

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

PUBLIC MEETING OF THE BOARD OF DIRECTORS
will be held at 9.30 am on Thursday 30 January 2020
in Inspire@ Room, Horizon Leeds (3rd Floor), 2 Brewery Wharf, Kendell Street,
Leeds, LS10 1JR

A G E N D A

Members of the public are welcome to attend the Board meeting, which is a meeting in public not a public meeting. If there are any questions from governors, service users, members of staff or the public please could they advise the Chair or the Associate Director for Corporate Governance in advance of the meeting (contact details are at the end of the agenda). *

Please help the Trust in our initiative to be more paper light. At our Board meetings we will provide copies of the public agenda but we will not have full printed packs of the Board papers available. If you intend to come to the meeting but are unable to access the papers electronically then please contact us at corporategovernance.lypft@nhs.net to request a printed copy of the pack and we will bring this for you to the meeting.

LEAD

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|---|---|-----------|
| 1 | Sharing Stories – Lisa Cromack (a service user’s story) | |
| 2 | Apologies for absence (verbal) | SP |
| 3 | Declaration of interests for directors and any declared conflicts of interest in respect of agenda items (enclosure) | SP |
| 4 | Minutes of the previous meeting held on 28 November 2019 (enclosure) | SP |
| 5 | Matters arising | |
| 6 | Actions outstanding from the public meetings of the Board of Directors (enclosure) | SP |
| 7 | Chief Executive’s report (enclosure) | SM |

PATIENT CENTRED CARE

- | | | |
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| 8 | Report from the Chair of the Audit Committee for the meeting held on 23 January 2020 (enclosure) | MW |
| 9 | Report from the Chair of the Quality Committee for the meetings held 10 December 2019 and 14 January 2020 (enclosure) | JB |

10	Report from the Chair of the Finance and Performance Committee for the meeting held on 28 January 2020 (verbal)	SW
11	Combined Quality and Performance Report (enclosure)	JFA
12	Safe Staffing Report (enclosure)	CW
13	Update on the implementation of the smoking policy (enclosure)	CW

USE OF RESOURCE

14	Report from the Chief Financial Officer (enclosure)	DH
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PARTNERSHIPS

15	First annual review of the Partnership Memorandum of Understanding for the WY&H Health and Care Partnership (enclosure)	SM
16	West Yorkshire Mental Health, Learning Disability and Autism report from the Committees in Common (enclosure)	SM

GOVERNANCE

17	Use of seal (verbal)	SP
18	Any other business - Flu vaccination Assurance statement (enclosure)	CW
19	Glossary (enclosure)	SP
20	<i>Chair to resolve that members of the public be excluded from the meeting having regard to the confidential nature of the business transacted, publicity on which would be prejudicial to the public interest</i>	SP

**The next public meeting will be held on Thursday 26 March 2020 at 9.30 am
Room 4, St George's Centre, Great George Street, Leeds, LS1 3DL**

Questions for the Board can be submitted to:

Name: Cath Hill (Associate Director for Corporate Governance / Trust Board Secretary)
Email: chill29@nhs.net
Telephone: 0113 8555930

Name: Prof Sue Proctor (Chair of the Trust)
Email: sue.proctor1@nhs.net
Telephone: 0113 8555913

AGENDA ITEM

3

Declaration of Interests for members of the Board of Directors

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
EXECUTIVE DIRECTORS								
Sara Munro Chief Executive	None.	None.	None.	None.	None.	None.	None.	None.
Dawn Hanwell Chief Financial Officer and Deputy Interim Chief Executive	None.	None.	None.	None.	None.	None.	None.	Partner: Director of Whinmoor Marketing Ltd.
Claire Holmes Director of Organisational Development and Workforce	None.	None.	None.	None.	None.	None.	None.	Partner: Business Partnership OVT Manager, British Red Cross (Central Region)
Clare Kenwood Medical Director	None.	None.	None.	None.	None.	None.	None.	Partner: CEO of Malcolm A Cooper Consulting
Cathy Woffendin Director of Nursing, Quality and Professions	None.	None.	None.	None.	None.	None.	None.	None.

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Joanna Forster Adams Chief Operating Office	None.	None.	None.	None.	None.	None.	None.	Partner: Treasurer of The Junction Charity

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NON-EXECUTIVE DIRECTORS								
Susan Proctor Non-executive Director	Owner / director SR Proctor Consulting Ltd Independent company offering consultancy on specific projects relating to complex and strategic matters working with Boards and senior teams in health and faith sectors. Investigations into current and historical safeguarding matters.	None.	None.	None.	Associate Capsticks Law firm. Independent Chair Safeguarding Adults Board North Yorkshire Count Council	None.	Member Lord Chancellor's Advisory Committee for North and West Yorkshire Chair Safeguarding Group, Diocese of York Member Royal College Veterinary Surgeons' Veterinary Nurse Council Chair Adult Safeguarding Board, North Yorkshire	Partner: Employee of Link

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John Baker Non-executive Director	None.	None.	None.	None.	None.	Professor University of Leeds	None.	None
Helen Grantham Non-executive Director	Director and Co-owner, Entwyne Ltd	Director and Co-owner, Entwyne Ltd	Director and Co-owner, Entwyne Ltd	None	None	None	Interim Director - HR and OD at Manchester City Council	None
Andrew Marran Non-executive Director	Chairman Leeds Students Residences Ltd Delivering housing and accommodation services across Leeds Non-executive Director MoreLife (UK) Ltd Delivers tailor-made, health improvement programmes to individuals, families, local communities; within workplaces and schools Non-executive Director My Peak Potential Ltd An organisational development company that specialises in leadership and management development using the outdoors as a vehicle for learning Non-executive Director Rhodes Beckett Ltd	None.	None.	None.	None.	None.	None.	None.

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	A University associated company which developed a Wellbeing app and website to provide access to staff.							
Margaret Sentamu Non-executive Director	None.	None.	None.	President Mildmay International Pioneering HIV charity delivering quality care and treatment, prevention work, rehabilitation, training and education, and health strengthening in the UK and East Africa.	None.	None.	None.	None.
Susan White Non-executive Director	None.	None.	None.	None.	None.	None.	None.	None.
Martin Wright Non-executive Director	None.	None.	None.	Trustee of Roger's Almshouses (Harrogate) A charity providing sheltered housing, retirement housing, supported housing for older people,	None.	None.	None.	None.

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

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

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

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Public Meeting of the Board of Directors held on Thursday 28 November 2019 at 9:30 am in Denim Room, Cloth Hall Court, Quebec Street, Leeds, LS1 2HA

Board Members

Apologies

Prof S Proctor	Chair of the Trust
Prof J Baker	Non-executive Director
Mrs J Forster Adams	Chief Operating Officer
Miss H Grantham	Non-executive Director
Mrs D Hanwell	Chief Financial Officer and Deputy Chief Executive
Mrs C Holmes	Director of Organisational Development and Workforce
Dr C Kenwood	Medical Director
Mr A Marran	Non-executive Director
Dr S Munro	Chief Executive
Mrs M Sentamu	Non-executive Director
Mrs S White	Non-executive Director (Deputy Chair of the Trust)
Mrs C Woffendin	Director of Nursing, Quality and Professions
Mr M Wright	Non-executive Director (Senior Independent Director)

All members of the Board have full voting rights

In attendance

Mrs C Hill	Associate Director for Corporate Governance / Trust Board Secretary
Ms N Sanderson	Deputy Director of Nursing (attending on behalf of Mrs Woffendin, Director of Nursing, Professions and Quality)
Seven members of the public (two of whom were members of the Council of Governors)	

Action

19/155

Prof Proctor opened the public meeting at 9.30 am and welcomed everyone.

Sharing Stories (agenda item 1)

Paul Frazer who is a service user gave his personal story about his experience of mental ill-health and of mental health services over the years. He outlined some of the bad experiences he had had and also some of the very positive experiences and how these had helped him to recover and gain confidence and skills that had allowed him to help and support others.

Mr Frazer talked about the help he had received from Leeds City Council to set up a social enterprise which was able to provide support and training with a view to people gaining employment. Mr Frazer talked about the value of the Leeds Recovery College and outlined his ambition to ensure the provision of IT resources, training and skills for people on in-patient wards to help support their recovery.

Dr Munro thanked Mr Frazer for his story. She also noted the work that he

was involved in within the Trust, in particular his aim to promote access for service users to gain IT skills. She agreed that the Trust would look at what more can be done to support him and the work of the Leeds City College in developing courses within the Recovery College programme.

Mrs White noted that the Board receives performance data on the number of service users who are in employment and asked what more the Board could do to increase this number. Mr Frazer outlined some of the barriers that people encounter but suggested that being involved in the Trust's volunteering scheme could be a good way into full employment.

The Board thanked Mr Frazer for his powerful and inspiring story.

On behalf of the Board, Prof Proctor **thanked** Mr Frazer for attending the Board to share his story.

19/156 Apologies for absence (agenda item 2)

There were no apologies received.

19/157 Declaration of interests for directors and any declared conflicts of interest in respect of agenda items (agenda item 3)

The Board noted there were no changes to directors' declarations of interests. It was also noted that no director at the meeting had advised of any conflict of interest in relation to any agenda item.

19/158 Minutes of the previous meeting held on 28 September 2019 (agenda item 4)

The minutes of the meeting held on 28 September 2019 were **received** and **agreed** as an accurate record and were signed by the Chair.

19/159 Matters arising (agenda item 5)

The Board **noted** that there were no matters arising that were not either on the agenda or on the action log.

19/160 Actions outstanding from the public meetings of the Board of Directors (agenda item 6)

Prof Proctor presented the action log which showed those actions previously agreed by the Board in relation to the public meetings, those that had been completed and those that were still outstanding. The Board discussed the actions.

With regard to the visit by Ruth May, Mrs Woffendin noted that this would be

linked into a regional visit which Ms May was carrying out later in 2020 and noted that the date for this would be circulated when it was known.

The Board **received** a log of the actions. It **noted** the details, the timescales and progress.

19/161

Chief Executive's report (agenda item 7)

Dr Munro presented the Chief Executive's Report. In particular she drew attention to the work being carried out by the Culture Collaborative noting that this was being progressed through discussion sessions and an on-line platform to engage with staff and gain their views and ideas relating to the culture of the organisation.

Mrs White asked about the Mental Health Strategy that was being developed by the Leeds Health and Wellbeing Board and whether the Trust was linked into this work. Dr Munro noted that the strategy doesn't reference complex mental health services and that the Trust continues to highlight where this needs to be strengthened in regard to both the Mental Health Strategy and also the Leeds Plan. The Board noted the progress and that there was more work to be done before this is signed off.

Prof Proctor noted the work being done by Adam Maher, Linda Rose and Dr Sharon Nightingale in relation to the positive practice review of the education and training provision within the Trust and asked that a letter of thanks to be sent to them on behalf of the Board.

CH / SP

The Board **received** and **noted** the report from the Chief Executive.

19/162

Freedom to Speak up Guardian (FTSuG) Report (agenda item 21)

Mr Verity presented the half-year Freedom to Speak up Guardian Report and drew attention to the main points it detailed. Mrs Sentamu asked about the key themes that had been raised by admin staff. He indicated that these had, in the main, been around the impact on staff of the service redesign but that as the changes become more embedded he was seeing issues around this reducing.

It was also noted that the guardian worked with a number of staff groups and Mrs Sentamu asked whether he engaged with BAME groups or the Rainbow Alliance. Mr Verity noted that he works with the Equality and Inclusion Group and there were representatives from both these areas on that group. He also noted that there were a number of Health and Wellbeing Advisors and that these were representative of all groups of staff.

Mr Wright noted that he meets with the Freedom to Speak up Guardian on a regular basis and was assured of the work Mr Verity carries out as part of his role. He also noted that evidence of the effectiveness of the FTSuG was also gained through the staff survey and he noted that staff had indicated

that they were happy to speak with the guardian. In addition to this Mrs Holmes thanked Mr Verity for his commitment to the role and the dedicated way in which he supports staff who have raised a concern.

The Board **received** the report from the Freedom to Speak up Guardian and **noted** the content.

19/163

Report from the Chair of the Audit Committee for the meeting held on 24 October 2019 (agenda item 8)

Mr Wright presented the report from the Chair of the Audit Committee and outlined the main points detailed in the paper. In particular he noted that there had been a report from the on the actions being taken to address the recommendations in the Liaison Psychiatry which the committee had been assured on. In addition Mr Wright noted that there had been an increase in performance relating to the receipt of management responses relating to audit report recommendations and he thanked managers for this.

The Board **received** the report the Chair of the Audit Committee and **noted** the matters raised.

19/164

Ratification of the Terms of Reference for the Audit Committee (agenda item 8.1)

The Board **ratified** the changes made to the Terms of Reference for the Audit Committee.

19/165

Report from the Chair of the Workforce Committee for the meetings held on 1 October and 21 November 2019 (agenda item 9)

Ms Grantham presented the first Chair's reports for the two Workforce Committee meetings that had taken place on 1 October and 21 November 2019. She noted that the committee was putting in place its governance processes and that the first meeting the committee had received a number of papers that had set the strategic context of its work.

Ms Grantham noted that the committee had considered the digital agenda and considered this from the perspective of the needs of the workforce and had supported there being co-production with members of staff to get the right digital solutions in place. Mrs Hanwell accepted the need to find digital solutions for staff but noted that there is also a piece of work to do to ensure staff embrace existing technology and reflected that there could be a piece of work to look at how the underpinning strategic plans link together with a view to addressing changes in culture and behaviour around the use of technology.

With regard to the Combined Quality and Performance Report, Ms

Grantham noted that the committee was looking at the metrics that it wanted to receive reports on and how this then links through to the report to the Board.

Prof Baker welcomed the focus the committee was taking in regard to apprenticeships and asked what strategic change had come out of the discussions at the committee. Ms Grantham noted that the presentation the committee had received had highlighted the complexity of this work and how processes in relation to apprenticeships were not well understood across the organisation. She added that the committee had discussed and recognised the need for there to be further focus on this within the Trust and for there to be links to the underpinning strategic plans.

The Board **received** the report from the Chair of the workforce Committee and **noted** the matters reported.

19/166

Report from the Chair of the Quality Committee for the meetings held on 8 October and 12 November 2019 (including assurances on the Mortality Review – Learning from deaths quarter 2 report) (agenda item 10)

Prof Baker presented the Chair's reports from the meetings held on 8 October and 12 November 2019. In particular he noted that there had been a discussion about the development of the specialist workforce within the Gender Identity Service and the need to ensure there were sufficient staff with the right skills and experience banded at the right level in order to retain such staff in the specialist service areas within the organisation. Dr Munro advised that there was a policy which set out the process of assessing and supporting staff in moving to a new banding and that this could be used in the case of not only the staff group discussed at the committee meeting but for all staff groups where it was appropriate to do so. It was noted that in regard to the Gender Identity staff specifically referenced within the Chair's report this was being looked at as an operational matter with the team.

The Board **received** a report from the Chair of the Quality Committee and **noted** the content.

19/167

Ratification of the Terms of Reference for the Quality Committee (agenda item 10.1)

The Board **considered** and **approved** the revised Terms of Reference for the Quality Committee.

19/168

Report from the joint meeting of the Quality Committee and the Finance and Performance Committee for the meeting held on 26 November 2019 (agenda item 11)

Prof Baker presented the Chair's report from the joint committee meeting noting that it had discussed the Trust's Cost Improvement Plan and that it had looked in some detail at the links between the reduction in costs and how this might impact on quality.

Prof Baker also noted that there had been a presentation on efficiency and achieving financial sustainability. He noted that this was a key consideration for the Board and that the committee had recommended there be a wider discussion involving all members of the Board.

The Chair's report from the joint meeting of the Quality Committee and the Finance Performance Committee was received and the content noted.

The Board **received** a Report from the Chair of the joint meeting of the Quality Committee and the Finance and Performance Committee for the meeting held on 26 November 2019 and **noted** the content.

19/169

Report from the Chair of the Finance and Performance Committee for the meeting held on 26 November 2019 (agenda item 12)

Mrs White provided a verbal report from the meeting of the Finance and Performance Committee held on 26 November. She advised of the discussions that had taken place in respect of delayed transfers of care; out of area placements and the work to achieve the national target by March 2021; the governance arrangements for the Eating Disorders Provider Collaborative, noting that the committee had been assured of the arrangements that had been outlined; and the Board Assurance Framework with suggestions being made as to how this could be strengthened in relation to contributory risks.

Mr Wright noted that as a result of the committee raising concerns about the governance arrangements for the Eating Disorders Provider Collaborative there had been a huge amount of work to define these arrangements including the risk management and risk sharing arrangements. He also noted that the Trust was at the vanguard of this work and recognised that this was an emerging model of governance.

The Board **received** a report from the Chair of the Finance and Performance Committee and **noted** the content.

19/170

Report from the Chair of the Mental Health Legislation Committee for the meeting held on 5 November 2019 (agenda item 13)

Mrs Sentamu presented the Chair's report from the Mental Health

Legislation Committee in regard to the meeting held on 5 November 2019. In particular she drew attention to the work of the Synergi Collaborative and how more service users might be encouraged to attend the meetings; the uptake of training on the Mental Health Act noting that this had increased; and the length of stay for some children who are admitted to the Section 136 suite.

With regard to the capacity within the Mental Health Legislation Team as noted in the chair's report, Mrs Woffendin assured the Board on the actions that had been taken ensure there was sufficient resource available to the team.

Prof Baker noted that he had recently undertaken a visit to Section 136 suite and had outlined a number of environmental issues that had been observed. Mrs Hanwell agreed to raise these through the Clinical Environments Group.

DH

The Board **received** a report from the Chair of the Mental Health Legislation Committee and **noted** the content.

19/171

Chief Operating Officer's report on winter preparedness (agenda item 14)

Mrs Forster Adams provided the Board with an update and assurance on the preparations within the Leeds system for winter, noting that the paper set out the Trust's internal arrangements and also the system resilience plan.

Ms Grantham asked whether the Trust could evidence how the Newton Europe work, which had been previously carried out, had impacted on the Trust's services. Mrs Forster Adams noted that the work referred to in the report was in regard to the more recent Newton Europe work which had been around admission avoidance in the acute sector only. However, she added that the intelligence from the previous Newton Europe work was being used to inform the improvement work within the crisis and intensive home treatment service and also used to inform the discussions with the commissioners. She also noted that she was pursuing an opportunity for Newton Europe to return and look at building on the work they had originally carried out.

The Board discussed care homes and the importance of their representation in the discussions regarding winter provision. The Board also discussed parity of access to care home beds for people with mental health needs and Mrs Forster Adams noted that there had been some improvement in access more generally there was still an issue for people with complex mental health needs, which the Board noted would be picked up in the private part of the meeting.

The Board also discussed the engagement of the voluntary sector with particular in the winter planning discussions particularly in regard to rough sleepers. Mrs Woffendin noted that this had been discussed at the Health Protection Board would be fed into the winter plan. Mrs Forster Adams also noted that the urgent care work-stream within the West Yorkshire and

Harrogate Integrated Care System (ICS) was looking at this and that this will look at how these most vulnerable groups of people groups are supported and how the work of the voluntary sector can be strengthened across the ICS.

The Board **received** a report from the Chief Operating Officer on winter preparedness and **noted** the content.

19/172

Combined Quality and Performance Report (CQPR) (agenda item 15)

Mrs Forster Adams introduced the CQPR and outlined the main points of focus as detailed in the report. It was also noted that the content of the report had been discussed in detail at the Finance and Performance Committee and at the Quality Committee.

Prof Proctor asked about the Friends and Family Test, noting that uptake had reduced over the past period. Mrs Woffendin noted that the Friends and Family Test was only one way of gaining feedback from service users and that patient experience feedback was a specific action for the Patient Experience and Involvement Group with an update on a focused piece of work coming back to the Steering Group in December.

Mr Wright asked about performance in respect of patient discharge notes being provided to GPs within 24 hours noting that there were a number of useful digital tools that could alleviate this problem. Dr Kenwood noted that whilst there were a number of tools that could be helpful there were other pieces of information which make their way round the system in different formats and that resolving this issue could be multifactorial and may take some time to fully resolve. However, she noted that this was being looked at to try and resolve some of the issues.

The Board **received** the CQPR and **noted** the progress made and the areas currently under review.

19/173

Operational Plan and strategic priorities update report (agenda item 16)

Mrs Hanwell presented the update report noting that this had been looked at in detail at the Finance and Performance Committee meeting held in November and assurance had been provided in regard to progress against the targets.

With regard to out of area placements in regard to the Psychiatric Intensive Care Unit (PICU), Mrs Forster Adams noted that the figures reported were unusually high and that there was a piece of work to understand capacity and demand across the ICS which was currently in progress.

The Board **received** an update report on the Operational Plan and strategic priorities and **noted** the content.

19/174

Director of Nursing Report (agenda item 17)

Mrs Woffendin presented the Director of Nursing Report and drew particular attention to the main points in the report, including the Big Leeds Chat which had given a valuable opportunity to speak directly to members of the public about the services provided.

With regard to the recruitment of medics as referenced in the report, Dr Kenwood noted that this was a piece of joint work supported by the Workforce and OD Directorate and that the Trust was looking at a range of methods and media to attract people to the area and to the Trust.

With regard to flu vaccination programme, Mrs Woffendin reported that uptake amongst staff had been very successful, and that the team were continuing to promote staff receiving the vaccination.

The Board **received** the Director of Nursing Report and **noted** the content.

19/175

Safe Staffing Report (agenda item 18)

Mrs Woffendin presented the safe staffing report. She noted that whilst there had been one breach in the previous two months there had been a tremendous amount of work undertaken to ensure that shifts were covered over the period and that service users were safe. She noted that the one breach was due to carers leave having to be taken at short notice by a member of staff on night duty; that this had been within the Rehabilitation and Recovery Service and that staff on the unit had worked together to ensure there had been no issues with regard to patient safety.

The Board **received** the safe staffing report and **noted** the content.

19/176

Medical Director's Report (agenda item 19)

Dr Kenwood presented the Medical Director's Report which focused on the visit by Health Education England (HEE). Mr Wright asked about the challenges and issues relating to IT and estates as referred to in the report. Dr Kenwood explained that this was a general point that had come out of the findings from the visit and that the comments provided in the report reflected the issues Trust staff had highlighted to the HEE as part of the discussions. As such Dr Kenwood noted that these were issues already known to staff and were being addressed through the Trust's governance structures.

The Board **received** the Medical Director's report and **noted** the content.

19/177

Guardian of Safe-working Quarter 2 report (agenda item 20)

Dr Kenwood advised that the report continued to demonstrate that the Trust had an excellent fill-rate due mainly due to there being a more complete core trainee cohort. Dr Kenwood then highlighted the issues there had been in regard to the change to the use of the 999 emergency number by professional staff and the introduction of a dedicated number for their use. She outlined the work that had been done with the ambulance service and the steps taken to ensure that staff in the Trust were aware of the arrangements.

Prof Proctor noted that Dr Liz Cashman was stepping down as the Guardian of Safe Working and asked that a letter of thanks be sent to her from the Board - Cath hill

CH / SP

The Board **received** the Guardian of Safe-working report for quarter 2 and **noted** the content.

19/178

Report from the Chief Financial Officer (agenda item 22)

Mrs Hanwell presented the Chief Financial Officer's report noting that this had been looked at in detail at the Finance and Performance Committee. She noted that the risks and pressures for the trust remain the same and continue to be managed, but that in order for these to be addressed in a more sustainable way there needed to be a different approach agreed by the Board which, she noted, would be the subject of the Board workshop in late January. However, she provided assurance to the Board of the Trust's ability to deliver the financial plan and control total by the end of the financial year.

The Board **received** the Chief Financial Officer's report and **noted** the content.

19/179

Board Assurance Framework (BAF) (agenda item 23)

Dr Munro presented the Board Assurance Framework noting that there had been a proposal from the Quality Committee to amalgamate two of the risks and also noted that the risk in regard to system level working had now been added to the framework.

The Board considered the BAF and agreed the amalgamation of Strategic Risks 2 and 3.

The Board **received** the Board Assurance Framework, **noted** the content and **agreed** the changes.

19/180

West Yorkshire Mental Health, Learning Disability and Autism Collaborative Committees in Common meeting minutes and report (agenda item 24)

Dr Munro presented the minutes and report from the meeting of the committees in common and the Board noted the content.

The Board **received** the West Yorkshire Mental Health, Learning Disability and Autism Collaborative Committees in Common meeting minutes and report and **noted** the content

19/181

Use of seal (agenda item 25)

Prof Proctor noted that the seal had been used on two occasions:

- Log number 118 – Agreement under section 106 of the Town and Country Planning Act 1990 (as amended) relating to land at St Mary's Hospital Green Hill Road Armley Leeds and York Partnership NHS Foundation Trust
- Long number 119 – Deed of Transfer and Indemnity between LYPFT and Carers Leeds.

The Board **noted** the occasions on which the Seal had been applied.

19/182

Glossary (agenda item 26)

The Board received the glossary and agreed that the acronyms SRAB (Systems Resilience Assurance Board) and CQPR (Combined Quality and Performance Report) should be added to the document. Mrs Hill agreed to add these to the glossary.

CH

19/183

Resolution to move to a private meeting of the Board of Directors (agenda item 22)

At the conclusion of business, the Chair closed the public meeting of the Board of Directors and thanked members of the Board and members of the public for attending.

The Chair then resolved that members of the public be excluded from the meeting having regard to the confidential nature of the business transacted, publicity on which would be prejudicial to the public interest.

The Chair of the Trust closed the meeting at 12:20 and thanked everyone for attending.

Signed (Chair of the Trust)

Date

**AGENDA
ITEM**

6

Cumulative Action Report for the Public Board of Directors' Meeting

OPEN ACTIONS

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
Sharing Stories Session (19/155 – agenda item 1 – 28 November 2019) NEW – Look at what more can be done to support the work of the Leeds City College and the role of the Recovery College in supporting service users more widely.	Joanna Forster Adams	Management action	THE BOARD IS ASKED TO CLOSE THIS AS AN ACTION This will be incorporated into the on-going development of the recovery college – specifically picking up the feedback and intelligence provided by Mr Frazer. Overseen by members of our service development group, an update in more detail will be provided to them at the end of April 2020.
Chief Executive's Report (19/161 – agenda item 7 – 28 November 2019) NEW – A letter of thanks to be sent on behalf of the Board to Adam Maher, Linda Rose and Dr Sharon Nightingale.	Cath Hill / Sue Proctor	Management action	COMPLETED
Guardian of Safe Working Hours (19/177 – agenda item 20 – 28 November 2019) NEW – A letter of thanks to be sent on behalf of the Board to Dr Liz Cashman	Cath Hill / Sue Proctor	Management action	COMPETED

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
Glossary (minute 19/182 – November 2019 - agenda item 26) NEW - Mrs Hill agreed to add SRAB (Systems Resilience Assurance Board) and CQPR (Combined Quality and Performance Report) to the glossary.	Cath Hill	Management Action	COMPLETED
NEW - Report from the Chair of the Mental Health Legislation Committee for the meeting held on 5 November 2019 (agenda item 13) Mrs Hanwell agreed to raise the issues with the environment through the Clinical Environments Group that had been observed during a NED visit with the S136 suite accommodation on some sites.	Dawn Hanwell	Management Action	
Chief Executive's report (minute 19/139 – September 2019 - agenda item 7) Dr Munro also noted that there was a further draft of the Five-year Strategy, advising that she would circulate a copy of this to Board members for information.	Sara Munro	Management action	COMPLETED The updated slides were circulated to the Board 6 January 2020
Safer Staffing Summary Report (minute 19/012 – January 2019 - agenda item 12) Mrs Woffendin agreed to share benchmarking data in regard to nursing vacancies once a year through the Safer Staffing report.	Cathy Woffendin	January 2020 Board of Directors' meeting	COMPLETED Verbal update to be provided to board members around vacancies, WTE benchmarking data detailed in January safer staffing report

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Nicotine replacement management at LYPFT; summary of options for adoption of e-cigarette use (minute 19/123 – July 2019 - agenda item 14)</p> <p>Mrs Woffendin agreed to bring an update on the pilot to the January Board meeting.</p>	<p>Cathy Woffendin</p>	<p>January 2020 Board of Directors' meeting</p>	<p>COMPLETED</p> <p>This has been included on the January Board of Directors' agenda</p>
<p>Workforce Race and Disability Equality Progress Report (minute 19/147 – September 2019 - agenda item 15)</p> <p>A reciprocal mentoring programme would be developed and brought back to the Board for consideration and approval.</p>	<p>Claire Holmes</p>	<p>March 2020 Board of Directors' meeting</p>	
<p>Safe Staffing Report (minute 19/144 – September 2019 - agenda item 12)</p> <p>Mrs Hanwell added that alongside this there would also need to be work done to look at the resources required and the resulting budgets and that this work would be taking place over the next six months. Prof Proctor asked for the Board to kept informed of the outcome of this work and for a report to come back to the May 2020 Board meeting.</p>	<p>Dawn Hanwell</p>	<p>May 2020 Board of Directors' meeting</p>	

CLOSED ACTIONS

(3 MONTHS PREVIOUS)

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Actions outstanding from the public meetings of the Board of Directors (minute 19/138 – September 2019 - agenda item 6)</p> <p>Prof Proctor is to speak to Mrs Woffendin to look at inviting Ruth May (Chief Nurse for England) to one of the Trust's nursing events at some point in 2020.</p>	Sue Proctor	Management action	<p>THE BOARD IS ASKED TO CLOSE THIS ACTION</p> <p>This will be being taken forward through The Year of the Nurse event in 2020 which Ruth May will attend.</p>
<p>Actions outstanding from the public meetings of the Board of Directors (minute 19/138 – September 2019 - agenda item 6)</p> <p>With regard to the medical staff vacancy rates, Mrs Holmes indicated that vacancy rates, including those for medics have now been included in a report to the Workforce Committee and that there was further work to do to look at the metrics that go into the other Board sub-committees. It was agreed that there would be an update to the November Board as to where these considerations are up to if the information is not already in the CQPR.</p>	Claire Holmes	November Board of Directors' meeting	<p>COMPLETED</p> <p>Medical vacancy rates have now been included in the CQPR The Workforce Committee is considering the metrics that should be reported to it.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Report from the Chair of the Quality Committee for the meeting held on 10 September 2019 (minute 19/141 – September 2019 - agenda item 9)</p> <p>Mrs Sanderson explained the work that was being undertaken to look at the pathways of care that link to our service users and the acute Trust and agreed to look at a further pathway in relation to Psychological Medicine.</p>	<p>Nichola Sanderson</p>	<p>Management action</p>	<p>THE BOARD IS ASKED TO CLOSE THIS AS AN ACTION</p> <p>This is currently being scoped using the driver diagram methodology and a meeting will take place in December with LTHT to look at governance arrangements between the two trusts</p>
<p>Report from the Chair of the Quality Committee for the meeting held on 10 September 2019 (minute 19/141 – September 2019 - agenda item 9)</p> <p>Mrs Forster Adams advised the Board of the work being undertaken to look at how the governance arrangements are being strengthened in relation to pathways of care relating to our service users and the acute trust and it was agreed that there would be a verbal report to the November Board providing an update on those governance arrangements.</p>	<p>Joanna Forster Adams / Claire Kenwood</p>	<p>November Board of Directors' meeting</p>	<p>THE BOARD IS ASKED TO CLOSE THIS AS AN ACTION</p> <p>This is currently being scoped using the driver diagram methodology and a meeting will take place in December with LTHT to look at governance arrangements between the two trusts</p>
<p>Combined Quality and Performance Report (CQPR) (minute 19/143 – September 2019 - agenda item 11)</p> <p>Mrs Forster Adams explained that whilst the issues around inpatient discharge summaries had been identified this would take some time to translate into a change in practice and advised that the next CQPR would outline how this was being addressed.</p>	<p>Joanna Forster Adams</p>	<p>November Board of Directors' meeting (in the CQPR)</p>	<p>COMPLETED</p> <p>Information has been included in the CQPR</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Workforce Race and Disability Equality Progress Report (minute 19/147 – September 2019 - agenda item 15)</p> <p>It was agreed that the slides from workshop on 11 September would be shared with the Board.</p>	<p>Claire Holmes</p>	<p>Management action</p>	<p>COMPLETED</p>
<p>Workforce and organisational development report (minute 19/148 – September 2019 - agenda item 16)</p> <p>Mrs Holmes agreed to ensure that bank staff were advised of the staff survey and how they can engage with the process.</p>	<p>Claire Homes</p>	<p>Management action</p>	<p>COMPLETED</p> <p>Primary bank staff were informed by text messages about the survey. Questionnaires were sent in post to home addresses. We have sent several text messages encouraging bank staff to complete and return the survey. In addition to this the survey has been promoted through day to day engagements with the Bank via the Bank Staffing Department over the course of the survey period.</p>
<p>Board Assurance Framework (minute 19/151 – September 2019 - agenda item 19)</p> <p>Mrs White and Mr Wright agreed to provide supplementary comments and wording for the new partnership strategic risk.</p>	<p>Sue White / Martin Wright</p>	<p>Management action</p>	<p>COMPLETED</p> <p>Comments have been provided and these have informed the refreshed strategic risk relating to partnerships</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Report from the chair of the Quality Committee for the meetings held on 11 June and 9 July 2019 (minute 19/115 – July 2019 - agenda item 8)</p> <p>It was agreed that the Board should have a more detailed understanding of the dual diagnosis service and business planning that this should be added to the Board's Strategic Discussion programme. Mrs Hill agreed to add this to the programme.</p>	Cath Hill	Management Action	<p>THE BOARD IS ASKED TO CLOSE THIS ACTION</p> <p>The Dual Diagnosis service has been added to the Board's Strategic Discussion Session in April 2020.</p>

**AGENDA
ITEM**

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MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Chief Executive's Report
DATE OF MEETING:	30 January 2020
PRESENTED BY: (name and title)	Dr Sara Munro – Chief Executive
PREPARED BY: (name and title)	Dr Sara Munro – Chief Executive

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

EXECUTIVE SUMMARY		
<p>The purpose of this paper is to inform the Board of Directors on some of the activities of the Chief Executive which are undertaken to support the delivery of the Trusts strategic objectives and other important matters for the Board to be apprised of.</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
The Board is asked to note the content of the report.

MEETING OF THE BOARD OF DIRECTORS

30 January 2020

Chief Executive's Report

The purpose of this paper is to update the Board of Directors on the activities of the Chief Executive.

1. Staff engagement and Service visits

During the festive holidays I visited all the wards, the CAU and crisis home treatment team based at the Becklin Centre and Parkside Lodge to catch up staff and find out what plans they had for service users staff and carers to get involved in festive activities.

I joined Dawn Hanwell on a visit to Linden House which has recently been refurbished and become home to the HR team and the training team. The staff I met with all fed-back that the working environment was a significant improvement on what they had previously. Work continues across the St Marys Hospital site refurbishing and relocating staff teams alongside the enabling works for the New CAMHS Unit. This is resulting in some challenges for staff and I am grateful for their patience.

2. Staff Survey 2019

The annual staff survey for 2019 closed at the end of November 2019 and we achieved a 54.1% response rate for substantive staff and for the newly developed bank staff survey we achieved a 26% response rate.

Raw data was received before Christmas and has been shared with relevant leads however the weighted data and draft benchmarking analysis will not be available until early February. At this point we will be able to share it internally with staff and teams but publication of the results for the NHS is embargoed until 18th February 2020.

We are arranging for Quality Health who administer the staff survey on our behalf to attend the strategic board session in February to discuss the results and implications in more detail.

I would like to send out our thanks to the staff engagement and OD team, staff side representatives and managers for supporting the Trust in maintaining such a good response rate.

3. Culture Collaborative Update

We have now completed the second round of online conversations as part of the culture collaborative during which we tested back with staff the analysis from the first wave. This proved to be a useful exercise in clarifying the conclusions we were reaching and helping us consider where we should focus our efforts. The CSI, Learning and OD and communications team have been working collectively to support the collaborative undertaking the analysis and planning. They have now converted the feedback so far into a set of 6 aim statements as set out below.

1. We need a diverse group of inspiring managers and leaders across the organisation, and to develop them in a consistent, supportive and fair way to positively influence culture.
2. Everyone should feel empowered to make decisions and/or improvements in their teams, using their knowledge and creative ideas.
3. We need clear pathways that help us fulfil our career progression and development ambitions.
4. Everyone needs to be appreciated for their hard work, valued for their skills, and recognised for their achievements.
5. Flexible working processes need to be easy to implement across all levels of the organisation.
6. Bullying and harassment needs to be stamped out. Everyone should be treated fairly and with respect.

Out of 103 teams in the Trust staff from 90 teams participated in round one of the conversations and staff from 66 teams participated in round 2. In total 682 (21%) people took part in round one and 229 in round 2 (7%).

A more detailed analysis has been carried out of the participants according to demographic and protected characteristics and banding. This is to help us define the target audience for the face to face conversations which are taking place in February and March and will specifically target those staff groups that were underrepresented in the online conversations through personal invitations.

4. Regulatory Matters

CQC

I am absolutely delighted that as a Trust we have been rated as good by the Care Quality Commission following the extensive inspection they undertook throughout 2019. Our final reports were released just before Christmas. This rating is very well deserved by all our staff and has been achieved through continuous hard work, living our trust values and working with our many partners. We have lots of great feedback from peers and colleagues including the COO for NHSI/E and the National Director for Mental Health Claire Murdoch. Staff are equally delighted in those services that saw their ratings move to good this time – specifically acute inpatient and PICU, forensic services. I want to pass on my thanks to all our staff and to the core team led by Cathy Woffendin who have managed the whole process and supported our service managers every step of the way.

Fire Safety

West Yorkshire Fire and Rescue Service have reviewed the actions we have taken following a number of fire incidents in the trust over the past 2 years and carried out an unannounced inspection in December 2019. They have confirmed they are satisfied with the action we have taken to improve our fire safety arrangements and also recognised that we have gone further in our actions that they requested. They were able to test out with front line staff the changes at a ward level in managing the potential fire risk and the feedback was very positive from all those involved in the inspection. The work to improve fire safety has been cross cutting between estates and facilities, clinical and operational leads and support from LTHT. Following the feedback from WYFRS we have now closed down the action from the executive risk management group.

NHSE/I

Planning guidance was expected along with updated financial allocations for organisations during January however at the time of writing this paper they have still not been published. They are now expected to be made available the week commencing 27th January however timescales for submission of our operational plans will remain unchanged.

At the System oversight and assurance group meeting of the ICS this month we discussed proposed changes to the arrangements for assurance which previously has been quarterly meetings between NHSI and individual trust's. In line with the move towards ICS nationally and the implementation of one oversight framework for the NHS the proposal is to hold place based review meetings with all key partners including commissioners initially on a quarterly basis. This was supported with an implementation date of April 2020.

5. Wider System Updates

WY and H ICS Strategy

The five year strategy has been finalised and a suite of supporting documents including summary and easy read versions have been produced. These documents reflect the significant engagement we have carried out with partner organisations throughout the summer and autumn, as well as the specific feedback we received on the plan in the Partnership Board on 3 December 2019. The summary is also available as: an audio version; a British Sign Language (BSL) version and; an animation.

These versions will be uploaded into the ICS website from the 30 January 2020. There are now further conversations taking place nationally with the new government about delivery of their manifesto commitments. In the light of this national colleagues have asked all Integrated Care Systems (ICSs) and Sustainability and Transformation Partnerships (STPs) to hold off from actively promoting their plans to allow space for this. If there are any material changes to national policy or commitments these will be discussed at the Partnership Board and any changes made to our strategy agreed there.

Mental Health Learning Disability and Autism Collaborative Update

The five year strategy for the mental health learning disability collaborative programme is now complete and published on the website and also has a suite of supporting documents including summaries and easy read.

We have held a meeting of the programme board, Committee in Common and New Care Model Programme boards during the last two months. A summary paper from the Committee in Common held on the 21st January 2020 is enclosed and the formal minutes will be provided to the board once agreed.

Key areas of focus and action across the collaborative have been

- Recruitment to the core team led by Keir Shillaker has now been completed with programme managers and additional admin resource coming into post in the next 2 months.
- Submission of the final bid for the Adult Eating Disorder new care model and attendance at the gateway panel in December 2019 went ahead and we have been given confirmation that we will move to steady state commissioning from the 1st April. Developing our model for Assessment and Treatment Unit Provision for West Yorkshire and planning our approach to wider public consultation and engagement.

- A recommendation that the ICS sign up to the Mental Health Prevention Concordat was supported by the Executive Group of the ICS. This is a framework from Public Health England which will bring together all partners in our system to support mental health prevention. The work will be led jointly with our programme and the improving population health programme.
- A proposal has been supported to develop a Suicide Prevention public awareness campaign for the ICS and this will become more developed over the next few months.
- Connections have been made with the South London Group Collaborative to share best practices and approaches to partnership working/provider collaborative arrangements.
- Development of a programme dashboard and metrics for each work stream is moving forward with support from NHSE and the draft dashboard should be in place from April 2020.
- Draft communication and engagement strategy has been developed and we now have a dedicated person in post to support the programme
- Launch of recruitment campaigns in West Yorkshire for psychiatry, mental health and learning disability nursing.
- Developing options on how to implement commissioning and quality assurance functions as part of the new care models with a final proposal to be agreed by the CEOs and recommended to the Committee in Common for a decision.

West Yorkshire Tier 4 CAMHS Unit

The Tier 4 CAMHS build is now in the first stages with contractors already on site demolishing old buildings and putting in place the infrastructure for the new build. We held a successful board to board meeting late 2019 with Leeds Community Trust to go through the business cases before they were then formally signed off at our respective boards to enable submission to NHSE/I. We will continue to work closely with LCH on this project and have already agreed to schedule three joint board sessions in during 2020. Dawn Hanwell is our executive lead for the project and we have also put in place clinical and operational leadership to support the development of the new clinical model for Tier 4 CAMHS for West Yorkshire and Harrogate.

6. Reasons to be proud

Fabrizio Girolomini (Senior Clinical Audit Facilitator) has been successful with his application for NICE Scholarship. The scholarship is a national project and Fab is one the 10 successful candidates.

NICE Scholarships are one-year opportunities to find out about the inner workings of NICE. The scholar undertakes a supported improvement project, related to NICE guidance within the Trust.

The aim of the Fab project is to implement the NICE self-harm clinical guidelines. The objectives are to use the NICE CG16 and CG133 related tools and resources: 1) to assess compliance with national recommendations, identify areas of low compliance and co-produce action plans in partnership with staff to achieve the recommendations. 2) To identify factors that facilitated behavioural change.

Gambling Clinic Roll Out - Gambling Clinic in Sunderland is now open to referrals following the official launch held on 8th January 2020. The event received significant media coverage and another huge thanks to Matt Gaskell for his continued leadership of the service and the communications team supporting the successful launch.

The Connect West Yorkshire Adult Eating Disorder Service has been given the go ahead to take on a formal 4 year contract which gives devolved responsibility for the specialist commissioning budget for West Yorkshire and Harrogate for the next 4 years. This comes following a two year pilot which has seen the service achieve fantastic outcomes for service users by investing more resources in to community services and thereby reducing number of admissions and length of stay. This is the first new care model to get the formal go ahead in our region and the learning from this will influence the development of subsequent bids for Tier 4 CAMHS and Forensic services over the coming months.

Dr Sara Munro
Chief Executive
23 January 2020

Chair's Report

Name of the meeting being reported on:	Audit Committee
Date your meeting took place:	23 January 2020
Name of meeting reporting to:	Board of Directors – 30 January 2020
Key discussion points and matters to be escalated:	
<p>The Audit Committee met on 23 January 2020 and agreed the items below were to be reported to the Board for information and assurance.</p> <ul style="list-style-type: none"> • Estimated Discharge Dates – the committee received a report regarding the inconsistent application of an estimated date of discharge in the inpatient services and any cultural barriers there were to providing the dates. She outlined the action that had been taken with clinicians to raise awareness as to the need and relevance of this and that the work had led to an increase in compliance. The Audit Committee noted the actions taken and the increase in performance as a result. It also noted that there would a follow-up audit next year which would test out the efficacy of the actions taken. It was also noted that an update on this matter would also be taken to the Finance and Performance Committee by the Chair of the Audit Committee. • Deferral of audits – the committee noted and supported the requests from management to defer audits to later in the audit plan/cycle. It noted that these requests had been supported by the Auditors. • IT Security and housekeeping controls internal audit report – which had provided significant assurance on the Trust's arrangements for securing information technology and data. The committee noted that this was an important area and was assured by the finding in this report. • Management response times – the committee noted there had been a decrease in performance against the KPI for the receipt of management responses. Internal audit explained the reasons for this noting that some of the audit reports had been carried out over multiple areas and gathering responses from a number of contributors had caused some of the delays. 	

- **Limited assurance internal audit reports:**

- Contract Management – the committee received a report from the Chief Financial Officer, noting that the recommendations had been accepted by management and had provided sufficient actions and responses for each of the recommendations. The committee then received assurance on the steps being taken to address the findings. In particular, there the proposals for there to be greater level of professional support for the procurement functions, which the committee welcomed.
- Service User Money and Property – the committee received a report from the Chief Operating Officer on the procedures being carried out across the Trust, noting that the report had highlighted that the procedure was being applied inconsistently. The committee was concerned at some of the findings but was assured that management and the staff who implement the procedure had accepted all of the recommendations; had completed some of the work; that there was support for staff going forward and that the learning from this audit will be factored into training; and that improvements were being seen in operational areas.

- **Outcome of the West Yorkshire Fire and Rescue Service (WYFRS)** – the committee was advised that the West Yorkshire Fire and Rescue Service have reviewed the actions that have been taken following a number of fire incidents over the past 2 years. It was noted that they had carried out an unannounced inspection in December 2019 and had confirmed they were satisfied with the actions taken to improve our fire safety arrangements. As a result of this the committee noted that the action plan had now been completed and that WYFRS will be taking no further action.
- **Health and Safety Action plan** – the committee noted that there had been good progress made against the Health and Safety Executive action plan; that the governance arrangements were being reviewed and finalised and that this would likely have a resource implication in terms of an additional management role.
- **The Risk Management Annual Report** – the committee received the report and received a good level of assurance on the controls and processes in place.
- **Local Counter Fraud Report** – the committee reviewed the report in some detail and the issues raised. It was assured of the proactive and investigative actions being taken although it asked for further action to be taken in relation to one of the investigations which had been ongoing for some time.
- **The External Audit Fees** – the fees were considered and agreed, noting that these were consistent with the contract value that was agreed at the commencement of the auditors' appointment.

Report completed by:

Martin Wright – 23 January 2020

**AGENDA
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Chair's Report

Name of the meeting being reported on:	Quality Committee
Date your meeting took place:	10 December 2019 14 January 2020
Name of meeting reporting to:	Board of Directors – 30 January 2020
Key discussion points and matters to be escalated:	
<p>At the Quality Committee meeting that took place on the 10 December 2019, the Committee received:</p> <ul style="list-style-type: none"> the Annual Quality and Safety Report from the Older Peoples Services and noted the considerable and sustained pressure faced by the Service. Concerned that the staffing challenges faced may have had an impact on the wellbeing of staff across the Service, the Committee asked the Trusts Health and Wellbeing Manager to plan a visit. The Committee also discussed the quality improvement work that the Service could undertake and how this could be provided the Combined Complaints, Concerns, PALS, Compliments and Patient Safety Report. The Committee noted that the PALS Team were now able to triage complaints, and was pleased to hear that this had led to many issues being resolved quicker than if they were submitted as a formal complaint a report on the Mental Health Optimal Staffing Tool (MHOST). The Committee noted that the findings of the tool would assist in discussions with commissioners in relation to the Trust's current baseline budget versus the required costs based on acuity and demand using the MHOST. The Committee suggested that the physical health tool be used on the Older People's Inpatient Dementia wards a report detailing the feedback and experiences from placement students. The Committee was assured on the escalation process that would be followed if a student was to report a negative experience whilst on placement with the Trust a position paper regarding overnight accommodation arrangements for service users' relatives visiting from distance. It was informed of a pilot arrangement, within the Perinatal Service, to test the demand and resource for these arrangements. It noted that the 	

Trustwide Clinical Governance Group would have oversight of this.

At the Quality Committee meeting that took place on the 14 January 2020, the Committee received:

- an update on the implementation of the Intensive Support Team. It noted the progress to date and that the implementation of the service was on track
- the Annual Quality and Safety Report for the Veterans Service. It acknowledged the growth and development of the service since it began operating in April 2018 and discussed the potential for further expansion and the forward plan for the service
- a report on the findings from a review of the effectiveness and sustainability of serious incident (SI) actions generated from 73 Root Cause Analysis cases and 328 solutions. It noted the findings and that the next phase of evaluating the SI action plans would focus on how to assess the impact of the actions.
- an update regarding the uptake of the flu jab, and was pleased to hear that the Trust had reached a compliance rate of 80.1%

Report completed by:

Name of Chair and date:
Prof John Baker
23 January 2020

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

MEETING OF THE BOARD OF DIRECTORS

**AGENDA
ITEM**

11

PAPER TITLE:	Combined Quality and Performance Report
DATE OF MEETING:	30 th January 2020
PRESENTED BY: (name and title)	Joanna Forster Adams - Chief Operating Officer
PREPARED BY: (name and title)	Joanna Forster Adams - Chief Operating Officer Cathy Woffendin – Director of Nursing and Professions Claire Holmes –Director of Workforce Dawn Hanwell – Chief Finance Officer and Deputy Chief Executive Nikki Cooper – Head of Performance Management and Informatics

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

EXECUTIVE SUMMARY

The document brings together the high level metrics we report and use in the management process set against our current strategic objectives to enable the Board to consider our performance. It reports performance against the mandated standards contained within:

- The regulatory NHSI Oversight Framework
- The Standard Contract metrics we are required to achieve
- The NHS England Contract
- The Leeds CCG Contract

In addition to the reported performance against the requirements above, we have included further performance information for our services, our financial position, workforce and our quality indicators. It is underpinned by a more detailed and expansive set of performance metrics used across our management and governance processes at all levels of the organisation.

The report includes narrative where there are concerns about performance and further includes highlights where we have seen sustained improvement or delivery.

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 Board are asked to:

- note the content of this report and discuss any areas of concern.
- identify any issues for further analysis as part of our governance arrangements.

COMBINED QUALITY & PERFORMANCE REPORT



Lead Director: Joanna Forster Adams, Chief Operating Officer

Date: January 2020 (reporting December 2019 data, unless otherwise specified)

Introduction

Key themes to consider this month:

Unless otherwise specified, all data is for December 2019

Consistency and improvement:

During December/Quarter 3, a number of services achieved their access standard / target including the Early Intervention in Psychosis 14 day treatment target and the Perinatal 48 hour access target for urgent/emergency referrals. As recording improves, we are starting to see a clearer picture of performance within the Crisis and Intensive Support Service. Consistency remains key as a range of metrics fluctuate just above and below their targets.

