

**PUBLIC MEETING OF THE BOARD OF DIRECTORS**  
**will be held at 9.30 am on Thursday 25 April 2019**  
**in Headingley 3, Weetwood Hall, Otley Rd, Leeds LS16 5PS**

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**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 the please contact us at [corporategovernance.lypft@nhs.net](mailto:corporategovernance.lypft@nhs.net) to request a printed copy of the pack and we will bring this for you to the meeting.

**The public Board meeting today will be a focused meeting which will discuss only key issues.**

**LEAD**

- |          |                                                                                                                                                          |             |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>1</b> | <b>Sharing Stories – Lyla Asif – a carer who will talk about the experience of her mother being admitted to the Becklin Centre from A&amp;E (verbal)</b> | <b>LEAD</b> |
| <b>2</b> | <b>Apologies for absence (verbal)</b>                                                                                                                    | <b>SW</b>   |
| <b>3</b> | <b>Declaration of interests for directors and any declared conflicts of interest in respect of agenda items (enclosure)</b>                              | <b>SW</b>   |
| <b>4</b> | <b>Minutes of the previous meeting held on 28 March 2019 (enclosure)</b>                                                                                 | <b>SW</b>   |
| <b>5</b> | <b>Matters arising</b>                                                                                                                                   |             |
| <b>6</b> | <b>Actions outstanding from the public meetings of the Board of Directors (enclosure)</b>                                                                | <b>SW</b>   |
| <b>7</b> | <b>Chief Executive’s Report (enclosure)</b>                                                                                                              | <b>SM</b>   |

**PATIENT CENTRED CARE**

- |          |                                                                                                        |           |
|----------|--------------------------------------------------------------------------------------------------------|-----------|
| <b>8</b> | <b>Report from the Chair of the Quality Committee for the meeting held on 9 April 2019 (enclosure)</b> | <b>JB</b> |
| <b>9</b> | <b>Report from the Chair of the Audit Committee for the meeting held on 16 April 2019 (enclosure)</b>  | <b>MW</b> |

- 10 **Report from the Chair of the Finance and Performance Committee for the meeting held on 23 April 2019 (verbal)** **SW**

## GOVERNANCE

- 11 **Glossary (enclosure)** **SW**
- 12 ***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*** **SW**

**The next public meeting will be held on Thursday 23 May 2019 at 9.30 am  
Jimi's Community Room, The Old Fire Station, Gipton Approach, Gipton, Leeds, LS9 6NL**

\* Questions for the Board of Directors can be submitted to:

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

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

**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
<b>EXECUTIVE DIRECTORS</b>								
<b>Sara Munro</b> Chief Executive	None.	None.	None.	None.	None.	None.	None.	None.
<b>Dawn Hanwell</b> Chief Financial Officer and Deputy Interim Chief Executive	None.	None.	None.	None.	None.	None.	None.	Partner: Director of Whinmoor Marketing Ltd.
<b>Claire Holmes</b> Director of Organisational Development and Workforce	None.	None.	None.	None.	None.	None.	None.	Partner: Business Partnership OVT Manager, British Red Cross (Central Region)
<b>Clare Kenwood</b> Medical Director	None.	None.	None.	None.	None.	None.	None.	Partner: CEO of Malcolm A Cooper Consulting
<b>Cathy Woffendin</b> Director of Nursing, Quality and Professions	None.	None.	None.	None.	None.	None.	None.	None.

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<b>Joanna Forster Adams</b> Chief Operating Office	None.	None.	None.	None.	None.	None.	None.	Partner: Treasurer of The Junction Charity

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**NON-EXECUTIVE DIRECTORS**

<b>Susan Proctor</b> Non-executive Director	<b>Owner / director</b> 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.	<b>Associate</b> Capsticks Law firm.  <b>Independent Chair</b> Safeguarding Adults Board North Yorkshire County Council	None.	<b>Member</b> Lord Chancellor's Advisory Committee for North and West Yorkshire  <b>Chair</b> Safeguarding Group, Diocese of York  <b>Member</b> Royal College Veterinary Surgeons' Veterinary Nurse Council  <b>Chair</b> Adult Safeguarding Board, North Yorkshire	Partner: Employee of Link
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<b>John Baker</b> Non-executive Director	None.	None.	None.	None.	None.	<b>Professor</b> University of Leeds	None.	None
<b>Helen Grantham</b> Non-executive Director	<b>Director and Co-owner,</b> Entwyne Ltd	<b>Director and Co-owner,</b> Entwyne Ltd	<b>Director and Co-owner,</b> Entwyne Ltd	None	None	None	Interim Director - HR and OD at Manchester City Council	None
<b>Andrew Marran</b> Non-executive Director	<p><b>Chairman Leeds Students Residences Ltd</b> Delivering housing and accommodation services across Leeds</p> <p><b>Non-executive Director MoreLife (UK) Ltd</b> Delivers tailor-made, health improvement programmes to individuals, families, local communities; within workplaces and schools</p> <p><b>Non-executive Director My Peak Potential Ltd</b> An organisational development company that specialises in leadership and management development using the outdoors as a vehicle for learning</p> <p><b>Non-executive Director Rhodes Beckett Ltd</b></p>	None.	None.	None.	None.	None.	None.	None.

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this 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
	A University associated company which developed a Wellbeing app and website to provide access to staff.							
<b>Margaret Sentamu</b> Non-executive Director	None.	None.	None.	<b>President Mildmay International</b> 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.
<b>Susan White</b> Non-executive Director	None.	None.	None.	None.	None.	None.	None.	None.
<b>Martin Wright</b> Non-executive Director	None.	None.	None.	<b>Trustee of Roger's Almshouses (Harrogate)</b>  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 March 2019 at 9:30 am  
in Think@ Room, Horizon Leeds (3<sup>rd</sup> Floor), 2 Brewery Wharf, Kendell Street,  
Leeds, LS10 1JR**

**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 L Mather	CQC Inspector
Mr R Buchanan	CQC Inspector

Six members of the public (three of whom were members of the Council of Governors)

**Action**

The Chair opened the public meeting at 9.30 am. She welcomed members of the Board and those observing the meeting. Prof Proctor also noted that Liz Mather and Rob Buchanan were observing the meeting as part of the forthcoming CQC inspection.

**19/034**

**Sharing Stories** (agenda item 1)

Prof Proctor welcomed Robert Baskind (Consultant Psychiatrist and Clinical Lead for Leeds Adult ADHD service), Sarah Beswick (Manager of the ADHD and Autisms Diagnostic Service) and Alex Wolstencroft (service user of the ADHD service) to the sharing stories session.

Dr Baskind firstly outlined details of the work of the ADHD service. Mrs White asked about the transition from the child ADHD service into the adult service, noting the comments he had made about some clinicians believing that the condition did not exist in adults. Dr Baskind explained the pathway and the steps taken to ensure people receive a seamless transition when they reach adulthood from one part of the service to another.



Ms Wolstencroft was then invited to share her experience of the service. She talked about her early life before receiving a diagnosis, describing the difficulties that she had experienced both at school and later in her work life. She then talked about her positive experiences whilst in the care of the ADHD service. She also spoke about the way in which she uses social media to raise awareness of the condition and help others.

Mrs Woffendin asked if there was sufficient knowledge in Leeds of the condition and the service. Dr Baskind indicated that there was not sufficient knowledge amongst GPs and clinicians outside the service and outlined the steps being taken to raise awareness and knowledge.

Prof Baker noted the comments made by Dr Baskind in relation to the cost effectiveness of the interventions the service provided and asked if there was any learning from other services who make a case for being cost effective and the relative impact made on outcomes. Prof Baker agreed to meet with Dr Baskind to explore this further.

**JB**

Dr Munro then spoke about the development of the five-year strategy for the West Yorkshire and Harrogate ICS and asked Mrs Forster Adams and Dr Kenwood to ensure both the ADHD and Autism services were fed into the priorities for the strategy; ensuring that access to these services is not cut off at the age of 18.

