

**LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST**

**PUBLIC MEETING OF THE BOARD OF DIRECTORS  
will be held at 9.30 am on Thursday 24 September 2020**

**this meeting will be held virtually through Zoom – the joining details are in the diary invite**

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**A G E N D A**

**LEAD**

<b>1</b>	<b>Sharing stories – a service user’s experience of the Eating Disorders Service</b> (verbal)	
<b>2</b>	<b>Apologies for absence</b> (verbal)	<b>SP</b>
<b>3</b>	<b>Declarations of interests and any conflicts of interest in any agenda item</b> (enclosure)	<b>SP</b>
<b>4</b>	<b>Minutes of the meeting held on 30 July 2020</b> (enclosure)	<b>SP</b>
<b>5</b>	<b>Matters arising</b> (verbal)	
<b>6</b>	<b>Actions outstanding from the public meetings of the Board of Directors</b> (enclosure)	<b>SP</b>
<b>7</b>	<b>Chief Executive’s report</b> (verbal)	<b>SM / Execs</b>
	This report will include the main aspects of the management and response to the COVID-19 pandemic with contributions from the executive lead of each work stream	
<b>8</b>	<b>Report from the Chair of the Workforce Committee for the meeting held 4 August 2020</b> (verbal)	<b>HG</b>
<b>9</b>	<b>Report from the Chair of the Mental Health Legislation Committee for the meeting held on 4 August 2020</b> (enclosure)	<b>SW</b>
	<b>9.1 Ratification of the Terms of Reference for the Mental Health Legislation Committee</b> (enclosure)	<b>SW</b>
<b>10</b>	<b>Report from the Chair of the Quality Committee for the meeting held 8 September 2020</b> (enclosure)	<b>JB</b>
<b>11</b>	<b>Report from the Chair of the Finance and Performance Committee 22 September 2020</b> (to follow)	<b>SW</b>
<b>12</b>	<b>Performance</b>	
	<b>12.1 Operational performance report</b> (enclosure)	<b>JFA</b>
	<b>12.2 Report from the Chief Financial Officer</b> (to follow)	<b>DH</b>
<b>13</b>	<b>NHS People Plan</b> (enclosure)	<b>CHolmes</b>
<b>14</b>	<b>Report from the West Yorkshire Mental Health Learning Disability and Autism Collaborative Committees in Common</b> (enclosure)	<b>SM</b>
	<b>14.1 Approval of the WYMHDLDA Collaborative Committees in Common Terms of Reference</b> (enclosure)	<b>SM</b>

**15 Use of Trust Seal** (verbal)

**SP**

**16 Any other business**

The next meeting of the Board will held on  
Thursday 29 October 2020 at 9.30 am  
This meeting will be held virtually – joining details will be advised separately

**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>Chris Hosker</b> Medical Director	None.	None.	None.	None.	None.	None.	None.	None.
<b>Cathy Woffendin</b> Director of Nursing, Quality and Professions	None.	None.	None.	None.	None.	None.	None.	None.
<b>Joanna Forster Adams</b> Chief Operating Office	None.	None.	None.	None.	None.	None.	None.	Partner: Treasurer of The Junction Charity

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
<b>NON-EXECUTIVE DIRECTORS</b>								
<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 Count Council	None.	<b>Member</b> Lord Chancellor's Advisory Committee for North and West Yorkshire  <b>Chair</b> Safeguarding Group, Diocese of York  <b>Chair</b> Adult Safeguarding Board, North Yorkshire	Partner: Employee of Link
<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 Owner,</b> Entwyne Ltd  <b>Director</b> Otley Golf Club Limited	<b>Sole owner,</b> Entwyne Ltd	None	None	None	None	None	None

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<b>Cleveland Henry</b> Non-executive Director	<b>Director</b> <b>63 Argyle Road Ltd</b> Management Company  <b>Group Delivery &amp; Deployment Director</b> <b>EMIS Group</b> Digital Health sector	None	None	<b>Trustee</b> <b>Community Foundation For Leeds</b>	None	None	<b>Director</b> <b>UKCloud Health</b> (Technology company)	Partner Lead Cancer Nurse Leeds Teaching Hospitals NHS Trust
<b>Andrew Marran</b> Non-executive Director	<b>Non-executive Director</b> <b>MoreLife (UK) Ltd</b> Delivers tailor-made, health improvement programmes to individuals, families, local communities; within workplaces and schools  <b>Non-executive Director</b> <b>My Peak Potential Ltd</b> An organisational development company that specialises in leadership and management development using the outdoors as a vehicle for learning	None.	None.	None.	None.	None.	None.	None.
<b>Susan White</b> Non-executive Director	None.	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
<b>Martin Wright</b> Non-executive Director	None.	None.	None.	<b>Trustee</b> 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	CHos	JFA	CHol	SP	CHe	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 30 July 2020 at 9:30 am.  
This meeting was held virtually via teleconference facilities**

**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	
Mr C Henry	Non-executive Director	✓
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 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
Dr W Neil	Trust's Responsible Officer and Old Age Consultant Psychiatrist (minute 20/088)
Dr C Hosker	Consultant Psychiatrist (observing as the incoming Medical Director)
Ms K McMann	Deputy Trust Board Secretary

**Action**

20/085

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

**Sharing stories** (agenda item 1)

Prof Proctor welcomed Andrea Wardle, a volunteer Assistant Support Worker on the wards in the Becklin Centre. Ms Wardle talked about the reasons she had become a volunteer, what it meant to her to be a volunteer and also her experience of working as an Assistant Support Worker on the wards particularly during the COVID-19 pandemic.

Ms Wardle drew out some of the positive aspects of volunteering including being able to help and support people; having a sense of belonging and purpose; and developing new transferable skills. Ms Wardle then spoke about some of the difficulties she had experienced on the ward during the COVID-19 pandemic including those resulting from wearing PPE, which she said was very uncomfortable during the hot weather and also created a barrier between staff and some service users. She also noted that during the hot weather there had been no air conditioning on the ward which had made



the environment difficult to work in.

Prof Proctor thanked Ms Wardle for her honesty and insight and invited the Board to ask questions.

Mrs White noted that Ms Wardle had spoken about some elements of discrimination she had experienced in the past and asked if she had felt supported whilst working on the male ward at the Becklin Centre. Ms Wardle confirmed that whilst there had been periods of discrimination in other parts of her life she had felt very safe and supported by everyone she had worked with on the ward. Mrs White also noted that Ms Wardle had done some work volunteering for a community forest garden and suggested that they speak outside of the meeting about how this experience might be used within the Trust. It was agreed that Ms Wardle's contact details would be shared with Mrs White.

**KM**

Dr Munro thanked Ms Wardle for sharing her experiences and suggested that these could be shared with others to encourage more people to volunteer. Miss Grantham then asked if there was anything that could be done to make the process of volunteering better. Ms Wardle noted that whilst it had taken a little time for a position to become available there wasn't much else that could be changed.

Mrs Woffendin then talked about the issues of wearing PPE during hot weather linked to the matter of the air conditioning in the units not being switched on. She advised that due to the potential to spread the virus the Trust was not utilising the air conditioning and recognised that this could create an uncomfortable the environment in which staff have to work.

Prof Proctor thanked Ms Wardle for sharing her experiences with the Board and wished her all the best in her now job at the Newsam Centre. Mrs Hill agreed to write to Ms Wardle thanking her for sharing her story.

**CHill**

**20/086 Apologies for absence** (agenda item 2)

Apologies were received from Dr Claire Kenwood, Medical Director and Mr Cleveland Henry, Non-executive Director.

**20/087 Declaration of interests for directors and any declared conflicts of interest in respect of agenda items** (agenda item 3)

It was noted that Miss Grantham's declarations of interest had changed since the last meeting and that she had taken on the role of Director at the Otley Golf Club. This was noted by the Board. It was also noted that no other director had a change in their declarations of interest and that no director at the meeting had advised of any conflict of interest in relation to any agenda item.

**20/088 Responsible Officer's Annual Report** (agenda item 12)

Dr Neil presented the Responsible Officer's Annual Report. She provided an overview of the report and drew attention to the main points and the work that had been carried out over the year particularly in relation to medical

revalidation, medical appraisals and the new governance arrangements that had been put in place to support this work.

Miss Grantham noted that there had been a delay in the equality impact assessments due to COVID-19 and suggested that if support was needed with this Dr Neil might want to speak to the executive team. Mrs Holmes suggested that Dr Neil makes contact with herself and Caroline Bamford.

The Board **confirmed** that the report provided the necessary assurance and that this could be signed by the Chair of the Trust.

20/089

### Questions from Governors

Prof Proctor noted that there had been two questions submitted by Sally Rawcliffe-Foo (staff governor) who had asked what the Trust's preparations were for a potential second wave later in the year, and also whether Rose Ward at Clifton House could be used to meet the COVID-19 secure requirements.

Dr Munro noted that the Chief Executive's report later in the meeting would outline the preparations for a potential both a second wave and winter. With regard to the use of Rose Ward at Clifton House, Dr Munro advised that whilst changes could have been made to the physical environment to meet the COVID-19 secure requirements, there were issues with ensuring that sufficient staff would be available to work on the ward. She added that it was due to the issues of staffing that Rose Ward had not been utilised. She then further outlined the considerations that had been made as to the possibility of using Rose Ward, noting that members of the Forensic Leadership Team had been involved in these discussions. Mrs Forster Adams agreed to speak to members of the Leadership Team and to Mrs Rawcliffe-Foo to ensure they were aware of the rationale for the decisions taken.

JFA

20/090

### Minutes of the previous meeting held on 25 June 2020 (agenda item 4.1)

The Board considered the minutes of the meeting held on 25 June 2020. Mr Wright noted that there was a spelling error on minute 20/076 and that minute 20/079 incorrectly referred to the Finance and Performance Committee and should have referred to the Workforce Committee. Mrs Hill agreed to amend the minutes.

CHill

The minutes of the meeting held on 25 June 2020 were **received** and **agreed** as an accurate record, subject to the amendments outlined above.

20/091

### Matters arising (agenda item 5)

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

20/092

**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.

With regard to action 19/144, Prof Proctor asked when this report would come back to the Board. Mrs Hanwell reminded the Board that prior to the outbreak of COVID-19 there had been an agreement reached with the Leeds Clinical Commissioning Group that the contract for 2020/21 would include £2m funding for safe staffing, but that national events had overtaken the contract being finalised. However, she then noted that during the COVID-19 pandemic staffing levels had been provided to those required and funding had been provided by central government under the national arrangements.

With regard to the new financial framework, Mrs Hanwell advised that there was much work still to do to understand its impact and also understand the regime under which the NHS would operate and how this might affect the Trust's budgetary position.

Mrs Woffendin advised that the Safer Staffing Group had been re-established, although she noted that the Trust was not required to recommence the submission of monthly staff staffing compliance data to NHS England. However, she indicated that the Safe Staffing report to the Board in January would provide an update on the position.

Prof Proctor asked for a verbal update on progress at either the September or October Board meeting depending on when the financial planning guidance was issued.

DH

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

20/093

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

Dr Munro advised the Board of the national position, noting that the management of the COVID-19 pandemic was still operating at a Level 4 Major Incident and was still being managed on a control and command basis by NHS England. However, she noted that the focus of the management of the incident was shifting to stepping services back up throughout the country and that the main area of concern was the increasing waiting lists and backlog within the acute sector.

Dr Munro then advised that the NHS People Plan had been published,

adding that its main focus was tactical and addressed only the next 12 months. However, she added that next year the Plan would be followed up by a five-year People Plan which would be more strategic in the areas it addressed.

With regard to the Leeds System, Dr Munro reported that Leeds Gold Command continued to meet every two weeks noting that the focus of these meetings was winter planning, including the preparations for the administering the flu vaccination, and planning for a potential second wave.

With regard to the Trust, Dr Munro advised that the organisation was still operating under the national Level 4 Major Incident, but that the response arrangements had been stepped back as the situation was stabilising. She added that the focus was on moving back to addressing an increase in requests for admissions and the pressure on the Crisis Services and inpatient beds. She noted that there had been an increase in the use of Out of Area Placements and that discussions were taking place at an ICS level as to how this might be addressed in partnership with other providers.

Mrs Forster Adams provided an update on clinical services. She advised that most services continued to operate, with specialist services beginning to re-start. With regard to bringing people safely back to the workplace she noted that the evaluation of individual work environments was underway with those areas from which clinical services were delivered being completed first. Mrs Forster Adams then noted that new local operating procedures were being finalised which addressed the changes to the way services were being provided due to the COVID-19 pandemic and that information was being made available to the public, setting out what people could expect when visiting those services.

Mrs Forster Adams then provided details of the workforce, noting that staff had been encouraged to take annual leave following this period of intense workload. She also outlined the messages that had been conveyed to staff in relation to the new quarantine and support arrangements for any staff returning from those places abroad that now had quarantine restrictions, so they could take leave safely. She assured the Board that managers were working with staff to understand the number that were planning overseas leave during the summer months, noting that currently the number was very low and that any potential impact was limited.

Mrs Holmes spoke about the arrangements for the re-deployment of staff, noting that 50% of re-deployed staff had returned to their substantive roles adding that the re-deployment function and processes remained in place should it be needed in the coming months. With regard to Wellbeing Assessments, Mrs Holmes advised that these were ongoing with good progress being made. She added that 82% of substantive BAME staff had now completed their assessments with their managers. Mrs Holmes then spoke about the NHS People Plan noting that there was a focus on wellbeing and outlined some of the detail of the Plan.

On behalf of the Medical Director, Dr Hosker noted that it was a mixed picture in relation to the recruitment of medics, but that the Trust had been successful in recruiting to two vacant posts. He then outlined the posts that

were currently in the process of being recruited to.

Mrs Hanwell noted that the work to bring staff safely back to the workplace was the main area of focus for her work-stream and that to help support this piece of work an interim role for a Return to Work Co-ordinator had been established. Mrs Hanwell noted that whilst the workplace was being made safe for some staff to return to, staff in the main were being encouraged and supported to work from home. She then outlined the arrangements that had been put in place to support this.

Mrs Woffendin noted that it was 10 weeks since there had been a COVID-19 positive inpatient, although there were eleven who were on the ward who were post-COVID-19 and recovered. Mrs Woffendin noted that the Trust had an outbreak plan which was now on all wards and in clinical areas.

With regard to PPE, Mrs Woffendin noted that a recent audit had shown some areas of non-compliance and that a letter had been sent out to all staff to reiterate the importance of maintaining the correct level of compliance with the guidelines. She then outlined the infection prevention arrangements and also the physical health arrangements that were in place and the way in which the teams were operating. Mrs Woffendin then spoke about the data for infections relating to Leeds noting that this was currently very low. She also outlined some of the arrangements that would be in place should the infection rate start to rise.

Prof Proctor thanked the executive team for the updates. She then invited the Board to ask questions. Miss Grantham asked about the increase in demand for services and sought to understand if this was due only to the effects of 'lockdown' or if it was a more long-term sustained increase that could have been predicted. Mrs Forster Adams noted that the demand was not yet excessive and was reaching the point of being consistent with levels experienced over recent years. However, she noted that in the case of the acute services there was a greater level of acuity being observed in terms of complexity and behaviour and that this linked with the different ways in which services would need to be provided and the different operating models it would have an impact on the pressure for services.

Mr Marran asked if details of the work relating to the dietetics team could be circulated to the Board. Mrs Woffendin agreed to do this.

**CW**

Mrs White asked for clarification on the information about services which was being made available publically. She also asked if service users had been involved in determining changes to services and whether this had been linked to the patient experience programme. Mrs Forster Adams advised that the information was designed to inform and reassure service users of what they can expect when they use our services, particularly as there had been some changes to the methods of engaging with service users and the types of technological solutions available to ensure they remained safe. Mrs Woffendin then advised on the patient experience work and the evaluation of learning from COVID-19 and how the Patient Experience Team was linked into this.

Prof Baker asked if the Trust was providing information to staff about how

they could claim tax relief for working from home. Mrs Hanwell indicated that the position on this was complex and agreed to look again at what might be possible in terms of support to staff in this regard.

Miss Grantham welcomed the work that had been undertaken in relation to quarantine arrangements. She also welcomed the work in relation to homeworking along with the arrangements for bringing people safely back to the workplace.

With regard to the Board-to-Board meeting on the 10 September with the governors, Prof Proctor asked for the high-level key issues from the NHS People Plan to be outlined at the meeting. She also asked for the session to look at the impact of COVID-19 on the mental wellbeing of NHS and care staff and how the demand for support and care of these people would be met by mental health trusts.

Prof Proctor also noted that if there was a second wave or an impact on staff due to winter flu the Trust would need to rely on volunteers. She therefore asked for assurance as to where the volunteers plan was being progressed. Mrs Holmes noted that because some volunteers would return to their substantive employers as furlough comes to an end, it was important to look at the how the Trust would attract more volunteers in the future. She added that the plan for volunteering was being picked up through the Resourcing Plan.

The Board **received** and **noted** the report from the Chief Executive and the Executive Directors in relation to the arrangements for the management of impact of COVID-19 on the Trust.

20/094

#### **Report from the Chair of the Quality Committee for the meeting held 14 July 2020 (agenda item 8)**

Prof Baker presented the report from the Quality Committee for the meeting held on 14 July 2020. He drew particular attention to the report on restrictive interventions which had been discussed at the meeting. He added that assurance had been received that there had not been a significant change in the total figures for the use of seclusion and physical restraint and welcomed the positive measures that had been adopted by staff.

With regard to the Safeguarding Annual Report, Prof Baker noted that this had provided a detailed overview the work of the Safeguarding Team in 2019/20 and that the committee had acknowledged the improvements made to Safeguarding over the last few years.

Prof Baker also reported that the committee had discussed and supported the continuation of the Ethics Committee. The Board discussed where it should sit within the governance structure and where it should report to in order for it to maintain its ability to consider clinical practice in an open, non-judgemental and psychologically safe way. It acknowledged that the Ethics Committee should sit within the operational governance structure with assurances being provided to the Quality Committee adding that a further

level of assurance on the work of the Ethics Committee could be provided to the Board through the inclusion of a section in the Quality Committee's Annual Report. In terms of time commitment for members of the Ethics Committee it was agreed that Dr Hosker would speak to Dr Munro on this matter.

**CHosker**

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

**20/095**

**Report from the Chair of the Audit Committee for the meeting held 21 July 2020 (agenda item 9)**

Mr Wright presented the report from the Audit Committee meeting held on 21 July 2020. In particular he drew attention to the audit reports that had been presented to the committee, noting that four reports had been given significant assurance with only the Capital Programme audit having been assessed as limited assurance. However, he noted that the committee had been assured on the actions that would be taken to address the findings of that report.

With regard to the Child and Adolescent Mental Health Unit which was being built on the St Mary's Hospital site, Mr Wright suggested that the Board should receive an update on progress with this project. Prof Proctor asked for the meeting between of the Boards of the Trust and Leeds Community Healthcare NHS Trust be progressed and a date sought.

**CHill**

Mr Wright noted that the programme of internal audit work had been reviewed and that the committee had supported the changes and approved the plan. However, he noted that this was with the exception of the audit of Cyber Security, which the committee had agreed should be brought back into quarter three. He also noted that the committee had asked to be made aware of any slippage in the plan due to the number of audits that had been deferred to later in the financial year noting the pressure there already was in completing these audits.

Mr Wright also noted that the committee had discussed the Board Assurance Framework and the need to progress the update of information in the document.

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

**20/096**

**Report from the Chair of the Finance and Performance Committee 27 July 2020 (agenda item 10)**

Mrs White presented a verbal report of the matters that had been discussed by members of the Finance and Performance Committee on 27 July 2020. In particular:

- The financial position, noting that assurance had been received in relation to the COVID-19 expenditure which to date had been reimbursed in full by NHS Improvement / England and that any further ongoing expenditure was decreasing.
- Contract development, noting that work on the West Yorkshire Eating Disorder Provider Collaborative was progressing and that the Board would need to receive and agree the submission in September.
- The closure of the inpatient personality disorder unit (Garrow House) provided in partnership with the third sector, noting that the committee had received assurance that robust alternative arrangements had been made for the seven residents currently in the unit.

The Board **received** the report on behalf of the Chair of the Finance and Performance Committee and **noted** the matters reported on.

20/097

**Operational performance report** (agenda item 11.1)

Mrs Forster Adams presented the report noting that it had been presented and discussed in detail at the Finance and Performance Committee and that a number of the main points in the report had been highlighted earlier in the Board agenda.

Mrs White asked about the ability to capture data on ethnicity recording. Mrs Forster Adams provided a general update on progress with the reporting of a number of data sets, noting that it was anticipated that these would start to feed through into the performance reports in the coming weeks. Mrs Forster Adams agreed to pick up the matter of ethnicity reporting with the Head of Performance. The Board acknowledged the importance of receiving information on ethnicity, equality and inclusion.

JFA

Prof Baker noted that the Trust was benchmarking well in relation to the three-day follow-up target.

The Board **received** and **noted** the content of the operational performance report.

20/098

**Report from the Chief Financial Officer** (agenda item 11.2)

Mrs Hanwell presented the Chief Financial Officer's report. In particular she highlighted the need to continue to manage expenditure on COVID-19 related activities, although she assured the Board that this was being well managed and that there were no areas of concern to report.

She also assured the Board on the prospective capital bids for COVID-19 expenditure, noting that whilst it was not yet clear if specific items of funding would be approved she had authorised the work for those items that were considered to be of significant importance for the Trust ahead of receiving authorisation.



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

**20/082** **Smoke-free Policy update report** (agenda item 13)

Mrs Woffendin provided the Board with an update on the smoke-free policy, noting that the Trust had now become smoke-free. She paid tribute to the work that had been undertaken to achieve this, noting that much had been done to support staff and service users during the pilot by the Smoke-free Lead and the eight Healthy Living Advisors.

Mrs Woffendin noted that feedback had been sought from staff and service users and that overall this had been very positive.

Dr Munro also paid tribute to the team in achieving this and the way the project had been rolled out across the Trust.

The Board **received** the update and noted that the Trust had achieved smoke-free status.

**20/083** **Use of the seal** (agenda item 14)

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

- Log number 122: Unit A and A1, Ground Floor, 34-36 Springwell Road, Leeds LS12 1AW – licence to carry out works.
- Log number 123: Stage 4 contract with Interserve Construction for the build of the West Yorkshire Inpatient CAMHS unit on the St Mary's Hospital site.

The Board noted that the seal had been applied on two occasions since the last meeting.

**20/084** **Any other business** (agenda item 15)

There were no items of any other business.

The Chair of the Trust closed the meeting at 12:05 and thanked everyone for attending.

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>Safe Staffing Report</b> (minute 19/144 – September 2019 - agenda item 12)</p> <p>Mrs Hanwell stated that there would 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><b>Dawn Hanwell</b></p>	<p>September or October Board of Directors' meeting</p>	<p><b>ONGOING</b></p> <p>A verbal update on progress to be provided at either the September or October Board meeting depending on when the financial planning guidance is issued.</p>
<p><b>Sharing stories</b> (minute 20/085 - agenda item 1 – July 2020)</p> <p><b>NEW</b> - It was agreed that Ms Wardle's contact details would be shared with Mrs White.</p>	<p><b>Kerry McMann</b></p>	<p>Management Action</p>	<p><b>COMPLETED</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>Sharing stories</b> (minute 20/085 - agenda item 1 – July 2020)</p> <p><b>NEW</b> - Mrs Hill agreed to write to Ms Wardle thanking her for sharing her story.</p>	<p><b>Cath Hill</b></p>	<p>Management Action</p>	<p><b>COMPLETED</b></p>
<p><b>Questions from Governors</b> (minute 20/089 – July 2020)</p> <p><b>NEW</b> - Mrs Forster Adams agreed to speak to the Leadership Team and to Mrs Rawcliffe-Foo to ensure they were aware of the rationale for the decision taken about Rose Ward at Clifton House.</p>	<p><b>Joanna Foster Adams</b></p>	<p>Management Action</p>	<p><b>COMPLETED</b></p>
<p><b>Minutes of the previous meeting held on 25 June 2020</b> (minute 20/90 - agenda item 4.1 – July 2020)</p> <p><b>NEW</b> - Mrs Hill agreed to amend the minutes of the meeting.</p>	<p><b>Cath Hill</b></p>	<p>Management Action</p>	<p><b>COMPLETED</b></p>
<p><b>Chief Executive's report</b> (minute 20/093 - agenda item 7 – July 2020)</p> <p><b>NEW</b> - Mr Marran asked if details of the work relating to the dietetics team could be circulated to the Board. Mrs Woffendin agreed to do this.</p>	<p><b>Cathy Woffendin</b></p>	<p>Management Action</p>	<p><b>COMPLETED</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>Chief Executive’s report</b> (minute 20/093 - agenda item 7 – July 2020)</p> <p><b>NEW</b> - Prof Baker asked if the Trust was providing information to staff about how they can claim tax relief for working from home. Mrs Hanwell indicated that the position on this was complex and agreed to look again at what might be possible in terms of support to staff with this matter.</p>	<p><b>Dawn Hanwell</b></p>	<p>Management Action</p>	
<p><b>Report from the Chair of the Quality Committee for the meeting held 14 July 2020</b> (minute 20/094 - agenda item 8 – July 2020)</p> <p><b>NEW</b> - In terms of time commitment for members of the Ethics Committee it was agreed that Dr Hosker would speak to Dr Munro on this matter.</p>	<p><b>Chris Hosker</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p> <p>A summary paper and proposal has been submitted to the Quality Committee and will be considered on the 8.9.2020 in that forum</p>
<p><b>Report from the Chair of the Audit Committee for the meeting held 21 July 2020</b> (minute 20/095 - agenda item 9 – July 2020)</p> <p><b>NEW</b> - Prof Proctor asked for the meeting of the Boards of the Trust and Leeds Community Healthcare NHS Trust is progressed and a date sought.</p>	<p><b>Cath Hill</b></p>	<p>Management Action</p>	<p><b>ONGOING</b></p> <p>Contact has been made with LCH and a date is being finalised</p>
<p><b>Operational performance report</b> (minute 20/097 - agenda item 11.1 – July 2020)</p> <p><b>NEW</b> - Mrs Forster Adams agreed to pick up the matter of ethnicity reporting with the Head of Performance.</p>	<p><b>Joanna Forster Adams</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p> <p>The Care Director team have confirmed that ethnicity is due to start to report again in October and this will be included in the performance report as soon as possible after that</p>

### CLOSED 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 20/069 - agenda item 1 – June 2020)</p> <p>Prof Proctor thanked Mrs Rogers and asked if she would come back to the Board to share her further experiences of the management of COVID-19, particularly following a period of reflection by the team.</p>	<b>Cath Hill</b>	Management Action	<b>COMPLETED</b>
<p><b>Declaration of interests for directors and any declared conflicts of interest in respect of agenda items</b> (minute 20/071 - agenda item 3 – June 2020)</p> <p>Dr Kenwood noted that the declaration made on behalf of her spouse was not now applicable. Mrs Hill agreed to change this on the record.</p>	<b>Cath Hill</b>	Management Action	<b>COMPLETED</b>
<p><b>Report from the Chair of the Finance and Performance Committee 23 June 2020</b> (minute 20/078 - agenda item 9 – June 2020)</p> <p>Mr Wright noted that there had been a link to a video of the CAMHS construction site showing current progress which had been circulated to members of the committee and suggested that this was sent to all members of the Board. Mrs Hanwell agreed to do this.</p>	<b>Dawn Hanwell</b>	Management Action	<b>COMPLETED</b>

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 Chair of the Audit Committee from the meeting held 15 June 2020</b> (minute 20/072 - agenda item 4 - ExtraO June 2020)</p> <p>The checklist issued by NHS Audit Yorkshire to be provided to the executive team so they can identify any issues in relation to the actions necessary to address governance issues in the management of the pandemic where these have not already been identified. Cath Hill agreed to circulate the checklist.</p>	<p><b>Cath Hill / Executive Directors</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p> <p>The executive team considered the checklist and advise that there were no specific issues identified</p>
<p><b>Report from the Chair of the Finance and Performance Committee</b> (minute 20/053 - agenda item 9 – May 2020)</p> <p>Mrs Forster Adams agreed to share with members of the Board the document setting out the redeployment process.</p>	<p><b>Joanna Forster Adams</b></p>	<p>Management Action</p>	<p><b>COMPLETED</b></p> <p>This was circulated to Board members by email 21 July 2020</p>
<p><b>Update on the implementation of the smoke-free policy</b> (agenda item 13)</p> <p>The Board received and considered the update on the smoke-free pilot and asked that a further update would be brought back to the July Board meeting.</p>	<p><b>Cathy Woffendin</b></p>	<p>Date of meeting to be agreed</p>	<p><b>COMPLETED</b></p> <p>This has been included on the July agenda</p>

## Chair's Report

AGENDA  
ITEM

9

<b>Name of the meeting being reported on:</b>	Mental Health Legislation Committee
<b>Date your meeting took place:</b>	4 August 2020
<b>Name of meeting reporting to:</b>	Board of Directors

### Key discussion points and matters to be escalated:

Key issues discussed:

1. The Committee welcomed Chris Hosker, new Medical Director to the meeting. He will take over as the lead Executive Director for Mental Health. Cathy Woffendin will continue to be a member of the Committee to maintain close links with CQC project work and to deputise for Chris when necessary. The Committee's Terms of Reference have been revised to reflect this change.
2. The Committee reviewed the Annual Mental Health Legislation Report for 2019/20, and the Report for Quarter 1 of 20/21, and were assured that plans are in place to ensure ongoing compliance with all Mental Health Legislation despite the constraints and challenges of Covid. However, provision and analysis of data for these reports has been limited since the introduction of Care Director. Nikki Cooper will be attending the next meeting to review data provision generally and agree proposals for improved reporting including the use of Statistical Process Charts. The Committee also retrospectively approved the annual report of this committee.
3. The Committee was very pleased to receive a comprehensive report from Advonet, provider of advocacy services in Leeds. This provided assurance that contact between services users and advocates was taking place effectively via technology and that staff on wards have been working hard to facilitate and enable this. Unfortunately no advocacy service data is available for York – a continuing concern which is being followed up by Oliver Wyatt.
4. The Committee received an update on the CQC Provider Action Statement Effectiveness Review at Mill Lodge where previously there had been concerns. Mill Lodge has recently received a virtual CQC Mental Health Act inspection with positive outcomes.
5. The Committee was informed that a draft contract had been developed for LYPFT to continue to provide mental health act administration to LCH at Little Woodhouse Hall, and at St Mary's in the future.
6. The Committee received a report from the MH Operational Steering Group. Of note is that peer support workers will attend this group in future to provide much needed service user voice. The management and designation of section 136 beds may need

to be more flexible in order to comply with legislation where beyond 24 hours it is not possible to admit a service user to a bed. The Committee will be keeping this issue under close review. And finally that work on the Synergi Collaborative to improve access for BAME service users has restarted following Covid. The Committee asked for a full update from Sharon Prince in February.