We have seen an overall reduction in the number of bed days used for inappropriate out of area placements as the length of time people spend in out of area beds has reduced. The need to use placements out of area remains with high bed occupancy and delayed discharges impacting on the flow within our inpatient setting. Improving physical health checks and communications with General Practitioners (GPs) remain key themes going into quarter 4.

Workforce:

A new Health and Wellbeing Manager started with the Trust in December to provide dedicated resource to reduce sickness absence, particularly providing support to minimise sickness due to stress and mental health. Appraisal compliance dropped slightly over the past few months and is now a focus with both appraisal completion rates and the quality of the appraisal conversation forming part of a survey, due to launch to staff to evaluate the effectiveness of the appraisal process.

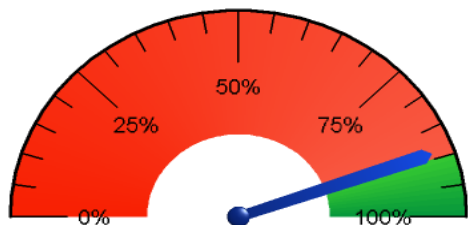
There has been a welcome reduction in Band 5 nursing vacancies as the new nursing staff have started with the organisation during October/November under the Trust's commitment to support newly qualified staff within Leeds.

Work in Progress:

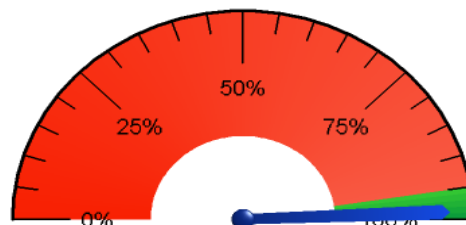
At the beginning of March, the Trust is expecting to go-live with its new electronic patient record system, CareDirector. Work is progressing to ensure data is migrated from the old system. Care Director is configured to support the work of our clinical and administrative staff and dashboards have been built to ease navigation around the system, and to highlight any actions that require to be undertaken to support the care of our service users. Training has commenced for staff. This is a significant change for all staff with some tangible benefits such as mobile working. However, as with any new system, it will require a period of "bedding in" that could impact on the quality of data collected in the initial weeks as staff familiarise themselves.

Our Service Performance

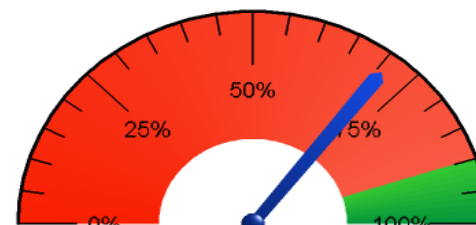
Access & Responsiveness: Our response in a Crisis



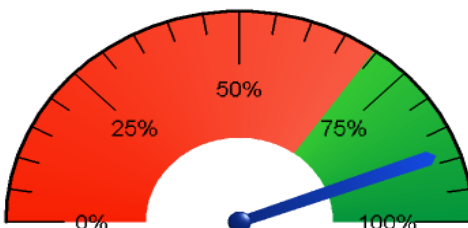
Percentage with timely access to a MH assessment by the ALPs team in the LTHT Emergency Department (1 hour)



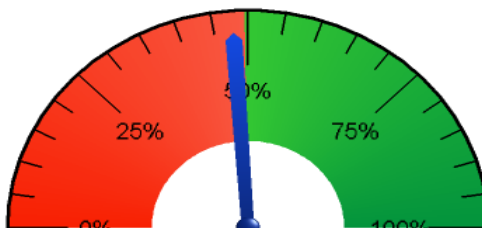
Percentage of admissions to inpatient services that had access to crisis resolution / home treatment teams



Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral

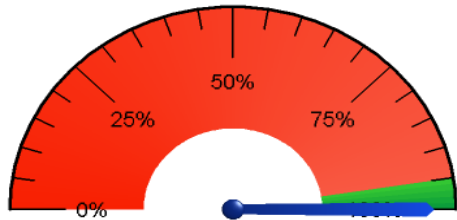


Percentage of service users who have stayed on CRISS caseload for less than 6 weeks

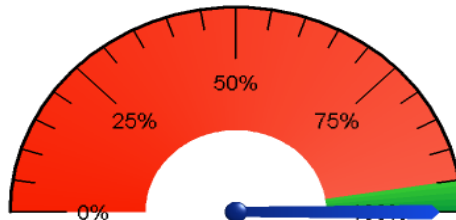


Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support

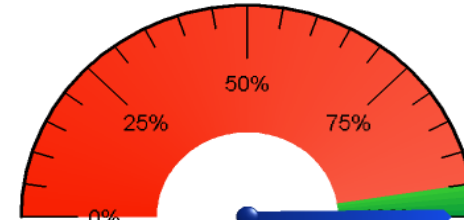
Our Specialist Services



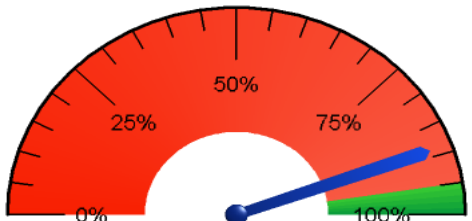
**CAMHS inpatients: Honosca & CGAS:
% completed at admission (quarterly)
Q3**



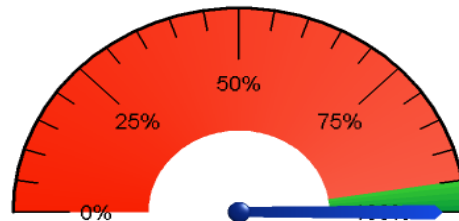
**CAMHS inpatients: Honosca &
CGAS: % completed at
discharge (quarterly) Q3**



**Forensics: HCR20: Percentage
completed within 3 months of
admission (quarterly) Q3**

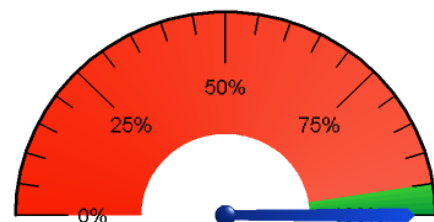


**Forensics: HCR20 & HoNOS Secure:
Percentage completed (LOS greater than
9 months) (quarterly) Q3**

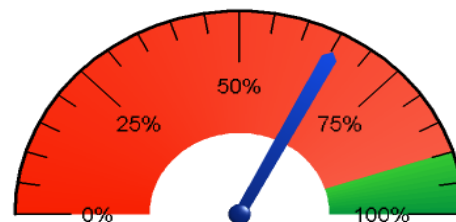


**Leeds Autism Diagnostic Service (LADS):
Percentage starting their assessment
within 13 weeks of referral**

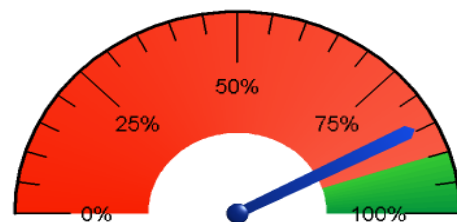
Our Specialist Services Continued



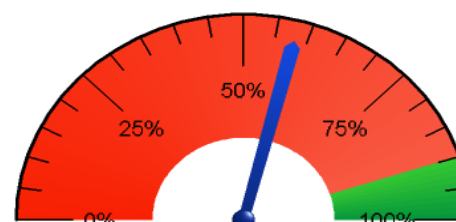
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) Q2



Perinatal Community: Percentage waiting less than 2 weeks for first contact (routine) Q3

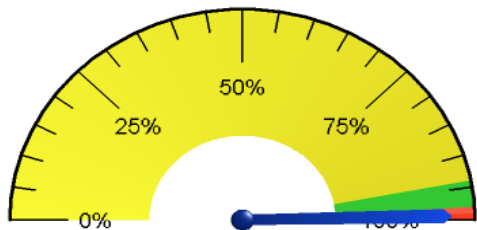


Community LD: Percentage of referrals seen within 4 weeks

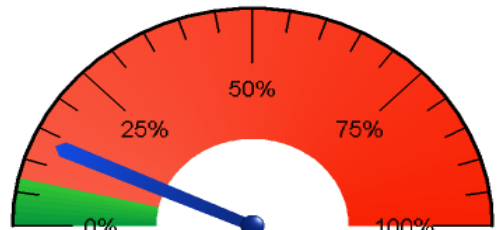


Community LD: Care plans reviewed within the previous 12 months

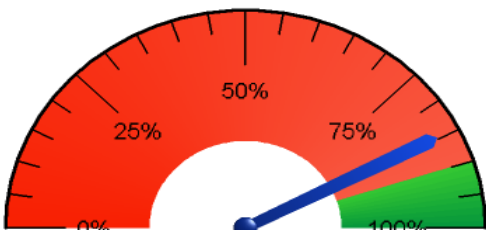
Our Acute Patient Journey



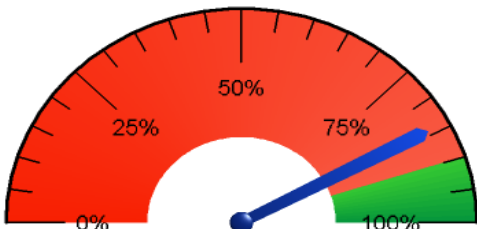
Bed Occupancy rates for (adult acute) inpatient services



Percentage of Delayed Transfers of Care

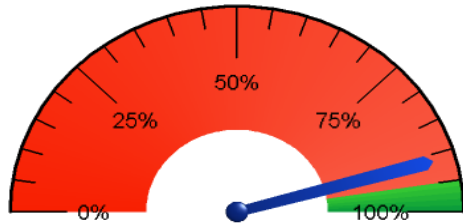


Liaison In-Reach: attempted assessment within 24 hours

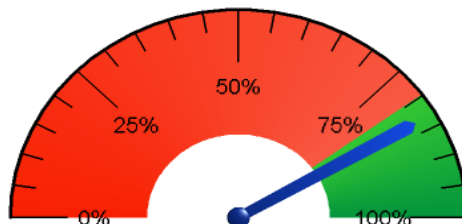


Cardio Metabolic (Physical health) Assessment completed (Current SMI inpatients) Q3

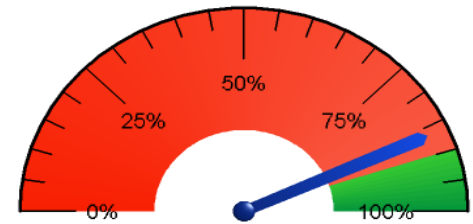
Our Community Care



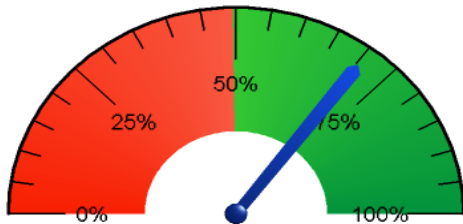
Percentage of inpatients followed up within 7 days of discharge



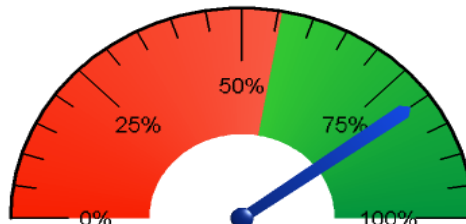
Percentage of referrals seen (face to face) within 15 days of receipt of referral to a community mental health team



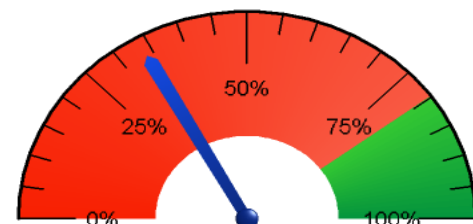
Waiting Times Access to Memory Services; Referral to first Face to Face Contact within 8 weeks Q3 to date



Memory Services – Time from Referral to Diagnosis within 12 weeks Q3 to date

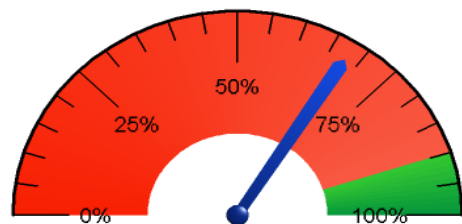


EIP 2 week wait to start NICE-recommended package of care



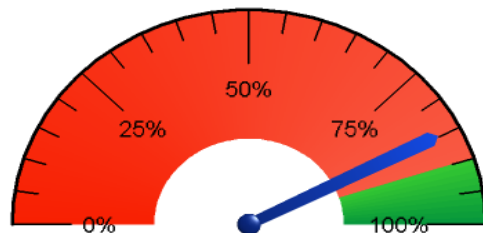
Cardio Metabolic (Physical health) Assessment completed (SMI community caseload) Q3

Our Community Care Continued

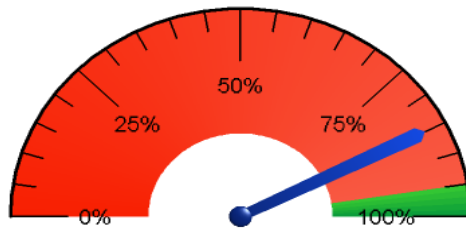


**Cardio Metabolic (Physical health)
Assessment completed (Early
Intervention in Psychosis) Q3**

Clinical Record Keeping: Mandated requirements

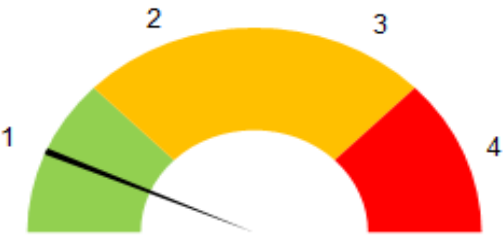


**Proportion of in scope patients
assigned to a cluster**



**Percentage of Care Programme
Approach Formal Reviews within
12 months**

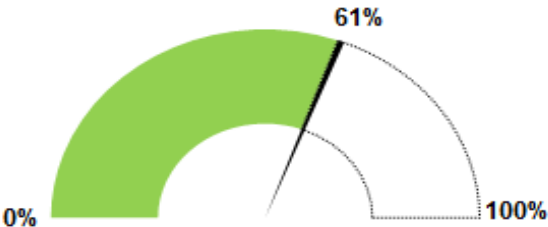
Finance - December data



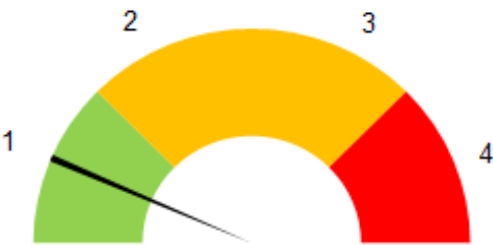
Single Oversight Framework – Finance Score



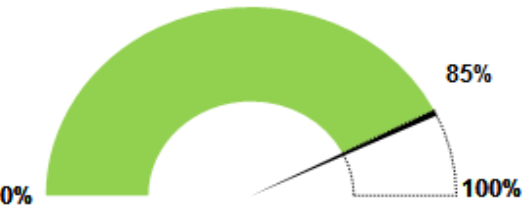
Income and Expenditure Position (£000s)



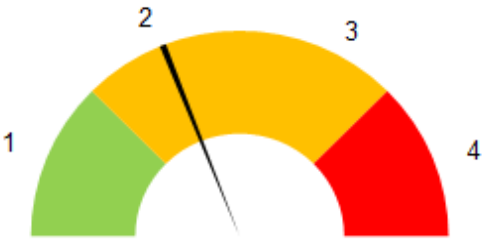
Cost Improvement Programme (£000s)



Cash (£000s)



Capital (£000s)



Agency spend (£000s)

Service Performance – Chief Operating Officer

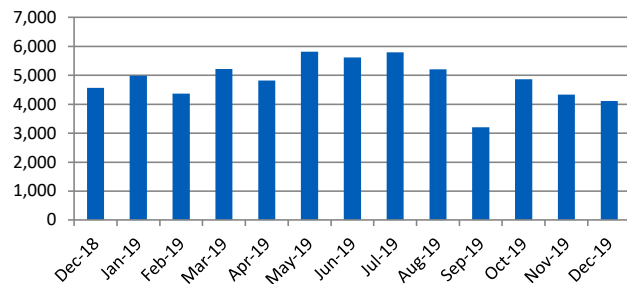
Services: Access & Responsiveness: Our response in a crisis				
	Target	Oct-19	Nov-19	Dec-19
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	64.0%	65.4%	71.0%
Percentage of admissions gatekept by the crisis teams	95%	98.7%	97.2%	98.8%
Percentage of ALPS referrals responded to within 1 hour	90%	82.2%	87.5%	89.0%
Percentage of S136 referrals assessed within 3 hours of arrival	-	28.3%	16.7%	21.6%
Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral	Q3 90%	77.8%	83.3%	70.8%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70%	93.8%	90.1%	88.7%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50%	38.6%	39.8%	47.9%
Services: Our Specialist Services				
	Target	Oct-19	Nov-19	Dec-19
Gender Identity Service: Median wait for those currently on the waiting list (weeks)	-	49.4	51.4	54.1
Gender Identity Service: Number on waiting list	-	1,873	1,943	1,979
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks	95%	80.0%	79.0%	100%
CAMHS inpatients: Honosca & CGAS: % completed at admission (quarterly)	95%	-	-	100%
CAMHS inpatients: Honosca & CGAS: % completed at discharge (quarterly)	95%	-	-	100%
Deaf CAMHS: average wait from referral to first face to face contact in days (monthly)	-	48.8	37.7	40.4
Forensics: HCR20: Percentage completed within 3 months of admission (quarterly)	95%	-	-	100.0%
Forensics: HCR20 & HoNOS Secure: Percentage completed (LOS greater than 9 months) (quarterly)	95%	-	-	88.9%
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	Q3 95%	-	-	100%
Perinatal Community: Percentage waiting less than 2 weeks for first contact (routine) (quarterly)	Q3 90%	-	-	65.3%
Perinatal Outreach: Average wait from referral to first contact (all urgencies) (quarterly)	-	-	-	23.4
Perinatal: Number of new women supported versus trajectory (quarterly; LCCG only)	129	-	-	74
Perinatal: Total number of women supported (quarterly; LCCG only)	-	-	-	182
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	Q3 90%	93.0%	89.2%	84.6%
Community LD: Percentage of Care Plans reviewed within the previous 12 months	90%	65.3%	61.7%	58.0%
Services: Our acute patient journey				
	Target	Oct-19	Nov-19	Dec-19
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	90.3%	85.0%	83.3%
Crisis Assessment Unit (CAU) length of stay at discharge	-	11.1	8.3	8.1
Liaison In-Reach: attempted assessment within 24 hours	90%	86.9%	88.2%	84.7%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94-98%	99.1%	99.6%	99.3%
• Becklin – ward 1 (female)	-	99.9%	99.7%	100.7%
• Becklin – ward 3 (male)	-	99.4%	99.2%	99.0%
• Becklin – ward 4 (male)	-	99.7%	100.2%	98.4%
• Becklin – ward 5 (female)	-	98.1%	100.3%	99.3%
• Newsam – ward 4 (male)	-	98.3%	98.7%	99.2%
• Older adult (total)	-	79.6%	83.7%	78.9%
• The Mount – ward 1 (male dementia)	-	79.9%	90.0%	86.3%
• The Mount – ward 2 (female dementia)	-	95.3%	86.9%	71.0%
• The Mount – ward 3 (male)	-	47.3%	58.9%	53.6%
• The Mount – ward 4 (female)	-	101.9%	101.9%	103.8%

Service Performance – Chief Operating Officer

Services: Our acute patient journey	Target	Oct-19	Nov-19	Dec-19
Percentage of delayed transfers of care	<7.5%	11.0%	12.1%	13.3%
Number of out of area placement bed days versus trajectory (in days: cumulative per quarter)	-	-391	-30	221
Acute: Number of out of area placements beginning in month	-	11	9	12
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	348	287	220
PICU: Number of out of area placements beginning in month	-	5	2	6
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	133	74	30
Older people: Number of out of area placements beginning in month	-	0	0	1
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	0	0	1
Cardiometaabolic (physical health) assessments completed: Inpatients (quarterly)	90%	-	-	84.3%
Services: Our community care	Target	Oct-19	Nov-19	Dec-19
Percentage of inpatients followed up within 7 days of discharge	-	90.5%	90.9%	91.2%
Percentage of inpatients followed up within 7 days of discharge (quarterly data)	95%	-	-	91.2%
Percentage of inpatients followed up within 3 days of discharge	-	78.1%	71.7%	70.8%
Number of service users in community mental health team care (caseload)	-	4,745	4,814	4,773
Percentage of referrals seen (face to face) w/in 15 days by a community mental health team	85%	83.3%	77.4%	83.2%
Percentage of referrals to memory services seen (face to face) within 8 weeks (quarter to date)	90%	79.3%	81.9%	81.9%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50%	72.5%	75.3%	57.6%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks.	56%	69.2%	66.7%	80.0%
Cardiometaabolic (physical health) assessments completed: Community Mental Health (patients on CPA) (quarterly)	80%	-	-	33.9%
Cardiometaabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90%	-	-	67.8%
Services: Clinical Record Keeping	Target	Oct-19	Nov-19	Dec-19
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS) - revised specification from April onwards	95%	JUL 81.7%	AUG 80.4%	SEP 81.1%
Percentage of service users with ethnicity recorded	-	83.9%	83.8%	83.3%
Percentage of in scope patients assigned to a mental health cluster	90%	85.1%	85.0%	84.8%
Percentage of Care Programme Approach Formal Reviews within 12 months	95%	84.5%	83.9%	85.0%
Timely Communication with GPs: Percentage notified in 7 days (CPA Care Plans only) (quarter to date)	80%	41.1%	41.6%	40.0%
Timely Communication with GPs: Percentage notified in 24 hours (inpatient discharges only) (quarter to date)	80%	1.8%	0.7%	0.6%

Services: Access & Responsiveness: Our response in a crisis

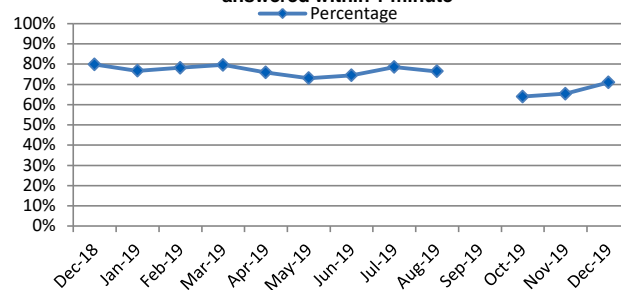
Number of calls (attempted) to SPA by Month



Dec calls: 4,111

Data from only 12th - 30th Sep due to system migration

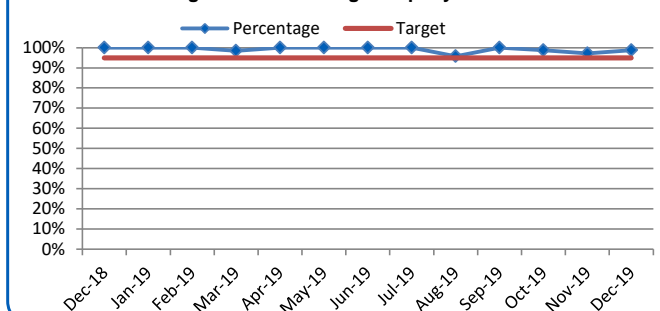
Percentage of crisis calls (via the single point of access) answered within 1 minute



Local target: within 1 minute: Dec: 71%

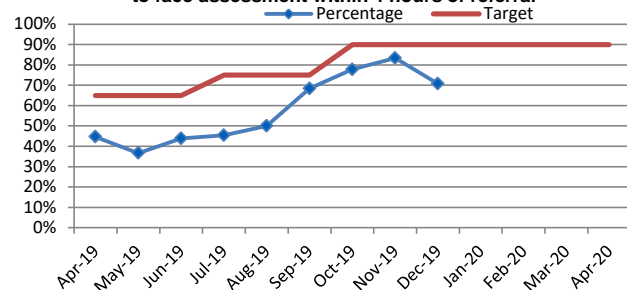
Data for Sept n/a due to system migration

Percentage of admissions gatekept by the crisis teams



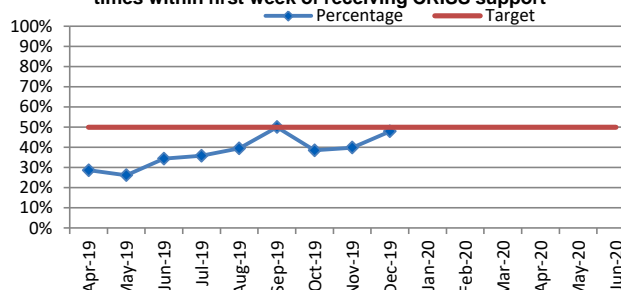
Local target: 95%: Dec: 98.8%

Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral



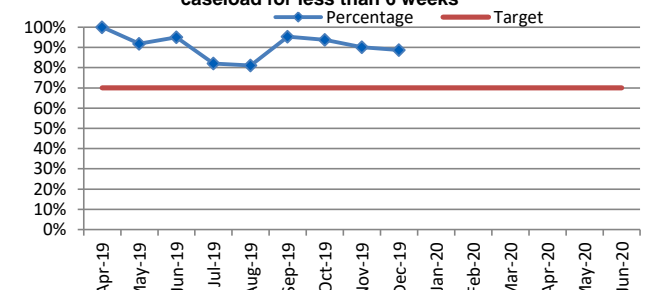
Contractual target Q3: 90% Dec: 70.8%

Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support



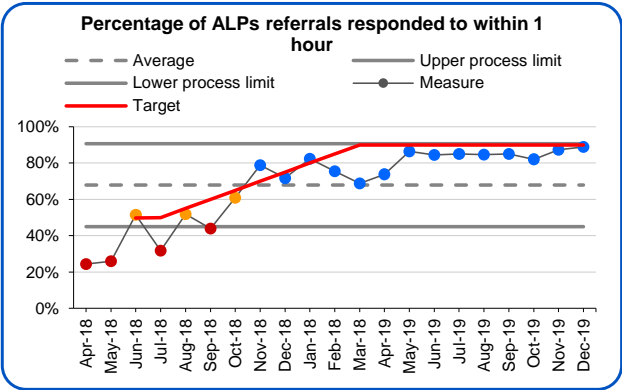
Contractual target: 50%: Dec: 47.9%

Percentage of service users who stayed on CRISS caseload for less than 6 weeks

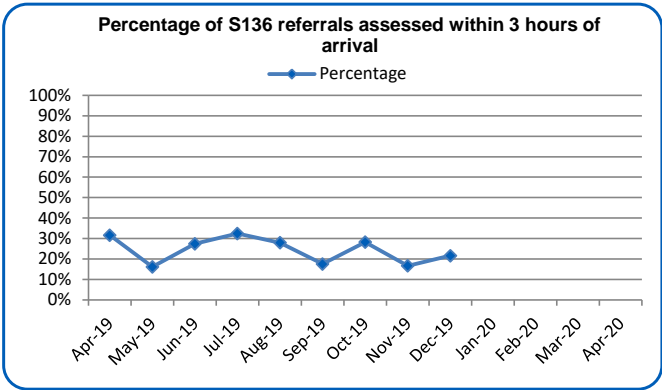


Contractual target: 70%: Dec: 88.7%

Services: Access & Responsiveness: Our response in a crisis continued



Contractual target: 90%: Dec: 89.0%



Contractual measure: Dec: 21.6%

Services: Access & Responsiveness: Our response in a crisis

Performance against the 1 hour response target for the Acute Liaison Psychiatry service (ALPs) remains consistent (above 80%) but just below the 90% threshold. It is worth noting the considerable improvement from April 2018 to the present. December's 89% is the highest achieved by the team to date but with over 200 service users seen each month between April and November, demand was lower in December with 164 seen in the month. The 90% target was met at the St James's site but not the Leeds General Infirmary (LGI) where fewer staff are based (and demand is generally lower).

Actions taken/ to be taken: Recruitment has been completed for an additional nurse at the Leeds General Infirmary site (postholder due to start in January 2020).

Within the Crisis Resolution and Intensive Support Service (CRISS), work continues to ensure recording of referral priority (emergency/urgent/routine) is completed accurately to provide a true picture of performance against the 4 hour standard for offering a face to face assessment. Any priority left blank on the system is assumed to fall under the 4 hour response for reporting purposes. There have been some continued examples of this being missed for harm reduction referrals (internal referrals from ALPs/CRISS or street triage teams for a short term input not requiring a 4 hour response).

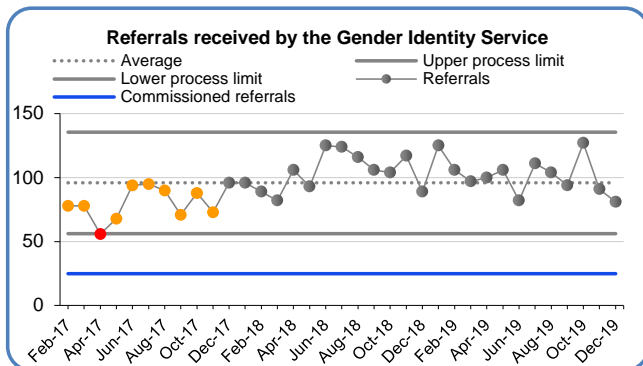
Actions taken/ to be taken: The Clinical Team Manager is now monitoring this data at individual staff level on a weekly basis and liaising directly with staff where required.

The CRISS service aims to provide face to face contact 5 times in the first week of referral in line with CORE standards for at least 50% of referrals, in December this was 47.9%. Having audited cases and improved understanding of the reasons for service users not receiving 5 contacts (these include service users cancelling or not engaging with the team, RAG rating for a service user being reduced from RED (requiring daily visits) to AMBER (visits 3-4 times a week) during the first 7 days and shared care where service users are on the ward and in the community), the team now expect this target to fluctuate above and below the 50% threshold going forwards.

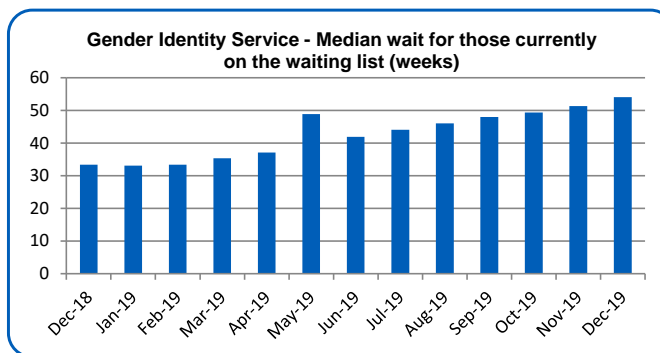
Actions taken/ to be taken: Continue to ensure that anyone with a RED rating is seen face to face each day.

Within the CRISS service, improvement work and evaluation of the service as part of the community redesign is ongoing. For example, we are working with Adult Social Care colleagues to ensure that the CRISS team is involved early in the Mental Health Act Assessment process to consider an alternative to admission. Additional investment has recently been secured to increase the capacity of our crisis & home treatment offer (through NHS England crisis and liaison transformation funding) which will increase the number of peer support workers and older peoples practitioners. We are also actively recruiting a Black, Asian and Minority Ethnic (BAME) development role for the CRISS service, to focus on access and delivery of crisis and home treatment services for people from BAME groups (who continue to be over-represented in rates of admission and detention to hospital nationally).

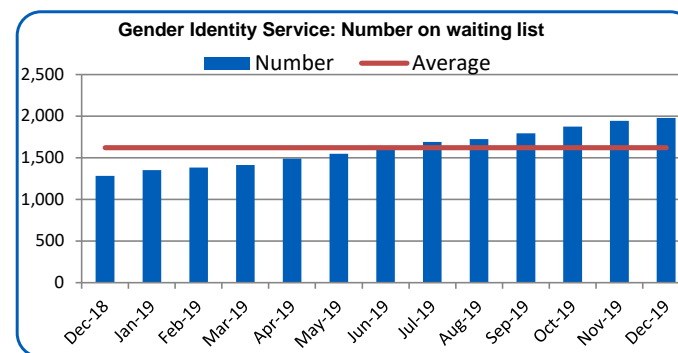
Services: Our Specialist Services



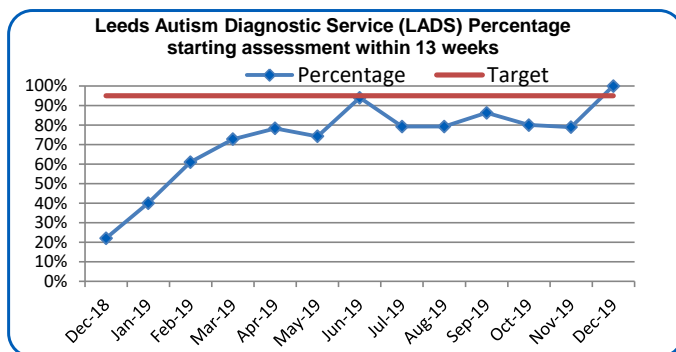
Total referrals: Dec: 81



Median wait: Dec: 54.1 weeks

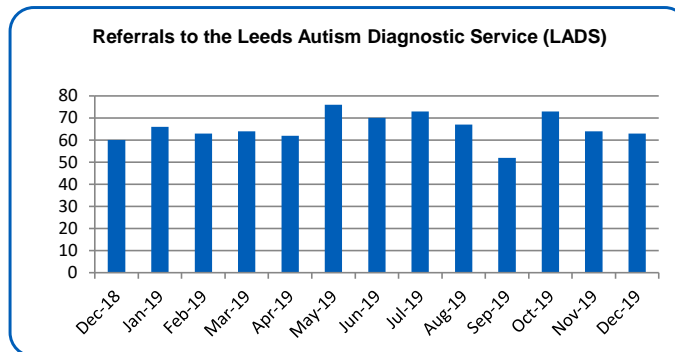


Number on waiting list: Dec: 1,979

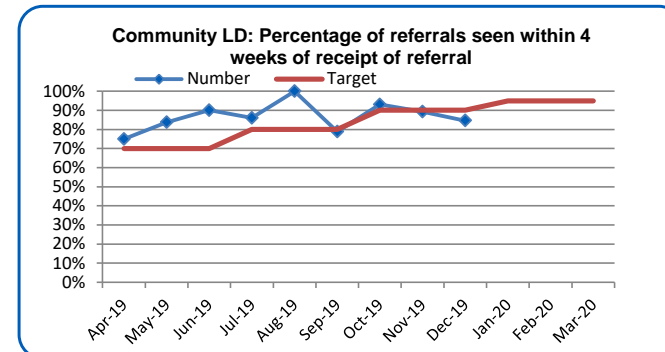


Contractual target: 95%*: Dec: 100%

*Trajectory to be agreed with the CCG to achieve 95% during 19/20.

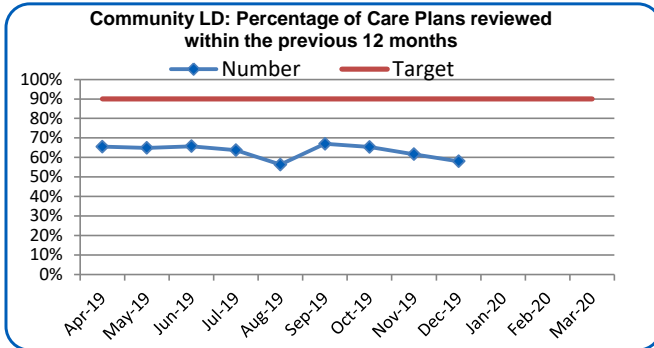


Local measure: Dec: 63

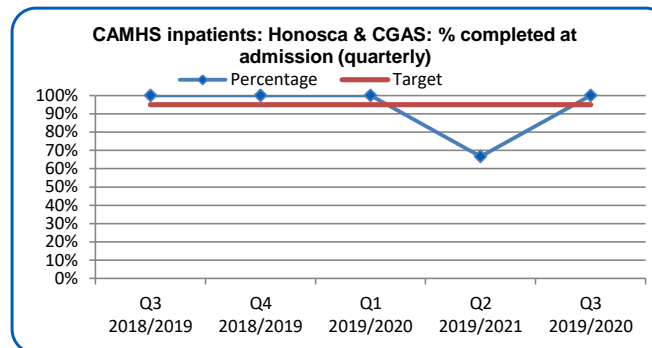


Contractual target: Q3 90%: Dec: 84.6%

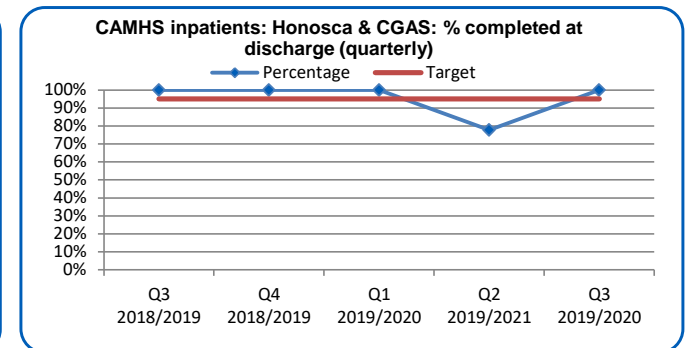
Services: Our Specialist Services continued



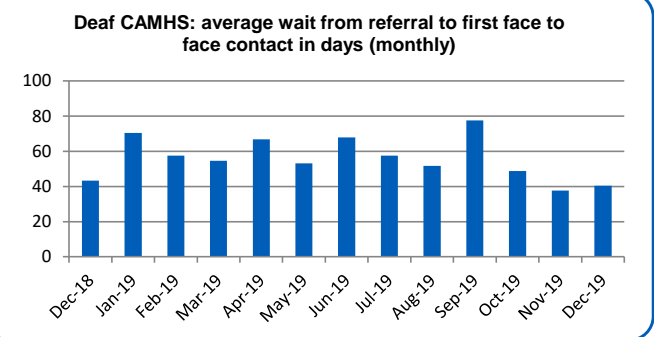
Contractual target: 90%: Dec: **58%**



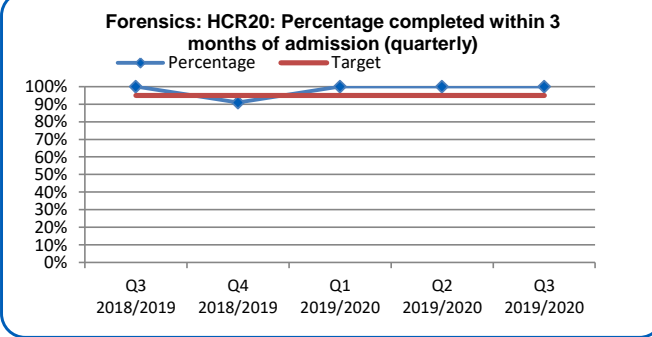
Contractual target: 95%: 2019/2020 Q3: **100%**
(not met for 2 service users in Q2)



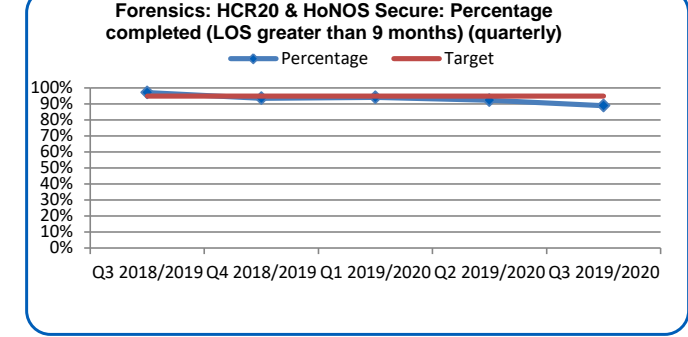
Contractual target: 95%: 2019/2020 Q3: **100%**
(not met for 2 service users in Q2)



Local measure: Dec: **40.4 days**



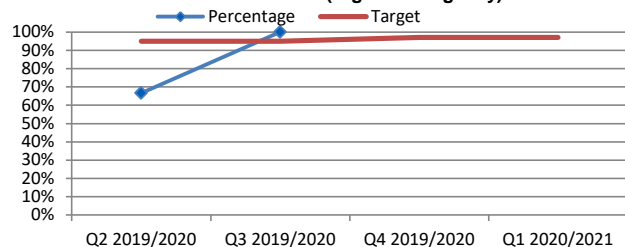
Contractual target: 95%: 2019/2020 Q3: **100%**



Contractual target: 95%: 2019/2020 Q3: **88.9%**
(not met for 2 service users in Q1, 3 in Q2 and 4 in Q3)

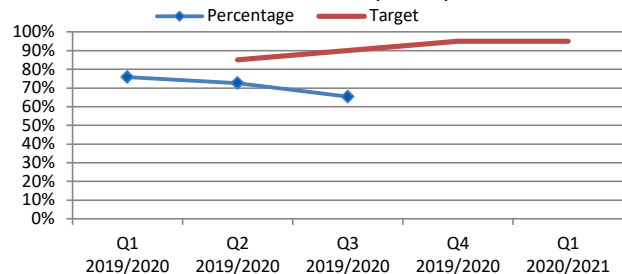
Services: Our Specialist Services continued

Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency)



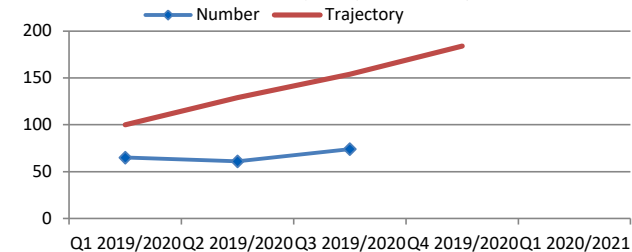
Contractual Target: 95% from Q2 onwards: Q3: **100%**
(Not met for 1 service user in Q2)

Perinatal Community: Percentage waiting less than 2 weeks for first contact (routine)



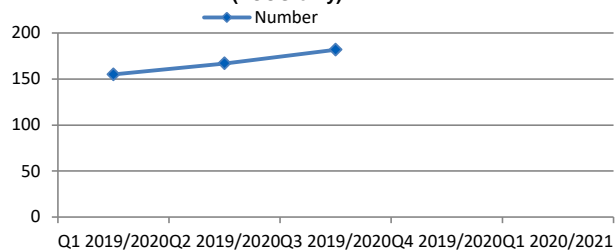
Contractual Target: 90% in Q3: Q3: **65.3%**

Perinatal Community: Number of new women supported v trajectory (LCCG only)



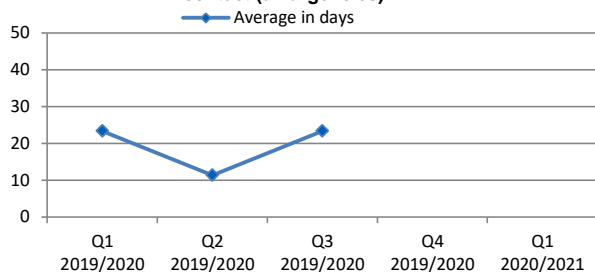
Contractual target: Q3 Trajectory: : Q3: **74**

Perinatal Community: Number of women supported (LCCG only)



Local measure: Q3: **182**

Perinatal Outreach: Average wait from referral to first contact (all urgencies)



Local measure: Q3: **23.4** days

Services: Our Specialist Services

The Community Learning Disability Team (CLDT) has a contractual target of 90% of referrals to be seen within 4 weeks of referral. Analysis of the breaches of 4 weeks has shown that the majority are due to the initial assessor recording the visit in case notes (narrative) rather than putting on the appointment and were seen within the 4 week period. The remainder went over 4 weeks to support a suitable date and time for the service user and carer to attend an appointment.

Actions taken / to be taken: The initial assessor breaches due to recording will be addressed in Clinical Team Manager and Clinical lead meetings but should also be resolved as part of the move to the new electronic patient record system, CareDirector where all contacts should be recorded in the health diary.

The CLDT is also monitored contractually for ensuring that all care plans are reviewed within each 12 month period. There are a number of factors impacted on this measure. Some relate to individual clinicians who have more complex caseloads (acuity) or higher numbers on their caseload. Others are when a care plan has been completed but then a service user is put on a waiting list for another discipline within Learning Disabilities and the care plan lapses during this wait.

Actions taken / to be taken: Actions plans are in place to support clinicians and care plan compliance should be a standing item for management supervision. This will be reiterated to ensure that this is happening robustly. Clinical Team Managers will be asked to consider care plans that need reviewed whilst a service user is on a waiting list within the service.

Within Forensics, the completion of the violence risk assessment HCR-20 is expected within 3 months of admission with a review for any length of stay greater than 9 months. During Q3, all were completed in the admission period but 4 reviews were completed outside the expected timeframe. Further investigation with the service has highlighted a misunderstanding within the team as the requirement is any service user with a length of stay >9 months should have had an HCR 20 and HONOS Secure Assessment within the previous 6 months; the service were allowing 9 months between them.

Actions taken / to be taken: Clarity has been provided to the teams to ensure that reviews are done within 6 months.

During Q3 in Perinatal services, there were no breaches of the standard to see urgent/emergency referrals within 48 hours but the standard for routine referrals has not been met. There were some capacity issues in December's clinics due to staff leave and sickness.

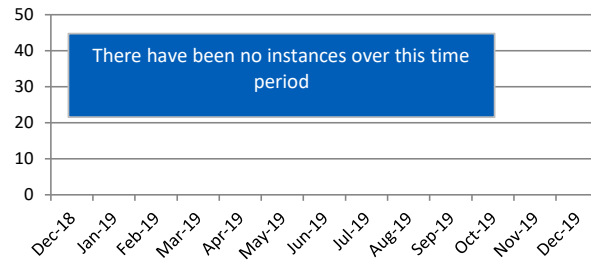
Actions taken / to be taken: A new system for referrals has been put in place that is expected to bring improvement. This involves a daily meeting to discuss any assessments that need to be booked in involving a medic, a duty worker, the team manager and administrative staff which means the assessments are booked in immediately and offered to service users that day by telephone (with a letter also being sent out).

Our Perinatal service also has a nationally agreed trajectory to increase the number of new women accessing the service. Although the number of women being supported by the service increased between Q2 and Q3, the trajectory of new service users was not met. Through the quarter, the service received fewer referrals than the trajectory required and not all referrals were accepted.

Actions taken / to be taken: The team have started implementing a communication plan to include updating information for referrers – including website information, review of referral form so that all health professionals feel more able to refer, leaflets, links with Mindwell, plus contacting GP surgeries who rarely refer to ensure service information is available to staff. They are meeting with potential referrers via Specialist Midwives, the Haamla Midwifery Team at LHTT and Children's Centres. The service is also continuing to recruit to new posts within the Community Team to increase capacity. They are also in the early stages of consultation over the possibility of joint clinics with community midwives and primary care mental health teams based in GP surgeries.