**JFA / CK**

Prof Proctor also agreed to raise awareness of Ms Wolstencroft's YouTube channel in to her blog.

**SP**

The Board **thanked** Dr Baskin, Ms Beswick and Ms Wolstencroft for attending the Board and sharing their stories. Directors **acknowledged** the points raised, noting that these were important in informing the design and improvement of the Trust's services and that they helped to inform the discussion at the Board meeting.

**19/035 Apologies for absence** (agenda item 2)

There were no apologies for the meeting.

**19/036 Declaration of interests for directors and any declared conflicts of interest in respect of agenda items** (agenda item 3)

The Board noted that following the year-end declaration process the matrix of declarations had been updated and presented to the Board for information under this agenda item.

The Board also noted that Mr Marran and Mrs Sentamu had declared an interest in agenda item 9.1. It was agreed that they would remain in the meeting, but would take no part in the discussion on this item. No other director at the meeting advised of any conflict of interest in relation to any agenda item.

**19/037 Question from a member of the public**

Prof Proctor noted that there had been a question put to the Board by a service user regarding patient choice in relation to inpatient care. Prof Proctor noted that due to this being specific to their care this had been picked up with the individual by a member of their clinical team and a response provided.

**19/038 Minutes of the previous meeting held on 28 February 2019 (agenda item 4)**

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

**19/039 Matters arising**

The Board noted that there were no matters arising.

**19/040 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 action log. It was noted that the action relating to the diversity of Staffside representatives was now closed and that Mrs Holmes had spoken with Dave Syms (Chair of Staffside). Mrs Holmes noted that whilst this was a matter for Staffside, Mr Syms had indicated that there wasn't a problem with Staffside being representative. However, with regard to Unison, it was felt that there could be a greater number of female representatives.

With regard to the action in respect of equity of access to CPD across the professions, Dr Munro advised that there were not currently systems in place to collect data in this way. She advised that consideration had been given as to how this data might be accessed and that it had been concluded that there were currently a number of important work streams taking place and there was no spare capacity to carry out this work at the present time. However, she added that there was a general acknowledgement that nationally CPD funding had been cut over recent years and that this was being looked at as part of the national NHS Workforce Strategy. The Board agreed to close this action.

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

19/041

**Chief Executive's report (agenda item 7)**

Dr Munro presented her Chief Executive's report. In addition to the items detailed in the report, Dr Munro advised the Board of the position regarding Interserve. She noted that during the uncertain period for the company, their staff had come to work and provided a service within the Trust's PFI buildings. She asked for the Board's thanks to be extended to this important group of staff.

The Board discussed the content of her report. Mrs Sentamu asked if there had been any response from Claire Murdoch, the NHSE lead for mental health, in relation to the Trust seeking her oversight and support to get the psychological medicine service (NICPM) nationally commissioned. Dr Munro advised that there was some detailed work ongoing and that the reason for contacting Ms Murdoch was to raise awareness of the work being carried out to ensure she was sighted on this should her support be needed.

Mr Wright drew attention to the matter of Interserve, noting that this was a risk that had been identified by the Board, although he added that the Trust was in a good position in the short to medium term. However, he added that the Board would need to keep a watching brief on this matter should there be a need to escalate the risk.

Mrs White asked if the third sector was part of the West Yorkshire and Harrogate Partnership Board. Dr Munro assured the Board that they were and agreed to bring the Terms of Reference once they had been approved, which was expected to be around July 2019.

SM

Prof Proctor asked about learning from this year's winter planning. Dr Munro indicated that there would be a process of evaluation around Easter which would look at the outcomes and learning and would be fed into the planning for the coming year.

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

19/042

**Report from the Chair of the Quality Committee for the meeting held on 12 March 2019 (agenda item 8)**

Prof Baker presented a report on the work of the Quality Committee for the meeting held on 12 March 2019. In particular, he drew attention to:

- The complaints management process, noting how reports were received by the committee were improving
- An early version of the Quality Account for 2018/19, noting that the committee was able to comment on the content.

Dr Munro noted the pro-active work on the production of the Quality Account.

The Board **received** the report from the chair of the Quality Committee and **noted** the matters raised.

19/043

**Report from the Chair of the Mental Health Legislation Committee for the meeting held on 21 March 2019** (agenda item 9)

Mrs Sentamu presented a report on the work of the Mental Health Legislation Committee for the meeting held on 21 March 2019. In particular, she drew attention to:

- The significant improvement in compliance rates for Mental Health Act training, noting the current rates, and outlining the actions that had been taken by the Mental Health Legislation Team to achieve this progress
- Compliance with the recording of mental capacity assessments by clinicians. She noted the actions being taken to monitor compliance
- Advocacy, noting that this service was commissioned by the Local Authority and that there had been an issue with receiving data reports from the provider of this service. She added that this had been raised with the Local Authority and that this would be taken with the company concerned.

With regard to the recording of mental capacity assessments, Dr Kenwood advised the Board that there was no suggestion that the assessments were not being carried out, just that they were not being recorded on the electronic system. The Board noted this point of clarity and the work being done to support clinicians in putting the data onto the system.

The Board **received** the report from the chair of the Mental Health Legislation Committee and **noted** the matters raised.

19/044

**Changes to the remuneration of the Mental Health Act Managers** (agenda item 9.1)

Mrs White (a member of the Mental Health Legislation Committee) presented a paper which provided assurance on the current level of remuneration for Mental Health Act Managers in comparison to other mental health trusts, noting that overall this was favourable. She noted that the paper proposed a change to the remuneration package whereby Mental Health Act Managers would receive remuneration for the completion of their mandatory training, and that it also proposed that future decisions in respect of remuneration of the Mental Health Act Managers be delegated to the Mental Health Legislation Committee.

The Board received and considered the assurances and proposals. Having discussed the paper in some detail it was agreed that in order to bring Mental Health Act Managers into line with the Trust's bank staff they should receive remuneration for completing their compulsory training. The Board agreed the amount that would be paid for this would be £60 on completion of

all relevant compulsory training.

In addition to this it was agreed to delegate responsibility for future remuneration decisions relating to the Mental Health Act Managers to the Mental Health Act Legislation Committee, noting that the budgetary oversight would be provided by the Director for Nursing, Professions and Quality who is a member of the sub-committee. It was also noted that a report on any decisions taken by the committee would be reported back to the Board through the Chair's report.

To provide assurance on the uptake of compulsory training and also on the efficacy of making a payment to the Mental Health Act Managers, it was agreed that there would be a report on compliance made to the Quality Committee in 6 months' time.

SL / MS

The Board was **assured** on the level of rates being paid; it **agreed** that there should be a £60 payment made to managers for the completion of their mandatory training and that a report on uptake would be made to the Quality Committee in 6 months' time. It was also **agreed** to delegate responsibility for decision in respect of the remuneration for Mental Health Act Managers to the Mental Health Legislation Committee and that this decision would be reviewed by the Board every 3 years. It was noted that the Terms of Reference for the committee would be amended and submitted to the board for ratification.

SL / MS

19/045

**Report from the Chair of the Finance and Performance Committee for the meetings held 26 March 2019 (agenda item 10)**

Mrs White presented a report on the work of the Finance and Performance Committee for the meeting held on 26 March 2019. In particular, she drew attention to:

- The performance and financial aspects of the Combined Quality and Performance Report (CQPR), noting that whilst the issues raised were not new to the Board, the committee had noted in particular the bed occupancy levels; OAPs; gender identity waiting times; and the Leeds Autism Diagnostic Service. She added that the committee was looking at the actions being taken to address these issues and that it would review performance against these indicators
- Finance, noting the update on agency spend and the plan to bring the Trust's spending under the cap in 2019/20 and the associated risks related to this
- The situation in relation to the Interserve contract and assurances that any risks were being managed appropriately
- The Trust's Operational Plan for 2019/20, noting that this would be looked at in more detail in the private part of the Board.

