

PUBLIC MEETING OF THE COUNCIL OF GOVERNORS
will be held at 1pm on Thursday 1 February 2024
in the Cheer Room, The Studio, Riverside West,
Whitehall Road, Leeds LS1 4AW

A G E N D A

LEAD

1	Welcome and introductions (verbal)	Merran McRae
2	Sharing Stories: Patient experience, involvement, and co-production (presentation)	Louisa Weeks
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 2 November 2023 (paper to read)	Merran McRae
6	Matters arising (verbal)	Merran McRae
7	Cumulative Action Log – actions outstanding from previous public meetings (paper to read)	Merran McRae
8	Chair's Report (paper to read)	Merran McRae
9	Report from the Chief Executive (slides to read)	Dr Sara Munro
10	Report from the Lead Governor (verbal)	Les France
11	Finance Update – Month 9 (paper to read)	Dawn Hanwell
12	Quarterly Quality and Performance Update Report (paper to read)	Joanna Forster Adams
13	Update from the Multi Agency Discharge Event (paper to read)	Alison Kenyon
14	Report from the Chair of the Quality Committee (paper to read)	Dr Frances Healey
15	Report from the Chair of the Mental Health Legislation Committee (paper to read)	Kaneez Khan
16	The Trust's Key Strategic Risks (paper to read)	Clare Edwards

17 Reappointment of the Senior Independent Director (paper to be tabled – printed copies will be provided)

Clare Edwards

The next public meeting of the Council of Governors will be held on the 30 April 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)

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Name: Merran McRae (Chair of the Trust)

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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.

**Minutes of the Public Meeting of the Council of Governors
held on Thursday 2 November 2023 at 3:30pm via Teams**

PRESENT:

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

Public Governors

Oliver Beckett
Les France
Ivan Nip

Service User Governors

Rachel Gibala
Becky Oxley

Carer Governors

Peter Ongley
Jon Salway

Executive Directors

Joanna Forster Adams
Dawn Hanwell
Nichola Sanderson
Darren Skinner

Staff Governors

Ian Andrews
Amy Pratt

Appointed Governors

Ian Cuthbertson
Matthew Knight
Gabriella Obeng Nyarko

Non-Executive Directors

Zoe Burns-Shore
Helen Grantham
Frances Healey
Cleveland Henry
Kaneez Khan
Martin Wright

IN ATTENDANCE:

Timothy Aderinkomi – Volunteer
Caroline Agnew – Placement and Development Officer
Kieran Betts – Corporate Governance Officer
Rose Cooper – Deputy Head of Corporate Governance
Clare Edwards – Associate Director for Corporate Governance
Christine Heath – Voluntary Services Manager
Alison Kenyon – Deputy Director of Service Development

23/053 Welcome and introductions (agenda item 1)

Merran McRae opened the meeting at 3:30pm and welcomed everyone.

23/054 Sharing Stories: The Trust's Voluntary Services (agenda item 2)

The Council received a presentation on the work of the Trust's Voluntary Services and the important role of the Trust's volunteers. The Council heard that volunteers come from a wide range of backgrounds, some of whom have lived experience of the Trust's services, and they participate in a wide range of non-clinical activities which complement the work of healthcare staff but do not replace any staff roles. The Council heard about the different volunteering opportunities available with the Trust and the volunteer to career pilot starting shortly which will include access to a range of resources to support volunteers and help them to develop the skills required to secure a role within the Trust.

Next, Caroline Agnew explained that volunteers could be placed within any service and their skill set and areas of interest were matched with the need of the service. She explained that every area is risk assessed and outlined the support in place for volunteers, which was adapted for each person according to their need and included supervision at least every three months. She highlighted the positive impact of volunteers, the positive feedback they receive. She added that their goal was to have at least one volunteer on every ward in the Trust.

Timothy Aderinkomi then described some of the activities he had led on with service users at the Becklin Centre and Newsam Centre which included money management, DIY skills, and cooking classes. He spoke very positively about his experience of volunteering with the Trust. Christine Heath highlighted the value of Tim's contribution to those he had worked with and that he came highly recommended by service users and was a great asset to the Trust. She added that he was due to be involved in the upcoming volunteer to career pilot.

Matthew Knight praised the team's efforts to get service users and their families involved as volunteers. He also praised the robust and professional processes in place around the recruitment and the ongoing support for volunteers. The Council heard that some volunteers were on a waiting list as currently there were more volunteers than placements and sometimes this was linked to wards being short staffed. It was agreed that executive directors would look into whether the number of placements for volunteers could be increased across inpatient settings and if there were any barriers preventing volunteers being placed on wards. Amy Pratt also testified to the positive impact that volunteers can have on service users and indicated that there might be untapped demand for volunteers in some services for activities such as meal support.

**NS /
JFA**

The Council **thanked** the Voluntary Services Team for their presentation.

Timothy Aderinkomi, Caroline Agnew, and Christine Heath left the meeting.

23/055 Apologies for absence (agenda item 3)

Apologies were noted from the following governors: Nicola Binns (Clinical Staff Governor), Oliver Hanson (Clinical Staff Governor), Gail Harrison (Clinical Staff Governor), Joseph Riach (Service User Governor), and Cllr Fiona Venner (Appointed Governor). The meeting was quorate.

Apologies were received from the following Board members: Dr Chris Hosker, Medical Director; Dr Sara Munro, Chief Executive Officer; and Katy Wilburn, Non-executive Director.

23/056 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.

23/057 Minutes of the public Council of Governors' meeting held on the 4 July 2023 (agenda item 5.1)

The minutes of the public Council of Governors' meeting held on the 4 July 2023 were **approved** as a true record.

23/058 Minutes of the Annual Members' Meeting held on the 25 July 2023 (agenda item 5.2)

Les France asked for his thanks to Cath Hill to be recorded in the minutes under agenda item 6, Presentation from the Lead Governor.

KB

The minutes of the Annual Members' Meeting held on the 25 July 2023 were **received** for information.

23/059 Matters arising (agenda item 6)

There were no matters arising.

23/060 Cumulative action log – actions outstanding from previous public meetings (agenda item 7)

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

Helen Grantham joined the meeting.

23/061 Report from the Chair of the Workforce Committee (agenda item 12)

Helen Grantham provided a summary of the key activities and priorities of the Workforce Committee over the last year. She referred to the recent Board to Board meeting with governors which had considered workforce matters including recruitment and retention and informed the Council that outputs from this session would be taken forward via the Trust's People Plan. She noted that the Committee continued to have oversight of performance relating to mandatory training, personal development reviews, wellbeing assessments, and clinical supervision and highlighted that compliance in these areas continued to improve. However, she also discussed ongoing concerns around workforce challenges in the health and social care sector and the impact of this on the Trust which would require influence at both regional and national level. In conclusion, she was assured that the Workforce Committee had robust arrangements in place to oversee the development and implementation of the People Plan in line with the NHS Long Term Workforce Plan.

The Council also discussed the role and function of the Workforce Committee and recognised its importance as a standing committee of the Board with responsibility to seek assurance on the management of workforce risks, the development of the Trust's People Plan, staff wellbeing, recruitment and retention.

The Council then discussed the appointment of Zoe Burns-Shore who was due to take over from Helen as Chair of the Workforce Committee from December onwards and received assurance on the skills and expertise that she would bring to the role and the induction programme in place to support her ongoing development.

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

Helen Grantham left the meeting.

23/062 Chair's Report (agenda item 8)

Merran welcomed the two new governors to the Council: Jon Salway, carer governor for the Leeds constituency and Becky Oxley, service user governor for the Leeds constituency. Merran noted that Sayma Mirza had stepped down as an appointed governor on 18 July 2023; Alex Cowman had stepped down as a staff governor on 21 September 2023 having left the Trust; and Rebecca Mitchell had stepped down as a public governor on 28 September 2023. In addition to this, Caroline Bentham's term of office ended on 9 October 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 welcomed Zoe Burns-Shore to the Board of Directors.

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

23/063 Chief Executive Report (agenda item 9)

Dawn Hanwell, Deputy Chief Executive, delivered the Chief Executive Report on behalf of Sara Munro which included updates from across Care Services, and highlights from the Trust's digital and estates schemes. Dawn also referenced the ongoing staff vaccination programme for Covid-19 Booster and Flu jabs and the opening of the new Trust HQ at St Mary's House which was available to all staff to use as a corporate hub.

The Council asked about preparations for the coming winter and heard that planning was ongoing at a Trust and system level. Alison Kenyon explained that the Trust was required to provide assurance to the Integrated Care Board and NHS England on its winter planning arrangements and she confirmed that the organisation was as prepared as it could be. It was agreed that Joanna would share the Trust's Winter Resilience and Operating Plan with governors after it had been reviewed by the Board and its subcommittees. The Council noted that potential industrial action by the medical workforce could exacerbate the winter pressures but that contingency plans were being developed to mitigate the risks associated with this.

JFA

The Council also noted that the Trust's new electronic document management system, MediViewer, was being rolled out to all services across the Trust which would give staff the ability to retrieve historical data with ease. Dawn outlined the benefits of the new system, which had been received positively by clinicians and discussed the systematic approach they had taken to achieve the roll-out.

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

23/064 Lead Governor Report (agenda item 10)

Les France introduced his report and welcomed the two new governors to the Council. Les also discussed his recent learning visit to the Gender Identity Service which he had found interesting and informative.

The Council **noted** the updates provided.

Joanna Forster Adams joined the meeting.

23/065 Finance update (agenda item 11)

Dawn Hanwell provided an overview of the finances from a Trust and system perspective. Firstly, she informed the Council that the Trust was in broad financial balance at month six. She discussed the Trust's financial pressures linked to out of

area placements, discharge and flow and informed the Council of the new requirement to seek external permission from NHS England on any non-clinical agency use, as per the new enhanced financial controls at system level.

Dawn then explained that the West Yorkshire Integrated Care Board was currently in significant financial deficit across its 10 providers and was forecasting a worsening position. She described the sector split between acute and mental health trusts and noted that most non-acute trusts were in a breakeven or small surplus position, with the majority of deficit sitting with acute trusts. She explained that the position was exacerbated by excess costs associated with industrial action, excess inflationary pressures, shortfalls in pay awards, and challenges around recovering elective activity for acute trusts. She informed the Council that negotiations were ongoing with the centre about how the scale of deficit could be recovered. She also referred to the financial challenges in the local authority.

Next, Dawn explained that the Trust had a statutory duty to work in partnership to achieve system balance. She discussed the impact of the system deficit on the Trust which had led to additional scrutiny, financial controls, and increased risk that the system might deem it a requirement to move surplus around to offset another organisation's deficit in order to achieve balance. She also noted that the new capital controls limit meant that the Trust was restricted in spending its surplus due to the limited freedom to invest. She explained that the Trust had returned to pre-pandemic levels of funding, and this was the first year without Covid-19 support money which meant there were some unknowns about how system finances would be managed in the future. However, Dawn reassured the Council that West Yorkshire was committed to the Mental Health Investment Standard which supports the growth of mental health services.

The Council **noted** the finance update and **considered** the key points raised. The Council also **noted** that these issues were discussed in more detail at the Finance and Performance Committee which governors were welcome to observe.

Kaneez Khan left the meeting.

23/066 Quarterly Quality and Performance Update Report including Non-clinical Dataset (agenda item 14)

The Council received the report which outlined the Trust's performance as of August 2023 and noted the accompanying non-clinical dataset. Firstly, Joanna Forster Adams outlined some key service delivery and performance updates for the Council to note, including recovery in community services; workforce challenges in children and young peoples' services; positive news regarding the number of new preceptee nurses with the Trust; and the ongoing work at a West Yorkshire level to address the waiting list issue for neurodiversity services.

Alison Kenyon then provided an update on the Trust's Crisis Services and highlighted some current challenges relating to staff vacancies and technical issues with the telephone system, both of which were impacting on response times. She

referred to the partnership working across Leeds and West Yorkshire as part of the Crisis Transformation Programme to implement the requirements of the NHS Long Term Plan, in particular the new simpler process which would ensure 24/7 access to mental health support in the community via NHS 111.

Becky Oxley then shared her recent personal experience of using the Trust's Crisis Services and accessing support via the crisis and single point of access phonelines. She also discussed the issues she had encountered with the service once her call had been connected. Jon Salway and Peter Ongley also shared similar experiences of technical issues when accessing Trust services via telephone. The Council was mindful of the risks to those people who could not access timely support when they needed it.