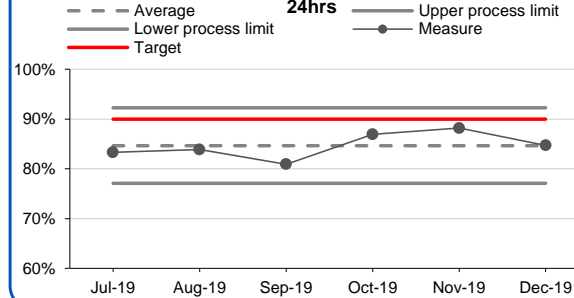
Services: Our acute patient journey

Number of admissions to adult facilities of patients who are under 16 years old



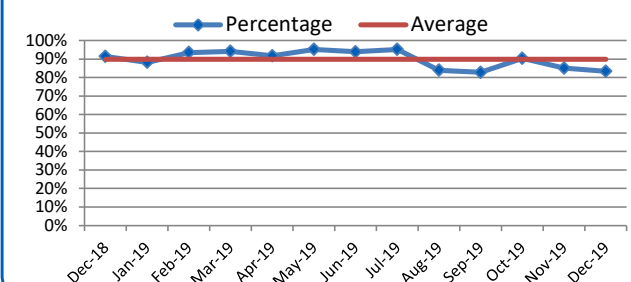
National (SOF): no target: Dec: 0

Liaison In-Reach attempted assessment within 24hrs



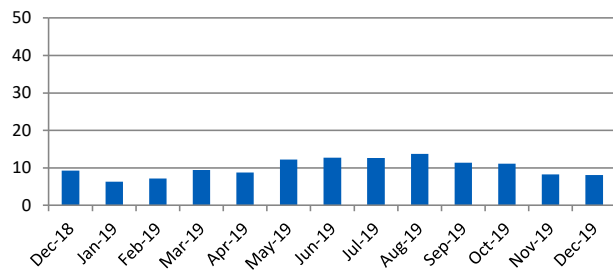
Contractual target: 90%: Dec: **84.7%**

Crisis Assessment Unit (CAU) bed occupancy



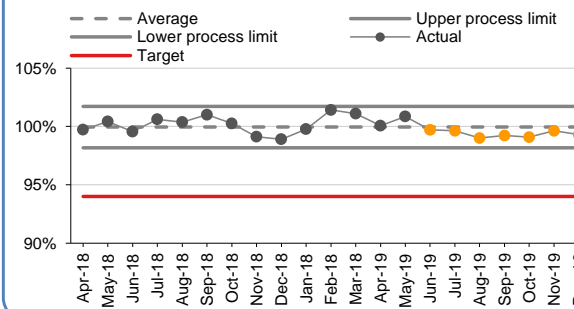
Local measure: Dec: **83.3%**

Crisis Assessment Unit (CAU) length of stay at discharge



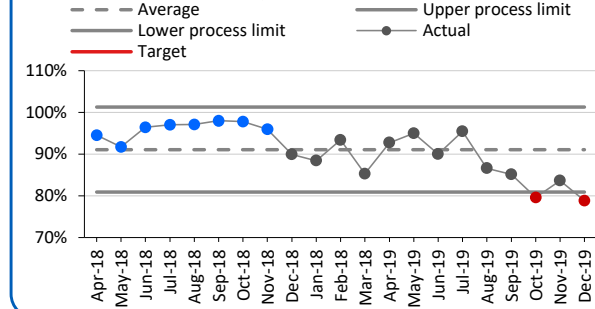
Local measure: Dec: **8.1 days**

Bed Occupancy: Adult Acute Inpatients



Contractual target: 94-98%: Dec: **99.3%**

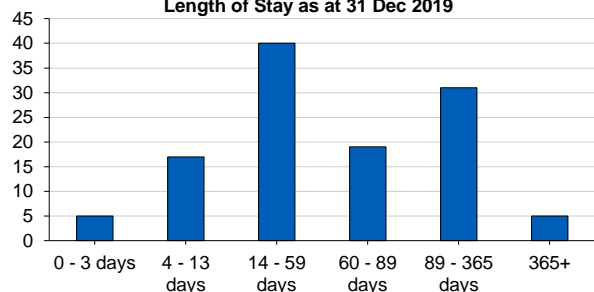
Bed Occupancy: Older Peoples Inpatients



Local measure and target of 85%: Dec: **78.9%**

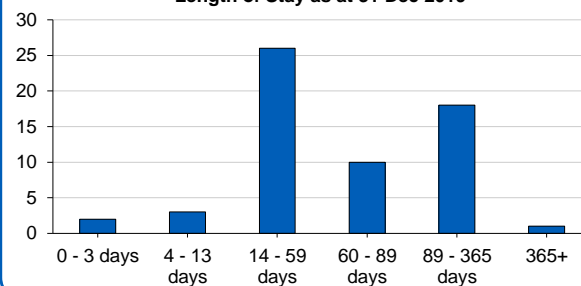
Services: Our acute patient journey continued

**Current Inpatients : Adult Acute Wards -
Length of Stay as at 31 Dec 2019**



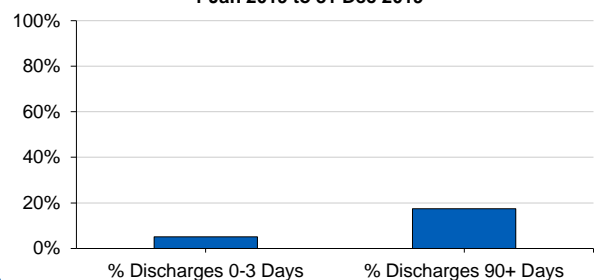
Local activity Dec: 36 people with LOS >=89 days

**Current Inpatients: Older People's Wards -
Length of Stay as at 31 Dec 2019**



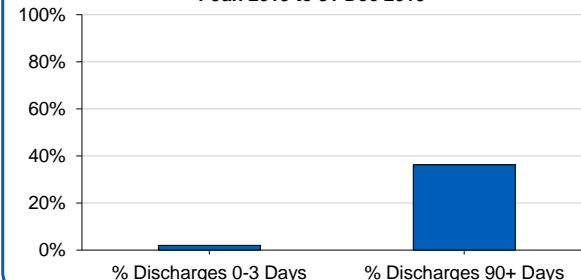
Local activity Dec: 19 people with LOS >=89 days

**Discharged Length of Stay: Adult Acute Inpatient -
1 Jan 2019 to 31 Dec 2019**



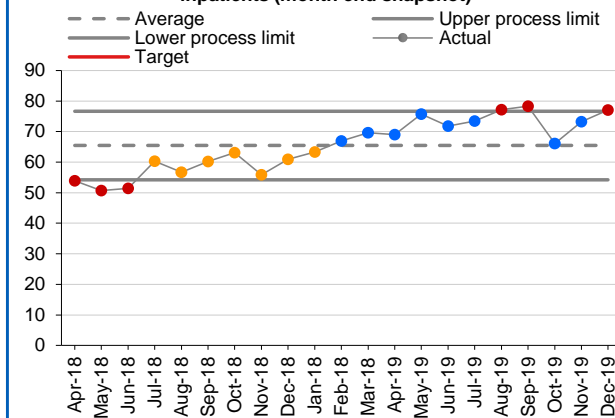
Local activity Dec: % discharged 90+ days = 17%

**Discharged Length of Stay: Older People Inpatient;
1 Jan 2019 to 31 Dec 2019**



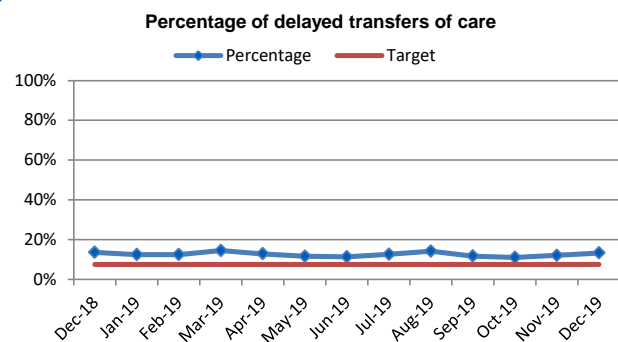
Local measure: Dec: % discharged LOS 90+ days = 36%

Average Length of Stay (days): current adult acute inpatients (month end snapshot)

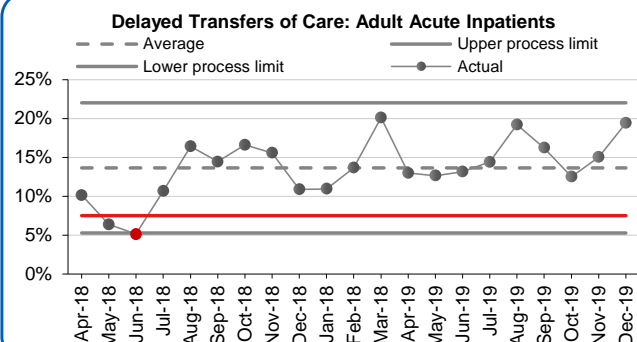


Local tracking measure: Dec: Average LOS = 77 days

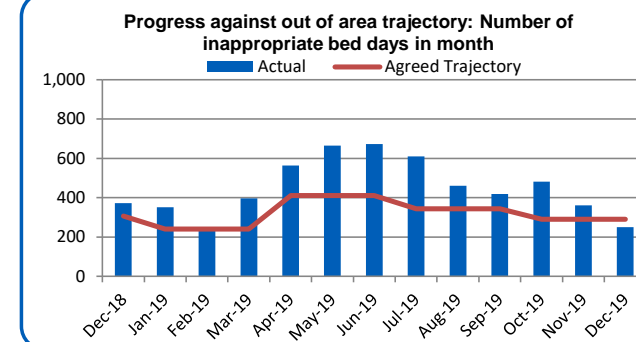
Services: Our acute patient journey continued



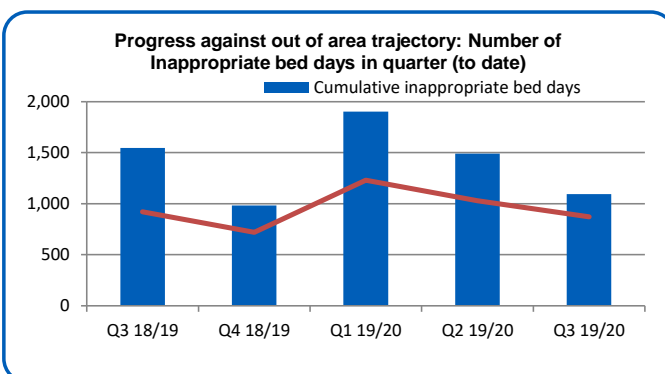
Local target: <7.5%: Dec: **13.3%**



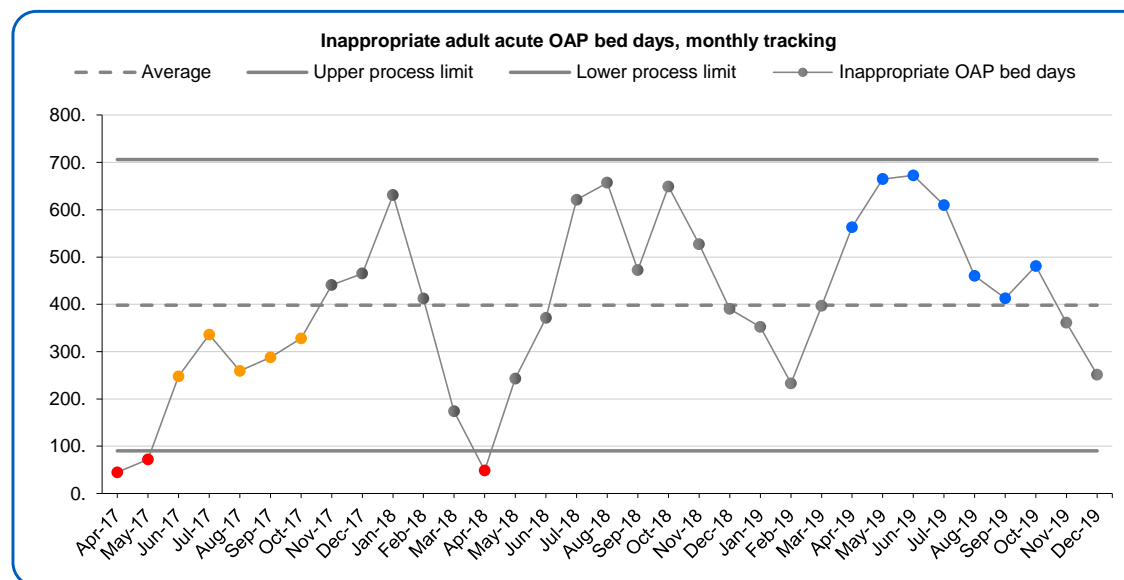
Local target <7.5%: Dec: **19.4%**



Nationally agreed trajectory: Dec: **290**



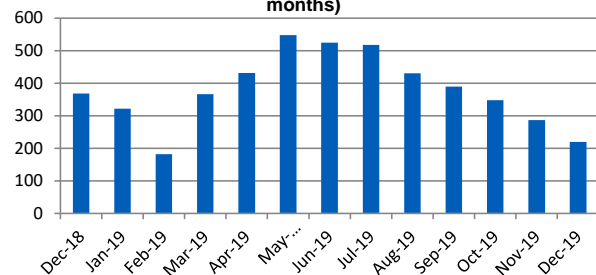
Nationally agreed trajectory (Q3: 872 days): Q3: **1093 days**



Local tracking measure

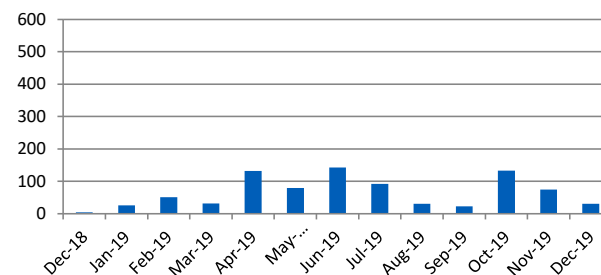
Services: Our acute patient journey continued

Acute: Total number of inappropriate bed days out of area (new and existing placements from previous months)



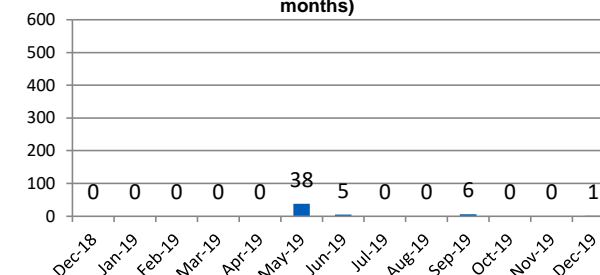
Local measure: Dec: 220 days

PICU: Total number of inappropriate bed days out of area (new and existing placements from previous months)



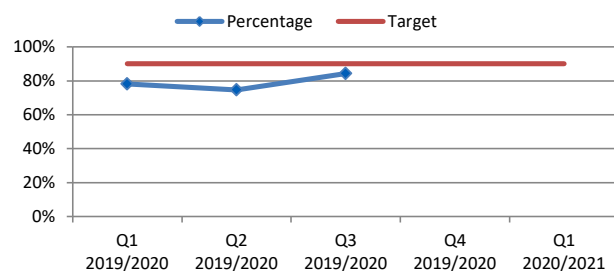
Local measure: Dec: 30 days

Older people: Total number of inappropriate bed days out of area (new and existing placements from previous months)



Local measure: Dec: 1 day

Cardiometabolic (physical health) assessments completed : Inpatients (quarterly)



Contractual target: 90%: Q3: 84.3%

Services: Our acute patient journey

The Liaison In-reach team continues to perform at over 80% against the 24 hour response target standard of 90%. Although referral numbers were below average in December, the complexity of patients was high. Within the older peoples' element of the service, there were a particularly high number of complex patients that created a need for daily reviews of some patients. There were also some delays for patients waiting for a bed at the Mount that required ongoing support from the liaison team in the interim. Undertaking reviews impacts on the resource available to support the 24 hour response target.

Actions taken / to be taken: Continue to monitor performance and available resources.

During Q3, our service users experienced less inappropriate out of area bed days than in the previous two quarters but numbers based on expected levels of normal variation remain wide (between 90-700 days) showing how difficult the process is to manage. At the end of December, 11 service users remained out of area ranging from 2 to 74 days. Towards the end of December, there was an increase in female admissions requiring out of area placements that has continued into January. There are also concerns being raised internally about an increasing need to use PICU out of area beds during January. The main cause is the length of time that people are waiting in the PICU for transfer to a forensic or complex rehabilitation bed. Discussions have commenced both internally (in relation to complex rehabilitation flow) and externally with our forensic service partners and commissioners. The length of stay for those currently on the acute wards shows an increasing number remaining as inpatients for over 60 days. Whilst within expected levels of normal variation for the Trust, delayed discharges (DToC) are high. Within quarter 3, there has been an increase in DToC for service users in acute beds with a learning disability and/or autism. We are working with our Learning Disabilities Service and our commissioners to try to mitigate or resolve this.

Actions taken / to be taken: A process is now in place to access a small number of transitional accommodation placements. Our case manager approach to out of area placements continues and the learning from this is being used elsewhere within the Trust. We are actively reviewing PICU demand and flow and we have implemented and are monitoring new referral processes. We are working with LD colleagues to agree how best to support our current inpatient service users where we have seen an increase in LoS and DToC. The (commissioner led) development of a Crisis House as an alternative to admission continues; it is anticipated a final draft specification will be available in February, although implementation is likely to be toward the autumn of 2020. We are refocusing our efforts to secure specific expertise to support housing and accommodation needs of service users.

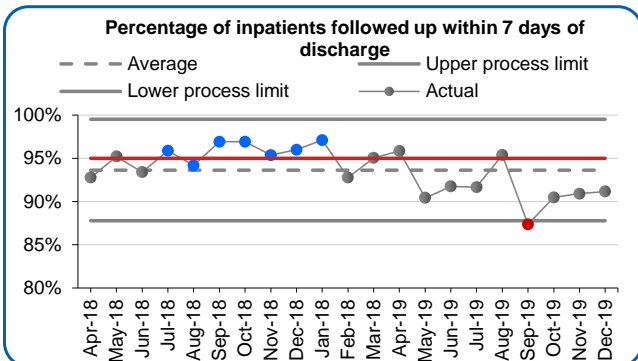
Within older people's services, the wards aim for the local standard of 85% occupancy. During December, occupancy was outside the expected levels of normal variation at 79%. This was largely due to low occupancy in the male functional ward that has continued since October (Ward 3, male functional 54% occupancy). However, there have been 12 new admissions to this ward so far in January. Bed occupancy for female functional beds remains high with staff flexed to support the busier female ward where appropriate.

Actions taken / to be taken: Given the new admissions in January, continue to monitor and flex staff where appropriate

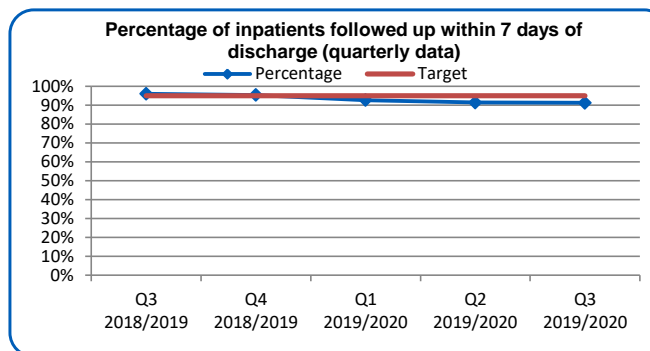
Improving physical healthcare in people with a serious mental illness (SMI) through cardio metabolic assessments and treatment remains both a contractual target and a priority for the Trust. There has been a 10% improvement in quarter 3 when compared with quarter 2 as some of the plans put in place have come to fruition, for example, within the acute and PICU wards, performance has increased from 56% to 79%. Improvement has also been seen within our Perinatal Service in spite of sometimes experiencing delays in getting results from previous locations when patients have transferred in from out of area or other wards. Within Older People's services, performance was just under target for the quarter at 86%. A new consultant is now in post on ward 3, male functional; this post is expected to support improvement on this ward.

Actions taken / to be taken: Continue the implementation of actions plans. Within Perinatal inpatients, the Trainee Nursing Associate is taking a lead with physical health, increasing the number of staff who will contribute to compliance. Alongside this, ensuring each patient has the relevant information completed will now form part of the Perinatal documentation audit.

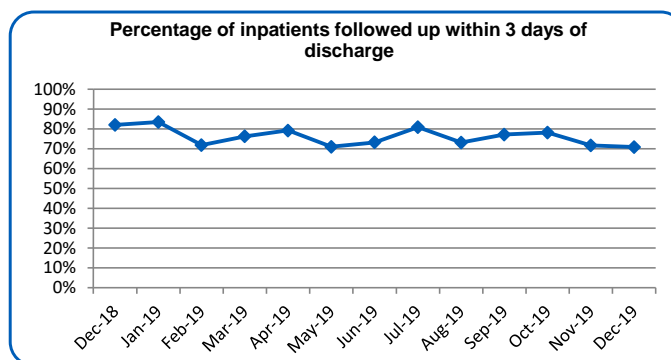
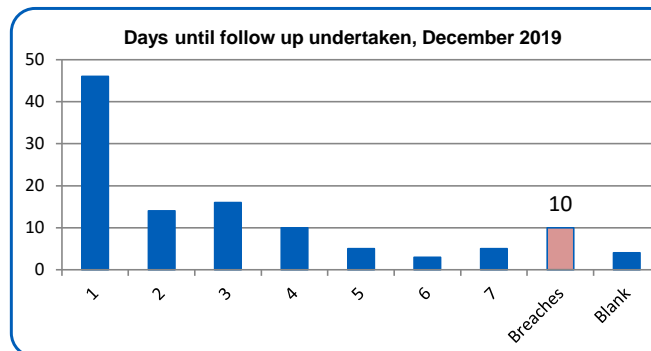
Services: Our community care



Local monthly target: 95%: Dec: **91.2%**

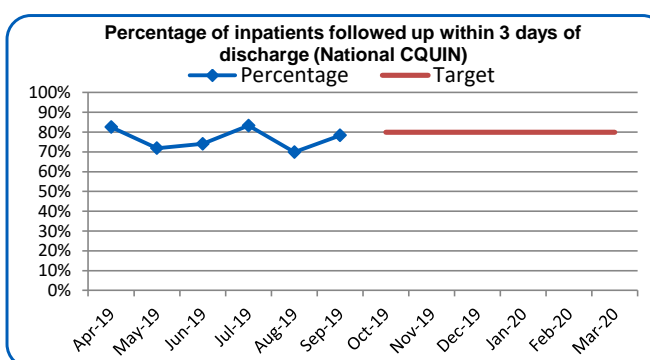


National (SOF) target: 95%: 2019/2020 Q3: **91.2%**



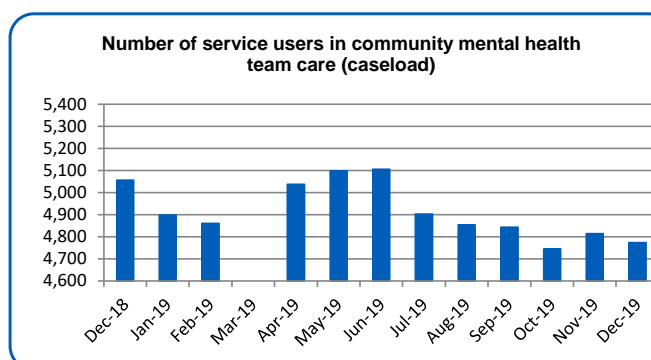
CQUIN target: 80% for Q3&Q4: Dec: **70.8%**

NB: This is a proxy local measure



CQUIN target: 80% for Q3&Q4: Sep: **78.3%**

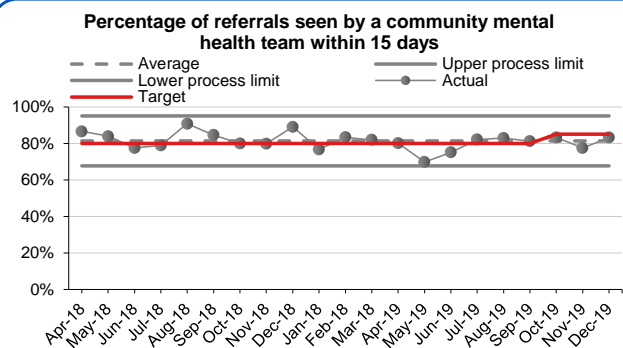
NB: This is nationally published data



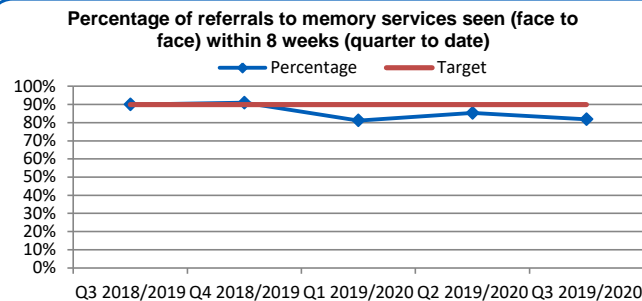
Local measure: Dec: **4,773**

Mar: Unavailable due to caseload transfer for new community services

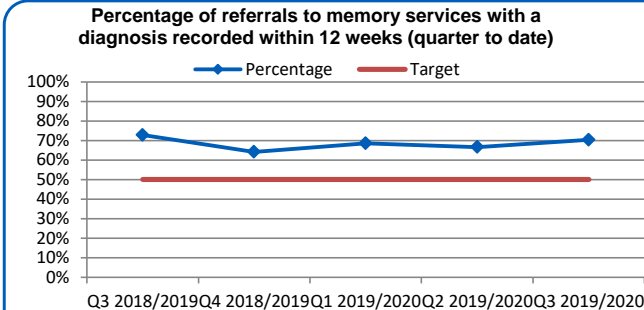
Services: Our community care continued



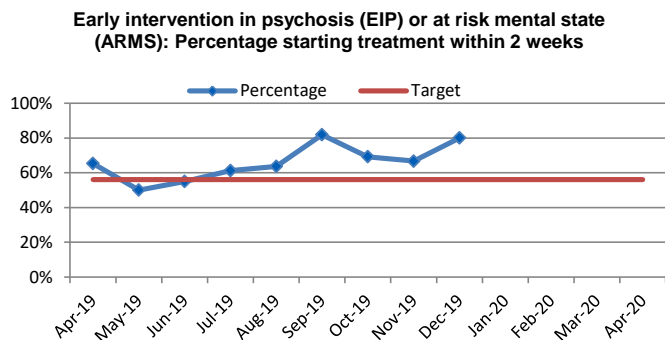
Contractual target: Qtr3 85%: Dec: **83.1%**



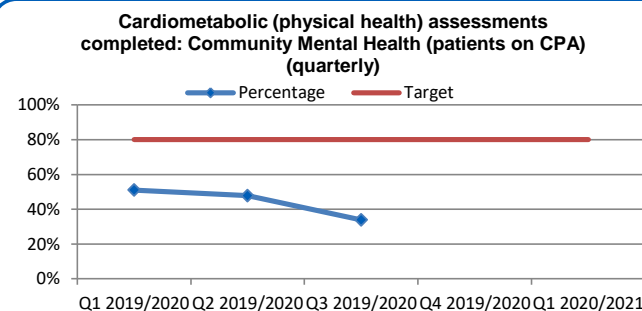
Contractual target: 90%: Q3 to date: **81.9%**



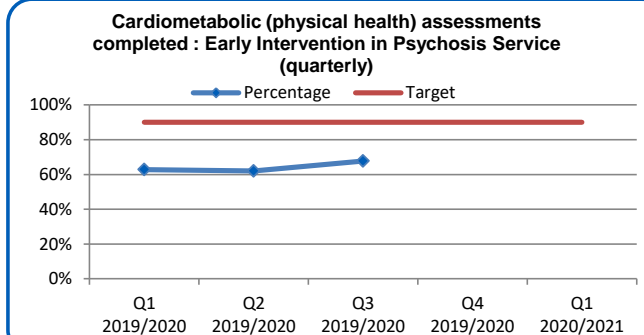
Contractual target: 50%: Q3 to date: **70.4%**



Contractual target: 56%: Dec: **80%**



Contractual target: 80%: Q3: **33.9%**



Contractual target: 90%: Q3: **67.8%**

Services: Our community care

The Trust has not met the national 7 day follow up standard post an inpatient discharge in each quarter to date. Performance for Q3 and December was 91.2% with 10 breaches in December. Reasons for breaches were: 4 where numerous attempts to arrange the appointment were made, 1 process error relating to service users discharged to a care home with follow up being via the staff rather than the service user, 1 where the follow up was not carried out by the receiving organisation on our behalf, 1 where the service user did not attend the appointment, 1 where the individual left the UK with no known return and 2 lapses in internal processes. The Trust is also working on achieving the national CQUIN (payment is scaled based on achieving 50-80% (full payment for 80% and over) of follow up within 3 days. September data for England shows 68% compared with the Trust's 79%.

Actions taken/to be taken: Where process errors have occurred, the correct process is reiterated to the staff involved.

Within the adult CMHTs, vacancies and shortage of registered staff has been escalated internally. The use of non-registered roles to support recovery and effective discharge facilitation for service users is currently being worked upon with a proposal expected by the end of March. Similarly, options with the 3rd sector are being explored to support the recovery end of the pathway. Both options would allow registered staff to focus on the initial assessment and interventions stages of the pathway and support more manageable caseload sizes. The rise in target (contractual) to 85% from quarter 3 (up from 80%) for the 15 day access standard adds additional pressure to an already stretched workforce. Nationally, a 4 week access standard is being explored where the Trust easily benchmarks in the top quartile.

Actions taken / to be taken: Finalise a proposal for the use of non-registered staff and the 3rd sector to support the recovery end of the pathway.

During Q3, the Trust remained above the 50% standard from referral to diagnosis within 12 weeks for Memory Services but remained below the 90% required for the 8 weeks from referral to assessment standard. Progress by the Memory Assessment Service (MAS) task and finish group has been slower than anticipated with the issues impacting on performance continuing to be related to inconsistency in administrative support and practice in managing MAS referrals across all localities and activity recording not always being timely or complete.

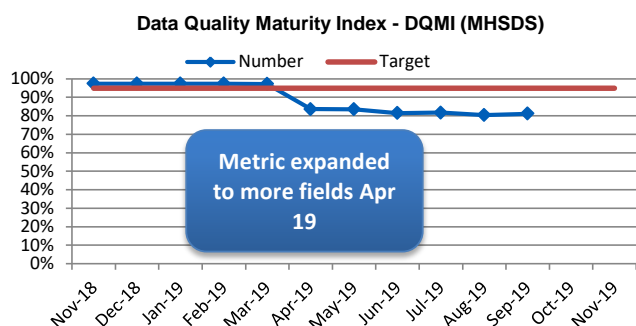
Actions taken/to be taken: The Head of Operations for Older People's services has requested a remedial action plan be put in place with a return to compliance anticipated from April onwards. This will include ensuring junior doctors are clear on recording activity as part of their induction, entering the backlog of unrecorded activity and working through any breaches as well as consistency in administration.

Recognising the importance of managing physical health alongside mental health, the Leeds CCG moved last year's CQUIN measure for the completion of cardiometabolic assessments into a contractual measure. There are separate targets for Early Intervention in Psychosis (EIP) and the rest of the community services (90% and 80% respectively). These targets were not met for quarter 3. Within Community Services, there is a backlog that the physical health team are working through. It is worth noting that the Trust is in discussion with the CCG to refine the cohort of patients to those secondary care is responsible for (currently the metric does not account for service users who receive the physical health monitoring required for amber drugs in primary care under shared care guidance (e.g. following the 12 month post initiation period). This includes a number of people who continue to require specialist mental health care but for whom it is appropriate that physical health should be monitored in primary care). Within EIP, an increase in resource is required. Compliance (90%) is anticipated from April 2020 onwards with the service aiming for 80% by the end of quarter 4.

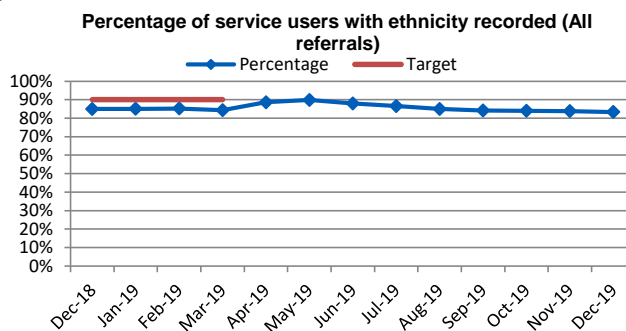
Actions taken/to be taken: For community services, in addition to the extra resource identified for January to March, a further day of clinical time from February onwards has been identified offering an additional 14 contacts per week. The process to complete the cardiometabolic assessments is also being refined with a proposal going to the Senior Medical Council for approval during January.

For EIP, recruitment has been completed for the senior physical health post and a start date of 22nd January agreed. Administrative staff will be used to contact anyone new to the caseload and offer a physical health assessment and increased clinics at Armley Court and the Becklin Centre will be monitored to confirm they are having the expected impact.

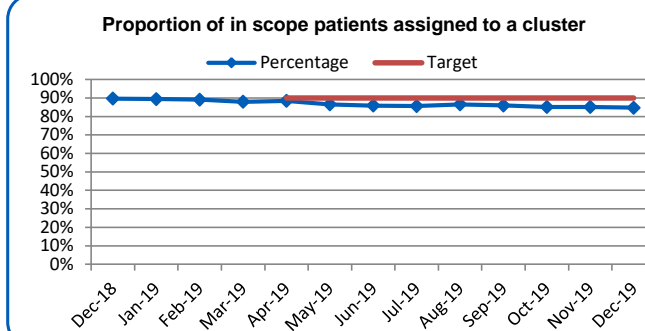
Services: Clinical Record Keeping



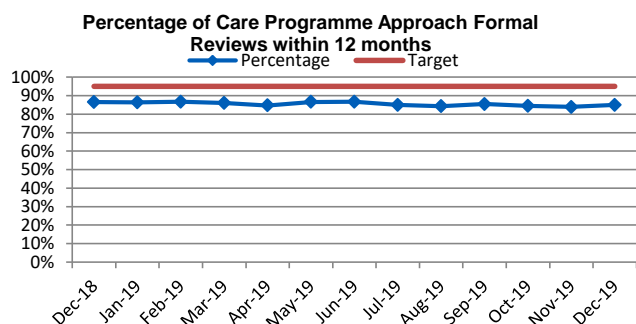
CQUIN 19/20: 95% Q2 onwards: Sep: **81.1%**



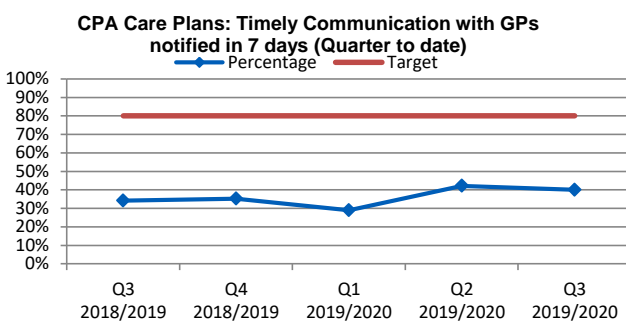
Local target from Apr 19: 90%: Dec: **83.3%**



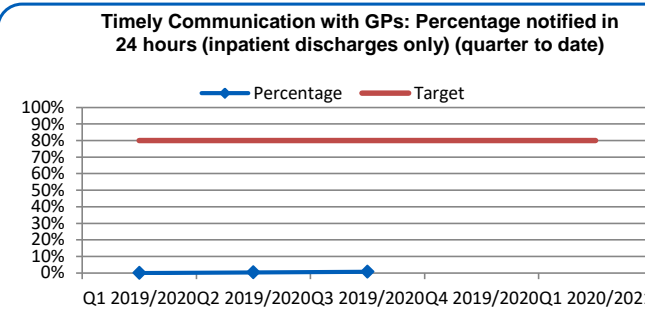
Contractual target from Apr 19: 90%: Dec: **84.7%**



Local target: 95%: Dec: **85%**



Contractual target: 80%: Q3 to date: **40%**



Contractual target: 80%: Q3 to date: **0.74%**

Services: Clinical Record Keeping

The Data Quality Maturity Index (DQMI) CQUIN for 2019/20 covers up to 36 items from the national dataset (Mental Health Services Dataset submitted monthly). Nationally, achievement of the CQUIN payment is based on achieving 90-95% from Q2 onwards. The Trust is not expecting to achieve the 90% threshold due to the CQUIN looking at data back to 2016 and including items that have only recently been added to our clinical system and has agreed a local target with the Leeds CCG of 83% that will support performance assessment at the end of Q3 to allow the Trust to focus on the CareDirector patient record system implementation in Q4. National data is only available through to September, showing the Trust at 81%; there remains risk that the 83% may not be achieved.

Actions taken / to be taken: Continue to support services in the completion of key fields such as "estimated date of discharge".

The second part of the CQUIN concerns the submission of intervention codes in the format of SNOMED CT (a clinical terminology). Payment is based on achieving 15-70% from quarter 3 onwards. A mapping exercise to take the intervention codes from our clinical system and map them to SNOMED CT was completed and submitted in the September data to NHS Digital. Nationally, published data for England shows 47.5% compared with the Trust's 97.6%. The Trust expects to achieve full payment for this CQUIN.

Improving the timely transfer of care plans and discharge summaries to GPs is a Trust priority. With regards to care plans within 7 days, performance has remained largely static during quarter 3. Performance is variable across teams. For inpatient discharge summaries (to be transferred within 24 hours), the process should involve the letters being dictated/typed into the BigHand software before being signed off for electronic transfer. It is worth noting that this is a very tight timeframe in which to complete this; only 2 summaries were sent within 24 hours in quarter 3. Further work is still needed to embed the BigHand process on the wards. A preliminary discharge note containing the medication dispensed as well as diagnosis and key dates is emailed out via Pharmacy but these are not included in the metric as they do not register under the electronic process.

Actions taken / to be taken: Options for the future based on the integration of our electronic prescribing system (EPMA) and our new electronic patient record (CareDirector) will be explored for inpatient discharge summaries but this is unlikely to bring improvement in the short / medium term. The process will remain the same post the initial go-live of CareDirector.

Quality and Workforce metrics: Tabular overview

Quality: Our effectiveness	Target	Sep-19	Oct-19	Nov-19
Number of healthcare associated infections: C difficile	<8	0	0	0
Number of healthcare associated infections: MRSA	0	0	0	0
Percentage of service users in Employment	-	15.6%	15.6%	15.5%
Percentage of service users in Settled Accommodation	-	74.5%	74.4%	73.9%
Quality: Caring / Patient Experience	Target	Sep-19	Oct-19	Nov-19
Friends & Family Test: Percentage recommending services (total responses received)	-	75% (16)	100% (15)	100% (10)
Mortality:	-	-	-	-
· Number of deaths reviewed (incidents recorded on Datix)**	Quarterly	82	-	-
· Number of deaths reported as serious incidents	Quarterly	6	-	-
· Number of deaths reported to LeDeR	Quarterly	7	-	-
Number of complaints received	-	13	14	16
Percentage of complaints acknowledged within 3 working days	-	92%	100%	100%
Percentage of complaints allocated an investigator within 3 working days	-	91%	93%	94%
Percentage of complaints completed within timescale agreed with complainant	-	100%	100%	100%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	165	198	120

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

**All deaths reported via staff on the Trust's incident system, Datix, are reviewed; in addition to this any death for someone who has been a service user with us previously identified via the NHS SPINE is given a tabletop review and followed up in more detail if required.

Quality and Workforce metrics: Tabular overview

Quality: Safety	Target	Sep-19	Oct-19	Nov-19
Number of incidents recorded	-	937	936	917
Percentage of incidents reported within 48 hours of identification as serious	100%	100% (3)	100% (3)	100% (0)
Number of Self Harm Incidents	-	105	109	102
Number of Violent or Aggressive Incidents	-	83	77	92
Number of never events	-	0	0	0
Number of restraints	-	182	151	208
No. of patients detained under the Mental Health Act (includes Community Treatment Orders/conditional discharges)	-	464	478	478
Adult acute including PICU: % detained on admission		68.0%	71.4%	74.1%
Adult acute including PICU: % of occupied bed days detained		83.4%	84.8%	86.1%
Number of medication errors	Quarterly	161	-	-
Percentage of medication errors resulting in no harm	Quarterly	92.5%	-	-
Safeguarding Adults: Number of advice calls received by the team	Quarterly	251	-	-
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	15.9% (40)	-	-
Safeguarding Children: Number of advice calls received by the team	Quarterly	105	-	-
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	35.7% (37)	-	-
Number of falls	-	59	51	34
Number of Pressure Ulcers	-	2	0	0

Quality and Workforce metrics: Tabular overview

Our Workforce	Target	Sep-19	Oct-19	Nov-19
Percentage of staff with an appraisal in the last 12 months	85%	82.8%	81.8%	79.5%
Percentage of mandatory training completed	85%	90.8%	89.9%	90.0%
Safeguarding: Prevent Level 3 training compliance (quarter end snapshot)	85%	96.0%	-	-
Percentage of staff receiving clinical supervision	85%	74.7%	78.0%	80.5%
Staff Turnover (Rolling 12 months)	8-10%	10.5%	10.3%	9.9%
Sickness absence rate in month	-	4.4%	5.2%	5.2%
Sickness absence rate (Rolling 12 months)	4.6%	5.1%	5.1%	5.2%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	13.9%	14.4%	14.6%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	46.2%	46.5%	43.8%
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	17.7%	15.5%	12.8%
Medical Consultant Vacancies (number)	-	12.9	11.3	9.3
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	3.0%	4.2%	4.2%
Medical Career Grade Vacancies (number)	-	1.1	1.5	1.5
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	12.3%	7.1%	14.2%
Medical Trainee Grade Vacancies (number)	-	12.8	7.3	14.7
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	32.0%	24.0%	20.0%
Band 5 inpatient nursing vacancies (number)	-	73.3	54.9	46.0
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	0.0%	0.0%	4.0%
Band 6 inpatient nursing vacancies (number)	-	0.0	0.0	3.2
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	19.0%	18.2%	14.9%
Band 5 other nursing vacancies (number)	-	19.0	18.2	15.0
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	3.9%	4.4%	5.1%
Band 6 other nursing vacancies (number)	-	10.7	12.1	14.1
Percentage of vacant posts (Trustwide; all posts)	-	10.6%	8.8%	9.3%

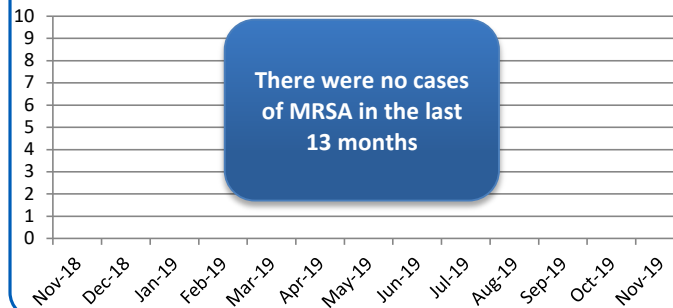
Nursing vacancies excludes nursing posts working in corporate/development roles

13 month trend: Quality: Effectiveness

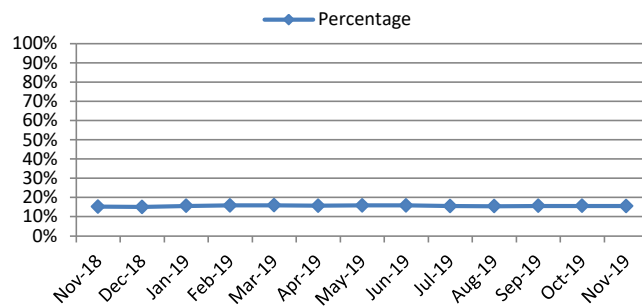
Number of Healthcare Associated Infections – C.difficile



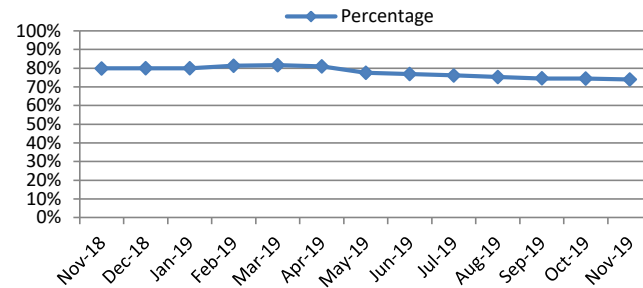
Number of Healthcare Associated Infections – MRSA



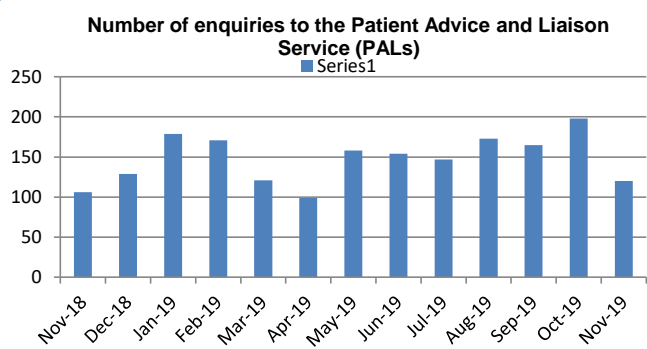
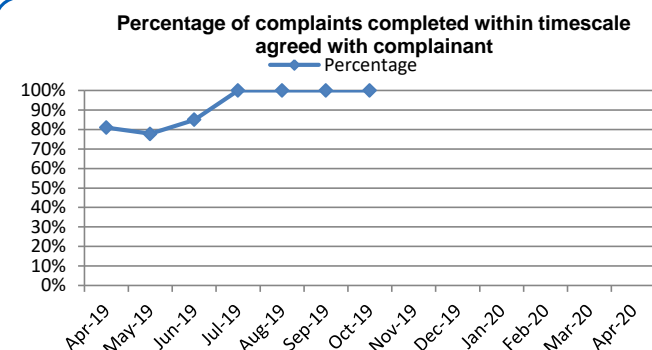
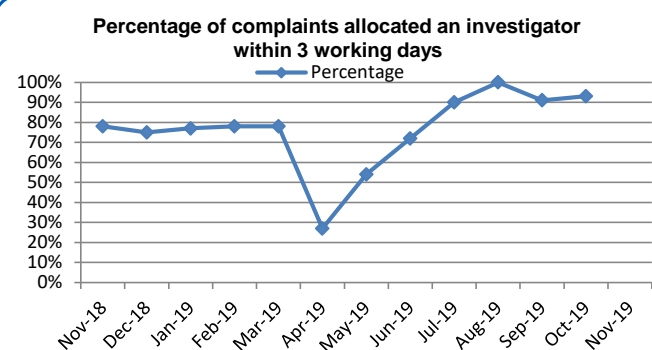
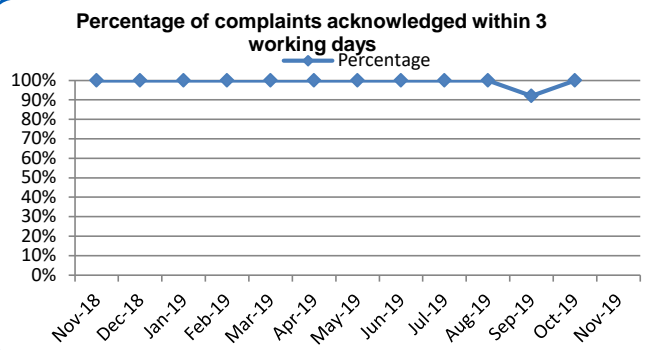
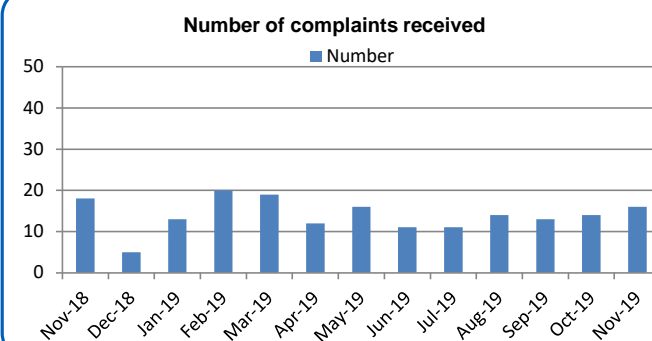
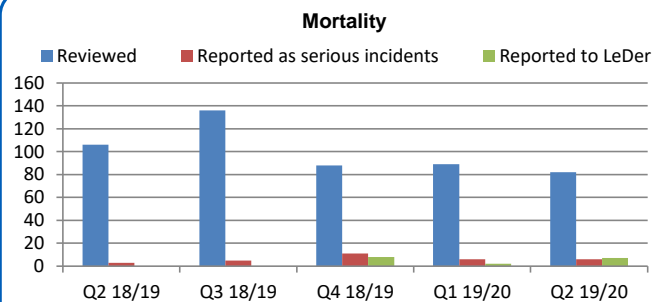
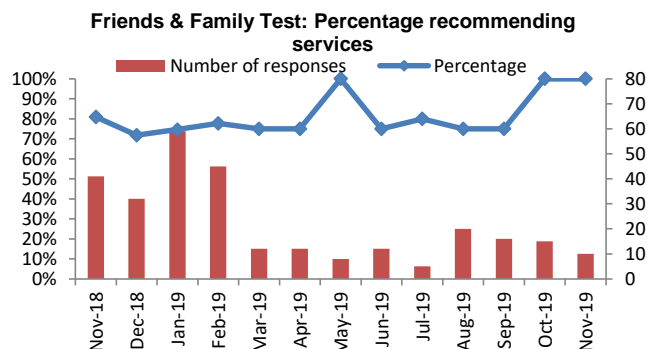
Percentage of Service Users in Employment



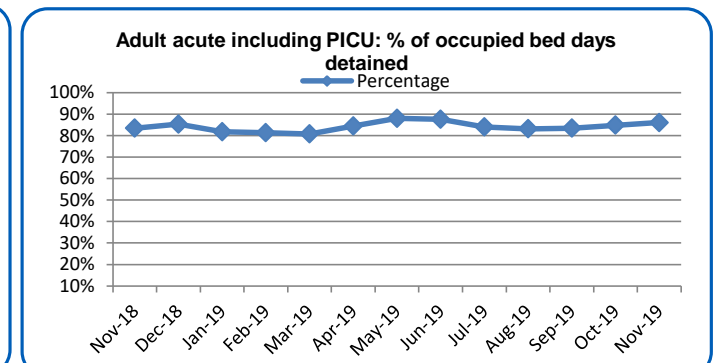
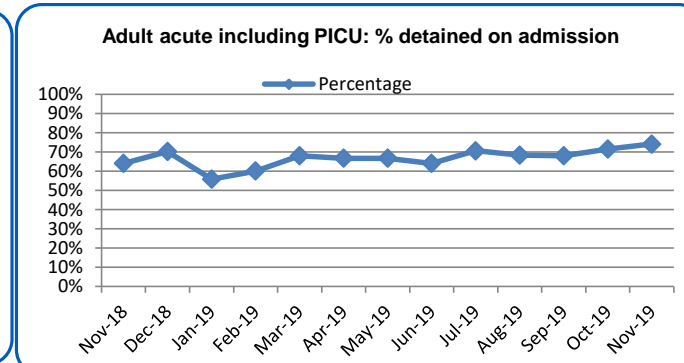
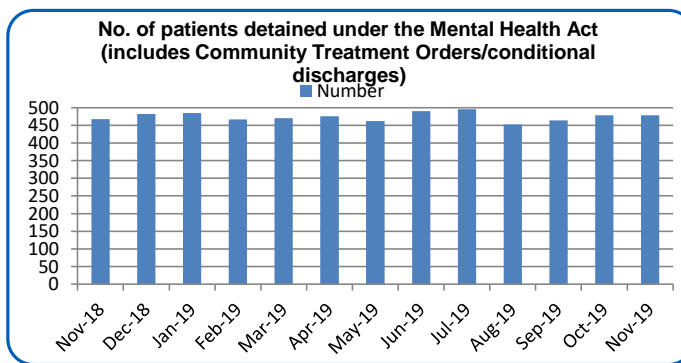
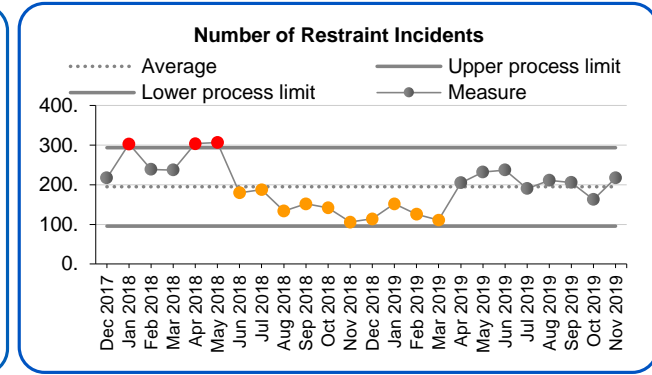
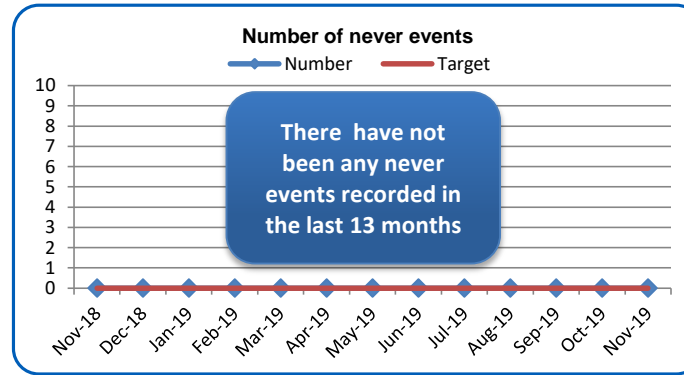
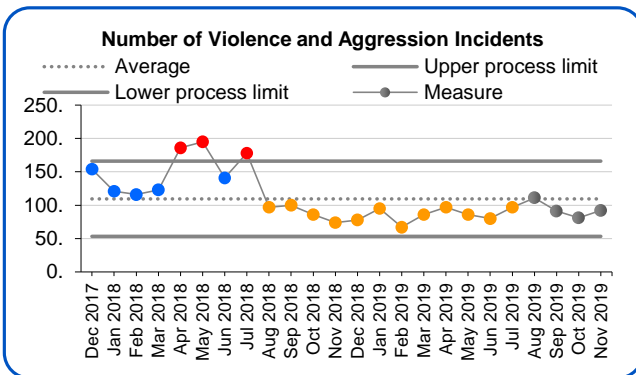
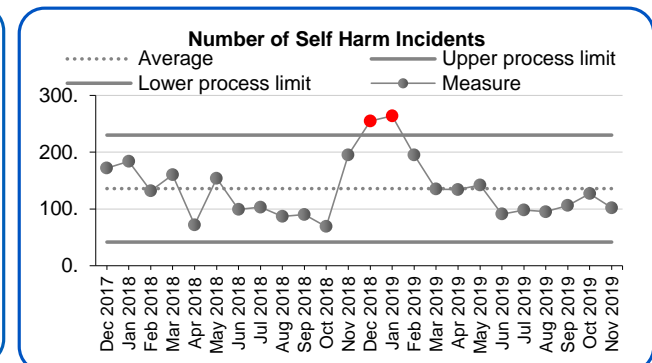
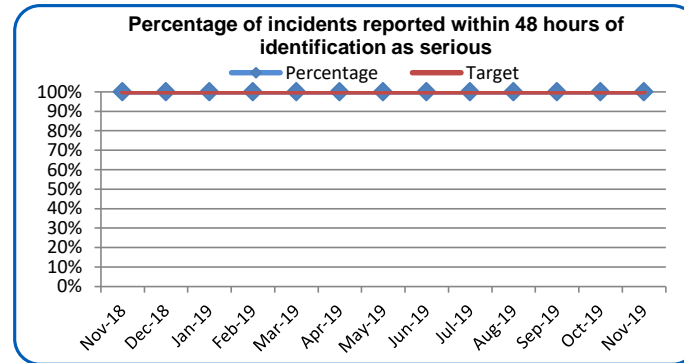
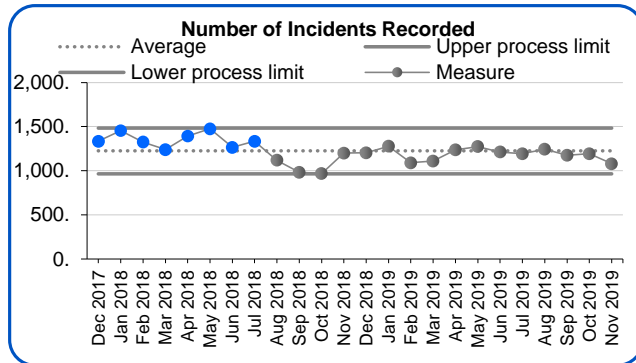
Percentage of Service Users in Settled Accommodation