Mr Wright supported the comments made by Mrs White. He noted that the committee continued to monitor the issues raised within the CQPR performance report and was assured of the work ongoing to address these. He also noted that the 2019/20 Operational Plan would present some

financial challenges for the Trust in the year ahead, but that this was part of the national picture for the NHS and not specific only to this Trust.

The Board **received** the update report from the Chair of the Finance Performance Committee for the meeting that took place on 26 March 2019.

19/046

**Report from the Chair of the joint meeting of the Finance and Performance Committee and Quality Committee held 26 March 2019**  
(agenda item 11)

Mrs White gave a verbal report on the inaugural joint meeting of the Finance and Performance Committee and the Quality Committee.

She outlined the areas that the joint committees had considered, in particular a review of the plans for the Cost Improvement Programme (CIP). She noted that the committees had looked at these in relation to the financial and quality impact of the cost improvements proposed. She noted that the processes to identify, agree and monitor the impact on quality of the CIPs were robust and the committees had been assured of these. However, she noted that currently only £1.8m of the £2.9m cost improvements had been identified and that there was more work to do to identify schemes for the £1.1m shortfall.

She also noted that the committees had suggested that the Trust needed to look system-wide for some of the savings it has to make, but recognised that there could be constraints in relation to capacity. Prof Baker indicated that it was good for the committees to get this information ahead of the CIPs being signed off and that it had been a very valuable meeting.

The Board discussed the matters raised in the Chair's report, in particular the suggestion that the Trust looked at system wide savings and how partnership working could support this.

The Board noted the value of the two committees coming together to discuss cross-cutting issues and agreed that there would be further consideration as to when the committees might meet together again and for this to be picked up after the May IHI Workshop.

**JB / SW**

The Board **received** the verbal report from the chair of the joint Finance and Performance Committee and the Quality Committee meeting and **noted** the matters raised.

19/047

**Combined Quality and Performance Report (CQPR)** (agenda item 12)

Mrs Forster Adams presented the CQPR. She noted that the metrics in the report had been looked at in detail by the Quality Committee and the Finance and Performance Committee.

The Board discussed the report. Prof Proctor asked about letters to GPs

and the lack of progress with implementing an electronic process by them. Dr Kenwood noted that this was being picked up through the implementation of the new patient data system, CareDirector. The Board also noted the wider efficiencies that would be brought about by the implementation of CareDirector, not least making it easier for clinicians to enter information onto their system, thereby freeing up more of their time.

Mrs Sentamu asked about the single point of access (SPA) and why the third sector was providing 24 hour access and whether this was something the Trust could provide. Mrs Forster Adams noted that this was a dedicated phone line for people with a range of mental health issues some of whom need access to acute and crisis mental health services. She noted that the Leeds CCG had commissioned a phone line which would amongst other things trigger access to the SPA where needed.

Mrs Sentamu also asked about the ALPs service and why staff were not able to comply with their compulsory training. Mrs Forster Adams noted that there were a number of pressures in the team and outlined the support being provided to allow them to participate in the necessary training.

Prof Baker reported that the Quality Committee had received a report on the community redesign which commenced in March 2019 and that the committee had been assured on progress. He added that there was still more work to do to identify additional metrics that would be required to monitor the impact of the new service. The Board acknowledged the huge amount of work that had gone into the redesign and thanked all the staff who had been involved in this. The Board asked for a commentary on the impact of the community redesign to be included in the CQPR report to the May meeting.

JFA

The Board **received** the Combined Quality and Performance Report and **noted** the content.

19/048

**Guardian of Safe-working Quarterly Report – Quarter 3 (agenda item 13)**

Dr Kenwood presented the report on behalf of the Guardian of Safe Working. She noted that the report showed there had been some shifts that had not been filled, but that this had not created any patient safety issues.

Dr Kenwood also noted that there had been 100% recruitment to the core trainees, but that there were still some vacancies in the cohort of higher trainees. She noted that whilst this was good news, filling the vacancies would create a financial pressure elsewhere in the system.

The Board **received** the report from the Guardian of Safe Working and **noted** the assurances provided.

19/049

**Report from the Medical Director** (agenda item 14)

Dr Kenwood presented her Medical Director's Report which focused on the Quality Strategic Plan and the initial feedback from the recent IHI visit. With regard to the visit, Dr Kenwood noted that the final report was still awaited and that this would be shared more widely when received. She then drew attention to the work that had been carried out by the Quality Improvement Team in particular with the Gender Identity Service.

Mrs White asked about the capacity of the Quality Improvement Team and whether the team was sufficiently resourced. Dr Kenwood advised the Board that the team was there to support front-line staff in using the QI tools rather than the team using the tools on behalf of the staff and that there were resources within the teams in care services to carry out the QI work.

Prof Proctor referred to the CQC Guidance and suggested that at the May IHI Workshop there is time taken to consider how capacity and understanding is built within the unitary Board and how we could use governor champions. Dr Kenwood assured the Board that this would feature in the IHI final report.

Mr Wright noted that CareDirector was an important project for the Trust, but that it also presented some risks with its implementation. He added that he was assured of progress having met with the team, but suggested that the Board received an update at the Board to Board meeting in September with the governors on the implementation of CareDirector.

CK / DH

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

19/050

**Mortality Review: Learning from Deaths** (agenda item 15)

Dr Kenwood presented the Learning from Deaths paper, noting that it had been presented to the Trustwide Clinical Governance Group and also the Quality Committee.

She indicated that the paper referred to a higher incidence of unexpected female deaths, but that on further analysis it was found that these deaths were both females and males. Dr Kenwood also reported that further work had been requested to look at unexpected deaths under the age of 30 and to identify any themes and trends. She indicated that she was not unduly concerned at the number when looked at in the context of the national figures.

Dr Kenwood reported that NHS Improvement had carried out a review of Board reports in the NHS and that the Trust's report had been identified as being simple, clear and transparent. She thanked the team for their work putting this together.

With regard to those deaths categorised as 'not our deaths', Dr Kenwood noted that Dr Ian Cameron (Director for Public Health, Leeds City Council)



was organising a meeting of all partners in Leeds to look at how learning could take place across organisations. She noted that this was an important step in having a better understanding from the perspective of other organisations and having some joined up learning to improve systems and services.

The Board discussed the report and looked at some of the learning from individual cases. The Board noted that family involvement in care planning was important and also family involvement in investigations.

The Board **received** the Learning from Deaths paper and **noted** the content.

19/051

**Report from the Director of Nursing, Professions and Quality (agenda item 16)**

The Director of Nursing, Professions and Quality presented her report highlighting in particular the work that had been carried out in respect of the patient experience and engagement review. She noted that there had been a workshop on 22 March that had been attended by over 80 people. At this workshop three service users had expressed an interest in being involved in the Service User Reference Group and that this was being taken forward. Mr Wright also spoke about the workshop, noting that some of the service users who had attended the Board to share their stories had participated in the event.

Mrs Woffendin then drew attention to the information provided about the recent flu campaign and compliance, reporting that there had been 79.4% uptake of the vaccine. She added that this would entitle the Trust to the full CQUIN and that this level of uptake had not been achieved by the Trust before. The Board of Directors welcomed this achievement. The Board noted the work that would now take place to look at what barriers there had been in relation to those staff who had declined the vaccine. Mrs Woffendin confirmed that the compliance report had been submitted to NHS Improvement.

Prof Baker noted that more than 50 health support workers had expressed an interest in nursing associate or nurse training position and asked what was being done to support people through this pathway. Mrs Woffendin noted that there had been most interest in the nursing associate role but added that being in the pipeline would ensure that they could be encouraged and supported to be a qualified nurse in the future. Dr Munro explained some of the discussions that were taking place at a local and national level to ensure that people who want to train as a learning disability or mental health nurse were supported and that training programmes were in place.

Prof Baker then congratulated the Trust on its work to secure newly qualified staff noting that 71 of the third-year students due to qualify later this year had been offered preliminary employment.