Merran thanked Becky, Peter, and Jon for bringing these issues to the attention of the Council and it was agreed that Alison would contact Becky outside of the meeting to discuss the issues she had raised in more detail. It was also agreed that Dawn and Joanna would investigate the issues relating to unanswered and cut-off calls with the IT support team and make sure that the correct checks and controls were in place so that any future issues with ringing the crisis line were flagged immediately.

AK

DH /
JFA

The Council then discussed out of area placements and asked what could be done to improve the situation locally. Joanna explained that in some instances OAPs were appropriate for specialist care and referenced Red Kite View as an example of creating additional speciality provision in Leeds. She explained that sustained demand for acute inpatient admission was contributing to the increase in inappropriate OAPs which meant that some patients were being cared for out of area when they should be close to home. She informed the Council that a lot of work continued to be done to improve and predict capacity and demand. However, she explained that over time the pattern of need will often change and because of this it can be difficult to build an appropriate case for change that effectively finds a fix for the long term. She explained that this was a key area of focus both from a consistency and quality of care perspective as well as a financial perspective. The Council noted that these issues would be discussed in more detail as part of the multi-agency discharge event (MADE) update at the February 2024 meeting.

Lastly, Peter Ongley asked about the pressures on community services and Joanna updated the Council on the development of a primary care model which would see practitioners embedded in primary care hubs in order to support people more easily in the community. It was agreed that the Council would receive an update on community transformation at a future meeting.

AK

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

Alison Kenyon left the meeting.

23/067 Process for the Upcoming Elections to the Council of Governors (agenda item 15)

Clare Edwards outlined the process for the upcoming elections to the Council of Governors which included 11 seats from across public, non-clinical staff, service user, and carer constituencies. She explained that for those governors whose term of office was due to end on the 6 May 2024, if re-elected, their next term of office would not start until the 30 May 2024, and they would be asked to remain on the Council in a non-voting capacity for the interim period. She explained that although there would be no formal meetings during this period, governors would continue to receive information and therefore, would be asked to sign a confidentiality agreement for the information received during that period.

Clare outlined what communications were in place with various networks across the Trust to encourage members to stand for election and ensure there is a wide representation on the Council of Governors. She informed the Council that the Corporate Governance Team were looking at how the election could be advertised more widely. It was agreed that the team would contact existing governors to see if they had any suggestions for advertising vacant seats to members ahead of the next election, over and above what is already in place.

KM

The Council **agreed** the timetable for the forthcoming elections to the Council of Governors which would conclude on the 30 May 2024.

23/068 Changes to the Constitution (agenda item 15)

The Council received the proposed changes to the Constitution which had been presented to the Board of Directors on 28 September 2023.

The Council **considered** and **approved** the proposed changes to the Constitution and **noted** that these would be proposed to the 2024 Annual Members' meeting for final sign off.

23/069 Review of the Council of Governors' Terms of Reference (agenda item 16.1)

Clare Edwards explained that the Terms of Reference had been updated to reflect the change made to the quoracy rule for the Council of Governors' meetings as agreed at the July 2023 meeting.

The Council was **assured** that the Terms of Reference had been reviewed to ensure they continued to be fit for purpose and **approved** the update to the quoracy rule for the Council of Governors' meetings and the update to the section on approving decisions made at non-quorate meetings.

23/070 Council of Governors' Annual Cycle of Business for 2024 (agenda item 16.2)

The Council was **assured** that the Annual Cycle of Business included all the statutory duties which it must carry out and was **assured** that the areas which governors had asked to be kept informed on had been captured. The Council **approved** the Annual Cycle of Business for 2024.

23/071 2024 and 2025 Meeting Dates (agenda item 16.3)

It was agreed that the Corporate Governance Team would contact the governors outside of the meeting to gather views on the timing of the annual virtual meeting in November.

RC

The Council **noted** the meeting dates for 2024 and 2025.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 5:40pm. She thanked governors and members of the public for their attendance.

Cumulative Action Report for the Public Council of Governors' Meeting

OPEN ACTIONS

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>23/046 - 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>Alison Kenyon</p>	<p>February 2024</p>	<p>An update from the Multi Agency Discharge Event (MADE) is on the agenda for the February 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>23/066 - Quarterly Quality and Performance Update Report including Non-clinical Dataset (November 2023 - agenda item 14)</p> <p>It was agreed that the Council would receive an update on community transformation at a future meeting.</p>	<p>Alison Kenyon</p>	<p>April 2024</p>	<p>This has been added to the forward plan for the April meeting.</p>
<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>Head of Health Equity</p>	<p>July 2024</p>	<p>The Trust's new Head of Health Equity will be invited to the July meeting to talk to the governors about the Patient and Carer Race Equality Framework (PCREF).</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 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>July 2024</p>	<p>This will be established as part of the implementation of the Patient and Carer Race Equality Framework (PCREF). Our newly appointed Head of Health Equity commences in February so an update on progress and metrics has been scheduled for July 2024.</p>
<p>23/051 - Quarterly Quality and Performance Update Report and Non-clinical Dataset (July 2023 - agenda item 14)</p> <p>The Council asked if the commentary on key discussions, issues and actions could be situated at the beginning of the Quarterly Quality and Performance Update Report to provide context for the performance metrics later in the report.</p>	<p>Joanna Forster Adams</p>	<p>Management action</p>	<p>Request made to the Performance Team to reorder the report to the CoG.</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>23/054 - Sharing Stories: The Trust's Voluntary Services (November 2023 - agenda item 2)</p> <p>It was agreed that executive directors would look into whether the number of placements for volunteers could be increased across inpatient settings and if there were any barriers preventing volunteers being placed on wards.</p>	<p>Nichola Sanderson / Joanna Forster Adams</p>	<p>Management action</p>	<p><u>ONGOING</u></p> <p>Nichola Sanderson and Joanna Forster Adams are working together on how best they can realise this ambition as part of the Acute Care improvement work (in the Care Services Strategic Plan). A further update will be provided in the Spring.</p>
<p>23/066 - Quarterly Quality and Performance Update Report including Non-clinical Dataset (November 2023 - agenda item 14)</p> <p>It was agreed that Alison Kenyon would contact Becky Oxley outside of the meeting to discuss the issues she had raised in relation to accessing the Trust's Crisis Services in more detail.</p>	<p>Alison Kenyon</p>	<p>Management action</p>	<p>Alison Kenyon has a meeting scheduled with Becky Oxley.</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>23/058 - Minutes of the Annual Members' Meeting held on the 25 July 2023 (November 2023 - agenda item 5.2)</p> <p>Les France asked for his thanks to Cath Hill to be recorded in the minutes of the Annual Members' Meeting under agenda item 6, Presentation from the Lead Governor.</p>	Kieran Betts	Management action	<p><u>COMPLETE</u></p> <p>The minutes of the Annual Members' Meeting have been updated accordingly.</p>
<p>23/063 - Chief Executive Report (November 2023 - agenda item 9)</p> <p>It was agreed that Joanna Forster Adams would share the Trust's Winter Resilience and Operating Plan with governors after it had been reviewed by the Board and its subcommittees.</p>	Joanna Forster Adams	Management action	<p><u>COMPLETE</u></p> <p>The Trust's Winter Resilience and Operating Plan was circulated to governors via email.</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>23/066 - Quarterly Quality and Performance Update Report including Non-clinical Dataset (November 2023 - agenda item 14)</p> <p>It was agreed that Dawn and Joanna would investigate the issues relating to unanswered and cut-off calls when trying to access Trust services with the IT support team and make sure that the correct checks and controls were in place so that any future issues with ringing the crisis line were flagged immediately.</p>	<p>Dawn Hanwell / Joanna Forster Adams</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>The technical issue has been identified and the team are operationally monitoring any ongoing or repeated issues experienced by people.</p>
<p>23/067 - Process for the Upcoming Elections to the Council of Governors (November 2023 - agenda item 15)</p> <p>It was agreed that the Corporate Governance Team would contact existing governors to see if they had any suggestions for advertising vacant seats to members ahead of the next election, over and above what is already in place.</p>	<p>Kerry McMann</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>Governors were contacted for feedback on 6 December 2023. Thank you to those governors who provided feedback and agreed to share a short statement explaining why they enjoy the role and why they'd recommend becoming a governor. We will use these statements on our website.</p> <p>Below is a list of the other ways the governor elections will be promoted:</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
			<ul style="list-style-type: none"> • Notice of election to go to all members in eligible constituencies • Trustwide weekly newsletter (promoting staff seats) • Trustwide weekly newsletter (encouraging staff members to use their networks to promote public, service user and carer seats) • Sara's monthly all staff huddle • CEO and Chairs blogs • Through the Service User Network • Through Carers Leeds • Through the Rainbow Alliance • Through the Workforce Race Equality Network • Through the Disability and Wellbeing Network • Through patient support groups within services • Through the Volunteers Service • LYPFT Facebook, Twitter, Instagram and LinkedIn • Latest News page on the website • Email reminder to members one week before the nominations deadline

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
			<ul style="list-style-type: none"> • Virtual drop in Q&A sessions for members that may be interested in becoming a governor • Newly developed 'guide for prospective governors' to go on website and elections portal. This contains FAQs on the Council of Governors and the election process. • Become a governor poster to be developed and displayed in service user and carer areas • Letter to ward managers asking them to display the notice of election and governor poster in staff areas • Become a governor poster to be displayed in public areas, such as community centres, libraries, supermarkets, job centres, community notice boards etc. • We will also ask governors to use their networks to promote the vacancies.

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>23/071 - 2024 and 2025 Meeting Dates (November 2023 - agenda item 16.3)</p> <p>It was agreed that the Corporate Governance Team would contact the governors outside of the meeting to gather views on the timing of the annual virtual meeting in November.</p>	Rose Cooper	Management action	<p><u>COMPLETE</u></p> <p>Governors were contacted via email and asked to provide feedback on the format of CoG meetings, how accessible these are, and their preferences for how meetings are held going forward. This feedback has been used to inform the paper on future CoG meeting arrangements which will be presented to the February Part B meeting.</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>23/019 - Sharing Stories: Veterans Services (May 2023 - agenda item 2)</p> <p>Gail Harrison asked if any formal evaluation had taken place following the change to the provider collaborative arrangements, particularly in terms of systems and resources, to create shared learning and help inform decision making processes in the future. Joanna Forster Adams agreed to raise this at the provider collaborative programme board.</p>	<p>Joanna Forster Adams</p>	<p>Management action</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>
<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>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>23/046 - 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>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>The document was circulated to governors via email.</p>

CHAIR'S REPORT

**PUBLIC COUNCIL OF GOVERNORS' MEETING
HELD 1 FEBRUARY 2024**

Changes to the membership of the Council of Governors

There have been no changes to the membership of the Council of Governors since the last meeting on 2 November 2023.

Changes to the membership of the Board of Directors

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

- Helen Grantham stepped down as non-executive director on 14 November 2023
- Zoe Burns-Shore took up her post as a Non-executive Director on 15 November 2023.

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. We would also like to say welcome to Zoe who has been on a period of handover since 19 September 2023 and took up her post as a substantive non-executive director on 15 November 2023. Many of you will have met Zoe who has been at Board, Board sub-committee and Council of Governors meetings and who you will get to know better over the coming weeks and months.

Non-executive Directors' attendance at Board meetings (rolling 12 months)

Non-executive Directors

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

- ✓ Shows attendance
- Indicates those non-executive directors who sent apologies
Indicates when a non-executive director was not eligible to attend the meeting.

Executive Directors' attendance at Board meetings (rolling 12 months)

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

- ✓ Shows attendance
- Indicates those executive directors who sent apologies
- Indicates when a executive director was not eligible to attend the meeting.

Attendance by non-executive directors at Council of Governors' meetings (rolling 12 months)

Name	2 February 2023	9 May 2023	4 July 2023	2 November 2023
Merran McRae (Chair)	✓	✓	✓	✓
Dr Frances Healey	✓	✓	-	✓
Helen Grantham	-	-	✓	✓
Cleveland Henry	✓	✓	✓	✓
Kaneez Khan	-	✓	✓	✓
Martin Wright	✓	✓	✓	✓
Katy Wilburn			-	-
Zoe Burns-Shore				✓

- ✓ Shows attendance
- Indicates those non-executive directors who sent apologies
- Indicates when a non-executive director was not eligible to attend the meeting.

Attendance by non-executive directors at Board sub-committee meetings (rolling 12 months)

- ✓ Shows attendance
- Indicates those non-executive directors who sent apologies
- Indicates when a non-executive director was not eligible to attend the meeting.