13 month trend: Quality: Caring/Patient Experience

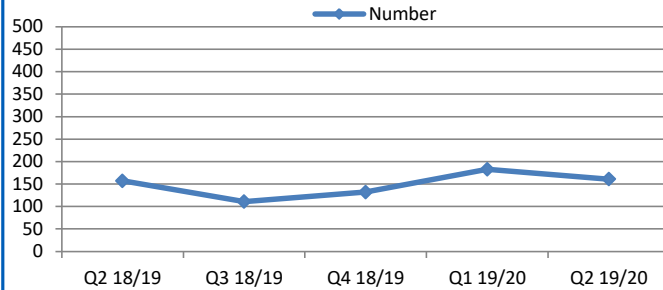


13 month trend: Quality: Safety

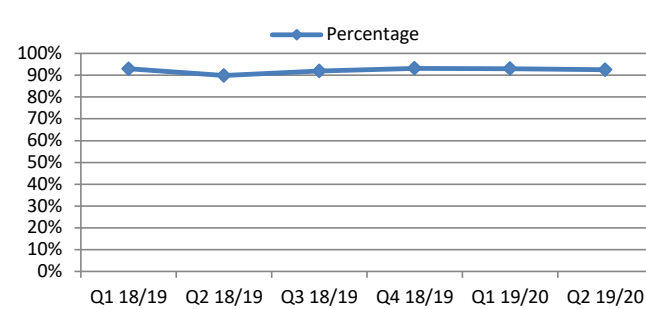


13 month trend: Quality: Safety - continued

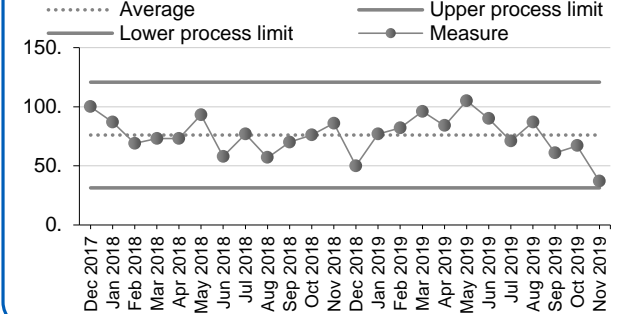
Number of medication errors (quarterly data)



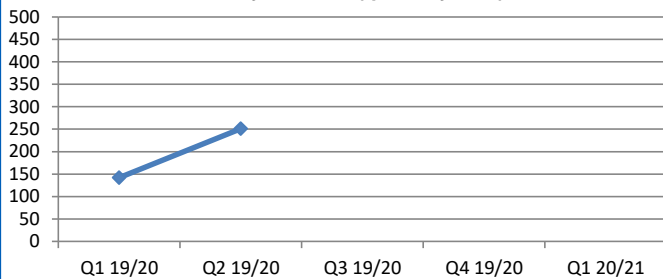
Percentage of medication errors resulting in no harm



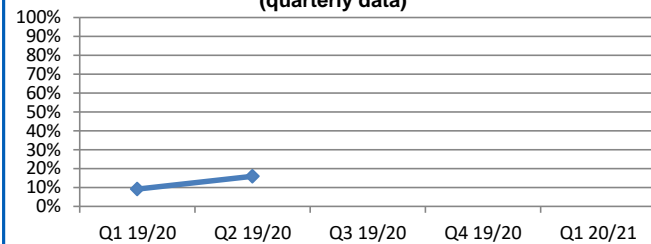
Number of Falls



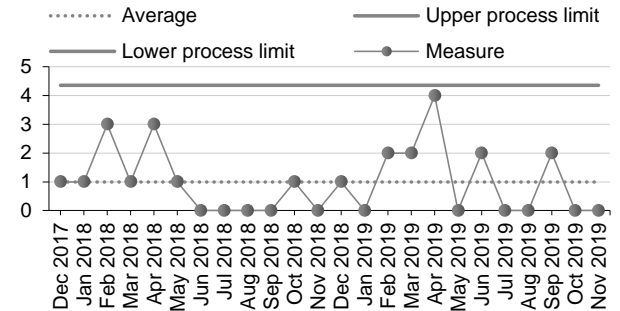
Safeguarding Adults: Number of advice calls received by the team (quarterly data)



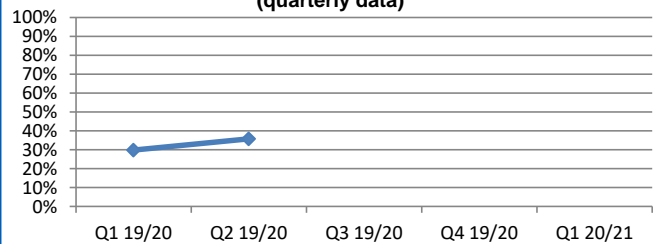
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care (quarterly data)



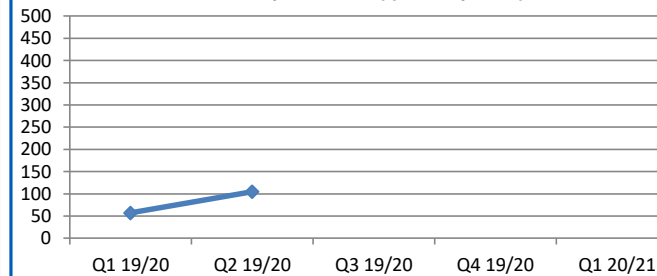
Number of Acquired Pressure Ulcers/Sores



Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care (quarterly data)

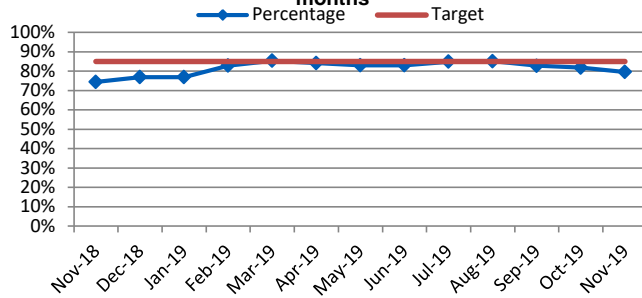


Safeguarding Children: Number of advice calls received by the team (quarterly data)

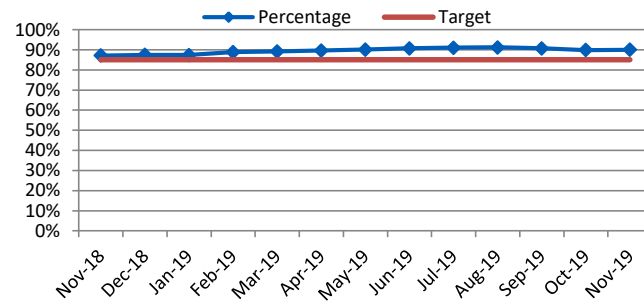


13 month trend: Our Workforce

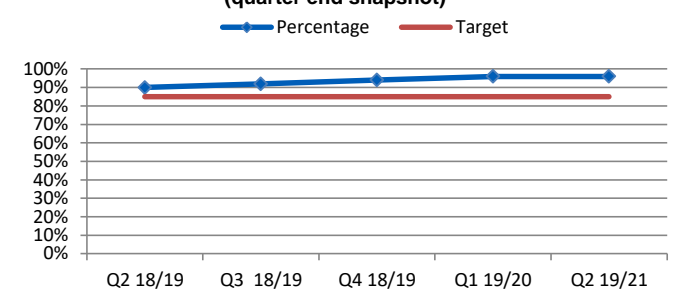
Percentage of staff with an appraisal in the last 12 months



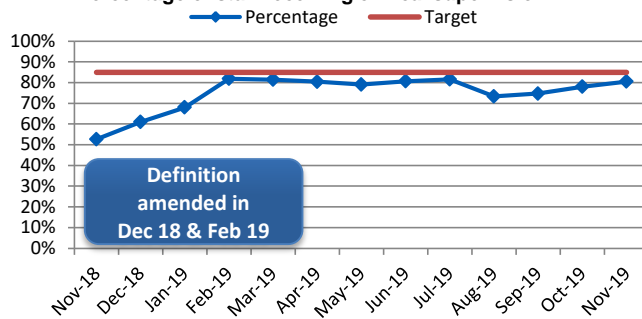
Percentage of mandatory training completed



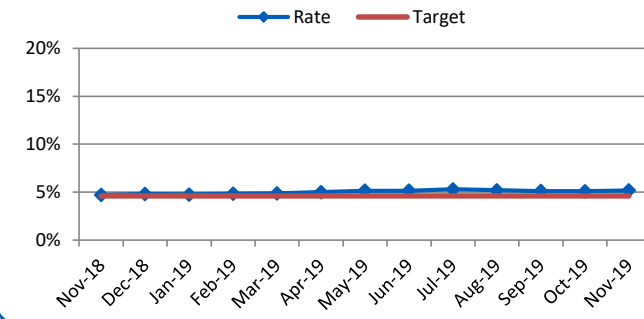
Safeguarding: Prevent Level 3 training compliance (quarter end snapshot)



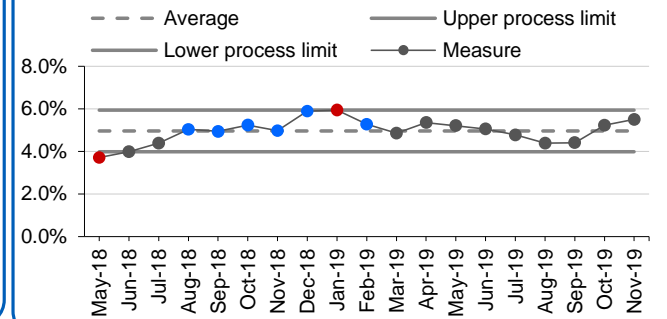
Percentage of staff receiving clinical supervision



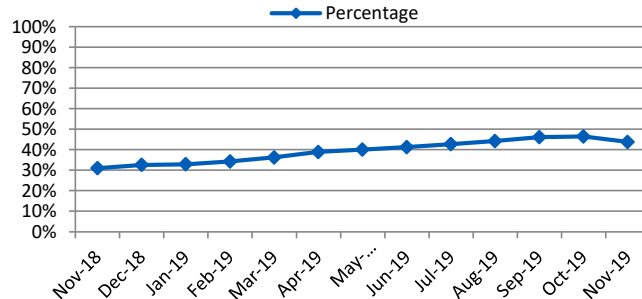
Sickness absence rate (rolling 12 months)



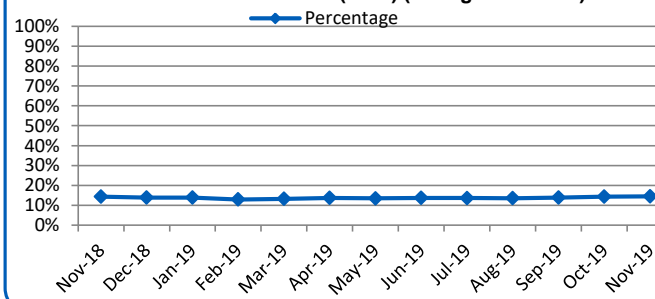
Sickness Absence Rate: In month



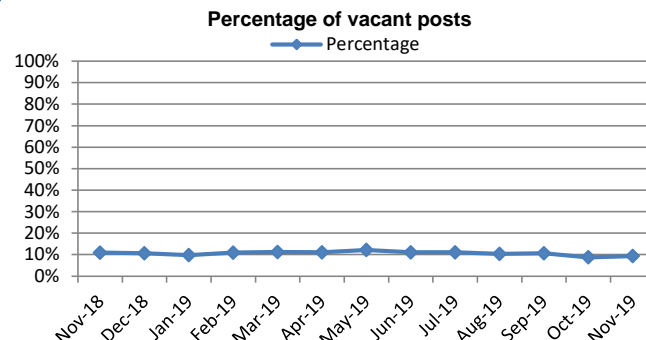
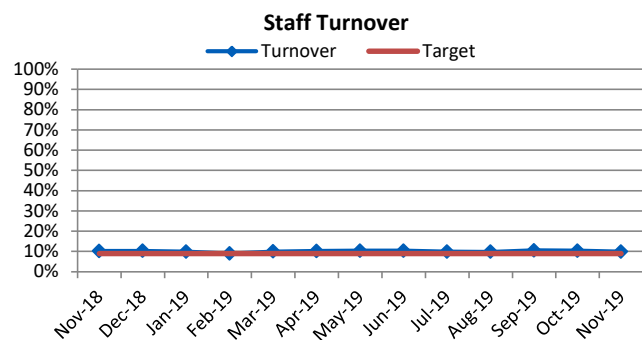
Percentage of sickness absence due to stress (rolling 12 months)



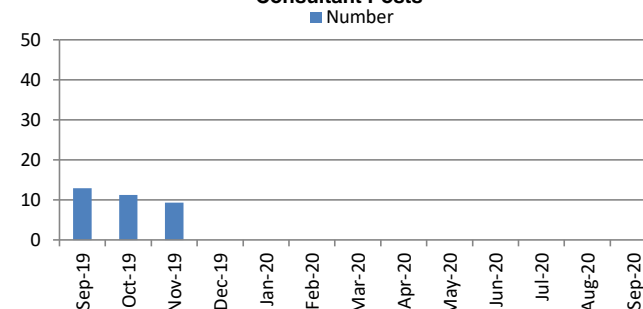
Percentage of sickness absence due to musculoskeletal issues (MSK) (rolling 12 months)



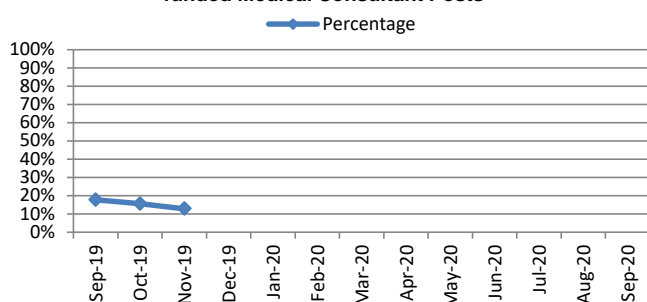
13 month trend: Our Workforce - continued



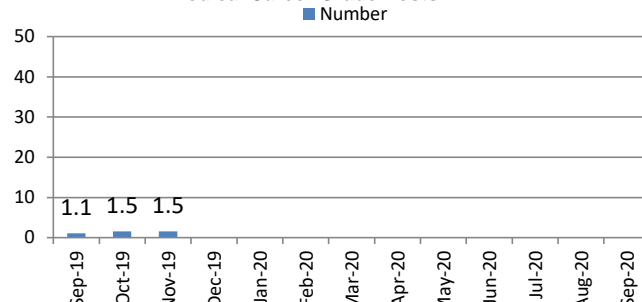
Medical Consultant Vacancies against funded Medical Consultant Posts



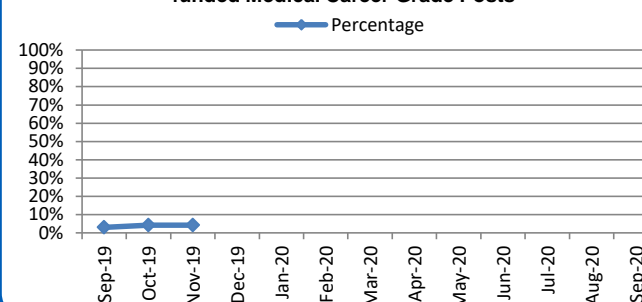
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts



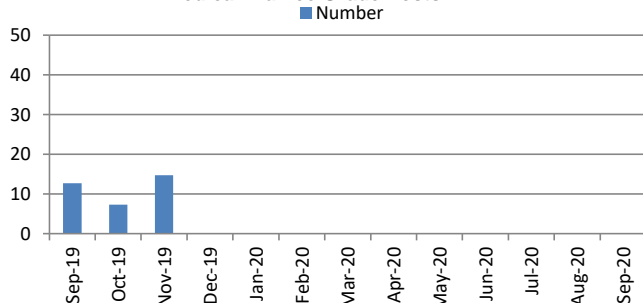
Medical Career Grade Vacancies against funded Medical Career Grade Posts



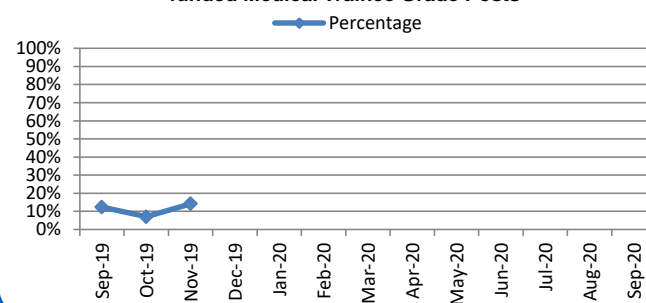
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts



Medical Trainee Grade Vacancies against funded Medical Trainee Grade Posts

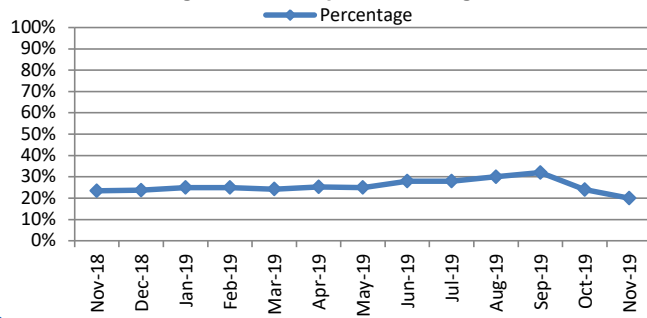


Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts

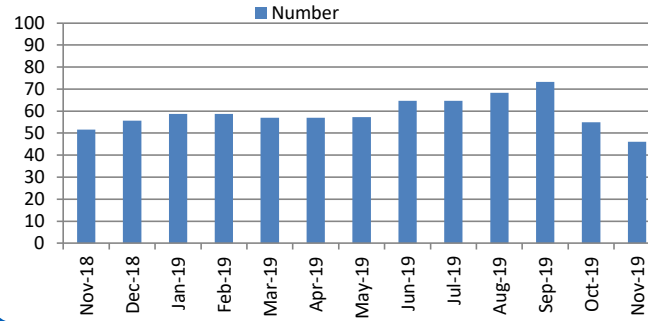


13 month trend: Our Workforce - continued

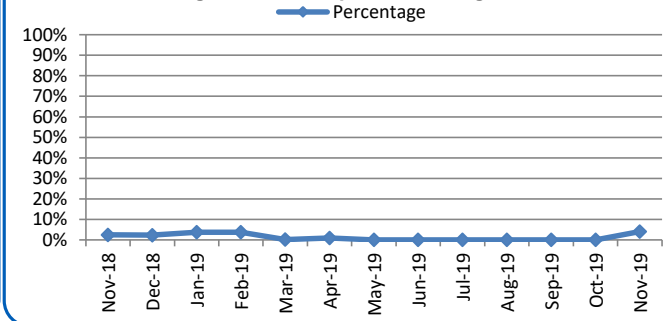
Percentage of Band 5 inpatient nursing vacancies



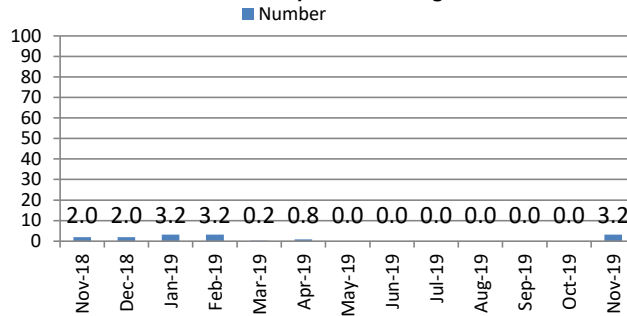
Number of Band 5 inpatient nursing vacancies



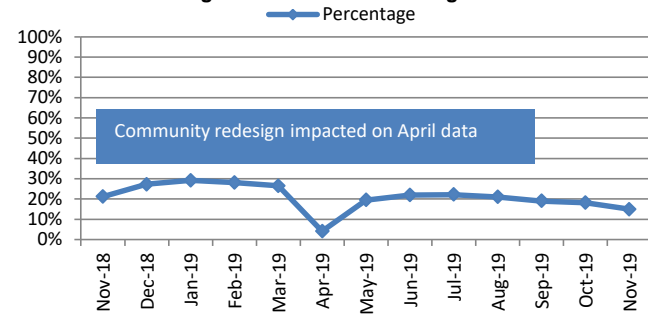
Percentage of Band 6 inpatient nursing vacancies



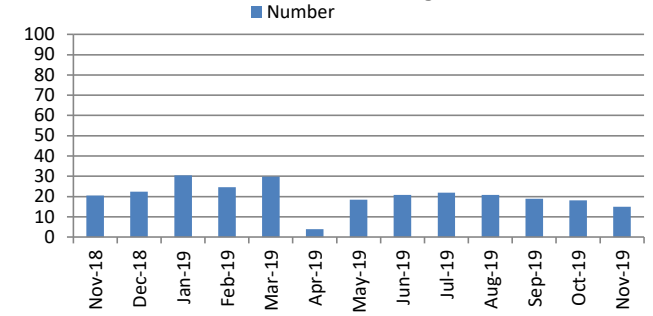
Number of Band 6 inpatient nursing vacancies



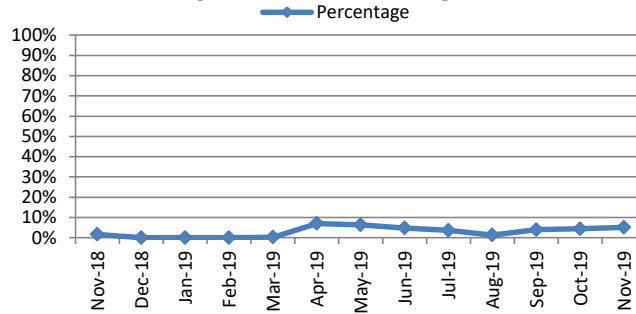
Percentage of Band 5 other nursing vacancies



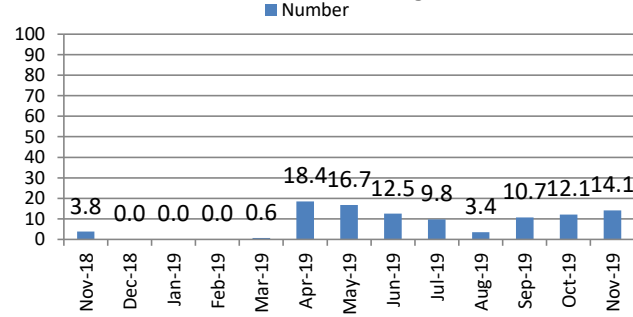
Number of Band 5 other nursing vacancies



Percentage of Band 6 other nursing vacancies



Number of Band 6 other nursing vacancies



Local intelligence continued

CURRENT MONTH: NOVEMBER

Clinical Record Keeping:

Data Quality Maturity Index: The Trust is below the 90-95% CQUIN payment threshold as at September. Further improvements are expected as recording improves against fields newly added to either the dataset or our clinical system. Agreement has been reached with the Leeds CCG for a revised payment schedule that takes into account the introduction of our new electronic paper record system, CareDirector during quarter 4.

GP Communications: Whilst improvement at Trust level is slow for CPA care plans transferred to GPs within 7 days, there is some improvement now being seen at individual team level; for example, the West Adult CMHT has improved from @40% in April to 65% in November and the community Learning Disabilities team has improved from @40% in August to 56% in November. For inpatient discharge summaries (to be transferred within 24 hours), the process should involve the letters being dictated/typed into the BigHand software before being signed off for electronic transfer. A quality improvement project has begun to understand the barriers to timely completion of discharge summaries.

As requested, sexual orientation monitoring (data completeness) has been included in this month's report. This shows that recording has improved from @13% in April to 21% in November. Whilst improvement is being made in recording, the percentage recorded is currently too low to support any analysis of our data based on sexual orientation.

Patient Experience:

S136: There were 8 service users who remained in the 136 suite for longer than 24 hours in the month; all were due to a lack of bed availability.

Complaints: Performance remains strong in acknowledging complaints within 3 days and responding to complaints within the timescale agreed with the complainant.

Safety:

Incidents: The number of incidents, including those for violence/aggression, self harm and restraint all remain within expected levels of normal variation.

Workforce:

Whilst appraisal compliance has dropped slightly over past months, in contrast, an improvement has been seen in clinical supervision rates. Further attention is being given to both appraisal completion rates and the quality of the appraisal conversation with a survey due to launch to staff to evaluate the effectiveness of the appraisal process.

Mandatory training remains above target and in-month sickness remains within levels of normal variation. For the first time this year, we have seen a small reduction in the percentage of sickness absence due to stress or mental health related absence which remains high. The new Wellbeing Manager, Emma Molyneux, commenced with the Trust in December and the continued reversal of this negative trend is a key priority.

Vacancies: The reduction in Band 5 nursing vacancies reflects the new nursing staff that started with the organisation during October under the Trust's commitment to support new qualified staff within Leeds.

Local intelligence

PREVIOUS MONTH: OCTOBER

Clinical Record Keeping:

Data Quality Maturity Index: The Trust is below the 90-95% CQUIN payment threshold as at July. Further improvements are expected as recording improves against fields newly added to either the dataset or our clinical system. Discussions are in progress with the Leeds CCG to agree a revised payment schedule that takes into account the introduction of our new electronic paper record system, CareDirector during quarter 4.

GP Communications: Additional communications have gone out to teams to improve the recording of the date the CPA care plan was shared with the service user which identifies that it has been completed and is ready to go to the GP. For inpatient discharge summaries (to be transferred within 24 hours), the process should involve the letters being dictated/typed into the BigHand software before being signed off for electronic transfer. For much of this year, there has been a backlog in the production of inpatient discharge summaries with the focus being on reducing/eliminating this. This has been difficult with medical staffing vacancies, particularly on Ward 4 (male) at Newsam and Ward 1 (female) at the Becklin Centre. However, as staffing has improved, the backlogs are being reduced with Ward 4 now almost up to date. A quality improvement project has begun to understand the barriers to timely completion of discharge summaries.

Patient Experience:

S136: There were 6 service users reported as having breached 24 hours in the 136 suite during October with all cases due to a lack of bed availability.

Complaints: 13 out of 14 complaints were allocated an investigator within the 3 day target and all complaints were completed within the timeframe agreed with the complainant.

Safety:

The Trust is no longer participating in the point prevalence Safety Thermometer data collection and has, instead, moved towards monitoring the full monthly data to provide more insight into trends and themes with regards to patient safety items such as the use of restraint, pressure ulcers and falls. Locally held data shows the numbers of falls, incidents and restraints remain within levels of normal variation but note that the number of reported incidents of violence and aggression remains below average.

Workforce:

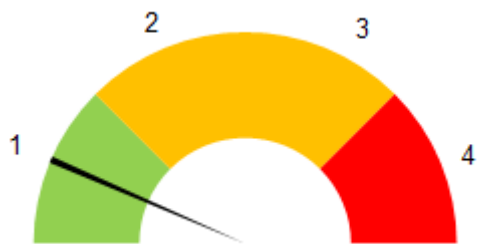
Performance in mandatory training and Prevent Level 3 training remain strong. Further consistency is required in appraisals and clinical supervision. In month sickness absence is within levels of normal variation with absence due to mental health or stress a factor.

Vacancies: The Band 5 Nursing vacancies data shows an increasing number of our registered mental health nurse (RMN) roles becoming vacant over time. However, 57 new nursing staff started with the organisation during October (see table) under the Trust's commitment to support newly qualified staff within Leeds. Many of these are not yet included in the October data due to paperwork not being completed in time for the payroll run but should be reflected in the November data.

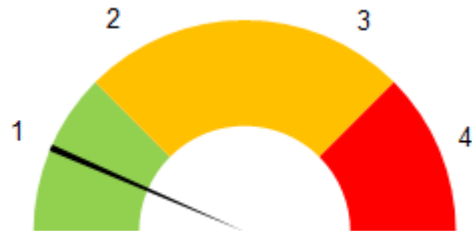
Resources: The early findings from the Safe Staffing report reflect the need to realign the establishment budgets for the inpatient wards. In the meantime, the Trust continues to rely on Bank and Agency staff to support our substantive workforce. It is worth noting that tracking of the use of regular (completing 2 or more shifts per week averaged over 3 months) and ad hoc bank/agency staff shows that of the 31% of inpatient hours covered with Bank or Agency (some of which will be substantive staff working extra duties), the majority is filled by regular rather than ad hoc staff with less than 5% of staff had worked less than 2 shifts per week over the previous 3 months.

Clinical Area	Number
3 woodland Square	2
Blue Bell Ward	1
CAMHS	2
CAU BC	1
Community LD	3
CRISS	1
CMHT WAA	9
IHTT	1
NICPM	2
Parkside Lodge	3
MBU	2
WAA Inpatients	18
OPS Inpatients	6
Ward 5 NC	2
R&R	1
Leeds Forensic inpatients	2
Enhanced Care Homes Team	1
Total	57

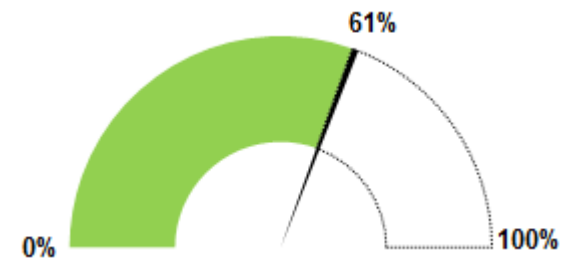
Finance



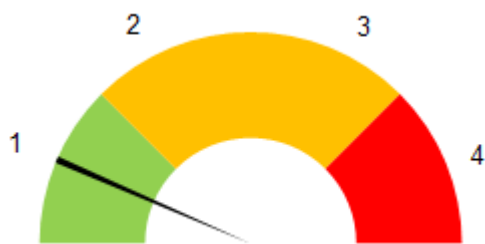
Single Oversight Framework – Finance Score



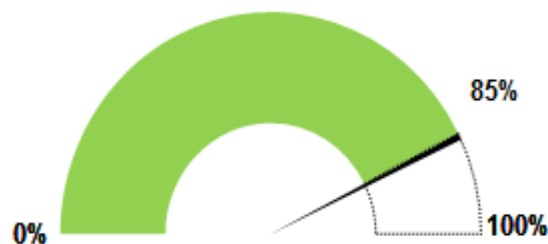
Income and Expenditure Position (£000s)



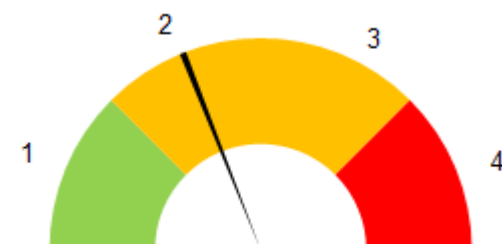
Cost Improvement Programme (£000s)



Cash (£000s)



Capital (£000s)



Agency spend (£000s)

Finance – Chief Financial Officer and Deputy Chief Executive

Unless otherwise specified, all data is for December 2019

This section highlights performance against key financial metrics and details known financial risks as at December 2019. The financial position as reported at month 09 is within plan tolerances.





Finance	Target	Oct-19	Nov-19	Dec-19
Single Oversight Framework: Overall Finance Score	1	2	1	1
Single Oversight Framework: Income and Expenditure Rating	1	2	1	1
Income and Expenditure: Surplus		£1.60m	£2.09m	£2.25m
Cost Improvement Programme versus plan (% achieved)	100%	60.6%	60.63%	60.63%
Cost Improvement Programme: achieved		£1.05m	£1.20m	£1.35m
Single Oversight Framework: Cash Position Liquidity Rating	1	1	1	1
Cash Position	-	£91.65m	£92.29m	£93.72m
Capital Expenditure (Percentage of plan used) (YTD)	100%	92.86%	86.90%	85.31%
Single Oversight Framework: Agency Spend Rating	1	2	2	2
Agency spend: Actual	-	£3.24m	£3.78m	£4.21m
Agency spend (Percentage of capped level used)	-	111.00%	113.00%	112.00%

Finance

Single Oversight Framework – Finance Score The Trust achieved the planned Finance Score at month 09 with an overall Finance Score of 1.	Income and Expenditure Position (£000s) The income and expenditure position at month 9 is £1.32m surplus, £0.60m ahead of plan before accounting for £0.94m additional PSF relating to 18/19.
Cost Improvement Programme (£000s) CIP performance at month 09 is under the plan of £2.23m, CIP achieved £1.35m (61% of plan).	Cash (£000s) The cash position of £93.7m is £9.05m above plan at month 9, reflecting unplanned 18/19 PSF and capital underspending. The Trust achieved a liquidity rating of 1 (highest rating).
Capital (£000s) Capital expenditure (£3.91m) is behind plan at month 9 (85% of plan).	Agency spend (£000s) Compares actual agency spend (£4.21m at month 09) to the capped target set by the regulator (£3.76m at month 09). The Trust reported agency spending 12% above the capped level and achieved a rating of 2.
Areas of Financial Risk as at December 2019 <ul style="list-style-type: none"> • OAPs run rate deterioration. • CIP performance. • Wards overspending. • Agency spending run rate. 	

Glossary

Statistical Process Control (SPC) Charts: A number of these charts are used within the report to help identify changes in performance that are outside the expected levels and worth further investigation. The charts follow performance/activity over time and show the upper and lower process limits; these are used to identify where you can expect your performance to fall 99% of the time under normal circumstances. Data points are coloured as per the table below with a run defined as at least 7 points in a row.

Symbol	Used to:
	Identify a point within the process limits.
	Identify a point outside the process limits. This is unlikely to have occurred by chance and can warrant further investigation.
	Identify a run of increasing points or a run of points above the average line. Unlikely to have occurred by chance and signifies a change that may require further understanding.
	Identify a run of decreasing points or a run of points below the average line. Unlikely to have occurred by chance and signifies a change that may require further understanding.

Acronym	Full Title	Definition
AHP	Allied Health Professionals	Allied Health is a term used to describe the broad range of health professionals who are not doctors, dentists or nurses. Allied Health Professionals aim to prevent, diagnose and treat a range of conditions and illnesses and often work within a multidisciplinary health team to provide the best patient outcomes. Examples of AHP's include psychologists, physiotherapists, occupational therapists, podiatrists and dieticians.
ALPS	Acute Liaison Psychiatry Service	Our Acute Liaison Psychiatry Service (ALPS) consists of a team of multidisciplinary mental health professionals who have specific expertise in helping people who harm themselves or have acute mental health problems. The team operates over a 24 hour period, seven days a week, assessing men and women over the age of 18 years who are experiencing acute mental health problems and present to either of the Leeds' Emergency Departments, or those who have self-harmed and are in either St James's Hospital or LGI. Healthcare professionals can make referrals into ALPS 24 hours a day, seven days a week by calling our Trust's switchboard

Acronym	Full Title	Definition
ARMS	At Risk Mental State	ARMS is used to describe young people aged 14-35 years who are experiencing low levels signs of psychosis.
CRISS	Crisis Resolution and Intensive Support Service	<p>The CRISS supports adults (usually aged 18-65) experiencing a mental health crisis with intensive home-based treatment as a genuine alternative to hospital admission. It also supports older people in crisis outside of normal working hours. CRISS operates 24 hours a day, 7 days a week, 365 days a year.</p> <p>This includes working closely with health and social care partners and third sector agencies to ensure people's needs are planned for in a coordinated way.</p>
CAU	Crisis Assessment Unit	The CAU is predominantly an assessment unit with overnight facilities for service users aged 18 years or over, who are experiencing an acute and complex mental health crisis, and require a short period of assessment and treatment.
CCG	Clinical Commissioning Group	Clinical Commissioning Groups (CCGs) commission most of the hospital and community NHS services in the local areas for which they are responsible.
CGAS	Children's Global Assessment Scale	The Children's Global Assessment Scale (CGAS), adapted from the Global Assessment Scale for adults, is a rating of functioning aimed at children and young people aged 6-17 years old. The child or young person is given a single score between 1 and 100, based on a clinician's assessment of a range of aspects related to a child's psychological and social functioning. The score will put them in one of ten categories that range from 'extremely impaired' (1-10) to 'doing very well' (91-100).
CMHT	Community Mental Health Team	There are six CMHTs (3 working age adult and 3 older people's) two cover each area of Leeds – West North West, South South East and East North East.
CTM	Clinical Team Manager	The Clinical Team Manager is responsible for the daily administrative and overall operations of the assigned clinical teams. The person is responsible for the supervision of all employed clinical staff. They serve as the primary leadership communications link between the teams and departments throughout the organisation. The Clinical Team Manager is responsible to ensure the overall smooth day to day operations, employee engagement and a high quality patient experience while achieving departmental and organisational goals.
CPA	Care Programme Approach	The Care Programme Approach (CPA) is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs. You might be offered CPA support if you: are diagnosed as having a severe mental disorder.
CQPR	Combined Quality and Performance Report	A report detailing the Trust's performance throughout a given month.

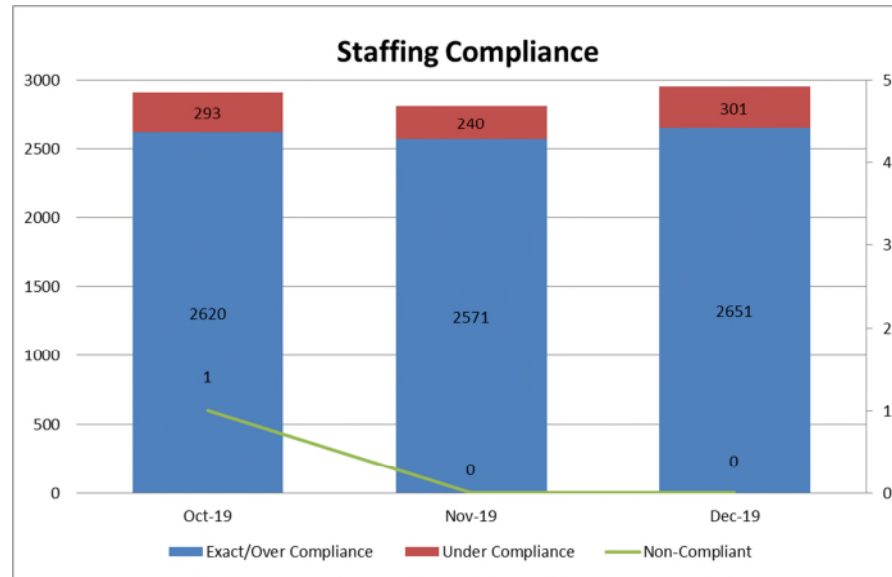
Acronym	Full Title	Definition
CQUIN	Commissioning for Quality and Innovation	The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care.
DTOC	Delayed Transfer of Care	A delayed transfer of care occurs when a patient is ready for discharge from acute or non-acute care and is still occupying a bed.
EIP	Early Intervention in Psychosis	First episode psychosis (FEP) is the term used to describe the first time a person experiences a combination of symptoms known as psychosis; the service that supports people with this is called EIP.
EPR	Electronic Patient Records	The system used to store patient records electronically.
GP	General Practitioner	General practitioners (GPs) treat all common medical conditions and refer patients to hospitals and other medical services for urgent and specialist treatment. They focus on the health of the whole person combining physical, psychological and social aspects of care.
HCR20	Historical, Clinical, Risk Management - 20	The Historical, Clinical, Risk Management-20 (HCR-20) is an assessment tool that helps mental health professionals estimate a person's probability of violence
HoNOS	Health of the Nation Outcome Scales	The Health of the Nation Outcome Scale (Working Age Adults) is a means of measuring the health and social functioning of people of working age with severe mental illness
Honosca	Health of the Nation Outcome Scales Child and Adolescent Mental Health	The Health of the Nation Outcome Scale (Children and Adolescents) is a means of measuring the health and social functioning of children and adolescents with severe mental illness
KPI	Key Performance Indicator	A quantifiable measure used to evaluate success
LADS	Leeds Autism Diagnosis Service	The Leeds Autism Diagnostic Service (LADS) provides assessment and diagnosis of people of all intellectual ability who may have autism who live in Leeds.
LeDeR	Learning Disability Mortality Review	The Learning Disabilities Mortality Review (LeDeR) programme was established to support local areas to review the deaths of people with learning disabilities, identify learning from those deaths, and take forward the learning into service improvement initiatives.
LCG	Leeds Care Group	One of the Care Groups (groupings of services) within the Leeds & York Partnership Foundation Trust.
LGI	Leeds General Infirmary	Leeds General Infirmary, also known as the LGI, is a large teaching hospital based in the centre of Leeds, West Yorkshire, England, and is part of the Leeds Teaching Hospitals NHS Trust.
LOS	Length of Stay	Length of stay is a whole number which is calculated as the difference between the admission and

Acronym	Full Title	Definition
		discharge dates for the provider spell.
LTHT	Leeds Teaching Hospital Trust	Leeds Teaching Hospitals NHS Trust is an NHS trust in Leeds, West Yorkshire, England.
LYPFT	Leeds & York Partnership Foundation Trust	Leeds and York Partnership NHS Foundation Trust provides mental health and learning disability services across Leeds and York.
MDT	Multi-Disciplinary Team	A multidisciplinary team is a group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, nurses, physio or occupational therapists), each providing specific services to the patient .
MH	Mental Health	A person's condition with regard to their psychological and emotional well-being.
MHSDS	Mental Health Services Dataset	The Mental Health Services Data Set (MHSDS) contains record-level data about the care of children, young people and adults who are in contact with mental health, learning disabilities or autism spectrum disorder services.
MSK	Musculoskeletal	A musculoskeletal (MSK) disorder is any injury, disease or problem with your muscles, bones or joints.
Never event	Never Events	Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
NICE	National Institute for Health and Care Excellence	NICE provide guidelines on identification and pathways to care for common mental health problems aims to improve how mental health conditions are identified and assessed.
OAP	Out of Area Placements	Out of area placements refers to a person admitted to a unit outside their usual local services.
PICU	Psychiatric Intensive Care Unit	Leeds Psychiatric Care Intensive Service (PICU) provides intensive and specialist care and treatment for adult service users with mental health needs, whose risks and behaviours cannot be managed on an open acute ward.
S136	Section 136	Section 136 is an emergency power which allows service users to be taken to a place of safety from a public place, if a police officer considers that you are suffering from mental illness and in need of immediate care.
SOF	Single Oversight Framework	A framework from NHS Improvement to oversees NHS trusts and NHS foundation trusts
SNOMED CT	Systematized	An international clinical terminology for use in electronic patient records.

Acronym	Full Title	Definition
	Nomenclature of Medicine -- Clinical Terms	
SPA	Single Point of Access	Single Point of Access offers mental health triage for routine, urgent and emergency referrals, information and advice 24 hours a day, 7 days a week, and 365 days per year.
SS&LD	Specialist Services and Learning Disabilities Care Group	One of the Care Groups (groupings of services) within the Leeds & York Partnership Foundation Trust.
Tier 4 CAMHS	Tier 4 Child Adolescent Mental Health Service-	Child and Adolescent Mental Health (CAMH) Tier 4 Children's Services deliver specialist in-patient and day-patient care to children who are suffering from severe and/or complex mental health conditions that cannot be adequately treated by community CAMH Services.
TOC	Triangle of care	The 'Triangle of Care' is a working collaboration, or "therapeutic alliance" between the service user, professional and carer that promotes safety, supports recovery and sustains well-being principles.

Appendix 4

Safer Staffing: Inpatient Services – November & December 2019



	Number of Shifts		
	October	November	December
Exact/Over Compliance	2620	2571	2651
Under Compliance	293	240	301
Non-Compliant	1	0	0

Risks: Registered Nursing vacancies continue to be a major theme across the focussed areas highlighted by the unify data (Appendix 4a and 4b).

Mitigating Factors:

Reduced RN fill rates are being mitigated in the majority of our units by increasing Healthcare Support Worker bookings through Bank and Agency and ongoing improvements to the recruitment strategy. There is a robust escalation process in place to manage unplanned variance in shifts.

Narrative on Data Extracts Regarding LYPFT Staffing Levels on x27 Wards during November & December 2019

Exact or Over Compliant shifts:

During November the compliance data showed a decrease in the number of shifts which were staffed exactly as planned or staffed above the planned number of Registered Nurse (RN) and Health support worker (HSW) staff. In December there was an increase.

Under Compliant Shifts:

During November there were 240 shifts that had fewer than the planned number of RN and HSW staff on each shift (this differs from the unify report below which shows the total hours over the month rather than on a shift by shift basis). In December there were 301 shifts that had fewer than the planned number of staff on shift. Where there are fewer than planned RN staff on shift it is usual for one or more extra HSWs to back fill the vacant duty and ensure safe staffing levels, where a RN is not available to fill the shift.

Non-Compliant Shifts:

This metric represents the number of shifts where no Registered Nurses were on duty. This metric was not breached in November or December.

