3
S15 Chest & respiratory problems	40	44	1,149	7.3
S16 Headache / migraine	69	87	918	5.8
S25 Gastrointestinal problems	157	197	906	5.7
S26 Genitourinary & gynaecological disorders	30	40	854	5.4
S18 Blood disorders	6	9	532	3.4

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

Ethnicity Profile



Disability Profile



Thank you

**AGENDA
ITEM**

14

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Process for the upcoming elections to the Council of Governors
DATE OF MEETING:	2 November 2023
PRESENTED BY: (name and title)	Clare Edwards, 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

The Council of Governors is advised that the following seats are currently vacant will be included in the next round of elections:

- Public: Leeds (3 seats)
- Public: York and North Yorkshire (1 seat)
- Public: Rest of England and Wales (1 seat)
- Carer: Leeds (1 seat)
- Carer: York and North Yorkshire (1 seat)
- Service user: Leeds (1 seat)
- Service user: York and North Yorkshire (1 seat)
- Service user and Carer: Rest of UK (1 seat)
- Staff: Non-clinical (1 seat)

The Council is asked to note that the following seats currently have elected governors in office, and they will come to the end of their terms of office on the 6 May 2024. These governors are eligible to stand for election again should they wish to do so:

- Ivan Nip
- Rachel Gibala
- Joseph Riach
- Gail Harrison
- Oliver Hanson
- Ian Andrews

The Council should be aware that if these governors are re-elected, their next term of office will not start until the 30 May 2024. We are proposing that for any governor who wishes to stand for

re-election, that they stay on the Council in a non-voting capacity between the 6 May 2024 and the 30 May 2024. Although there will be no formal meetings during this period, governors will continue to receive information. Therefore, we will be asking any governor who stands for re-election to sign a confidentiality agreement for the information they receive during this time.

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

We will continue to work with the Patient Experience and Involvement Team, the Service User Network (SUN), the Workforce Race Equality Network (WREN), the Disability and Wellbeing Network (DAWN) and the Rainbow Alliance to encourage members to stand for election to ensure there is wide representation on our Council of Governors.

Overall, 17 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	14 March 2024
Nominations deadline	12 April 2024
Summary of valid nominated candidates published	15 April 2024
Final date for candidate withdrawal	17 April 2024
Notice of Poll published	3 May 2024
Voting packs despatched	6 May 2024
Close of election	29 May 2024
Declaration of results	30 May 2024

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 30 May 2024.

**AGENDA
ITEM**

15

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Approval of changes to the Constitution
DATE OF MEETING:	2 November 2023
PRESENTED BY: (name and title)	Clare Edwards, 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

It is good governance to review the Trust's Constitution from time to time to ensure it is consistent with legislation and still reflects the needs of the organisation. Attached is a list of the proposed changes.

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

These proposed changes were presented to the Board of Directors on 28 September 2023. The Board agreed these changes subject to further approval by the Council of Governors.

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

RECOMMENDATION

The Council is asked to consider and approve the proposed changes to the Constitution and note that if agreed these will then be proposed to the 2024 Annual Members' meeting for final sign off.

List of proposed changes for the Constitution and its Annexes

Section	Para	Original text	Proposed text	Rationale
Annex 4 (List of Appointed Governors)	1	York Council for Voluntary Services	York Centre for Voluntary Service	This reflects the change in name for this organisation
Annex 6 (Partner organisation governors)	12.3.4	York Council for Voluntary Services	York Centre for Voluntary Service	This reflects the change in name for this organisation
Annex 7 (Standing Orders - Council of Governors)	4.12.3	None	Non-quorate meetings may go ahead unless there has been an instruction from the Chair not to proceed with the meeting. Any decisions made at the non-quorate meeting must be approved by at least one third of the whole number of governors elected or appointed, including a public governor, a carer governor, a service user governor, a staff governor and an appointed governor.	To clarify that different methods can be used to the approve decisions made at non-quorate meetings of the Council of Governors.

Section	Para	Original text	Proposed text	Rationale
Annex 10 Annual Members' Meeting quoracy	5.2	If no quorum is present within half an hour of the time fixed for the start of the meeting, the meeting shall stand adjourned to the same day in the next week at the same time and place or to such time and place as the Council of Governors determine. If a quorum is not present within half an hour of the time fixed for the start of the adjourned meeting the number of members present during the meeting is to be a quorum.	If no quorum is present within half an hour of the time fixed for the start of the meeting, the number of members present during the meeting is to be a quorum.	Due to the planning and costs associated with the Annual Members' Meeting, it would not be appropriate to hold the meeting again one week later.