Quality Committee	16 February 2023	16 March 2023	11 May 2023	6 June 2023	14 September 2023	10 October 2023	16 November 2023	11 January 2024
Dr Frances Healey	✓	✓	✓	✓	✓	✓	✓	✓
Helen Grantham	✓	✓	✓	✓	✓	✓	■	■
Zoe Burns-Shore	■	■	■	■	■	■	-	-

Audit Committee	18 April 2023	19 June 2023 (Extraordinary)	18 July 2023	17 October 2023	17 November 2023 (Extraordinary)	16 January 2024
Martin Wright	✓	✓	✓	✓	✓	✓
Dr Frances Healey	✓	✓	✓	✓	✓	✓
Cleveland Henry	✓	✓	✓	✓	✓	✓

Mental Health Legislation Committee	7 February 2023	2 May 2023	1 August 2023	7 November 2023
Kaneez Khan	✓	✓	✓	✓
Merran McRae	✓	✓	-	-

Finance and Performance Committee	24 January 2023	28 March 2023	25 April 2023	23 May 2023	26 September 2023	24 October 2023	28 November 2023
Cleveland Henry	✓	✓	✓	✓	✓	✓	✓
Martin Wright	✓	✓	✓	✓	✓	✓	✓
Katy Wilburn	■	■	■	■	✓	✓	-

Workforce Committee	9 February 2023	4 May 2023	8 June 2023	3 August 2023	5 October 2023	5 December 2023
Helen Grantham	✓	✓	✓	✓	✓	
Kaneez Khan	✓	✓	✓	✓	✓	✓
Zoe Burns-Shore					✓	-

Attendance by governors at Council of Governors' meetings (rolling 12 months)

Name	Appointed (A) or elected (E)	COUNCIL BUSINESS MEETINGS ATTENDED			
		2 February 2023	9 May 2023	4 July 2023	2 November 2023
Ian Andrews	E	✓	✓	✓	✓
Oliver Becket	E	✓	-	-	✓
Caroline Bentham	E	-	-	-	
Nicola Binns	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	✓	✓	✓	✓
Peter Ongley	E		✓	✓	✓
Becky Oxley	E				✓
Amy Pratt	E		✓	✓	✓
Joseph Riach	E	✓	-	✓	-
Bryan Ronoh	E	-	✓		
Jon Salway	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.

Non-executive Director and Governor service visits

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
12 January 2024

Learning visits undertaken by Non-Executive Directors and Governors

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

Date of visit	Team / Service	Location	Organised with	Non-Exec Director	Governor(s)
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
Friday 24 November 2023	Perinatal Mental Health Service	The Mount, 44 Hyde Terrace, Woodhouse, Leeds, LS2 9LN	Paula Garrigan, Operational Manager & Cass Edwards, Ward Manager	Kaneez Khan	Ian Cuthbertson and Nicola Binns
Monday 15 January 2024	Red Kite View	Red Kite View, Green Hill Road, Armley, Leeds, LS12 3BY	Nik Lee, Operational Manager	Merran McRae	Gabi Obeng Nyarko
Tuesday 30 January 2024	Low Secure Forensic Service (Leeds)	The Newsam Centre, Seacroft Hospital, York Road, Leeds, LS14 6UH	Josef Faulkner, Head of Operations	Zoe Burns-Shore	Gabi Obeng Nyarko and Nicola Binns

Learning visits undertaken by Non-Executive Directors and Governors

Date of visit	Team / Service	Location	Organised with	Non-Exec Director	Governor(s)
Thursday 8 February 2024	Various services at the Newsam Centre	The Newsam Centre, Seacroft Hospital, York Road, Leeds, LS14 6WB	Mark Dodd, Deputy Director of Operations	Merran McRae	Peter Ongley and Ivan Nip
Tuesday 27 February 2024	Pharmacy Team	The Mount, 44 Hyde Terrace, Woodhouse, Leeds, LS2 9LN	Jane Riley, Chief Pharmacist	Merran McRae	Joseph Riach and Amy Pratt
Tuesday 19 March 2024	Specialised Supported Living Service	Various homes in Leeds	Gill Galea, Operational Manager	Merran McRae	TBC

CEO report to the Council of Governors February 2024

- Welcome 2024
- Strike action update
- Key updates on our 3 core strategic objectives
- Key updates from around the Trust
- Spotlight on Sara – My Month Ahead
- Reasons to be Proud



Welcome



STRIKE ACTION

- We want to thank the many colleagues who have, yet again, supported us in maintaining safe care for service users during an unprecedented six days of strike action by junior doctors.
- Like the rest of the health and care sector, we will continue to see operational impact beyond the end of this strike and over the next couple of weeks, when we expect seasonal pressures to peak.
- **Upcoming Strikes**
 - We are now waiting to hear if and when the next periods of strike action will be, and we'll continue to review our response and plan for any future action.
 - We are standing down our incident coordination arrangements.



Updates on our three strategic objectives



**Our People
Plan**

**Our Care
Services**

**Our Digital
& Estates
Plans**

OUR NEW PEOPLE PLAN FOR 2024-2027

What's new, different and interesting?
And what do you think?



- People and Organisational Development (POD) colleagues are developing our new People Plan (formerly known as the strategic workforce plan).
- Find out more on Staffnet. POD colleagues will also be presenting it in various meetings so watch out for them.
- Any feedback welcome before **16 February 2024**.

OUR PEOPLE PLAN #2



Spotlight!

- A new way for staff to be recognised and to appreciate each other at LYPFT!
- Spotlight will launch Monday 22 January

Free physical health check appointments available

- The initial Health and Wellbeing Assessment will involve a physical health check which covers:
 - Blood pressure check
 - Blood sugar measurement
 - Cholesterol check
 - Weight
 - Body composition including fat % and bone mass
 - Body Mass Index
 - Waist measurement
 - Resting heart rate

OUR PEOPLE PLAN #3



People Engagement

- **Menopause support network**
 - A virtual safe space for colleagues to learn, share, listen around all aspects of menopause. A peer support group, no obligation to speak or even have your camera on.
 - If you would like to book onto any sessions, please contact jenna.jackson4@nhs.net
- **Let's get talking about Menopause..**
 - Would you be interested in becoming a Menopause Advocate?
 - We are looking for colleagues who would be keen to be trained to provide awareness raising sessions for your department/service and staff.
 - If you are interested, please contact Head of Wellbeing v.small3@nhs.net

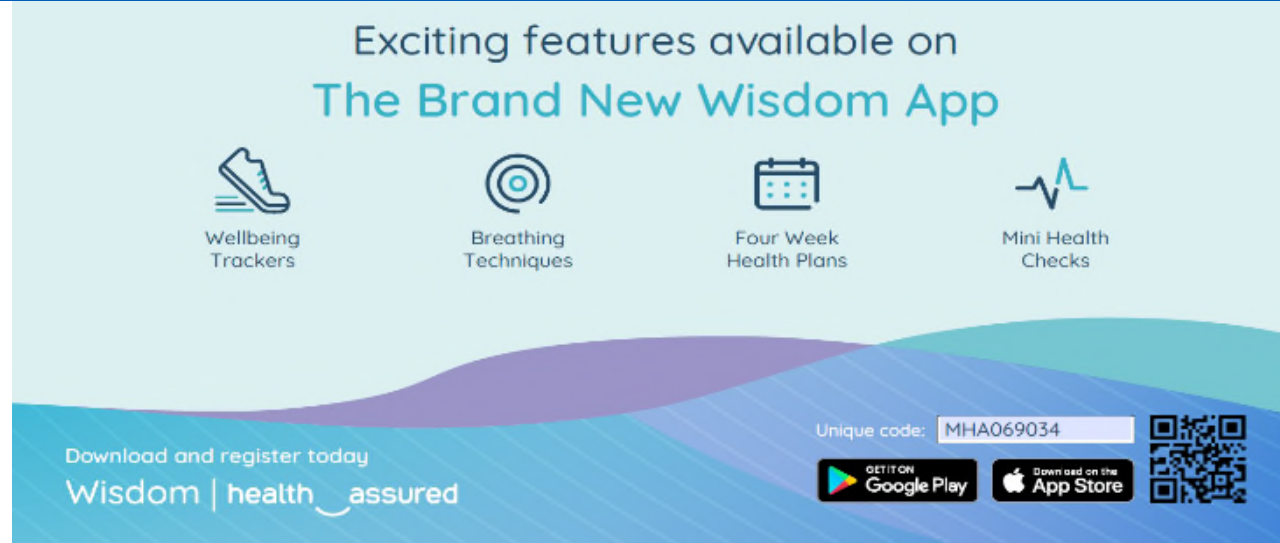
OUR PEOPLE PLAN

Employee Assistance Programme

Brand New Wisdom App

- Download the new 'Wisdom' app which has a live chat function.
- You need a code to access the app which is: **MHA069034**.
- Independent of the Trust and the NHS, they offer help and support with a range of work, family, and personal issues.
- You can access 24/7 support.
- Can offer 6 counselling sessions initially.
- **Phone: 0800 028 0199.**

Exciting features available on
The Brand New Wisdom App



Wellbeing Trackers Breathing Techniques Four Week Health Plans Mini Health Checks

Download and register today
Wisdom | health assured

Unique code: **MHA069034**

GET IT ON Google Play Download on the App Store

What can I use the service for?

- * Legal information
- * Housing Concerns
- * Childcare Support
- * Retirement
- * Bereavement
- * Alcohol or Drug misuse
- * Stress and Anxiety
- * Relationship Advice
- * Family Issues
- * Tax Information
- * Domestic abuse

OUR PEOPLE PLAN #4

Recruitment and Resourcing

- **National Apprenticeship Week 5-11 February 2024** - See list of activities throughout NAW

Day	Theme	Activities
Monday	Apprenticeships for all	Learn about Apprenticeships and hear from our apprentices and managers.
Tuesday	Employer Tuesday	Today were shouting out about our apprentices and apprenticeships available including how to recruit an apprentice!
Wednesday	Apprentice Wednesday	Look out for news articles, testimonies and check out our latest apprenticeship vacancies!
Thursday	T-Level Thursday	Learn about T-Levels and other skills such as functional skills
Friday	Celebration Friday	Coffee and cake forum via Teams!
Saturday/Sunday	NAW Weekender	Check out selfies from our last year's winners!

OUR PEOPLE PLAN



Recruitment and Resourcing

- **Appraisal and Supervision - Trustwide**
 - The Trust recently achieved **85%** compliance on PDR!
 - Well done to; **Jo Third**, Talent Development and Retention Lead, **Sam Griffiths**, Systems Support (Bank), and **Laura Booth**, People Systems and Analytics Manager
 - They have worked together to develop the system, educate the workforce and provide positive and supportive encouragement to get us from a low of **56% to 85%** target compliance in less than **12 months**.
 - This is an achievement that hasn't been seen since the CQC inspection of 2016.

CARE SERVICES

Strategic updates

- **Ops Courage**
 - The new contract is operational, with a fully staffed service.
 - The team had been actively working on broader engagement with ICB and South Yorkshire.
- **ADHD Service**
 - Business continuity in the service continues.
- **Health Innovation Leeds has launched**
 - This week a new, unifying brand and marketing approach launched to be used when representing health and care research and innovation in Leeds.
- **Rough Sleeper Mental Health Service**
 - Officially now live!



CARE SERVICES

Waiting times

- We have made updates to how we manage our wait lists in response to audit recommendations.
- On the Trust website we have information about waiting standards and processes for referrals into our services where those services operate waiting lists.
- Information on inpatient services, which are defined in our Admission and Discharge Procedure. Information on the use of the Section 136 Suite.
- Information for other services that operate a waiting list we have developed a Waiting List Management Procedure.
- We also have information on exceptions to the waiting list standards.



CARE SERVICES

Infection control



- **Outbreaks**
 - Covid outbreak at The Mount ward 2
 - D&V outbreak at The Mount ward 4
- **Respiratory infection rates rising (influenza and Covid-19)**
 - There is a rise in respiratory tract infections in the Leeds region. A potential risk of infections increasing at LYPFT.
 - These are mainly upper respiratory tract infections
 - Encourage Catch it, Bin it, Kill it cough etiquette as well as good hand hygiene across all areas.
 - Contact IPC for advice if needed.
- **Vaccinations**
 - Covid Booster - 31 January is last day for appointments.
 - Flu vaccine available until March 2024
 - Don't forget, there's a £50 shopping vouchers prize draw!
 - Email infection control for an appointments

CARE SERVICES

Inpatient Flow

- We are facing challenges within our working age inpatient services and the number of people placed out of area.
- Our working age inpatient teams need our collective support.
- We manage the situation through the Inpatient Flow Oversight Group (IFOG) chaired by Joanna Forster Adams.
- They are working through a raft of actions, some internally focused, and some require close cooperation with system partners.
- It is a complex and challenging territory requiring many clinical and operational staff to work differently.