Prof Proctor noted that there was more work to do on achieving a smoke-free environment. However, she asked that Mrs Woffendin seeks the

Nursing and Midwifery Council's position in relation to the suggestion of nurses offering service users e-cigarettes as an alternative to smoking real cigarettes. Mrs Woffendin agreed to contact the NMC for their view.

The Board **received** the Director of Nursing, Professions and Quality report and **noted** the content.

**19/052 Safer Staffing Report** (agenda item 17)

Mrs Woffendin presented the Safer Staffing report noting that there had been no non-compliant shifts or breaches since the last report. She also drew attention to the work ongoing in relation to the Keith Hurst Tool noting that the Trust was proactively using the tool. Further, that data would be collected over the coming months so a clear position could be achieved in relation to understanding acuity and the staffing needed on wards. She added that this would then be provided to the commissioners in support of funding requests for any additional staff.

It was noted that the outcome of data collection would first go to the Financial Planning Group and would then be shared with the Board through the November Safer Staffing Report.

The Board **received** the Safer Staffing report and **noted** the content.

**19/053 Workforce and Organisational Development report** (agenda item 18)

Mrs Holmes provided a high-level summary of the report, noting that the Board had already considered the staff survey at a recent workshop. She reminded the Board of the next steps in relation to the findings from the survey which would ask local teams to identify their three top actions to drive change.

Mrs Holmes then drew attention to the appraisal improvement plan which had been agreed following the recent Internal Audit report received in January 2019.

With regard to the National Guardian's Office review of practice at the Cornwall NHS Trust, Mrs Holmes noted that there had been a recommendation made that Settlement Agreements must not be used where the offer of such an agreement is a purposeful means of avoiding a Whistleblowing issue. She assured the Board that the Trust had not entered into any settlement agreement which had, or could have had, the intended or unintended consequence that a Whistleblowing concern was unaddressed and that the Trust was wholly committed to continuing with this good practice. Mrs Holmes also assured the Board that settlement agreements would never be used where there was any issue outside the realms of the direct employment of an individual including complaints or safeguarding matters.

Mrs White welcomed the plan for improving the appraisal process and asked whether this would be linked into the work of the newly established “Culture Club”. Dr Munro noted that the “Culture Club” would not look at the appraisal process but would be seeking to confirm there was a culture where appraisals could take place across the Trust.

Dr Munro also noted that national benchmarking data on the Staff Survey was now available and that the Trust had performed very well nationally and had significantly out-performed a number of other Trusts. Dr Munro agreed to share the report with the Board. Dr Munro noted that there was still work to do in some areas but that the national benchmarking report showed that our approach to making changes was the right one.

SM

Mrs Sentamu asked about equality and diversity, noting that she had attended the Equality and Diversity Group which had reviewed the action plan which addressed some of the points raised in the staff survey. Mrs Holmes assured the Board that this issue would be linked into the “Culture Club”.

Prof Proctor noted the importance of the issue of equality and diversity and suggested that the Rainbow Alliance was invited to the Council of Governors to talk about their work. Mrs Hill agreed to add this to the forward plan for the Council.

CH

The Board **received** the report, **noted** the content and was **assured** of the work being undertaken.

19/054

#### **Report from the Chief Financial Officer** (agenda item 19)

Mrs Hanwell presented the Chief Financial Officer’s report and outlined the position in relation to the Trust’s contracts. In particular, the contract with the Leeds CCG. She noted that the CCG had not yet recognised the safer staffing issues and that the Keith Hurst Tool would be used to provide further indication of the staffing levels required.

She added that the Trust was significantly ahead of plan; that the income and expenditure position had improved mainly due to non-recurrent items and additional revenue support from the Leeds CCG, which fully covered the in-year financial risks for Out of Area Placements. Mrs Hanwell reported that the financial score was ‘1’ and that this was due to a high surplus ratio. In regard to the forecast outturn, she reported that this was expected to exceed the plan.

The Board discussed the financial report. It noted that an announcement was due about the Gender Identity Service investment from NHS England and asked for a verbal update to be provided to the public Board in April.

DH

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

19/055	<p><b>Approval of the Data Security and Protection Toolkit</b> (agenda item 20)</p> <p>The Board received the Data Security and Protection Toolkit and noted that there had been a recent audit report which had provided significant assurance on the process. The Board noted that the Trust had met the standards and agreed that the self-certification should be submitted to NHS Digital.</p>
	<p>The Board was <b>assured</b> on the Data Security and Protection Toolkit final scoring and <b>agreed</b> this should be published via the NHS Digital DSP Toolkit website.</p>
19/056	<p><b>Freedom to Speak up Board action plan and strategic policy</b> (agenda item 21)</p> <p>Dr Munro presented the action plan in relation to 'Speaking Up'. She noted that this provided the most up to date position in relation to the plan. Dr Munro also drew attention to the Freedom to Speak Up Strategic Policy which was unanimously agreed by the Board.</p> <p>Mrs Hill noted that the Quality Committee had reviewed the action plan and Strategic Policy and that Mr Wright as the NED champion for speaking up had also reviewed the Policy.</p>
	<p>The Board noted the progress against the action plan and <b>approved</b> the Freedom to Speak Up Strategic Policy.</p>
19/057	<p><b>Annual declarations of interest, non-executive directors' independence and fit and proper person declarations</b> (agenda item 22)</p> <p>The Board <b>noted</b> the declarations made by members of the Board in relation to their interests and also with regard to being fit and proper. It also <b>confirmed</b> that the non-executive directors were all independent.</p>
19/058	<p><b>Leeds Providers Integrated Committees in Common (LPICC) Programme Directors' Report</b> (agenda item 23)</p> <p>The Board <b>received</b> the programme director's report and the minutes of LPICC and <b>noted</b> the content.</p>
19/059	<p><b>Use of the Trust's seal</b> (agenda item 24)</p>

The Board **noted** the seal had not been used since the last meeting.

**19/060 Glossary** (agenda item 25)

The Board received the glossary.

**19/061 Resolution to move to a private meeting of the Board of Directors** (agenda item 26)

At the conclusion of business the Chair closed the public meeting of the Board of Directors at 12.45 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.

Signed (Chair of the Trust) .....

Date .....