7. Feedback from Mental Health Act Managers was that they would like to conduct virtual hearings via video conference rather than telephone conference. This has subsequently been discussed at the Managers Forum and trials of video conference hearings are now underway.

**Report completed by:**

Name of Chair and date:

Sue White (Deputy Chair) September 2020



**AGENDA  
ITEM**

**9.1**

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Terms of Reference for the Mental Health Legislation Committee
<b>DATE OF MEETING:</b>	24 September 2020
<b>PRESENTED BY:</b> (name and title)	Sue White, Non-executive Director
<b>PREPARED BY:</b> (name and title)	Sarah Layton, Mental Health Legislation Officer

<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>		
Attached are the revised Terms of Reference for the Mental Health Legislation Committee which were considered and agreed at the committee meeting on 4 August 2020.		
The Board is asked to consider and ratify the refreshed Terms of Reference.		
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>
The Board of Directors is asked to consider and ratify the refreshed Terms of Reference for the Mental Health Legislation Committee.

## Mental Health Legislation Committee

### Terms of Reference

#### 1 NAME OF GROUP / COMMITTEE

The name of this committee is the Mental Health Legislation Committee.

#### 2 COMPOSITION OF THE GROUP / COMMITTEE

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

##### Members: full rights

Title	Role in the group / committee
Non-executive Director	Committee Chair
Non-executive Director	Deputy Chair
Medical Director	Executive Director with MHL Knowledge
Deputy Chief Operating Officer	Linkage to Care Services, Chair of the MHL Operational Steering Group
Executive Director of Nursing, Quality and Professions	Executive Director with links to CQC

##### Attendees:

Title	Role in the group / committee	Attendance guide
Associate Medical Director for Mental Health Legislation	Advisory and technical expertise	Every meeting
Head of Service (Adult Social Care, Leeds)	Linkage to Local Authority	Every meeting
Associate Director for Corporate Governance	Linkage to Board and other sub-committees	As required
Head of Mental Health Legislation	Advisory and technical expertise	Every meeting
Deputy Chair of Mental Health Act Managers Forum	MHAM's perspective, experience and concerns	Every meeting
Associate Director for	Linkage to care services	Every meeting

Title	Role in the group / committee	Attendance guide
Leeds Care Group		
Associate Director for Specialist Services	Linkage to specialist services	Every meeting
Governor	Observer with opportunity to contribute to discussions	Every Meeting

In addition to anyone listed above as a member, at the discretion of the chair of the committee the committee may also request individuals to attend on an ad-hoc basis to provide advice and support for specific items from its work plan when these are discussed in the meetings.

### 3 QUORACY

**Number:** The minimum number of members for a meeting to be quorate is 4. This must include the Chair / Deputy Chair of the meeting, the Medical Director and two nominated individuals (or their deputies), one to represent each care group. Attendees do not count towards quoracy. If the chair is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by the Deputy Chair.

**Deputies:** Where appropriate members may nominate deputies to represent them at a meeting. Deputies do not count towards the calculation of whether the meeting is quorate except if the deputy is representing the member under formal “acting up” arrangements. In this case the deputy will be deemed a full member of the group / committee.

It may also be appropriate for attendees to nominate a deputy to attend in their absence.

A schedule of deputies, attached at appendix 1, should be reviewed at least annually to ensure adequate cover exists.

**Non-quorate meeting:** Non-quorate meetings may go ahead unless the chair decides not to proceed. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

**Alternate chair:** The unique character of Board sub-committees is that they are non-executive director chaired. The Mental Health Legislation Committee has two non-executive director members hence the role of the chair will automatically fall to the other non-executive director if the chair is unable to attend.

### 4 MEETINGS OF THE COMMITTEE

**Frequency:** The Mental Health Legislation Committee will normally meet every three months or as agreed by the Committee.

**Urgent meeting:** Any member of the group / committee member may request an urgent meeting. The chair will normally agree to call an urgent meeting to discuss the specific matter, unless the opportunity exists to discuss the matter in a more expedient manner.

**Minutes:** Draft minutes will be sent to the Chair for review and approval within seven working dates of the meeting by the MHL Team Leader.

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

## 5 AUTHORITY

**Establishment:** The Mental Health Legislation Committee is a sub-committee of the Board of Directors and has been formally established by the Board of Directors.

**Powers:** The MHL Committees powers are detailed in the Trust's Scheme of Delegation. The Mental Health Legislation Committee has delegated authority to oversee the management and administration of the Mental Health Act 1983, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Committee is authorised by the Board to investigate and seek assurance on any activity within its terms of reference. The Committee is authorised by the Board to approve the appointment, re-appointment and make decisions in respect of remuneration to the Trusts Mental Health Act Managers. The Board will be cited on any decisions taken in respect of Mental Health Act Managers via the Chairs report. The delegated powers will be reviewed by the Board at a minimum of three yearly intervals.

**Cessation:** The MHL Committee is a standing committee in that its responsibilities and purpose are not time limited. However, the committee has a responsibility to review its effectiveness annually and on the basis of this review and if agreed by a majority of members the Chair of the committee may seek Board authority to end the Mental Health Legislation Committee's operation.

In addition, the Trust should periodically review its governance structure for continuing effectiveness and as a result of such a review the Board may seek the winding up of the Mental Health Legislation Committee.

This committee is implemented as a part of the 2013 governance review

## ROLE OF THE COMMITTEE

### 6.1 Purpose of the Committee

Objective	How the group / committee will meet this objective
Governance and	The MHL Committee provides assurance to the Board regarding compliance with all aspects of the Mental

compliance	Health Act 1983 and subsequent amendments and on compliance with all aspects of mental health legislation including, but not limited to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
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## 6.2 Guiding principles for members (and attendees) when carrying out the duties of the group / committee

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

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

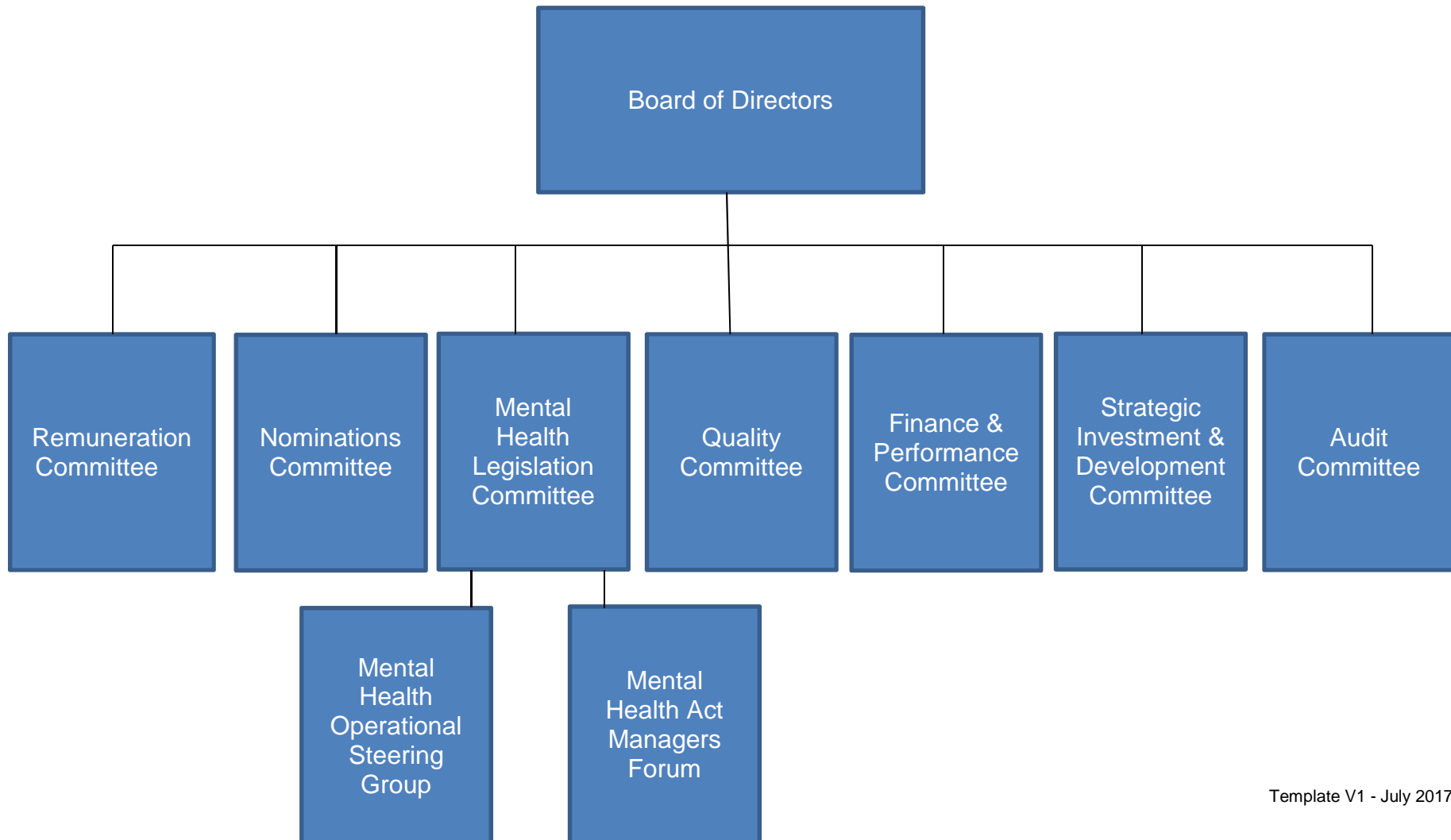
## 6.3 Duties of the group / committee

The MHL Committee has the following duties:

- Mental health legislation
  - The Committee will monitor and review the adequacy of the Trust's processes for administering the Mental Health Act 1983 and subsequent amendments and on compliance with all aspects of mental health legislation including the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
  - Formally submit an annual report on its activities and findings to the Board of Directors.
  - Consider and make recommendations on other issues and concerns in order to ensure compliance with the relevant mental health legislation and to promote best practice by adherence to the codes of practice.
  - Review the findings of other relevant reports functions, both internal and external to the organisation, and consider the implications for the governance of the organisation
- Mental Health Act Managers' Forum
  - The Mental Health Legislation Committee will ensure that the Mental Health Act Managers' Forum is supported to share experience, promote shared learning and raise concerns, where appropriate both amongst themselves and, with the Trust Board and management
  - The Mental Health Legislation Committee will act as arbiter of any disputes in the work of Mental Health Act Managers arising either through the Mental Health Act Managers Forum or from individuals
- Performance and regulatory compliance

- Will receive assurance from the MHL Operational Steering Group regarding the flow of Mental Health Act inspection reports and related Provider Action Statements.
  - Will receive assurance from the MHAMs Forum regarding training, learning and development.
  - To provide relevant assurance to the Board as to evidence of compliance with the Care Quality Commission registration and commissioning requirements related to Mental Health Act.
- Training, clinical development and guidance
    - To monitor and recommend action to ensure there are adequate staff members/skill mix trained in the application of mental health legislation and there is sufficient training provided to maintain the required competency levels within clinical teams.
    - To oversee the development and implementation of good clinical practice guidelines and effective administrative procedures in regard to the Mental Health Act and Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and advise on any other matters pertinent to MCA within the Trust
- Assurance
    - To ensure adequate quality control arrangements are in place to enable:
      - Annual Mental Health Act report
      - Continuous monitoring arrangements
      - Agreed board reporting process
    - To ensure there is an agreed programme of clinical audit and mechanisms for following up actions arising
    - Receive the Board Assurance Framework and ensure that sufficient assurance is being received by the committee in respect of those strategic risks where it is listed as an assurance receiver
    - Receive the quarterly documentation audit to be assured of the findings, how these will be addressed and progress with actions.
- User and carer involvement
    - To ensure there is a mechanism for service users, carers and other groups with an interest to contribute to discussions and agreement on proper use of the relevant legislation, with particular regard to the experience of compulsory detention and its therapeutic impact
    - Consider any feedback received from service user surveys

## 7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES



## **8 DUTIES OF THE CHAIR**

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

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

It will be the responsibility of the chair of the committee to ensure that it (or any group that reports to it) carries out an assessment of effectiveness annually, and ensure the outcome is reported to the Trust Board along with any remedial action to address weaknesses. The chair will also be responsible for ensuring that the actions to address any areas of weakness are completed.

In the event of there being a dispute between any committees in the meeting structure it will be for the chairs of those committees to ensure there is an agreed process for resolution; that the dispute is reported to the committees concerned and brought to the attention of the Board of Directors; and that when a resolution is proposed that the outcome is reported back to all the committees concerned for agreement.

## **9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS**

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

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



**Schedule of deputies**

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

<b>Full member (by job title)</b>	<b>Deputy (by job title)</b>
Non-executive Director (Chair)	Non-executive Director second member
Non-executive Director	None
Medical Director	Executive Director (ideally with knowledge and experience of MHL)
Executive Director of Nursing, Quality and Professions	Executive Director with links to CQC
Deputy Chief Operating Officer	Associate Director

<b>Attendee (by job title)</b>	<b>Deputy (by job title)</b>
Associate Medical Director for Mental Health Legislation	No deputy available to attend this Committee
Head of Service (Adult Social Care, Leeds)	Service Delivery Manager
Head of Corporate Governance	Governance Officer
Head of Mental Health Legislation	Mental Health Legislation Team Leader / Law Advisor
MHA managers' nominated individual	Another MHA Manager
Associate Director for Leeds Care Group	Another Associate Director / Deputy
Associate Director for Specialist Services	Another Associate Director / Deputy
Governor	

## Chair's Report

**AGENDA  
ITEM**

**10**

<b>Name of the meeting being reported on:</b>	Quality Committee
<b>Date your meeting took place:</b>	8 September 2020
<b>Name of meeting reporting to:</b>	Board of Directors – 24 September 2020
<b>Key discussion points and matters to be escalated:</b>	
<p><b>At the Quality Committee meeting that took place on the 8 September 2020:</b></p> <ul style="list-style-type: none"> <li>• The Committee was informed of two outbreaks that had occurred in the Trust during August 2020 and agreed that it was assured around the management of the outbreaks and the robustness of the Trust's Outbreak Procedure.</li> <li>• The Committee received the Combined Quality and Workforce Performance Report. It noted that no pressure ulcers had been recorded since October 2019 and was assured that this was not a recording error. The Committee recognised the significant amount of work that had been carried out over the last two years around pressure ulcers.</li> <li>• The Committee reviewed the final Suicide Prevention Plan and agreed that it supported the Plan. It was assured that the Plan would be reviewed in light of any national or regional changes to suicide prevention. It asked for an update on the implementation of the Plan to be brought back in six months.</li> <li>• The Committee reviewed a proposal to invest in additional resource to support the Chair of the Ethical Advisory Group. It agreed that it supported the development of the Ethical Advisory Group and agreed the Group should be embedded within the organisation.</li> </ul>	
<b>Report completed by:</b>	Professor John Baker 15 September 2020

**AGENDA  
ITEM**

**12.1**

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	<b>Combined Quality, Performance and Workforce Report</b>
<b>DATE OF MEETING:</b>	<b>24 September 2020</b>
<b>PRESENTED BY:</b> (name and title)	Joanna Forster Adams - Chief Operating Officer
<b>PREPARED BY:</b> (name and title)	Nikki Cooper – Head of Performance Management and Informatics Cathy Woffendin – Director of Nursing and Professions Claire Holmes – Director of Workforce Chris Charlton – Information Manager Performance & BI

<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 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.</p> <p>Since April, when we implemented Care Director as our Electronic Patient Record system, our performance reporting capability has been being rebuilt. This means that the CQPR has been more limited than our routine Board level report. However, in broad terms the report aims to set out our performance against:</p> <ul style="list-style-type: none"> <li>• The regulatory NHSI Oversight Framework</li> <li>• The Standard Contract metrics we are required to achieve</li> <li>• The NHS England Contract</li> <li>• The Leeds CCG Contract</li> </ul> <p>As discussed over the course of the last few months we have continued within our services to use live data and the availability of dashboards and reports has been increasing.</p> <p>This month we indicate where we are working to establish standards which reflect the new way many of our services are delivered and in particular where practice has changed. Please note that these changes over the course of the Covid pandemic has resulted in challenges in terms of our traditional and established performance target achievement as set out in the attached report.</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:</p> <ul style="list-style-type: none"> <li>• Note the content of this report and discuss any areas of concern</li> <li>• Identify any issues for further analysis as part of our governance arrangements.</li> </ul>

# COMBINED QUALITY AND PERFORMANCE REPORT



Lead Director: Joanna Forster Adams, Chief Operating Officer

Date: Sep 2020 (reporting Aug 2020 data, unless otherwise specified)

## Introduction

### Key themes to consider this month:

Unless otherwise specified, all data is for August 2020

#### Consistency and improvement:

This monthly Combined Quality and Performance Report is a welcome return to the standard recognised format and which now includes many of the key performance indicators, redeveloped following implementation of our new electronic patient record system CareDirector at the end of March 2020. All data reported in 2020-21 needs to be treated with some caution following implementation of CareDirector and ongoing data validation work taking place. As things stand, the usual finance section remains under review and dependent on clarity around Covid-19 funding arrangements. We are awaiting further guidance which will hopefully inform future content in this area.

During August, a number of services achieved their access standard / target including the percentage of service users who stayed on CRISS caseload for less than 6 weeks, and the percentage of inpatients followed up within 3 days of discharge from CCG commissioned services, the latter now part of our Standard NHS contract. Data quality improvement remains key as a range of metrics were subject to redesigned recording and reporting processes as part of CareDirector implementation. The need to reduce placements out of area continues with long lengths of stay continuing to impact on the flow within our inpatient setting.

#### Workforce:

As we're now under new legally-enforced restrictions to help control the virus – things continue to change around us and we recognise how challenging this can be.

As a Trust we continue to work hard to keep each other, our service users and families safe and well protected from infection. Our LYPFT, Interserve and additional agency staff continue to perform deep cleans and take on new additional cleaning regimes and schedules across our sites. Our workforce are playing a vital role in keeping us safe and controlling the virus and we remain grateful and appreciative of their ongoing support in all of our services.

Our focus over the last few weeks has been on managing an emerging small number of potential outbreaks in our workforce and with patients. Currently the numbers of incidents are relatively low and this is because of the vigilance and support from staff.

The Trust continues to work its way through national measures and guidance, our priority being to keep all staff, service users and those who need our support as safe and well as can be, planning and coordination arrangements are in place to ensure that the Trust maintains safe service delivery and resilience as far as possible into the future. Local infection prevention experts continue to support other staff in the organisation, and are working alongside colleagues in other organisations. The Trust continues to collaborate and work closely with other providers of care and support across Leeds, West Yorkshire and beyond.

#### Work in Progress:

As anticipated some of the routine KPIs remain unavailable for reporting and we continue to develop our data warehouse and reporting to accommodate data from CareDirector. Measures will continue to be re-introduced into the report as they become available. Additional service activity trend data is now included in this report to assist with understanding activity in the absence of some routine KPIs.

We also recognise that a number of the waiting time measures don't fit with the current service offers due to Covid-19 and we are looking to develop some alternative measures that better reflect this.

## Service Performance – Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Jun-20	Jul-20	Aug-20
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	62.3%	63.4%	63.2%
Percentage of ALPS referrals responded to within 1 hour	90%	22.1%	15.9%	33.9%
Percentage of S136 referrals assessed within 3 hours of arrival	-	17.5%	7.8%	12.3%
Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral	Aug 75%	14.1%	8.7%	18.1%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70%	97.4%	95.3%	84.4%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50%	17.8%	23.7%	22.7%
Percentage of CRISS caseload where source of referral was acute inpatients	tba in Q2	reporting in development		
Services: Access & Responsiveness to our Regional and Specialist Services	Target	Jun-20	Jul-20	Aug-20
Gender Identity Service: Median wait for those currently on the waiting list (weeks)	-	reporting in development		
Gender Identity Service: Number on waiting list	-	reporting in development		
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	95%	28.3%	-	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) quarterly	-	reporting in development		
Deaf CAMHS: average wait from referral to first face to face contact in days (monthly)	-	reporting in development		
Forensics: HCR20: Percentage completed within 3 months of admission (quarterly)	95%	reporting in development		
Forensics: HCR20 & HoNOS Secure: Percentage completed (LOS greater than 9 months) (quarterly)	95%	reporting in development		
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	50.0%	-	-
Perinatal Community: Percentage waiting less than 2 weeks for first contact (routine) (quarterly)	85%	33.3%	-	-
Perinatal Outreach: Average wait from referral to first contact (all urgencies) (quarterly)	-	reporting in development		
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	Q1 440	338	-	-
Perinatal: Face to Face DNA Rate (quarterly)	-	5.3%	-	-
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90%	90.0%	84.6%	73.9%
Community LD: Percentage of Care Plans reviewed within the previous 12 months	90%	reporting in development		
Services: Our acute patient journey	Target	Jun-20	Jul-20	Aug-20
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	2.2%	52.7%	82.3%
Crisis Assessment Unit (CAU) length of stay at discharge	-	1.0	4.9	7.3
Liaison In-Reach: attempted assessment within 24 hours	90%	72.0%	69.4%	88.0%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94-98%	92.8%	97.3%	96.1%
• Becklin – ward 1 (female)	-	70.6%	96.9%	97.7%
• Becklin – ward 3 (male)	-	99.1%	95.3%	94.3%
• Becklin – ward 4 (male)	-	95.2%	100.4%	96.6%
• Becklin – ward 5 (female)	-	100.2%	94.9%	96.6%
• Newsam – ward 4 (male)	-	99.2%	98.9%	95.4%
• Older adult (total)	-	59.9%	75.5%	83.7%
• The Mount – ward 1 (male dementia)	-	35.1%	58.6%	69.1%
• The Mount – ward 2 (female dementia)	-	61.8%	70.5%	78.5%
• The Mount – ward 3 (male)	-	49.2%	77.0%	90.7%
• The Mount – ward 4 (female)	-	87.1%	89.0%	90.2%

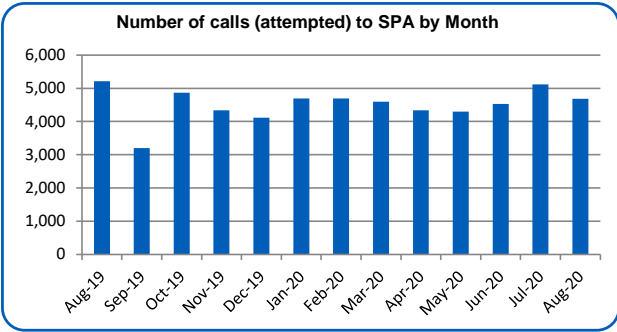
\* A technical reporting error has been identified in relation to measurement of waiting times, all affected KPIs have been refreshed back to April (ALPS 1hr, Crisis 4hr, Liaison 24hr, S136 3hr, EIP 2wk)