CARE SERVICES

Changes to operational leadership

- **Laura McDonagh** - Head of Operations for Acute Services.
- **Paul Fotherby** - Head of Operations for Older People's Services.
- **Eve Townsley** - Head of Perinatal and Liaison Services.
- **Josef Faulkner** - Head of Operations Forensic Services.
- **Alison Toolan** - Interim Head of Community & Wellbeing Services.



DIGITAL

- **Staffnet 365**
 - We are currently preparing for the move to Staffnet 365, which is due to go live in March 2024. Over the next month we will be training Super Users and finishing the build phase.
- **Trustwide**
 - We are looking to find out what staff think about Trustwide.
 - Our Trustwide e-bulletin has been a cornerstone of communication since 2015.
 - Your insights are crucial in helping us understand how Trustwide can better serve you and all our colleagues.
 - Please complete our survey, link will be shared in chat.



ESTATES

- **MICAD Helpdesk – Owned Estate**



- The MICAD helpdesk has undergone a 'soft landings launch' in January 2024 and is now live. There are training sessions being offered to Trust staff – all Team Leads will be contacted for training sessions on MS Teams on the following dates;
- 31 January 24 | 1 February 24 | 2 February 24

- **Strategic Estates Plan**

- Workshop held in November to review and agree key principles. Further workshops to be held in Q4 to align clinical, operational and estate requirements.

- **Eating Disorders Unit**

- Mill Lodge – work on site continues to progress and is on plan to be complete Feb / Mar 24.



SECURITY

- **CCTV and Access Control**
 - The design of a new CCTV and Access Control system is underway and due to complete in April 2024
 - Stakeholder design workshops have been held to identify local needs and requirements
 - Following completion of the design there will be a procurement exercise ahead of a phased installation programme (dates to be confirmed)

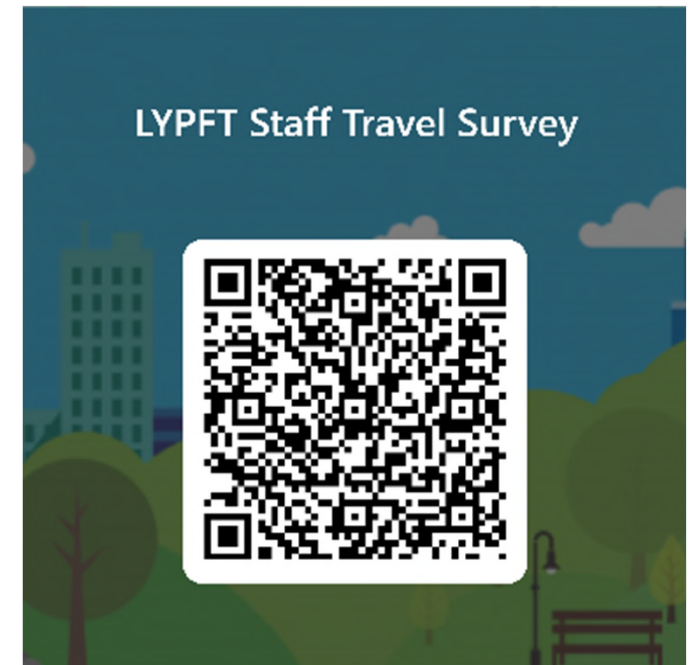


SUSTAINABILITY AT THE TRUST



- **Staff Travel Survey**
 - The Sustainability team would like all staff to complete the survey to share how you travel to work, travel between sites, the types of transport you use and what would encourage you to use more sustainable options.
- **New Environmental Policy**
 - Our new FE-0040 Environmental Policy has been approved and is now available on Staffnet.
 - This policy and 'Our Green Plan' will together define the Trust's approach to environmental management, Net Zero Carbon commitments and the wider sustainability agenda.

Get involved at sustainability.lypft@nhs.net



SPOTLIGHT ON SARA

My Month Ahead

- Joining the Leeds Poverty Truth Commission work.
- Service visits lined up for the mount older people's wards, mother and baby unit and the Becklin.
- Workshop held 17th January to start planning our Trust priorities for 2024/25.
- Trust Board meeting in public on the 25 January, we heard a patient story from Emerge.
- Various meetings with partners in Leeds on how we work better together in the coming years.
- Second workshop with WREN colleagues looking at priorities and positively influencing culture in the Trust



REASONS TO BE PROUD

Please share your Reasons to be Proud with our Communications Team to be featured here or on our other comms channels.



Email: communications.lypft@nhs.net

AWARD SHOUT-OUTS

❖ LYPFT is a White Ribbon Accredited Organisation!

White Ribbon Accreditation is a commitment made by workplaces to work towards transformational culture change in their staff culture, systems and communities. You can join hundreds of organisations across England and Wales in making a commitment to make work a safe place for everyone.

❖ **Rose Laud** - LYPFT Core Trainee Teacher Award for August 2023- January 2024



EMERGE



Donkey Sanctuary Support

A young man from Leeds who spent two years struggling with alcohol and drug dependency says support from The Donkey Sanctuary in Leeds and EMERGE Leeds has given him a reason to live again.

TEAM OF THE MONTH

LEEDS AUTISM DIAGNOSTIC SERVICE (LADS)

Nomination:

"The Leeds Autism Diagnostic Service (LADS) have been working incredibly hard to reduce the waiting times for service users on their waiting list. The team have reduced the assessment time from 18 months to 12 months, which is a massive achievement in just a couple of months! ."

Judges:

"What an incredible example of really putting the service user at the centre of processes and delivering such an impactful difference - Thank you."

"The Leeds Autism Diagnostic Service has demonstrated a significant service improvement with reducing waiting times under difficult circumstances."



Leeds Autism
Diagnostic Service



Research Heroes



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

Thank you for making a difference!

Name: Dr Zumer Jawaid

Role: Consultant Psychiatrist -Older People's including Young-Onset Dementia

- Principal Investigator on the QMIN-MC study, recruiting service users undergoing a brain MRI as part of their diagnosis in memory services. Dr Jawaid has facilitated service-wide involvement, encouraging research engagement across the YPWD team.
- We would also like to thank the MAS Clinicians, Trainees and Nurses for identifying and referring eligible service users to R&D.



**Research &
Development**



Dr Zumer Jawaid

Consultant Psychiatrist -Older People's
including Young-Onset Dementia

"We thank the LYPFT R&D team for enabling us to embed a research culture in our YPWD team."

**AGENDA
ITEM**

11

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Finance Update – Month 9
DATE OF MEETING:	1 February 2024
PRESENTED BY: (name and title)	Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive
PREPARED BY: (name and title)	Jonathan Saxton, Deputy Director of Finance

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 financial performance at month 9 2023/24, also presented at board.

As at month 9 there is a £162k revenue year to date surplus, an improving in month position. There remains several risks and pressures in the overall position that are largely fortuitously offset by high levels of vacancies, slippage on reserved investment and high levels of interest receivable.

The Trust position needs to be taken with consideration of the wider system's financial challenge, and the potential for further stretch across organisations to support the overall position. This is reflected in the balance sheet review work and the holding back of any further allocations. The enhanced financial governance controls continue to be in place across the whole system.

Work to support a balanced financial plan for 24/25 across the Leeds place is progressing but the challenge is significant, and we await final planning guidance to confirm the clear scale of requirements.

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

RECOMMENDATION

The Council of Governors is asked to:

- Note the revenue and capital position at month 9 and the actions being taken to ensure plan is delivered, in the context of the wider system challenges and work to achieve financial balance.
- Note that work continues on 24/25 planning.

MEETING OF THE COUNCIL OF GOVERNORS

1 FEBRUARY 2024

CHIEF FINANCIAL OFFICER REPORT

1 Introduction

This report provides an overview of financial performance at month 9 2023/24.

2 Year to date Income and Expenditure Performance 2023/24

At month 9 the Trust revenue position has improved to a £162k surplus against a budgeted breakeven position. Included in the position are key risk issues:

- Agency expenditure is £9.4m year to date, this is £0.5m higher than it was at the same point last financial year.
- Expenditure on patients being placed in out of area beds due to high occupancy levels remains high, year to date spend is £3.9m above year-to-date budget.
- The in year unidentified efficiency target equates to a £3.2m year to date adverse variance against budget.

Progress is being made against the ongoing efficiency thematic areas, however fortuitous mitigations, predominantly substantive vacancies and interest receivable continue to reduce the pressures in the position.

3 Revenue Forecast

There remains a good degree of confidence that the breakeven plan will be achieved. This together with the unwinding of the NHS North of England Commercial Procurement Collaborative (NOE CPC) redundancy provision results in Trust forecast outturn position to a £2.2m surplus as reported to the ICB.

4 Capital Expenditure

The capital budget is for expenditure on acquiring or maintaining the Trust fixed assets, such as land, buildings and equipment. The budget is split into 3 areas, the operational capital allocation, nationally funded schemes and due to a recent accounting treatment change, all expenditure on leases that are in excess of 12 months are now also capitalised. At month 9 overall capital expenditure is £3.1m, which is £0.5m behind plan.

The operational capital allocation is a single system allocation for which the ICB is ultimately accountable, but which they must work with partners to prepare and agree. Expenditure against the Trusts allocation of this operational capital envelope at month 9 is £0.5m ahead of plan, which is mainly due to the timing of expenditure on backlog & sustainability schemes and expenditure on the Electronic Document Management Scheme. The Trust continues to forecast within the ICB operational capital envelope for 23/24.

The Trust also has a number of capital schemes that are funded from national Public Dividend Capital (PDC) capital. Expenditure in these schemes are £0.2m behind plan due to the timing of funds being released centrally for the Electronic Document Management (EDM) system. PDC for 23/24 includes funding to support the Trusts EDM project rollout (£0.9m) and Mental Health Urgent and Emergency care (MH UEC) funding of £0.6m. The Trust aims to spend these funds by the year end. An issue remains with the business case for development of 6 additional inpatient perinatal beds at the Mount as the business case has still not been approved. As this scheme is being funded from national capital slippage there is some risk to the funding, although we have had verbal assurance that this is a low risk and can be managed.

The Trust also had to make an assessment of expenditure on capitalised Leases that is £0.6m behind plan at M9. The Trusts forecast expenditure in relation to Leases is £0.6m, which is £0.6m less than plan (£1.2m).

5 ICB Financial Position

5.1 Revenue

Due to the actions taken in December and the additional funds received into the system to mitigate the industrial action, the year to date ICB position has improved to a £28.1m deficit against a £8.2m deficit plan, £19.9m worse than plan.

The ICB forecast is a 5.9m deficit against a breakeven plan. This is a direct result of the industrial action in December. At this stage it is anticipated that additional funds will be received to mitigate this deficit.

Included within the work to revise the system forecast position before Christmas was a request for providers to undertake a balance sheet exercise comparing their 19/20 balance sheet to the expected end of year 23/24 balance sheet and explain the variances. It is hoped through this work that any additional flexibility in organisations can be identified to close the system risk in the balanced forecast. Key areas that have been focussed on have been goods received and invoiced, deferred income, accrued income, year end accruals and provisions. This work is being summarised and reviewed at system Directors of Finance group at the end of January.

5.2 Capital

Year to date, ICB Capital expenditure against the operational capital plan is £30.0m behind, this is a similar position to that reported in 2022/23 at this stage of the year. In planning, providers were allowed to 'over plan' by 5% against the control total allocation to recognise there may be potential slippage in the year. The total plan with the 5% included is £167.5m, however, all providers recognise that delivery ultimately must be against the allocation of £159.5m.

6 2024/25 Operational Planning in Leeds Place

At the point of writing full planning guidance for 24/24 has not been issued. An update was issued pre-Christmas stating no expected fundamental changes to the priorities set in 23/24. There remains an emphasis on recovering core service delivery and productivity and a continued focus on reducing use of temporary staffing. The financial framework will remain consistent, including commitment to the Mental Health Investment Standard (MHIS). It has been signalled that work is underway to agree a standard set of metrics that all executive teams and Boards should use to as a minimum to track productivity alongside service delivery.

As part of West Yorkshire planning, work continues at Leeds place utilising the newly formed Strategic Finance Executive Group (SFEG) to agree the framework and approach to achieving financial balance. Through this process we will ultimately agree the revenue resources (contracts) for each NHS statutory provider and the available resources for other commissioned services in Leeds. This is a new collaborative way of working. The aim is for this to be as fair and transparent as possible, with equitable distribution of stretch and challenge in the context of the place-based priorities, which include commitment to the MHIS. The current assessed scale of the financial challenge equates to an overall savings requirement in the region 7%, but this is a moving figure subject to refinement and final confirmation of allocations once planning guidance is released. SFEG has agreed to commit each organisation to try to identify 5.5% savings, through efficiency plans and reductions in cost pressures. In addition, more systemic solutions and transformation approaches are being reviewed working with population boards.