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**AGENDA
ITEM**

16.1

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Review of the Council of Governors' Terms of Reference
DATE OF MEETING:	2 November 2023
PRESENTED BY: (name and title)	Clare Edwards, Associate Director for Corporate Governance
PREPARED BY: (name and title)	Rose Cooper, Deputy 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

The Council is reminded that it is required to review its Terms of Reference annually to ensure they still meet the needs of the Council. The Terms of Reference are based on the Trust's Constitution and the NHS Act 2006 and as such do not normally change in terms of the duties or rules governing the running of the Council.

However, since the Terms of Reference were last reviewed, the following change has been made to the quoracy rule for the Council of Governors' meetings as agreed at the July 2023 meeting:

- At least one third of governors elected or appointed must be present, and must include a public governor, a carer governor, a service user governor, a staff governor, and an appointed governor.

This new quoracy rule has also been reflected in the section on approving decisions made at non-quorate meetings:

- Due to the length of time between meetings, any decisions made at non-quorate meetings can be circulated to governors for endorsement via email ahead of the next available meeting. A quorate number of governors (at least one third of the whole number of governors elected or appointed including a public governor, a carer governor, a service user governor, a staff governor, and an appointed governor) must respond and confirm their support for the decisions to be agreed.

In addition to the above changes, any references to NHS Improvement have been updated to NHS England. NHS Improvement became part of NHS England in July 2022 having been dissolved by the Health and Care Act 2022.

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

RECOMMENDATION
<p>The Council is asked to:</p> <ul style="list-style-type: none">• Be assured that the Terms of Reference have been reviewed to ensure they continue to be fit for purpose• Approve the updates detailed above.

Council of Governors

Terms of Reference

(To be considered by the Council of Governors on the 2 November 2023)

1 NAME OF GROUP

Council of Governors

2 COMPOSITION OF THE COUNCIL

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

Membership is set out below.

Elected Governors

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

Appointed Governors

Local Authority Governors

City of York Council	1
Leeds City Council	1

Partner Organisation Governors

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

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

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

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

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

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

3 QUORACY

No business shall be transacted at a meeting of the Council of Governors unless at least one third of governors elected or appointed are present, and must include a public governor, a carer governor, a service user governor, a staff governor, and an appointed governor.

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

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

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

4 MEETINGS OF THE GROUP

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

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

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

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

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

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

5 AUTHORITY

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

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

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

6 ROLE OF THE GROUP

6.1 Purpose of the Group

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

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

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

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

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

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

6.3 Duties of the Council of Governors

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

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

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

The Council of Governors is also responsible for:

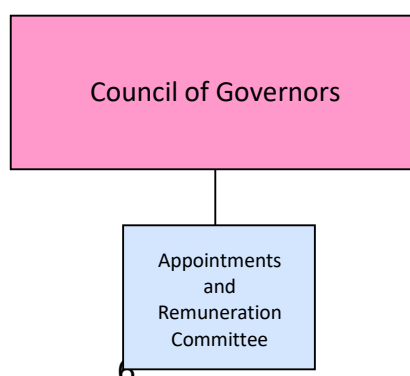
- Considering complaints about any member of the Trust in accordance with Annex 9 of the Constitution and take action which may include expulsion from the membership of the Trust
- Ratifying the removal of any member of the Council of Governors for any reason as set out in Annex 6 of the Constitution

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

7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES

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

The sub-committee structure is detailed below.



8 DUTIES OF THE CHAIRPERSON

The Chair of the Council shall be responsible for:

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

9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

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

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

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**AGENDA
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16.2

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Annual Cycle of Business for 2024
DATE OF MEETING:	2 November 2023
PRESENTED BY: (name and title)	Clare Edwards, Associate Director for Corporate Governance
PREPARED BY: (name and title)	Rose Cooper, Deputy 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

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

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

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

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

RECOMMENDATION

The Council of Governors is asked to:

- Be assured that the Annual Cycle of Business includes all the statutory duties which the Council must carry out
- Be assured that the areas which governors have asked to be kept informed on have been captured in the Annual Cycle of Business
- Note and approve the Annual Cycle of Business for 2024.