## Service Performance – Chief Operating Officer

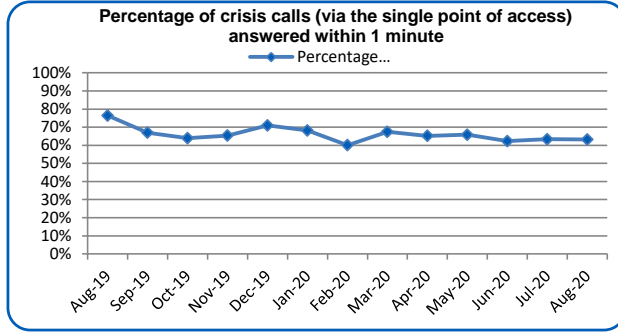
Services: Our acute patient journey	Target	Jun-20	Jul-20	Aug-20
Percentage of delayed transfers of care	<7.5%	<i>reporting in development</i>		
Total: Number of out of area placements beginning in month	-	36	22	11
Total: Total number of bed days out of area (new and existing placements from previous months)	Aug 245	678	731	622
Acute: Number of out of area placements beginning in month	-	30	18	5
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	495	537	387
PICU: Number of out of area placements beginning in month	-	6	4	6
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	183	194	235
Older people: Number of out of area placements beginning in month	-	0	0	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	0	0	0
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90%	57.6%	-	-
Services: Our community care	Target	Jun-20	Jul-20	Aug-20
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	-	80.5%	78.2%	76.7%
Percentage of inpatients followed up within 3 days of discharge (CCG commissioned services only)	80%	85.5%	78.5%	80.0%
Number of service users in community mental health team care (caseload)	-	4,618	4,740	4,866
Percentage of referrals seen within 15 days by a community mental health team	80%	78.7%	82.2%	68.1%
Percentage of referrals to memory services seen (face to face) within 8 weeks (quarter to date)	90%	59.3%	81.8%	76.9%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50%	31.3%	0.0%	25.0%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60%	46.2%	53.3%	40.0%
Early intervention in psychosis (EIP) : Percentage of people with at least 2 outcome measures recorded at least twice	Q1 15%	<i>reporting in development</i>		
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	tbc	50.0%	-	-
Cardiometabolic (physical health) assessments completed: Community Mental Health (patients on CPA) (quarterly)	80%	<i>reporting in development</i>		
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90%	60.0%	-	-
Services: Clinical Record Keeping	Target	Jun-20	Jul-20	Aug-20
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	MAR 89.1%	APR 85.0%	MAY 82.2%
Percentage of service users with ethnicity recorded	-	<i>reporting in development</i>		
Percentage of service users with sexual orientation recorded	-	<i>reporting in development</i>		
Percentage of in scope patients assigned to a mental health cluster	-	<i>reporting in development</i>		
Percentage of Care Programme Approach Formal Reviews within 12 months	95%	<i>reporting in development</i>		
Timely Communication with GPs: Percentage notified in 7 days (CPA Care Plans only) (quarter to date)	80%	<i>reporting in development</i>		
Timely Communication with GPs: Percentage notified in 24 hours (inpatient discharges only) (quarter to date)	tba	<i>reporting in development</i>		
Percentage of perinatal referrals with reason recorded to enable identification of preconception/perinatal (DQIP)	tba	<i>reporting in development</i>		



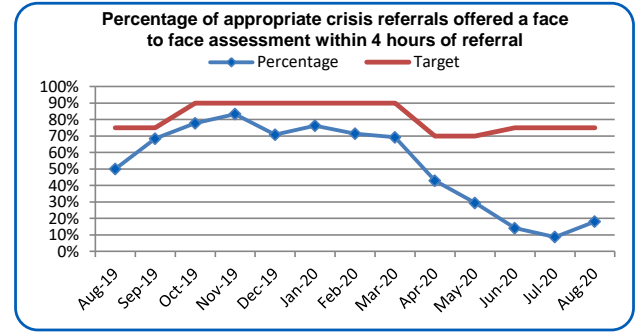
# Services: Access & Responsiveness: Our response in a crisis



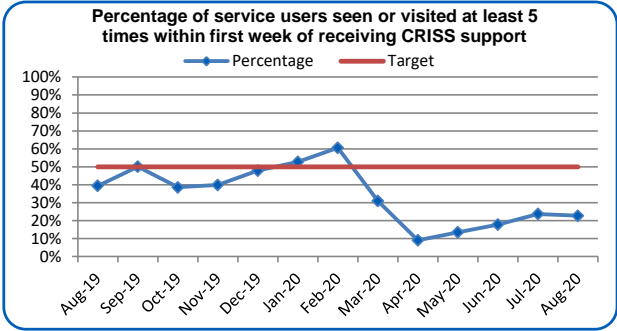
Aug calls: 4,684  
 Sept 19 data only 12th - 30th Sep due to system migration



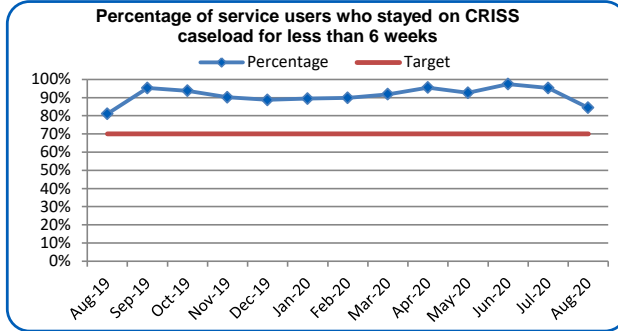
Local target: within 1 minute: Aug 63.2%  
 Sept 19 data limited due to system migration



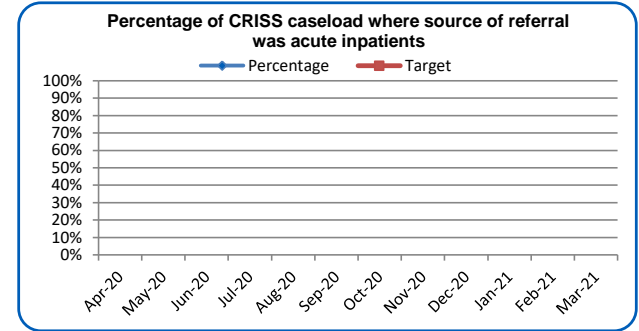
Contractual target 75% (Aug) to 90% (EOY) Aug 18.1%  
 20-21 data quality validation ongoing



Contractual target 50%: Aug 22.7%

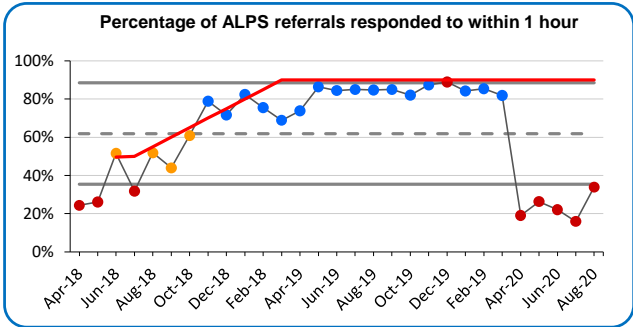


Contractual target 70%: Aug 84.4%

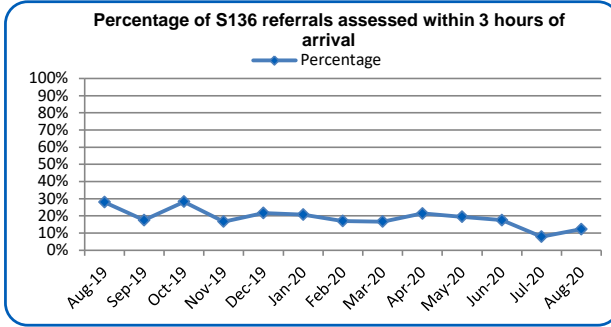


Contractual target - Baseline in Q1, target tba from Q2 20-21  
 data development ongoing

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



Contractual target 90%: Aug 33.9%



Contractual measure: Aug 12.3%

SPC Chart Key

- Average
- Upper process limit
- Lower process limit
- Target
- Actual

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

Within the Crisis Resolution and Intensive Support Service (CRISS) the team continue to be committed to achieving the Core Fidelity standards.

Core Fidelity Standard 1 relates to timely access to the CRISS service (within 4 hours for emergency referrals). The trajectory agreed with commissioners for 2020-21 aims for performance above 70% during April and May, moving towards 90% by March 2021. Some data quality issues have been identified on reporting of the 4 hour access standard via our new EPR system CareDirector. Work is currently underway to address the accurate recording of key fields contributing to the calculation of this measure, with planned retrospective reporting back to April.

The CRISS service aims to provide face to face contact 5 times in the first week of referral, in line with Core Fidelity standard 38 for at least 50% of referrals. The service were achieving this and on an upward trajectory earlier in the calendar year and prior to Covid-19 and the change in EPR system. There were fewer face to face contacts than would normally be expected, during the initial Covid-19 period, that will have impacted on this measure, with telephone contacts being used where it was appropriate. We continue to work to address initial data quality issues and there are positive signs with the percentage increasing from 9.1% in April to 22.7% in August. The number and proportion of face to face appointments continues to increase across the service, from an average of around 25% in May to 32% of total health appointments in August, however we are not expecting to be doing the same face to face contact as originally agreed, whilst the pandemic is still very much active. All considerations for face to face or telephone are discussed in daily MDT meetings, particularly for service users RAG rated red who we would normally always see face to face daily. The length of stay on caseload measure has been consistently above the 70% target month on month in 2020-21 to date, although performance dipped slightly in August with 84.4% of people staying on the CRISS caseload for less than 6 weeks.

The service experienced an increase in activity during August, which combined with an increase in staff sickness has resulted in some capacity issues and system pressures.

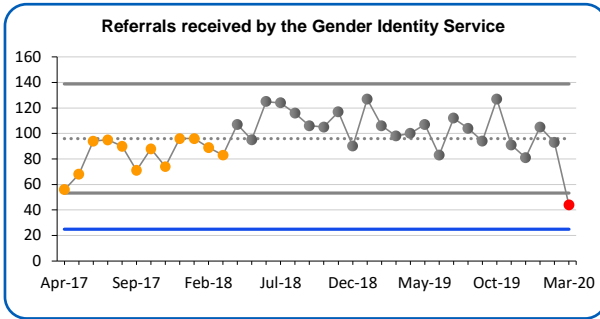
### **Actions taken/ to be taken: Continue to work to address accurate recording of information on CareDirector**

Performance against the 1 hour response target for the Acute Liaison Psychiatry Service (ALPS) is currently reported below the 90% threshold with 33.9% referrals responded to within 1 hour in August, and 59% responded to within 3 hours. Currently the 1 hour standard is unachievable due to the relocation of the service from the St James Hospital site to a base and alternative assessment area at Becklin. The move has caused issues in terms of speed at which we can respond and as a service we are working with LTHT colleagues to continue to agree how best to manage this heading into winter.

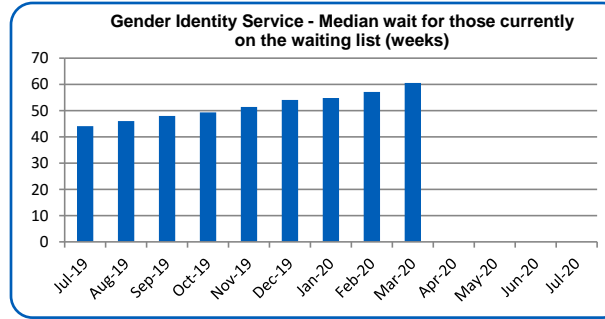
Referral rates to the team are consistent with pre-Covid-19 levels with 147 reported in August. There are some concerns about data quality in relation to this service which are currently being reviewed but there have been improvements during Q2. Additionally a technical reporting error has since been identified, impacting on our re-developed waiting times performance measures, this one in particular. Data has since been refreshed back to April and reflected in this latest report.

**Actions taken/to be taken: The ALPS team continue to review all breaches of 1 hour and investigate all recording issues negatively impacting on the data; data quality to remain a focus for the team, together with working with Leeds Teaching Hospitals on the location of staff to enable the 1hr target to be met. Provide further information update on the impact of responsiveness.**

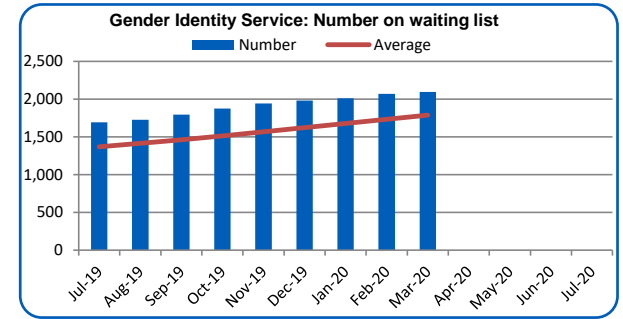
# Services: Our Specialist Services



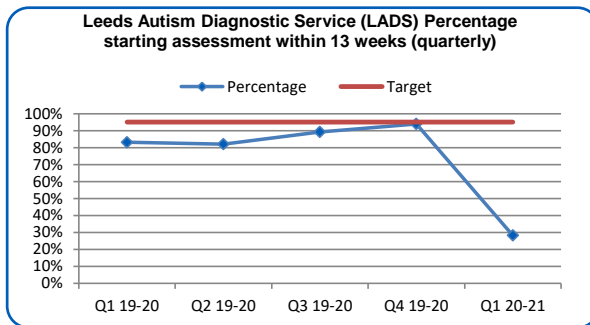
Total referrals: 20-21 data development ongoing



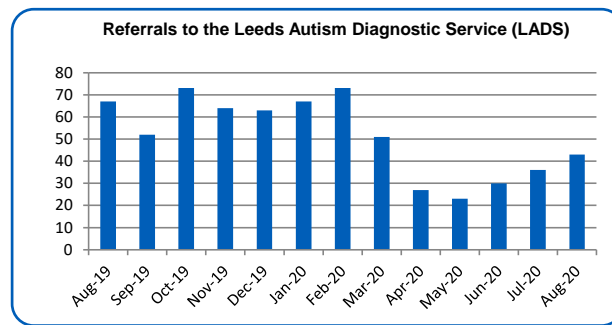
Median wait: 20-21 data development ongoing



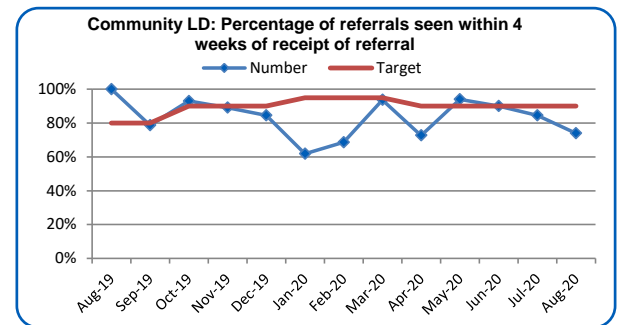
Number on waiting list: 20-21 data development ongoing



Contractual target 95% Q1: **28.3%**



Local measure: Aug **43**

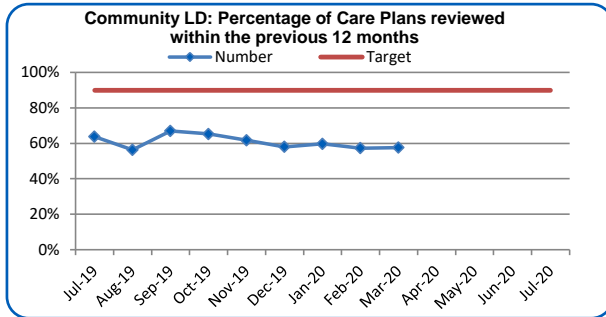


Contractual target 90% Aug **73.9%**

**SPC Chart Key**

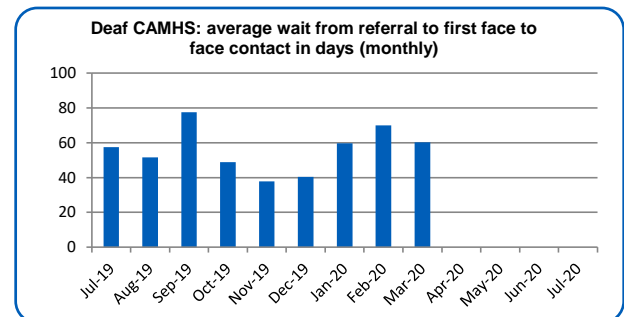
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- Upper process limit
- Lower process limit
- Target
- Actual

## Services: Our Specialist Services (continued)

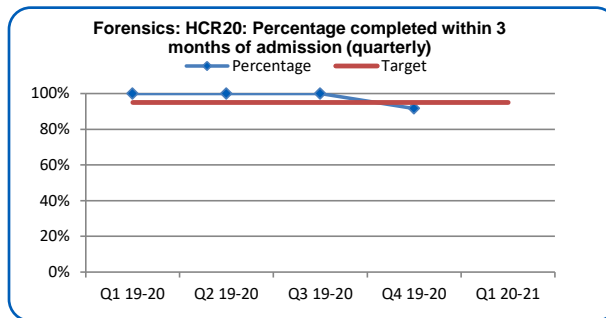


Contractual target 90%: 20-21 data development ongoing

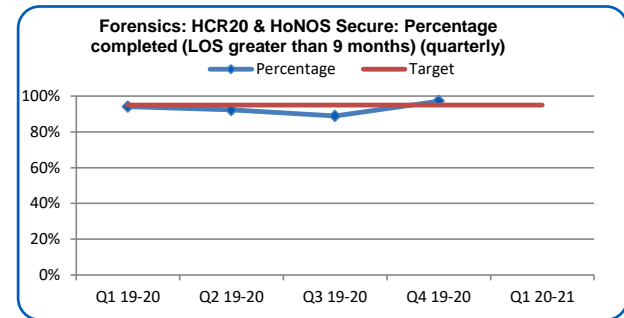
Placeholder : CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) quarterly



Local measure: 20-21 data development ongoing

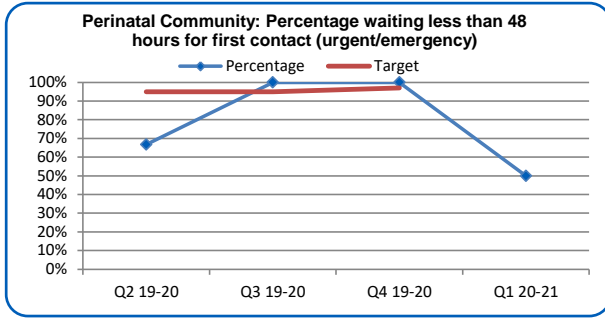


Contractual target 95%: 20-21 data development ongoing

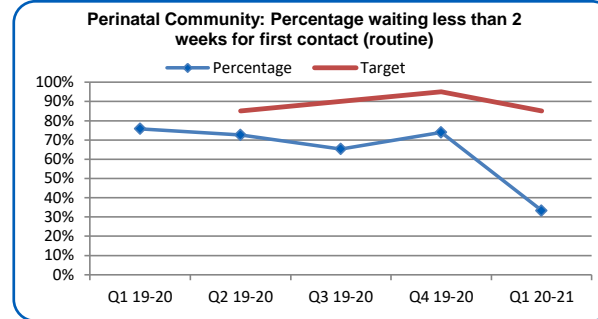


Contractual target 95%: 20-21 data development ongoing

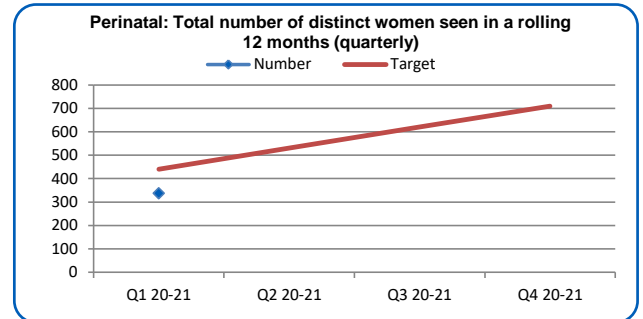
## Services: Our Specialist Services (continued)



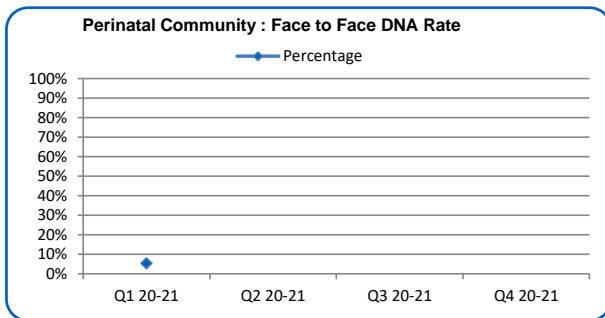
Contractual Target: tba Q1 50%



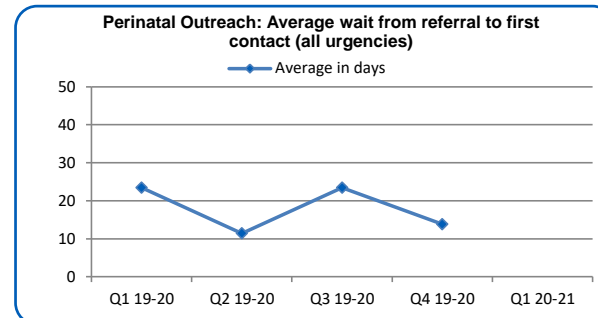
Contractual Target 85%, Q1: 33.3%



Local measure: Q1 Target 440, Q1 338



Contractual measure: Q1 5.3%



Local measure: 20-21 data development ongoing

## Services: Our Regional and Specialist Services

In order to achieve the Leeds Autism Diagnostic Service target of 95% starting assessment within 13 weeks, referral numbers usually allow for only 1 breach of the target. Performance in Q1 was reported at 28.3% with 13 from 46 people starting assessment within 13 weeks.

Staff in the Leeds Autism Diagnostic Service (LADS) were redeployed from the service to support inpatient services during Covid-19 effort which has reduced capacity to process referrals and provide assessment consistently within 13 weeks and resulted in a waiting list being created. Capacity has since been restored with staff returning during Q2. The service has worked remotely, starting most assessments via video conference and successfully piloting clinical decisions by video which has been used where possible. However most have required face to face appointments and capacity to undertake clinical decisions is not yet at pre-Covid-19 levels.

In Perinatal Services the team have been undertaking a large proportion of activity via telephone rather than telemedicine/face to face and this is impacting particularly on the 14 day target. The team are now working towards an increase in the use of telemedicine and F2F contact, and all bar one of the previously redeployed staff have been returned to the community team. In addition we have identified data quality issues with the recording of outcomed appointments which is currently being resolved. In partnership with commissioners we are currently finalising a revised trajectory for the number of new women to be seen by the service as part of our plan refresh to NHSE/I.

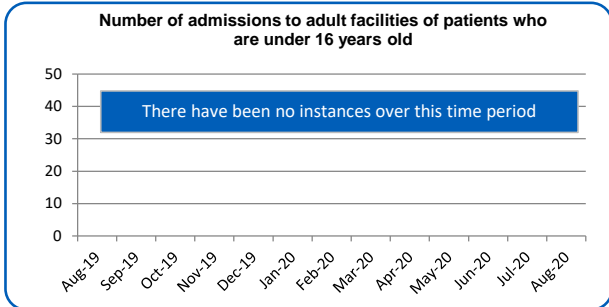
**Actions taken / to be taken: Accurate recording of information to continue to be addressed in Clinical Team Manager and Clinical lead meetings and agreement on a revised trajectory for the number of new women seen for the year.**

The Community Learning Disability Team (CLDT) has a contractual target of 90% of referrals to be seen within 4 weeks of referral. The target for the percentage of referrals seen by the team within this timeframe was met in the latter part of Q1 (May 94.1% and June 90%) resulting in an overall Q1 performance just below target at 87.2% (42 out of 48 referrals seen within 4 weeks of receipt of referral). Latest data reported shows a drop in performance to 73.9% in August where 6 out of 23 people in month weren't recorded as seen within the agreed standard. Analysis of the breaches has previously shown a mixture of visits being recorded in case notes (rather than health appointments on the system) or service user/carer choice.

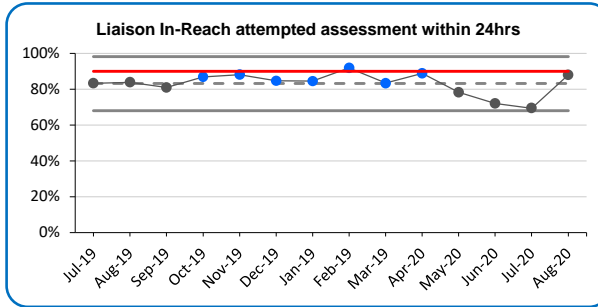
**Actions taken / to be taken: Recording continues to be addressed in Clinical Team Manager and Clinical lead meetings. Similarly to LADS the team are working through the process of resetting services with redeployed staff returning.**

Many of the other Key Performance Indicators which support our Regional and Specialist Services remain in re-development following the significant impact of our implementation of CareDirector on reporting. We aim to resume reporting of these during Q3.