**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
<p><b>Sharing Stories</b> (minute 19/034 - agenda item 1 – March 2019)</p> <p><b>NEW</b> - Prof Baker noted the comments made by Dr Baskind in relation to the cost effectiveness of the interventions they provide and asked if there was any learning from other services who make a case for being cost effective and the relative impact on outcomes. Prof Baker agreed to meet with Dr Baskind to explore this further.</p>	<p><b>John Baker</b></p>	<p>Management Action</p>	
<p><b>Sharing Stories</b> (minute 19/034 - agenda item 1 – March 2019)</p> <p><b>NEW</b> - Dr Munro then spoke about the development of the five-year strategy for the West Yorkshire and Harrogate ICS and asked Mrs Forster Adams and Dr Kenwood to ensure both the ADHD and Autism services are fed into the priorities for the strategy and the need to ensure that access to these services is not cut off at the age of 18.</p>	<p><b>Joanna Forster Adams / Claire Kenwood</b></p>	<p>Management Action</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><b>Sharing Stories</b> (minute 19/034 - agenda item 1 – March 2019)</p> <p><b>NEW</b> - Prof Proctor also agreed to raise awareness of Ms Wolstencroft's YouTube channel into her blog.</p>	<p><b>Sue Proctor</b></p>	<p>Management Action</p>	<p><b>COMPLETED</b></p>
<p><b>Report from the Chair of the Finance and Performance Committee and Quality Committee joint meeting held 26 March 2019</b> (minute 19/046 - agenda item 11 – March 2019)</p> <p><b>NEW</b> - The Board noted the value of the two committees coming together to discuss cross-cutting issues and agreed that there would be further consideration as to when the committees might meet together again and for this to be picked up after the May IHI Workshop.</p>	<p><b>John Baker / Sue White</b></p>	<p>Management Action (to be completed after the May IHI Workshop)</p>	
<p><b>Report from the Director of Nursing, Professions and Quality</b> (minute 19/051 - agenda item 16 – March 2019)</p> <p><b>NEW</b> - Prof Proctor noted that there was more work to do on achieving a smoke-free environment. However, she asked that Mrs Woffendin seeks the Nursing and Midwifery Council's position in relation to nurses offering service users e-cigarettes. Mrs Woffendin agreed to contact the NMC for their view.</p>	<p><b>Cathy Woffendin</b></p>	<p>Management Action</p>	<p><b>ONGOING</b></p> <p>NMC Contacted on the 16 April through their enquiry inbox awaiting response</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><b>Workforce and organisational development report</b> (minute 19/053 - agenda item 18 – March 2019)</p> <p><b>NEW</b> - Dr Munro also noted that the national benchmarking data was now available and agreed to share the report with the Board.</p>	Sara Munro	Management Action	<b>COMPLETED</b>
<p><b>Workforce and organisational development report</b> (minute 19/053 - agenda item 18 – March 2019)</p> <p><b>NEW</b> - Prof Proctor noted the important issue of equality and diversity and suggested that the Rainbow Alliance is invited to the Council of Governors to talk about their work. Mrs Hill agreed to add this to the forward plan for the Council.</p>	Cath Hill	Management Action	<p><b>CLOSED AS A BOARD ACTION</b></p> <p>This has been added to the forward plan for the Council of Governors</p>
<p><b>Combined Quality and Performance Report (CQPR)</b> (minute 19/011 – January 2019 - agenda item 11)</p> <p>Dr Munro suggested that it would be helpful for the Board to look again at the Joint Strategic Needs Analysis and the pilot work in relation to Population Health Management, both of which will feed into the refreshed Leeds Plan, and to invite key people to come and talk to the Board about these areas of work. She agreed to work with Mrs Hill to look for a date when this can be programmed into the Board's schedule.</p>	Sara Munro / Cath Hill	Management action	<p><b>ONGOING</b></p> <p>This session will be factored in following the refresh of the Leeds Plan and has been added to the forward plan</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><b>Combined Quality and Performance Report (CQPR)</b> (Minute 18/218 – November 2018 – agenda item 11)</p> <p>With regard to Statistical Process Control (SPC) Charts, Mrs Forster Adams advised that the Executive Team had discussed the potential for the use of these. It was suggested that it might be helpful to have a Board workshop on this matter. Prof Proctor asked the Executive Team to look at how this could be brought forward into a future Board discussion session. Mrs Hill agreed to add this to the forward programme.</p>	<p><b>Claire Kenwood</b></p>	<p>Management Action</p>	<p><b>ONGOING</b></p> <p>As part of the work with the Institute of Healthcare Improvement, Nikki Copper has shared her vision of the operational team level dashboards and operational delivery group dashboards that could be SPC or run charts depending on the metric, that allows the high performing / hotspots to be identified more easily.</p> <p>Following discussions between Richard Wylde, Nikki Cooper and Samantha Riley (NHS Analytics), LYPFT are now on the waiting list for the 90 minute interactive ‘Making data count for Trust Boards’ session. The next steps are for LYPFT to agree a date with NHS Analytics for the session to take place on.</p>
<p><b>Report from the Chief Financial Officer</b> (minute 19/054 - agenda item 19 – March 2019)</p> <p><b>NEW</b> - The Board discussed the financial report. It noted that an announcement was due about the Gender Identity Service investment and asked for a verbal update to be provided to the public Board in April.</p>	<p><b>Dawn Hanwell</b></p>	<p>April Board of Directors’ meeting</p>	<p><b>COMPLETED</b></p> <p>This will be picked up as part of the CEO Report to the April Board</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><b>Combined Quality and Performance Report (CQPR)</b> (minute 19/047 - agenda item 12 – March 2019)</p> <p><b>NEW</b> - The Board acknowledged the huge amount of work that had gone into the redesign and thanked all the staff who had been involved in this. The Board asked for a commentary on the impact of the Community Redesign in the report to the May meeting.</p>	<p><b>Joanna Forster Adams</b></p>	<p>May Board of Directors' meeting</p>	
<p><b>Report from the chair of the Quality Committee</b> (Minute 18/170 - Agenda item 8– September 2018)</p> <p>So the Board is better sighted on Learning Disability services, Mrs Forster Adams and Mrs Nikki Cooper are to review how Learning Disability performance data can be incorporated into the CQPR.</p>	<p><b>Joanna Forster Adams and Nikki Cooper</b></p>	<p>May Board of Directors' meeting</p>	<p><b>ONGOING</b></p> <p>The metrics to be included are in the process of being identified and will be incorporated into the report which will be presented to the May meeting</p>
<p><b>Matters arising</b> (minute 19/027 - agenda item 5 – February 2019)</p> <p>In regard to minute 19/015 and the issue of the policy in relation to clinical supervision, Mrs Grantham asked what completion date for the review of this policy would be. Mrs Holmes agreed to provide a verbal update to the Board in May.</p>	<p><b>Claire Holmes</b></p>	<p>May Board of Directors' meeting</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><b>Actions outstanding from the public meetings of the Board of Directors</b> (minute 19/028 - agenda item 6 – February 2019)</p> <p>Mrs Holmes also noted that she was looking at the workforce governance structure and would be making some proposals as to the changes needed. She noted that this was happening alongside the work of the Task and Finish group and that it was anticipated that an update would be brought to the Board.</p>	<p><b>Claire Holmes</b></p>	<p>May Board of Directors' meeting</p>	
<p><b>Chief Executive's report</b> (minute 19/007 – January 2019 - agenda item 7)</p> <p>Dr Munro agreed to bring an update back to the March Board in relation to the work of the 'Culture Club'.</p>	<p><b>Sara Munro</b></p>	<p>May Board of Directors' meeting</p>	<p><b>ONGOING</b></p> <p>The Culture Club will be convened in April / May. A further update will be brought to the Board in due course</p>
<p><b>Safe Staffing report (Minute 18/174 - Agenda item 12– September 2018)</b></p> <p>It was noted that when staff move around the ward and work in different places there is often a difficulty in orientating themselves to the different processes and procedures in different in patient areas due to processes and procedures not being systematised on the wards. Mrs Forster Adams agreed to pick this up through the acute care excellence collaborative.</p>	<p><b>Joanna Forster Adams</b></p>	<p>May Board of Directors' meeting</p>	<p><b>ONGOING</b></p> <p>This paper will need to go to the Finance and Performance Committee prior to it coming to Board. it has therefore been agreed that the report will come to the May Board meeting</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><b>Changes to the remuneration of the Mental Health Act Managers</b> (minute 19/044 - agenda item 9.1 – March 2019)</p> <p><b>NEW</b> - It was noted that the Terms of Reference for the committee would be amended and submitted to the Board for ratification.</p>	<p><b>Sara Layton / Margaret Sentamu</b></p>	<p>July Board of Directors' meeting</p>	
<p><b>Chief Executive's report</b> (agenda ite 19/041 - agenda item 7 – March 2019)</p> <p><b>NEW</b> - Mrs White asked if the third sector was part of the Partnership Board. Dr Munro assured the Board that they were and agreed to bring the Terms of Reference for the board once they had been approved, which was expected to be around July 2019.</p>	<p><b>Sara Munro</b></p>	<p>July Board of Directors' meeting</p>	
<p><b>Workforce and organisational development report</b> (Minute 18/223 – November 2018 – agenda item 18)</p> <p>With regard to the proposals for the governance and reporting of workforce to the Board, Mrs Holmes advised that since the report had been written there had been discussions with the Chair and Chief Executive where it had been agreed that a task and finish group be established to look at workforce reporting, key performance indicators and the measures required to be reported on and where. Mrs Holmes indicated that a report on the outcome of the considerations would be brought back to the Board in early 2019.</p>	<p><b>Claire Holmes</b></p>	<p>July Board of Directors' meeting</p>	<p><b>ONGOING</b></p> <p>In relation to the data that will be reported within the governance structure, the completion of this action will be reliant on the Task and Finish Group being able to conclude its considerations with the support of the Informatics Team.</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><b>Report from the Medical Director</b> (minute 19/049 - agenda item 14 – March 2019)</p> <p><b>NEW</b> - It was agreed that there would be an update on CareDirector to the September Board to Board meeting.</p>	<p><b>Dawn Hanwell / Claire Kenwood</b></p>	<p>September Board to Board meeting with the CoG</p>	
<p><b>Changes to the remuneration of the Mental Health Act Managers</b> (minute 19/044 - agenda item 9.1 – March 2019)</p> <p><b>NEW</b> - To provide assurance on the uptake of training and also on the efficacy of making a payment to the managers, it was agreed that there would be a report on compliance for compulsory training for MHAM to be made to the Quality Committee in 6 months' time.</p>	<p><b>Sara Layton / Margaret Sentamu</b></p>	<p>Quality Committee October 2019</p>	<p><b>CLOSED AS A BOARD ACTION</b></p> <p>This has been added to the forward plan of the committee</p>
<p><b>Workforce and organisational development report</b> (minute 19/050 – January 2019 - agenda item 15)</p> <p>Mrs Holmes agreed to bring a report back to the Board in September in relation to the Workforce Disability Equality metrics.</p>	<p><b>Claire Holmes</b></p>	<p>October Board of Directors' meeting</p>	
<p><b>Safer Staffing Summary Report</b> (minute 19/012 – January 2019 - agenda item 12)</p> <p>Mrs Woffendin agreed to share benchmarking data in regard to nursing vacancies once a year through the Safer Staffing report.</p>	<p><b>Cath Woffendin</b></p>	<p>November Board of Directors' meeting</p>	