APPENDIX 4a

Safer Staffing: Inpatient Services – November 2019

Fill rate indicator return Staffing: Nursing, Care Staff and AHPs

Ward name	Care Hours Per Patient Day (CHPPD)								Day				Night				Allied Health Professionals	
	Cumulative count over the month of patients at 23:59 each day	Registered Nurses/Midwives	Non-registered Nurses/Midwives	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
BECKLIN WARD 1	658	2.4	3.2	0.0	0.0	0.0	0.0	5.6	79.9%	276.2%			94.8%	121.7%				
BECKLIN WARD 3	655	2.7	3.8	0.0	0.0	0.0	0.0	6.4	91.1%	192.3%			100.3%	165.2%				
BECKLIN WARD 4	661	2.6	3.0	0.0	0.0	0.0	0.0	5.6	88.7%	145.0%			100.0%	136.7%				
BECKLIN WARD 5	662	2.5	3.5	0.0	0.2	0.0	0.0	6.1	87.6%	154.5%		100.0%	93.7%	160.0%		100.0%		
BECKLIN WARD 2 CR	153	8.2	14.7	0.0	0.0	0.0	0.0	23.0	97.8%	107.9%			94.5%	111.1%				
YORK - BLUEBELL	210	5.6	7.2	0.0	0.0	0.0	0.0	12.9	166.2%	180.3%			100.0%	100.0%				
YORK - RIVERFIELDS	278	3.4	3.8	0.0	0.0	0.0	0.0	7.2	157.4%	116.8%			102.8%	100.2%				
YORK - WESTERDALE	318	4.2	7.9	0.0	0.0	0.0	0.0	12.1	70.4%	133.2%			103.3%	127.0%				
3 WOODLAND SQUARE	93	8.7	14.0	0.0	0.0	0.0	0.0	22.7	84.4%	132.5%			110.0%	136.7%				
PARKSIDE LODGE	73	16.5	42.7	0.1	1.1	0.0	0.0	60.4	110.0%	90.1%		100.0%	128.0%	116.1%	100.0%			
2 WOODLAND SQUARE	96	9.9	8.2	0.0	0.0	0.0	0.0	18.1	100.7%	70.7%			99.3%	100.0%				
YORK - MILL LODGE	370	4.2	5.1	0.0	0.3	0.0	0.0	9.5	75.7%	99.2%		100.0%	84.1%	117.3%				
THE MOUNT WARD 1 NEW (MALE)	459	3.6	13.2	0.3	0.0	0.0	0.0	17.2	135.8%	228.9%	100.0%		103.6%	325.8%	100.0%			
THE MOUNT WARD 2 NEW (FEMALE)	391	3.5	9.1	0.0	0.2	0.0	0.0	12.8	135.4%	166.9%		100.0%	100.0%	267.8%				
THE MOUNT WARD 3A	424	2.9	7.8	0.0	0.2	0.0	0.0	11.0	107.3%	152.3%		100.0%	101.2%	258.7%		100.0%		
THE MOUNT WARD 4A	734	1.6	3.6	0.0	0.0	0.0	0.0	5.2	104.7%	125.2%			100.2%	157.4%				
MOTHER AND BABY THE MOUNT	255	5.8	5.3	0.0	0.2	0.0	0.0	11.3	109.1%	76.1%		100.0%	86.7%	114.3%		100.0%		
NEWSAM WARD 1 PICU	348	4.4	11.9	0.0	0.0	0.0	0.0	16.4	82.1%	142.0%			87.4%	182.0%				
NEWSAM WARD 2 WOMENS SERVICES	314	3.9	4.9	0.0	0.0	0.0	0.0	8.8	106.7%	102.3%			100.4%	114.8%				
NEWSAM WARD 2 FORENSIC	356	3.1	4.5	0.0	0.0	0.0	0.0	7.6	104.1%	116.9%			104.2%	116.1%				
NEWSAM WARD 3	420	2.7	3.6	0.0	0.0	0.0	0.0	6.3	104.0%	113.4%			100.0%	105.2%				
NEWSAM WARD 4	622	2.6	3.6	0.0	0.1	0.0	0.0	6.3	79.2%	188.4%			97.1%	142.2%		100.0%		
NEWSAM WARD 5	444	3.8	3.7	0.0	0.0	0.0	0.0	7.5	139.7%	80.3%			98.6%	106.9%				
NEWSAM WARD 6 EDU	267	5.4	10.6	0.0	0.0	1.4	0.5	17.9	141.5%	235.1%			130.3%	198.1%			100.0%	100.0%
ASKET CROFT	599	1.4	2.6	0.0	0.0	0.4	0.2	4.7	87.5%	103.5%			100.2%	101.8%			100.0%	100.0%
ASKET HOUSE	440	1.8	1.9	0.0	0.0	0.6	0.0	4.2	105.4%	100.2%			100.0%	113.5%			100.0%	
NICPM LGI	120	15.0	5.3	0.0	0.0	0.0	0.0	20.3	118.6%	119.6%			109.4%	131.0%				

APPENDIX 4b

Safer Staffing: Inpatient Services – December 2019

Fill rate indicator return
Staffing: Nursing, Care Staff and AHPs

Ward name	Care Hours Per Patient Day (CHPPD)								Day				Night				Allied Health Professionals	
	Cumulative count over the month of patients at 23:59 each day	Registered Nurses/Midwives	Non-registered Nurses/Midwives	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
BECKLIN WARD 1	687	2.3	3.4	0.0	0.0	0.0	0.0	5.7	77.5%	145.8%			100.0%	137.0%				
BECKLIN WARD 3	675	2.6	2.9	0.0	0.0	0.0	0.0	5.6	96.3%	138.5%			95.0%	137.7%				
BECKLIN WARD 4	671	2.5	3.6	0.0	0.0	0.0	0.0	6.1	86.5%	174.7%			100.0%	159.7%				
BECKLIN WARD 5	677	2.6	2.9	0.0	0.1	0.0	0.0	5.6	92.7%	128.8%		100.0%	98.5%	117.5%		100.0%		
BECKLIN WARD 2 CR	155	8.1	15.3	0.0	0.0	0.0	0.0	23.4	93.9%	110.2%			93.6%	116.2%				
YORK - BLUEBELL	201	5.7	8.0	0.0	0.0	0.0	0.0	13.7	154.2%	159.4%			100.0%	100.0%				
YORK - RIVERFIELDS	307	3.8	4.1	0.0	0.0	0.0	0.0	7.9	234.3%	133.8%			100.9%	100.0%				
YORK - WESTERDALE	312	4.5	6.6	0.0	0.0	0.0	0.0	11.1	75.9%	100.4%			96.8%	103.3%				
3 WOODLAND SQUARE	112	7.3	11.7	0.0	0.0	0.0	0.0	19.0	79.0%	108.4%			116.8%	126.0%				
PARKSIDE LODGE	93	16.1	36.3	0.0	1.4	0.0	0.0	53.9	158.8%	89.5%		100.0%	110.0%	131.3%		100.0%		
2 WOODLAND SQUARE	137	7.5	5.9	0.0	0.0	0.0	0.0	13.3	104.1%	71.0%			100.0%	100.0%				
YORK - MILL LODGE	363	4.7	4.8	0.4	0.0	0.0	0.0	9.8	78.8%	93.7%	100.0%		91.7%	103.2%				
THE MOUNT WARD 1 NEW (MALE)	455	3.8	8.9	0.3	0.0	0.0	0.0	13.0	129.2%	142.2%	100.0%		96.9%	195.1%				
THE MOUNT WARD 2 NEW (FEMALE)	330	4.4	14.5	0.0	0.1	0.0	0.0	19.0	124.8%	226.6%		100.0%	102.5%	330.8%				
THE MOUNT WARD 3A	399	3.0	6.9	0.0	0.4	0.0	0.0	10.3	95.6%	121.2%		100.0%	99.9%	210.8%		100.0%		
THE MOUNT WARD 4A	772	1.6	4.4	0.0	0.0	0.0	0.0	6.0	98.7%	148.6%			97.4%	223.9%				
MOTHER AND BABY THE MOUNT	243	6.3	5.1	0.0	0.4	0.0	0.0	11.8	121.5%	68.9%		100.0%	78.0%	125.7%		100.0%		
NEWSAM WARD 1 PICU	362	4.4	11.7	0.0	0.0	0.0	0.0	16.2	83.3%	139.3%			87.8%	175.7%				
NEWSAM WARD 2 WOMENS SERVICES	310	4.1	6.6	0.0	0.0	0.0	0.0	10.7	104.3%	130.0%			100.0%	144.2%				
NEWSAM WARD 2 FORENSIC	335	3.2	6.8	0.0	0.0	0.0	0.0	10.0	94.9%	170.6%				118.9%	156.3%			
NEWSAM WARD 3	434	2.7	3.5	0.0	0.0	0.0	0.0	6.3	108.7%	111.0%			100.1%	103.8%				
NEWSAM WARD 4	646	2.6	4.2	0.0	0.3	0.0	0.0	7.1	80.7%	252.1%		100.0%	100.8%	198.0%		100.0%		
NEWSAM WARD 5	494	3.3	3.8	0.0	0.0	0.0	0.0	7.1	136.7%	95.1%			100.0%	108.1%				
NEWSAM WARD 6 EDU	307	4.6	5.8	0.0	0.0	1.1	0.4	11.9	129.8%	127.4%			126.0%	122.3%			100.0%	100.0%
ASKET CROFT	619	1.5	2.6	0.0	0.0	0.7	0.0	4.7	95.3%	95.9%			100.0%	110.3%			100.0%	
ASKET HOUSE	438	1.8	1.7	0.0	0.0	0.8	0.0	4.3	104.7%	92.0%			100.0%	100.0%			100.0%	
NICPM LGI	124	14.1	6.1	0.0	0.0	0.0	0.0	20.2	108.1%	126.7%			98.6%	102.1%				

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

MEETING OF THE BOARD OF DIRECTORS

**AGENDA
ITEM**

13

PAPER TITLE:	Evaluation of the Smoke Free and Nicotine Replacement Pilot Project
DATE OF MEETING:	30 January 2020
PRESENTED BY: (name and title)	Cathy Woffendin, Director of Nursing, Professions and Quality
PREPARED BY: (name and title)	Michelle Higgins, Head of Physical Health

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

EXECUTIVE SUMMARY

This paper provides an update on the Smoke Free and Nicotine Management pilot which commenced at the Newsam centre site on the 2nd September, following Trust Board approval in July 2019 after careful consideration and an extensive review of guidance published by national bodies and the experiences of other mental health NHS Trusts and their smoking cessation experts.

The paper details findings of the evaluation using the measures agreed in the pilot proposal paper presented to Trust Board in July 2019 and include costs, incidents, fire damage and service user and staff feedback.

Results included in this paper indicate the pilot was successful, however there are areas where changes are required prior to roll out across other sites

A final position on whether in the future e-cigarette use will be allowed in bedrooms is expected from the PFI site landlords and LYPFT Estates and Facilities in February 2020. Given that this decision has yet to be reached, the Newsam pilot should continue until this has been fully addressed and a final delivery model has been agreed and tested on the site. When implemented, this should then be introduced to other inpatient sites. It is suggested that Becklin is the second site to introduce the policy, given the frequency of patient movement between this and the Newsam site to enable consistent smoking cessation/abstinence support.

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 Trust Board is asked to note the progress and evaluation of the three month pilot and to support the extension of this pilot for a further 6 months until a final decision is obtained from the PFI site landlords and a final delivery model has been agreed and tested on this site.

MEETING OF THE BOARD OF DIRECTORS

30 JANUARY 2020

Evaluation of the Smoke Free and Nicotine Management Pilot Project

1. Executive Summary

This paper provides an update on the Smoke free and Nicotine Management pilot (the Newsam pilot). The pilot was approved by Trust Board in July 2019 and commenced in all inpatient settings of the Newsam Centre on 2nd September 2019. Key changes made to the existing policy for the purposes of the pilot are:

- Recommendation of varenicline for service users in eligible care pathways
- The introduction of e-cigarettes as a quitting or abstinence aid
- The repurposing of designated smoking areas, to designated vaping areas in external areas of the Trust grounds.

The paper details findings of the evaluation using the measures agreed in the pilot proposal; recommendations and their rationale are made based on the evidence emerging from the pilot. Key findings from the data evaluation are as follows:

- Implementation of the Newsam pilot has associated costs. The new, added cost of supplying e-cigarettes to service users can be predicted; however other Trust expenditure such as smoking related fire damage is more difficult to predict and is likely to need a longer period of evaluation.
- Incidents as reported via Datix relating to the pilot did not significantly increase; however complexities in some areas of the pilot site in order to prevent and manage incidents were identified and are discussed in section 6 of this paper
- Staff and service users gave positive feedback about the health and wellbeing effects of the pilot; however the delivery model is viewed as restrictive, particularly by service users.

2. Background

The NHS Long Term Plan recommends a universal smoking cessation offer for long-term users of specialist mental health and learning disability services; including the option to switch to e-cigarettes while in an inpatient setting. The Mental Health Smoking Partnership, a collaboration of Royal Colleges, third sector organisations and academia, recommends that to help smokers to stop smoking and stay smokefree, a more enabling approach to e-cigarettes should be considered to make it an easier choice than smoking.

The Nicotine Management and Smoke Free Policy used to inform the Newsam pilot was developed to incorporate the latest evidence from public health experts. The policy authors also received direction from Estates and Facilities colleagues in relation to how the policy

could be implemented in a way which was acceptable to the landlord of the Newsam Centre which is a PFI site.

A recent benchmarking exercise (Action on Smoking and Health, October 2019), resulted in a number of recommendations for Trusts to support smokefree implementation in a consistent manner that best supports inpatients. A self-assessment against these recommendations can be found in appendix 1 to this paper.

3. **Pilot support measures**

Pilot implementation meetings

The implementation of the pilot has been supported by weekly meetings with a core MDT membership. The meetings have served two main purposes; to ensure that the project leads are fully engaged and responsive to the practical implementation of the new policy, and provision of a supportive forum for staff to share experiences and develop shared solutions to problems. The discussions held in these meetings have been used to inform the evaluation.

Support of the Physical Health Team

The Smoke Free and Physical Health Lead, and Physical Health Facilitator have maintained visibility on the Newsam site since the beginning of the pilot, supporting staff and service users, and ensuring that the correct procedures were in place surrounding the supply, storage and use of e-cigarettes.

Training

Very Brief Advice/Intervention and Smoking Cessation Advisor training has continued on the Newsam site to increase the on-site support available to service users who smoke. This has also been supported by the Healthy Living Advisors. A trial of different training types has identified that ward based training has been the most successful way of delivering this.

Feedback

Feedback boxes were installed on each ward for the purpose of gathering feedback from staff, service users and visitors about the impact of the pilot. Information was also been gathered from service user focus groups and staff meetings during the pilot to enable 'live' feedback which was used to inform any necessary changes as the pilot progressed.

Recommendation

It is recommended that wards adopt stock maintenance and governance around the use of e-cigarettes as a smoking cessation/abstinence method; including ensuring they have adequate numbers of trained staff to ensure the correct procedure is followed.

4. **Evaluation data** (summary included in appendix 2)

Staff views

All staff involved with service users on the Newsam site were asked for their views on the pilot before it began. The majority of respondents cited the health benefits of stopping smoking; improvements to the environment, reduced risk of fire and reduced risks of passive smoking were also reflected in the responses. Anxieties were expressed about potential increase in threats of violence and aggression, and disempowerment and loss of freedom of choice for service users. Staff were also concerned that there may be an increase in lighters and cigarettes being hidden and secret smoking. Respondents were generally positive about the availability of e-cigarettes compared to other forms of smoking cessation such as NRT and Varenicline.

During, and toward the end of the pilot staff were again asked for their views on the pilot. The main theme of responses was the positive effect on health and wellbeing and move towards a healthier lifestyle. Some staff fed back that service users appeared calmer and they had noticed fewer incidents of smoking on the wards. Some commented that they had a clearer understanding of the benefits of stopping smoking with ninety percent reporting that they had received adequate training which helped to enforce the new policy informing the pilot.

Service user views

Service user feedback was requested during the final month of the pilot and after the pilot had completed. E-cigarettes were the most popular form of managing nicotine addiction; the reasons given for this were that they provide a substitute for cigarettes, are the easiest way to quit and they save money for the service user. It was clear from responses however, that some service users had adopted the use of e-cigarettes only because they felt 'forced to' stop smoking. When asked what they liked most about the e-cigarettes respondents reported the health benefits, and also flavours and ease of use. When asked what they did not like, not being able to vape indoors, or having access to a greater quantity of e-cigarettes were the most frequent responses.

Seven of the sixteen service user respondents reported positive physical health changes since the onset of the smoke free pilot. The following comments were reported to the evaluation team:

- "Breathing easier"
- "CO2 levels dropped"
- "Feel stronger - cigs make you weak"
- "Feel great, not using inhaler - have COPD"
- "My blood pressure went down"
- "Stopped coughing"

Wards where service users were more likely to express negative views about the policy were likely to have fewer activities available; one service user commented that some wards have pool and football tables, whereas their ward lacked facilities to help pass the time.

Multiple wards offer scheduled times for when service users are allowed to use their e-cigarettes; typically twice in the mornings, afternoons and evenings, and once at night. Service users commented that they would like an additional night time e-cigarette break; the feasibility of which needs to be assessed with ward staff. Staff also noted on occasions where e-cigarette breaks were a few minutes late, service users would begin queueing at the office doors, waiting for the courtyard doors to be opened.

In summary, the feedback highlighted variation between benefits and impact of the new policy felt by the wards. Differences in the ward environment, and existing restrictions relating to nicotine and smokefree policy were important factors. Despite the variation, feedback from service users and staff about the changes made was positive.

Recommendation

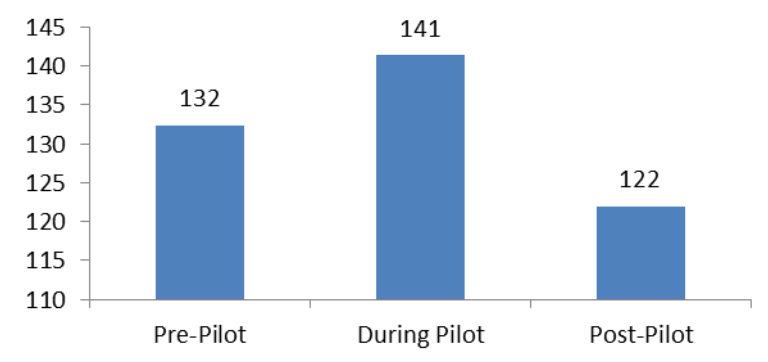
Wards should ensure that recreational opportunities are maximised and that smokers can benefit from meaningful activities to replace the routine of cigarette smoking alongside appropriate cessation support.

Datix Reports

Datix reports relating to the Newsam site for the three months prior to the pilot commencing (June - August), were analysed and compared to the data from the pilot period (September - November). Data for December was also reviewed; this was out with the pilot period but allowed comparison between the period where there was particular focus in ensuring all smoking related incidents were reported, and the time following this. It should be noted that following completion of the evaluation period there was no change made to the approach of nicotine management; i.e. the only change made was that data collection other than incident reporting ceased.

Figure 1 shows incident numbers for the pre pilot, during pilot and post pilot periods. The number of incidents for the pre-pilot and during pilot phases was averaged over the three months to allow for a better comparison with the single month of December (post pilot)*.

Figure 1: Number of total incidents reported pre-pilot, during and post-pilot*



The number and percentage of smoking related incidents remained comparable pre and during the pilot (Table 1), however a marked decline (-14%) was seen post-pilot. During this period staff may have been less likely to report each incident in the knowledge that the measurement period was complete. During all phases of the pilot, incidents were more likely to occur on a weekend than a weekday.

Table 1: Total number of incidents by time period and category of incident

Category of Incident	Pre-Pilot	During Pilot	Post-Pilot	Grand Total
Non-Smoking	319 (80%)	325 (77%)	105 (86%)	749 (79%)
Smoking	78 (20%)	99 (23%)	17 (14%)	194 (21%)
Grand Total	397 (100%)	424 (100%)	122 (100%)	943 (100%)

Table 2 shows the average number of smoking related incidents by ward in the pre-pilot and during pilot phases and the percentage change in the average number of smoking related incidents over the period. The data indicates a percentage reduction in incidents of between 0% and -72%; for instance Ward 2 (A&T) had an average of 6 incidents in the pre-pilot phase and only 1.7 during the pilot.

Table 2: Percentage change in the average number of smoking related incidents pre-pilot and during pilot by ward

Newsam Ward	Smoking Incidents		Percentage Change
	Pre- pilot (average/month)	During Pilot (average/month)	
Ward 1 (PICU)	0.0	10.7	∞*
Ward 2 (A & T)	6.0	1.7	-72%
Ward 2 (F)	0.7	0.7	0%
Ward 3	10.7	3.0	-72%
Ward 4	0.0	6.7	∞*
Ward 5 (Rehab)	8.7	6.3	-27%
Ward 6 (YCED)	0.0	0.0	∞*

*percentage change could not be calculated as the pre-pilot value was 0.

5. Cost evaluation

E-cigarette Usage

E-cigarettes were distributed across the Newsam site at commencement of the pilot. Over the duration of the pilot to date, the wards have become able to predict usage and stock requirements based on the current model. Table 3 details the number and cost of the e-cigarettes used to date.

Table 3. E-cigarette average use and predicted costing September-December inclusive*.

Ward	predicted monthly average*	predicted monthly cost*
Picu	257	475.45
ward 2 female	256	473.90
ward 2 A&T	197	364.45
ward 3	134	247.90
ward 4	121	223.85
ward 5	98	181.30
ward 6	3	5.55
Predicted monthly use	Total 1066	
Total cost predicted cost		£ 1,972.40 (exc. vat)

Nicotine replacement therapy (NRT) spend

NRT spend has not reduced throughout the pilot period when compared to pre-pilot spend. Table 4 shows the cost and number of NRT products supplied to the wards during the 3 months prior to commencement of the pilot through to December.

Table 4. NRT spend during review period

Month	June	July	August	Sep	Oct	Nov	Dec
Number of products ordered	153	200	171	192	171	130	170
Cost (£)	1,759	2,494	2,029	2,352	2,188	1,681	2,028

Whilst the pilot has provided e-cigarettes to smokers as an option for abstinence or quitting, the restriction to outdoor use only has prevented them being used in the intended grazing style; continuing NRT in those using e-cigarettes has therefore been important in prevention and management of withdrawal symptoms. A review of NRT use has found that very few, if any service users opt to abstain or quit using NRT without an e-cigarette, and that service users accessing leave into the community will often smoke cigarettes, negating the need for the NRT during this time.

Pharmacy colleagues are working with the Smokefree Lead to develop a protocol to ensure that NRT prescription is tailored to individual need. This work will commence in February and include:

- Streamlining of NRT protocols
- Removing those protocols which prescribe NRT indefinitely and replacing them with time limited ones in line with best evidence
- Implementing a “maintenance NRT” option for those service users using e-cigarettes under current restrictions to prevent withdrawal

It is anticipated that this will drive appropriate prescribing and minimise the risk of inappropriate NRT use.

Recommendation

Implement revised NRT pathway in line with prescribing evidence

Fire damage savings

Smoking and fire related damage on the Newsam site was compared using the four month period prior to pilot onset, with data from September to December inclusive; this is detailed in the table below.

Table 5. Smoking and fire related damage pre-pilot and during the evaluation period

Category	Pre pilot period 2019	Pilot period 2019	Comparative period 2018 (Sept-Dec 2018)
flooring	0	1065.60	543.60
fire safety system	432.90	1572.38	42.18
mattress	0	219.78	439.56
redcoration	0	1320.9	0
other furniture damage	0	166.50	0
Total	£432.9	£4345.16	£1025.34

Replacement and redecoration costs were particularly low in the period prior to onset of the Newsam pilot. Comparative costs therefore have been added to detail the same period in 2018/19. The greatest costs during the evaluation period were associated with a small number of incidents as follows:

£1,364.25 resulted from a service user tampering with fire call points

£1,320.90 resulted from redecoration of a bedroom following fire damage by a service user

£1,065.60 resulted from damage to flooring in one bedroom caused by cigarette burns

There were no abortive fire call out (false alarm) charges during the pilot period as demonstrated in table 6. This compares to £912 during the same period during 2018-19.

Table 6. Abortive fire call out costs 2018-19 and 2019-20

Period	2018-2019	2019-2020
Q1	£2,700.00	0
Q2	£450.00	0 (pilot period Sept)
Q3	£462.00	0 (pilot period Oct-Dec)

Despite the introduction of the policy, on occasion service users have brought paraphernalia onto the ward and thus damage to the fabric of the environment including mattresses has occurred. It is reasonable to expect this damage to reduce if e-cigarettes were not restricted to outdoor areas only as service users would be less likely to light cigarettes in ward areas.

6. Delivery model discussion

The most significant change introduced as part of the Newsam pilot is the permitted use and provision of e-cigarettes. Current policy permits vaping in outdoor designated areas, on the authority of the landlords for the PFI estate.

E-cigarettes are designed for a grazing style of vaping; this means using as frequently as needed to help manage nicotine withdrawal and reduce the urge to smoke. The devices supplied by the Trust have relatively low nicotine content when compared with second and third generation models; however due to the limited number of products available which meet the safety and security requirements, there is no current suitable alternative with higher nicotine content.

The pilot uncovered some challenges with potential to impact upon the service user pathway. The limited way in which service users can currently access their e-cigarette is affecting the ability to manage withdrawal because nicotine concentrations in the bloodstream dip for prolonged periods in-between times of access. In addition to the points discussed below, it is likely that this is also contributing significantly to NRT spend, because when used in the manner they are intended NRT would not be necessary to reduce cravings (section 5).

The Newsam site encompasses a variety of mental health settings. Across the site, service user groups experience different patterns of nicotine dependency; for example, the Eating Disorder unit rarely has more than one or two service users who smoke at a time; however within the low secure settings a consistent majority of service users are cigarette smokers on admission. The service user group with the highest levels of nicotine dependency, generally also routinely experiences higher levels of violence and aggression and smoking related incidents. Analysis of incidents is included in section 4 of this paper; however additional staff reports from the weekly pilot steering groups has highlighted the following continuing themes:

- There has been an increase in smoking paraphernalia entering the premises; this has been noted more frequently on forensic wards where service users are less likely to have access to leave.
- Service user locker keys are held by staff to restrict access to smoking paraphernalia when on escorted leave or unescorted leave within the Trust grounds. This has resulted in smoking materials being hidden in the grounds for individuals to access without staff authority.

- Staff who have reported service users as not adhering to the smoke free policy are concerned about being singled out by service users for doing so and feel vulnerable.
- There has been an increase in cigarette smoking in showers and bathrooms in attempts to mask the smell.
- Staff have experienced increased levels of violence and aggression in relation to the control of smoking materials.
- There has been an increase in damage to the fabric of the wards as a result of aggression related to e-cigarette access.
- Lock down procedures in forensic units have increased to facilitate searches for lighters; this requires significant staff resource to perform effectively and results in:
 - cancellation of escorted leave and group events due to restricted service user movements
 - reduced time for therapeutic interventions
 - disruption of the ward routine for up to 2 hours
 - resource issues for neighbouring services who supply staff to assist lockdown
 - frustration of service users, including for individuals who are none smokers or using e-cigarettes appropriately

Peter Aldridge, (General Manager - Estates, Fire and Security at LTHT and currently supporting LYPFT with the Trust/WYFR Agreed Action Plan) prepared a briefing for the Head of Estates and Facilities, in response to observations from the Newsam pilot steering group. This addresses fire safety in relation to potential amendment of the pilot to allow e-cigarette use in service user bedrooms. It is felt that this approach could support the Agreed Action Plan, provided a number of requirements are met, namely that the amendment addresses the issues detailed above and that there is landlord consent for use inside premises.

CQC requirements

Discussions about the limitations imposed on service users by the revised smoke free policy have led to concerns regarding contravention of CQC regulations in relation to blanket restrictions. Management of nicotine addiction should be incorporated into care planning for each individual and measures undertaken to address this should be discussed with the service user, clearly documented and reviewed. The following paragraphs are taken from the Brief guide: Smokefree policies in mental health inpatient services

CQC inspections should not challenge smokefree policies, including bans on tobacco smoking in mental health inpatient services (for example, by raising such policies as an unwarranted 'blanket restriction'). Instead, focus should be paid on whether such a ban is mitigated by adequate advice and support for smokers to stop or temporarily abstain from smoking with the assistance of behavioural support, and a range of stop smoking medicines and/or e-cigarettes. Inspections should also consider whether alternative activities are in place and promoted, including regular access to outside areas.

- The fact that a service is smokefree should not itself be raised as a concern about 'blanket restrictions'. Blanket bans on e-cigarettes that have no cogent justification could, however, be raised as blanket restrictions.
- Where services have implemented smokefree policies without tobacco dependence training for staff, access to smoking cessation support (i.e. nicotine replacement

therapy (NRT), varenicline and/or e-cigarettes), this should be discussed under the 'effective' section of the report.

- Appropriate medication reviews and monitoring should be completed to ensure that medicines doses are altered when necessary, as smoking status changes. This should be discussed under the 'safe' section of the report.

7. **E-cigarette safety**

Recent reports of vaping associated lung injury in the United States has led to widespread media reporting of concerns relating to the safety of using e-cigarettes. Public Health England issued a number of statements on this matter, the most recent in October 2019 as follows:

We need to be clear about what this outbreak is and is not. It is not a problem linked to long-term use of regulated nicotine vaping products. If it were, we would expect to see a very different demographic profile affected, more typical of long term vapers. E-cigarettes containing nicotine are more tightly regulated in the UK than in the US and our medicines regulator, the Medicines and Healthcare products Regulatory Agency (MHRA) is responsible for overseeing the tobacco regulations. The main chemicals under suspicion in the US such as THC and Vitamin E acetate oil are not permitted in e-cigarettes in this country.

The statement goes on to warn that the illicit drugs market is global and it is possible that similar products to those in the US are available in the UK. It is important therefore that the product we make available to service users is compliant with MHRA regulation standards and that we advise on safe product selection for those wishing to purchase their own product on discharge or for use in the community.

PHE advice on vaping by smokers (as opposed to those vaping cannabis extracts) in this statement is as follows: ¹

- For smokers: You should stop smoking completely. Getting expert support combined with using an e-cigarette doubles your chances of quitting successfully. For the best way to quit read our advice
- For people who vape nicotine: if you are still smoking, you should stop and switch completely to vaping, then come off nicotine when you are confident you won't relapse to smoking.
- If you have never smoked: Don't vape.

8. **Summary**

Results included in this paper indicate the pilot was successful; however there are areas where changes are likely required prior to a roll-out across other sites. Staff knowledge of Varenicline appeared to be lacking pre-pilot and this was also evidenced in the post-pilot questionnaire. Therefore additional training for staff may be necessary to ensure they are fully informed of the treatments being offered. In general the pilot was more successful on wards where previous restrictions were relaxed. For instance Ward 2 female reported positive views of the pilot from staff and service users. Prior to the pilot service users were not allowed to smoke at all including on escorted leave, thus the introduction of e-cigarettes offered service users more benefits. Furthermore, service users on this ward have structured days with plenty

of planned activities. Feedback was provided that some service users smoke because they feel bored and that they have nothing else to do; for example during focus groups service users mentioned having 19 hours to kill. This variation across services is supported by the incident report findings. Wards with structured activities saw no change in reported smoking-related incidents during the pilot, whereas wards where service users voiced frustration about boredom saw more incidents.

A consistent comment from service users was that the e-cigarettes do not always take the “edge off”. This led to frustration about the restrictions around the use of e-cigarettes. Some service users were able to use NRT to assist with the cravings; however it does not appear to be a consistent approach from the information available. This links back to a potential gap in staff knowledge and awareness of combining treatments to help support the service user.

Achieving smoke free status is presenting specific challenges to mental health Trusts across the country. In their survey of mental health Trusts in England, *Progress towards smokefree mental health services*, Action on Smoking and Health (2019) reported that 82% of surveyed trusts had a comprehensive smokefree policy in force prohibiting smoking on wards and hospital grounds; the remaining 18% continued to permit smoking in designated areas on the hospital grounds. The most commonly identified enablers of smokefree policy were leadership, staff support, e-cigarettes and staff training. The most commonly identified barriers to smokefree policy implementation were staff resistance, patient resistance, lack of senior management leadership and insufficient resources. A key consideration for the Trust should now be how we can attain consistency of approach across the organisation both for inpatient sites and in community settings.

9. **Next steps**

The following recommendations are made based on the evaluation of the Newsam pilot:

- 1) It is recommended that wards adopt stock maintenance and governance around the use of e-cigarettes as a smoking cessation/abstinence method; including ensuring they have adequate numbers of trained staff to ensure correct procedure is followed.
- 2) Wards should ensure that recreational opportunities are maximised and that smokers can benefit from meaningful activities to replace the routine of cigarette smoking alongside appropriate cessation support.
- 3) Implement revised NRT pathway in line with prescribing evidence.

A final position on whether in the future e-cigarette use will be allowed in bedrooms is expected from the PFI site landlords and LYPFT Estates and Facilities before the end of January 2020. Given that this decision has yet to be reached, the Newsam pilot should continue until this has been fully addressed and a final delivery model has been agreed and tested on the site. When implemented, this should then be introduced to other inpatient sites. It is suggested that Becklin is the second site to introduce the policy, given the frequency of patient movement between this and the Newsam site to enable consistent smoking cessation/abstinence support.

The experience of the Newsam pilot will inform the roll out in the following ways:

- Teams will be expected to develop ownership of their ward processes relating to the smokefree policy, with the support of the Physical Health Team
- Emphasis will be placed on reducing harm and managing addiction in care planning for the individual
- A predictive costing model for e-cigarettes can be developed for individual wards based on the number of smokers admitted
- A definitive NRT protocol will achieve evidence based practice and cost reduction
- Service user and staff feedback will inform the ways we communicate information about smokefree status

Author: Michelle Higgins

Title: Head of Physical Health

Date: 21 January 2020

Appendix 1.

Progress towards smokefree mental health services: Findings from a survey of mental health trusts in England. Action on Smoking and Health, October 2019. Commissioned by Public Health England
Recommendations:

Recommendation		LYPFT position	Work outstanding
1	Mental health trusts that have yet to implement comprehensive smokefree policies should do so at their earliest opportunity. If additional support is needed, they should seek guidance and support from Public Health England, NHS England and trusts where such policies are established and working well	Newsam Centre is pilot site for smoke free policy. Links established with Local Authority, Mental Health Smoking Partnership and regional work	Roll out of policy Trustwide
2	Mental health trust managers and smokefree leads should work with ward managers and staff to audit and reduce the time spent by staff escorting patients on smoking breaks	This is part of the pilot evaluation; small data set only available	Wards may audit this on an individual basis
3	Trusts should ensure that Section 17 leave is not improperly used to facilitate smoking	This is incorporated in the Smokefree and Nicotine Management policy for the pilot site	Wards may audit this on an individual basis
4	NHS acute trusts that host mental health trusts on their grounds should work with them to ensure that comprehensive smokefree policies are consistently implemented across all NHS premises, including at trust boundaries	Coordinated work is supported by having a shared Fire Safety Officer with LTHT	Can pursue partnership work with LTHT via Leeds Prevention Board
5	Smoking status should be routinely and consistently asked and recorded on patients' admission to acute mental health services	This is routine across the Trust	
6	Effective treatment and support for tobacco dependence should be made available to inpatients from the point of admission onwards	This is part of the existing policy and reinforced with further staff training.	Continuing programme of training for VBA and NRT prescribing
7	As a minimum, all trusts should ensure that staff who have had at least two days of face-to-face training in smoking cessation are available to support smokers throughout their stay	Face to face training is now completed online with a half day face to face classroom practical session with the Trust Smoke Free Lead	Continuing programme of training to retain local expertise on wards
8	Trusts should offer both combination NRT and varenicline to inpatient smokers, with behavioural support, to give them the best possible chance of quitting	NRT and behavioural support offered to all smokers. Varenicline available under new policy.	
9	Local authorities should work with mental health trusts to ensure that people with mental health conditions in the community can access appropriate specialist support to enable them to quit smoking or successfully abstain when necessary	All community teams contacted by Smoke Free Lead to inform them of in-house and One You Leeds support. Training offered to staff as per inpatient staff.	Working towards offering bespoke support programmes. From March One You Leeds offering stop smoking support in clozapine clinics
10	Mental health trusts should consider how best to utilise e-cigarettes in acute settings to reduce the harm of smoking	Available under new policy at pilot site only	Roll out of policy Trustwide
11	Where e-cigarettes are not available on site, trusts should consider taking steps to make them available	Available under new policy at pilot site only	Roll out of policy Trustwide

Appendix 2. E-cigarette pilot: evaluation against preliminary review measures proposal

Evaluation measure	Outcome																						
Attitudes of staff towards smoke free pilot and e-cigarettes	<p>14 staff completed the pre-pilot questionnaire. Concerns fell into two broad categories; violence and aggression and programme enforcement. 71% had completed training prior to the pilot most commonly the training provided by the Smoke-free Lead and ilearn.</p> <p>Perceived benefits primarily focused on the health improvements. Perceived risks primarily focused on aggression towards staff, and the potential increase in fire risks from the e-cigarettes.</p> <p>Views on the proposed treatment options:</p> <ul style="list-style-type: none"> - Varenicline – neither positive nor negative - NRT - ineffective and patients reported poor experience - E-cigarettes – positively viewed <p>20 staff completed the post pilot questionnaire.</p> <p>Only 10% reported that they needed further training. Benefits included:</p> <ul style="list-style-type: none"> - less time spent escorting staff - reduced smoking on the ward - reduced passive smoking - service users appeared to be calmer <p>Risks were reported relating to trying to get more of a 'hit' from the e-cigarette for example; a service user damaging the e-cigarette, and the lack of a hit leading to service users becoming more agitated. Further examples shown below.</p> <table border="1"> <thead> <tr> <th>Benefits of the smoking cessation programme</th><th>Risks of the smoking cessation programme</th></tr> </thead> <tbody> <tr> <td>Encourages patients to stop smoking</td><td>People smoking on the ward</td></tr> <tr> <td>Health benefits/promotion Promotes better coping strategies</td><td>More concerns regarding increase in aggression due to not being able to smoke</td></tr> <tr> <td>Encourages a healthy lifestyle, better physical health</td><td>Patients less trusting of staff for enforcing a rule they view as unfair and unnecessary</td></tr> <tr> <td>Less time spent escorting service users offering a healthier alternative to cigarettes</td><td>Increased frequency of flashpoints for violence Increasing nicotine access and dependency</td></tr> <tr> <td>Reduce NRT products</td><td>Not every smoking patient may have complied with it</td></tr> <tr> <td>Reduce smoking on the ward and passive smoking</td><td>Patients are damaging the e-cig in a hope to get more "hit"</td></tr> <tr> <td>Service users appear a lot calmer</td><td>Patients getting agitated because they're not allowed to smoke</td></tr> <tr> <td>Some patients seem to have engaged with it and Have introduced e-cigs as a viable alternative to smoking tobacco</td><td>Fire hazard - as patients try to conceal smoking in bedrooms (having lighters)</td></tr> <tr> <td>Staff have clearer understanding</td><td>Service users becoming dependent on replacement smoking therapies</td></tr> <tr> <td>To give awareness concerning smoking and its negative effect on health of an individual</td><td></td></tr> </tbody> </table>	Benefits of the smoking cessation programme	Risks of the smoking cessation programme	Encourages patients to stop smoking	People smoking on the ward	Health benefits/promotion Promotes better coping strategies	More concerns regarding increase in aggression due to not being able to smoke	Encourages a healthy lifestyle, better physical health	Patients less trusting of staff for enforcing a rule they view as unfair and unnecessary	Less time spent escorting service users offering a healthier alternative to cigarettes	Increased frequency of flashpoints for violence Increasing nicotine access and dependency	Reduce NRT products	Not every smoking patient may have complied with it	Reduce smoking on the ward and passive smoking	Patients are damaging the e-cig in a hope to get more "hit"	Service users appear a lot calmer	Patients getting agitated because they're not allowed to smoke	Some patients seem to have engaged with it and Have introduced e-cigs as a viable alternative to smoking tobacco	Fire hazard - as patients try to conceal smoking in bedrooms (having lighters)	Staff have clearer understanding	Service users becoming dependent on replacement smoking therapies	To give awareness concerning smoking and its negative effect on health of an individual	
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Attitudes of service users towards smoke free pilot and e-cigarettes	<p>Service user feedback was taken during the final month of the pilot and after the pilot had completed. 16 service users across the six wards provided feedback. The most popular treatment option to support smoking cessation was the e-cigarette; some service users opted for an e-cigarette along with NRT. Reasons for selecting e-cigarettes included:</p> <p>“Because it substitutes cigarettes”</p> <p>“Best option - most similar to a real cigarette”</p> <p>“Easiest way to quit”</p> <p>“Forced to”</p> <p>“Save money”</p> <p>The table below shows how service users selected treatment options:</p> <table><tr><th></th><th colspan="2">Did you select this treatment? N (%)</th></tr><tr><th>Treatment Option</th><th>No</th><th>Yes</th></tr><tr><td>E-cigs</td><td>6% (1/16)</td><td>94% (15/16)</td></tr><tr><td>NRT</td><td>75% (12/16)</td><td>25% (4/16)</td></tr><tr><td>Varenicline</td><td>100% (16/16)</td><td>0% (0/16)</td></tr><tr><td>Abstinence</td><td>100% (16/16)</td><td>0% (0/16)</td></tr></table> <p>Nine respondents who provided feedback stated their plan was to abstain, three service users stated they wanted to quit, and another three stated their plan was to abstain then quit. Service users were then asked to state what they did and did not like about the treatments. Service users liked the flavours and taste of e-cigarettes. They did not like not being able to vape indoors. Further feedback is detailed in the table below.</p> <table><tr><th>What did you like about the treatment?</th><th>What did you not like about the treatment?</th></tr><tr><td>Flavours / taste</td><td>Can't have it inside</td></tr><tr><td>Easy to do it</td><td>It was not smoking</td></tr><tr><td>E-cig on leave</td><td rowspan="2">No kick / vaping power</td></tr><tr><td>Quit prefer NRT</td></tr><tr><td>It is healthier than cigarettes</td><td>Not enough choice of flavour</td></tr><tr><td></td><td>Not enough e-cigs per day - we need 3 e-cigs a day not 2, because when we go out on leave they run out</td></tr></table> <p>Six service users specifically found that they noticed a change in their mental health. Comments included “wake up feeling less agitated” and ‘generally feel better’; although one service user commented they felt more “irritable” as they could not smoke. In terms of physical health changes, all seven who had noticed a change stated they felt better. When asked what support they would like after discharge, three service users commented that they were planning on switching to e-cigarettes, of which two were planning to cut-down or quit. A further two also stated they would consider quitting after discharge. Some respondents stated they did not like being forced to stop smoking, and other commented they would like to be able to smoke indoors. One person stated that they smoke more during admissions as they are bored and smoking gives them something to do.</p>		Did you select this treatment? N (%)		Treatment Option	No	Yes	E-cigs	6% (1/16)	94% (15/16)	NRT	75% (12/16)	25% (4/16)	Varenicline	100% (16/16)	0% (0/16)	Abstinence	100% (16/16)	0% (0/16)	What did you like about the treatment?	What did you not like about the treatment?	Flavours / taste	Can't have it inside	Easy to do it	It was not smoking	E-cig on leave	No kick / vaping power	Quit prefer NRT	It is healthier than cigarettes	Not enough choice of flavour		Not enough e-cigs per day - we need 3 e-cigs a day not 2, because when we go out on leave they run out
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Timed period evaluation of smoking related damage costs	<p>Datix reports for all Newsam wards from June to December were requested. This allowed for three time periods to be analysed, pre-pilot (June to August), pilot (September to November) and post-pilot (December). The average number of incidents row indicates an increase during the first month of the pilot which then slowly reduces to levels observed in pre-pilot. This further suggests that staff may not be reporting all incidents.</p>																															

	<table><tr><th>Category of Incident</th><th>Pre-Pilot</th><th>During Pilot</th><th>Post-Pilot</th><th>Grand Total</th></tr><tr><td>Non-Smoking</td><td>319 (80%)</td><td>325 (77%)</td><td>105 (86%)</td><td>749 (79%)</td></tr><tr><td>Smoking</td><td>78 (20%)</td><td>99 (23%)</td><td>17 (14%)</td><td>194 (21%)</td></tr><tr><td>Grand Total</td><td>397 (100%)</td><td>424 (100%)</td><td>122 (100%)</td><td>943 (100%)</td></tr></table> <p>Comparing weekday with weekends in terms of the percentage of smoking incidents suggests that most incidents occur on weekends and this pattern holds true across all three phases, particularly post-pilot. However, based on the information available it is unclear why this might be the case. Potential reasons for the variation between weekdays and weekends include changes in staffing levels, different staff members, and/or ward activities for patients.</p> <table><tr><td>Weekday</td><td>Weekend</td><td>Weekday</td><td>Weekend</td><td>Weekday</td><td>Weekend</td></tr><tr><td>42%</td><td>58%</td><td>46%</td><td>54%</td><td>34%</td><td>66%</td></tr><tr><td colspan="2">Pre-Pilot</td><td colspan="2">During Pilot</td><td colspan="2">Post-Pilot</td></tr></table>	Category of Incident	Pre-Pilot	During Pilot	Post-Pilot	Grand Total	Non-Smoking	319 (80%)	325 (77%)	105 (86%)	749 (79%)	Smoking	78 (20%)	99 (23%)	17 (14%)	194 (21%)	Grand Total	397 (100%)	424 (100%)	122 (100%)	943 (100%)	Weekday	Weekend	Weekday	Weekend	Weekday	Weekend	42%	58%	46%	54%	34%	66%	Pre-Pilot		During Pilot		Post-Pilot	
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Timed period evaluation of smoking related damage costs	<p>Smoking and fire related damage on the Newsam site was compared using the four month period prior to pilot onset, with data from September to December inclusive; this is detailed in the table below.</p> <table><tr><th>Category</th><th>Pre pilot period 2019</th><th>Pilot period 2019</th><th>Comparative period 2018 (Sept-Dec 2018)</th></tr><tr><td>flooring</td><td>0</td><td>1065.60</td><td>543.60</td></tr><tr><td>fire safety system</td><td>432.90</td><td>1572.38</td><td>42.18</td></tr><tr><td>mattress</td><td>0</td><td>219.78</td><td>439.56</td></tr><tr><td>re-decoration</td><td>0</td><td>1320.9</td><td>0</td></tr><tr><td>other furniture damage</td><td>0</td><td>166.50</td><td>0</td></tr><tr><td>Total</td><td>£432.9</td><td>£4345.16</td><td>£1025.34</td></tr></table>	Category	Pre pilot period 2019	Pilot period 2019	Comparative period 2018 (Sept-Dec 2018)	flooring	0	1065.60	543.60	fire safety system	432.90	1572.38	42.18	mattress	0	219.78	439.56	re-decoration	0	1320.9	0	other furniture damage	0	166.50	0	Total	£432.9	£4345.16	£1025.34										
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	<p>The greatest costs during the evaluation period were associated with a small number of incidents as follows: £1,364.25 resulted from a service user tampering with fire call points £1,320.90 resulted from redecoration of a bedroom following fire damage by a service user £1,065.60 resulted from damage to flooring in one bedroom caused by cigarette burns There were no abortive fire call out (false alarm) charges during the pilot period as demonstrated in table 6. This compares to £912 during the same period during 2018-19.</p>																																						

	Despite the introduction of the policy, on occasion service users have brought paraphernalia onto the ward and thus damage to the fabric of the environment including mattresses has occurred. It is reasonable to expect this damage to reduce if e-cigarettes were not restricted to outdoor areas only as service users would be less likely to light cigarettes in ward areas.																								
Itemised cost evaluation of smoking cessation therapies (NRT)	<p>NRT spend has not reduced throughout the pilot period when compared to pre-pilot spend. Table 4 shows the cost and number of NRT products supplied to the wards during the 3 months prior to commencement of the pilot through to December. Pharmacy colleagues are working with the Smokefree Lead to develop a protocol to ensure that NRT prescription is tailored to individual need. This work will commence in February and include:</p> <ul style="list-style-type: none">- Streamlining of NRT protocols- Removing those protocols which prescribe NRT indefinitely and replacing them with time limited ones in line with best evidence- Implementing a “maintenance NRT” option for those service users using e-cigarettes under current restrictions to prevent withdrawal <table><tr><th>Month</th><th>June</th><th>July</th><th>August</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th></tr><tr><th>Number of products ordered</th><td>153</td><td>200</td><td>171</td><td>192</td><td>171</td><td>130</td><td>170</td></tr><tr><th>Cost (£)</th><td>1,759</td><td>2,494</td><td>2,029</td><td>2,352</td><td>2,188</td><td>1,681</td><td>2,028</td></tr></table>	Month	June	July	August	Sep	Oct	Nov	Dec	Number of products ordered	153	200	171	192	171	130	170	Cost (£)	1,759	2,494	2,029	2,352	2,188	1,681	2,028
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Staff time evaluation of escorted leave	The time taken to escort service users to smoke or vape was captured, although limited data was available. In eighty percent of cases the staff member escorting the service user was a Band 3. The time taken to escort the service user for a cigarette or e-cigarette break varied considerably with a mean time of 20 minutes. This doesn't tell us anything helpful																								

ⁱ <https://publichealthmatters.blog.gov.uk/2019/10/29/vaping-and-lung-disease-in-the-us-phes-advice/> (Accessed 15th January 2019)

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

**AGENDA
ITEM**

14

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Chief Financial Officer Report
DATE OF MEETING:	30 January 2020
PRESENTED BY: (name and title)	Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive
PREPARED BY: (name and title)	Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive

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

EXECUTIVE SUMMARY

This report provides an overview of the financial position at month 9 (December 2019) and an update on local and national planning requirements.

The overall financial position at month 9 is significantly better than plan and the Trust reported a finance score of '1'.

This income and expenditure position continues to be underpinned by significant variances between planned budgets and actual expenditure, with a high degree of reliance on underspending budgets to offset pressure areas. There is also significant non recurrent benefit from slippage on development reserves, and some prior year fortuitous benefit.

Work on the overall forecast outturn position is underway and will be presented at the Board workshop.

We continue planning work for the 20/21 financial year, but at this stage have not received the formal guidance.

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 Board of Directors is asked to note the:

- month 9 reported financial position is significantly better than plan with an overall surplus (excluding unplanned PSF funding relating to 18/19) and Finance Score is '1'.
- cost pressures in relation to OAPs and inpatient services, rising medical agency costs and unidentified CIPs and the risk associated with reliance on "offsetting" variances.
- revised capital forecast position.
- update on local and national planning requirements.

BOARD OF DIRECTORS
30 JANUARY 2020

CHIEF FINANCIAL OFFICER REPORT - MONTH 9

1 Introduction

This report provides an overview of the financial position at month 9, including an indication of the year end forecast. The current position on local and national financial planning requirements is also considered.

2 2019/20 Month 9 Financial Performance - Key Indicators

A summary of overall performance against key metrics is shown in table 1 below. The key point to note is the Trust achieved an overall Finance Score of '1', and is significantly ahead of the planned income and expenditure position. The position continues to reflect a number of cost pressures areas being offset by underspending and slippage on new development funding.

Table 1

Key Metrics:	2019/20		
	Plan	Actual	Trend
Single Oversight Framework Finance Score	2	1	↑
Income & Expenditure Position (£000s)	713	2,252	↑
Recurrent CIP (£000s)	2,227	1,350	↓
Cash (£000s)	84,668	93,720	↓
Capital (£000s)	4,581	3,908	↑

The income and expenditure position at month 9 is £1,316k surplus, £603k ahead of plan before accounting for £936k additional one off Provider Sustainability Funding (PSF) relating to 18/19. (This income has been received and reported in 19/20 but does not form part of the assessment of performance for control total purposes).

The key messages are:-

- Income and Expenditure “run rate” patterns continue broadly as per the prior year, with significant offsetting between cost pressure areas and underspending budgets.

- The main cost pressures continue to be inpatient staffing, OAPs and medical agency.
- We are in discussions with Leeds CCG regarding additional funding to support out of area overspending. If non recurrent support is received this is likely to contribute to the Trust exceeding our planned income and expenditure position for the year (see forecast below).
- £1.1m CIP is unidentified at this point, with some plans in progress to mitigate, whilst work is ongoing to identify recurrent solutions.

3 Capital Position

Year to date capital expenditure is reported as £3.9m. There is significant investment ongoing predominantly in regard to reconfiguring St Marys Hospital site, linked to the CAMHS development and also the implementation of the new Electronic Staff Record. All of these programmes of work are on track. We have undertaken a detail further reforecast for the full year position as national scrutiny on capital expenditure continues to be a key concern to regulators. As a consequence we have adjusted the full year forecast to £6.9m. This is mainly as a consequence of VAT savings and timing adjustments, not a consequence of any further deferral of schemes.

4 Forecast year end outturn

At the point of writing this report detailed work is still on going to assess the forecast outturn position. This will be discussed at the Finance and Performance Committee and the Board workshop. A number of factors and variables are impacting the potential position. Given the year to date performance which is well in excess of plan, we are very confident that we will exceed the control total target. The scale of over delivery, subject to the variables impacting will be discussed with the Board.

5 Local & national financial planning context

Work has been on-going since the submission of the 5 year strategic financial plan (including current year) in November. The focus now is to understand the detail and impact for 20/21. Whilst the detailed operational guidance for 20/21 has not yet been issued, some key points are known.