The Trust has begun detailed planning process for 24/25 to confirm and agree a smaller set of organisational priorities, building on the existing strategic plans of each directors' portfolio areas. An initial workshop has been held with the Senior Leadership and the priority areas reviewed and discussed. These will be further refined and agreed at the February meeting. In 24/25 there will be an explicit alignment of these priorities to Trust productivity and efficiency plans. This aims to ensure that priorities are delivered, so is the financial plan and savings targets. This again builds on the approach begun in 23/24, with the four thematic areas of efficiency.

The national timetable currently set out requires system operational and financial plans to be completed by the end of February. This is a very challenging timetable, and it is unlikely that any submission at that stage will be comprehensive and complete. The aim is for a detailed plan to be submitted for scrutiny and final ratification through the Board at the March/April meeting.

7 System Capital Planning 2024/25

Capital planning across the system has also commenced with the 10 provider trusts, coming together to review indicative plan requirements for 24/25 at the end of January. The capital allocation remains a single system allocation in 24/25 for which the ICB is ultimately accountable, but which they must work with partners to prepare and agree. The final plan will require all organisations to sign off as deliverable within the distribution of the allocation. There is significant risk attached to 24/25 capital as the full year effect of the merging of leases capital allocation within the overall operational capital, puts additional stretch on an already over committed allocation.

To support the work of medium-term capital planning work has also commenced on a refreshed system wide Capital Infrastructure Plan. This is intended to capture in a single plan all of the

capital investment priorities and risks across the whole of the ICB, for estate, digital and medical equipment inclusively. It is a national requirement to develop this plan and the timescale is expected to be quarter one 24/25. Detailed guidance has not yet been released but West Yorkshire has commenced the preparatory work.

8 Conclusion

This report demonstrates that the financial position of the Trust remains robust in the context of an increasingly challenging financial climate. As at month 9 there is a £162k revenue year to date surplus, an improving in month position. There remains several risks and pressures in the overall position that are largely fortuitously offset by high levels of vacancies, slippage on reserved investment and high levels of interest receivable. Progress against the four thematic efficiency areas remains a key focus. It is recognised that there needs to be an improvement in the delivery of productivity and efficiency into 24/25 as the recurrent benefits in year have not been realised at the scale originally aimed for.

The Trust position needs to be taken with consideration of the wider system's financial challenge, and the potential for further stretch across organisations to support the overall position. This is reflected in the balance sheet review work and the holding back of any further allocations. The enhanced financial governance controls continue to be in place across the whole system.

Work to support a balanced financial plan for 24/25 across the Leeds place is progressing but the challenge is significant, and we await final planning guidance to confirm the clear scale of requirements.

9 Recommendation

The Council of Governors is asked to:

- Note the revenue and capital position at month 9 and the actions being taken to ensure plan is delivered, in the context of the wider system challenges and work to achieve financial balance.
- Note that work continues on 24/25 planning.

Jonathan Saxton

Deputy Director of Finance

19 January 2024

**AGENDA
ITEM**

12

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Quarterly Quality and Performance Update Report
DATE OF MEETING:	1 February 2024
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 November 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 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 October 23, and Quality and Workforce is October 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	Aug 2023	Sep 2023	Oct 2023
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	29.2%	28.0%	31.9%
Percentage of ALPS referrals responded to within 1 hour	-	76.6%	79.2%	78.8%
Percentage of S136 referrals assessed within 3 hours of arrival	-	4.8%	10.3%	20.5%
Number of S136 referrals assessed	-	42	39	44
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	90.0%	60.6%	50.0%	41.8%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	94.4%	91.3%	93.4%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	50.7%	47.0%	48.4%
Percentage of CRISS caseload where source of referral was acute inpatients	-	10.5%	10.6%	13.4%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Aug 2023	Sep 2023	Oct 2023
Gender Identity Service: Number on waiting list	-	4,753	4,851	5,018
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	-	20.71	166.19	115.26
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	62.9%	73.8%	75.0%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	-	15.4%	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	-	61.5%	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	-	95.8%	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	-	-	94.8%	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	798	-	839	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	-	15.9%	-
Services: Our acute patient journey	Target	Aug 2023	Sep 2023	Oct 2023
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	90.9%	78.9%	91.4%
Crisis Assessment Unit (CAU) length of stay at discharge	-	8.19	14.17	20.38
Liaison In-Reach: attempted assessment within 24 hours	90.0%	81.0%	77.5%	73.5%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	101.0%	100.2%	100.2%
Becklin Ward 1 (Female)	-	103.5%	103.8%	102.1%
Becklin Ward 3 (Male)	-	101.6%	99.4%	99.9%
Becklin Ward 4 (Male)	-	99.6%	102.1%	100.3%
Becklin Ward 5 (Female)	-	101.3%	95.9%	99.1%
Newsam Ward 4 (Male)	-	99.1%	99.8%	99.5%
Older adult (total)	-	91.5%	92.9%	98.0%
The Mount Ward 1 (Male Dementia)	-	93.3%	97.1%	103.9%
The Mount Ward 2 (Female Dementia)	-	93.3%	96.4%	102.2%

Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Aug 2023	Sep 2023	Oct 2023
The Mount Ward 3 (Male)	-	85.6%	82.0%	92.7%
The Mount Ward 4 (Female)	-	94.5%	97.9%	96.2%
Percentage of delayed transfers of care	-	13.6%	15.4%	13.9%
Total: Number of out of area placements beginning in month	-	19	28	25
Total: Total number of bed days out of area (new and existing placements from previous months)	155	660	967	1,057
Acute: Number of out of area placements beginning in month	-	16	25	20
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	525	856	903
PICU: Number of out of area placements beginning in month	-	3	3	5
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	135	111	154
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)	-	0	0	0
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	80.0%	-	80.2%	-
Services: Our Community Care	Target	Aug 2023	Sep 2023	Oct 2023
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	75.4%	82.5%	84.3%
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	80.0%	75.9%	82.8%	83.6%
Number of service users in community mental health team care (caseload)	-	3,359	3,352	3,389
Percentage of referrals seen within 15 days by a community mental health team	80.0%	79.7%	80.0%	66.4%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	60.8%	59.3%	56.8%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	42.2%	41.1%	47.5%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	66.7%	25.0%	33.3%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	-	74.3%	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	-	65.2%	-
Services: Clinical Record Keeping	Target	Aug 2023	Sep 2023	Oct 2023
Percentage of service users with NHS Number recorded	-	99.2%	99.2%	99.2%
Percentage of service users with ethnicity recorded	-	80.4%	80.6%	81.2%
Percentage of service users with sexual orientation recorded	-	43.8%	44.2%	45.6%
Services: Clinical Record Keeping - DQMI	Target	May 2023	Jun 2023	Jul 2023
DQMI (MHSDS) % Quality %	95.0%	91.9%	92.3%	92.4%

Quality and Workforce metrics: Tabular overview

Services: Clinical Record Keeping	Target	Aug-23	Sep-23	Oct-23
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	May	Jun	Jul
		91.9%	92.3%	92.4%
Percentage of service users with ethnicity recorded	-	80.2%	80.4%	81.2%
Percentage of service users with sexual orientation recorded	-	43.5%	44.0%	45.6%
Quality: Our effectiveness	Target	Aug-23	Sep-23	Oct-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	-	18	8	4
Quality: Caring / Patient Experience	Target	Aug-23	Sep-23	Oct-23
Friends & Family Test: Positive experience of care (total responses received)	-	87%(140)	77%(150)	93%(139)
Mortality:				
· Number of deaths reviewed (incidents recorded on Datix)*	Quarterly	-	73	-
· Number of deaths reported as serious incidents	Quarterly	-	2	-
· Number of deaths reported to LeDeR	Quarterly	-	9	-
Number of complaints received	-	15	14	13
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)	-	140	146	170

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. Deaths of former service users are reviewed, where the death is reported within 6 months of discharge from the Trust.

Quality and Workforce metrics: Tabular overview

Quality: Safety	Target	Aug-23	Sep-23	Oct-23
Number of patient/staff/visitor incidents reported on Datix	-	1,067	979	1,244
Number of Self Harm Incidents	-	199	155	138
Number of Violent or Aggressive Incidents	-	138	97	155
Number of never events	-	0	0	0
Number of physical restraints *	-	154	149	277
Number of ended seclusion incidents lasting 24+ hours	-	2	5	2
Number of Rapid Tranquilisation administered**	-	110	84	104
No. of patients detained under the MHA (includes CTOs/conditional discharges)	-	553	554	562
Adult acute including PICU: % detained on admission	-	75.9%	75.7%	66.7%
Adult acute including PICU: % of occupied bed days detained	-	87.6%	86.4%	85.1%
Number of medication errors reported on Datix	Quarterly	-	165	-
Percentage of medication errors resulting in no harm	Quarterly	-	87%	-
Safeguarding Adults: Number of advice calls received by the team	Quarterly	-	185	-
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	10.30%	-
Safeguarding Children: Number of advice calls received by the team	Quarterly	-	53	-
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	18.90%	-
Number of falls related to patients reported on Datix	-	52	60	46
Number of Pressure Ulcers occurring or deteriorating within inpatient or SSL services	-	1	1	1

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

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

** New indicator from June 2023

Quality and Workforce metrics: Tabular overview

Our Workforce	Target	Aug-23	Sep-23	Oct-23
Percentage of staff with an appraisal in the last 12 months	85%	71.2%	70.5%	78.2%
Percentage of staff with a wellbeing assessment completed	-	92.7%	91.9%	89.6%
Percentage of mandatory training completed	85%	86.5%	86.1%	86.3%
Safeguarding: Prevent Level 3 training compliance (quarter end snapshot)	85%	-	96.0%	-
Percentage of staff receiving clinical supervision	85%	68.4%	69.8%	71.7%
Staff Turnover (Rolling 12 months)	8-10%	9.0%	8.8%	8.8%
Sickness absence rate in month	-	5.8%	6.2%	6.1%
Sickness absence rate (Rolling 12 months)	6.0%	5.9%	6.0%	6.1%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	12.1%	11.9%	12.1%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	33.9%	33.9%	34.3%
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	-	383	426	391
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	24.2%	23.0%	23.4%
Medical Consultant Vacancies (number)	-	22.2	21.2	21.5
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	18.3%	16.2%	15.6%
Medical Career Grade Vacancies (number)	-	8.7	7.7	7.5
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	0.0%	11.2%	9.5%
Medical Trainee Grade Vacancies (number)	-	0.0	12.6	10.6
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	44.0%	40.0%	35.0%
Band 5 inpatient nursing vacancies (number)	-	103.0	95.8	82.2
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	17.0%	16.0%	16.0%
Band 6 inpatient nursing vacancies (number)	-	20.8	19.2	20.0
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	45.7%	39.8%	33.7%
Band 5 other nursing vacancies (number)	-	37.4	32.5	27.5
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	20.0%	19.5%	18.4%
Band 6 other nursing vacancies (number)	-	68.4	66.9	63.2
Percentage of vacant posts (Trustwide; all posts)	-	16.5%	16.1%	15.0%
Bank Agency Spend YTD (Cost)	-	11,029,913	13,071,644	15,247,550
Bank Agency Spend YTD (%)	-	14%	13%	12%

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

Key Service Delivery Issues discussed with members of Finance and Performance Committee and Trust Board in October, November and December 2023.

In summary, the most significant risks and challenges faced and experienced by our service managers continue to be sustained demand within our acute in-patient service, workforce supply, and sustained demand in our core and more specialist services.

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

A very high-level summary the most concerning issues as Chief Operating Officer, and discussed in detail throughout Finance and Performance Committee, Quality Committee and Trust Board, include:

- In November we were preparing to manage care delivery through winter (including capacity and flow in our inpatient services) with on-going uncertainty and risks of medical staff industrial action, and unusual variations in sickness across our workforce. In January we are reporting that we have continued to manage care delivery through winter (including capacity and flow in our inpatient services) with on-going uncertainty and risks of medical staff industrial action, and unusual variations in sickness across our workforce.
- The ongoing need for additional Out of Area inpatient capacity (resulting in quality, operational and financial risks).
- The launch of EPRR training portfolios which demand a considerable time requirement from our leadership community.
- Increased length of waiting for access to ADHD and Autism diagnostic services, together with the internal shortage of key medicines for people with ADHD.
- Vacancies and workforce availability in our Children and Young People's Red Kite View Unit.
- The international shortage of key medicines for people with ADHD.