**CLOSED ACTIONS**  
**(3 MONTHS PREVIOUS)**

<b>ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)</b>	<b>PERSON LEADING</b>	<b>BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY</b>	<b>COMMENTS</b>
<p><b>Sharing Stories</b> (minute 19/001 – January 2019 - agenda item 1)</p> <p>With regard to the wait to receive treatment experienced by Ms Alikhanizadeh’s daughter in the last few months, Mrs Forster Adams agreed to as the Personality Disorder service look into this specific matter and to liaise with her personally.</p>	<p><b>Joanna Forster Adams</b></p>	<p>Management Action</p>	<p style="text-align: center;"><b>CLOSED</b></p> <p>Mrs Forster Adams has asked members of the Personality Disorder team to meet with the family</p>
<p><b>Community Redesign update</b> (minute 19/013 – January 2019 - agenda item 13)</p> <p>The Board agreed to have a strategic session to understand how the Trust is embracing the digital agenda. Dawn Hanwell agreed to facilitate this session. Mrs Hill agreed to schedule this in for later in the year.</p>	<p><b>Dawn Hanwell / Cath Hill</b></p>	<p>Management action</p>	<p style="text-align: center;"><b>THE BOARD IS ASKED TO CLOSE THIS AS A BOARD ACTION</b></p> <p>This has been factored into the Board to Board meeting in September between the Board of Directors and the Council of Governors</p>
<p><b>Workforce and organisational development report</b> (minute 19/050 – January 2019 - agenda item 15)</p> <p>Mrs Holmes agreed to bring a more detailed report back to the Quality Committee in July in relation to progress against the apprenticeship levy.</p>	<p><b>Claire Holmes</b></p>	<p>July 2019 Quality Committee meeting</p>	<p style="text-align: center;"><b>THE BOARD IS ASKED TO CLOSE THIS AS A BOARD ACTION</b></p> <p>This has been factored into the Quality Committee schedule of work</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><b>Sharing Stories</b> (minute 19/023 - agenda item 1 – February 2019)</p> <p>Mrs Woffendin agreed to speak to Mrs Webster about volunteering. Mrs Woffendin also agreed to provide Mrs Webster with details of the forthcoming patient experience and engagement workshop</p>	<p><b>Cathy Woffendin</b></p>	<p>Management Action</p>	<p><b>COMPLETED</b></p>
<p><b>Sharing Stories</b> (minute 19/023 - agenda item 1 – February 2019)</p> <p>Mr Tipper agreed to contact Mrs Webster to look at how her story could be used and promoted.</p>	<p><b>Oliver Tipper</b></p>	<p>Management Action</p>	<p><b>COMPLETED</b></p>
<p><b>Workforce and organisational development report</b> (minute 19/015 – January 2019 – agenda item 15)</p> <p>Mrs Holmes agreed to speak with Staffside in relation to diversity and inclusion and whether the trade unions were promoting this within their own recruitment of the cohort of stewards.</p>	<p><b>Claire Holmes</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p>
<p><b>Workforce and organisational development report</b> (minute 19/015 – January 2019 – agenda item 15)</p> <p>With regard to equity in access to CPD, it was agreed that the executive team would consider whether it had assurance that CPD is being resourced and accessed in an equitable manner across the different professions and how this would be fed back to the Board either directly or through its committee structure.</p>	<p><b>Executive Team</b></p>	<p>Management action</p>	<p><b>CLOSED</b></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><b>Actions outstanding from the public meetings of the Board of Directors</b> (minute 19/028 - agenda item 6 – February 2019)</p> <p>The Board noted that there were a number of items scheduled for future Board development and strategic discussion sessions and asked that a copy of the plan is presented at the March meeting.</p>	<p><b>Cath Hill</b></p>	<p>March Board of Directors' meeting</p>	<p><b>COMPLETED</b></p> <p>This has been included on the March agenda</p>
<p><b>Safer Staffing Six-monthly Report</b> (Minute 18/220 – November 2018 – agenda item 13)</p> <p>Prof Proctor asked for an update on the outcome of the multiplier tool be brought back to the Board in March.</p>	<p><b>Cathy Woffendin</b></p>	<p>March Board of Directors' meeting</p>	<p><b>COMPLETED</b></p> <p>This has been included in the Director of Nursing and Professions March report</p>
<p><b>Report from the Chair of the Quality Committee for the meetings held on 12 February 2019</b> (minute 19/029 - agenda item 7 – February 2019)</p> <p>Dr Munro noted that there would be a proposal to the Yorkshire and Humber Strategic Group which would look to set up an integrated Board in relation to Learning Disabilities which would then report into the Mental Health Programme Board. She agreed to bring an update back to the March Board in the Chief Executive's report.</p>	<p><b>Sara Munro</b></p>	<p>March Board of Directors' meeting</p>	<p><b>COMPLETED</b></p> <p>This has been included in the Chief Executive's Report</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><b>Sharing Stories</b> (minute 19/001 – January 2019 - agenda item 1)</p> <p>It was agreed that the Board needed to understand the boundaries of confidentiality and how this can impact on a carer’s involvement. Dr Kenwood agreed to facilitate this session and Mrs Hill agreed to add this to the Board’s forward plan.</p>	<p><b>Claire Kenwood / Cath Hill</b></p>	<p>Management Action</p>	<p><b>CLOSED AS A BOARD ACTION</b></p>
<p><b>Chief Executive’s report</b> (minute 19/007 – January 2019 - agenda item 7)</p> <p>Dr Munro noted that the executive team had discussed the Gender Identity Service and that any investment should result in additional staff to support those already experiencing the pressure within the system. Dr Munro noted additional funding was being discussed with NHS England and that an update would be brought to the March Board meeting.</p>	<p><b>Sara Munro</b></p>	<p>March Board of Directors’ meeting</p>	<p><b>COMPLETED</b></p>

**AGENDA  
ITEM**

7

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Chief Executive's Report
<b>DATE OF MEETING:</b>	25 April 2019
<b>PRESENTED BY:</b> (name and title)	Dr Sara Munro – Chief Executive
<b>PREPARED BY:</b> (name and title)	Dr Sara Munro – Chief Executive

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (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.	✓

<b>EXECUTIVE SUMMARY</b>		
<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?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

<b>RECOMMENDATION</b>
<p>The Board is asked to note the content of the report.</p>

## **MEETING OF THE BOARD OF DIRECTORS**

**Thursday 25<sup>th</sup> April**

### **Chief Executive Report**

The purpose of this report is to update the board on the activities of the Chief Executive. This report will cover significant events during March/April 2019.