Annual Cycle of Business 2024 – Council of Governors

	Lead	1 February	30 April	2 July	Annual Members' Meeting – 30 July	Board to Board – 16 September	7 November
Welcome, apologies and standing items							
Apologies	-	X	X	X	X	X	X
Questions from the public (Annual Members' Meeting)	-				X		
Minutes of the last meeting	CGT	X	X	X	X		X
Minutes of the Annual Members' Meeting (For information)	CGT						X
Matters arising	-	X	X	X			X
Cumulative Action Log	CGT	X	X	X			X
Chair's Report (to include: NED and governor visits; governor non-attendance)	CE	X	X	X			X
Chief Executive Report	SM	X	X	X			X
Lead Governor Report	LF	X	X	X			X
Quarterly Quality and Performance Update Report	EN	X	X	X			X
Financial Update	DH	X	X	X			X
Council of Governors' Statutory Duties (annual)							
Remuneration of the Chair of the Trust and the other non-executive directors (to ratify) Link to Appointments and Remuneration Committee (ARC) cycle	CE	As required					
Appointment of the Deputy Chair of the Trust (to ratify) Link to ARC cycle	CE	As required - next due 18 January 2025 (paper to November 2024 meeting)					
Presentation of the annual report and accounts and any report on them (to receive)	CE				X		
Signed Auditors' Report on the Annual Accounts	CE				X		
Presentation by the Auditors on their findings from the audit of the accounts	KPMG			X			
The arrangements for the Annual Members' Meeting	OT		X				

	Lead	1 February	30 April	2 July	Annual Members' Meeting – 30 July	Board to Board – 16 September	7 November
Council of Governors' Statutory Duties (as and when)							
Appointment/removal of the Chair of the Trust (to ratify) PRIVATE MEETING Link to ARC cycle	CE	As required					
Appointment/removal of the other non-executive directors (to ratify) PRIVATE MEETING Link to ARC cycle	CE	As required					
Approve the appointment of the Chief Executive (to approve – support)	CE	As required					
Appointment of the external auditor (to ratify)	CE	Current contract extended to 30 June 2024 (paper to February 2024 CoG)					
Amendments to the Constitution (to ratify)	CE	As required					
Approval of any significant transactions	CE	As required					
Approval of an application for a merger with or acquisition of another foundation trust (FT) or NHS Trust	CE	As required					
Approval of an application for the dissolution of the FT	CE	As required					
Approval of a proposal to increase non-NHS income by 5% or more	CE	As required					
Council of Governors' non-statutory duties (scheduled)							
Agree the process for the performance evaluation of the Chair of the Trust and the other NEDs	CE	As required					
Receive the Strategic Plan priorities	SM	As required					
Receive the Trust's Draft Strategic Plan	SM	As required					
Staff Survey Results	DS		X				
Presentation of the agreed governor objectives and workplan for 2025	CE						X
Board sub-committee report	NEDs	QC & MHL	F&P	AC			W/F
Annual Strategic Risk Analysis	CE	X					

	Lead	1 February	30 April	2 July	Annual Members' Meeting – 30 July	Board to Board – 16 September	7 November
Ratify changes to the Terms of Reference of the Appointments and Remuneration Committee	CE	As required					
Agree with the Audit Committee the process for appointment/removal of the external auditor	MW	Current contract extended to 30 June 2024 (paper to February 2024 CoG)					
Agree who should be appointed as the Lead Governor	CE	As required - next due 9 November 2024 (paper to July and November meetings)					
Be consulted on the appointment of the Senior Independent Director	CE	As required - next due 30 April 2024 (paper to February 2024 meeting)					
Agree the process for the appointment of the Chair of the Trust and the other NEDs	CE	As required					
Ratify the removal of a governor from the Council of Governors	CE	As required					
Approve the establishment / disbanding of Council of Governors sub-committees	CE	As required					
Holding the Non-executive Directors to Account (monthly / annual)							
Receive a high-level report on the outcome of the NED and Chair appraisals (Link to ARC cycle) PRIVATE MEETING	CE						X
Make a report to members on how they have carried out their duties	CE				X		
NEDs Annual Declaration of Interests, Fit and Proper Declarations and Independence (as reported to Board)	CE		X				
Council of Governors' Administrative Business							
Approval of the Council of Governors' Annual Cycle of Business	CGT						X
Receive future meeting dates	CGT						X
Review the Council of Governors' Terms of Reference	CGT						X
Review the Declarations of Interest and Register of Interests for Governors	CE		X				