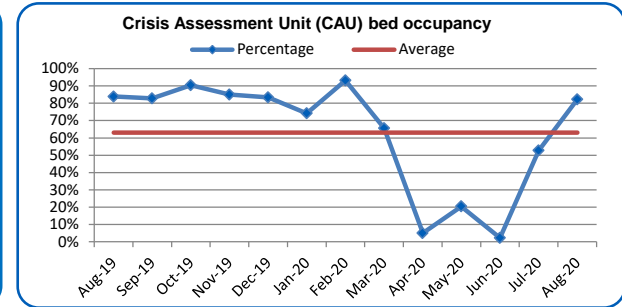
# Services: Our acute patient journey



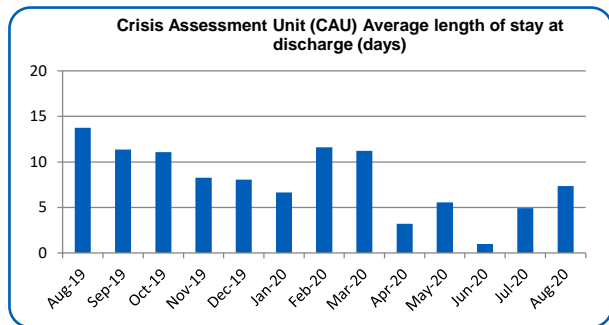
National (NOF): No target: August 0



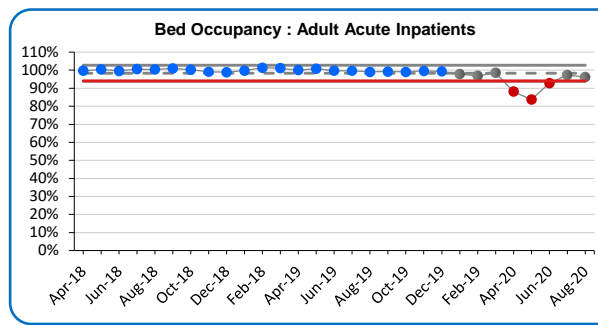
Contractual target: 90%: Aug **88%**



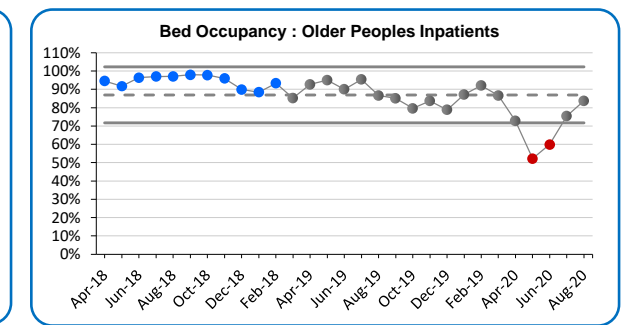
Local measure: Aug **82.3%**



Local measure: Aug **7.3**



Contractual target 94-98% : Aug **96.1%**



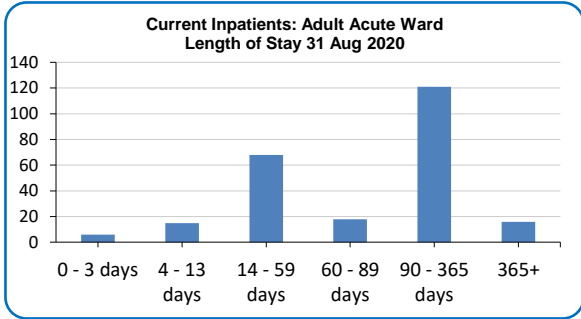
Local measure and target 85% : Aug **83.7%**

**SPC Chart Key**

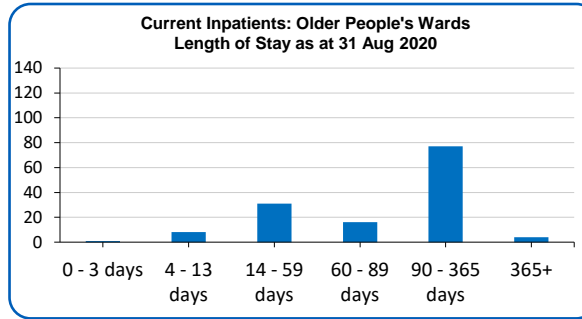
- Average
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- Upper process limit
- Actual
- Target



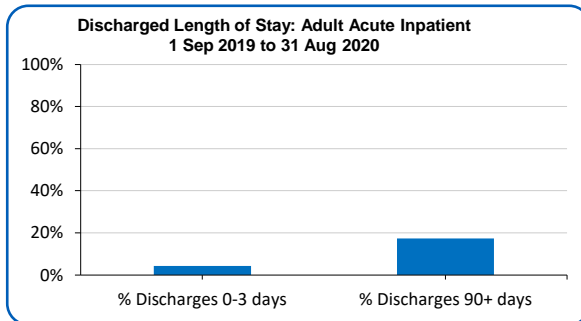
# Services: Our acute patient journey (continued)



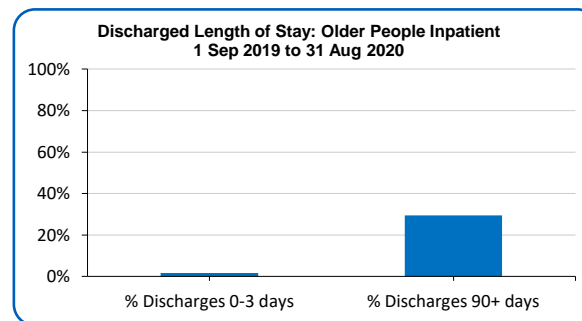
Local activity : 137 people with LOS 90+ days



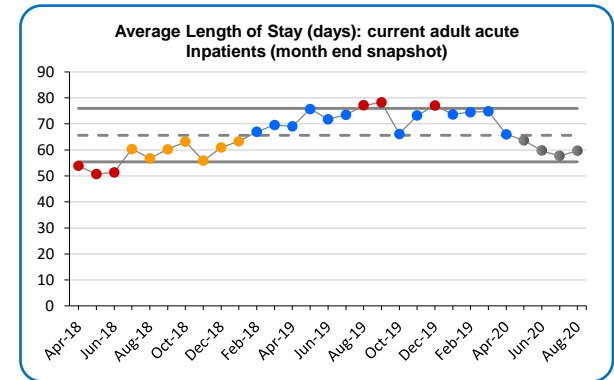
Local activity : 81 people with LOS 90+ days



Local activity : % discharged LOS 90+ days = 17.3%



Local activity: % discharged LOS 90+ days = 29.4%

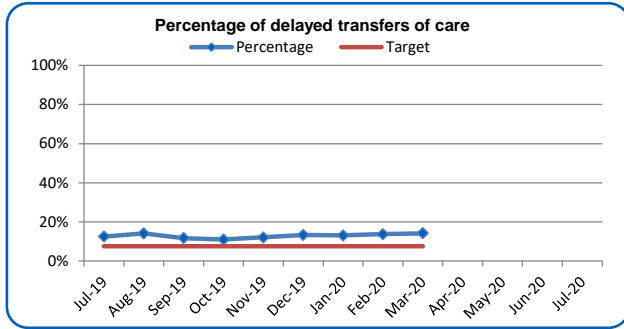


Local tracking measure: Aug 59.6

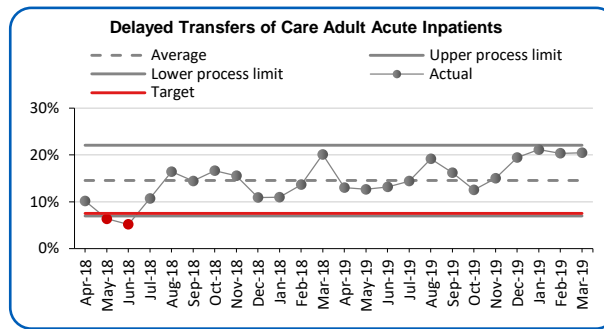
SPC Chart Key

- Average
- Lower process limit
- Upper process limit
- Actual
- Target

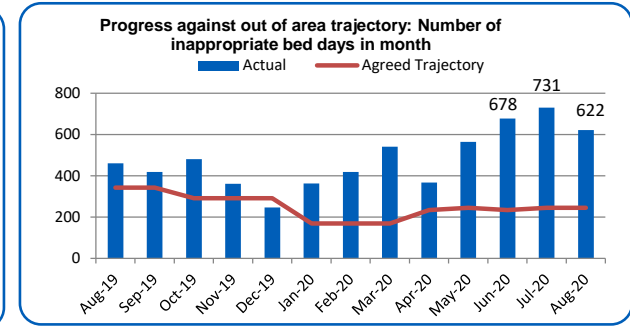
# Services: Our acute patient journey (continued)



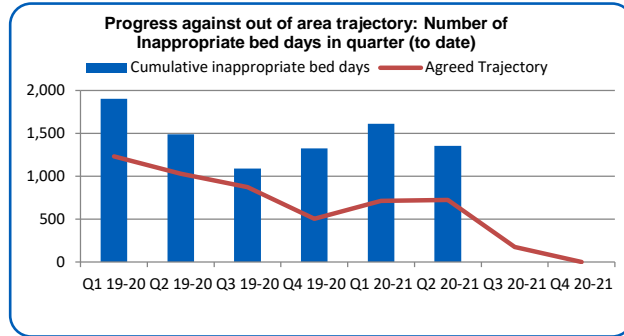
Local target: <7.5%: 20-21 data development ongoing



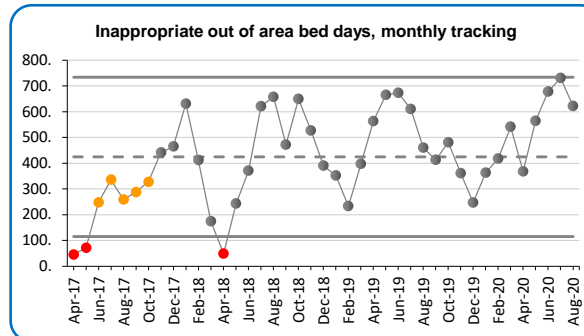
Local target <7.5%: 20-21 data development ongoing



Nationally agreed trajectory (Aug 245) Aug 622



Nationally agreed trajectory (Q2: 724 days):  
Q2 to date: 1,353 days

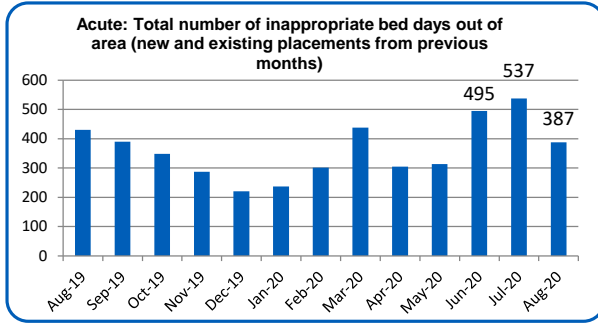


Local tracking measure: Aug: 622 bed days

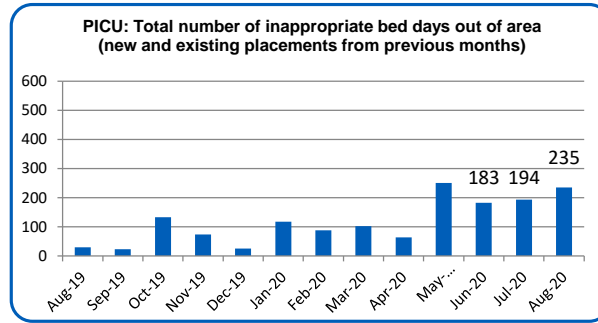
**SPC Chart Key**

- Average
- Lower process limit
- Upper process limit
- Actual
- Target

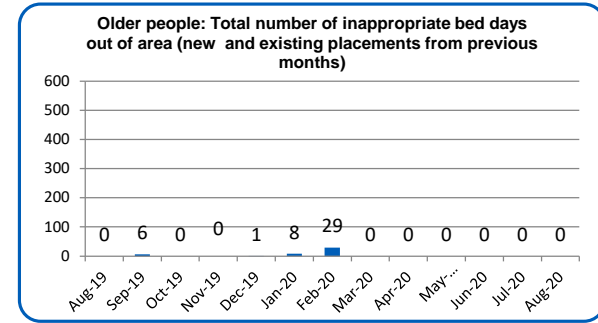
## Services: Our acute patient journey (continued)



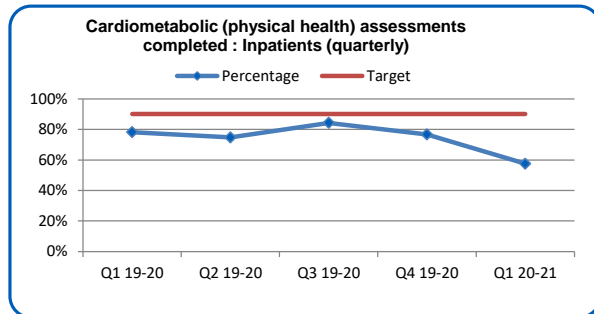
Local measure: Aug 387 days



Local measure: Aug 235 days



Local measure: Aug 0 days



Contractual target: 90%: Q1 57.6%

## Services: Our acute patient journey

Pressure remains high in our adult acute services with high levels of occupancy and observation across the wards, creating increased demand for staff above profiled levels. The service continues to have bed pressures and an increase in acuity with challenges in isolating and swabbing service users. Bed occupancy for adult acute services was at 96.1% overall in August and ranging from 94.3% at Becklin W3 to 97.7% at Becklin W1. The average length of stay for those currently on the acute wards at 59.6 days, is within our process limits but beyond the national average of 32 days described in the Long Term Plan. At the end of August 137 people had been in an adult acute ward setting for 90 days or more.

**Actions taken / to be taken: As services reset following the first wave of Covid-19, acute care flow and the acute care excellence programme will be restarting.**

Within Older People's Services, the wards aim for the local standard of 85% occupancy. During August, total occupancy was at 83.7%. Demand for beds in our functional wards at The Mount shows a rise with bed occupancy at 90.7% (W3) and 90.2% (W4) in August.

The Liaison In-Reach attempted assessment within 24 hours performance for August was 88% (just below the 90% target), showing some improvement on June/July and with underlying numbers approximately double that of previous months. In August 73 from 83 assessments were attempted within 24 hours.

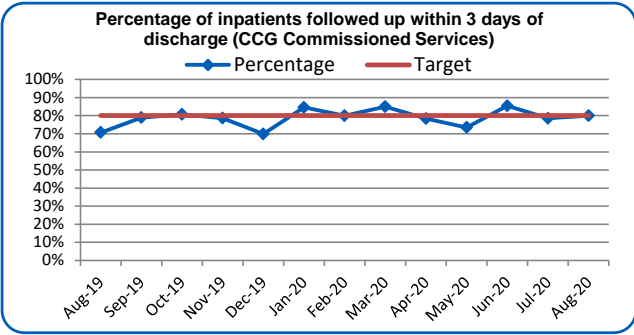
There is national recognition that the COVID 19 pandemic has impacted on Trusts' abilities to manage the reduction of inappropriate out of area placements in line with their agreed trajectories with wards having to close to new admissions during outbreaks. There were a total of 622 inappropriate out of area bed days in August (387 adult, 235 PICU), which cumulatively in Q2 is 1,353 against a Q2 trajectory of 724. During the Covid-19 pandemic up to 21 acute beds were closed across the service to create Covid cohorting areas (reduced to 10 closed beds in June). OOA Acute bed days had been increasing month on month from 304 in April to 537 in July. The trend has reversed slightly with 387 in August. There does however continue to be a month on month reduction in the number of new acute out of area placements, from 30 in June, 18 in July and only 5 in August.

In addition, there has been a significant PICU out of area demand with OOA PICU bed days increasing further from 194 in July to 235 in August. There were 6 new inappropriate out of area PICU placements in August. At the end of the month 15 people (10 adult, 5 PICU) remained out of area with length of stay of placements ranging from 17 to 125 days.

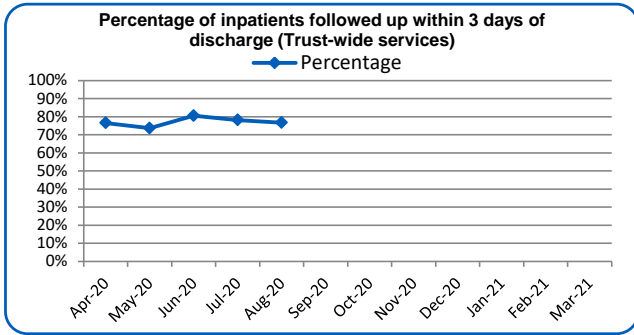
The physical health measure for inpatients currently contains a data integrity caveat around the inclusion of dementia patients, whilst not applicable, they will be included in any cases where they have been admitted to functional wards, as the usual method of removal via organic cluster is still under development. Q1 performance was reported at 57.6% against a 90% target.

**Actions taken / to be taken: Continue to monitor performance and available resources. The trajectory for inappropriate out of area placements for 2020/21 was recently reviewed and revised jointly with the CCG as part of an NHS E/I stocktake, and is now due to be revised again as part of our final plan resubmission. The revised trajectory will be included here once it has been formally agreed.**

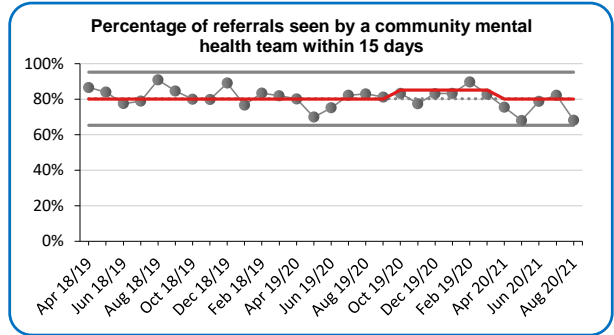
# Services: Our community care



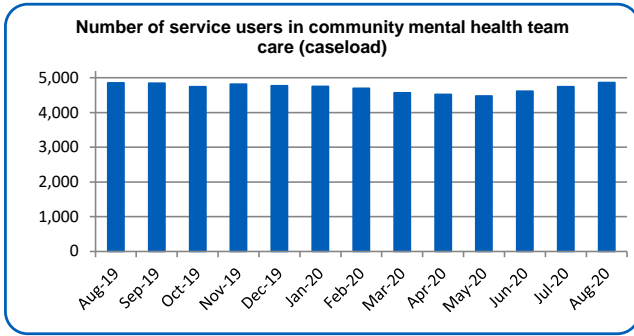
Contractual Target 80% Aug **80%**  
 NB: Data prior to April 20 is from CQUIN for comparison, this is now part of the NHS Standard Contract. 20-21 reporting subject to ongoing validation



Local Tracking Measure: Aug **76.7%**



Contractual target: 80%: Aug: **68.1%**



Local measure: Aug **4,866**

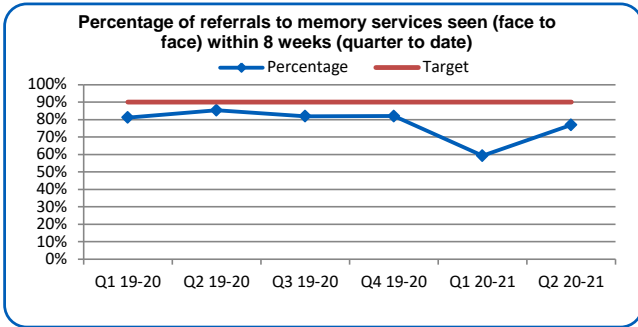
Placeholder - Early intervention in psychosis (EIP) : Percentage of people with at least 2 outcome measures recorded at least twice

Contractual target: Q1 15%: 20-21 data development ongoing

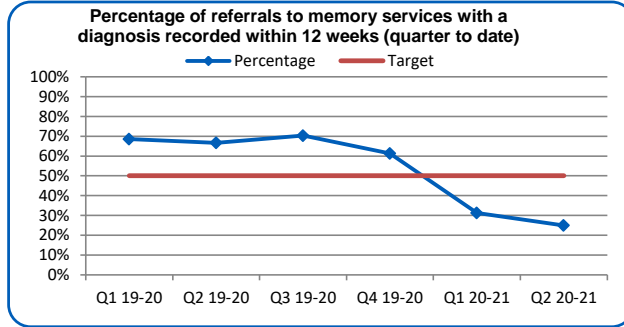
### SPC Chart Key

- Average
- Upper process limit
- Lower process limit
- Target
- Actual

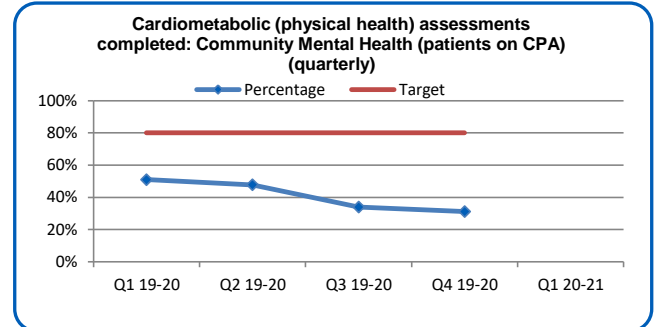
# Services: Our community care (continued)



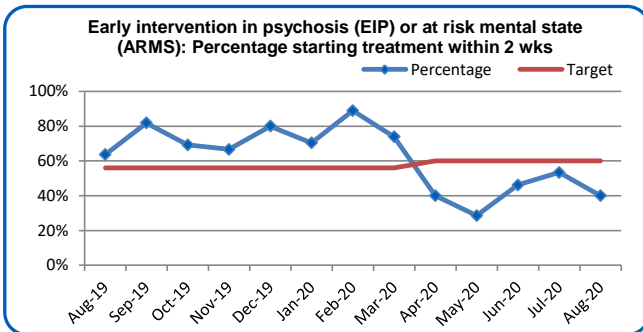
Contractual target: 90% Q1 59.3% Q2 to date 76.9%



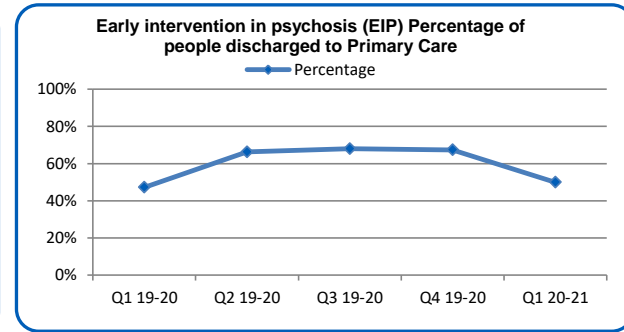
Contractual target: 50% Q1 31.3% Q2 to date 25%



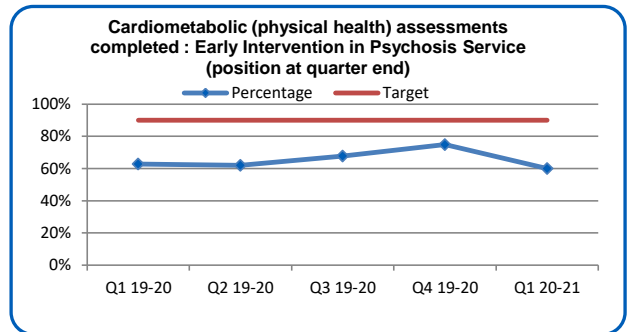
DQUIP target: tbc 20-21 data development ongoing



Contractual target: 60%: Aug 40%



Contractual target: tbc: Q1 50%



Contractual target: 90%: Q1: 60%

## Services: Our community care

In August we met the operating standard for the percentage of inpatients followed up within 3 days of discharge from CCG commissioned services, a measure now part of the NHS Standard Contract.

64 out of 80 people were followed up within 3 days of discharge, 80% against our contractual target of 80%. Of the 16 breaches the reasons were varied; 1 person was followed up within 3 days but information recorded incorrectly on CareDirector, 6 people were followed up within the previous '7 day standard', including 2 who were followed up on the actual day of discharge (which doesn't meet required standards). 3 people were followed up outside of 7 days, 1 person was subject to numerous unsuccessful follow up attempts whilst 1 individual breached bail conditions by going AWOL from their ward and subsequently returned by the police. 4 cases are subject to assurance / data quality checks with Service Heads of Operations.

Whilst there have been further signs of data quality improvement we still expect the timeliness and quality of recording to improve further in future months as our teams become more familiar with the new EPR system and processes. Technical development work is ongoing in order for us to more accurately measure our local performance on this, together with further validation against nationally published data and definition. New information published by NHS Digital via the Mental Health Services Data Set provides the opportunity for benchmarking in this area. Latest provisional data shows the England average to be 76.3% in June.

**Actions taken/to be taken: Where data quality concerns have highlighted recording errors, the correct process is reiterated to the staff involved.**

We did not report data for the Memory Services 8 week KPI in Q1 to the CCG due to the closure of this service during the Covid-19 pandemic. Whilst there has been an increase in activity during more recent months the Memory Assessment Service remains closed to new referrals and the focus is on managing a backlog of post diagnostic support before new referrals are accepted as part of system wide service reset work. This is impacting on the data informing performance measures.

40% of people started treatment within 2 weeks of referral for early intervention in psychosis (EIP) or at risk mental state (ARMS) in August, against a 60% standard. Discussions have been taking place between the Head of Operations and Aspire around data quality improvement and new CareDirector processes. The physical health measure performance for EIP services in Q1 was 60% (282 / 470) against a target of 90%, primarily due to the impact of Covid-19 and stopping routine / non-urgent physical interventions. This drop in activity also co-incides with a previous 'push' 12 months previously (which was undertaken to raise our achievement at that point) and so a disproportionate number of the total will have shifted outside of the 12 month period. The service have subsequently stepped up physical health monitoring, focusing more on those prescribed antipsychotics to ensure adherence to the amber drugs guidance.

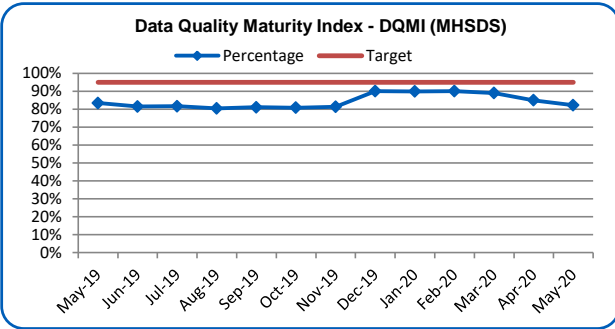
Performance against the CMHT 15 day standard remains within levels of expected normal variation with variance being above and below the contractual target. Activity contributing to this measure has been increasing month on month and a number of issues impacted on the KPI early in Q1. Referral rates dropped significantly during the initial lockdown and crisis phase of Covid-19, resulting in smaller overall numbers and therefore a greater % decrease in performance. Redeployment of some staff, the requirement to switch to digital operation at pace, and the changes to reporting / implementation of Care Director also impacted on the performance and delivery at the time.

**Actions taken/to be taken: Continue to work through and resolve identified issues**

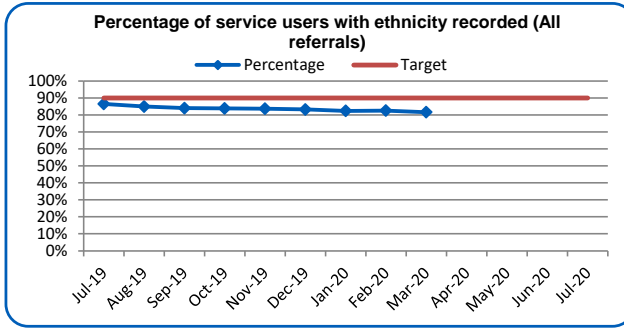
Our community and wellbeing services are currently experiencing pressures largely relating to capacity /staffing challenges. The Adult CMHT has 11 band 5 vacancies with recruitment ongoing.

**Actions taken/to be taken: Plans in place to address vacancy gap and capacity challenges, including piloting new roles through 3rd sector partners**

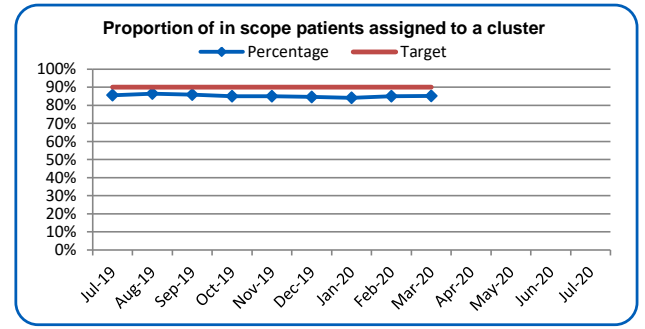
# Services: Clinical Record Keeping



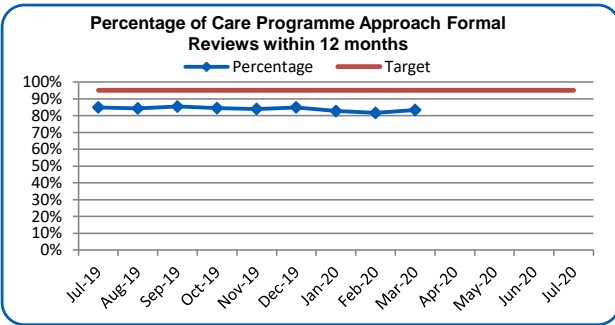
Target 95% : May: **82.2%**



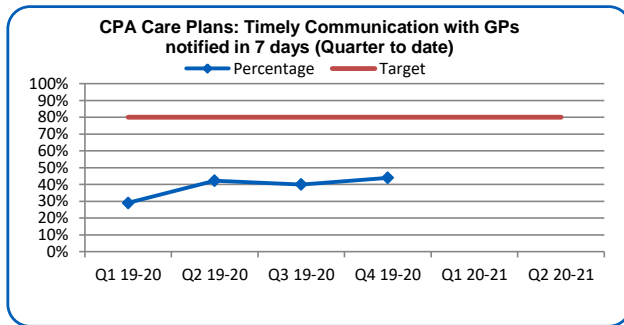
Local target: 90%: 20-21 data development ongoing



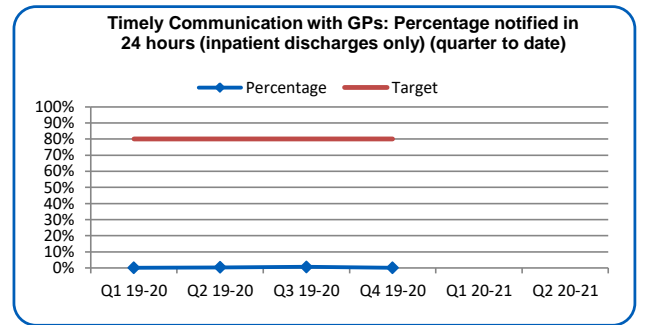
Local target (tbc) : 20-21 data development ongoing



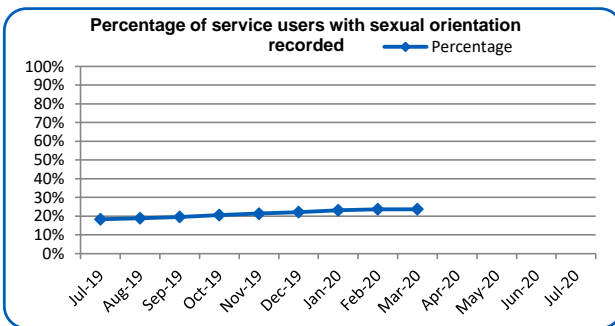
Local target: 95%: 20-21 data development ongoing



Contractual target: 80%: 20-21 data development ongoing



Contractual target: tbc : 20-21 data development ongoing



Local measure: 20-21 data development ongoing

Placeholder - Percentage of perinatal referrals with reason recorded to enable identification of preconception/perinatal (DQIP)



## Services: Clinical Record Keeping

The Data Quality Maturity Index DQMI (MHSDS - Mental Health Services Data Set) latest National data, published by NHS Digital up to May 2020, shows our latest Trust position at 82.2%. This represents a further drop in data quality which was anticipated for May/June following CareDirector implementation.