Individual provider Trusts will not be expected to produce a narrative operational plan, there will only be an ICS level narrative, aggregating place plans. Leeds CCG is coordinating the place discussions. The financial templates which must be submitted are expected to reflect the plans already submitted, i.e. in line with the agreed financial trajectories. For our Trust this is a £0.5m surplus. Trajectories may be slightly adjusted to take into account some national pressures, but the impact will be neutral. Access to financial recovery funding for organisations in deficit will be linked to joint delivery across the ICS, with indications that 50% of this funding attributable to collective system performance.

In terms of other financial policy impacts, nationally the key issue outstanding is potential changes to the capital regime. The centre has not been able as yet to agree a multi-year capital settlement for the NHS (likely to be in summer spending round). In planning terms at this stage therefore we

continue with the assumptions in our plan submission. This does generate a level of risk, dependent on the refresh of our strategic estates plan, which is ongoing work and will be discussed in the February Board workshop.

At Trust level, to support preparation for 20/21 detailed plans we have undertaken efficiency and productivity reviews with representatives from each of the clinical service lines. The purpose of these sessions was to understand the opportunity for efficiency and productivity improvements in the context of the national mental health benchmarking and local productivity information. We are in the early stages of contract negotiation and understanding commissioning intentions in context of our internal pressures and priorities and in context of Mental Health Long Term Plan implementation requirements.

6 Conclusion

The overall financial position at month 9 is significantly better than plan and the Trust reported a finance score of '1'.

This income and expenditure position continues to be underpinned by significant variances between planned budgets and actual expenditure, with a high degree of reliance on underspending budgets to offset pressure areas. There is also significant non recurrent benefit from slippage on development reserves, and some prior year fortuitous benefit.

We are preparing a detailed forecast outturn range for consideration, noting that we will exceed the control total plan.

We continue with detailed work to support the 20/21 financial plans, but await final operational guidance.

7 Recommendation

The Board of Directors is asked to note the:

- month 9 reported financial position is significantly better than plan with an overall surplus (excluding unplanned PSF funding relating to 18/19) and Finance Score is '1'.
- cost pressures in relation to OAPs and inpatient services, rising medical agency costs and unidentified CIPs and the risk associated with reliance on "offsetting" variances.
- revised capital forecast position.
- update on local and national planning requirements.

Dawn Hanwell

Chief Financial Officer and Deputy Chief Executive

24 January 2020

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

**AGENDA
ITEM**

15

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	First annual review of the Partnership Memorandum of Understanding for the WY&H Health and Care Partnership
DATE OF MEETING:	30 January 2020
PRESENTED BY: (name and title)	Sara Munro, Chief Executive
PREPARED BY: (name and title)	Stephen Gregg, Governance Lead, WY&H Health and Care Partnership

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

EXECUTIVE SUMMARY

This paper is requesting that the Boards of the West Yorkshire and Harrogate Health and Care Partnership formally sign up to the refreshed Memorandum of Understanding for the Health and Care Partnership.

The MoU was signed off by all partners in December 2018 and includes a requirement that it is reviewed within its first year of operation. Many of the arrangements are still in the process of 'bedding in' and in view of this, the WY&H System Leadership Executive agreed that the first review should take a 'light touch' approach, focusing on:

- Learning to date from operationalising the MoU.
- Changes in Partnership arrangements.
- A gap analysis against the NHS Long Term Plan expectations for ICSs.

At its meeting on 3rd December 2019, the Partnership Board approved the revised Memorandum of Understanding and agreed that it be circulated to individual partner organisations for agreement. A copy of the MoU is attached to this paper.

It is of course a matter for individual organisations to decide how they take the MoU through their governance arrangements, but we would recommend that the MoU is presented to your Board, Governing Body or similar forum. To aid the approval process, I attach a draft covering report for you to tailor as appropriate.

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 Board is recommended to approve the revised MoU and authorise the Chief Executive to sign the final version.



Draft covering report for Boards/Governing bodies

Summary report

Item:	First annual review of the Partnership Memorandum of Understanding
Report author:	Stephen Gregg, Governance Lead, WY&H Health and Care Partnership

Executive summary

Following extensive engagement, the Partnership Memorandum of Understanding (MoU) was signed off by all partners in December 2018. The MoU describes how we organise ourselves at West Yorkshire & Harrogate level to provide the best health and care, ensuring that decisions are always taken in the interest of the patients and populations we serve. The MoU includes a requirement that it is reviewed within its first year of operation and then annually, to ensure it remains consistent with the evolving requirements of the Partnership as an Integrated Care System (ICS).

The MoU formalised many of our existing ways of working, such as the System Leadership Executive and the programme approach to delivery. It also established a number of new arrangements, including the Partnership Board, System Oversight and Assurance Group (SOAG), peer review process and mutual accountability framework.

Twelve months on, many of these arrangements are still in the process of 'bedding in'. In view of this, the WY&H System Leadership Executive agreed that the first review should take a 'light touch' approach, focusing on:

- Learning to date from operationalising the MoU.
- Changes in Partnership arrangements which should be reflected in the MoU.
- A gap analysis against the NHS Long Term Plan expectations for ICSs as set out in the Plan, the Implementation framework and the ICS maturity matrix.

The review found that the Partnership's arrangements align well with the NHS Long Term Plan expectations and most of the proposed changes to the MoU are administrative in nature. The main substantive changes proposed are to:

- reflect the revised priorities and programmes set out in the Partnership's five year plan.
- highlight the Partnership's arrangements for involving patients and the public.
- recognise the establishment of the Finance Forum and the Quality Surveillance Group.

At its meeting on 3 December 2019, the Partnership Board noted the review findings and approved the revised MoU for agreement by individual Partners. The revised MoU is attached at **Annex A**. It is proposed that a more comprehensive review is carried out in Autumn 2020.

Recommendations and next steps

The Board is recommended to approve the revised MoU and authorise its Chief Executive to sign the final version.

First annual review of the Partnership Memorandum of Understanding

Introduction

1. This report sets out the findings of the first annual review of the Partnership Memorandum of Understanding (MoU).
2. Following extensive engagement, the Partnership MoU was signed off by all partners in December 2018. The MoU describes how we organise ourselves at West Yorkshire & Harrogate level to provide the best health and care, ensuring that decisions are always taken in the interest of the patients and populations we serve.
3. The MoU includes a requirement that it is reviewed within its first year of operation to ensure it remains consistent with the evolving requirements of the Partnership as an Integrated Care System. Following that, it will be subject to an annual review by the Partnership Board

Approach

4. The MoU formalised many of our existing ways of working, such as the System Leadership Executive and the programme approach to delivery. It also established a number of new arrangements, including the Partnership Board, System Oversight and Assurance Group (SOAG), peer review and mutual accountability framework. Many of these arrangements are still in the process of 'bedding in' and the WY&H System Leadership Executive agreed at its meeting on 5th November that the first review of the MoU take a 'light touch' approach and be followed by a more comprehensive review in Autumn 2020.
5. The review was been carried out by seeking comments on the MoU from a representative group of partners from across our places, sectors and programmes. Staff from the Partnership core team supplemented this with a 'desk top' review.
6. The review focused on:
 - Learning to date from operationalising the MoU.
 - Changes in Partnership arrangements which need to be reflected.
 - The NHS Long Term Plan expectations for Integrated Care Systems as set out in the Plan itself, the Implementation framework and the ICS maturity matrix.
7. The next section presents the findings of the review against each of the main chapters of the MoU and includes comments by the Partnership Board at its meeting on 3 December 2019.

Introduction and context

8. This section sets out the context for Partnership working and includes the following key paragraph:

“The Memorandum is not a legal contract. It is not intended to be legally binding and no legal obligations or legal rights shall arise between the Partners from this Memorandum. It is a formal understanding between all of the Partners who have each entered into this Memorandum intending to honour all their obligations under it. It is based on an ethos that the partnership is a servant of the people in West Yorkshire and Harrogate and of its member organisations. It does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations and Councils. Instead it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration

9. The context for why we work as a Partnership remains unchanged, as does our commitment to promote integration and collaboration.

Substantive amendments to the MoU

- None.

How we work together in WY&H

10. This section outlines the Partnership’s vision, values and leadership principles together with its objectives and approach to delivery improvement.
11. The Partnership’s broad vision and values and its approach to leadership remain unchanged and continue to guide all of our arrangements. To support delivery improvement, the ‘check and confirm’ process has been established successfully and has sought to ensure rigour and delivery focus in all of our programmes.
12. The Partnership’s ambitions for improving health outcomes have been reviewed as part of the development of our five year plan and we will have a refreshed set of objectives once the plan has been formally agreed.
13. The Partnership team carried out a gap analysis of the Partnership’s arrangements against the expectations for ICSs as set out in the Long Term Plan, the Implementation framework and the ICS maturity matrix. The analysis showed that the Partnership’s arrangements align well with the NHS Long Term Plan expectations, but that the MoU did not include a clear enough statement of the Partnership’s approach to involving patients, service users and the public and the role of key governance groups in this. There is also a need to recognise Primary Care Networks in the MoU.
14. Discussion at the Partnership Board highlighted the need to recognise the role of the voluntary and community sector in the MoU.

Substantive amendments to the MoU

- *Arrangements for involving patients and the public added at paragraphs 3.4–3.8. New responsibility added to Terms of Reference of Partnership Board (3.1.iii) and System Leadership Executive (3.1.ii).*
- *Paragraphs 3.9-3.10 outline the role of the voluntary and community sector.*
- *Paragraph 3.12 reflects the revised priorities set out in the five year plan.*
- *References to the role of Primary Care Networks added at 2.9 and 4.32.*

Partnership Governance

15. This section formalises the governance arrangements at place, programme, sector and Partnership level, including the role of groups such as the System Leadership Executive, Clinical Forum and sector collaborative forums. It also established the Partnership Board and System Oversight and Assurance Group (SOAG) as new forums.
16. The Partnership Board had its first meeting in June 2019 and the SOAG in October 2018. Whilst these governance structures are the right ones to meet our Partnership's needs, at this relatively early stage there is still work to do to refine how they operate in practice. To inform a more comprehensive review of the operation of the MoU in Autumn 2020, it is proposed that each Partnership governance forum will undertake a self-assessment.
17. The Finance Forum was established in 2019 to replace the Directors of Finance group and strengthen the governance of financial matters. The MoU has been updated to reflect this. The WY&H Quality Surveillance Group (QSG) convened by NHS England, has been established to bring together a range of partners from across the health and care system, to share intelligence about risks to quality. NHS England and NHS Improvement came together to act as a single organisation in April 2019. The MoU has been updated to reflect these organisational and administrative changes.

Substantive amendments to the MoU

- *Summary of the role of the Quality Surveillance Group added at paragraph 4.27.*
- *Paras 4.28-4.31 added to reflect the establishment of the Finance Forum.*
- *Partnership governance schematic at Annex 2 updated to reflect revised structures.*

Mutual accountability framework

18. This section establishes a consistent approach for assurance and accountability between partners on WY&H system-wide matters.

19. The agreed approach has been operationalised by monitoring performance against key standards and plans in each place and across programmes. The arrangements for ensuring this include SOAG, Peer Review and the check and confirm process.
20. As with wider Partnership governance, these arrangements are still 'bedding' in and work is ongoing to ensure that they operate effectively in practice.

Substantive amendments to the MoU

- *None.*

Decision making and resolving disagreements

21. This section sets out the Partnership's overall approach to making decisions, following the principle of subsidiarity. It also sets out the Partnership's dispute resolution process. The Partnership Board aims to make decisions by consensus. The Chair will seek to resolve the disagreement, but if a consensus decision cannot be reached, the matter will be referred to the dispute resolution process. Financial matters will be decided on a 75% majority vote.
22. Comments from some partners and questions from members of the public have highlighted a lack of clarity about the relationship between the Board, other Partnership forums and statutory organisations. Discussion at the September Partnership Board on transformation funding highlighted the lack of an agreed mechanism for taking urgent decisions in between meetings of the Board.

Substantive amendments to the MoU

- *Partnership Board Terms of Reference updated to make provision for the Board to delegate urgent decisions (5.4).*
- *Table appended to the MoU at Annex 3, which summarises the roles and responsibilities of each Partnership governance forum and sits alongside the Partnership governance schematic at Annex 2.*

Financial Framework

23. The establishment of the Finance Forum has strengthened financial management arrangements and is reflected in paras 4.28-4.31.

Substantive amendments to the MoU

- *None.*

Recommendations

The Board is recommended to approve the revised MoU and authorise the Chief Executive to sign the final version.



Memorandum of Understanding

January 2020

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Foreword

Since the creation of West Yorkshire and Harrogate Health and Care Partnership in March 2016, the way we work has been further strengthened by a shared commitment to deliver the best care and outcomes possible for the 2.7 million people living in our area.

Our commitment remains the same and our goal is simple: we want everyone in West Yorkshire and Harrogate to have a great start in life, and the support they need to stay healthy and live longer. We are committed to tackling health inequalities and to improving the lives of the poorest fastest. Our commitment to an NHS free at the point of delivery remains steadfast, and our response to the challenges we face is to strengthen our partnerships.

The proposals set out in our plan are firming up into specific actions, backed by investments. This is being done with the help of our staff and communities, alongside their representatives, including voluntary, community organisations and local councillors. Our bottom-up approach means that this is happening at both a local and WY&H level which puts people, not organisations, at the heart of everything we do.

We have agreed this Memorandum of Understanding to strengthen our joint working arrangements and to support the next stage of development of our Partnership. It builds on our existing collaborative work to establish more robust mutual accountability and break down barriers between our separate organisations.

Our partnership is already making a difference. We have attracted additional funding for people with a learning disability, and for cancer diagnostics, diabetes and a new child and adolescent mental health unit.

However, we know there is a lot more to do. The health and care system is under significant pressure, and we also need to address some significant health challenges. For example we have higher than average obesity levels, and over 200,000 people are at risk of diabetes. There are 3,600 stroke incidents across our area and we have developed a strategic case for change for stroke from prevention to after care and are identifying and treating people at high risk of having a stroke.

We all agree that working more closely together is the only way we can tackle these challenges and achieve our ambitions. This Memorandum demonstrates our clear commitment to do this.

Rob Webster
West Yorkshire and Harrogate Health and Care Partnership Lead
CEO South West Yorkshire Partnership NHS FT

1. Parties to the Memorandum

- 1.1. The members of the West Yorkshire and Harrogate Health and Care Partnership (the **Partnership**), and parties to this Memorandum, are:

Local Authorities

- City of Bradford Metropolitan District Council
- Calderdale Council
- Craven District Council
- Harrogate Borough Council
- Kirklees Council
- Leeds City Council
- North Yorkshire County Council¹
- The Council of the City of Wakefield

NHS Commissioners

- NHS Airedale, Wharfedale and Craven CCG
- NHS Bradford City CCG
- NHS Bradford Districts CCG
- NHS Calderdale CCG
- NHS Greater Huddersfield CCG
- NHS Harrogate and Rural District CCG
- NHS Leeds CCG
- NHS North Kirklees CCG
- NHS Wakefield CCG
- NHS England

NHS Service Providers

- Airedale NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Leeds and York Partnership NHS Foundation Trust
- Leeds Community Healthcare NHS Trust
- The Leeds Teaching Hospitals NHS Trust
- The Mid Yorkshire Hospitals NHS Trust

- South West Yorkshire Partnership NHS Foundation Trust¹
- Tees, Esk, and Wear Valleys NHS Foundation Trust¹
- Yorkshire Ambulance Service NHS Trust¹

Heath Regulator and Oversight Bodies

- NHS England and NHS Improvement

Other National Bodies

- Health Education England
- Public Health England

Other Partners

- Locala Community Partnerships CIC
- Healthwatch Bradford and District (managed by Community Action Bradford and District)
- Healthwatch Calderdale
- Healthwatch Kirklees
- Healthwatch Leeds
- Healthwatch North Yorkshire
- Healthwatch Wakefield
- Yorkshire and Humber Academic Health Science Network¹.

1.2. As members of the Partnership all of these organisations subscribe to the vision, principles, values and behaviours stated below, and agree to participate in the governance and accountability arrangements set out in this Memorandum.

1.3. Certain aspects of the Memorandum are not relevant to particular types of organisation within the partnership. These are indicated in the table at **Annex 1**.

Definitions and Interpretation

1.4. This Memorandum is to be interpreted in accordance with the Definitions and Interpretation set out in Schedule 1, unless the context requires otherwise.

Term

1.5. This updated Memorandum replaces the previous version agreed by partners in December 2018 and shall commence on the date of signature of the partners. It will be subject to an annual review by the Partnership Board to ensure it remains consistent with the evolving requirements of the Partnership as an Integrated Care System.

¹ These organisations are also part of neighbouring STPs.

Local Government role within the partnership

- 1.6. The West Yorkshire and Harrogate Health and Care Partnership includes eight local government partners. The five Metropolitan Councils in West Yorkshire and North Yorkshire County Council lead on public health, adult social care and children's services, as well as statutory Health Overview and Scrutiny and the local Health and Wellbeing Boards. The Metropolitan Councils, Harrogate Borough Council and Craven District Council lead on housing, licensing, planning, and environmental health which all influence the wider determinants of health. Together, they work with the NHS as commissioning and service delivery partners, as well as exercising formal powers to scrutinise NHS policy decisions.
- 1.7. Within the WY&H partnership the NHS organisations and Councils will work as equal partners, each bringing different contributions, powers and responsibilities to the table.
- 1.8. Local government's regulatory and statutory arrangements are separate from those of the NHS. Councils are subject to the mutual accountability arrangements for the partnership. However, because of the separate regulatory regime certain aspects of these arrangements will not apply. Most significantly, Councils would not be subject a single NHS financial control total and its associated arrangements for managing financial risk. However, through this Memorandum, Councils agree to align planning, investment and performance improvement with NHS partners where it makes sense to do so. In addition, democratically elected councillors will continue to hold the partner organisations accountable through their formal Scrutiny powers.

Partners in Local Places

- 1.9. The NHS and the Councils within the partnership have broadly similar definitions of place. (The rural Craven district is aligned with Bradford for NHS purposes, but is seen as a distinct local government entity in its own right within North Yorkshire.)
- 1.10. All of the Councils, CCGs, Healthcare Providers and Healthwatch organisations are part of their respective local place-based partnership arrangements. The extent and scope of these arrangements is a matter for local determination, but they typically include elements of shared commissioning, integrated service delivery, aligned or pooled investment and joint decision- making. Other key members of these partnerships include:
 - GP Federations
 - Specialist community service providers
 - Voluntary and community sector organisations and groups
 - Housing associations.
 - other primary care providers such as community pharmacy, dentists, optometrists
 - independent health and care providers including care homes.

2. Introduction and context

- 2.1. This Memorandum of Understanding (Memorandum) is an understanding between the West Yorkshire and Harrogate health and care partners. It sets out the details of our commitment to work together in partnership to realise our shared ambitions to improve the health of the 2.6 million people who live in our area, and to improve the quality of their health and care services.
- 2.2. West Yorkshire and Harrogate Health and Care Partnership began as one of 44 Sustainability and Transformation Partnerships (STPs) formed in 2016, in response to the *NHS Five Year Forward View*. It brings together all health and care organisations in our six places: Bradford District and Craven², Calderdale, Harrogate, Kirklees, Leeds and Wakefield.
- 2.3. Our partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.
- 2.4. We published our high level proposals to close the health, care and finance gaps that we face in November 2016. During 2019 we developed our five year plan, setting out our ambitions for the next five years. We have already made significant progress to build our capacity and infrastructure and establish the governance arrangements and ways of working that will enable us to achieve our aims.

Purpose

- 2.5. The purpose of this Memorandum is to formalise and build on these partnership arrangements. It does not seek to introduce a hierarchical model; rather it provides a mutual accountability framework, based on principles of subsidiarity, to ensure we have collective ownership of delivery. It also provides the basis for a refreshed relationship with national oversight bodies.
- 2.6. The Memorandum is not a legal contract. It is not intended to be legally binding and no legal obligations or legal rights shall arise between the Partners from this Memorandum. It is a formal understanding between all of the Partners who have each entered into this Memorandum intending to honour all their obligations under it. It is based on an ethos that the partnership is a servant of the people in West Yorkshire and Harrogate and of its member organisations. It does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations and Councils. Instead it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.
- 2.7. Nothing in this Memorandum is intended to, or shall be deemed to, establish any partnership or joint venture between the Partners to the

² Whilst Craven is organisationally aligned with the NHS in Bradford, it is a distinctive place in its own right, forming part of North Yorkshire.

Memorandum, constitute a Partner as the agent of another, nor authorise any of the Partners to make or enter into any commitments for or on behalf of another Partner.

- 2.8.** The Memorandum should be read in conjunction with the Partnership five year Plan which we developed in 2019 and the six local Place plans across West Yorkshire and Harrogate.

Developing new collaborative relationships

- 2.9.** Our approach to collaboration begins in each of the 50-60 neighbourhoods which make up West Yorkshire and Harrogate, in which GP practices work together, with community and social care services in Primary Care Networks, to offer integrated health and care services for populations of 30-50,000 people. These integrated neighbourhood services focus on preventing ill health, supporting people to stay well, and providing them with high quality care and treatment when they need it.
- 2.10.** Neighbourhood services sit within each of our six local places (Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield). These places are the primary units for partnerships between NHS services, local authorities, charities and community groups, which work together to agree how to improve people's health and improve the quality of their health and care services.
- 2.11.** The focus for these partnerships is moving increasing away from simply treating ill health to preventing it, and to tackling the wider determinants of health, such as housing, employment, social inclusion and the physical environment.
- 2.12.** These place-based partnerships, overseen by Health and Wellbeing Boards, are key to achieving the ambitious improvements we want to see. However, we have recognised that there also clear benefits in working together across a wider footprint and that local plans need to be complemented with a common vision and shared plan for West Yorkshire and Harrogate as a whole. We apply three tests to determine when to work at this level:
- to achieve a critical mass beyond local population level to achieve the best outcomes;
 - to share best practice and reduce variation; and
 - to achieve better outcomes for people overall by tackling 'wicked issues' (i.e., complex, intractable problems).
- 2.13.** The arrangements described in this Memorandum describe how we organise ourselves, at West Yorkshire & Harrogate level, to provide the best health and care, ensuring that decisions are always taken in the interest of the patients and populations we serve.

Promoting Integration and Collaboration

- 2.14.** The Partners acknowledge the statutory and regulatory requirements which apply in relation to competition, patient choice and collaboration. Within the constraints of these requirements we will aim to collaborate, and to seek greater integration of services, including with the independent sector, whenever it can be demonstrated that it is in the interests of patients and service users to do so.
- 2.15.** The Partners are aware of their competition compliance obligations, both under competition law and, in particular (where applicable) under the NHS Improvement Provider Licence for NHS Partners and shall take all necessary steps to ensure that they do not breach any of their obligations in this regard. Further, the Partners understand that in certain circumstances collaboration or joint working could trigger the merger rules and as such be notifiable to the Competition and Markets Authority and Monitor/NHS Improvement and will keep this position under review accordingly.
- 2.16.** The Partners understand that no decision shall be made to make changes to services in West Yorkshire and Harrogate or the way in which they are delivered without prior consultation where appropriate in accordance with the partners statutory and other obligations.

3. How we work together in West Yorkshire and Harrogate

Our vision

- 3.1.** We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All proposals, both as Partner organisations and at a Partnership level should be supportive of the delivery of this vision:
- Places will be healthy - you will have the best start in life, so you can live and age well.
 - If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.
 - If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
 - If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
 - Local hospitals will be supported by centres of excellence for services such as cancer and stroke
 - All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.
 - Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

Overarching leadership principles for our partnership

- 3.2.** We have agreed a set of guiding principles that shape everything we do through our partnership:
- We will be ambitious for the people we serve and the staff we employ
 - The West Yorkshire and Harrogate partnership belongs to its citizens and to commissioners and providers, councils and NHS so we will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing.
 - We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
 - We will undertake shared analysis of problems and issues as the basis of taking action
 - We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.

Our shared values and behaviours

3.3. We commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire and Harrogate;
- We support each other and work collaboratively;
- We act with honesty and integrity, and trust each other to do the same;
- We challenge constructively when we need to;
- We assume good intentions; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

Involving the public

3.4. We are committed to meaningful conversations with people and value highly the feedback that people share with us. Effective public involvement, particularly with those with lived experience and who are seldom heard, ensures that we make the right decisions together about our health and care services.

3.5. We use a wide range of ways to involve the public. These include public and patient reference groups, engagement events, independent co-opted members on our Partnership Board, lay members on our Programme Boards and community champions. We seek assurance about the effectiveness of public and patient involvement in our decisions through the co-opted members on our Partnership Board and other mechanisms, including the Joint Committee of CCG's Patient and Public Involvement Assurance Group.

3.6. We are committed to learning from and refining our approach to involving people; we want to understand the best ways to engage with people and we consistently challenge ourselves to improve. We aim to involve people and understand their perspectives at the earliest possible point when taking decisions, as people have the greatest scope to influence the change if their views are considered from the outset

3.7. We aim to learn from feedback from all our communications and engagement networks without duplicating effort and cost. We publish on our website information about all of the involvement and engagement activity that we have been involved in, and are planning.

3.8. Our communications and engagement plan, involvement framework and digital strategy are available on our website at:
<https://www.wyhpартnership.co.uk/engagement-and-consultation>.

The voluntary and community sector

- 3.9.** The voluntary and community sector (VCS) is an important part of our Partnership, working across all our places and programmes of work. The Harnessing the Power of Communities (HPOC) programme acts as the co-ordinating point and provides a strong voice into the Partnership.
- 3.10.** The HPOC Group includes infrastructure organisations from each of our 6 places. These organisations connect into the much wider and diverse voluntary and community sector.

Partnership objectives

- 3.11.** Our ambitions for improving health outcomes, joining up care locally, and living within our financial means were set out in our STP plan (November 2016, available at: <https://wyhpartnership.co.uk/meetings-and-publications/publications>). This Memorandum reaffirms our shared commitment to achieving these ambitions and to the further commitments made in *Next Steps for the West Yorkshire and Harrogate Health and Care Partnership*, published in February 2018 and the Partnership 5 Year Plan, developed in 2019.
- 3.12.** We have agreed the following big ambitions for our Partnership. We will:
- increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and five months of life for women) between the people living in our most deprived communities compared with the least deprived communities by 2024.
 - achieve a 10% reduction in the gap in life expectancy between people with mental ill health, learning disabilities and autism and the rest of the population by 2024 (approx. 220,000 people). In doing this we will focus on early support for children and young people.
 - address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes by 2024. This will include halting the trend in childhood obesity, including those children living in poverty.
 - by 2024 we will have increased our early diagnosis rates for cancer, ensuring at least 1,000 more people will have the chance of curative treatment.
 - reduce suicide by 10% across West Yorkshire and Harrogate by 2020/21 and achieve a 75% reduction in targeted areas by 2022.
 - achieve at least a 10% reduction in anti-microbial resistance infections by 2024 by, for example, reducing antibiotic use by 15%.
 - achieve a 50% reduction in stillbirths, neonatal deaths and brain injuries and a reduction in maternal morbidity and mortality by 2025.

- have a more diverse leadership that better reflects the broad range of talent in West Yorkshire and Harrogate, helping to ensure that the poor experiences in the workplace that are particularly high for Black, Asian and Minority Ethnic (BAME) staff will become a thing of the past.
 - aspire to become a global leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.
 - strengthen local economic growth by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.
- i. To enable these transformations, we will work together to:
- Secure the right workforce, in the right place, with the right skills, to deliver services at the right time, ensuring the wellbeing of our staff,
 - Engage our communities meaningfully in co-producing services,
 - Use digital technology to drive change, ensure systems are inter-operable, and create a 21st Century NHS,
 - Place innovation and best practice at the heart of our collaboration, ensuring that our learning benefits the whole population,
 - Develop and shape the strategic capital and estates plans across West Yorkshire and Harrogate, maximising all possible funding sources and ensuring our plans support the delivery of our clinical strategy,
 - Strengthen leadership and organisational development, and;
 - Develop our commissioning arrangements.
- ii. Manage our financial resources within a shared financial framework for health across the constituent CCGs and NHS provider organisations; and to maximise the system-wide efficiencies necessary to manage within this share of the NHS budget;
- iii. Operate as an integrated health and care system, and progressively to build the capabilities to manage the health of our population, keeping people healthier for longer and reducing avoidable demand for health and care services;
- iv. Act as a leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities.

Delivery improvement

3.13. Delivery and transformation programmes have been established to enable us to achieve the key objectives set out above. Programme Mandates have been developed for each programme and enabling workstream. These confirm:

- The vision for a transformed service
- The specific ambitions for improvement and transformation
- The component projects and workstreams
- The leadership arrangements.

3.14. Each programme has undergone a peer review 'check and confirm' process to confirm that it has appropriate rigour and delivery focus.

3.15. As programme arrangements and deliverables evolve over time the mandates will be revised and updated as necessary.

4. Partnership Governance

- 4.1. The Partnership does not replace or override the authority of the Partners' Boards and governing bodies. Each of them remains sovereign and Councils remain directly accountable to their electorates.
- 4.2. The Partnership provides a mechanism for collaborative action and common decision-making for issues which are best tackled on a wider scale.
- 4.3. A schematic of our governance and accountability relationships is provided at **Annex 2**, a summary of the roles and responsibilities of the Partnership Board, System Leadership Executive, System Oversight and Assurance Group, Clinical Forum and Finance Forum is provided at **Annex 3** and their terms of reference at **Annex 4**.

Partnership Board

- 4.4. The Partnership Board provides the formal leadership for the Partnership. The Partnership Board is responsible for setting strategic direction. It provides oversight for all Partnership business, and a forum to make decisions together as Partners on the range of matters highlighted in section 7 of this Memorandum, which neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum.
- 4.5. The Partnership Board is made up of the chairs and chief executives from all NHS organisations, elected member Chairs of Health and Wellbeing Boards, one other elected member, and chief executives from Councils and senior representatives of other relevant Partner organisations, including the voluntary and community sector. It also has four independent co-opted members. The chair of the Partnership Board will be a chair of a Health and Wellbeing Board, and the vice-chair will be nominated from among the chairs of NHS bodies. It will meet at least four times each year in public.
- 4.6. The Partnership Board has no formal delegated powers from the organisations in the Partnership. However, over time our expectation is that regulatory functions of the national bodies will increasingly be enacted through collaboration with our leadership. It will work by building agreement with leaders across Partner organisations to drive action around a shared direction of travel.

System Leadership Executive

- 4.7. The System Leadership Executive (SLE) Group includes each statutory organisation and representation from other Partner organisations. The group is responsible for overseeing delivery of the strategy of the Partnership, building leadership and collective responsibility for our shared objectives.
- 4.8. Each organisation is represented by its chief executive or accountable officer. Members of the SLE are responsible for nominating an empowered deputy to attend meetings of the group if they are unable to do so personally. Members of the SLE are expected to recommend that their organisations support agreements and decisions made by SLE (always subject to each Partner's compliance with internal governance and approval procedures).

System Oversight and Assurance Group

4.9. The System Oversight and Assurance group (SOAG) provides a mechanism for Partner organisations to take ownership of system performance and delivery and hold one another to account. It:

- is chaired by the Partnership Lead;
- includes representation covering each sector / type of organisation;
- regularly reviews a dashboard of key performance and transformation metrics; and
- receives updates from WY&H programme boards.

4.10. The SOAG is supported by the Partnership core team.

West Yorkshire and Harrogate programme governance

4.11. Strong governance and programme management arrangements are built into each of our West Yorkshire and Harrogate priority and enabling programmes (the **Programmes**). Each programme has a Senior Responsible Owner, typically a Chief Executive, accountable officer or other senior leader, and has a structure that builds in clinical and other stakeholder input, representation from each of our six places and each relevant service sector.

4.12. Programmes provide regular updates to the System Leadership Executive and System Oversight and Assurance Group.

Other governance arrangements between Partners

4.13. The Partnership is also underpinned by a series of governance arrangements specific to particular sectors (e.g. commissioners, acute providers, mental health providers, Councils) that support the way it works. These are described in paragraphs 4.14 to 4.29 below.

The West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups

4.14. The nine CCGs in West Yorkshire and Harrogate are continuing to develop closer working arrangements within each of the six Places that make up our Partnership.

4.15. The CCGs have established a Joint Committee, which has delegated authority to take decisions collectively. The Joint Committee is made up of representatives from each CCG. To make sure that decision making is open and transparent, the Committee has an independent lay chair and two lay members drawn from the CCGs, and meets in public every second month. The Joint Committee is underpinned by a memorandum of understanding and a workplan, which have been agreed by each CCG.

- 4.16.** The Joint Committee is a sub-committee of the CCGs, and each CCG retains its statutory powers and accountability. The Joint Committee's work plan reflects those partnership priorities for which the CCGs believe collective decision making is essential. It only has decision-making responsibilities for the West Yorkshire and Harrogate programmes of work that have been expressly delegated to it by the CCGs. To provide assurance about the effectiveness of public and patient involvement in its commissioning decisions, the Joint Committee has established a Patient and Public Involvement Assurance Group.

West Yorkshire Association of Acute Trusts Committee in Common

- 4.17.** The six acute hospital trusts in West Yorkshire and Harrogate have come together as the [West Yorkshire Association of Acute Trusts](#) (WYAAT). WYAAT believes that the health and care challenges and opportunities facing West Yorkshire and Harrogate cannot be solved through each hospital working alone; they require the hospitals to work together to achieve solutions for the whole of West Yorkshire and Harrogate that improve the quality of care, increase the health of people and deliver more efficient services.
- 4.18.** WYAAT is governed by a memorandum of understanding which defines the objectives and principles for collaboration, together with governance, decision making and dispute resolution processes. The memorandum of understanding establishes the WYAAT Committee in Common, which is made up of the Chairs and Chief Executives of the six trusts, and provides the forum for working together and making decisions in a common forum. Decisions taken by the Committee in Common are then formally approved by each Trust Board individually in accordance with their own internal procedures.

West Yorkshire Mental Health Services Collaborative

- 4.19.** The four trusts providing mental health services in West Yorkshire (Bradford District Care Foundation Trust, Leeds Community Healthcare NHS Trust, Leeds and York Partnership Foundation Trust and South West Yorkshire Partnership Foundation Trust) have come together to form the West Yorkshire Mental Health Services Collaborative (WYMHSC). The trusts will work together to share best practice and develop standard operating models and pathways to achieve better outcomes for people in West Yorkshire and ensure sustainable services into the future.
- 4.20.** The WYMHSC is underpinned by a memorandum of understanding and shared governance in the form of 'committees in common'.
- 4.21.** Tees, Esk and Wear Valleys NHS Foundation Trust provides mental health services to the Harrogate area.

Local council leadership

- 4.22.** Relationships between local councils and NHS organisations are well established in each of the six places and continue to be strengthened. Complementary arrangements for the whole of West Yorkshire and Harrogate have also been established:

- Local authority chief executives meet and mandate one of them to lead on the health and care partnership;
- Health and Wellbeing Board chairs meet;
- A Joint Health Overview and Scrutiny Committee
- West Yorkshire Combined Authority
- North Yorkshire and York Leaders and Chief Executives

Clinical Forum

- 4.23.** Clinical leadership is central to all of the work we do. Clinical leadership reflecting both primary and secondary care, is built into each of our work programmes and governance groups, and our Clinical Forum provides formal clinical advice to all of our programmes.
- 4.24.** The purpose of the Clinical Forum is to be the primary forum for clinical leadership, advice and challenge for the work of the partnership in meeting the Triple Aim: improving health and wellbeing; improving care and the quality of services; and ensuring that services are financially sustainable.
- 4.25.** The Clinical Forum ensures that the voice of clinicians, from across the range of clinical professions and partner organisations, drives the development of new clinical models and proposals for the transformation of services. It also takes an overview of system performance on quality.
- 4.26.** The Clinical Forum has agreed Terms of Reference which describe its scope, function and ways of working.

Quality Surveillance Group

- 4.27.** The WY&H Quality Surveillance Group (QSG) brings together a range of partners from across the health and care system, to share intelligence about risks to quality. Convened by NHS England, the QSG is a supportive forum for collaboration and intelligence sharing. By triangulating intelligence from different organisations, it provides the health economy with a shared view of risks to quality, and opportunities to coordinate actions to drive improvement. Members of the QSG include CCGs, Councils, Healthwatch, CQC, PHE, and HEE. It covers all NHS-commissioned services, and services jointly commissioned by the NHS and Councils.

Finance Forum

- 4.28.** The Finance Forum has been established to strengthen financial governance and leadership for the Partnership. Financial leadership is built into each of our work programmes and governance groups, and our Finance Forum provides financial advice to all of our programmes.

- 4.29.** The Finance Forum leads on enabling the Partnership to deliver the financial principles that are set out in paragraphs 7.1-7.3. It is the primary forum for financial leadership, advice and challenge and will support the Partnership Board and System Leadership Executive Group to lead and direct the Partnership. It will also support the System Oversight and Assurance Group to ensure robust mutual financial accountability across the Partnership.
- 4.30.** The Finance Forum is a forum for sharing knowledge and intelligence. It works by building agreement with financial leaders across Partner organisations to drive action around a shared direction of travel.
- 4.31.** The Finance Forum has agreed Terms of Reference which describe its scope, function and ways of working.

Local Place Based Partnerships

- 4.32.** Local partnership arrangements for the Places bring together the Councils, voluntary and community groups, and NHS commissioners and providers in each Place, including GPs and other primary care providers working together in Primary Care Networks, to take responsibility for the cost and quality of care for the whole population. Each of the six Places in West Yorkshire and Harrogate has developed its own arrangements to deliver the ambitions set out in its own Place Plan.
- 4.33.** These new ways of working reflect local priorities and relationships, but all provide a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings.
- 4.34.** There are seven local health and care partnerships (two in Bradford District and Craven and one in each other place) which will develop horizontally integrated networks to support seamless care for patients.

5. Mutual accountability framework

- 5.1. A single consistent approach for assurance and accountability between Partners on West Yorkshire and Harrogate system wide matters will be applied through the governance structures and processes outlined in Paragraphs 4.1 to 4.12 above.

Current statutory requirements

- 5.2. NHS England and NHS Improvement were brought together to act as one organisation in 2019, but each retains its statutory responsibilities. NHS England has a duty under the NHS Act 2006 (as amended by the 2012 Act) to assess the performance of each CCG each year. The assessment must consider, in particular, the duties of CCGs to: improve the quality of services; reduce health inequalities; obtain appropriate advice; involve and consult the public; and comply with financial duties. The 2012 Act provides powers for NHS England to intervene where it is not assured that the CCG is meeting its statutory duties.
- 5.3. NHS Improvement is the operational name for an organisation that brings together Monitor and the NHS Trust Development Authority (NHS TDA). NHS Improvement must ensure the continuing operation of a licensing regime. The NHS provider licence forms the legal basis for Monitor's oversight of NHS foundation trusts. While NHS trusts are exempt from the requirement to apply for and hold the licence, directions from the Secretary of State require NHS TDA to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate. This includes giving directions to an NHS trust where necessary to ensure compliance.

A new model of mutual accountability

- 5.4. Through this Memorandum the Partners agree to take a collaborative approach to, and collective responsibility for, managing collective performance, resources and the totality of population health. The partners will:
- Agree ambitious outcomes, common datasets and dashboards for system improvement and transformation management;
 - work through our formal collaborative groups for decision making, engaging people and communities across WY&H; and
 - identify good practice and innovation in individual places and organisations and ensure it is spread and adopted through the Programmes.
- 5.5. The Partnership approach to system oversight will be geared towards performance improvement and development rather than traditional performance management. It will be data-driven, evidence-based and rigorous. The focus will be on improvement, supporting the spread and adoption of innovation and best practice between Partners.

- 5.6.** Peer review will be a core component of the improvement methodology. This will provide valuable insight for all Partners and support the identification and adoption of good practice across the Partnership.
- 5.7.** System oversight will be undertaken through the application of a continuous improvement cycle, including the following elements:
- Monitoring performance against key standards and plans in each place;
 - Ongoing dialogue on delivery and progress;
 - Identifying the need for support through a clinically and publically-led process of peer review;
 - Agreeing the need for more formal action or intervention on behalf of the partnership; and
 - Application of regulatory powers or functions.
- 5.8.** The Programmes will, where appropriate, take on increasing responsibility for managing this process. The extent of this responsibility will be agreed between each Programme and the SLE.
- 5.9.** A number of Partners have their own improvement capacity and expertise. Subject to the agreement of the relevant Partners this resource will be managed by the Partner in a co-ordinated approach for the benefit of the overall Partnership, and used together with the improvement expertise provided by national bodies and programmes.

Taking action

- 5.10.** The SOAG will prioritise the deployment of improvement support across the Partnership, and agree recommendations for more formal action and interventions. Actions allocated to the SOAG are to make recommendations on:
- agreement of improvement or recovery plans;
 - more detailed peer-review of specific plans;
 - commissioning expert external review;
 - co-ordination of formal intervention and improvement support; and
 - agreement of restrictions on access to discretionary funding and financial incentives.
- 5.11.** For Places where financial performance is not consistent with plan, the Finance Forum will make recommendations to the SOAG on a range of interventions, including any requirement for:
- financial recovery plans;
 - more detailed peer-review of financial recovery plans;
 - external review of financial governance and financial management;
 - organisational improvement plans;
 - co-ordination of formal intervention and improvement support;

- enhanced controls around deployment of transformation funding held at place; and
- reduced priority for place-based capital bids.

The role of Places in accountability

5.12. This Memorandum has no direct impact on the roles and respective responsibilities of the Partners (including the Councils, Trust Boards and CCG governing bodies) which all retain their full statutory duties and powers.

5.13. Health and Wellbeing Boards (HWB) have a statutory role in each upper tier local authority area as the vehicle for joint local system leadership for health and care and this is not revised by the Partnership. HWB bring together key leaders from the local Place health and care system to improve the health and wellbeing of their population and reduce health inequalities through:

- developing a shared understanding of the health and wellbeing needs of their communities;
- providing system leadership to secure collaboration to meet these needs more effectively;
- having a strategic influence over commissioning decisions across health, public health and social care;
- involving councillors and patient representatives in commissioning decisions.

5.14. In each Place the statutory bodies come together in local health and care partnerships to agree and implement plans across the Place to:

- Integrate mental health, physical health and care services around the individual
- Manage population health
- Develop increasingly integrated approaches to joint planning and budgeting

Implementation of agreed strategic actions

5.15. Mutual accountability arrangements will include a focus on delivery of key actions that have been agreed across the Partnership and agreement on areas where Places require support from the wider Partnership to ensure the effective management of financial and delivery risk.

National NHS Bodies oversight and escalation

5.16. As part of the development of the Partnership and the collaborative working between the Partners under the terms of this Memorandum, NHS England and NHS Improvement will look to adopt a new relationship with the Partners (which are NHS Bodies) in West Yorkshire and Harrogate in the form of enacting streamlined oversight arrangements under which:

- Partners will take the collective lead on oversight of trusts and CCGs and Places in accordance with the terms of this Memorandum;
- NHS England and NHS Improvement will in turn focus on holding the NHS bodies in the Partnership to account as a whole system for delivery of the NHS Constitution and Mandate, financial and operational control, and quality (to the extent permitted at Law);
- NHS England and NHS Improvement intend that they will intervene in the individual trust and CCG Partners only where it is necessary or required for the delivery of their statutory functions and will (where it is reasonable to do so, having regard to the nature of the issue) in the first instance look to notify the SLE and work through the Partnership to seek a resolution prior to making an intervention with the Partner.

6. Decision-Making and Resolving Disagreements

- 6.1. Our approach to making Partnership decisions and resolving any disagreements will follow the principle of subsidiarity and will be in line with our shared Values and Behaviours. We will take all reasonable steps to reach a mutually acceptable resolution to any dispute.

Collective Decisions

- 6.2. There will be three levels of decision making:

- **Decisions made by individual organisations** - this Memorandum does not affect the individual sovereignty of Partners or their statutory decision-making responsibilities.
- **Decisions delegated to collaborative forums** - some partners have delegated specific decisions to a collaborative forum, for example the CCGs have delegated certain commissioning decisions to the Joint Committee of CCGs. Arrangements for resolving disputes in such cases are set out in the Memorandum of the respective Joint Committee and not this Memorandum. There are also specific dispute resolution mechanisms for WYATT and the WYMHC.
- **Whole Partnership decisions** - the Partners will make decisions on a range of matters in the Partnership which will neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum, as set out in Paragraphs 6.3-6.5 below.

- 6.3. Collaborative decisions on Partnership matters will be considered by the Partnership Board. The Partnership Board has no formal powers delegated by any Partner. However, it will increasingly take on responsibility for co-ordinating decisions relating to regulatory and oversight functions currently exercised from outside the WY&H system and will look to reach recommendations and any decisions on a Best for WY&H basis. The terms of reference for the Partnership Board will set out clearly the types of decision which it will have responsibility to discuss and how conflicts of interest will be managed. The Partnership Board will have responsibility for decisions relating to:

- The objectives of priority HCP work programmes and workstreams
- The apportionment of transformation monies from national bodies
- Priorities for capital investment across the Partnership.
- Operation of the single NHS financial control total (for NHS Bodies)
- Agreeing common actions when Places or Partners become distressed

- 6.4. SLE will make recommendations to the Partnership Board on these matters. Where appropriate, the Partnership Board will make decisions of the Partners by consensus of those eligible Partnership Board members present at a quorate meeting. If a consensus decision cannot be reached, then (save for decisions on allocation of capital investment and transformation funding) it may

be referred to the dispute resolution procedure under Paragraph 6.6 below by any of the affected Partners for resolution.

- 6.5.** In respect of referring priorities for capital investment or apportionment of transformation funding from the Partnership, if a consensus cannot be reached at the SLE meeting to agree this then the Partnership Board may make a decision provided that it is supported by not less than 75% of the eligible Partnership Board members. Partnership Board members will be eligible to participate on issues which apply to their organisation, in line with the scope of applicable issues set out in Annex 1.

Dispute resolution

- 6.6.** Partners will attempt to resolve in good faith any dispute between them in respect of Partnership Board (or other Partnership-related) decisions, in line with the Principles, Values and Behaviours set out in this Memorandum.
- 6.7.** Where necessary, Place or sector-based arrangements (the Joint Committee of CCGs, WYAAT, and WYMHS as appropriate) will be used to resolve any disputes which cannot be dealt with directly between individual Partners, or which relate to existing schemes of delegation.
- 6.8.** The Partnership will apply a dispute resolution process to resolve any issues which cannot otherwise be agreed through these arrangements.
- 6.9.** As decisions made by the Partnership do not impact on the statutory responsibilities of individual organisations, Partners will be expected to apply shared Values and Behaviours and come to a mutual agreement through the dispute resolution process.
- 6.10.** The key stages of the dispute resolution process are
- i. The SOAG will seek to resolve the dispute to the mutual satisfaction of each of the affected parties. If SOAG cannot resolve the dispute within 30 days, the dispute should be referred to SLE.
 - ii. SLE will come to a majority decision (i.e. a majority of eligible Partners participating in the meeting who are not affected by the matter in dispute determined by the scope of applicable issues set out in Annex 1) on how best to resolve the dispute based, applying the Principles, Values and Behaviours of this Memorandum, taking account of the Objectives of the Partnership. SLE will advise the Partners of its decision in writing.
 - iii. If the parties do not accept the SLE decision, or SLE cannot come to a decision which resolves the dispute, it will be referred to an independent facilitator selected by SLE. The facilitator will work with the Partners to resolve the dispute in accordance with the terms of this Memorandum.
 - iv. In the unlikely event that the independent facilitator cannot resolve the dispute, it will be referred to the Partnership Board. The Partnership Board will come to a majority decision on how best to resolve the dispute in accordance with the terms of this Memorandum and advise the parties of its decision.

7. Financial Framework

- 7.1.** All NHS body Partners, in West Yorkshire and Harrogate are ready to work together, manage risk together, and support each other when required. The Partners are committed to working individually and in collaboration with others to deliver the changes required to achieve financial sustainability and live within our resources.
- 7.2.** A set of financial principles have been agreed, within the context of the broader guiding Principles for our Partnership. They confirm that we will:
- aim to live within our means, i.e. the resources that we have available to provide services;
 - develop a West Yorkshire and Harrogate system response to the financial challenges we face; and
 - develop payment and risk share models that support a system response rather than work against it.
- 7.3.** We will collectively manage our NHS resources so that all Partner organisations will work individually and in collaboration with others to deliver the changes required to deliver financial sustainability.

Living within our means and management of risk

- 7.4.** Through this Memorandum the collective NHS Partner leaders in each Place commit to demonstrate robust financial risk management. This will include agreeing action plans that will be mobilised across the Place in the event of the emergence of financial risk outside plans. This might include establishing a Place risk reserve where this is appropriate and in line with the legal obligations of the respective NHS body Partners involved.
- 7.5.** Subject to compliance with confidentiality and legal requirements around competition sensitive information and information security the Partners agree to adopt an open-book approach to financial plans and risks in each Place leading to the agreement of fully aligned operational plans. Aligned plans will be underpinned by common financial planning assumptions on income and expenditure between providers and commissioners, and on issues that have a material impact on the availability of system financial incentives

NHS Contracting principles

- 7.6.** The NHS Partners are committed to considering the adoption of payment models which are better suited to whole system collaborative working (such as Aligned Incentive Contracting). The Partners will look to adopt models which reduce financial volatility and provide greater certainty for all Partners at the beginning of each year of the planned income and costs.

Allocation of Transformation Funds

- 7.7.** The Partners intend that any transformation funds made available to the Partnership will all be used within the Places. Funds will be allocated through collective decision-making by the Partnership in line with agreed priorities. The method of allocation may vary according to agreed priorities. However, funds will not be allocated through expensive and protracted bidding and prioritisation processes and will be deployed in those areas where the Partners have agreed that they will deliver the maximum leverage for change and address financial risk.
- 7.8.** The funding provided to Places (based on weighted population, or other formula agreed by the Partners) will directly support Place-based transformation programmes. This will be managed by each Place with clear and transparent governance arrangements that provide assurance to all Partners that the resource has been deployed to deliver maximum transformational impact, to address financial risk, and to meet the efficiency requirements. Funding will be provided subject to agreement of clear deliverables and outcomes by the relevant Partners in the Place through the mutual accountability arrangements of the SLE and SOAG and be subject to on-going monitoring and assurance from the Partnership.
- 7.9.** Funding provided to the Programmes (all of which will also be deployed in Place) will be determined in agreement with Partners through the SLE, subject to documenting the agreed deliverables and outcomes with the relevant Partners.