#### **1. Introduction**

The purpose of this paper is to provide a briefing to the board on the activities of the CEO. This paper will only highlight matters for exception for the April Board in line with our revised work plan for board reporting.

#### **2. Regulatory Matters**

##### ***CQC***

On the 28<sup>th</sup> March 2019 I received the Provider Information Request (PIR) from the CQC which signals the commencement of the annual inspection process for the Trust. We had been expecting this and Cathy Woffendin the executive lead for the CQC put in place appropriate arrangements ensuring that a comprehensive response was submitted in the agreed timescales on the 24<sup>th</sup> April 2019. Further briefings on next steps will be provided in due course. I would like to pass on my thanks to all staff and teams across all departments that have been involved so far.

##### ***NHSI***

Our operational plan has been submitted as required and we have accepted the control total set out to us by NHSI for 2019/2020. The West Yorkshire and Harrogate ICS has been asked to agree to an integrated financial plan which in essence means an aggregated

control total for the system. A detailed discussion is being undertaken at the Finance and performance Committee thereby ensuring our requirement to confirm by the 24<sup>th</sup> April if we are in agreement. Our CFO/DCE Dawn Hanwell has been actively involved in discussing the implications of this with finance colleagues and the recommendation to the committee is acceptance. Our view is this is low financial risk for the Trust and high benefit for the system due to transformation monies being made available up front which will support the collaborative programme.

### ***Safer Staffing***

During the month of March the safer staffing data identified three breeches on Bluebell Ward at Clifton house due to a shortfall of RNs. Cathy Woffendin, Director of Nursing, has undertaken further investigation as the report from the matron from the service suggests no breeches actually occurred and no issues of patient safety have arisen. A verbal update will be provided to the meeting to provide further assurance.

### ***Fire Safety Investigation***

Since the last board we have received formal notification from West Yorkshire Fire and Rescue Service that they have now closed down their investigation following the fire last year. This is in response to updating them on the work we have done through the fire safety task and finish group and the joint arrangements we have now put in place with LTHT.

## **3. Matters for Escalation**

### ***Acute Inpatient Pressures***

During the last month our acute services have seen significant pressure resulting in an increase in out of area admissions. We remain focused on the plan we have in place to address this in the longer term and it is important we reinforce our support to the acute services leadership teams for the hard work they are doing day in day out. The board should note that this increased pressure and demand is being seen across the country with

many Trusts reporting unprecedented demand and out of area placements as a consequence which indicates external factors as a primary driver.

### ***Medical Staffing***

The board received a detailed update at the last meeting on medical staffing across the Trust. I want to make the board aware that we continue to have two hot spots due to shortages in substantive consultants in post. Firstly in our acute inpatient services; we do now only have one substantive consultant vacancy so the issues are short term. The remaining vacancy is on Ward 4 Newsam which is now being covered by another Trust consultant (Dr Pick). Due to sickness and whilst awaiting our recently recruited consultant to commence in May, we do have temporary cover in place for Ward 1 Becklin (locum) and Ward 5 Becklin (Dr Hosker). I want to thank Dr Pick and Dr Hosker for providing cover to the wards in the short term.

The second area is Forensic inpatient services at Clifton House. The Doctor we recently recruited has now declined the post and the substantive consultant will retire next month. Work is ongoing to secure suitable medical cover but this is challenging. Further detail will be provided in the private board meeting.

## **4. Reasons to be Proud**

### ***Staff Survey Benchmark Data***

The board is well sighted on the Trusts staff survey results for 2018 and have requested any benchmarking data that is available. I am pleased to share two documents, a scatter plot for all Trusts and a table specific for Mental Health Trusts both of which demonstrate that we continue to make significant improvements both internally and when compared to peers and the wider NHS. The League Table shows that we are now at No. 13, up three places on last year, and one of only seven Trusts to show year on year growth. This reinforces the approach we are taking in line with our Workforce and OD strategy is the right one.

### ***More success for our Trainee Doctors***

Dr Claire Eccles, a CT1 in training with the Trust has been appointed as one of the Royal College of Psychiatrists Neuroscience Champions. This, following a very competitive national selection process as a CT1 is such a significant achievement.

### ***HSJ Patient Safety Awards Shortlist***

Our CONNECT service which has been established in the last 12 months as a new care model to support people with eating disorders across the whole of West Yorkshire is in the running for two HSJ awards, for specialist services and for mental health services. The team presented to a panel earlier this month and will be attending the awards ceremony on the 23<sup>rd</sup> May 2019.

Dr Sara Munro  
CEO Leeds and York Partnership NHS Trust  
18<sup>th</sup> April 2019



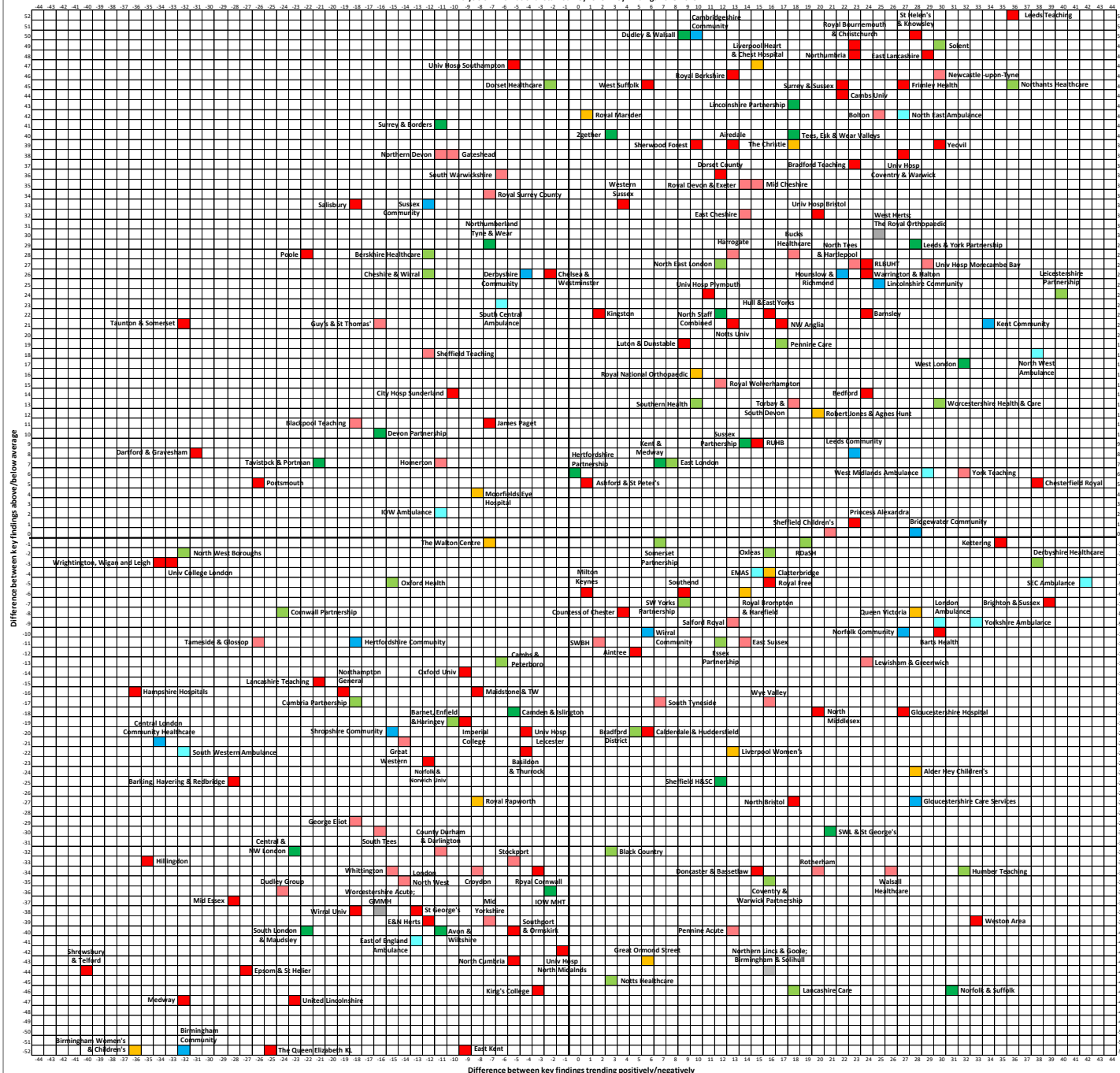
## 2017/2018 LiA League Table – MENTAL HEALTH & LD Trusts