We are continuing to develop our new EPR system to meet the needs of the organisation. Feedback from staff has been vital in shaping the application and we are working closely with services and teams to map processes, resolve queries and suggest development, partly informed by a wider online collaborative conversation via our Your Voice Counts platform enabling staff to anonymously share experiences and offer ideas on how we can further optimise the system.

This measure is not a CQUIN for 2020-21 but all Trusts were asked to commit to a planned trajectory for the year as part of annual planning. LYPFT have chosen to submit a trajectory below expected performance levels due to the anticipated impact on data quality following implementation of our new digital care records system.

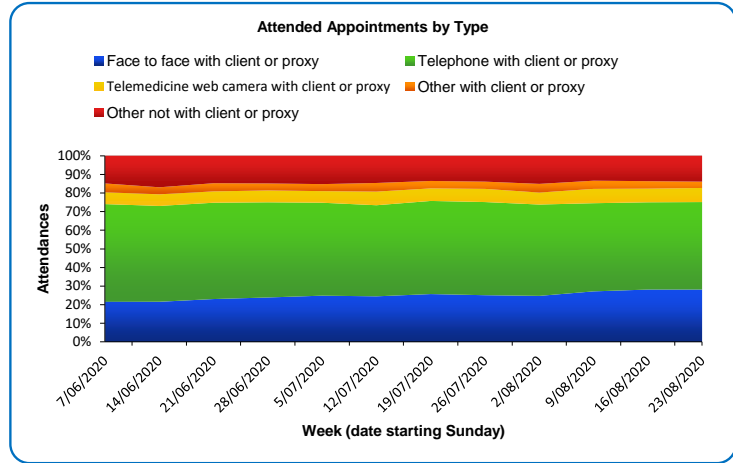
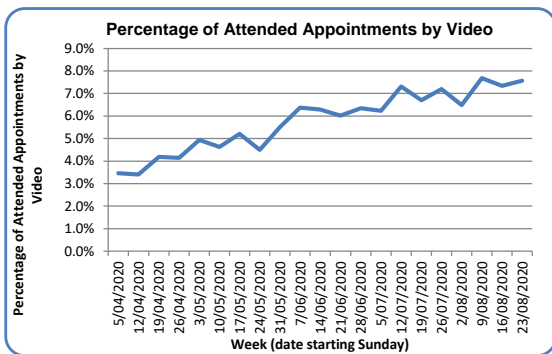
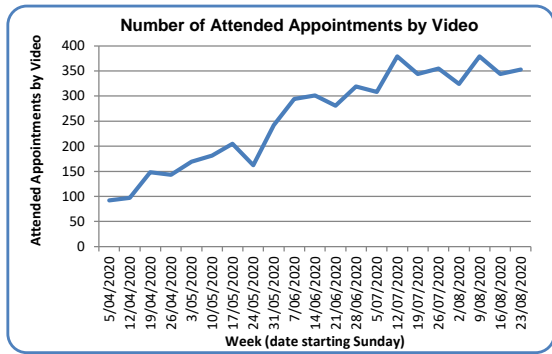
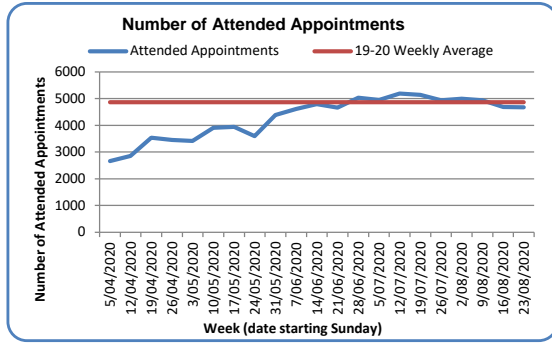
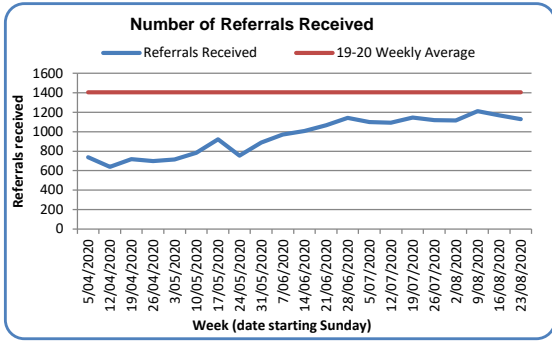
Data Quality reporting on our other key measures e.g. ethnicity, sexual orientation, together with Timely Communication with GPs, Care Plans reviewed in 12 months and MH clustering is subject to ongoing data development.

**Actions taken / to be taken: Continue to promote data completeness throughout 2020/21 with a focus on supporting staff in using CareDirector well.**

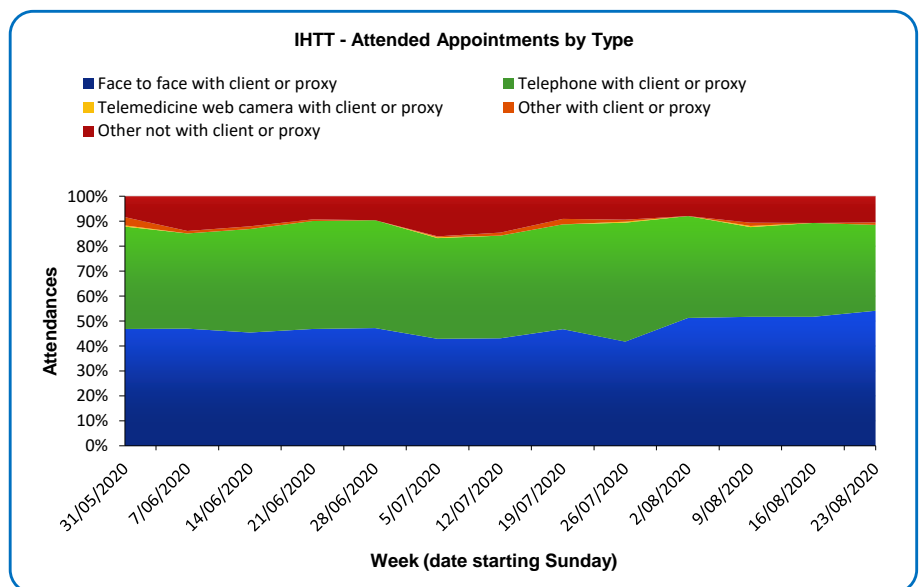
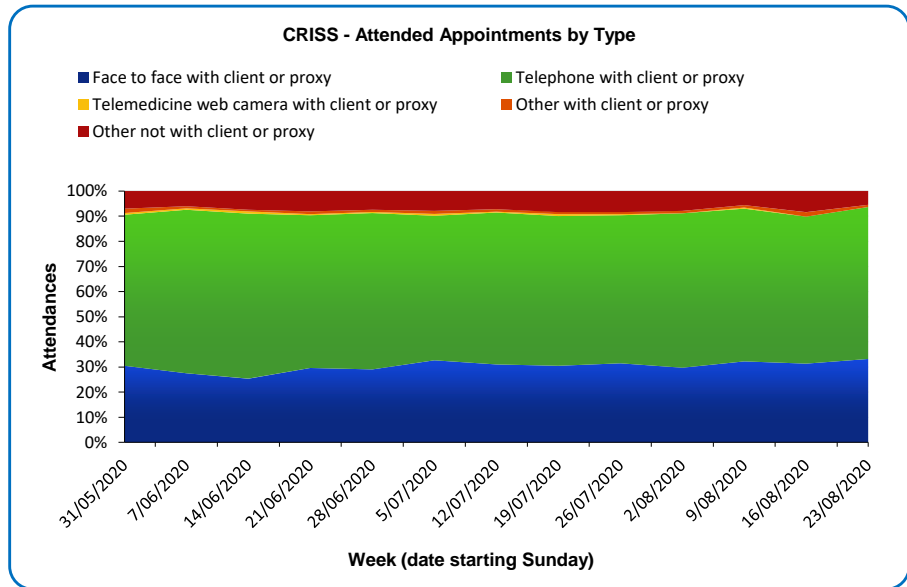
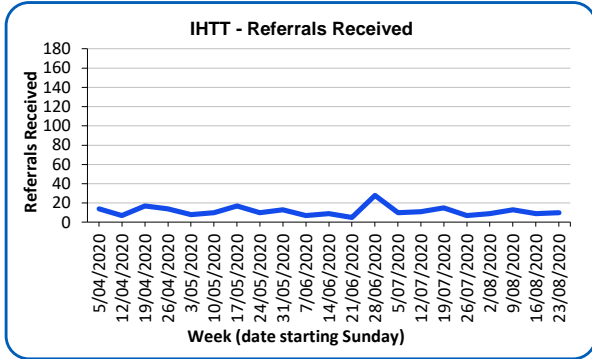
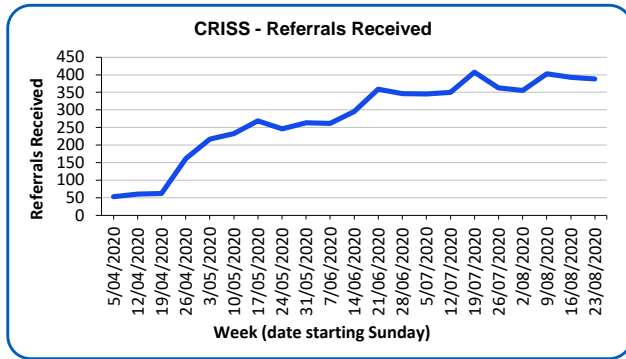
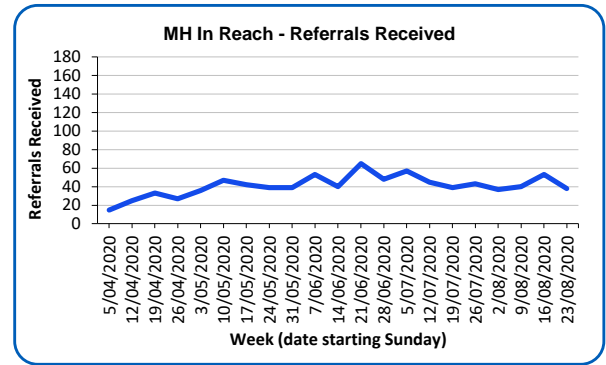
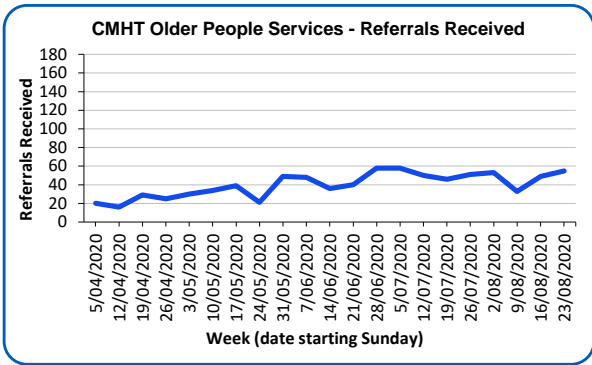
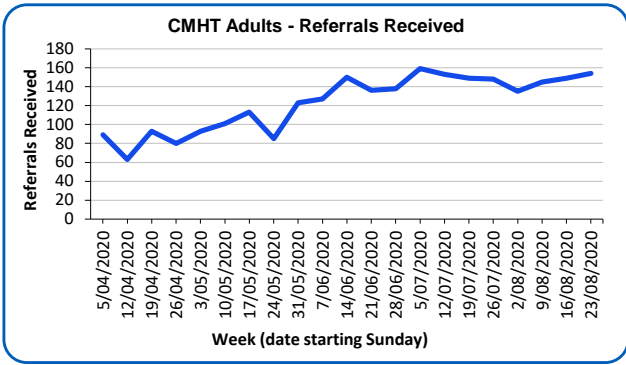
Improving the timely transfer of care plans and discharge summaries to GPs is a Trust priority. For inpatient discharge summaries (to be transferred within 24 hours), consideration is being given to changing the process and using an automated system pulling the data from EPMA (our electronic prescribing system) and CareDirector during the second half of 2020/21.

**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.**

# Trust Level (Weekly Trend)

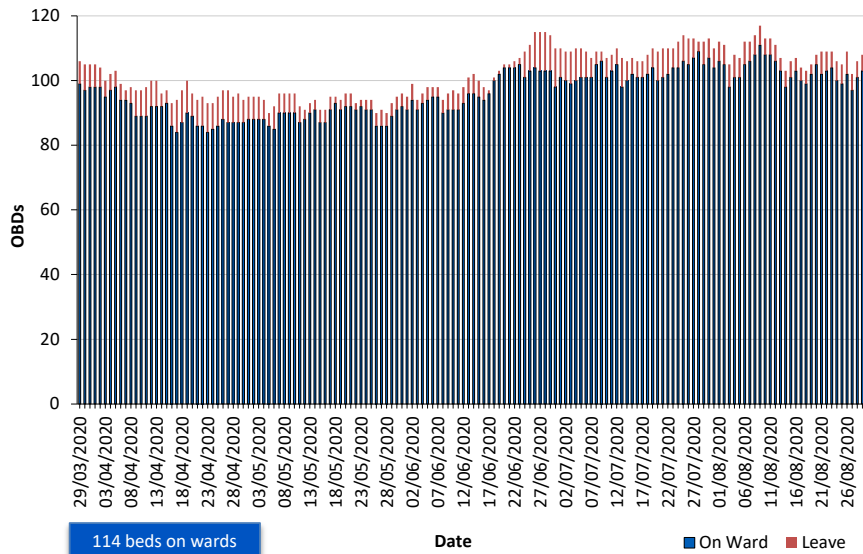


# Service Specific Highlights (Crisis Response and Community)

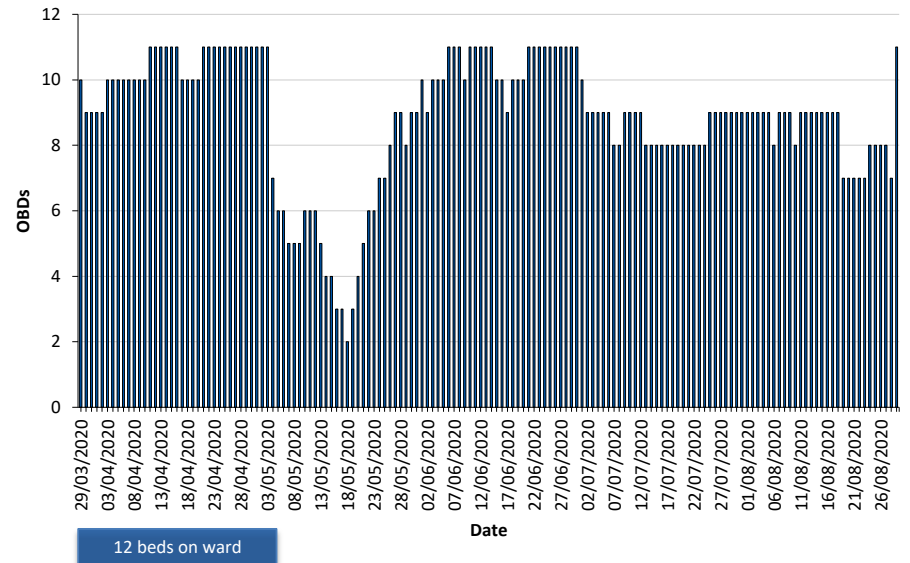


# Service Specific Highlights (Inpatient)

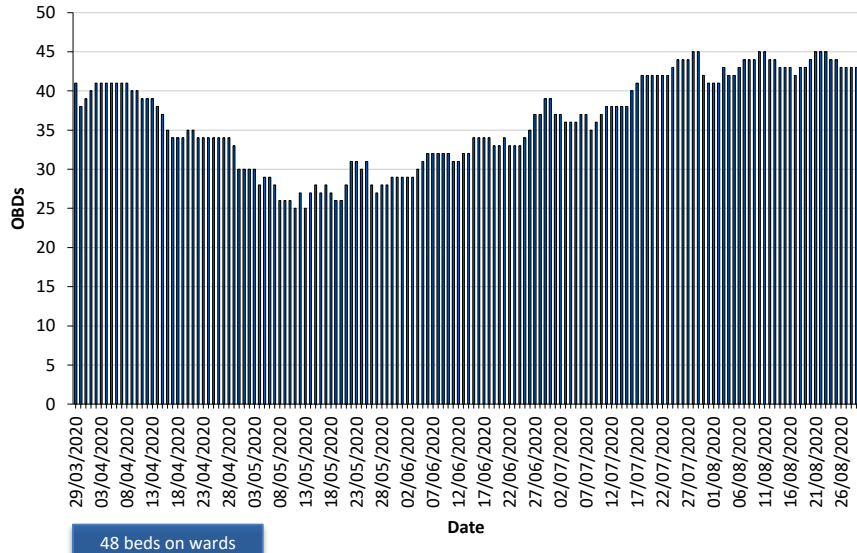
Adult Acute - Occupied beds per day



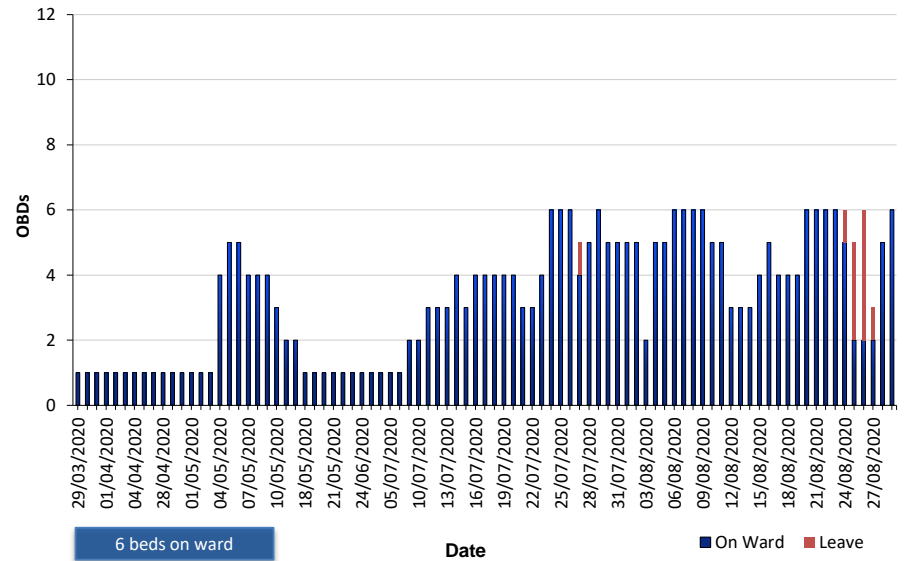
PICU - Occupied beds per day



Older People Functional (The Mount W3 & 4)  
Occupied beds per day



Crisis Assessment Unit - Occupied beds per day



## Care Services Activity

<b>Services: Trust Level Weekly (week commencing)</b>	<b>09-Aug</b>	<b>16-Aug</b>	<b>23-Aug</b>
Number of Referrals	1,211	1,168	1,131
Number of Attended Appointments	4,934	4,683	4,668
Number of Attended Appointments undertaken by video	379	344	353
Percentage of Attended Appointments undertaken by video	7.7%	7.3%	7.6%
<b>Services: Crisis and Community - Weekly (week commencing)</b>	<b>09-Aug</b>	<b>16-Aug</b>	<b>23-Aug</b>
<b>Number of Referrals to:</b>			
CMHT Adult	145	149	154
CMHT Older People Services	33	49	55
MH In-Reach	40	53	38
CRISS	403	393	388
IHTT	13	9	10
<b>Services: Inpatient - Snapshot at end of month (see charts for daily breakdown)</b>	<b>Jun-20</b>	<b>Jul-20</b>	<b>Aug-20</b>
<b>Occupied Beds per Day (inc On Ward, On Leave):</b>			
Adult Acute Total - 114 beds	110	110	108
PICU (12 beds)	11	9	11
Older People Functional (The Mount W3/4 - 48 beds)	39	41	43
Crisis Assessment Unit (6 beds)	1	5	6
	<b>Jul-20</b>	<b>Aug-20</b>	<b>Sep-20</b>
Delayed Transfers of Care *	20	24	24

\* Indicative mid-month position of patients from CareDirector, reporting subject to ongoing development

## Service Activity Trends - Supporting Narrative

### Trust Level - Summary

In August the average number of referrals per week was approximately 1,155, an increase of almost 40 per week on July's activity. The weekly average in 2019-20 was around 1,400.

The number of recorded health appointments remains consistent. Between the weeks commencing the 2nd and the 23rd of August the weekly average was 4,820, slightly under the 2019-20 weekly average number of clinical contacts of 4,860. Data quality work continues to focus on the recording of key fields such as appointment outcomes (e.g. attended or did not attend) on CareDirector to ensure activity is fully reflected in the reported data.

The number and percentage of attended appointments by video continues to increase, from an average of 120 per week during April, to 350 in August. 7.3% of attended appointments are currently being carried out via video conferencing, compared to 3.8% during April. A higher proportion of appointments are also being carried out face to face, approx 27% in August compared to 20% between April and June.

Our focus remains on shifting away from the immediate COVID response to looking at how to move community services towards new models of working to best deliver services, based on the experience / learning of the recent months and some of the on-going challenges such as social distancing requirements and infection prevention control.

### Service Activity Trends - Referrals and Attended Appointments

- The volume of initial contact activity i.e. referrals and health appointments in **CRISS** continues to be fairly consistent week on week. In August the weekly average number of referrals was 385 and the weekly average number of attended health appointments was 847. In August approximately 32% of attended health appointments were conducted face to face, representing a 4% increase over the past few months. Subsequently the proportion of appointments carried out over the telephone dropped from 63% in June to 60% in August. Many of these calls relate to SPA triage work. Face to face contacts for cases taken on by CRISS have continued during COVID.

- In August the average number of weekly referrals to the **IHTT** service was around 10 and on average 219 attended health appointments per week.

- Referral rates to **MH In-Reach** appear to have settled with a weekly average of 42 in August. The average number of attended health appointments per week is down slightly with 91 in August compared to 101 in July.

- Referral rates to **Community Mental Health Teams (CMHTs)** have also steadied recently with a weekly average in August of around 146 referrals to Adults, who are continuing to receive a higher number compared to the 19/20 rate of 130-135 per week. A greater proportion of Adult appointments continue to be carried out face to face (22%) or by video conferencing (5.8%) than earlier in the year (in June the proportion carried out face to face was 19% and by video 2.7%). There were on average 48 referrals per week to the Older Peoples CMHT in August. The number of OPS CMHT attended health appointments has fallen recently with a weekly average of 362 in August compared to 449 in July. The percentage of appointments carried out face to face continues to increase with a weekly average of approximately 34% carried out by this method in August.

- We continue to work with **ALPs** on data quality concerns, aiming to improve their data collection on CareDirector.