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.

Acute Service Line – Inpatient Capacity

We continue to see a sustained pressure for inpatient Acute admissions, with the number of out of area admissions remaining in the mid to high 30s. As of the 12th January the number was at 36 in total. The demand has remained constant through the period since the last report. More recently, as a result, we engaged senior colleagues within the Local Authority, ICB and Housing Providers to support access to suitable discharge options including housing availability and address some of the factors that result in delays for this cohort.

We continue to see consistent levels of delayed transfers of care which is impacting on our ability to respond to the increased demand. We are also experiencing an increased length of stay, this is particularly evident on one of our female acute wards however most wards have seen an increase over the period since the last report.

The Senior Leadership is reviewing the processes regarding delays including the use of language to make it more consistent with system partners, i.e. moving away from Delayed Transfers of Care (DToCs) to Clinically Fit for Discharge, this will enable us to identify individual needs earlier in order to involve partners where necessary earlier in the discharge planning. The Team is also working with system partners on a proposed improvement programme plan that enhances the response to the current inpatient pressures. This involves improving the governance structure, making best use of the data to improve system flow and being clear about roles and responsibilities along with a clear offer from the housing sector.

Children and Young Peoples Services: Red Kite View Staffing

Red Kite View continues to face significant registered nursing vacancies. The current position has remained stable at 53% vacancies on Lapwing (PICU), and 56% on Skylark (the General Adolescent Unit) since September/October 2023 following the recruitment of newly qualified RNs. We have, however, been unable to realise the

recruitment trajectory since October due to ongoing recruitment challenges. We continue to use a higher percentage of temporary staff to ensure we maintain safe staffing levels. Whilst it is a challenge and creates additional work for established staff, and less stability when using a higher percentage of temporary staff, we have found that it has not significantly impacted on the care of the young people. The length of stay on both wards continues to improve indicating that the staffing position is not impacting on the care of the young people, see graph 3. Occupancy on GAU is currently limited more by the higher level of need of the young people, such as the ability to care for a limited number of young people who require NG feeds, an area we have seen an increased demand in the system recently.

Neuro-developmental Service: ADHD

There has been an international shortage of the medication Lisdexamfetamine which is widely used within the service and within Primary Care for some months. The service continues to operate under business continuity measures with reduced core activity which does have a further negative impact on the response times for those on the waiting list.

The service continues to provide support to Primary Care colleagues as per the ICB ask as the overall shortage is expected to continue until April.

Junior Drs Industrial Action

We continue to operate our Enhance Winter Coordination Group that is our response to Winter pressures across the Trust and supports this approach across the whole Leeds system. We have experienced little impact of Winter on service delivery to date. However, we have also had to respond to Industrial Action by Junior Doctors which has had some impact on service delivery as detailed below.

Junior Doctors' industrial action took place on:

- 19 and 20 September – 48 hours (Consultants)
- 20 to 23 September – 72 hours (Junior Doctors)

- 2 to 4 October – 72 hours (Consultants and Junior Doctors)
- 20 December 2023 (07:00) to 23 December 2023 (07:00) – 72 Hours
- 3 January 2024 (07:00) to 9 January 2024 (07:00) – 144 Hours.

The latter period amounts to the longest strike action in NHS history and was the first period of action spanning a weekend. Both periods of industrial action occurred at times when staff numbers are reduced due to annual leave and pressures on capacity and flow are at, very likely, their highest levels.

The Incident planning and response arrangements again worked effectively, and the following mitigating solutions were once again adopted:

- The Medical Education department sought staff to cover the medical on duty (PROC rota) and EOC rotas that are covered by junior doctors.
- Tactical group developing and checking plans for both in hours and out of hours pathways.
- Services ensuring in hours pathways were adequately covered from a managerial and medical perspective.

The response to industrial action has now become an effective process with staff clear about roles, using time trusted techniques (including evaluation and learning) and performing well despite the difficulties caused by the disruption. After approaching 12 months of disruption techniques of managing industrial action have become well developed across our services.

**AGENDA
ITEM**

13

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Update from the Multi Agency Discharge Event
DATE OF MEETING:	1 February 2024
PRESENTED BY: (name and title)	Joanna Forster Adams, Chief Operating Officer Alison Kenyon, Deputy Director Service Development
PREPARED BY: (name and title)	Jim Woolhouse, Service Development Manager Alison Kenyon, Deputy Director Service Development Laura McDonagh, Head of Operations Acute and Crisis Services

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

EXECUTIVE SUMMARY

This paper outlines the challenges related to the number of people whose discharge from hospital is delayed even though they are clinically fit for discharge. The actions from the Multi Agency Discharge Event (MADE) are focused on reducing these delays which in turn will ease the pressure of the occupancy of beds ultimately reducing the number of people we need to admit to out of area inpatient beds.

The Council of Governors is invited to review the content of the paper, support the actions and identify further information needed through the Trust Board.

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

RECOMMENDATION

The Council of Governors is asked to support the work being undertaken and provide challenge across the whole pathway in all services which contribute to the discharge pathway to improve levels of flow.

MEETING OF THE COUNCIL OF GOVERNORS

1ST February

Update from the Multi Agency Discharge Event

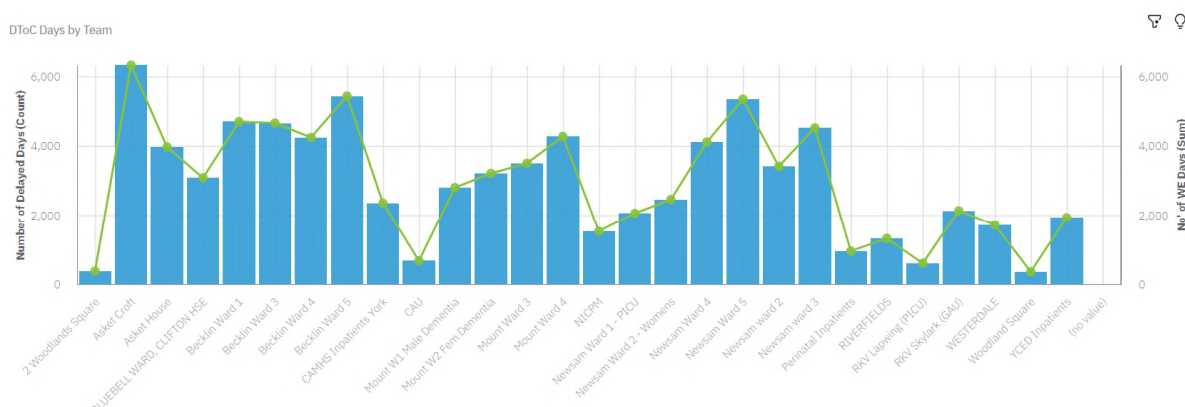
1. Executive Summary

This paper sets out the details of the Multi Agency Discharge Event (MADE) held in June 2023 and outlines the progress made since the event. The intention is to provide an update to the Council of Governors to be aware of the progress and actions being undertaken to address the number of delayed transfers of care (discharges) from our inpatient services to community settings including service users own homes, specialist supported living environments and other facilities.

2. Context

When people who are clinically fit for discharge occupy inpatient beds, it means other service users who require an admission are frequently sent to an inpatient bed out of area for their admission. The issue of flow is complex and impacts the whole service user pathway from community, crisis, inpatient and rehabilitation services. A future update will be provided regarding the rest of the “flow” agenda, but this paper concentrates in the main on the discharge aspects and the MADE.

During the examination of the data and reviewing the performance, the trust has been operating at a level of delayed discharges higher than the national average, this is reported in the Board performance report. Usually, the number of people who have to be placed out of area is roughly the same number of delayed transfers of care. The table below demonstrates the number of bed days occupied by delayed transfers of care for a rolling 13 month period by ward.



In order to set the context for the MADE event and subsequent actions the paper describes the definitions of out of area placements, length of stay and the mental health discharge challenge, but as stated these other aspects of flow will be a focus of a future update.

3. Out of area placements

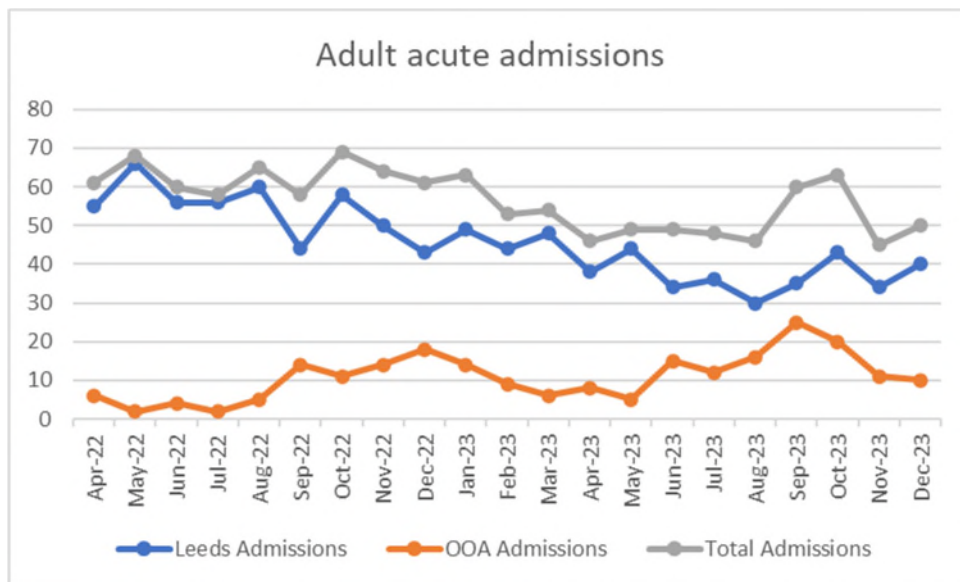
Out of placements happen when patients have been assessed as requiring admission to hospital but when no appropriate bed is available in Leeds. On occasions this may be because there are no commissioned beds in Leeds, for example because a single gender bed is required on Psychiatric Intensive Care Unit (PICU) but is generally due to no beds being available. Out of area placements are not only costly, removing resources from the local health economy, and creating a financial risk but also provide a poor experience for patients and their carers, and can lead to longer recovery rates.

We currently have 31 adult acute patients placed in out of area beds and 5 PICU patients. The numbers of people out of area has been consistently high since October 2023 and this is the highest number of out of area placements in around 5 years. Since September the number of out of area placements have been higher than delayed transfers of care for the first time in a year.

The position is therefore serious and requires actions across the whole of the health and social care pathway to firstly reduce the numbers and secondly maintain a position where all patients receive their care locally.

4. What is causing the need for out of area placements

Out of area placements occur when demand for admission is greater than appropriate beds which are available. In adult acute service this has been caused by an increase in the amount of time patients are staying in hospital. Over the last year the length of stay in hospital has increased from 35 days to 66 days for 80% of service users and from 144 to 392 for 20% of service users. Admissions to hospital (including out of area admissions) has however remained relatively stable over the same period.



The wards in Leeds have for some time been operating at around or above 100% bed occupancy. As one patient is discharged another is admitted. This not only causes pressure on ward staff but also means that any increase in admissions results in patients being placed out of area.

5. Length of Stay

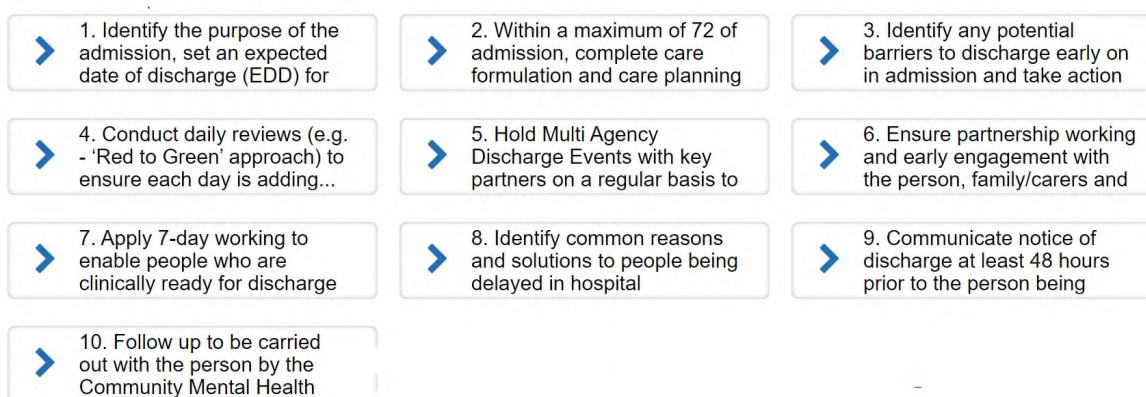
The increase in length of stay over the past 21 months has been due to a number of reasons:

- Increasing complexity of some admissions due to higher levels of acuity and need
- Increase in numbers of delayed transfers of care
- Community services being in business continuity reducing 'pull' of patients from hospital
- Increasing numbers of patients without settled status / right to public funding

It is suspected that the increase in length of stay is the primary cause of increased numbers of out of area placements. Therefore action is being taken to concentrate on tackling the causes for increased length of stay and utilising the NHS England mental health discharge challenge as a framework for achieving this.