2017-2018 Ranking	+/-	Trust
1	-	South Staffordshire and Shropshire Healthcare FT
2	2	Dudley and Walsall Mental Health Partnership
3	2	Tees, Esk and Wear Valleys FT
4	2	Northumberland Tyne & Wear FT
5	2	Surrey & Borders Partnership FT
6	13	Tavistock & Portman FT
7	3	Lincolnshire Partnership FT
8	2	Hertfordshire Partnership FT
9	-	Kent & Medway NHS & Social Care Partnership Trust
10	4	2gether FT
11	-	North Staffordshire Combined Healthcare Trust
12	4	Devon Partnership Trust
13	3	Leeds and York Partnership FT
14	1	Camden & Islington FT
15	-	Central & North West London FT
16	4	West London Mental Health Trust
17	n/a	Mersey Care FT
18	6	Sussex Partnership FT
19	-	South London and Maudsley FT
20	4	South West London & St George's MHT
21	4	Sheffield Health and Social Care FT
22	-	Isle of Wight Mental Health Sector Trust
23	2	Avon & Wiltshire Mental Health Partnership Trust
24	-	Norfolk & Suffolk FT
25	2	Birmingham & Solihull Mental Health FT



# LiA Scatter Map 2018-19 for ALL NHS Provider Trusts

Contact: Gordon Forbes: 07734 812311  
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### Key

- Acute
- Acute and Community
- Acute Specialist
- Mental Health / Learning Disability
- Mental Health / Learning Disability / Community
- Community
- Ambulance
- 2 Trusts of different types occupy same grid reference



<b>AGENDA ITEM</b>  <b>8</b>
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## Chair's Report

<b>Name of the meeting being reported on:</b>	Quality Committee
<b>Date your meeting took place:</b>	9 April 2019
<b>Name of meeting reporting to:</b>	Board of Directors – 25 April 2019
<b>Key discussion points and matters to be escalated:</b>	
<p>At the Quality Committee meeting that took place on the 9 April 2019 the following items were discussed:</p> <ul style="list-style-type: none"> <li>• The Committee received the annual quality and safety report for the Personality Disorder Service, which received complements for being a high quality report that had been produced. From discussing the areas highlighted within the report and the challenges and opportunities faced by this service, consideration was given to two topics in particular, they were: <ul style="list-style-type: none"> <li>- challenges faced by the service in relation to ensuring that the service engages with a diverse range of service users, and has a diverse workforce.</li> <li>- examples of how the services niche expertise is called upon on a national level to share learning, which is something found by other Trust services as well. The Committee discussed these as opportunities and wondered how they could be explored as business development opportunities for the Trust.</li> </ul> </li> <li>• An escalation report was presented from the Trustwide Clinical Governance Group that outlined a challenge the Trust was facing in relation to registered consultant cover and the pressure that this was adding to service user flow and individuals being admitted to services, with individuals being admitted as an out of area placement. The Committee heard about the work that was taking place on a daily basis to find a way to alleviate this pressure.</li> </ul>	
<b>Report completed by:</b>	Name of Chair and date: Prof John Baker 12 April 2019

## Chair's Report

<b>Name of the meeting being reported on:</b>	Audit Committee
<b>Date your meeting took place:</b>	16 April 2019
<b>Name of meeting reporting to:</b>	Board of Directors – 25 April 2019
<b>Key discussion points and matters to be escalated:</b>	
<p>The Audit Committee met on 16 April 2019 and agreed the items below to be reported to the Board for information and assurance.</p> <ul style="list-style-type: none"> <li>• The Audit Committee considered an action that had been delegated to it by the Board of Directors. This was to consider what assurance there was in relation to the effectiveness of the Standard Operating Procedure between LYPFT and LTHT and whether a further piece of assurance work should be commissioned. It noted that this action had been delegated to it following an incident involving a service user who had been cared for in the acute services, and agreed that in order to consider this it needed further clarification from members of the executive team as to the current procedures, how these were working and how learning is shared across the organisations. It agreed that further information would be requested to come back to the May meeting.</li> <li>• Internal audit provided their progress report. The committee noted the positive nature of the assurances given, with most reports attracting “significant assurance”. It was also noted that, in the single instance where there was a limited assurance report, appropriate assurances had been provided by the executive directors that there was a robust action plan in place to address the recommendations and they were also able to provide assurance in relation to progress against those actions.</li> <li>• The Committee reviewed and approved the 2019/20 internal audit plan.</li> <li>• The draft Head of Internal Audit Opinion was presented and discussed, noting that at present there were no issues identified which would give rise to a negative opinion. Subject to the completion of the remaining internal audit work for 2018/19, it was expected that the positive assurance outlined in the draft opinion would be retained in the final version.</li> </ul>	

- External audit provided assurances that they were happy with the calculation of the gain generated by the Trust from the PFI refinancing and that they would be auditing the disclosure of the gain within the accounts as part of their year-end work.
- With regard to the report on the actions being taken in relation to the recent Health and Safety Executive Inspection and the review of the management and governance arrangements for Health and Safety in the Trust, the committee noted the progress that had been made and was assured that the issues raised were being sufficiently addressed. They also thanked all the staff involved in this work and noted the contribution they had made in progressing this important piece of work.
- The committee noted that there were a number of events that were being run by NHS Audit Yorkshire and agreed to circulate these to the Board for information (these are attached to this report).

<b>Report completed by:</b>	Name of Chair and date: Martin Wright – 16 April 2019
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## THE EFFECTIVE COMMITTEE

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### **Quality Assurance (1<sup>st</sup> July, Holiday Inn, Junc 28 M1)**

This event is aimed primarily at Audit Committee and Quality Committee members, although open to all officers who attend these committees.

This event will focus on assurances around Quality and Safety and the relationship between the respective Quality and Audit Committees.

Speakers TBC but will hopefully include: CQC, HQIP, NHSE.

### **Finance & Cyber Assurance (30<sup>th</sup> September, Principal Hotel, York)**

This event is aimed primarily at Audit Committee and Finance Committee members, although open to all officers who attend these meetings.

This event will focus on the relationship between the Finance Committee and the Audit Committee, examining their different functions in relation to receiving and providing assurance around finances and IT/Cyber.

Speakers TBC but will hopefully include: HFMA, NHS Digital

### **Workforce Assurance (13<sup>th</sup> January, Holiday Inn, Junc 28 M1)**

This event is aimed primarily at Audit Committee and Workforce Committee members, although open to all officers who attend these committees.

This event will focus on the relationship between the Workforce Committee and the Audit Committee, examining their different functions in relation to receiving and providing assurance around staffing capacity and capability.

Speakers TBC but will hopefully include: NHS Employers

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## Bookings

To book a place, please complete a booking form and return to [Kirstie.anderson@york.nhs.uk](mailto:Kirstie.anderson@york.nhs.uk) (*please ensure to specify which date you would like to attend*).

**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.
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 Baring Service	A service which will check if anyone has any convictions and provide a report on this
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.

Acronym / Term	Full title	Meaning
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.
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

<b>Acronym / Term</b>	<b>Full title</b>	<b>Meaning</b>
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
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.



<b>Acronym / Term</b>	<b>Full title</b>	<b>Meaning</b>
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.
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.

Acronym / Term	Full title	Meaning
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.
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>