## Quality and Workforce metrics: Tabular overview

Quality: Our effectiveness	Target	May-20	Jun-20	Jul-20
Number of healthcare associated infections: C difficile	<8	0	0	0
Number of healthcare associated infections: MRSA	0	0	0	0
Number of inpatients diagnosed positive with Covid19	-	19	0	0
Percentage of service users in Employment	-	n/a *	n/a*	n/a*
Percentage of service users in Settled Accommodation	-	n/a *	n/a*	n/a*
Quality: Caring / Patient Experience	Target	May-20	Jun-20	Jul-20
Friends & Family Test: Percentage recommending services (total responses received)	-	n/a **	n/a**	100% (2)
Mortality:				
· Number of deaths reviewed (incidents recorded on Datix)***	Quarterly	-	103	-
· Number of deaths reported as serious incidents	Quarterly	-	7	-
· Number of deaths reported to LeDeR	Quarterly	-	1	-
Number of complaints received	-	9	4	13
Percentage of complaints acknowledged within 3 working days	-	100%	100%	100%
Percentage of complaints allocated an investigator within 3 working days	-	n/a **	n/a **	100%
Percentage of complaints completed within timescale agreed with complainant	-	n/a **	n/a **	100%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	188	200	173

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

\* Metric subject to data warehouse redevelopment and report re-writing following Care Director implementation

\*\* Some Quality data for Q1 was unavailable due to Covid-19. Quality Health did not provide patient FFT submissions/reporting in May/June. NHS

\*\*\* 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

## Quality and Workforce metrics: Tabular overview

Quality: Safety	Target	May-20	Jun-20	Jul-20
Number of incidents recorded	-	811	837	944
Percentage of incidents reported within 48 hours of identification as serious	100%	100% (2)	100% (2)	100% (1)
Number of Self Harm Incidents	-	95	103	112
Number of Violent or Aggressive Incidents	-	77	69	97
Number of never events	-	0	0	0
Number of restraints	-	193	198	191
No. of patients detained under the MHA (includes CTOs/conditional discharges)	-	445	445	443
Adult acute including PICU: % detained on admission	-	n/a*	n/a*	n/a*
Adult acute including PICU: % of occupied bed days detained	-	n/a*	n/a*	n/a*
Number of medication errors	Quarterly	-	128	-
Percentage of medication errors resulting in no harm	Quarterly	-	92.2%	-
Safeguarding Adults: Number of advice calls received by the team	Quarterly	-	209	-
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	12% (26)	-
Safeguarding Children: Number of advice calls received by the team	Quarterly	-	92	-
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	29% (27)	-
Number of falls	-	51	70	90
Number of Pressure Ulcers	-	0	0	0

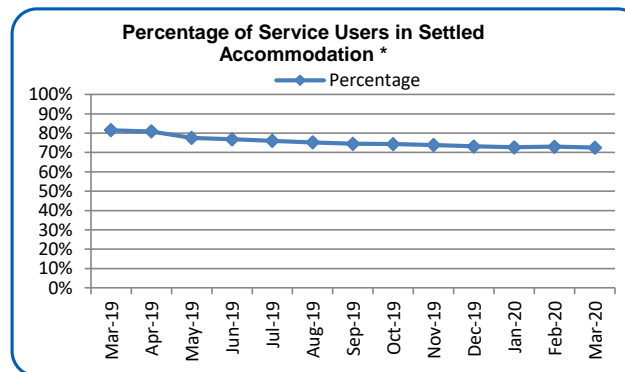
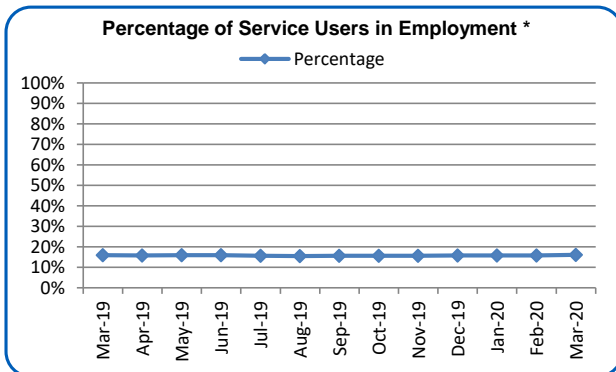
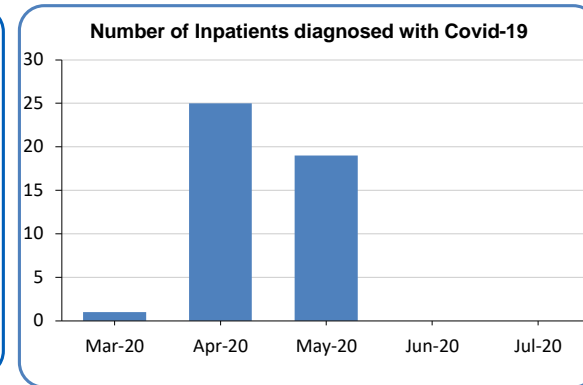
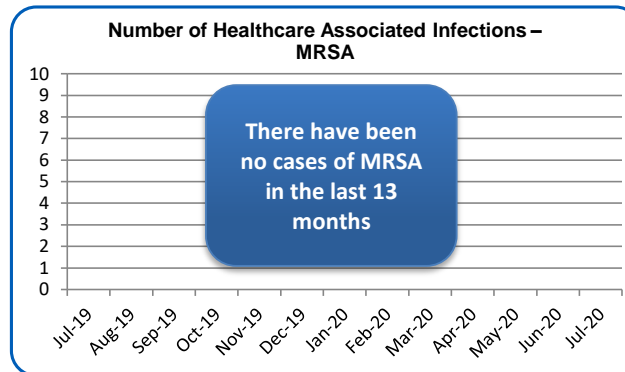
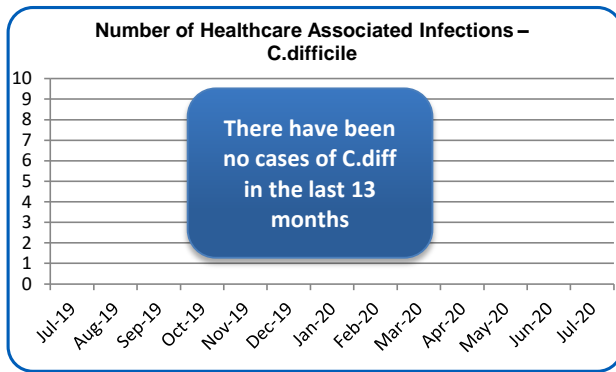


## Quality and Workforce metrics: Tabular overview

Our Workforce	Target	May-20	Jun-20	Jul-20
Percentage of staff with an appraisal in the last 12 months	85%	62.7%	56.8%	54.9%
Percentage of mandatory training completed	85%	89.6%	88.8%	87.8%
Safeguarding: Prevent Level 3 training compliance (quarter end snapshot)	85%	-	95.5%	-
Percentage of staff receiving clinical supervision	85%	59.2%	68.2%	73.4%
Staff Turnover (Rolling 12 months)	8-10%	8.6%	8.6%	8.7%
Sickness absence rate in month	-	5.4%	4.8%	5.0%
Sickness absence rate (Rolling 12 months)	4.9%	5.1%	5.1%	5.1%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	15.2%	14.9%	14.5%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	39.1%	39.7%	40.6%
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	-	5,789	3,676	2,725
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	11.6%	12.2%	12.1%
Medical Consultant Vacancies (number)	-	9.0	9.5	9.4
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	14.5%	16.8%	16.9%
Medical Career Grade Vacancies (number)	-	5.7	6.6	6.7
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	8.4%	9.4%	13.3%
Medical Trainee Grade Vacancies (number)	-	8.5	9.5	13.5
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	24.0%	24.0%	26.0%
Band 5 inpatient nursing vacancies (number)	-	55.0	55.1	59.3
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	11.0%	10.0%	10.0%
Band 6 inpatient nursing vacancies (number)	-	10.0	9.6	9.4
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	24.4%	23.5%	21.3%
Band 5 other nursing vacancies (number)	-	25.2	24.2	22.0
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	1.8%	3.1%	1.5%
Band 6 other nursing vacancies (number)	-	5.2	8.8	4.4
Percentage of vacant posts (Trustwide; all posts)	-	10.6%	10.6%	10.0%

*Nursing vacancies excludes nursing posts working in corporate/development roles*

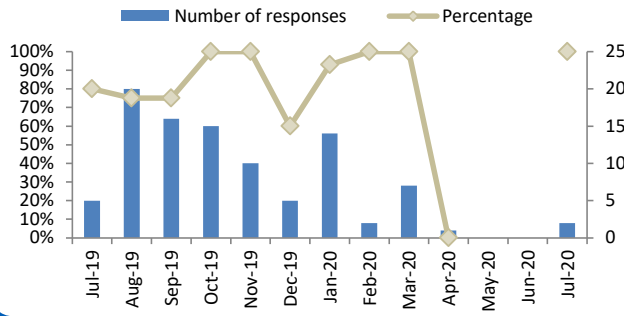
# 13 month trend: Quality: Effectiveness



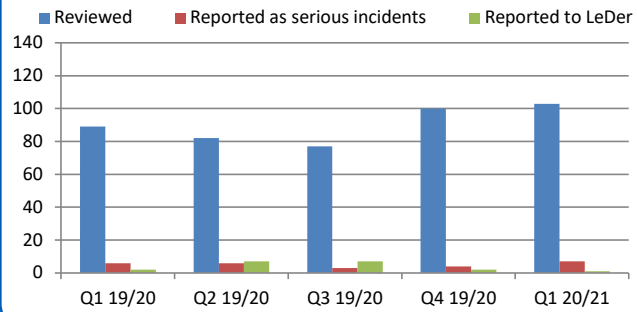
Please note that new metrics are only reported from the month of introduction onwards.  
 \* 20/21 data not yet available, subject to Care Director related technical reporting developments

# 13 month trend: Quality: Caring/Patient Experience

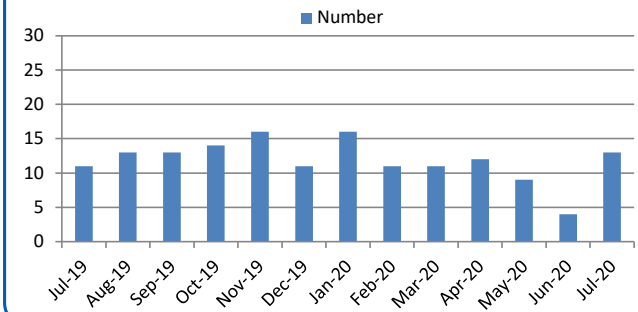
**Friends & Family Test: Percentage recommending services \*\***



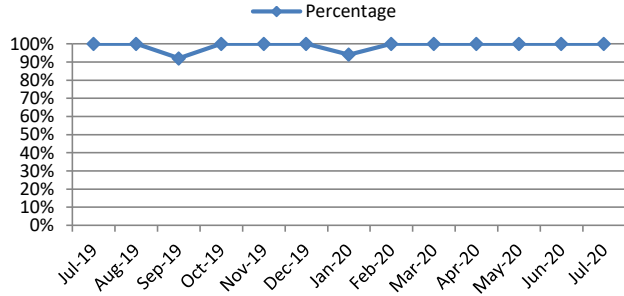
**Mortality**



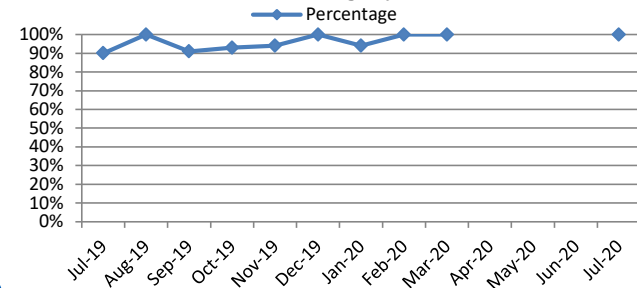
**Number of complaints received**



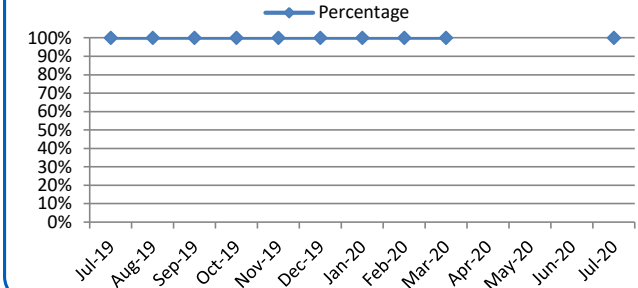
**Percentage of complaints acknowledged within 3 working days**



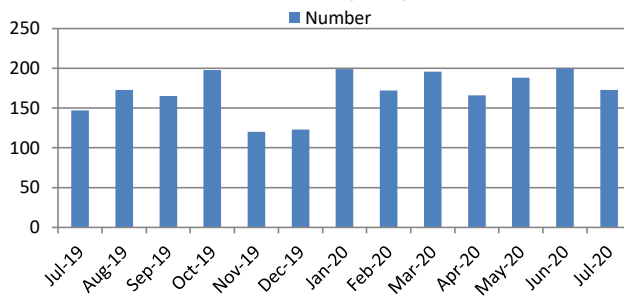
**Percentage of complaints allocated an investigator within 3 working days \*\***



**Percentage of complaints completed within timescale agreed with complainant \*\***

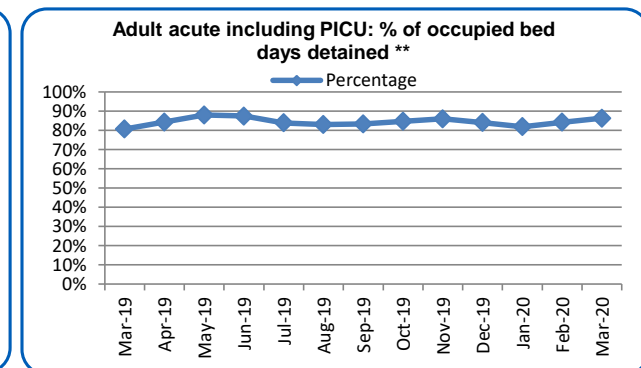
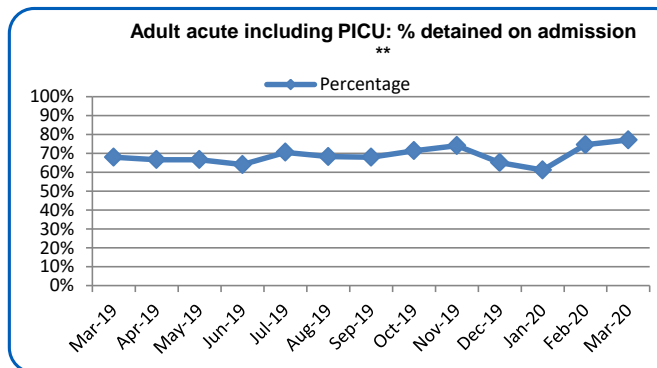
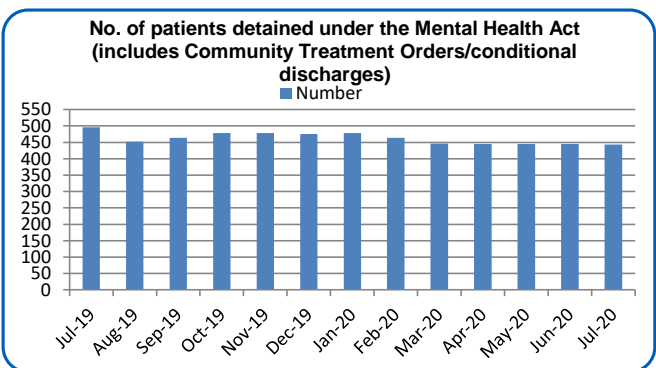
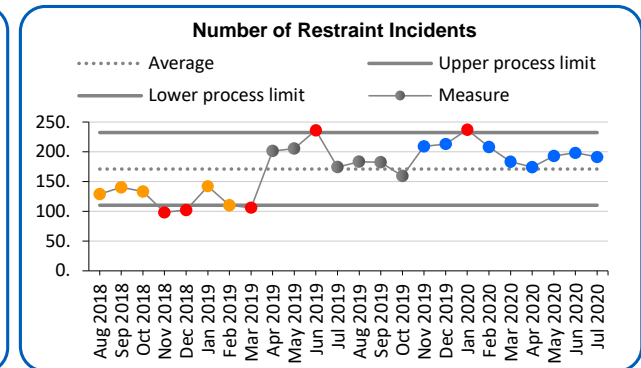
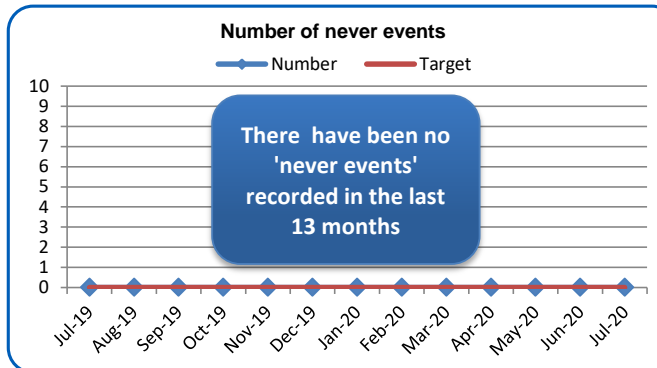
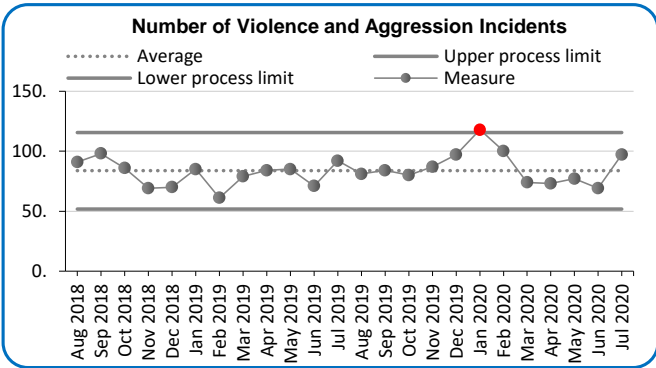
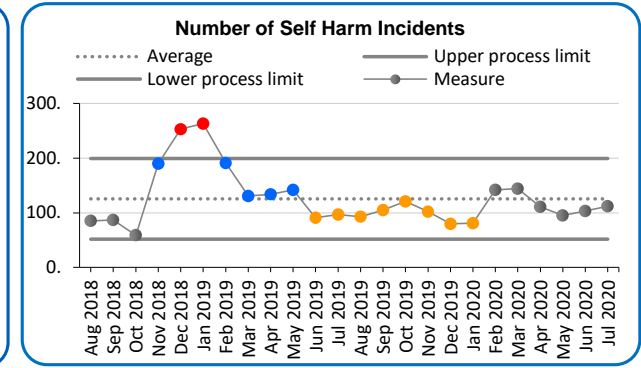
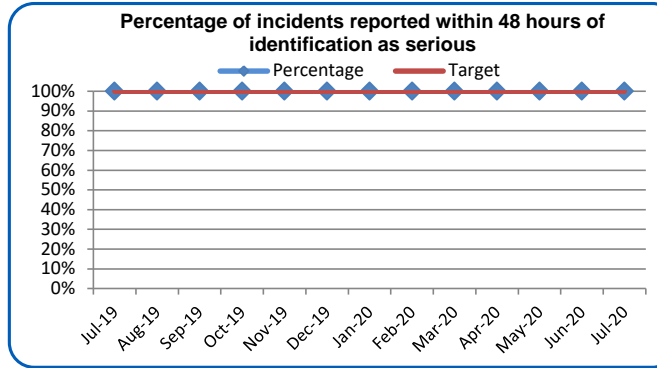
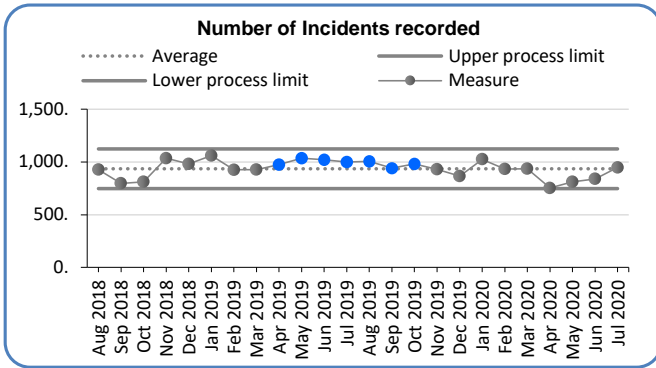


**Number of enquiries to the Patient Advice and Liaison Service (PALs)**

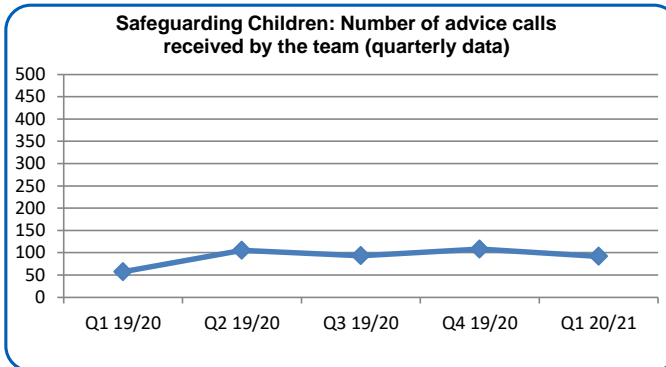
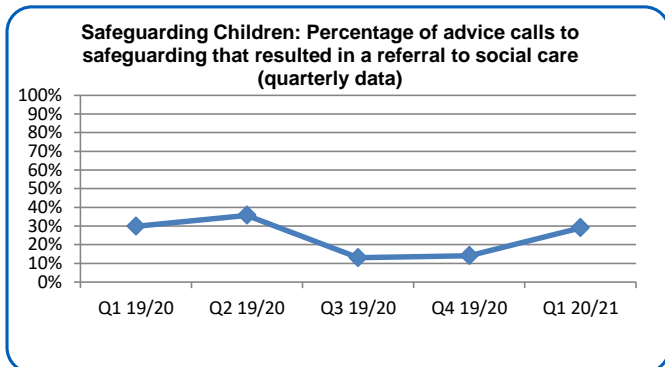
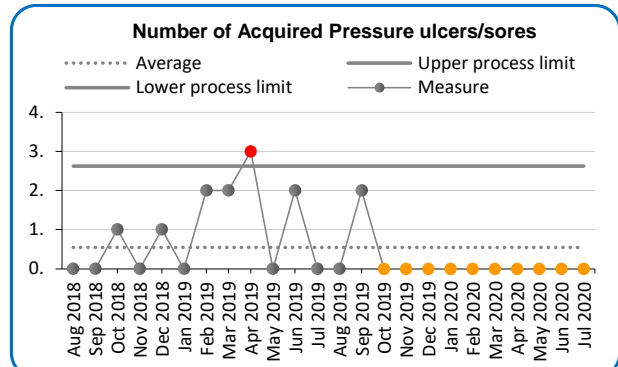
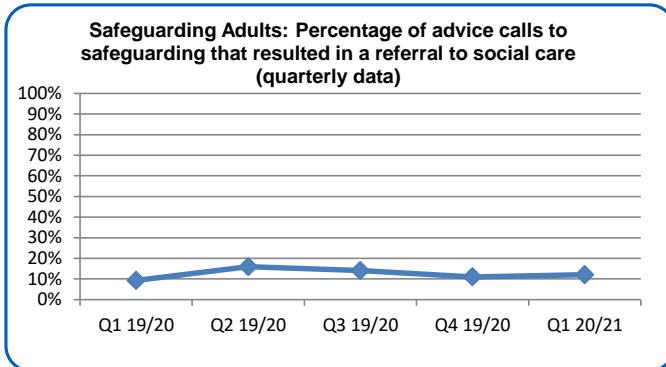
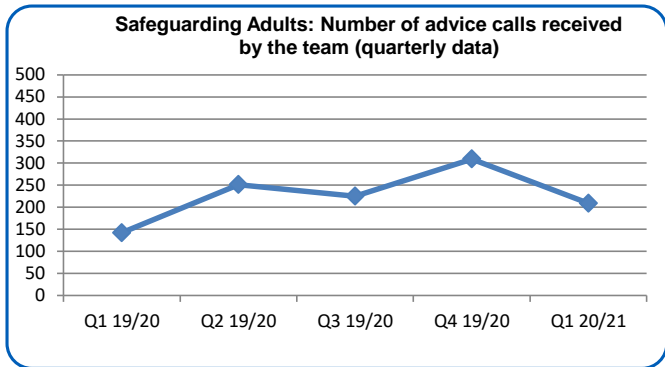
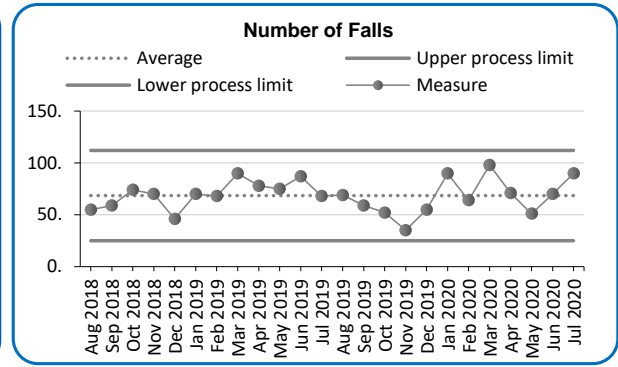
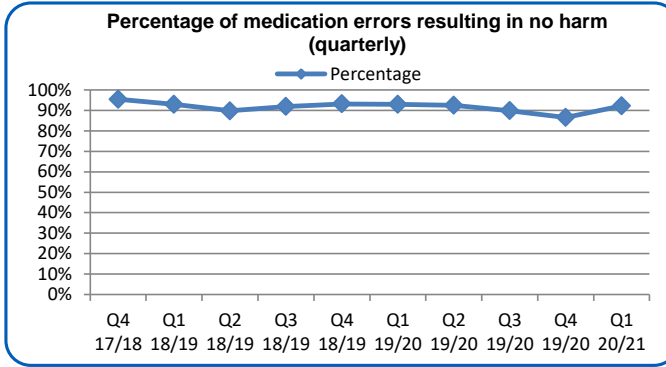
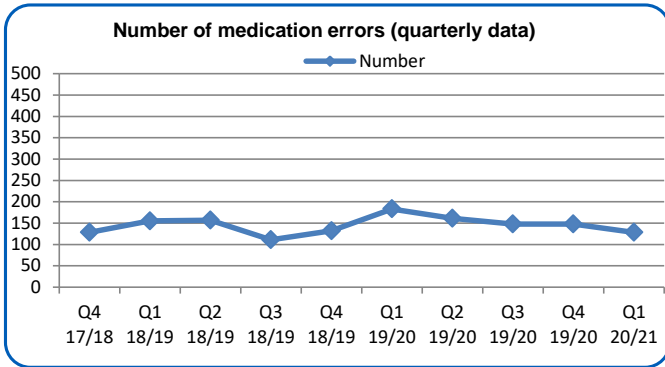


Please note that new metrics are only reported from the month of introduction onwards.  
 \*\* 2020-21 Q1 reporting impacted by Covid19 related reporting unavailability / suspension

# 13 month trend: Quality: Safety

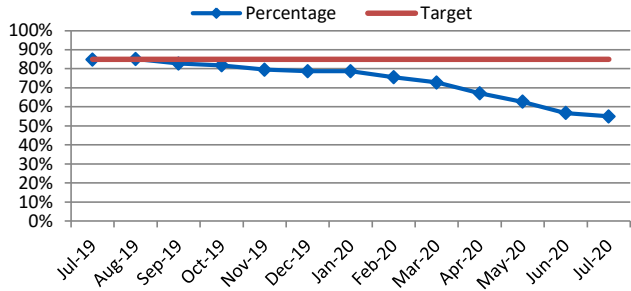


# 13 month trend: Quality: Safety - continued

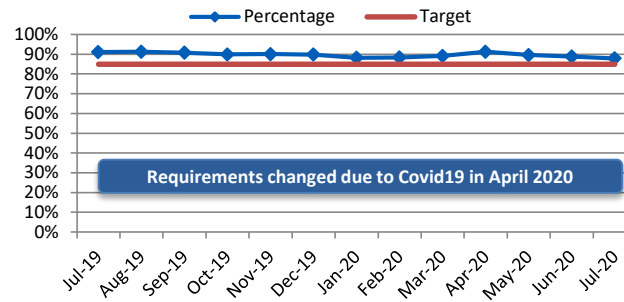


# 13 month trend: Our Workforce

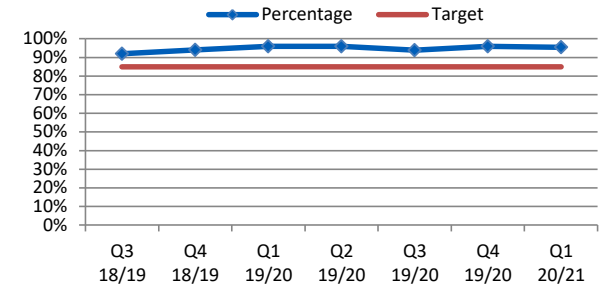
Percentage of staff with an appraisal in the last 12 months



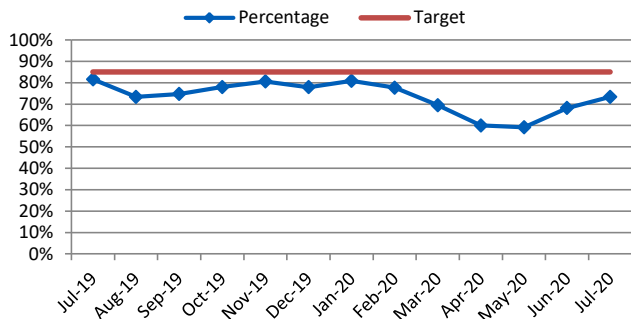
Percentage of mandatory training completed



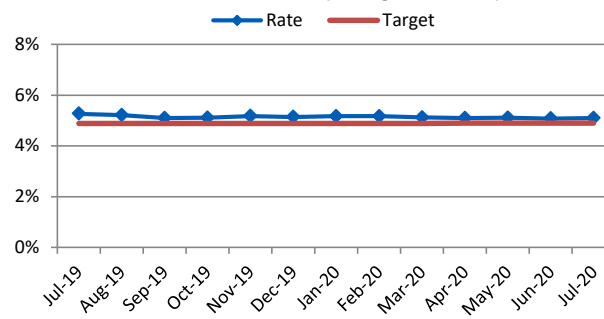
Safeguarding: Prevent Level 3 training compliance (quarter end snapshot)



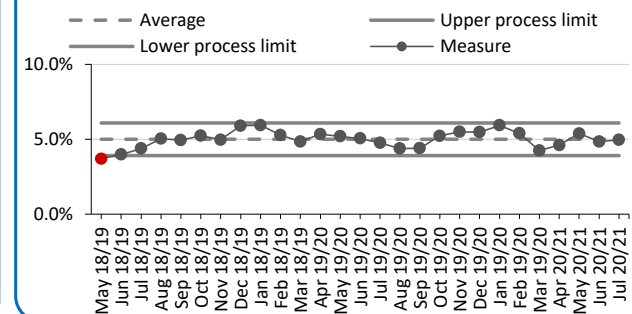
Percentage of staff receiving clinical supervision