Allocation of ICS capital

- 7.10.** The Partnership will play an increasingly important role in prioritising capital spending by the national bodies over and above that which is generated from organisations' internal resources. In doing this, the Partnership will ensure that:
- the capital prioritisation process is fair and transparent;
 - there is a sufficient balance across capital priorities specific to Place as well as those which cross Places;
 - there is sufficient focus on backlog maintenance and equipment replacement in the overall approach to capital;
 - the prioritisation of major capital schemes must have a clear and demonstrable link to affordability and improvement of the financial position;
 - access to discretionary capital is linked to the mutual accountability framework as described in this Memorandum.

Allocation of Provider and Commissioner Incentive Funding

- 7.11.** The approach to managing performance-related incentive funds set by NHS planning guidance and business rules is not part of this Memorandum. A common approach to this will be agreed by the Partnership as part of annual financial planning.

8. National and regional support

- 8.1.** To support Partnership development as an Integrated Care System there will be a process of aligning resources from ALBs to support delivery and establish an integrated single assurance and regulation approach.
- 8.2.** National capability and capacity will be available to support WY&H from central teams including governance, finance and efficiency, regulation and competition, systems and national programme teams, primary care, urgent care, cancer, mental health, including external support.

9. Variations

- 9.1.** This Memorandum, including the Schedules, may only be varied by written agreement of all the Partners.

10. Charges and liabilities

- 10.1.** Except as otherwise provided, the Partners shall each bear their own costs and expenses incurred in complying with their obligations under this Memorandum.
- 10.2.** By separate agreement, the Parties may agree to share specific costs and expenses (or equivalent) arising in respect of the Partnership between them in accordance with a “Contributions Schedule” to be developed by the Partnership and approved by the Partnership Board.
- 10.3.** Partners shall remain liable for any losses or liabilities incurred due to their own or their employee's actions.

11. Information Sharing

- 11.1.** The Partners will provide to each other all information that is reasonably required in order to achieve the Objectives and take decisions on a Best for WY&H basis.
- 11.2.** The Partners have obligations to comply with competition law. The Partners will therefore make sure that they share information, and in particular competition sensitive information, in such a way that is compliant with competition and data protection law.

12. Confidential Information

- 12.1.** Each Partner shall keep in strict confidence all Confidential Information it receives from another Partner except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised

disclosure by a Partner. Each Partner shall use any Confidential Information received from another Partner solely for the purpose of complying with its obligations under this Memorandum in accordance with the Principles and Objectives and for no other purpose. No Partner shall use any Confidential Information received under this Memorandum for any other purpose including use for their own commercial gain in services outside of the Partnership or to inform any competitive bid without the express written permission of the disclosing Partner.












- 12.2.** To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.
- 12.3.** The Parties agree to procure, as far as is reasonably practicable, that the terms of this Paragraph (Confidential Information) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this Memorandum.
- 12.4.** Nothing in this Paragraph will affect any of the Partners' regulatory or statutory obligations, including but not limited to competition law.

13. Additional Partners


- 13.1.** If appropriate to achieve the Objectives, the Partners may agree to include additional partner(s) to the Partnership. If they agree on such a course the Partners will cooperate to enter into the necessary documentation and revisions to this Memorandum if required.
- 13.2.** The Partners intend that any organisation who is to be a partner to this Memorandum (including themselves) shall commit to the Principles and the Objectives and ownership of the system success/failure as set out in this Memorandum.

14. Signatures


- 14.1.** This Memorandum may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Memorandum, but all the counterparts shall together constitute the same document.
- 14.2.** The expression "counterpart" shall include any executed copy of this Memorandum transmitted by fax or scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment.
- 14.3.** No counterpart shall be effective until each Partner has executed at least one counterpart.

 <p>Kersten England Chief Executive</p>	 <p>Robin Tuddenham Chief Executive</p>
 <p>Paul Shevlin Chief Executive</p>	 <p>Wallace Sampson Chief Executive</p>
 <p>Jacqui Gedman Chief Executive</p>	 <p>Tom Riordan Chief Executive</p>
 <p>Richard Flinton Chief Executive</p>	 <p>Merran McRae Chief Executive</p>
   <p>Helen Hirst Accountable Officer</p>	 <p>Matt Walsh Accountable Officer</p>
  <p>Carol McKenna Accountable Officer</p>	 <p>Amanda Bloor Accountable Officer</p>


 <p>Tim Ryley Accountable Officer</p>	 <p>Jo Webster Accountable Officer</p>
 <p>Brendan Brown Chief Executive</p>	 <p>Brent Kilmurray Chief Executive</p>
 <p>Mel Pickup Chief Executive</p>	 <p>Owen Williams Chief Executive</p>
 <p>Steve Russell Chief Executive</p>	 <p>Sara Munro Chief Executive</p>
 <p>Thea Stein Chief Executive</p>	 <p>Julian Hartley Chief Executive</p>
 <p>Martin Barkley Chief Executive</p>	 <p>Rob Webster Chief Executive</p>



Colin Martin
Chief Executive



Rod Barnes
Chief Executive




Karen Jackson
Chief Executive



Richard Stubbs
Chief Executive



Anthony Kealy
Locality Director, NHS England and NHS Improvement



Mike Curtis
Local Director, Yorkshire & the Humber



Mike Gent
Deputy Director



Gary Jevon
Chief Officer, Wakefield




Sarah Hutchinson
Manager




Helen Hunter
Chief Executive



Hannah Davies, **Chief Officer**
Dr John Beal, **Chair**



Nigel Ayre,
Operations Manager

Schedule 1 - Definitions and Interpretation

1. The headings in this Memorandum will not affect its interpretation.
2. Reference to any statute or statutory provision, to Law, or to Guidance, includes a reference to that statute or statutory provision, Law or Guidance as from time to time updated, amended, extended, supplemented, re-enacted or replaced.
3. Reference to a statutory provision includes any subordinate legislation made from time to time under that provision.
4. References to Annexes and Schedules are to the Annexes and Schedules of this Memorandum, unless expressly stated otherwise.
5. References to any body, organisation or office include reference to its applicable successor from time to time.

Glossary of terms and acronyms

6. The following words and phrases have the following meanings in this Memorandum:

ALB	Arm's Length Body. A Non-Departmental Public Body or Executive Agency of the Department of Health and Social Care, e.g. NHSE, NHSI, HEE, PHE
Aligned Incentive Contract	A contracting and payment method which can be used as an alternative to the Payment by Results system in the NHS
Best for WY&H	A focus in each case on making a decision based on the best interests and outcomes for service users and the population of West Yorkshire and Harrogate
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
Confidential Information	All information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this Memorandum
CQC	Care Quality Commission, the independent regulator of all health and social care services in England

GP	General Practice (or practitioner)
HCP	Health and Care Partnership
Healthcare Providers	The Partners identified as Healthcare Providers under Paragraph 1.1
HEE	Health Education England
Healthwatch	Independent organisations in each local authority area who listen to public and patient views and share them with those with the power to make local services better.
HWB	Health and Wellbeing Board
ICS	Integrated Care System
Law	any applicable statute or proclamation or any delegated or subordinate legislation or regulation; any enforceable EU right within the meaning of section 2(1) European Communities Act 1972; any applicable judgment of a relevant court of law which is a binding precedent in England; National Standards (as defined in the NHS Standard Contract); and any applicable code and “Laws” shall be construed accordingly
LWAB	Local Workforce Action Board sub regional group within Health Education England
Memorandum	This Memorandum of Understanding
Neighbourhood	One of c.50 geographical areas which make up West Yorkshire and Harrogate, in which GP practices work together, with community and social care services, to offer integrated health and care services for populations of 30-50,000 people.
NHS	National Health Service
NHSE and NHSI	NHS England (formally the NHS Commissioning Board and NHS Improvement (the operational name for an organisation that brings together Monitor, the NHS Trust Development Authority and other functions) now working together as a single organisation.
NHS FT	NHS Foundation Trust - a semi-autonomous organisational unit within the NHS

Objectives	The Objectives set out in Paragraph 3.5
Partners	The members of the Partnership under this Memorandum as set out in Paragraph 1.1 who shall not be legally in partnership with each other in accordance with Paragraph 2.7.
Partnership	The collaboration of the Partners under this Memorandum which is not intended to, or shall be deemed to, establish any legal partnership or joint venture between the Partners to the Memorandum
Partnership Board	The senior governance group for the Partnership set up in accordance with Paragraphs 4.4 to 4.6
Partnership Core Team	The team of officers, led by the Partnership Director, which manages and co-ordinates the business and functions of the Partnership
PHE	Public Health England - An executive agency of the Department of Health and Social Care which exists to protect and improve the nation's health and wellbeing, and reduce health inequalities
Places	One of the six geographical districts that make up West Yorkshire and Harrogate, being Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield, and "Place" shall be construed accordingly
Primary Care Network	A group of general practices working together with a range of local primary and community services, social care and the voluntary sector.
Principles	The principles for the Partnership as set out in Paragraph 3.2
Programmes	The WY&H programme of work established to achieve each of the objectives set out in paras 4.2,i and 4.2,ii of this memorandum
SOAG	System Oversight and Assurance Group
STP	Sustainability and Transformation Partnership (or Plan) The NHS and local councils have come together in 44 areas covering all of England to develop proposals and make improvements to health and care
System Leadership Executive or SLE	The governance group for the Partnership set out in Paragraphs 4.7 and 4.8

Transformation Funds	Discretionary, non-recurrent funding made available by NHSE to support the achievement of service improvement and transformation priorities
Values and Behaviours	shall have the meaning set out in Paragraph 3.3 above
WY&H	West Yorkshire and Harrogate
WYAAT	West Yorkshire Association of Acute Trusts
WYMHC	West Yorkshire Mental Health Collaborative

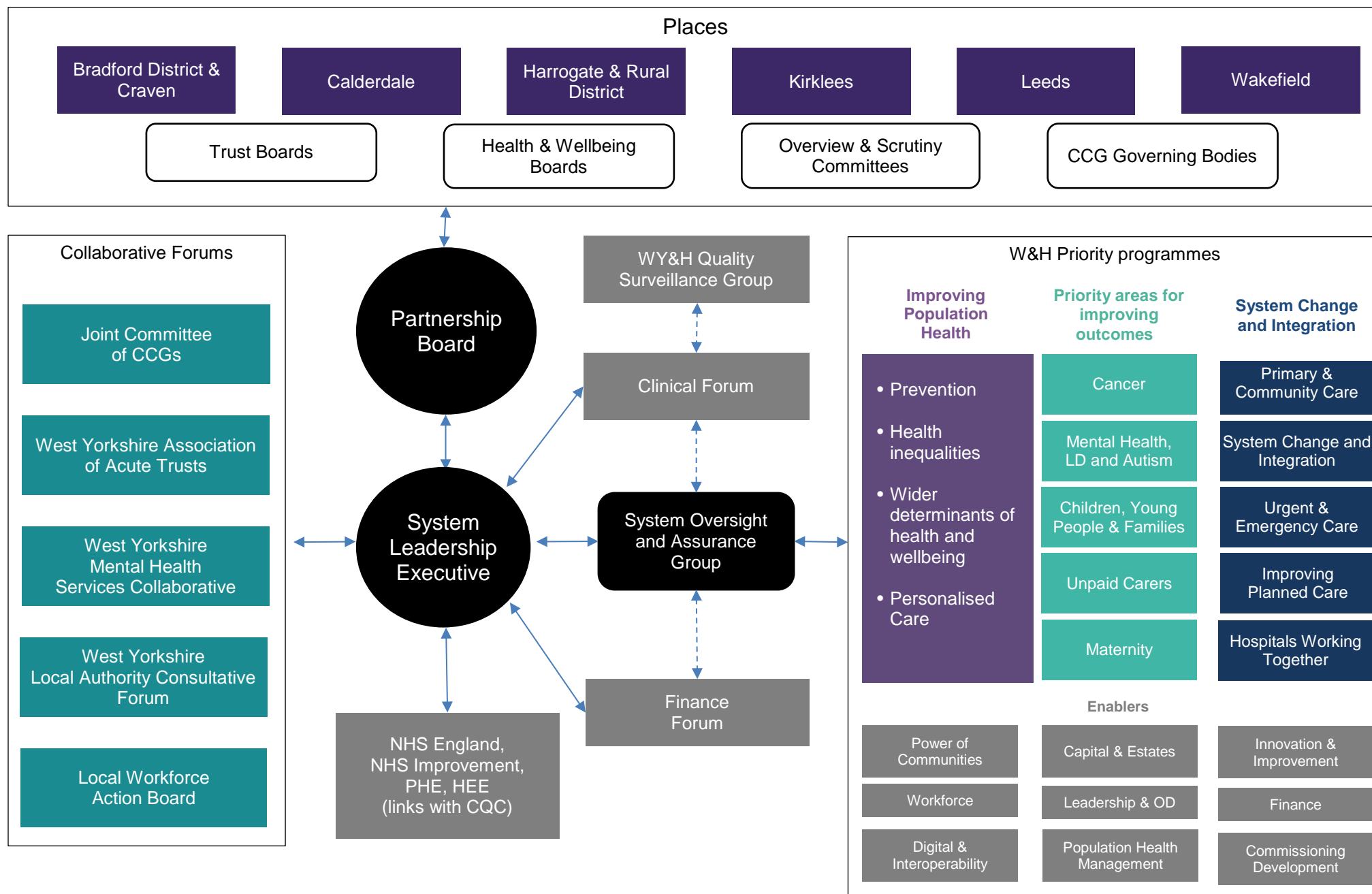
Annex 1 – Applicability of Memorandum Elements

	CCGs	NHS Providers ⁴	Councils	NHSE and NHI	Healthwatch	Other partners
Vision, principles, values and behaviour	✓	✓	✓	✓	✓	✓
Partnership objectives	✓	✓	✓	✓	✓	✓
Governance	✓	✓	✓	✓	✓	✓
Decision-making and dispute resolution	✓	✓	✓	✓	✓	✓
Mutual accountability	✓	✓	✓	✓		
Financial framework – financial risk management	✓	✓		✓		
Financial framework – Allocation of capital and transformation funds	✓	✓	✓	✓		
National and regional support	✓	✓	✓	✓		

⁴ All elements of the financial framework for WY&H, e.g. the application of a single NHS control total, will not apply to all NHS provider organisations, particularly those which span a number of STPs.

Locala Community Partnerships CIC is a significant provider of NHS services. It is categorised as an 'Other Partner' because of its corporate status and the fact that it cannot be bound by elements of the financial and mutual accountability frameworks. This status will be reviewed as the partnership continues to evolve.

Annex 2 – Schematic of Governance and Accountability Arrangements



Annex 3 Partnership governance forums – roles and responsibilities

Issue	Roles and responsibilities	Partnership Board	System Leadership Executive Group	System Oversight and Assurance Group	Clinical Forum	Finance Forum
Strategy and planning	Agree broad objectives for the Partnership.	✓				
Strategy and planning	Agree the objectives of priority Partnership work programmes and work streams.	✓	Recommend		Recommend	
Strategy and planning	Executive responsibility for delivery of the Partnership plan.		✓			
Mutual accountability	Oversee a mutual accountability framework which provides a single, consistent approach for assurance and accountability between partners.	✓	✓	✓		Support development and implementation
Mutual accountability	Overview of system performance and transformation at whole system, place and organisation levels. Overview of programme delivery.			✓	Support through review	Oversee, scrutinise and monitor financial performance
Mutual accountability	Lead the development of a dashboard of key performance, quality and transformation metrics for the Partnership			✓		
Mutual accountability	Receive reports from WY&H programmes and workstreams on issues which require escalation. Develop and maintain connections with other key groups			✓		
Mutual accountability	Lead the development of a framework for peer review and support and oversee its application.			✓		
Mutual accountability	Reach agreement in relation to recommendations made by other governance groups within the Partnership on the need to take action in relation to managing collective performance, resources and the totality of population health.	✓	✓ (or Recommend to Board, depending on circumstances)	Recommend	Recommend	Recommend
Mutual accountability	Agree common actions when systems become distressed.	✓	Recommend			Develop financial frameworks

Issue	Roles and responsibilities	Partnership Board	System Leadership Executive Group	System Oversight and Assurance Group	Clinical Forum	Finance Forum
Health improvement	Build the capabilities to manage the health of our population, keeping people healthier for longer and reducing avoidable demand for healthcare services.		✓			
Health improvement	Ensure that, through partnership working in each place and across WY&H, there is a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings.	✓	✓	✓	✓	✓
Clinical Leadership	<p>Lead the development of a clinical strategy and narrative for WY&H.</p> <p>Ensure that all plans are clinically led, evidence based and improve patient outcomes</p> <p>Provide oversight and alignment of all clinical initiatives across WY&H</p> <p>Maintain and embed clinical co-production, support collaboration, exhibit clinical leadership, champion change and innovation, support transition to new models of care.</p> <p>Provide innovative solutions to system-wide challenges</p>				<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	
Patient and public involvement	Ensure that the voice of patients, service users and citizens is heard and reflected in all plans.	✓ NEW	✓ NEW		✓	
Quality and safety	Ensure a robust framework for quality impact assessment of change is established and implemented				✓	
Quality and safety	Review system performance on the quality of health and care services and provide a mechanism for partner organisations to hold each other to account.				✓	

Issue	Roles and responsibilities	Partnership Board	System Leadership Executive Group	System Oversight and Assurance Group	Clinical Forum	Finance Forum
Finance	Oversee financial resources of NHS Partners within a shared financial control total for health across the constituent CCGs and NHS provider organisations; and maximise the system-wide efficiencies necessary to manage within this share of the NHS budget.	✓	Manage			Support
Finance	Agree the apportionment of transformation monies from national bodies.	✓	Recommend			Develop financial frameworks
Finance	Agree priorities for capital investment across the Partnership.	✓	Recommend			Develop financial frameworks
Finance	Agree the operation of the single NHS financial control total (for NHS bodies).	✓	Recommend			Develop financial frameworks
Finance	Action in relation to managing collective financial performance and resources					Develop financial frameworks
Finance	Ensure that Partnership plans are underpinned by robust financial evidence and support the financial sustainability of the health and care system					✓
Finance	Identify opportunities and risks relating to the financial sustainability of the health and care system					✓
Finance	Provide advice on the delivery of financial plans by Partnership programmes and contribute to the benefits realisation of each programme					✓

Issue	Roles and responsibilities	Partnership Board	System Leadership Executive Group	System Oversight and Assurance Group	Clinical Forum	Finance Forum
Finance	Provide advice on the deployment of financial management capacity, resources and expertise in support of Partnership programmes;					✓
Finance	Share best practice and provide advice on the delivery of efficiency gains and value for money improvements;					✓
Finance	Support the financial review of any proposals or business cases which have resource implications and require a decision by the Health and Care Partnership (either directly or through financial leadership at programme or place level)					✓
Partnership development	Act as a leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities.	✓	✓	✓	✓	✓
Partnership development	Support the development of local partnership arrangements which bring together the Councils, voluntary and community groups, and NHS commissioners and providers in each Place.	✓	✓	✓	✓	✓
Values and behaviours	Make joint decisions and resolve any disagreements by following the principle of subsidiarity, in line with the shared values and behaviours of the Partnership.	✓	✓	✓	✓	✓
Values and behaviours	Provide a mechanism for joint action and joint decision-making for those issues which are best tackled on a wider scale.	✓	✓	✓	✓	✓

Annex 4 - Terms of Reference

The following sets of terms of reference for partnership governance groups are appended to this Memorandum:

Part 1: Partnership Board

Part 2: System Leadership Executive

Part 3: System Oversight and Assurance Group

Part 4: Clinical Forum

Part 5: Finance Forum - NEW



Partnership Board Terms of Reference

December
2019

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1. Introduction and context

- 1.1. West Yorkshire and Harrogate Health and Care Partnership was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs), in response to the *NHS Five Year Forward View*. It brings together all health and care organisations in our six places: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.
- 1.2. The partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.
- 1.3. The Partnership Board is a key element of the leadership and governance arrangements for the West Yorkshire and Harrogate Health and Care Partnership.

Purpose

- 1.4. The Partnership Board will provide the formal leadership for the Partnership. It will be responsible for setting strategic direction. It will provide oversight for all Partnership business, and a forum to make decisions together as Partners on the matters highlighted in the Partnership Memorandum of Understanding, which neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum.
- 1.5. The Partnership Board has no formal delegated powers from the organisations in the Partnership. However, over time the regulatory and oversight functions of the NHS national bodies will increasingly be enacted through collaboration with our leadership.
- 1.6. The Partnership Board will work by building agreement with leaders across Partner organisations to drive action around a shared direction of travel.
- 1.7. These Terms of Reference describe the scope, function and ways of working for the Partnership Board. They should be read in conjunction with the Memorandum of Understanding for the West Yorkshire and Harrogate Health and Care Partnership, which describes the wider governance and accountability arrangements.

2. How we work together in West Yorkshire and Harrogate

Our vision

2.1. We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All of our plans support the realisation of this vision:

- Places will be healthy - you will have the best start in life, so you can live and age well.
- If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.
- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer, stroke, and mental health.
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

Principles for our partnership

2.2. The Partnership Board operates within an agreed set of guiding principles that shape everything we do through our Partnership:

- We will be ambitious for the people we serve and the staff we employ
- The West Yorkshire and Harrogate Partnership belongs to its citizens and to commissioners and providers, councils and NHS
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
- We will undertake shared analysis of problems and issues as the basis of taking action
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible
- We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing.

Our shared values and behaviour

2.3. Members of the Partnership Board commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire and Harrogate
- We support each other and work collaboratively
- We act with honesty and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions.
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery

3. Role and Responsibilities

3.1. The Partnership Board will provide the formal leadership for the Partnership. It will be responsible for setting strategic direction and providing strategic oversight for all Partnership business. It will make joint decisions on a range of matters which do not impact on the statutory responsibilities of individual organisations and have not been delegated formally to a collaborative forum. Its responsibilities are to:

- i. agree the broad objectives for the Partnership;
- ii. consider recommendations from the System Leadership Executive Group and make decisions on:
 - The objectives of priority HCP work programmes and workstreams
 - The apportionment of transformation monies from national bodies
 - Priorities for capital investment across the Partnership
 - Operation of the single NHS financial control total (for NHS bodies)
 - Common actions when systems become distressed
- iii. ensure the voice of the patients, service users and citizens is heard and reflected in all plans
- iv. act as a leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities;
- v. provide a mechanism for joint action and joint decision-making for those issues which are best tackled on a wider scale;
- vi. oversee financial resources of NHS partners within a shared financial framework for health across the constituent CCGs and NHS provider organisations; and maximise the system-wide efficiencies necessary to manage within this share of the NHS budget;
- vii. support the development of local partnership arrangements which bring together the Councils, voluntary and community groups, and NHS commissioners and providers in each Place;

- viii. ensure that, through partnership working in each place and across WY&H, there is a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings;
- ix. oversee a mutual accountability framework which provides a single, consistent approach for assurance and accountability between partners;
- x. reach agreement in relation to recommendations made by other governance groups within the Partnership on the need to take action in relation to managing collective performance, resources and the totality of population health;
- xi. adopt an approach to making joint decisions and resolving any disagreements which follows the principle of subsidiarity and is in line with the shared values and behaviours of the partnership.

4. Membership

4.1. The membership will comprise:

- A Chair, who will be a Health and Wellbeing Board chair
- the Partnership lead CEO
- CCG Clinical Chairs
- CCG Accountable Officers
- Chairs of Health and Wellbeing Boards of each Place
- A second elected member for each Council
- Council chief executives
- Chairs of NHS Trusts, NHS Foundation Trusts and other providers of NHS services which are formal partners
- Chief executives of NHS Trusts, NHS Foundation Trusts and other providers of NHS services which are formal partners
- One representative of NHS England
- One representative of NHS Improvement
- One representative of Health Education England
- One representative of Public Health England
- One representative of Healthwatch organisations
- The chief executive of Yorkshire and Humber Academic Health Science Network
- The chair of the WY&H Clinical Forum
- Three representatives of the voluntary and community sector
- Four independent Co-opted members.

4.2. The Co-opted members will be a 'critical friend' to the Board and will provide independent, strategic challenge to the Partnership's work. In particular, they will champion the public, service user, patient and carer perspective, providing assurance that people's needs are at the centre of the Board's decisions. Co-opted members will be able to participate on all issues but will not have a vote.

4.3. A vice Chair will be agreed from among the chairs of NHS ~~boards~~

4.4. A list of members is set out at **Annex 1**.

Deputies

4.5. If a member, other than a co-opted member, is unable to attend a meeting of the Partnership Board, s/he will be responsible for identifying a suitable deputy to attend on their behalf. Such a deputy must have sufficient seniority and sufficient understanding of the issues to be considered to represent their organisation, place or group effectively. Deputies will be eligible to vote.

Additional attendees

4.6. Additional attendees will routinely include:

- The WY&H Partnership Director
- The WY&H Partnership Finance director.

4.7. At the discretion of the Chair, additional representatives may be requested to attend meetings from time to time to participate in discussions or report on particular issues. Such additional representatives may include:

- Senior Responsible Officers and programme leads for WY&H programmes
- Representatives of Partner organisations, who are not part of the core membership.
- Members of the WY&H Partnership core team and external advisers.

5. Quoracy and voting

5.1. The Partnership Board will be quorate when 75% or more of Partner organisations are present, including at least one representative from each place. The Partnership Board will generally operate on the basis of forming a consensus on issues considered, taking account of the views expressed by members. It will look to make any decisions on a Best for WY&H basis. The Chair will seek to ensure that any lack of consensus is resolved amongst members.

5.2. Partnership Board members will be eligible to participate on issues which apply to their organisation, in line with the scope of applicable issues set out in Annex 1 of the Partnership Memorandum of Understanding. If a consensus decision cannot be reached, then (save for decisions on allocation of capital investment and transformation funding set out at 5.3 below) it may be referred to the dispute resolution procedure under Paragraph 6.6 of the Partnership Memorandum of Understanding by any of the affected Partners for resolution.

5.3. In respect of priorities for capital investment or apportionment of transformation funding from the Partnership, then the Partnership Board may make a decision provided that it is supported by not less than 75% of the eligible Partnership Board members present at a quorate meeting. In such cases, each eligible Partner organisation shall have one vote

5.4. By exception, and with its prior approval, the Partnership Board shall authorise members of the Board to take decisions on its behalf. The nature and scope of the delegation shall be recorded in the minutes and any such decisions shall be reported to the Board at its next meeting.

6. Accountability and reporting

- 6.1. The Partnership Board has no formal powers delegated by Partner organisations. However, it will increasingly take on responsibility for decisions relating to regulatory and oversight functions currently exercised from outside the system.
- 6.2. The Partnership Board has a key role within the wider governance and accountability arrangements for the WY&H partnership (see **Annex 2** for a description of these arrangements). The minutes, and a summary of key messages will be submitted to all Partner organisations after each meeting.

7. Conduct and Operation

- 7.1. The Partnership Board will meet in public, at least four times each year. An annual schedule of meetings will be published by the secretariat.
- 7.2. Extraordinary meetings may be called for a specific purpose at the discretion of the Chair. A minimum of seven working days notice will be given when calling an extraordinary meeting.
- 7.3. The agenda and supporting papers will be sent to members and attendees and made available to the public no less than five working days before the meeting. Urgent papers will be permitted in exceptional circumstances at the discretion of the Chair.
- 7.4. Draft minutes will be issued within 10 working days of each meeting.

Managing Conflicts of Interest

- 7.5. Each member must abide by all policies of the organisation it represents in relation to conflicts of interest.
- 7.6. Where any Partnership Board member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed.
- 7.7. Where the Chair decides to exclude a member, the relevant organisation represented by that member may send a deputy to take the place of the conflicted member in relation to that matter.

Secretariat

- 7.8. The secretariat function for the Partnership Board will be provided by the WY&H Partnership core team. A member of the team will be responsible for arranging meetings, recording notes and actions from each meeting, preparing agendas, and agreeing these with the Chair.

8. Review

- 8.1.** These terms of reference and the membership of the Partnership Board will be reviewed at least annually. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the partnership.

Annex 1 – Members

Health and Wellbeing Board Chairs

Bradford , Airedale and Wharfedale	✓
Calderdale	✓
Kirklees	✓
Leeds	✓
North Yorkshire	✓
Wakefield Council	✓

Local Authorities

	Leader	Chief Executive
City of Bradford Metropolitan District Council	✓	✓
Calderdale Council	✓	✓
Craven District Council	✓	✓
Harrogate Borough Council	✓	✓
Kirklees Council	✓	✓
Leeds City Council	✓	✓
North Yorkshire County Council	✓	✓
Wakefield Council	✓	✓

CCGs

	Chair	Accountable Officer
NHS Airedale, Wharfedale and Craven CCG	✓	✓
NHS Bradford City CCG	✓	✓
NHS Bradford Districts CCG	✓	✓
NHS Calderdale CCG	✓	✓
NHS Greater Huddersfield CCG	✓	✓
NHS Harrogate and Rural District CCG	✓	✓
NHS Leeds CCG	✓	✓
NHS North Kirklees CCG	✓	✓
NHS Wakefield CCG	✓	✓

NHS Service Providers

	Chair	Chief Executive
Airedale NHS Foundation Trust	✓	✓
Bradford District Care NHS Foundation Trust	✓	✓
Bradford Teaching Hospitals NHS Foundation Trust	✓	✓
Calderdale and Huddersfield NHS Foundation Trust	✓	✓
Harrogate and District NHS Foundation Trust	✓	✓
Leeds and York Partnership NHS Foundation Trust	✓	✓
Leeds Community Healthcare NHS Trust	✓	✓
The Leeds Teaching Hospitals NHS Trust	✓	✓
Locala Community Partnerships CIC	✓	✓
The Mid Yorkshire Hospitals NHS Trust	✓	✓
South West Yorkshire Partnership NHS Foundation Trust	✓	✓
Tees, Esk, and Wear Valleys NHS Foundation Trust	✓	✓
Yorkshire Ambulance Service NHS Trust	✓	✓

Heath Regulator and Oversight Bodies

NHS England	✓
NHS Improvement	✓

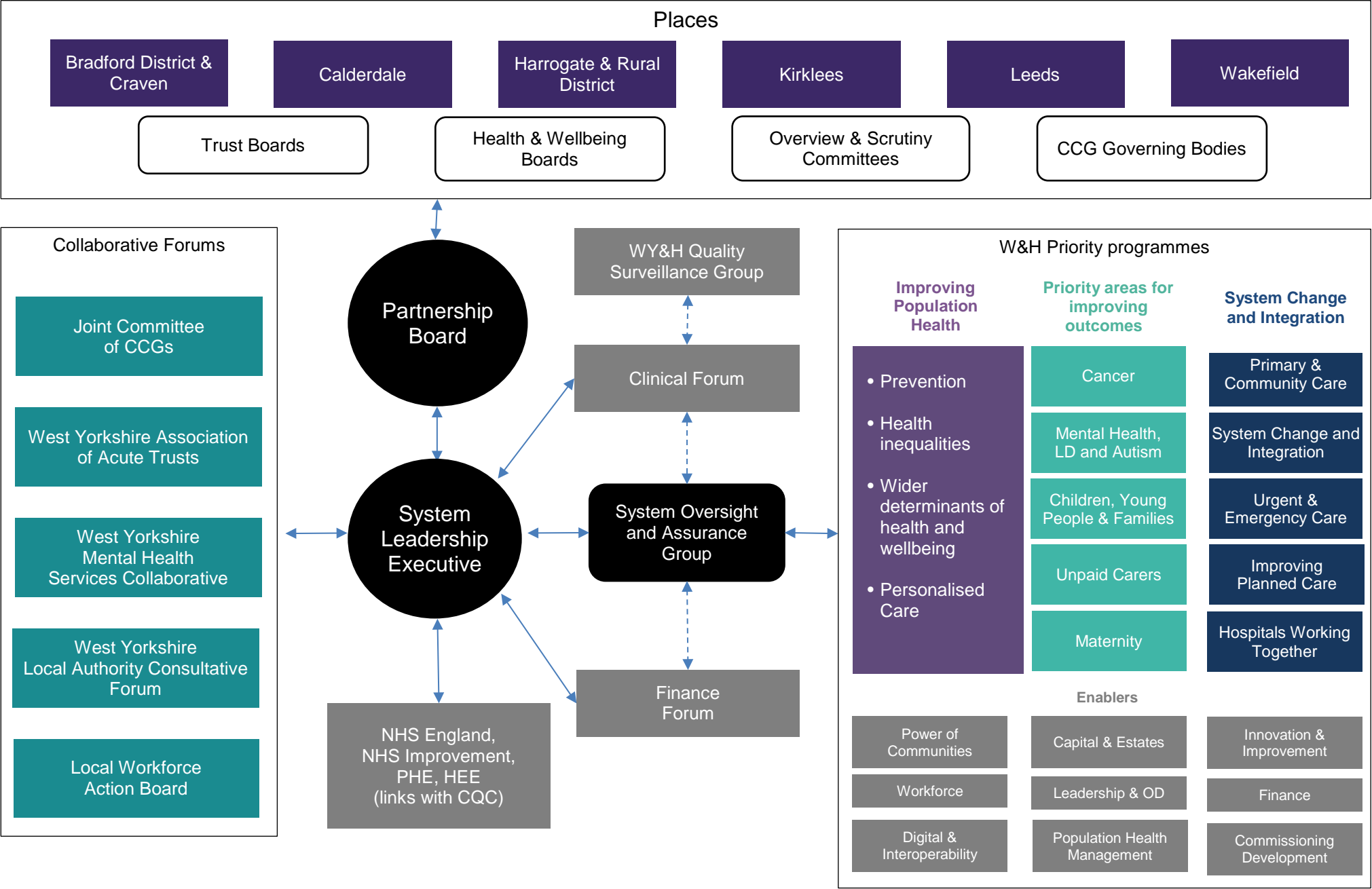
Other National Bodies

Health Education England	✓
Public Health England	✓

Other Partners

Healthwatch representative	✓
Yorkshire & Humber Academic Health Science Network	✓
Three representatives of the voluntary and community sector	✓
Four independent co-opted members	✓

Annex 2 – Schematic of Governance and Accountability Arrangements





System Leadership Executive Group

Terms of Reference

June 2018

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1. Introduction and context

- 1.1. West Yorkshire and Harrogate Health and Care Partnership was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs), in response to the *NHS Five Year Forward View*. It brings together all health and care organisations in our six places: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.
- 1.2. The partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.
- 1.3. The System Leadership Executive Group ('the Executive Group') is a key element of the leadership and governance arrangements for the West Yorkshire and Harrogate Health and Care Partnership.

Purpose

- 1.4. The Executive Group will support the Partnership Board to lead and direct the Partnership and will have overall executive responsibility for delivery of the Partnership plan.
- 1.5. The Executive Group will make decisions and recommendations to the Partnership Board on the matters highlighted in the Partnership Memorandum of Understanding, which neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum. .
- 1.6. The Executive Group has no formal delegated powers from the organisations in the Partnership. However, over time the regulatory and oversight functions of the NHS national bodies will increasingly be enacted through collaboration with our leadership.
- 1.7. The Executive Group will work by building agreement with leaders across Partner organisations to drive action around a shared direction of travel.
- 1.8. These Terms of Reference describe the scope, function and ways of working for the Executive Group. They should be read in conjunction with the Memorandum of Understanding for the West Yorkshire and Harrogate Health and Care Partnership, which describes the wider governance and accountability arrangements.

2. How we work together in West Yorkshire and Harrogate

Our vision

2.1. We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All of our plans support the realisation of this vision:

- Places will be healthy - you will have the best start in life, so you can live and age well.
- If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.
- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer, stroke, and mental health.
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

Principles for our partnership

2.2. The Executive Group operates within an agreed set of guiding principles that shape everything we do through our Partnership:

- We will be ambitious for the people we serve and the staff we employ
 - The West Yorkshire and Harrogate partnership belongs to its citizens and to commissioners and providers, councils and NHS
 - We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
 - We will undertake shared analysis of problems and issues as the basis of taking action
 - We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible
- We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing.

Our shared values and behaviour

2.3. Members of the Executive Group commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire and Harrogate
- We support each other and work collaboratively
- We act with honesty and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions.
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery

3. Role and Responsibilities

3.1. The Executive Group will take overall executive responsibility for delivery of the Partnership plan. It will make recommendations to the Partnership Board and make joint decisions on a range of matters which do not impact on the statutory responsibilities of individual organisations and have not been delegated formally to a collaborative forum. Its responsibilities are to:

- i. make recommendations to the Partnership Board on:
 - The objectives of priority HCP work programmes and workstreams
 - The apportionment of transformation monies from national bodies
 - Priorities for capital investment across the Partnership.
 - Operation of the single NHS financial control total (for NHS bodies)
 - Agreeing common action when systems become distressed
- ii. ensure the voice of the patients, service users and citizens is heard and reflected in all plans
- iii. progressively build the capabilities to manage the health of our population, keeping people healthier for longer and reducing avoidable demand for healthcare services;
- iv. act as a leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities;
- v. provide a mechanism for joint action and joint decision-making for those issues which are best tackled on a wider scale;
- vi. manage financial resources of NHS partners within a shared financial framework for health across the constituent CCGs and NHS provider organisations; and maximise the system-wide efficiencies necessary to manage within this share of the NHS budget;

- vii. support the development of local partnership arrangements which bring together the Councils, voluntary and community groups, and NHS commissioners and providers in each Place;
- viii. ensure that, through partnership working in each place and across WY&H, there is a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings;
- ix. oversee the development and implementation of a mutual accountability framework which provides a single, consistent approach for assurance and accountability between partners;
- x. reach agreement in relation to recommendations made by other governance groups within the partnership on the need to take action in relation to managing collective performance, resources and the totality of population health;
- xi. adopt an approach to making joint decisions and resolving any disagreements which follows the principle of subsidiarity and is in line with the shared values and behaviours of the partnership;

4. Membership

4.1. The membership will comprise:

- A Chair – the partnership lead CEO
- CCG Accountable Officers
- Council chief executives
- Chief executives of NHS Trusts, NHS Foundation Trusts and other providers of NHS services which are formal partners
- One representative of NHS England
- One representative of NHS Improvement
- One representative of Health Education England
- One representative of Public Health England
- One representative of Healthwatch organisations
- The chief executive of Yorkshire and Humber Academic Health Science Network
- The chair of the WY&H Clinical Forum

4.2. A deputy Chair will be agreed from among nominated members. A list of members is set out at **Annex 1**.

Deputies

If a member is unable to attend a meeting of the Executive Group, s/he will be responsible for identifying a suitable deputy to attend on their behalf. Such a deputy must have sufficient seniority and sufficient understanding of the issues to be considered, to represent their organisation, place or group effectively. Deputies will be

eligible to vote.

Additional attendees

4.3. Additional attendees will routinely include:

- The WY&H Partnership director
- The WY&H Partnership finance director.

4.4. At the discretion of the Chair, additional representatives may be requested to attend meetings from time to time to participate in discussions or report on particular issues. Such additional representatives may include:

- Senior Responsible Officers and programme leads for WY&H programmes
- Representatives of Partner organisations, who are not part of the core membership.
- Members of the WY&H Partnership core team and external advisers.

5. Quoracy and voting

5.1. The Executive Group will be quorate when 75% or more of Partner organisations are present, including at least one representative from each place. The Executive Group will generally operate on the basis of forming a consensus on issues considered, taking account of the views expressed by members. It will look to make any decisions on a Best for WY&H basis. The Chair will seek to ensure that any lack of consensus is resolved amongst members.

5.2. Members will be eligible to participate on issues which apply to their organisation, in line with the scope of applicable issues set out in Annex 1 of the Partnership Memorandum of Understanding. If a consensus cannot be reached, then decisions will be made by 75% majority of the Group present and voting at a quorate meeting. In such cases, each eligible Partner organisation shall have one vote.

6. Accountability and reporting

6.1. The Executive Group will be accountable to the Partnership Board, which provides the formal leadership of the WY&H Partnership. The Executive Group has no formal powers delegated by Partner organisations. However, it will increasingly take on responsibility for decisions relating to regulatory and oversight functions currently exercised from outside the system.

6.2. The Executive Group has a key role within the wider governance and accountability arrangements for the WY&H partnership (see **Annex 2** for a description of these arrangements). The minutes will be submitted to each meeting of the Partnership Board. The minutes, and a summary of key messages will also be submitted to all Partner organisations after each meeting.

7. Conduct and Operation

- 7.1.** The Executive Group will normally meet monthly. An annual schedule of meetings will be published by the secretariat.
- 7.2.** Extraordinary meetings may be called for a specific purpose at the discretion of the Chair. A minimum of seven working days notice will be given when calling an extraordinary meeting.
- 7.3.** The agenda and supporting papers will be sent to members and attendees no less than five working days before the meeting. Urgent papers will be permitted in exceptional circumstances at the discretion of the Chair.
- 7.4.** Draft minutes will be issued within 10 working days of each meeting.

Managing Conflicts of Interest

- 7.5.** Each member must abide by all policies of the organisation it represents in relation to conflicts of interest.
- 7.6.** Where any Executive Group member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed.
- 7.7.** Where the Chair decides to exclude a member, the relevant organisation represented by that member may send a deputy to take the place of the conflicted member in relation to that matter.

Secretariat

- 7.8.** The secretariat function for the Executive Group will be provided by the WY&H Partnership core team. A member of the team will be responsible for arranging meetings, recording notes and actions from each meeting, preparing agendas, and agreeing these with the Chair.

8. Review

- 8.1.** These terms of reference and the membership of the Group will be reviewed at least annually. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the partnership.

Annex 1 – Members

Local Authorities

City of Bradford Metropolitan District Council	
Calderdale Council	
Craven District Council	
Harrogate Borough Council	
Kirklees Council	
Leeds City Council	
North Yorkshire County Council	
Wakefield Council	

NHS Commissioners

NHS Airedale, Wharfedale and Craven CCG	
NHS Bradford City CCG	
NHS Bradford Districts CCG	
NHS Calderdale CCG	
NHS Greater Huddersfield CCG	
NHS Harrogate and Rural District CCG	
NHS Leeds CCG	
NHS North Kirklees CCG	
NHS Wakefield CCG	
NHS England	

Healthcare Providers

Airedale NHS Foundation Trust	
Bradford District Care NHS Foundation Trust	
Bradford Teaching Hospitals NHS Foundation Trust	
Calderdale and Huddersfield NHS Foundation Trust	
Harrogate and District NHS Foundation Trust	
Leeds and York Partnership NHS Foundation Trust	
Leeds Community Healthcare NHS Trust	
The Leeds Teaching Hospitals NHS Trust	
Locala Community Partnerships CIC	
The Mid Yorkshire Hospitals NHS Trust	

South West Yorkshire Partnership NHS Foundation Trust	
Tees, Esk, and Wear Valleys NHS Foundation Trust	
Yorkshire Ambulance Service NHS Trust	

Heath Regulator and Oversight Bodies

NHS England	
NHS Improvement	

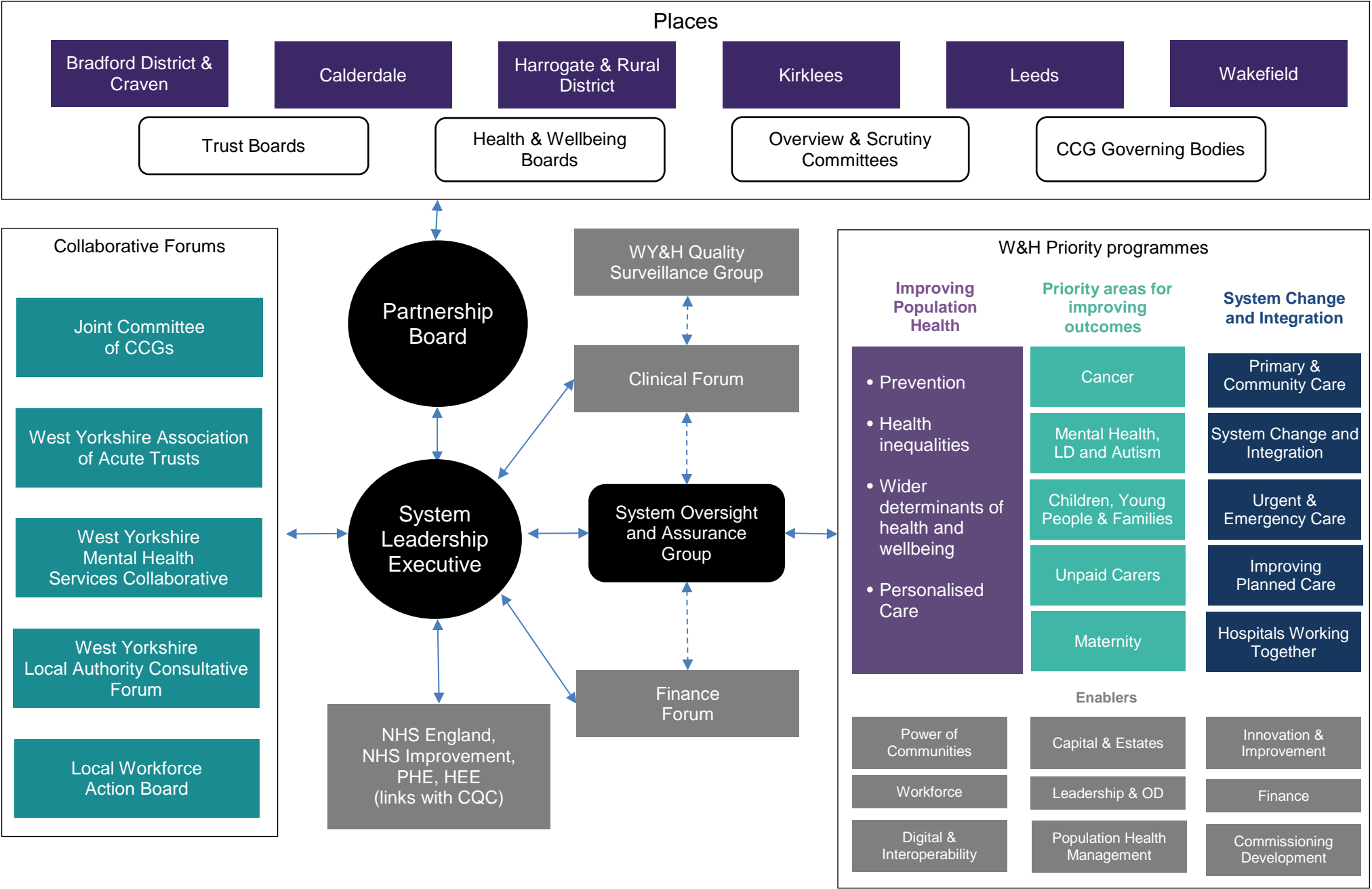
Other National Bodies

Health Education England	
Public Health England	
Care Quality Commission [TBC]	

Other Partners

Clinical Forum Chair	
Healthwatch representative	
Yorkshire and Humber Academic Health Science Network	

Annex 2 – Schematic of Governance and Accountability Arrangements





System Oversight and Assurance Group

Terms of Reference

October 2018

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1. Introduction and context

- 1.1. West Yorkshire and Harrogate Health and Care Partnership was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs), in response to the *NHS Five Year Forward View*. It brings together all health and care organisations in our six places: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.
- 1.2. The partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.
- 1.3. The System Oversight and Assurance Group is a key element of the leadership and governance arrangements for the West Yorkshire and Harrogate Health and Care partnership.

Purpose

- 1.4. The Partnership has agreed to adopt a new integrated approach to leading performance development and culture change, encompassing operational performance, quality and outcomes, service transformation, and finance.
- 1.5. This new approach will feature:
 - a single framework, covering individual places, and West Yorkshire and Harrogate as a whole;
 - an increasing focus on making judgements about a whole place, while understanding the positions of individual organisations;
 - a strong element of peer review and mutual accountability;
 - a clear approach to improvement-focused intervention, support and capacity building.
- 1.6. The purpose of the System Oversight and Assurance Group is to be the primary governance forum to oversee the Partnership's mutual accountability arrangements. It will take an overview of system performance and progress with delivery of the partnership's plan
- 1.7. These Terms of Reference describe the scope, function and ways of working for the System Oversight and Assurance Group. They should be read in conjunction with the Memorandum of Understanding for the West Yorkshire and Harrogate Health and Care Partnership, which describes the wider governance and accountability arrangements.

2. How we work together in West Yorkshire and Harrogate

Our vision

2.1. We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All of our plans support the realisation of this vision:

- Places will be healthy - you will have the best start in life, so you can live and age well.
- If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.
- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer, stroke, and mental health.
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

Principles for our partnership

2.2. The System Oversight and Assurance Group operates within an agreed set of guiding principles that shape everything we do through our partnership:

- We will be ambitious for the people we serve and the staff we employ
- The West Yorkshire and Harrogate partnership belongs to its citizens and to commissioners and providers, councils and NHS
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
- We will undertake shared analysis of problems and issues as the basis of taking action
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible
- We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing.

Our shared values and behaviour

2.3. Members of the System Oversight and Assurance Group commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire and Harrogate
- We support each other and work collaboratively
- We act with honesty and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions.
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery

3. Role and Responsibilities

3.1. The System Oversight and Assurance Group will provide oversight, and challenge to the delivery of the aims and priorities of the Partnership. In support of this, its responsibilities are to:

- i. lead the development of a dashboard of key performance, quality and transformation metrics for the partnership;
- ii. take an overview of performance and transformation at whole system, place and organisation levels in relation to partnership objectives and wider national requirements;
- iii. take an overview of programme delivery;
- iv. receive reports from WY&H programmes and enabling workstreams on issues which require escalation;
- v. develop and maintain connections with other key groups and organisations which have a role in performance development and improvement, including:
 - Care Quality Commission
 - Quality Surveillance Groups
 - Place-based transformation boards
 - A&E Delivery Boards
 - WY&H Directors of Finance Group
 - WY&H Clinical Forum;

- vi. lead the development of a framework for peer review and support for the partnership and oversee its application;
- vii. make recommendations to the System Leadership Executive, in consultation with WY&H programme boards, and national NHS bodies, on the deployment of improvement support across the partnership, and on the need for more formal action and interventions. Actions will include the requirement for:
 - agreement of improvement or recovery plans;
 - more detailed peer-review of specific plans;
 - commissioning expert external review;
 - co-ordination of formal intervention and improvement support;
 - agreement of restrictions on access to discretionary funding and financial incentives.