	Lead	1 February	30 April	2 July	Annual Members' Meeting – 30 July	Board to Board – 16 September	7 November
Review of Policies and Procedures and governance documents relating to the Council of Governors (as and when)							
Procedure for the Reimbursement of Expenses for Governors (CG-0000)	CE	As required					
Code of Conduct and Standards of Behaviour for Governors (CG-0001)	CE	As required - next due July 2025					
Council of Governors' Meeting Etiquette Procedure (CG-0010)	CE	As required - next due November 2024					
Role Description for the Council of Governors and a Governor	CE	As required - if refreshed					
Role Description for the Lead Governor	CE	As required - if refreshed					

Related documents:

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

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**AGENDA
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16.3

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	2024 and 2025 Meeting Dates
DATE OF MEETING:	2 November 2023
LEAD DIRECTOR: (name and title)	Clare Edwards, Associate Director for Corporate Governance
PAPER AUTHOR: (name and title)	Rose Cooper, Deputy 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

The purpose of this paper is to confirm the 2024 and 2025 dates for the Council of Governors' meetings, including the Annual Members' Meeting and the Board to Board.

2024

DATE	START TIME OF PUBLIC COUNCIL OF GOVERNORS	VENUE FOR COUNCIL OF GOVERNORS MEETING
Thursday 1 February 2024	1:00pm (Governor pre-meet to start at 12:30pm)	Cheer Room, The Studio, Riverside West, Whitehall Road, Leeds LS1 4AW
Tuesday 30 April 2024	1:00pm (Governor pre-meet to start at 12:30pm)	Cheer Room, The Studio, Riverside West, Whitehall Road, Leeds LS1 4AW
Tuesday 2 July 2024	1:00pm (Governor pre-meet to start at 12:30pm)	Cheer Room, The Studio, Riverside West, Whitehall Road, Leeds LS1 4AW
Tuesday 30 July 2024 (Annual Members' Meeting)	To be confirmed (all day)	To be confirmed
Monday 16 September 2024 (Board to Board meeting which will be held in private)	9.30am – 4.00pm	Cheer Room, The Studio, Riverside West, Whitehall Road, Leeds LS1 4AW
Thursday 7 November 2024	TBC (Governor pre-meet to start at TBC)	Annual Virtual Meeting (Microsoft Teams)

2025

DATE	START TIME OF PUBLIC COUNCIL OF GOVERNORS	VENUE FOR COUNCIL OF GOVERNORS MEETING
Tuesday 4 February 2025	1:00pm (Governor pre-meet to start at 12:30pm)	To be confirmed
Tuesday 6 May 2025	1:00pm (Governor pre-meet to start at 12:30pm)	To be confirmed
Thursday 3 July 2025	1:00pm (Governor pre-meet to start at 12:30pm)	To be confirmed
Tuesday 29 July 2025 (Annual Members' Meeting)	To be confirmed	To be confirmed
Monday 15 September 2025 (Board to Board meeting which will be held in private)	9.30am – 4.00pm	To be confirmed
Thursday 6 November 2025	TBC (Governor pre-meet to start at TBC)	Annual Virtual Meeting (Microsoft Teams)

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

At the November 2021 meeting the Council agreed that the annual virtual meeting each November would be held as a twilight meeting with a later start time of 3.30pm and a finish time of 6.30pm in order to support those governors who have competing daytime commitments. Given that we have a number of new governors on the Council we felt it was timely to revisit whether this twilight arrangement is still the preferred option and is still meeting the needs of those involved. If governors feel that the twilight arrangement is no longer the preferred option, then we can look at bringing the November meeting in line with the rest of the meetings and starting at the usual time of 1pm.

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:</p> <ul style="list-style-type: none">• Note the meeting dates for 2024 and 2025• Advise the Corporate Governance Team if they are unable to attend any of the meetings• Consider and agree the timing of the annual virtual meeting in November.