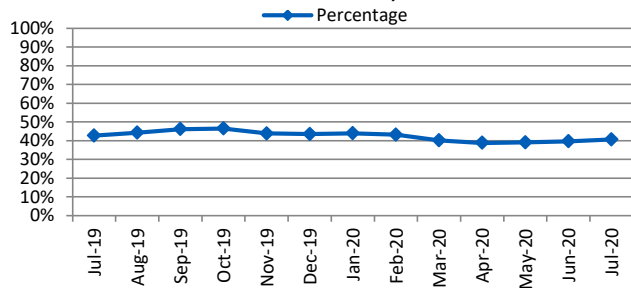
Sickness absence rate (rolling 12 months)



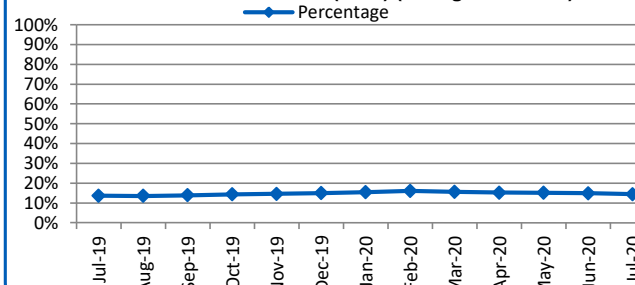
Sickness Absence Rate: In Month %



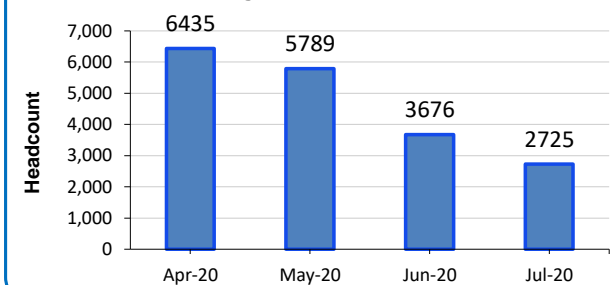
Percentage of sickness absence due to stress (rolling 12 months)



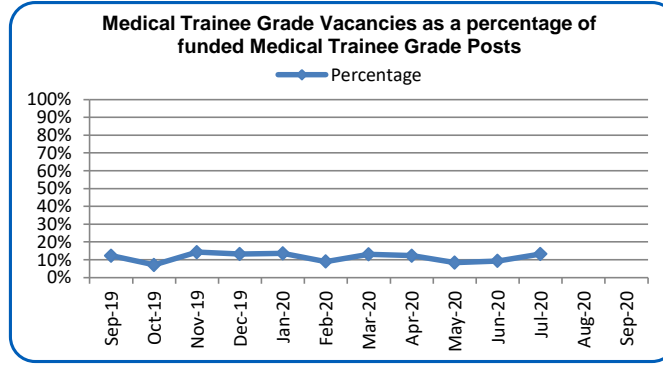
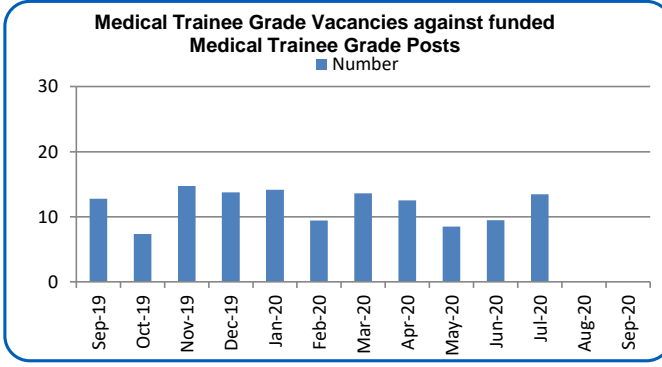
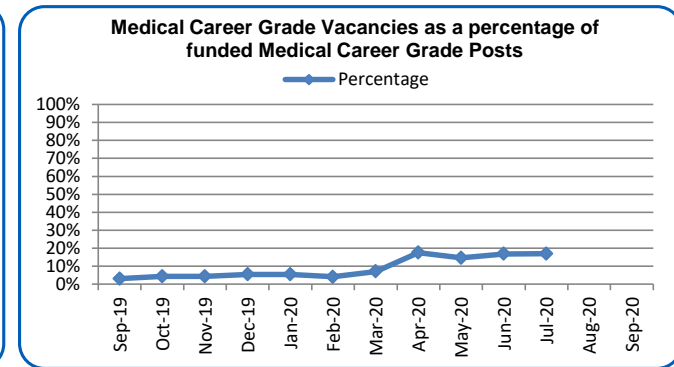
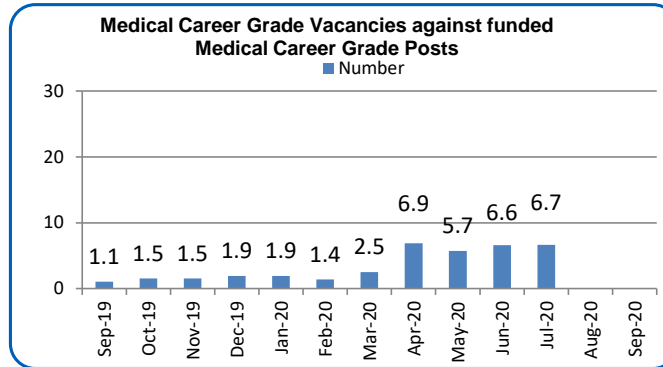
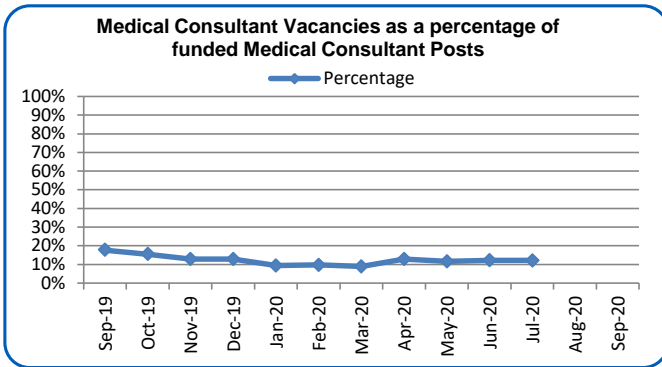
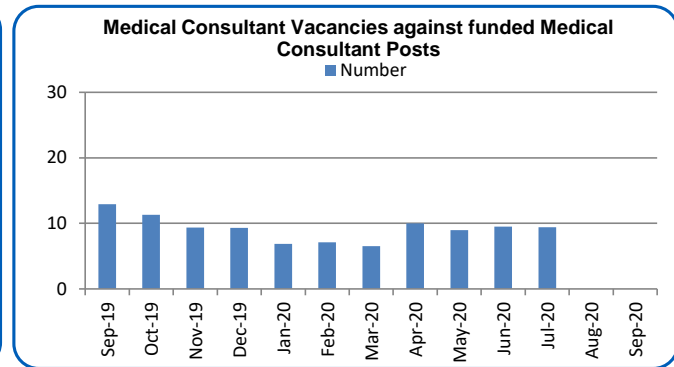
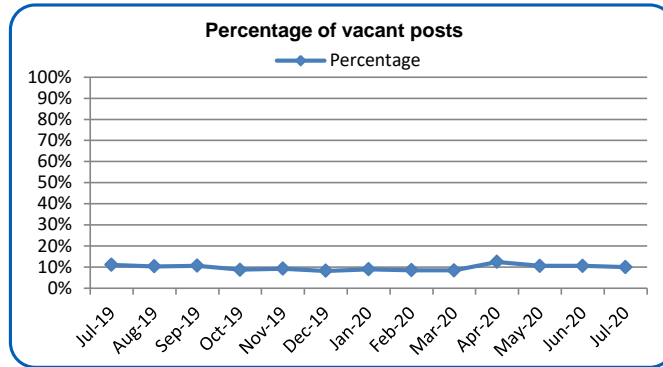
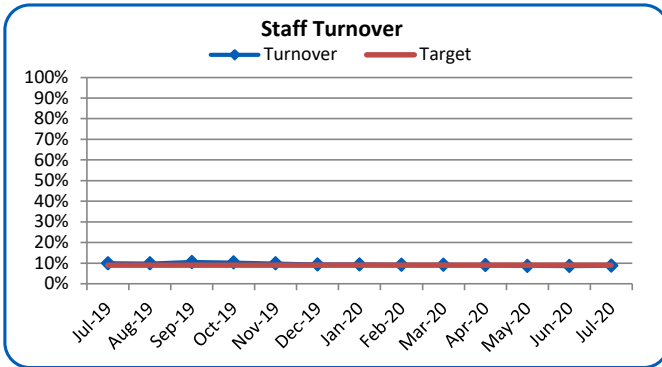
Percentage of sickness absence due to musculoskeletal issues (MSK) (rolling 12 months)



Number of COVID-19 related absences of staff, either through sickness or self-isolation

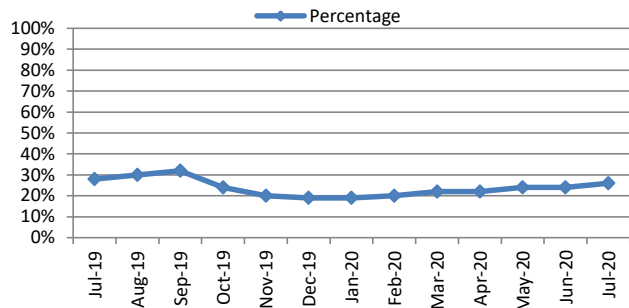


# 13 month trend: Our Workforce - continued

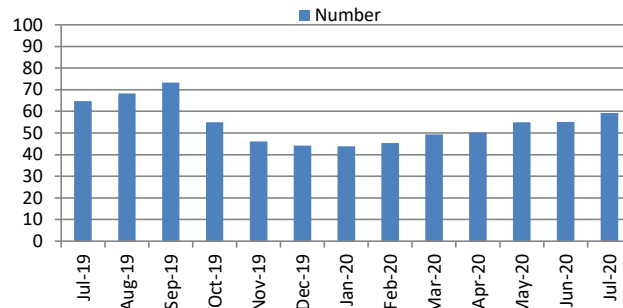


# 13 month trend: Our Workforce - continued

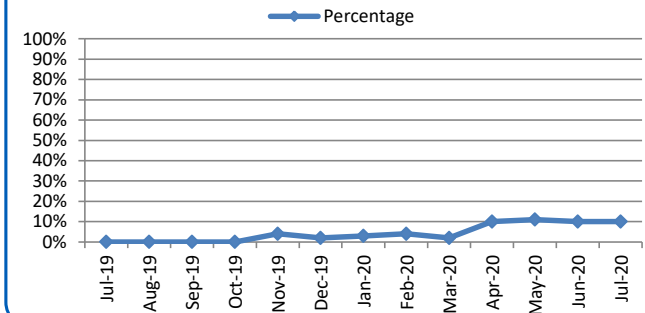
Percentage of Band 5 inpatient nursing vacancies



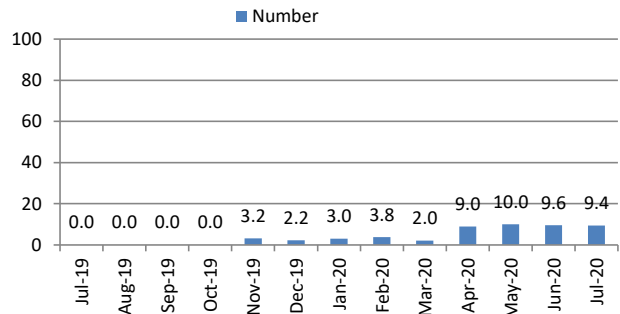
Number of Band 5 inpatient nursing vacancies



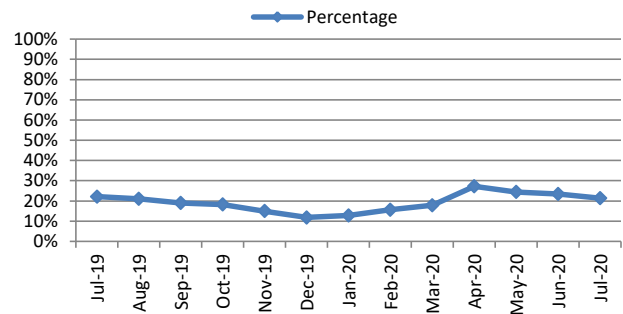
Percentage of Band 6 inpatient nursing vacancies



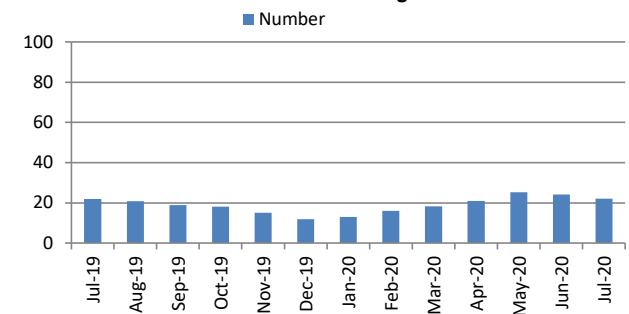
Number of Band 6 inpatient nursing vacancies



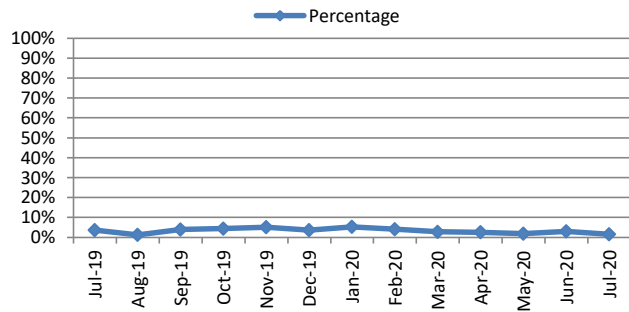
Percentage of Band 5 other nursing vacancies



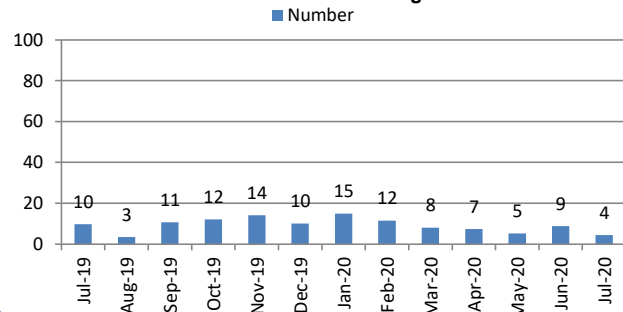
Number of Band 5 other nursing vacancies



Percentage of Band 6 other nursing vacancies



Number of Band 6 other nursing vacancies





## Local intelligence

### PREVIOUS MONTH: MAY (\* No Quality Committee in June)

#### Clinical Record Keeping

**Data Quality Maturity Index:** March is 89.1%, down 1% on the previous month. A larger drop in data quality is expected in May-June data following the introduction of our new EPR, CareDirector, as staff get used to the new system and the output of our Mental Health Services Dataset is rebuilt. Our Informatics and EPR teams continue to work closely with our Heads of Operations to help solve issues and improve data quality.

#### Patient Experience

**S136:** There was only 1 person who remained in the 136 suite for longer than 24 hours in May whilst an available bed was being identified.

**Complaints:** All complaints were acknowledged within the 3 working day timescale this month and all 3 complaints standards met. NHS England and NHS Improvement endorsed a three month pause on the complaints process across the NHS which is due to end on 30 June 2020. During this time we continue to receive, triage, log and acknowledge complaints within our corporate function and are progressing complaint reviews completed through the sign off process. The PALS team have been operating as normal during this time.

**Friends and Family Test:** Due to the ongoing situation with Covid19/Coronavirus Quality Health are not providing patient FFT submissions/reporting.

#### Safety

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

#### Workforce

**Appraisals:** All appraisals remain on hold as part of our actions taken during the COVID pandemic (unless there are exceptional circumstances agreed between the appraiser and appraisee). As a result, appraisal compliance has fallen from 72.8% in March to 62.7% in May.

**Mandatory Training** requirements continue to be met with May at 89.6% (target 85%). However, as previously reported, classroom based training will only be required where it is absolutely essential (with video used where possible) and compliance periods have been extended for at least 3 months, reflected in ILearn data from April 2020.

**Clinical Supervision** is under the 85% target having dipped in recent months from 69.5% in March to 59.2% in May. An interim standard operating procedure (SOP) has been developed advising of the responsibility of all staff and managers to ensure that supervision continues whilst staff are redeployed in other areas. Improvement is expected in the coming months.

**Sickness Absence:** In month sickness remains within levels of normal variation, Covid19 related sickness absences are included in this measure from April data onwards.

**Coronavirus:** As lock down restrictions are gradually lifted, we are more conscious than ever that we need to reinforce the message that staff need to continue to work from home and stay away from Trust sites as much as possible. Our work on returning staff to the workplace safely and supporting staff to work from home continues. We want to continue to help keep our staff safe and well and to listen to concerns; responding in a way that allows us to continue to provide support to our service users and patients.

## Local intelligence

### CURRENT MONTH: JULY

#### Clinical Record Keeping

**Data Quality Maturity Index:** Latest data published by NHS Digital shows our May position at 82.2%, a further drop in data quality which was anticipated following CareDirector implementation. We are continuing to develop our new EPR system to meet the needs of the organisation. Feedback from staff has been vital in shaping the application and we are working closely with services and teams to map processes, resolve queries and suggest developments. A wider conversation is taking place, via our Your Voice Counts online collaboration platform for staff to anonymously share experiences since the launch, and offer ideas on how we can further optimise the system.

#### Patient Experience

**S136:** There were 3 breaches in July, all working age adults. 2 of the breaches had medical recommendations completed but breaches occurred due to no available beds. The remaining breach was due to a combination of poor communication/handover and the subsequent unavailability of a Section 12 doctor, the incident has since been discussed in team meetings and action taken to prevent re-occurrence.

**Complaints:** There were 13 complaints received in July, slightly higher than in recent months but in line with the monthly average over the last 12 months, which is 12. All 13 complaints were acknowledged within the 3 days standard, allocated an investigator within 3 days, and completed within agreed timescales. The 3 month pause on the complaints process, endorsed by NHS England and NHS Improvement, ended on 30 June 2020. The PALS team have been operating as normal during this time with 173 enquiries received in July.

**Friends and Family Test:** Due to the situation with Covid-19 Quality Health did not provide patient FFT submissions/reporting in May and June. They have however recently provided data for April and July. All 3 responses were from Inpatient services, a 0% 'unlikely to recommend' from one patient discharged from The Mount in April and a 100% positive recommendation from 2 responses at discharge from Inpatients, one from The Mount and one unspecified.

#### Safety

**Incidents:** The number of incidents, including those for violence/aggression, self harm and restraint all remain within expected levels of normal variation. In July 443 people were detained under the Mental Health Act, including community treatment orders and conditional discharges. The monthly average over the last 12 months has been 462.

**Medication:** In Q1 there were 128 medication related incidents, 92.2% of which resulted in no harm. The Medicine Safety Committee scrutinises all medication-related incidents reported across the organisation bi-monthly and lessons learned are shared. In April, the way in which medication incidents are recorded changed on the Datix reporting system. Previously there was 29 options for different types of error which caused confusion for staff and led to challenges in interpreting data, this was rationalised to 8 options. 49% of reported medication incidents in Q1 were related to the administration of medication, 1 of the 8 options.

The increase in reports of administration incidents compared to previous quarters is thought to be a result of the change to the Datix reporting system in April, as opposed to an increase in administration incidents. This will be closely monitored by the committee. The task and finish group, set up by the Lead nurse to look at medication training for nurses, is going to incorporate learning from incidents from Q2.

**Safeguarding:** Q1 is the first period where Safeguarding data has been generated from the new Datix reporting processes. Whilst a positive development, there have been some early data quality issues and reporting is subject to further development. Furthermore some changes in recording methodology mean time series analysis will become more robust as time progresses. In Q1 92 (31%) advice calls handled by the Safeguarding Team were child related and 209 (69%) related to adults. Q1 figures were slightly below average for adult advice, believed due to the impact of Covid-19 on services and reporting.

Activity increased in June (with further increase expected in July) with more advice being sought, corresponding to easing of lockdown, access to service-users and service adjustment. Referral process and outcomes with Adult Social Care are currently routinely reviewed by the Safeguarding and Risk Manager for Mental Health and the Trust Deputy Head of Safeguarding. Outcome rates remain stable overall, despite Covid-19 and reduction in face to face contacts, with extra information communicated to staff highlighting risks to vulnerable adults and families during this time, enabling the response to remain constant. At 12% outcome referrals to Adult Social Care remains comparable to average figures. Patterns of abuse roughly reflect national and previous LYPFT data with physical, psychological and financial abuse being significant for our service users.

There has been a noticeable proportionate increase in domestic abuse and violence calls for advice, and this is reflected in the local and national picture. Of the 92 advice calls relating to children 29% were referred on to Adult Social Care. On the training front the Safeguarding team are providing on-line face to face bespoke sessions and are implementing the flexible learning document for both child and adult safeguarding, with pop up stalls at trust sites, presentations at governance forums and regular trust-wide communications being provided for staff. At Q1 95.5% of staff are trained in Basic Prevent (Target 85%).

## Local intelligence

### CURRENT MONTH: JULY (continued)

#### Workforce

**Appraisals:** With appraisals on hold during Covid-19 (unless there are exceptional circumstances agreed between the appraiser and appraisee) compliance has fallen from 72.8% in March to 54.9% in July. An interim appraisal process has been agreed to run between now and the end of March and we expect to see improvement from October onwards.

**Mandatory Training:** Classroom sessions, including updates for Resuscitation, PMVA and Moving and Handling are now available for booking. Due to restrictions on class sizes, places are more limited than usual. Appropriately risk assessed PPE and social distancing measures are in place and enforced for all these classes. Against an 85% target compliance in July was at 87.8%.

**Clinical Supervision:** This measure had fallen significantly under the 85% target to a low of 59.2% in May. All staff were advised of procedures to ensure that supervision continued whilst many staff were redeployed in other areas. An expected improvement over the last few months has seen performance increase to 73% in July.

**Sickness Absence:** At 5% the in month sickness rate remains within levels of normal variation.

**Vacancies:** The picture remains fairly consistent with the percentage of vacant posts, at 10%, in line with the 12 month rolling average. Our social media recruitment campaign called "Let's Talk" has now gone live across our social media channels. We are encouraging staff, colleagues, friends and family who are active on these channels to please like and share. This will help increase our reach to new audiences who might be interested in talking to us about job opportunities.





When the Covid-19 pandemic hit, the Recruitment Team adapted their process at speed so that the service could continue to operate and be Covid-19 secure. The changes and innovations the team made also meant that during the pandemic we've seen over 90 students employed by the Trust under various contract types, we've actively recruited more newly qualified nurses than before, and we've employed 19 additional staff across the AHP profession. Our Recruitment Team are also currently working with colleagues in care services to plan some virtual open days.

**Coronavirus:** We are pleased to report low rates of infection amongst staff and service users in our own wards, however we recognise that our staff continue to support service users with Covid-19 in other settings, including hospitals, care homes and in the community. Each week we've seen the numbers of patients and staff with Covid symptoms fall and this is testament to the hard work of staff in observing infection control procedures, wearing PPE, washing hands and staying alert to control the virus and save lives.

Over the past few months there has unsurprisingly been a huge increase in remote working and many services and teams and found creative ways to share information and help each other learn. While these have been challenging times with many of us having to work differently, we continue to encourage new ways of working and keep these innovations going forward to see real constructive change in the Trust. The Trust is currently working in partnership with a number of NHS organisations to prepare the delivery of Covid-19 vaccine trials. At present, a number of locations throughout Leeds and North Yorkshire are being considered as centres to deliver the vaccine trials and make sure that everyone in Leeds, Harrogate and York can take part. It is likely that these trials will be taking place towards the end of the year and we are encouraging as many people as possible to consider registering their interest in taking part.

# 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

Acronym	Full Title	Definition
		calling our Trust's switchboard
ARMS	At Risk Mental State	ARMS is used to describe young people aged 14-35 years who are experiencing low levels signs of psychosis.
C difficile	Clostridium difficile	Spore-forming anaerobic Gram-positive bacillus (rod) that causes diarrhoeal illness, which can progress to more severe conditions including perforation of the bowel and intra-abdominal sepsis.
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.
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 quality and performance throughout a given month.
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.
CRISS	Crisis Resolution and Intensive Support Service	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

Acronym	Full Title	Definition
		day, 7 days a week, 365 days a year.
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.
CTO	Community Treatment Order	Allows a person who has been detained in hospital for treatment to leave hospital (discharged from detention) and get treatment in the community.
Deaf CAMHS	Deaf Child and Adolescent Mental Health Service	Service that works with children and young people aged 0-18 who have a severe to profound hearing loss, have deaf parents or have BSL (British Sign Language) as a first language and who also experience emotional and/or behavioural issues consistent with a Children's Global Assessment Scale [CGAS] rating of 50 or less.
DNA	Did not attend	
DQIP	Data Quality Improvement Plans	Allow the commissioner and the provider to agree a local plan to improve the capture, quality and flow of data to meet the requirements of the NHS Standard Contract Schedule 6A and to support both the commissioning and contract management processes.
DQMI	Data Quality Maturity Index	A monthly publication about data quality in the NHS
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.
EHCP	Education, Health and Care Plan	It outlines any special educational needs a child has, and the provision a local authority must put in place to help them
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.
EPMA	Electronic Prescribing and Medicines Administration	EPMA is the electronic system the Trust uses to prescribe medication for service users. It is provided by an external company and managed by the Pharmacy Team.
EPR	Electronic Patient Records	The system used to store patient records electronically.
FFT	Friends and Family test	An important feedback tool that supports the fundamental principle that people who use NHS

Acronym	Full Title	Definition
		services should have the opportunity to provide feedback on their experience.
GBO	Goal Based Outcomes	The goal-based outcomes (GBO) tool is a simple and effective method to measure progress and outcomes of an intervention. It grew out of work with children, young people and their families in mental health and emotional well-being settings but can be used in any setting, that is change-focused and goal-oriented – including adult and physical health contexts. The tool tracks what is arguably the most important thing to measure in any intervention: “Is this helping you make progress towards the things that you really want help with?”
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.
LCCG	Leeds Clinical Commissioning Group	CCGs are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. NHS Leeds CCG is made up of 97 GP practices and covers a population of around 870,000 people. Leeds CCG work with a range of partners, including LYPFT, to help meet their objectives as well as supporting the work on the Joint Health and Wellbeing Strategy for Leeds.
LCG	Leeds Care Group	One of the Care Groups (groupings of services) within the Leeds & York Partnership Foundation Trust.
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

Acronym	Full Title	Definition
		those deaths, and take forward the learning into service improvement initiatives.
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 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.
MHA	Mental Health Act	The Mental Health Act 1983 is an Act of the Parliament of the United Kingdom which applies to people in England and Wales. It covers the reception, care and treatment of mentally disordered persons, the management of their property and other related matters.
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.
MRSA	Methicillin-resistant Staphylococcus aureus	MRSA is a type of bacteria that's resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections.
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.



Acronym	Full Title	Definition
OAP	Out of Area Placements	Out of area placements refers to a person admitted to a unit outside their usual local services.
PALS	Patient Advice and Liaison Service	Provides a confidential and free service to guide service users/visitors/carers/relatives on the different services available at the Trust
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.
SNOMED CT	Systematized Nomenclature of Medicine -- Clinical Terms	An international clinical terminology for use in electronic patient records.
SOF	Single Oversight Framework	A framework from NHS Improvement to oversees NHS trusts and NHS foundation trusts
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.