4. Membership

- 4.1. The membership of the System Oversight and Assurance Group will include representation from each sector of the partnership, i.e. providers, commissioners, Councils, national bodies, Healthwatch. Members will be nominated so as to reflect appropriate representation from each place.
- 4.2. The membership will comprise:
 - A Chair – the partnership lead CEO
 - Acute sector – chair of WYAAT (and nominated WYAAT deputy)
 - Mental health sector – chair of Mental Health Services Collaborative (and nominated MHSC deputy)
 - CCGs – nominated lead accountable officer (and nominated deputy)
 - A representative of community / primary care providers
 - Local authorities – lead CEO for health (and nominated CEO deputy)
 - The chair of the WY&H Clinical Forum (and nominated deputy)
 - One representative of NHS England / NHS Improvement
 - One representative of Healthwatch
- 4.3. A deputy Chair will be agreed from among nominated members. A list of members and nominated deputies is set out at **Annex 1**.

Deputies

- 4.4. If a member is unable to attend a meeting of the System Oversight and Assurance Group, s/he will be responsible for identifying a suitable deputy to attend on their behalf. Such a deputy must have sufficient seniority and sufficient understanding of the issues to be considered, to represent their organisation, place or group

effectively. Nominated sector deputies will be invited to attend SOAG meetings, either in place of, or in addition to the nominated sector lead).

Additional attendees

4.5. Additional attendees will routinely include:

- The WY&H Partnership director
- The WY&H Partnership finance director.

4.6. At the discretion of the Chair, additional representatives may be requested to attend meetings from time to time to participate in discussions or report on particular issues. Such additional representatives may include:

- Senior Responsible Officers and programme leads for WY&H programmes
- Representatives of Partner organisations, who are not part of the core membership.
- Members of the WY&H Partnership core team and external advisers.

5. Quoracy and voting

5.1. The System Oversight and Assurance Group will not be a formal decision making body. The Group will operate on the basis of forming a consensus on issues considered, taking account of the views expressed by members. The Group will not take votes and will not require a quorum of members to be present to consider any business.

5.2. The Chair will seek to ensure that any lack of consensus is resolved amongst members.

5.3. Under exceptional circumstances any substantive difference of views among members will be reported to the System Leadership Executive Group.

6. Accountability and reporting

6.1. The Group does not have any powers or functions formally delegated by the Boards or governing bodies of its constituent organisations. However, NHS England and NHS Improvement will, where appropriate, enact certain regulatory and system oversight functions through the group.

6.2. The Group has a key role within the wider governance and accountability arrangements for the WY&H partnership (see **Annex 2** for a description of these arrangements).

6.3. The System Oversight and Assurance Group will formally report, through the Chair, to the System Leadership Executive Group. It will make recommendations, where appropriate to the System Leadership Executive Group.

7. Conduct and Operation

- 7.1.** The Group will normally meet monthly. An annual schedule of meetings will be published by the secretariat.
- 7.2.** Extraordinary meetings may be called for a specific purpose at the discretion of the Chair. A minimum of seven working days notice will be given when calling an extraordinary meeting.
- 7.3.** The agenda and supporting papers will be sent to members and attendees no less than five working days before the meeting. Urgent papers will be permitted in exceptional circumstances at the discretion of the Chair.
- 7.4.** Draft minutes will be issued within 10 working days of each meeting.

Managing Conflicts of Interest

- 7.5.** Each member must abide by all policies of the organisation it represents in relation to conflicts of interest.
- 7.6.** Where any Group member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed.
- 7.7.** Where the Chair decides to exclude a member, the relevant organisation represented by that member may send a deputy to take the place of the conflicted member in relation to that matter.

Secretariat

- 7.8.** The secretariat function for the System Oversight and Assurance Group will be provided by the NHS England operations and delivery team. A member of the team will be responsible for arranging meetings, recording notes and actions from each meeting, preparing agendas, and agreeing these with the Chair.

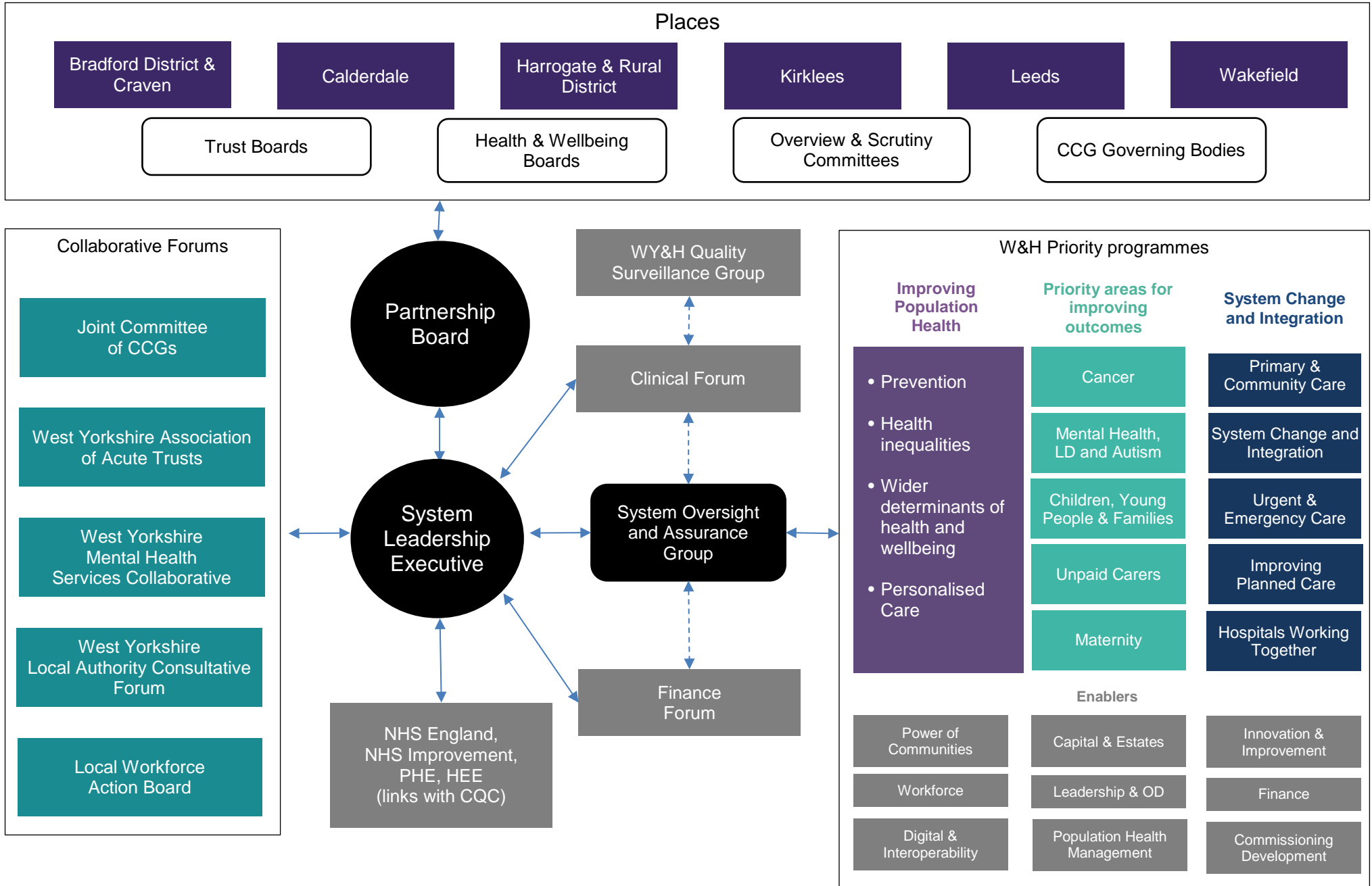
8. Review

- 8.1.** These terms of reference and the membership of the Group will be reviewed at least annually. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the partnership.

Annex 1 – Members

Sector	First representative	Second representative
Chair		
Acute Provider		
Mental health provider		
CCG		
Local Government		
Primary and Community provision		
Clinical leadership		
NHS England / NHS Improvement		
Healthwatch		

Annex 2 – Schematic of Governance and Accountability Arrangements





Clinical Forum

Terms of Reference

April 2018

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1. Introduction and context

- 1.1. West Yorkshire and Harrogate Health and Care Partnership was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs), in response to the *NHS Five Year Forward View*. It brings together all health and care organisations in our six places: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.
- 1.2. The partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.
- 1.3. The Clinical Forum is a key element of leadership and governance arrangements for the West Yorkshire and Harrogate health and care partnership.

Purpose

- 1.4. The purpose of the Clinical Forum is to be the primary forum for clinical leadership, advice and challenge for the work of the partnership in meeting the Triple Aim: improving health and wellbeing; improving care and the quality of services; and ensuring that services are financially sustainable.
- 1.5. The Clinical Forum ensures that the voice of clinicians, from across the range of clinical professions and partner organisations, drives the development of new clinical models and proposals for the transformation of services. It also takes an overview of system performance on quality.
- 1.6. These Terms of Reference describe the scope, function and ways of working for the Clinical Forum. They should be read in conjunction with the Memorandum of Understanding for the West Yorkshire and Harrogate Health and Care Partnership **[forthcoming]**, which describes the wider governance and accountability arrangements.

2. How we work together in West Yorkshire and Harrogate

Our vision

- 2.1. We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All of our plans support the realisation of this vision:
 - Places will be healthy - you will have the best start in life, so you can live and age well.
 - If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.

- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer, stroke, and mental health.
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

Principles for our partnership

2.2. The Clinical Forum operates within an agreed a set of guiding principles that shape everything we do through our partnership:

- We will be ambitious for the people we serve and the staff we employ
- The West Yorkshire and Harrogate partnership belongs to its citizens and to commissioners and providers, councils and NHS
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
- We will undertake shared analysis of problems and issues as the basis of taking action
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible
- We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing.

Our shared values and behaviour

2.3. Members of the Clinical Forum commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire and Harrogate
- We support each other and work collaboratively
- We act with honesty and integrity, and trust each other to do the same
- We challenge constructively when we need to

- We assume good intentions.
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery

3. Role and Responsibilities

3.1. The Clinical Forum will provide clinical leadership, oversight, and challenge to the development and delivery of the aims and priorities of the partnership. In support of this, its responsibilities are to:

- i. lead the development of a clinical strategy and narrative for West Yorkshire and Harrogate
- ii. ensure that all plans within the West Yorkshire and Harrogate health and care partnership are clinically led, evidence based, and configured to improve patient outcomes;
- iii. ensure the voice of the patients, service users and citizens is heard and reflected in all plans;
- iv. maintain and embed clinical co-production as a core principle of the partnership;
- v. support collaboration and strengthen partnerships between clinical colleagues;
- vi. exhibit clinical leadership and galvanise professional colleagues and partner organisation to agree models of care which support delivery to close the three gaps (health, care and finance) in West Yorkshire and Harrogate
- vii. champion change and evidence-based innovation within their own organisations and Place, with peers, professional colleagues and networks;
- viii. support transition to new models of care, where appropriate.
- ix. make recommendations to the System Leadership Executive Group on proposals developed by priority workstreams and local place-based partnerships;
- x. provide oversight and alignment of all clinical initiatives across West Yorkshire and Harrogate;
- xi. support regular communication and engagement with all stakeholders;
- xii. support through review the evaluation and impact of all workstreams and plans
- xiii. provide innovative solutions to system-wide challenges, particularly where there are dependencies between workstreams (including enablers) and local plans;

- xiv. provide input and assurance to the clinical representation on each of the workstreams;
 - xv. ensure a robust framework for quality impact assessment of change is established and implemented;
 - xvi. review system performance on the quality of health and care services and provide a mechanism for partner organisations to hold each other to account on quality, making appropriate links with the Quality Surveillance Forum.
- 3.2. Members of the group should ensure that all groups of clinicians within their organisations are engaged with the work of the Clinical Forum as appropriate.

4. Membership

- 4.1. The membership of the Clinical Forum will reflect the engagement of all Places and partner organisations.
- 4.2. Members will be senior clinicians (normally clinical commissioners, provider GPs, medical directors, directors of nursing, senior allied health professionals) nominated by the relevant organisation or partnership group.
- 4.3. The membership will comprise:
- A Chair
 - One clinical commissioner representative from each of the six places
 - One representative from each mental health and community trust
 - One representative from each acute Trust
 - One representative from Yorkshire Ambulance Service
 - One medical representative from NHS England and NHS Improvement
 - One Nursing and Quality Lead
 - One Allied Health Professional representative
 - One Community Pharmacist representative
 - Two representatives of primary care federations
 - One Director of Adult Social Services
 - One Director of Public Health
 - The Clinical Director for the West Yorkshire Association of Acute Trusts
 - One representative from Yorkshire Academic Health Science Network
- 4.4. A deputy Chair will be agreed from among nominated members.
- 4.5. A list of current members is set out at **Annex 1**. (Arrangements for future changes to the role of Chair and nominated members will be confirmed with the Forum).
- 4.6. Additional representatives may be requested to attend meetings of the Clinical Forum from time to time to participate in discussions or report on particular issues. Such additional representatives may include:

- clinical leads for each of the West Yorkshire and Harrogate priority programmes and enabling workstreams
- Local Medical Committee representatives.

Additional attendees

- 4.7. A representative of Healthwatch, members of the WY&H partnership core team, external advisers, and other individuals may be invited to attend for all or part of any meeting as and when appropriate, at the discretion of the Chair.

Deputies

- 4.8. If a member is unable to attend a meeting of the Clinical Forum, s/he will be responsible for identifying a suitable deputy to attend on their behalf. Such a deputy must have sufficient seniority and sufficient understanding of the issues to be considered, to represent their organisation, place or group effectively.

5. Accountability and reporting

- 5.1. The Clinical Forum will not be a formal decision making body. It does not have any powers or functions formally delegated by the Boards or governing bodies of its constituent organisations.
- 5.2. The Clinical Forum has a key role within the wider governance and accountability arrangements for the WY&H partnership (see **Annex 2** for a description of these arrangements).
- 5.3. The Clinical Forum will formally report, through the Chair, to the System Leadership Executive Group. The Chair will be a core member of this group.
- 5.4. The Forum will make recommendations, where appropriate to the System Leadership Executive Group.

6. Conduct and Operation of the Clinical Forum

- 6.1. The Forum will operate on the basis of forming a consensus on issues considered, taking account of the views expressed by members.
- 6.2. The Forum will not take votes and will not require a quorum of members to be present to consider any business.
- 6.3. The Chair will seek to ensure that any lack of consensus is resolved amongst members.
- 6.4. Under exceptional circumstances any substantive difference of views among members will be reported by the Chair to the System Leadership Executive Group.

Secretariat

- 6.5. The secretariat function for the Clinical Forum will be provided by the WY&H partnership core team. A member of the team will be responsible for arranging meetings, recording notes and actions from each meeting, preparing agendas, and agreeing these with the Chair.
- 6.6. The secretariat will collate papers and circulate them to members and attendees no less than five days before the meeting. Late papers will be permitted in exceptional circumstances at the discretion of the Chair.

7. Frequency of meetings

- 7.1. The Clinical Forum will usually meet each month. An annual schedule of meetings will be confirmed by the secretariat.
- 7.2. Additional or extraordinary meetings may be called for a specific purpose at the discretion of the Chair.
- 7.3. Members will normally be given a minimum of six weeks' notice of any meeting of the Forum.

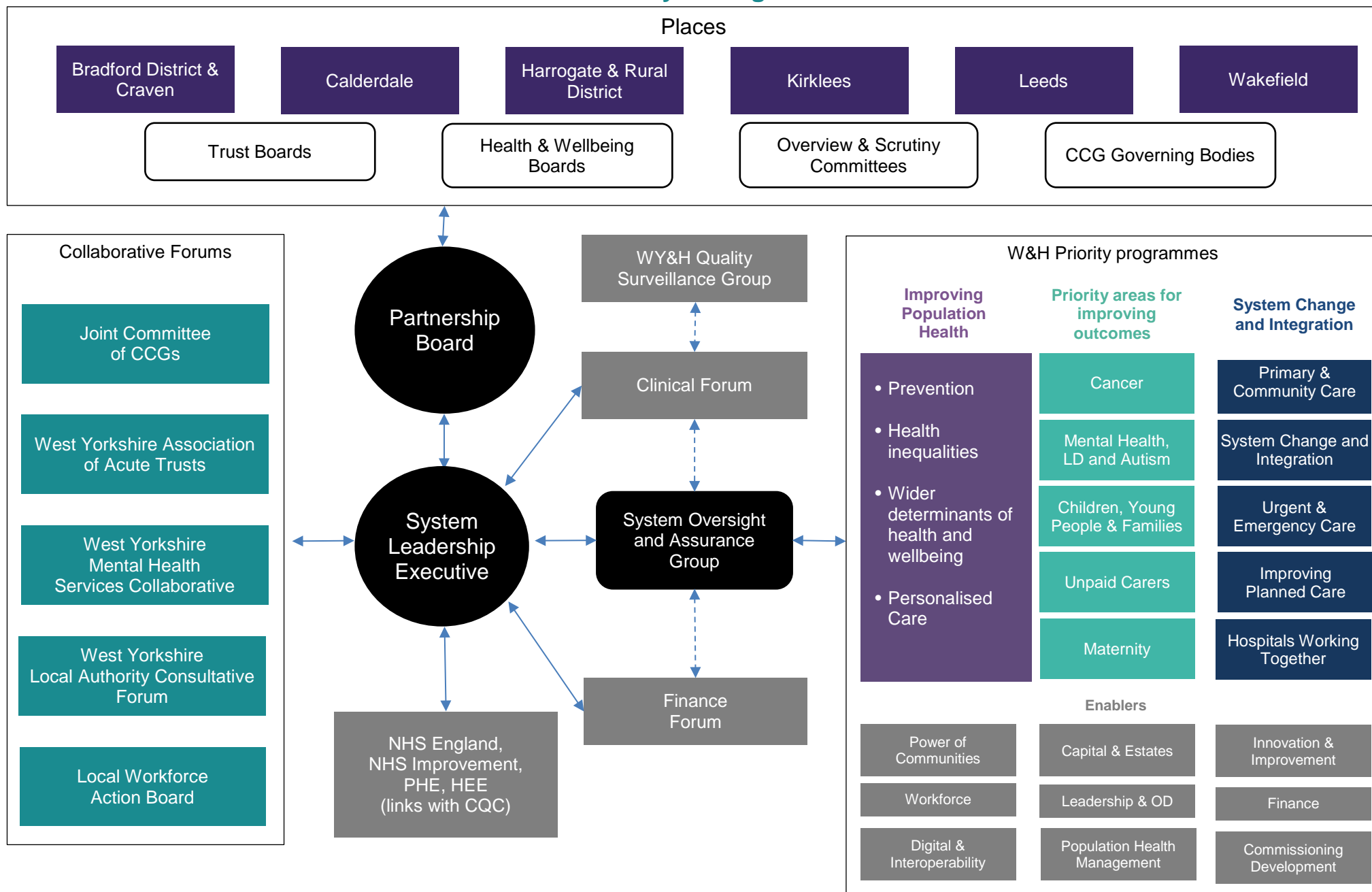
8. Review

- 8.1. These terms of reference and the membership of the Forum will be reviewed at least annually. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the partnership.

Annex 1 – Members of the Clinical Forum

	Nominee
Chair	
CCGs / Places	
Bradford District and Craven	
Calderdale	
Harrogate and Rural District	
Leeds	
North Kirklees and Greater Huddersfield	
Wakefield	
Acute Trusts	
Airedale NHS Foundation Trust	
Bradford Teaching Hospitals NHS Foundation Trust	
Calderdale and Huddersfield NHS Foundation Trust	
Harrogate and District NHS Foundation Trust	
The Leeds Teaching Hospitals NHS Foundation Trust	
The Mid Yorkshire Hospitals NHS Foundation Trust	
Mental Health and Community Providers	
Bradford District Care NHS Foundation Trust	
Leeds and York Partnership NHS Foundation Trust	
South West Yorkshire Partnership NHS Foundation Trust	
Leeds Community Healthcare NHS Trust	
Others	
NHS England / NHS Improvement	
Allied Health Professional	
Community Pharmacist	
GP Providers x 2	
Social Care	
Public Health representative	
WYAAT Clinical Lead	
Yorkshire Ambulance Service	
Nursing & Quality Lead (and QSG link)	
AHSN	

Annex 2 – Schematic of Governance and Accountability Arrangements





Finance Forum

Terms of Reference

July 2019

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Secretariat	7
8. Review	7

Annex 1 - Members

Annex 2 – Schematic of Governance and Accountability Arrangements**Error!**
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1. Introduction and context

- 1.1. West Yorkshire and Harrogate Health and Care Partnership was formed in 2016 in response to the *NHS Five Year Forward View*. It brings together all health and care organisations in our six places: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.
- 1.2. The Partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services. To enable this, Partners are committed to working collaboratively to achieve financial sustainability and live within our resources.

Purpose

- 1.3. The Finance Forum is a key element of the governance arrangements for the Partnership. It will be the primary forum for financial leadership, advice and challenge and will support the Partnership Board and System Leadership Executive Group ('the Executive Group') to lead and direct the Partnership. It will also support the System Oversight and Assurance Group to ensure robust mutual accountability across the Partnership.
- 1.4. The Finance Forum will lead on enabling the Partnership to deliver the financial principles that are set out in its Memorandum of Understanding (MoU). These confirm that we will :
- aim to live within our means, i.e. the resources that we have available to provide services;
 - develop a West Yorkshire and Harrogate system response to the financial challenges we face; and
 - develop payment and risk share models that support a system response rather than work against it.
- 1.5. The Finance Forum will be a forum for sharing knowledge and intelligence. It will work by building agreement with financial leaders across Partner organisations to drive action around a shared direction of travel.
- 1.6. These Terms of Reference describe the scope, function and ways of working for the Finance Forum. They should be read in conjunction with the MoU for the West Yorkshire and Harrogate Health and Care Partnership, which describes the wider governance and accountability arrangements.

2. How we work together in West Yorkshire and Harrogate

Our vision

2.1. We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All of our plans support the realisation of this vision:

- Places will be healthy - you will have the best start in life, so you can live and age well.
- If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.
- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer, stroke, and mental health.
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

Principles for our partnership

2.2. The Finance Forum operates within an agreed set of guiding principles that shape everything we do through our Partnership:

- We will be ambitious for the people we serve and the staff we employ
- The West Yorkshire and Harrogate partnership belongs to its citizens and to commissioners and providers, councils and NHS
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
- We will undertake shared analysis of problems and issues as the basis of taking action
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible
- We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing.

Our shared values and behaviour

2.3. Members of the Finance Forum commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire and Harrogate
- We support each other and work collaboratively
- We act with honesty and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions.
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

2.4. The Forum will act as a financial leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities.

3. Role and Responsibilities

3.1. The Finance Forum will provide financial leadership, oversight, challenge and advice to the Partnership. It will support the Partnership to manage the financial resources of NHS partners within a shared financial control total for health across the constituent CCGs and NHS provider organisations, and to maximise the system-wide efficiencies necessary to manage within this share of the NHS budget. It will:

- i. develop financial frameworks (as part of wider decision-making) in the areas of:
 - the allocation of transformation monies from national bodies;
 - priorities for capital investment across the Partnership;
 - operation of the single NHS financial control total (for NHS bodies) and the development of incentive schemes;
 - action in relation to managing collective financial performance and resources; and
 - agreeing common action when systems become financially distressed.
- ii. ensure that Partnership plans are underpinned by robust financial evidence and support the financial sustainability of the health and care system;
- iii. oversee, scrutinise and monitor the financial performance of the health and care system;
- iv. identify opportunities and risks relating to the financial sustainability of the health and care system;

- v. provide advice on the delivery of financial plans by Partnership programmes and contribute to the benefits realisation of each programme;
- vi. provide advice on the deployment of financial management capacity, resources and expertise in support of Partnership programmes;
- vii. share best practice and provide advice on the delivery of efficiency gains and value for money improvements;
- viii. support the development and implementation of a mutual accountability framework which provides a single, consistent approach for assurance and accountability between partners;
- ix. adopt an approach to making joint decisions and resolving any disagreements which follows the principle of subsidiarity and is in line with the shared values and behaviours of the partnership;
- x. support the financial review of any proposals or business cases which have resource implications and require a decision by the Health and Care Partnership (either directly or through financial leadership at programme of place level);
- xi. support the development of local partnership arrangements which bring together the Councils, voluntary and community groups, and NHS commissioners and providers in each Place;
- xii. ensure that, through partnership working in each place and across WY&H, there is a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings; and
- xiii. provide a focus for financial issue which impact on the WY&H Health and Care Partnership, which require lobbying of regional or national bodies, and co-ordinate any actions related to this.

4. Membership

4.1. The membership will comprise:

- The Chair – the Director of Finance Lead for the Health and Care Partnership
- CCG Chief Financial Officers
- Directors of Finance of NHS Trusts, NHS Foundation Trusts and other providers of NHS services which are formal partners
- One representative of each sector network/collaborative forum
- All Local authority Chief Financial Officers
- One representative of NHS England/NHS Improvement (specialised commissioning)
- One representative of NHS England/NHS Improvement (regulatory functions)
- One WY&H Partnership Board Co-opted Member

4.2. A Vice Chair will be agreed from among the members listed at **Annex 1**.

Deputies

- 4.3. Members will be responsible for identifying a designated deputy to attend on their behalf if they are unable to attend a meeting. Such a deputy must have sufficient seniority and sufficient understanding of the issues to be considered to represent their organisation or place effectively.

Additional attendees

- 4.4. At the discretion of the Chair, representatives may be requested to attend meetings from time to time to discuss or report on particular issues. Such additional representatives may include:
- The WY&H Partnership Director
 - Senior Responsible Officers and programme leads for WY&H programmes
 - Representatives of Partner organisations, who are not part of the core membership.
 - Members of the WY&H Partnership core team and external advisers.

5. Quoracy and voting

- 5.1. Members of the Finance Forum commit to make every effort to attend meetings or to send their designated deputy. Meetings will not be quorate unless at least one representative from each place is present.
- 5.2. The Forum will operate on the basis of forming a consensus on issues on a 'best for WY&H' basis. The Chair will seek to ensure that any lack of consensus is resolved amongst members.
- 5.3. In exceptional circumstances, if a consensus cannot be reached, any substantive differences of view among members will be reported by the Chair to the Executive Group or System Oversight and Assurance Group, as required.

6. Accountability and reporting

- 6.1. The Finance Forum has a key role within the wider governance and accountability arrangements of the Partnership (see **Annex 2** for a description of these arrangements). It does not have any powers or functions delegated by the Boards or Governing Bodies of its constituent organisations. The Finance Forum will be accountable to the Executive Group and will formally report, through the Chair, to the Executive Group. The Chair will be a core member of the Executive Group. The Forum will also make recommendations and provide advice to the System Oversight and Assurance Group.
- 6.2. The Forum has established a Finance Steering Group to advise on particular aspects of its roles and responsibilities

7. Conduct and Operation

- 7.1. The Finance Forum will normally meet monthly. An annual schedule of meetings will be published by the secretariat.
- 7.2. Extraordinary meetings may be called for a specific purpose at the discretion of the Chair. A minimum of seven working days' notice will be given when calling an extraordinary meeting.
- 7.3. The agenda and supporting papers will be sent to members and attendees no less than five working days before the meeting. Urgent papers will be permitted in exceptional circumstances at the discretion of the Chair.
- 7.4. Draft minutes will be issued within 10 working days of each meeting.

Managing Conflicts of Interest

- 7.5. Each member must abide by all policies of the organisation it represents in relation to conflicts of interest.
- 7.6. Where any member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed.
- 7.7. Where the Chair decides to exclude a member, the relevant organisation represented by that member may send a deputy to take the place of the conflicted member in relation to that matter.

Secretariat

- 7.8. The secretariat will be provided by the Partnership core team. A member of the team will be responsible for arranging meetings, recording notes and actions from each meeting, preparing agendas, and agreeing these with the Chair.

8. Review

- 8.1. These terms of reference and the membership will be reviewed at least annually. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the Partnership.
- 8.2. Furthermore, an annual review of effectiveness of the Finance Forum will be undertaken.

Annex 1 – Members

NHS Commissioners

NHS Airedale, Wharfedale and Craven CCG
NHS Bradford City CCG
NHS Bradford Districts CCG
NHS Calderdale CCG
NHS Greater Huddersfield CCG
NHS Harrogate and Rural District CCG
NHS Leeds CCG
NHS North Kirklees CCG
NHS Wakefield CCG
NHS England/Improvement (specialised commissioning)

Healthcare Providers

Airedale NHS Foundation Trust
Bradford District Care NHS Foundation Trust
Bradford Teaching Hospitals NHS Foundation Trust
Calderdale and Huddersfield NHS Foundation Trust
Harrogate and District NHS Foundation Trust
Leeds and York Partnership NHS Foundation Trust
Leeds Community Healthcare NHS Trust
The Leeds Teaching Hospitals NHS Trust
Locala Community Partnerships CIC
The Mid Yorkshire Hospitals NHS Trust
South West Yorkshire Partnership NHS Foundation Trust
Tees, Esk, and Wear Valleys NHS Foundation Trust
Yorkshire Ambulance Service NHS Trust

Sector networks/collaborative forums

West Yorkshire Association of Acute Trusts
Mental Health Provider Collaborative

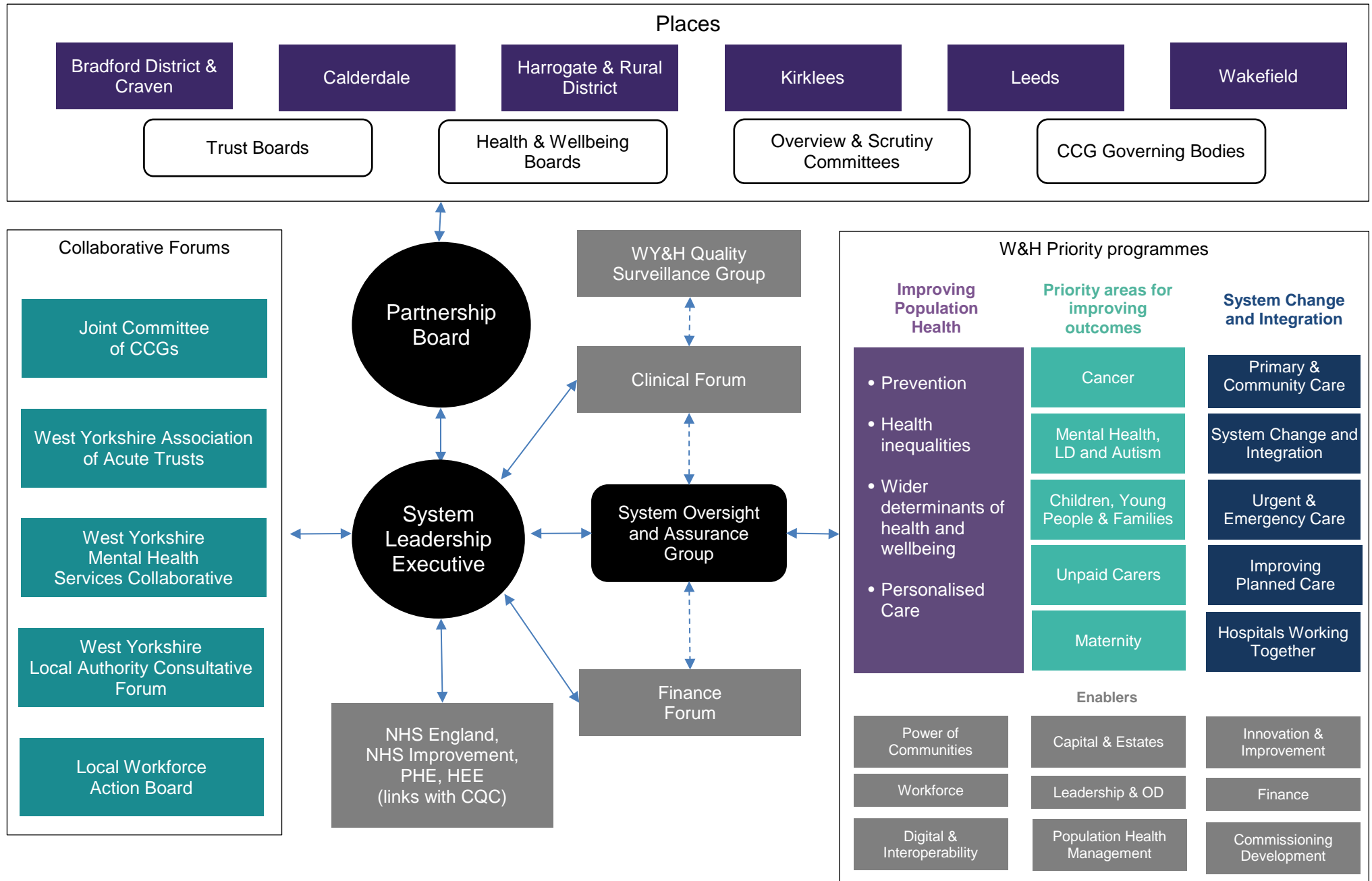
Health Regulator and Oversight Bodies

NHS England/ Improvement

Local Authorities:

City of Bradford Metropolitan District Council
Calderdale Council
Craven District Council
Harrogate Borough Council
Kirklees Council
Leeds City Council
North Yorkshire County Council
Wakefield Council

Annex 2 – Schematic of Governance and Accountability Arrangements



West Yorkshire and Harrogate Memorandum of Understanding

Addendum to Version 2 20.12.19

In Version 3 of the Memorandum of Understanding, Paras 3.11 and 3.12 have been replaced with the following:

3.11 Our ambitions for improving health outcomes, joining up care locally, and living within our financial means were set out in our STP plan (November 2016, available at: <https://wyhpartnership.co.uk/meetings-and-publications/publications>). This Memorandum reaffirms our shared commitment to achieving these ambitions and to the further commitments made in Next Steps for the West Yorkshire and Harrogate Health and Care Partnership, published in February 2018 and the Partnership 5 Year Plan, developed in 2019.

3.12 We have agreed the following big ambitions for our Partnership. We will:

- increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and five months of life for women) between the people living in our most deprived communities compared with the least deprived communities by 2024.
- achieve a 10% reduction in the gap in life expectancy between people with mental ill health, learning disabilities and autism and the rest of the population by 2024 (approx. 220,000 people). In doing this we will focus on early support for children and young people.
- address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes by 2024. This will include halting the trend in childhood obesity, including those children living in poverty.
- by 2024 we will have increased our early diagnosis rates for cancer, ensuring at least 1,000 more people will have the chance of curative treatment.
- reduce suicide by 10% across West Yorkshire and Harrogate by 2020/21 and achieve a 75% reduction in targeted areas by 2022.
- achieve at least a 10% reduction in anti-microbial resistance infections by 2024 by, for example, reducing antibiotic use by 15%.
- achieve a 50% reduction in stillbirths, neonatal deaths and brain injuries and a reduction in maternal morbidity and mortality by 2025.

- have a more diverse leadership that better reflects the broad range of talent in West Yorkshire and Harrogate, helping to ensure that the poor experiences in the workplace that are particularly high for Black, Asian and Minority Ethnic (BAME) staff will become a thing of the past.
- aspire to become a global leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.
- strengthen local economic growth by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.

14.01.20

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

**AGENDA
ITEM**

16

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	West Yorkshire Mental Health, Learning Disability and Autism report from the Committees in Common
DATE OF MEETING:	30 January 2020
PRESENTED BY: (name and title)	Sara Munro – Chief Executive
PREPARED BY: (name and title)	Keir Shillaker - Programme Director (Mental Health, Learning Disability and Autism)

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 updates the Board on the discussions and decisions taken at the Committees in Common on 21 January 2020.

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 Board is asked to receive and note the matters discussed at the Committees in Common meeting on 21 January 2020.

Committees in Common
Mental Health, Learning Disability and Autism Collaborative
West Yorkshire and Harrogate Health and Care Partnership
21st January 2020

Paper Title: Update to Boards from the Committees in Common

Paper Author: Keir Shillaker

1. Introduction

This paper updates individual Trust boards on the discussions and decisions taken at the Committees in Common on 21 January 2020.

2. The Committees in Common noted:

- Approval of the West Yorkshire & Harrogate; Mental Health, Learning Disability and Autism strategy and its availability on the partnership web pages: https://www.wyhppartnership.co.uk/application/files/6915/7486/5141/mental_health_learning_disability_and_autism_five_year_strategy.pdf
- That the collaborative has been successful in securing a range of recent funding bids through NHSE/I:
 - i. Community Mental Health transformation funding – circa £2.5m
 - ii. Pre-diagnostic support for people on Autism waiting lists - £100k
 - iii. Winter crisis funding – just under £1.5m.
- Summary updates from each of the programme workstreams; Secondary Care Pathways; Improving Determinants of Health; Children & Young People; Adult Autism/ADHD; Learning Disabilities; Specialist services; Complex Rehabilitation and Core Performance.
- Recruitment to the programme team, with the full compliment of team members in post from mid-March 2020.



- The engagement work taking place with local authorities, overview and scrutiny committees and NHSE/I regarding the provision of Assessment & Treatment Units (ATU).
- The programme of improvement works taking place at Little Woodhouse Hall, following previous CQC inspections.
- The forthcoming milestones for the Adult Eating Disorders and Forensics steady state commissioning bids.
- Which services are likely to form part of the next phase of the steady state commissioning process; Adult Low and Medium Secure, Acquired Brain Injury, Secure Deaf and Women's Enhanced Medium Secure, Adult High Secure, Children's Medium Secure and Deaf services, Obsessive Compulsive Disorder, Body Dysmorphic Disorder, Tier 4 Personality Disorder, non-secure Adult Deaf services, Perinatal inpatient services.
- LYPFT bidding to host High Intensity Mental Health Services for Veterans on behalf on the North region.

3. The Committees in Common discussed and made decisions regarding:

- Expectations of the forthcoming planning guidance, acknowledging that because publication has been delayed, we don't yet have sight of the detail. It was agreed that any implications picked up from the planning guidance will be reviewed and considered at the next Committees in Common.
- The escalation of risks and performance issues. Agreeing an approach for escalation to the meeting, (to trial and review in 9 months) any risk that:
 - i. Is 'red rated' on the programme risk register OR there is an NHSE/I escalated performance issue that affects more than one provider, and
 - ii. relates to the core business of 'care delivery' by a provider
 - iii. is either 'new', has been agreed by the Committee in Common to require extra vigilance OR hasn't seen a positive improvement in risk rating/performance over a six- month period.
 - iv. allows any member to raise a risk, or issue, in person during each meeting
- The timeframe for the submission of the CAMHS steady state commissioning bid. Requesting further information to be provided to allow discussion within

individual provider boards.

- The need to review the terms of reference outside of the meeting. Angela Monaghan, Cathy Elliott and Keir Shillaker will progress and formalise proposals at the April meeting. This will include both increasing the length of each meeting by 30 minutes and holding a broader 'strategic' meeting at least one per year.
- Membership of the meeting; that it will remain as it is now for the time being. However, this will be reviewed once more work has been completed across the partnership of the future of commissioning.
- The workplan; agreeing an outline proposal for the 'big ticket' items to discuss and approve in the coming months. This includes ATU provision, Psychiatric Intensive Care, Tier 4 CAMHS, Adult Eating Disorders and Forensics.
- Programme metrics and dashboard. Agreeing that core performance measures should come to each meeting for discussion, but that more detailed metrics should be discussed only when they relate to a 'deep dive' topic area. However once per year the full suite of metrics should be made available for discussion and interrogation at the 'strategic meeting' (see above).
- The development of a commissioning team to fulfil the requirements of steady state commissioning. It was agreed that following discussion at the Specialised Services Board and the February Collaborative Exec, a proposal would need to be agreed 'virtually' by the Committees in Common, or through individual provider boards.
- Reporting on progress against specialised commissioning 'steady state' requirements, using the same highlight report that is being developed for the 'Specialised Services' workstream of the MHLDA programme board.

Keir Shillaker
Programme Director
21 January 2020

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

**AGENDA
ITEM**

AOB

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Flu vaccination Assurance statement
DATE OF MEETING:	30 January 2020
PRESENTED BY: (name and title)	Cathy Woffendin, Director of Nursing, Professions and Quality
PREPARED BY: (name and title)	Cathy Woffendin, Director of Nursing , Professions and Quality

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

In September 2019 a letter was sent from the Chief Nursing Officer Ruth May requesting that all organisations assess their progress against the attached checklist and that this was returned to NHSE. A further letter has been received in January requesting this is presented and discussed at a Public Trust Board by December 2019. As this date has now passed and there wasn't a Trust Board in December, this is presented for information at today's Public Board so that it can be accessible to the general public and published on our website alongside our public board papers.

The attached checklist provides an overview of progress to date and demonstrates a proactive approach to ensuring that our front line staff are vaccinated facilitating safe and effective care for our patients and service users

The current compliance of front line staff vaccinated is 83.3%, which has surpassed our CQUIN target of 80% and will result in a 100% CQUIN payment for the second year running.

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 Board is asked to:

- Note the positive achievement of the flu campaign and staffs contribution and hard work in obtaining this.

Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2019

A	Committed Leadership (number in brackets relates to references listed below)	Trust Self-Assessment
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	The board has committed to offering flu vaccine to all staff who want to be vaccinated. Measures are in place to provide anonymous feedback
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	The Quadrivalent flu vaccine has been ordered and the vaccination programme is planned to commence vaccination from the 7 th October 2019. This year we have been able to obtain the activated trivalent flu vaccine (aTIV) for staff over 65..
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt	The annual flu campaign 2018-19 report went to the IPCMDC and the quality committee. Any issues raised would be escalated to the Board by the Quality committee. Lessons learnt from the previous campaign have been used to formulate the 2019 campaign.
A4	Agree on a board champion for Flu Campaign	The director of Nursing Professions and Quality is the Executive Director lead responsible for the flu campaign
A5	All board members receive flu vaccination and publicise this	All board members will be offered the flu vaccine and administration of this will be publicised
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Flu team established and meets regularly throughout the year.
A7	Flu team to meet regularly from September 2019	Team meetings take place in March, June and July, prior to the annual campaign start. August and September meetings are bi-weekly going to weekly catch-up meetings during the first phase of the vaccination period.
B	Communications Plan	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Flu campaign posters with Myth busting messages along with pictures of peer to peer vaccinators' posters in relevant areas have pictures of the staff that work in areas. Communications issue weekly updates and also update clinic information on the Flu Staffnet page. Blogs and

		posters are also used to communicate engagement of staff at all levels in every directorate. Picture frame also developed for staff to use when they have had their flu jab.
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Drop in clinics and walk rounds dates set. Including outside of core business hours
B3	Board and senior managers having their vaccinations to be publicised	flu vaccines offered to all based at Trust HQ – which includes all board members and governors
B4	Flu vaccination programme and access to vaccination on induction programmes	Infection control team will be offering flu vaccine at induction, world mental health day conference and all other well attended events.
B5	Programme to be publicised on screensavers, posters and social media	Twitter Facebook, and poster campaigns launched in the run up and throughout the vaccination program.
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Weekly uptake reports provided with targeted approaches to areas of low uptake
C	Flexible accessibility	...
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	We have a total of 94 vaccinators 2 per area. Newsam 2 A&T have no P2P vaccinator at present we are still working on recruiting to this area, if this is not possible the IPCT will cover this area
C2	Schedule for easy access drop in clinics agreed	Are in place
C3	Schedule for 24 hour mobile vaccinations to be agreed	Out of hours drop in clinics also included to ensure we cover all shift workers. P2P vaccinators are often available to vaccinate out of hours.
D	Incentives	
D1	Board to agree on incentives and how to publicise this	Flu pin badges have been purchased so people can wear these with pride once they have had their vaccinations. Tea and coffee hampers will be provided for teams that are doing well with the uptake. The Trust Strategy focusses on patient safety, however we have joined with Unicef's "Get a Jab, Give a Jab" campaign as we feel that this best fits with the ethos of the trust and incentivises staff to help others whilst improving patient safety.
D2	Success to be celebrated weekly	Success will be recognised weekly through communications with name checks for teams that are doing well, this will also be on the trust web page.

Glossary of Terms

In the table below are some of the acronyms used in the course of a Board meeting

Acronym / Term	Full title	Meaning
AHP	Allied Health Professionals	Allied Health is a term used to describe the broad range of health professionals who are not doctors, dentists or nurses.
ASC	Adult Social Care	Providing Social Care and support for adults.
BAF	Board Assurance Framework	A document which is to assure the Board that the risks to achieving our strategic objectives are being effectively controlled and that any gaps in either controls or assurances are being addressed.
CAMHS	Child and Adolescent Mental Health Services	The services we provide to our service users who are under the age of 18.
CGAS	Child Global Assessment Scale	A numeric scale used by mental health clinicians to rate the general functioning of youths under the age of 18
CCG	Clinical Commissioning Group	An NHS statutory body which purchases services for a specific geographical area. (CCGs purchase services from providers and this Trust is a provider of mental health and learning disability services)
CIP	Cost Improvement Programme	Cost reduction schemes designed to increase efficiency/ or reduce expenditure thereby achieving value for money and the best quality for patients

Acronym / Term	Full title	Meaning
CMHT	Community Mental Health Team	Teams of our staff who care for our service users in the community and in their own homes.
Control Total		Set by NHS Improvement with individual trusts. These represent the minimum level of financial performance required for the year, against which the boards, governing bodies and chief executives of organisations will be held directly accountable.
CPA	Care Programme Approach	The Care Programme Approach (CPA) is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs. You might be offered CPA support if you: are diagnosed as having a severe mental disorder.
CQC	Care Quality Commission	The Trust's regulator in relation to the quality of services.
CQPR	Combined Quality and Performance Report	The report which advises the Board on performance against internal, contractual and regulatory performance measures.
CAS	Crisis Assessment Unit	The Leeds Crisis Assessment Service (CAS) is a city-wide acute mental health service. It offers assessment to people 18 years and over who are experiencing acute mental health problems that may pose a risk to themselves and/or others, who require an assessment that day or within the next 72 hours.
CTM	Clinical Team Manager	The Clinical Team Manager is responsible for the daily administrative and overall operations of the assigned clinical teams.
DBS	Disclosure and Barring Service	A service which will check if anyone has any convictions and provide a report on this

Acronym / Term	Full title	Meaning
DToCs	Delayed Transfers of Care	Service users who are delayed in being discharged from our service because there isn't an appropriate place for them to go to.
EMI	Elderly Mentally Ill	Those patients over working age who are mentally unwell
EPR	Electronic Patient Records	Clinical information system which brings together clinical and administrative data in one place.
First Care		An electronic system for reporting and monitoring sickness. The system is used by both staff and managers
GIRFT	Get it right first time	This is a programme designed to improve clinical quality and efficiency within the NHS by reducing unwarranted variations.
ICS	Integrated Care System	NHS organisations working together to meet the needs of their local population, bringing together NHS providers, commissioners and local authorities to work in partnership in improving health and care for the local population.
I&E	Income and Expenditure	A record showing the amounts of money coming into and going out of an organization, during a particular period of time
iLearn		An electronic system where staff and managers monitor and record training and supervision.
KLoEs	Key Lines of Enquiry	The individual standards that the Care Quality Commission will measure the Trust against during an inspection.

Acronym / Term	Full title	Meaning
LADS	Leeds Autism Diagnosis Service	The Leeds Autism Diagnostic Service (LADS) provides assessment and diagnosis of people of all intellectual ability who may have autism who live in Leeds.
LCG	Leeds Care Group	The care services directorate within the Trust which manages the mental health services in Leeds
LTHT	Leeds Teaching Hospitals NHS Trust	An NHS organisation providing acute care for people in Leeds
LCH	Leeds Community Healthcare NHS Trust	An NHS organisation providing community-based healthcare services to people in Leeds (this does not include community mental health care which Leeds and York Partnership NHS Foundation Trust provides)
MDT	Multi-disciplinary Team	A multidisciplinary team is a group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, etc.), each providing specific services to the patient
MSK	Musculoskeletal	Conditions relating to muscles, ligaments and tendons, and bones
Never event	Never Events	Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
NHSI	NHS Improvement	The Trust's regulator in relation to finances and governance.
OD	Organisational Development	A systematic approach to improving organisational effectiveness

Acronym / Term	Full title	Meaning
OPEL	Operational Pressures Escalation Level	National framework set by NHS England that includes a single national system to improve management of system-wide escalation, encourage wider cooperation, and make regional and national oversight more effective.
OAPs	Out of Area Placements	Our service users who have to be placed in care beds which are in another geographical area and not in one of our units.
PFI	Private Finance Initiatives	A method of providing funds for major capital investments where private firms are contracted to complete and manage public projects
PICU	Psychiatric Intensive Care Unit	
Prevent	The Prevent Programme	Prevent is part of the UK's Counter Terrorism Strategy known as CONTEST. It aims to reduce the number of people becoming or supporting violent extremists.
Q1, Q2, Q3, Q4	Quarter 1, Quarter 2, Quarter 3 Quarter 4	Divisions of a financial year normally Quarter 1 – 1 April to 30 June Quarter 2 – 1 July to 30 September Quarter 3 – 1 October to 31 December Quarter 4 – 1 January to 31 March
S136	Section 136	Section 136 is an emergency power which allows you to be taken to a place of safety from a public place, if a police officer considers that you are suffering from mental illness and in need of immediate care.
SI	Serious Incident	Serious Incident Requiring Investigation.
SOF	Single Oversight Framework	The targets that NHS Improvement says we have to report against to show how well we are meeting them.

Acronym / Term	Full title	Meaning
SRAB	System Resilience and Assurance Board	A Board that brings together key stakeholders across the city to look at developing the system's commitment to the recovery, management, sustainability and the transformation of the unplanned health and care system in Leeds.
SS&LD	Specialist Services and Learning Disability	The care services directorate within the Trust which manages the specialist mental health and learning disability services
STF	Sustainability and Transformation Fund	Money which is given to the Trust is it achieves its control total.
Tier 4 CAMHS	Tier 4 Child Adolescent Mental Health Service	Child and Adolescent Mental Health Tier 4 Children's Services deliver specialist in-patient and day-patient care to children who are suffering from severe and/or complex mental health conditions who cannot be adequately treated by community CAMH Services.
TRAC		The electronic system for managing the process for recruiting staff. A tool to be used by applicants, managers and HR
Triangle of care	-	The 'Triangle of Care' is a working collaboration, or 'therapeutic alliance' between the service user, professional and carer that promotes safety, supports recovery and sustains well-being.
WRAP	Workshop to Raise Awareness of Prevent	This is an introductory workshop to Prevent and is about supporting and protecting those people that might be susceptible to radicalisation, ensuring that individuals and communities have the resilience to resist violent extremism.

Acronym / Term	Full title	Meaning
WRES	Workforce Race Equality Standards	Ensuring employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Below is a link to the NHS Confederation Acronym Buster which might also provide help

<http://www.nhsconfed.org/acronym-buster?l=A>