6. Mental health discharge challenge

The discharge challenge for mental health was launched in December 2022. This asked integrated care boards (ICBs) and providers of mental health and community inpatient services to focus on ensuring that they have robust discharge processes in place and to focus their resources on areas that will drive the biggest improvements locally. There were 10 actions identified for MH trusts to pursue, these are shown in the schematic below. Action 5 recommends holding a MADE.



7. Multi Agency Discharge Event (MADE)

In June 2023 the Trust held its first MADE event with colleagues from LYPFT, LTHT, Adult social care, Housing and third sector partners coming together for a day to review the pathway to discharge. The day began with groups visiting the wards across adult, older peoples and rehabilitation services to observe staff and speak with patients about their experiences. A data pack was provided to attendees prior to the event and videos of patients telling of their experience of discharge were shown.

On the day one patient was identified who was able to be discharged with extra support from colleagues from Housing.

Attendees were given the opportunity to reflect on what they had seen and discussed areas where the pathway, across services, to discharge could be improved. This resulted in the development of an action plan which included a number of actions for individual services but also system wide issues to be addressed. The top three system wide issues were identified as: Housing and access to supported accommodation, Access to specialist

placements and third sector support for adult and rehab services and improving the support to people in their own homes for older peoples.

An action plan has been developed and each action has been categorised as either an action for an individual service in LYPFT or as a system wide action. Delivery of system wide actions are being led by the Integrated Care Board and LYPFT actions by heads of operations. A monthly update of actions taken is reported through the Inpatient flow oversight group.

8. System wide issues

Housing was identified by many delegates at the MADE day as a significant cause of delay for patients being discharged from hospital. It was recognised as a lesser issue for older peoples services than for adult and rehab but an increasing problem. This is born out by the data for delayed transfers of care which show housing to be the main cause of delays. Whilst most people return to their own home for some this is not possible or prior to admission they did not have stable accommodation. Identifying appropriate and stable accommodation is a key aspect to achieving meaningful recovery.

9. Delays in adult acute and rehabilitation services (last 12 completed months)



Furthermore delays in rehab due to housing create delays for acute wards who need to transfer their patients to rehab. Overall therefore eliminating delays in housing would release around 11 beds each year. This would not be enough to eliminate the current problem with out of area placements but would make a significant impact on the overall problem and improve the experience of patients.

It is recognised that improving the pathway to housing for patients is not something that LYPFT can directly improve and that this is a system wide issue require partners to both understand the problem and to take action. Three actions were identified as part of the MADE event and since the event workshops have been held with partners to better understand the pathway and blockages to access for housing. The fundamental problem remains that access to housing generally remains an issue which is the main cause of this bottleneck.

10. Specialist placements

A minority of patients require on going support following admission with a more support than could be provided at home or in supported accommodation such as the transitional housing units. For some further rehabilitation and skills building is required and a transfer to rehabilitation services will be needed for others a community placement in a staffed specialist mental health service will be needed. This need should be identified as soon as

possible following assessment on the wards and referrals made to the correct partner to facilitate an appropriate placement being identified.

The route to specialist placement is a pathway and this pathway is being mapped to better understand how it can be improved. Again the ICB is leading work with all partners to understand the pathway and to improve this. As part of this work a multi agency information system is to be developed to give all clear sight of the pathway and allow informed decisions to be taken based on this.

11. Third sector support

Some patients have a complex set of needs which require support from a wide range of partner agencies. This may relate to things such as legal status and access to support due to this or debts and benefits. Ward staff do not have the necessary knowledge to be able to provide the support needed to patients and in legal matters this needs to be provided by people qualified to advise. The Trust is therefore reliant on having support from third sector organisations to give this assistance.

We need to understand what support is available to people and how this can be provided to patients in hospital who may not be able to access mainstream support. Any gaps in service provision also need to be identified with wards holding much of this knowledge. Finally any gaps in service provision need to be identified and decisions taken on how these might be filled. Given the financial constraints this may involve difficult decisions related to service provision.

12. LYPFT actions being taken following MADE

The mental health discharge challenge was issued by NHS England in December 2022. The challenge sets out the 10 interventions previously identified for mental health which need to be seen and set within the context of the whole pathway and to link in with Urgent and Emergency Care pathways and community mental health pathways. The trust have therefore concentrated its actions on achieving these interventions to reduce length of stay and increase discharges from hospital. The following is an update on actions related to the 10 interventions.

1 – Purpose of admission – The adult acute services are reviewing the Crisis service to ensure that all patients are reviewed by them prior to admission. This would include all patients who are detained under the Mental Health Act except those who are recalled on Community Treatment Orders. A consistent approach to pre-admission assessment will enable the purpose of admission to be consistently captured and relayed the wards.

Managers within the inpatient, capacity and flow, CRISS and adult social care services currently meet each weekday morning to review all referrals for admission. In this forum they discuss any further information that is required to facilitate admission and prioritise and agree admissions for the day. The daily bed manager will contact referrers to collect an outstanding information that is needed and record this on care director.

2 – Formulation: The aim of formulation is to capture a full bio-psych-social picture of a patients needs and those factors which have precipitated admission to hospital with the aim of developing a care plan to meet these needs. Much work has been undertaken with the adult wards to implement a structured approach to formulation of

care needs on the inpatient wards. A training course has been developed and this has been delivered in full to two wards who acted as early implementers and have reported positively on the effect of the formulation training. A further two wards are currently being trained with plans in place to train staff on the final ward before the financial year end.

3 - Early identification of barriers – The capacity and flow team have developed a discharge checklist which should be completed within 72 hours of admission. The checklist is completed by the peer support workers on each ward. To supplement this each ward has a weekly capacity and discharge meeting chaired by the ward matrons which reviews the actions being taken to facilitate discharge and any barriers to this. Colleagues from ISS, the capacity and discharge team and accommodation gateway also attend this meeting. Patients whose barriers cannot be removed by this group are escalated to a forum chaired by the adult acute services Head of Operations with colleagues from Adult Social Care and Housing. This group reviews around 4 patients per week who are often our longest stayers. As well as looking at individual cases the group considers systemic issues delaying discharge with a view to removing these.

4 – Conduct daily reviews – The wards hold daily purposeful inpatient admission (PIPA) meetings and have done so for many years. The adult acute service is reviewing this process with a view to ensuring that it is fit for purpose and meets the needs of both staff and patients. PIPA focuses on what actions need to be undertaken on a daily basis to move the patient towards discharge and agree who will do this.

It is recognised that there are inconsistencies with the PIPA process and that monitoring of actions are not recorded and monitored as well as they might be. The connection between PIPA and the capacity meetings and forum chaired by the Head of Ops needs to be improved with a flow of information, barriers and decisions taken seamlessly between the three groups.

5 - Hold Multi agency Discharge Event (MADE) – A multi agency discharge event was held in June 2023. Further MADE events will be planned.

6 – Ensure partnership working – The pathway for many patients will be a pathway involving a variety health and social care services. Ensuring these services are right services are available at the right time to support discharge is crucial to improving flow.

Our CMHTs were in business continuity for 18 months and whilst they are no longer the position remains challenging, this has had an impact on the community teams abilities to 'pull' patients out of hospital. Levels of readmission to hospital within 28 days are around 2% which is well below national average. There have in the last year been no male readmissions in 28 days. Whilst a low level of readmissions is positive it comes at the expense of significant length of stays.

7 – Apply 7 day working – There are gaps in the provision of 7 day working across the whole pathway which supports discharge from hospital. A pilot is being studied on the effectiveness of 7 day working and the impact on lengths of stay. Currently

mapping our pathways to discharge to determine whether there are bottlenecks associated with a lack of 7 day working is being undertaken.

8 – Identify reasons and solutions to delays – Services are adept at identifying delayed transfers of care and the barriers which create these. This is demonstrated by the high numbers of delays which are recorded on care director. The highest cause of these delays is patients waiting for appropriate community accommodation.

Each week the inpatient matrons chair a capacity meeting with each ward and discuss any barriers to discharge for each patient on the ward. The barrier for most patients will be their mental health need and associated risk factors. For those with complex needs wards are able to refer them to complex case reviews involving all clinical teams involved and other senior clinicians. The aim of these meetings is to formulate a plan to move toward discharge.

9 – Communicate notice of discharge – We understand that involving patients and carers in planning discharge is key to achieving a successful transfer from inpatient care and recovery in the community. We have identified that we do not have a consistent system in place to give involve carers and give them the right information at the right time which explains the purpose of inpatient care.

The carer involvement lead has therefore commenced a piece of work to review the processes we currently have in place in this area and the information which we give to try to improve and standardise this. This work will report into the adult acute clinical improvement forum and forms part of the MADE action plan.

10 – 72 hour follow up – The trust has been monitor 3 day follow up as an internal target for some years. Levels of readmission within 28 days are very low and whilst this is predominantly due to longer lengths of stay in hospital it is assumed that this reflects good levels of discharge support.

13. Monitoring and oversight of actions

There are two key action plans which are being implemented to improve flow and reduce lengths of stay / admissions to hospital. These are:

- The MADE action plan which includes a series of local and system wide actions across adult, older peoples and rehabilitation services
- The adult acute recovery plan

Both plans are overseen and monitored at the monthly Inpatient Flow Oversight Group which is chaired by the Chief Operating Officer. The group has representation from all services which make up part of the pathway to discharge and senior clinical input from the medical director. The group focuses on the quality impact of the out of area position and believes that improving the quality of services for patients should be the key driver for change.

14. What support is needed from the Board of Governors

Reducing lengths of stay and in turn the numbers of people inappropriately placed out of area requires the entire pathway to operate effectively and to be focused on supporting discharge. In doing so we will drive up quality and safety for patients requiring admission to hospital and mitigate financial risks associated with out of area placements.

We would ask that the Board of Governors support the work being undertaken and provide challenge across the whole pathway in all services which contribute to the discharge pathway to improve levels of flow.

Jim Woolhouse – Service Development Manager

Alison Kenyon – Deputy Director of Service Development

Laura McDonagh – Head of Operations Acute and Crisis Services

January 2024

**AGENDA
ITEM**

14

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Report from the Chair of the Quality Committee
DATE OF MEETING:	1 February 2024
PRESENTED BY: (name and title)	Dr Frances Healey – Non-executive Director and Chair of the Quality Committee
PREPARED BY: (name and title)	Dr Frances Healey – Non-executive Director and Chair of the Quality Committee

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

EXECUTIVE SUMMARY

This report for the Council of Governors summarises the work of the Quality Committee from January 2023 to January 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'**

No

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

RECOMMENDATION

The Council of Governors is asked to:

- Note this report for information and assurance.

MEETING OF THE COUNCIL OF GOVERNORS

1 February 2024

REPORT FROM THE CHAIR OF THE QUALITY COMMITTEE

This report for the Council of Governors summarises the work of the Quality Committee from January 2023 to January 2024. The Committee is scheduled to meet monthly except August, but its meeting for January 2023 was cancelled due to industrial action pressures, and its meeting in December 2023 was cancelled because sickness left it non-quorate.

Terms of Reference (ToR)

In addition to changes that have been made to ToR for all Committees in the Trust after revisions to NHS governance guidance, the Quality Committee has added explicit responsibilities related to assurance on CQC and other quality-related regulatory requirements to its [ToR](#) during 2023.

Quality risks, priorities and strategy

- The Committee is the assurance lead for the Board Assurance Framework Strategic Risks 1 and 2, which centre on risks to quality assurance processes and risks to delivery of the Quality Strategic Plan.
- The Committee has supported a review and refresh of the [Quality Strategic Plan](#) first published in 2018 and extended to December 2023. The revised Quality Strategic Plan draft was approved by Quality Committee in January 2024 and has been sent for Board approval.
- The Committee reviewed the [Quality Account for 2022/23](#), which was published in June 2023. The Committee asked for work to be undertaken with service users and the public to help shape its non-mandatory content for 2023/24 and has received updates on their feedback.
- The Committee received updates on specific quality improvement areas designated as quality improvement priorities for 2023/24 in its Quality Account, including updating the Board on any challenges in delivery.
- Commissioning for Quality and Innovation (CQUINS) are financially incentivised areas of measurement set at national level. The Committee received updates on progress and advised the Board of areas where we may not achieve threshold targets.

Reports the Committee receives frequently

- The Committee reviewed the Combined Quality and Workforce Performance Report at each meeting. Whilst awaiting the development of a new Quality Dashboard, this report has seen continued minor changes to provide more meaningful breakdowns of some indicators, more

comprehensive data sources for some existing indicators, and additional notes accompanying some indicators to make their content clearer.

- The Committee received on a quarterly basis and annual basis the Report on Combined Complaints, Concerns, PALS, Compliments and Patient Safety. The Committee seeks assurance that all key themes have actions/improvement plans.
- The Committee received the Safer Staffing Six Monthly Update Reports, which encompass national requirements for [monthly public reporting of levels of nurse staffing in inpatient services](#) and are also discussed at Board. A new format for the reports has recently been developed, with more assurance on ameliorating the impact of staff shortages, and of how required nursing and AHP staffing levels can be agreed using acuity tools developed for MH settings.
- The Committee received the Learning from Deaths quarterly and annual reports, including Trust participation in LeDeR (Learning from Lives and Deaths of People with a Learning Disability and autistic people). It was assured of the work ongoing within the Trust to improve mortality review and subsequent improvement action across the organisation.
- The Committee received verbal monthly updates on the work of the Trustwide Clinical Governance, the Nursing and Professions Council, the Infection Prevention and Control Group and the Trustwide Safeguarding Committee, and on plans related to maintaining quality during industrial action.

Annual Quality Reports from clinical services

- The Committee received Annual Quality Reports for using the Safe, Timely, Effective, Efficient, Equitable and Patient Centred (STEEEP) framework from the following services:
 - Perinatal Services
 - Acute Liaison Psychiatry Service (ALPS)
 - Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)
 - Hospital Mental Health Team (HMHT)
 - Liaison Psychiatry Outpatient Service (LPOS)
 - National Inpatient Centre for Psychological Medicine (NICPM)
 - Psychosexual Medicine (PSM)
 - Northern Gambling Service
 - Red Kite View (part year since opening)
- The Committee was assured these services have good systems in place for understanding their quality issues and to drive improvements and has recognised many impressive examples of action to improve quality from leaders, staff and peer support within the services. The Committee also identified shared challenges which were brought for further Board discussion.
- These nine reports, alongside 17 reports from other services presented to Committee in 2022, represented one round of reports from most clinical teams/services, which was a good point for Committee to review the plans for Service Reports in 2024/25. Committee has agreed the main purpose of the reports is self-reflection for each service, and the full detailed formats need to be considered outside Committee in future, with key highlights and challenges summarised at the level of the Trust's nine service lines for Committee.

Annual reports/plans from Trustwide services

- The Committee received the following annual reports for 2022/23 and plans for 2023/24:
 - The Patient Experience and Involvement Progress Report
 - The Research and Development Annual Report
 - The Restrictive Interventions Annual Report
 - The Safeguarding Annual Report.
 - The Medicines Optimisation Group Annual Report
 - The Clinical Audit Priority Plan
 - The Infection Prevention and Control Annual Report

The Committee agreed that the Trust had good systems for understanding quality issues raised through these sources and working to improve them. Over 2023 the Committee has supported decisions related to the transition to more routine infection control practice after special requirements for the COVID-19 pandemic reduced.

Additional updates

- In response to new NICE guidelines on [Self-harm: assessment, management and preventing recurrence](#) that were published in September 2022, in 2023 the Committee was informed of plans to develop a Trustwide strategy and procedure for self-harm, along with training for staff.
- The Committee was updated on our transition to the new national [Patient Safety Incident Response Framework](#) which provides a wider range of options for investigating and learning from incidents, replacing past systems of designating some incidents as Serious Incidents. The Committee was also updated on [Learning from Patient Safety Events](#), which changes how we share incidents reported to the Trust's Datix system with national databases.
- The Committee reviewed the findings from the NICHE independent investigation into Tees, Esk and Wears Valley (TEWV) NHS Foundation Trust's Children's and Young People Mental Health Inpatient Services.
- Other national publications or developments with implications for quality, including the Strathee report, the trial of Lucy Letby, and the National Suicide Prevention Strategy, were briefly discussed at Quality Committee with their main discussion at Board.
- Clinical outcome measures are key to many aspects of the Trusts' Quality Strategic Plan, the proposed Quality Dashboard, and some CQUINs. Whilst their collection is embedded in some services, their collection has been challenging in other services, and the Board has been advised of these challenges and discussed steps to help overcome them.

Linking to other sub-committees.

- The Committee has maintained good connectivity with other sub-committees whilst seeking to avoid duplication of effort. Examples include where Workforce Committee has taken over responsibilities as Doctors' disciplinary champion and associated responsibilities for other professions from Quality Committee, where Audit Committee and the Quality Committee have a shared interest in internal audits related to quality issues, and where the Mental Health Legislation Committee and the Quality Committee have a shared interest in reducing restrictive practice and inequalities.

Part B of the Quality Committee

- The Quality Committee holds a private Part B meeting when there is a need to discuss information that is personal to individual staff or patients, or for other limited reasons such as the need to protect detail related to methods of self-harm.

Improving how the Quality Committee works

In addition to the changes mentioned above, we have reviewed schedules for 2024 with more focus on assurance of systems in place to support quality. We have worked to reduce the length of papers, to reduce burden on those producing them as well as ensuring Committee can absorb the most important information shared with it. We have reduced the number of optional extra invited attenders, which has helped with focusing limited Committee discussion time on key quality issues. We will reflect on the impact of these changes and aim for continuous improvement in how we work in 2024.

Conclusion

I believe this to be a reasonable summary of the work of the Quality Committee and would be very happy for those governors who have attended any of the meetings to provide additional observations.

Dr Frances Healey, RN, RN-MH, PhD
Non-executive Director and Chair of the Quality Committee
19 January 2024

**AGENDA
ITEM**

15

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Report from the Chair of the Mental Health Legislation Committee
DATE OF MEETING:	1 February 2024
PRESENTED BY: (name and title)	Kaneez Khan, Non-executive Director and Chair of the Mental Health Legislation Committee
PREPARED BY: (name and title)	Kaneez Khan, Non-executive Director and Chair of the Mental Health Legislation Committee

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

EXECUTIVE SUMMARY

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

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

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

No

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

RECOMMENDATION

The Council of Governors is asked to:

- Note this report for information and assurance.

MEETING OF THE COUNCIL OF GOVERNORS

REPORT FROM THE CHAIR OF THE MENTAL HEALTH LEGISLATION COMMITTEE

Purpose of this report

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

1 What is the Mental Health Legislation Committee?

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

This is a huge responsibility given that at any one time we have about 302 people in our inpatient services who are detained under the Mental Health Act (MHA) 1983; 190 people who are living in the community on conditional discharge or subject to a legally binding Community Treatment Order (this means that the Trust has power to readmit them to hospital if required). When the Trust considers whether or not people should be detained (or sectioned) five guiding principles have to be applied:

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

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

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

2 Who is on the Mental Health Legislation Committee?

Members of the MHLC include:

- 2 Non-Executive Directors
- 2 Executive Directors

In addition, there are people with expertise who attend:

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

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

3 How do we do the job?

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

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

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

4 What has the MHLC done recently?

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

- Legislation: continued to receive updates on the progress of legislative reforms to the Mental Health Act including the Draft Mental Health Act Bill, however it is not in parliamentary plans as well as changes to the Section 49 reporting.
- Responding to Mental Health Audits: including Care Plans and Clinical Risk Assessments, Consent to Treatment including a review of S62 powers, a review of S5(2) Service Users detained under the MHA after previously being assessed as having capacity to make informed decisions and a review of the Strategic Internal Audit Plan.
- Police's Right Care, Right Person Agenda: receiving ongoing updates on this agenda which reduces police involvement and its impact in Leeds particularly.
- Equality and Diversity: a continued focus on questioning disproportionate access and outcomes for Black and Other Minority Ethnic Groups. We specifically asked for data on restrictive interventions for our diverse communities.
- Mental Health Act Managers: we have recruited for MHAMs and now have a new chair; remuneration was ratified in a fair and transparent process. Work to address the shortage of Mental Health Act advocates is ongoing.
- Responding to issues raised by MHAMs: remuneration, recruitment of MHAMs.

5 Future plans

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

- Reviewing data availability to better understand the experiences of Black and other Minority Ethnic service users overall as well as with restrictive interventions and Learning Disability & Autism.
- Ensuring the Trust implements and focuses on the changes to the Mental Health Act Bill now that the government has stepped away from the introduction to Liberty Protection Safeguards.
- Ensuring appropriate and effective use of advocacy services.
- Rolling out in house Human Rights training across the organisation after a successful British Institute of Human Rights awareness and practice leads training sessions.
- Reviewing the Police's Right Care, Right Person agenda.

Kaneez Khan

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

January 2024

**AGENDA
ITEM**

16

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	The Trust's Key Strategic Risks
DATE OF MEETING:	1 February 2024
LEAD DIRECTOR: (name and title)	Clare Edwards, Associate Director for Corporate Governance
PAPER AUTHOR: (name and title)	Clare Edwards, Associate Director for Corporate Governance

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

EXECUTIVE SUMMARY

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

It should be noted that work takes place to continuously review and refine the strategic risks and the risk scores. These have been used to populate the current BAF. Attached is a list of the risks as they appear on the BAF and details of the governance arrangements for the Trust's strategic risks.

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

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

No

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

RECOMMENDATION

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

MEETING OF THE COUNCIL OF GOVERNORS

1 February 2024

The Trust's Key Strategic Risks

1 Executive Summary

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

2 The eight strategic risks

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

	Strategic risk	Oversight group	Exec lead
SR1	If there is a breakdown of quality including safety assurance processes, we risk not being able to maintain standards of safe practice, meeting population health needs and compliance with regulatory requirements.	Quality Committee	Nichola Sanderson
SR2	There is a risk that we fail to make the improvements outlined in the Quality Strategic Plan and that this has an impact on how we understand and act on the care of those who use our services.	Quality Committee	Chris Hosker
SR3	There is a risk that we fail to deliver a culture and environment that recruits, retains, and attends to the wellbeing of staff to enable them to be their best and deliver quality services now and in the future.	Workforce committee	Darren Skinner
SR4	There is a risk that a lack of financial sustainability results in the destabilisation of the organisation and an inability to meet our objectives.	Finance and Performance Committee	Dawn Hanwell

	Strategic risk	Oversight group	Exec lead
SR5	Due to an inability to provide adequate working and care environments we risk being unable to deliver safe and effective services.	Finance and Performance Committee	Dawn Hanwell
SR6	As a result of insecure, inadequate and poorly utilised digital technologies there is a risk the quality and continuity of services is compromised.	Finance and Performance Committee	Dawn Hanwell
SR7	There is a risk we fail to understand, plan and deliver services that meet the health needs of the population we serve.	Finance and Performance Committee	Joanna Forster Adams

On 30 November 2023, the strategic risks were considered by the Board of Directors and it was agreed that the strategic risk relating to the PFI was no longer a standalone risk, however recognised that there were a number of risks integral to it. Therefore, for the purposes of the BAF it would form part of the estates strategic risk, and for governance purposes there would be a separate risk management system for the PFI. All other risks were reviewed and agreed as accurate and reflective of the current risk position.

3 The process for monitoring the strategic risks

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

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

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

Where received	How often	Reason for receiving the Board Assurance Framework
Board of Directors	Quarterly	<p>The Board is accountable for the effectiveness of risk management in the Trust</p> <p>It seeks assurance on the controls in place and the effectiveness of those controls through receipt of the Board Assurance Framework and reports from its sub-committees that risks are being managed effectively.</p>

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

In Q1 and Q2 of 2024/25, work will be undertaken to ensure that the Datix system is utilised to its full ability to reflect the links between strategic risks and contributory risks across the organisation. This will support the use of the system for the management of the BAF in entirety and remove the requirement for a separate BAF document to be submitted to the Board as part of the quarterly oversight process. Reports will be generated from the system to reduce duplication and streamline oversight processes.

4 Recommendation

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

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

Clare Edwards

Associate Director for Corporate Governance

3rd January 2024