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	NHS People Plan
<b>DATE OF MEETING:</b>	24 September 2020
<b>PRESENTED BY:</b> (name and title)	Claire Holmes – Director of OD & Workforce
<b>PREPARED BY:</b> (name and title)	Claire Holmes – Director of OD & Workforce Lindsay Jensen – Deputy Director of Workforce Development

<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>On 30 July 2020, NHS England &amp; Improvement published “We are the NHS: People Plan 2020/21” which sets out guidelines for employers throughout the coming months and year.</p> <p>The paper provides an overview of the four key commitments set out in the plan: Looking after our People; Belonging in the NHS; New ways of working; Growing for our future. It also looks at how these align to our own internally developed priorities.</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:</p> <ul style="list-style-type: none"> <li>• note the progress and support the plan and the actions set out in this paper.</li> <li>• commit to identifying, outside of this meeting, a non-executive Wellbeing Champion</li> <li>• complete and return their Reciprocal Mentoring forms if not already returned</li> </ul> <p>agree to the proposed assurance arrangements via the Workforce Committee providing assurance of the NHS People Plan and a quarterly Equality &amp; Inclusion report coming directly to the Board.</p>

## Meeting of the Board of Directors

24 September 2020

### NHS People Plan

#### 1. Introduction

On 30 July 2020, NHS England & Improvement published "[We are the NHS: People Plan 2020/21](#)" which sets out guidelines for employers and systems within the NHS, as well as actions for NHS England and NHS Improvement and Health Education England throughout the coming months and year.

The plan is focused primarily on the immediate term (2020-21) with an intention for the principles to create longer lasting change. A further plan is expected to be issued to further support this.

The 20/21 plan focuses on how we must look after each other and foster a culture of inclusion and belonging, as well as calling for action to grow and train our workforce, and work together differently to deliver patient care.

There are funding commitments made within the plan, however some of the workforce growth aspirations outlined in the interim plan and the government's manifesto, require further discussion and are therefore outside of the scope of this plan.

#### 2. People Plan Priorities (Commitments)

The plan sets out practical actions that employers and systems should take, as well as the actions that NHSEI and HEE will take. It focuses on four key priorities:

- **Looking after our people** – with quality health and wellbeing support for everyone, keeping our people safe, healthy and well – both physically and psychologically. This includes a commitment to supporting flexible working.

- ***Belonging in the NHS*** – highlighting the support and action needed to create an organisational culture where everyone feels they belong, with a particular focus on the discrimination that some staff face. This priority include commitment relating to Equality & Inclusion, culture and leadership.
- ***New ways of working*** – emphasising that we need to make effective use of the full range of our people’s skills and experience to deliver the best possible patient care. The plan reflects on the learning throughout Covid and emphasises the importance of capturing innovation, much of it led by our NHS people.
- ***Growing for the future*** – This priority sets out commitments relating to recruitment, retention and recruitment and deployment across systems. We need to capitalise on the renewed interest in NHS careers, to expand and develop our workforce, as well as taking steps to retain colleagues for longer and of welcoming back our colleagues who wish to return.

### 3. NHS People Promise

Our NHS People Promise is central to the plan both in the next nine months and in the longer term. It has been developed to help embed a consistent and enduring offer to all staff in the NHS. From 2021 the annual NHS Staff Survey will be redesigned to align with Our People Promise and quarterly moral surveys will be introduced from next year.



#### 4. Asks to local employers and systems

There are a list of detailed asks of employers and systems to be delivered during 2020-21. Each local system is asked to develop a local People Plan in response to the national plan, to be reviewed by regional and system level People Boards. Employers continue to be encouraged to devise their own local People Plan.

#### 5. Our Trust People Plan

Much work has already been undertaken to determine the internal workforce priorities for Leeds and York NHS Partnership Trust as part of reviewing the Trust's current workforce plan.

We considered the priorities defined in the Interim People Plan (published in 2019) alongside our Trust strategic priorities and the workforce priorities of the Leeds Health and Social Care and the wider Integrated Care Systems, data sets such as the Workforce Race Equality and Disability Standards, and feedback from our managers and our staff. Multiple sources of feedback influenced this plan including through the NHS Staff Survey, our Your Voice Counts Culture Collaborative Conversation, our staff equality forums and equality networks.

High level drafts of our plan were shared with the Workforce Committee whilst awaiting the final publication of the full NHS People Plan and it is proposed that our Trust Strategic People Plan will continue to focus on the following five priority areas which fully embrace and align with the four commitments of the people plan. These are:

- **Equality & Inclusion** – Through our work on Equality & Inclusion, we are committed to driving a culture based on open and honest discussions, where staff feel psychologically safe to challenge each other in a constructive and respectful manner. It is anticipated that through our Well Led Inspection we will be asked to demonstrate the progress we have made towards improving Equality and Inclusion within the Trust, further signalling the strategic importance of this priority within the NHS.

We are reviewing our governance arrangements to ensure that our plan is implemented robustly and at speed. The Trust Chair now holds the non-executive

lead for the Equality and Inclusion agenda and progress will be reported to the Board on a quarterly basis.

- **Health & Wellbeing** – we are committed to taking care of our staff and providing support to ensure they remain physically and psychologically well. A dedicated steering group will oversee our progress.

We have implemented supportive wellbeing conversations enabling managers to understand the individual challenges and concerns facing each member of their team and allowing the support to that individual to be tailored to their needs and are committed to ensuring that these are embedded into our practice on an ongoing basis.

Bullying and harassment continues to arise as a theme demonstrating we have more work to provide an environment where all staff feel safe. We will continue to focus on developing psychological safety across the Trust alongside a culture of open conversations with the ability to disagree well.

- **Leading Together** – It is essential that we create inclusive and compassionate leaders across the organisation to deliver our Trust ambition and strategic priorities. Collective leadership with staff empowered to make decisions as close to the front line as appropriate continues to be an overarching principle of our leadership approach, as does our commitment for our clinical and operational leaders to work in partnership to deliver quality outcomes; a commitment which is being supported by the recent review of the senior operational and clinical leadership structure and the additional investment in clinical leadership roles.

We are evaluating our learning through the Covid period, ensuring we recognise the great practice that has been happening and the increased autonomy at the front line to make decisions in the best interests of the service user. Our new Inclusive Leadership Programme launches in October, supporting our managers to recognise the importance of their behaviours and their conversations on the experience, wellbeing and performance of their teams.

- **Resourcing** – we need to capitalise on the increased interest in careers in Health, providing diversity of opportunity which will enable us to attract a wide range of applicants and volunteers, whilst at the same time growing our own. We are committed to working with our partner organisations across the system to collaborate on the introduction and embedding of new roles.

Our experience through Covid 19 has shed a whole new light on the meaning of flexible or agile working. We will, through our mechanisms of evaluation and sharing of experiences, ensure we move forward on our journey towards being a truly flexible employer. This will include reviewing how we contract with front line staff, recognising the need to balance flexibility with continuity of care.

We are committed to developing clear career paths, maximising the use of apprenticeships and introducing career conversations for all of our staff over the year, prioritising our BAME staff first. The introduction of a new appraisal system will enable the development of a 'real time' learning needs analysis, enabling use to be responsive to our development needs.

We are working with a marketing company 'OTB' to refresh the Trust Brand and support our ambition to be a sought after employer.

- **Engagement and Retention** – we are committed to recognising and rewarding our staff, listening to their voices and taking action to improve our culture.

We have undertaken substantial engagement with staff through our Culture Collaborative and are committed to continuing this engagement as we move forward with our cultural development work.

We have agreed a new recognition scheme which enables individuals and service users to recognise each others contributions, services to recognise individual cases of outstanding practice within their teams, and the Trust to recognise individual services. We will be further reviewing the holistic reward strategy by the end of the year.

We have made good progress with retention of staff through our engagement with the NHSi retention programme. West Yorkshire and Harrogate Integrated Care System has been chosen as a pilot system for a new retention programme soon to be launched.

## **6. Key Performance Indicators/measuring our success**

We are expecting that metrics to support the delivery of the People Plan will be communicated shortly via the NHS Oversight Framework.

We have already started to develop a suite of indicators that will support the oversight and assurance of the delivery of the plan these will include qualitative and quantitative indicators building on feedback we get from staff from the staff survey and quarterly staff survey tracking mechanisms we are putting in place. These will be presented at the next Workforce Committee and will help inform future committee agenda's.

## **7. Assurance**

NHS Employers have developed a detailed [action plan](#) which they have shared with Employers. We are working through that plan to embed our own Trust commitments within this and this will be presented in full at the next Workforce Committee.

Throughout Covid the Bronze Command Workforce and Communications Group has provided a safe space to engage, challenge and provide assurance on all workforce decisions undertaken, and policies implemented, during this period. The group is representative of professions across the Trust and has enabled wide engagement and diverse views.

As our policies and practices become more embedded, we have engaged with this Group to continue to meet as a People Plan Assurance Group to review progress, deliverables and support actions against our People Plan. This was received positively by the Group, many of whom have already offered their commitment to their continued involvement. Using this group as the foundation for the People Plan Assurance Group will ensure that our learning through Covid is embedded throughout our delivery of the People Plan.



A report from this group will be given regularly to the Workforce Committee who will provide oversight and assurance to the Board on progress against our People Plan and support and mitigate against any risks to delivery of the plan.

The exception to these governance arrangements is the Equality and Inclusion Agenda which we propose will report directly to Board on a Quarterly basis with specific items delegated by Board to the Workforce Committee as and when this is appropriate.

## **8. System Working**

The interim plan put down a marker that workforce planning needed to sit alongside other areas of competence for the ICS role in delivering the NHS Long Term Plan.

This plan makes clear the intention to see an increased role for systems to work with its constituent parts, and HEE, to use data to understand workforce and service requirements and support the attraction and deployment of staff within systems.

At the West Yorkshire and Harrogate ICS level there is a national requirement to submit a local people plan which covers all the partnership's workforce and all Trusts. The submitting a short document setting out the current position and for a longer document to be submitted in December. We have contributed to this system plan through submitting the work and initiatives that are taking place within Leeds Health and Social Care partnership and the work being undertaken across the WYMH collaborative. Copies of both submissions are at Schedule 1 and 2.

## **9. Resourcing the plan**

Led by the Chief People Officer, a review of Human Resources and Organisational Development within the NHS is due to commence imminently to ensure we are positioned to support this plan. Work is currently being undertaken to form the working groups which will support and inform this review.

The Trust is also currently reviewing its own resources to ensure that we have the capacity, capability and focus on delivery of the plan.

## **10. Board Involvement and Support**

The key commitments of the NHS People Plan and People Promise must be at the heart of everything that we do and the Board have a key role to play in taking opportunities to seek assurance in these matters both within formal meetings and during Board to Floor interactions.

NHS Boards are asked by the end of next year to hear the voices of our staff networks in our decisions. We have commenced this via the launch of the Reciprocal Mentoring Programme in October. We will also be inviting the Freedom to Speak Up Ambassadors to each attend one of our Board meetings.

Amongst the Board there exists diversity of experience and it is important we gain the benefits of our different experiences and networks to take the People agenda forward in the Trust.

We are expecting a consultation to be launched in October looking at implementing a Board Competency Framework which will define the behaviours and expectations across all of the Board roles. This will include an ask for one of our non-executives to take a lead role as Wellbeing Champion for the Trust, seeking assurance on behalf of the Board that we are actively supporting our staff health and wellbeing.

## **11. Recommendations**

The Board is asked to:

- note the progress and support the plan and the actions set out in this paper.
- commit to identifying, outside of this meeting, a non-executive Wellbeing Champion
- complete and return their Reciprocal Mentoring forms if not already returned
- agree to the proposed assurance arrangements via the Workforce Committee providing assurance of the NHS People Plan and a quarterly Equality & Inclusion report coming directly to the Board.

Minutes of the  
**West Yorkshire Mental Health Services Collaborative Committees in Common (WYMHSC C-In-C)**  
held Tuesday 23<sup>rd</sup> July 2020, 11.00 – 13.00pm via  
Microsoft Teams

**Present:**

Angela Monaghan (AM) – Chair, South West Yorkshire Partnership NHS Foundation Trust  
Brodie Clark (BC) -Acting Chair, Leeds Community Health NHS Trust  
Cathy Elliott (Chair) (CE) – Chair, Bradford District Care NHS Foundation Trust  
Patrick Scott (PS) – Interim Chief Executive Officer, Bradford District Care NHS Foundation Trust  
Sara Munro (SM) – Chief Executive Officer, Leeds & York Partnership NHS Foundation Trust  
Sue Proctor (SP) - Chair, Leeds & York Partnership NHS Foundation Trust  
Tim Breedon (TB) – Director of Nursing and Quality, Deputy Chief Executive, South West Yorkshire Partnership NHS Foundation Trust  
Thea Stein (TS) – Chief Executive Officer, Leeds Community Healthcare NHS Trust

**In attendance:**

Alix Jeavons (AJ) – Programme Manager, Mental Health, Learning Disability & Autism  
Blessing Mandizvidza (BM) – Programme Management & Improvement Lead, Mental Health, Learning Disability & Autism  
Keir Shillaker (KS) – Programme Director, Mental Health, Learning Disability & Autism  
Lucy Rushworth (minutes) (LR) – Project Support Officer, Mental Health, Learning Disability & Autism

**Apologies:**

Rob Webster (RW) – Chief Executive Officer, South West Yorkshire Partnership NHS Foundation Trust

*Glossary of acronyms in this document can be found on page 5.*

Item	Discussion / Actions	By whom
1	<p><b>Welcome, introductions and apologies:</b></p> <p>C Elliott (CE) welcomed the group and noted apologies as above. She highlighted with the group her new role as CinC Chair from this month, thanking former CinC Chair, Angela Monaghan (AM), and Keir Shillaker (KS) for their support with the handover.</p>	
2	<p><b>Declaration of Interests Matrix / Conflict of Interest:</b></p> <p>The declaration of interests was reviewed and agreed to be correct.</p>	
3a	<p><b>Review of Previous Minutes:</b></p> <p>The minutes from the 23/04/2020 were reviewed by the meeting group and were accepted as an accurate record.</p>	
3b	<p><b>Actions log and matters arising:</b></p> <p><b>Action 1/04</b>, PS has taken over as lead for this action and will feedback on progress.</p> <p><b>Action 3/04</b>, CAMHs build update included in the programme update and on the agenda for today’s meeting.</p> <p><b>Action 4/04</b>, The impact assessment is reviewed as part of the programme update, the committee agreed to</p>	

Item	Discussion / Actions	By whom
	capture any detrimental impacts on risk registers.	
<b>Core Business</b> (existing workstreams pre COVID)		
4	<p><b>Programme Update</b></p> <p>KS presented to the meeting the programme update which highlights workstreams that are new, restarted, paused, or continued (due to Covid19). Some of the component parts in workstreams are slower than before as a result.</p> <p>The meeting was advised that the SRO's (Senior Responsible Officer's) for each workstream have been asked to think about where their relative priorities lay and if they need the same level of focus. One of the new areas that the programme is exploring is Psychological Support which is divided into three subgroups:</p> <ul style="list-style-type: none"> <li>○ Psychological support to staff.</li> <li>○ Psychological support to BAME (Black, Asian and Minority Ethnic) communities.</li> <li>○ Psychological support to people recovering from Covid19.</li> </ul> <p>These meetings include the heads of Psychology from IAPT services (Improving Access to Psychological Therapies), MHLDA (Mental Health) and Acute Trusts.</p> <p>SM emphasized the role of the Collaborative to connect and support what is happening at place and that.</p> <p>It was described that the overarching programme dashboard measures are being fed into SOAG (System Oversight and Assurance Group). The risks were summarised by KS to the group.</p> <p><b>ACTION</b></p> <p>Chair's to share the programme update at provider boards. <b>ACTION 1/07</b></p> <p>CE requested an outside meeting with other Chair's to determine a working programme for the CinC (committees in common) moving forward. <b>ACTION 2/07</b></p>	Chair's CE
5	<p><b>ATU Update</b></p> <p>SM updated the meeting in two areas. Firstly, due to Covid19 the engagement exercise with service users on the propped model has been paused and is now being recommenced, but scaled back in terms of its scope. Secondly, LYPFT had to move the Leeds ATU to Woodlands Square from Parkside Lodge to accommodate cohorting capacity within Older People's services. In recent days there have been environmental and safety concerns with the Leeds ATU so admissions are being halted and mutual aid support has been requested from SWYPFT and BDCT to support two inpatients.</p> <p>This is a temporary measure whilst LYPFT work with staff on options for reopening admissions. The meeting offered continued support to LYPFT for this situation.</p> <p>A written update will be provided for Septembers MHLDA Programme Board</p>	
6	<p><b>Complex Rehabilitation</b></p> <p>AJ presented the paper for Complex Rehabilitation, describing the emerging models and the comprehensive</p>	

Item	Discussion / Actions	By whom
	<p>process of engagement with service users, partners and commissioners.</p> <p>The paper shows the benefit in working as a partnership across WY&amp;H (West Yorkshire and Harrogate) to support 103 complex patients in a different way. The team has been working at pace to meet a deadline for a capital business case opportunity in September.</p> <p>It was agreed that the next NED/Governor engagement event would benefit from focus on complex rehabilitation.</p> <p>The meeting thanked AJ for the paper and for the clear use of the service user voice within the piece of work.</p>	
<b>Reflections on COVID</b>		
7	<p><b>Terms of Reference</b></p> <p>The TOR (Terms of Reference) would have been reviewed in April 2020, however due to Covid19 this was paused until today's meeting.</p> <p><b>AGREED</b></p> <p>The TOR was agreed by the CinC subject to the following changes:</p> <ul style="list-style-type: none"> <li>○ Company secretaries check their alignment to the schemes of delegation.</li> <li>○ Identify what the quorum is.</li> <li>○ Adding statement that the committee reports to the boards.</li> <li>○ Adding who can call additional meetings.</li> <li>○ Confirmation of who agrees additional attendees to meetings.</li> <li>○ Use the abbreviation of 'CinC' for references to the meeting group.</li> <li>○ Make clear that the approval of the TOR is taken to the boards meeting.</li> <li>○ <i>3c General responsibilities</i>, insert relevant stakeholders after collaborative partners.</li> </ul> <p><b>ACTION</b></p> <p>KS to complete the final version and send to the committee group by 14 August. <b>ACTION 3/07</b></p> <p>Committee to take the final version once received by KS to their Trust board meeting for approval. <b>ACTION 4/07</b></p>	<p>KS</p> <p>Committ ee</p>
8 8a	<p><b>Early learning summary</b></p> <p>There are different scales of learning from each organisation who are sometimes taking different approaches to the same theme/topic. At the wider ICS level there are similarities in the focus of themes which include staff wellbeing, impact of technology and ability to conduct meetings with staff and service users via virtual means, (however it is not yet know if from a therapeutic intervention point if this is beneficial or successful).</p> <p>Monthly meetings are conducted with the leads from each provider to share learning which looks at positive and negative impacts so far, and helps identify topics to focus on (such as the differing models adopted by IHBTs (Intensive Home Based Treatment Teams) which will be used for collective learning.</p> <p>The meeting agreed that there was a need to better understand the specific health inequality impact of changes made and learning about impact of service delivery models on BAME groups. The Programme team</p>	

Item	Discussion / Actions	By whom
8b	<p>and Improving Population Health team are looking at inequalities for accessing services from the BAME population, the recording of information correctly from each provider can differ and is leading to a challenge when reporting on data.</p> <p>It was added that estates and design of buildings for future working will be a challenge, there is a requirement for staff to have the right spaces for digital consultations.</p> <p>The group discussed how CQC and regulators will be engaging and what the process could be for future inspections for wards, community hubs and for staff working from home.</p> <p><b>ACTION</b></p> <p>KS to add 'Health and Equalities access and impact' column to the learning table and as a focus for the collaborative learning group' discussions. <b>ACTION 5/07</b></p> <p><b>Organisational check-in</b></p> <p><u>BAME staff and service users; involvement in decision making</u></p> <p>The meeting discussed the collective pledge to tackle racism in the workplace and support for the Black Lives Matters movement. Members discussed some of the existing work such as BDCFT (Bradford District Care Foundation Trust) have networks like inspiring cultures and equality and diversity check ins and there has been positive feedback from SWYFT (South West Yorkshire Foundation Trust) about their EIA (Equalities Impact Assessment) decision tool to help decision making and supporting complicated conversations with a structure to share with colleagues.</p> <p><b>ACTION</b></p> <p>TB to share the EIA decision tool with committee. <b>ACTION 6/07</b></p>	<p>KS</p> <p>TB</p>
9	<p><b>PMVA approach</b></p> <p>PMVA (Prevention and Management of Violence and Aggression) does not have a national steer or guidance on the 'right' restraint approach when dealing with service users. There are different preferences for service user restraint from the WY&amp;H Trusts and work is progressing to develop a shared approach which will help with the possibility of sharing staff and potentially creating a collaborative bank.</p> <p>The first meeting took place on Monday and will continue to meet with a wide cast list until October, which has seen positive inputs from its members, however the insight was shared that this approach has been attempted by other collaboratives without success so the challenges are acknowledged. There is a clear proposed schedule of meetings in place and there will be an update on the PMVA approach at October's CinC meeting with a final proposal in January 2021.</p> <p>The committee are aware that there will be an impact on one another of a potential change in PMVA training and practice and are committed to finding a collective, rather than an individual solution.</p> <p><b>ACTION</b></p> <p>KS to share the PMVA approach meeting plan with committee members. <b>ACTION 7/07</b></p>	<p>KS</p>

Item	Discussion / Actions	By whom
	<p><b>AGREED</b></p> <p>The CinC members agreed the approach and intention to develop a collective approach to PMVA.</p>	
<b>General</b>		
10	<p><b>Capital &amp; Finance</b></p> <p><u>Capital submission to the ICS COVID funds</u></p> <p>There have been a range of different proposals that have been worked through with the DoF (Directors of Finance) on estates and ICT. We have put a focus on ensuring the benefits of any proposals are clear. Bids have been submitted in priority order; however we do not know yet if we will definitely receive funding.</p> <p><u>Programme team ‘underwriting’</u></p> <p>SM reminded the committee that it was agreed for the core team to have their costs covered by host organisations if this would not be covered via the transformation funds. We don’t yet know what will be forthcoming in terms of ICS running costs or transformation funds for 21/22 so there may be a need to enact this more formally in the autumn. There were no concerns or comments relating to this agreement, meeting members to raise concerns direct to SM or KS.</p> <p><u>CAMHs building progress</u></p> <p>The build is going well and progressing at pace ahead of time, however there could be slower progression due to social distancing once the builders are working on the interior. A recent steel signing event took place which included previous service users, staff and a local councillor.</p> <p><b>ACTION</b></p> <p>TS to share the recent virtual tour with the committee. <b>ACTION 8/07</b></p>	TS
11	<p><b>Future meeting formats and content</b></p> <p>The regional review meetings have been discussing moving to the next phase of provider and future allocation of MH investment standard at an ICS footprint. KS has put together a brief and scope to review the current operation of the collaborative.</p>	
12	<p><b>Any other business</b></p> <p>It was shared that the LeDeR (Learning Disabilities Mortality Review programme) report was published a couple of days ago and the actions are worked on as part of Transforming Care which links into WY&amp;H MHLDA (Mental Health, Learning Disabilities and Autism) Programme Board .</p> <p>BDCFT will have Therese Patten join as Chief Executive with Patrick Scott taking over formally as Deputy Chief Executive on the 21<sup>st</sup> September 2020.</p>	

Item	Discussion / Actions	By whom																																														
13	<p><b>Meeting Evaluation and Summary</b></p> <ul style="list-style-type: none"> <li>○ Item 4 to be presented at Trust board.</li> <li>○ Request an outside meeting to determine a working programme for the moving forward.</li> <li>○ Update the TOR and all to present the updated version at Trust board.</li> <li>○ Update on ATU and PMVA between now and October.</li> <li>○ Specific reporting on dashboards.</li> <li>○ Share the EIA decision tool.</li> <li>○ Chairs to meet regarding the NEDs and Governor programme of activity.</li> <li>○ Agreement to share learning regarding future considerations on home working, estates and the design of buildings as a result of Covid19.</li> <li>○ Share the CAMHs virtual tour.</li> </ul>																																															
	<p><b><u>Date and Time of Next Meeting:</u></b> Thursday 22 October 2020, MR 1 &amp; 2, LYPFT Trust HQ, 2150 Century Way, Thorpe Park, Leeds, LS15 8ZB</p>																																															
	<p><b><u>Glossary</u></b></p> <table border="1" data-bbox="142 810 1425 1696"> <tbody> <tr><td>ATU</td><td>Assessment and Treatment Unit</td></tr> <tr><td>BDCFT</td><td>Bradford District Care Foundation Trust</td></tr> <tr><td>CQC</td><td>Care Quality Commission</td></tr> <tr><td>CAMHS</td><td>Child and Adolescent Mental Health Services</td></tr> <tr><td>C-In-C</td><td>Committees in Common</td></tr> <tr><td>CCG</td><td>Clinical Commissioning Group</td></tr> <tr><td>DTOC</td><td>Delayed Transfers of Care</td></tr> <tr><td>ICS</td><td>Integrated Care System</td></tr> <tr><td>LD</td><td>Learning Disabilities</td></tr> <tr><td>LCH</td><td>Leeds Community Healthcare NHS Trust</td></tr> <tr><td>LYPFT</td><td>Leeds and York Partnership NHS Foundation Trust</td></tr> <tr><td>MHLDA</td><td>Mental Health, Learning Disabilities and Autism</td></tr> <tr><td>MoU</td><td>Memorandum of Understanding</td></tr> <tr><td>NCM</td><td>New Care Model</td></tr> <tr><td>NED</td><td>Non-Executive Director</td></tr> <tr><td>NHSE/I</td><td>National Health Service England / Improvement</td></tr> <tr><td>SWYPFT</td><td>South West Yorkshire Partnership NHS Foundation Trust</td></tr> <tr><td>TCP</td><td>Transforming Care Programme</td></tr> <tr><td>VCH</td><td>Voluntary and Community Sector</td></tr> <tr><td>WY&amp;H</td><td>West Yorkshire &amp; Harrogate</td></tr> <tr><td>WY&amp;H HCP</td><td>West Yorkshire &amp; Harrogate Health and Care Partnership</td></tr> <tr><td>WY&amp;H ICS</td><td>West Yorkshire &amp; Harrogate Integrated Care System (internal reference to WY&amp;H HCP)</td></tr> <tr><td>WYMHC C-In-C</td><td>West Yorkshire Mental Health Services Collaborative Committees in Common</td></tr> </tbody> </table>	ATU	Assessment and Treatment Unit	BDCFT	Bradford District Care Foundation Trust	CQC	Care Quality Commission	CAMHS	Child and Adolescent Mental Health Services	C-In-C	Committees in Common	CCG	Clinical Commissioning Group	DTOC	Delayed Transfers of Care	ICS	Integrated Care System	LD	Learning Disabilities	LCH	Leeds Community Healthcare NHS Trust	LYPFT	Leeds and York Partnership NHS Foundation Trust	MHLDA	Mental Health, Learning Disabilities and Autism	MoU	Memorandum of Understanding	NCM	New Care Model	NED	Non-Executive Director	NHSE/I	National Health Service England / Improvement	SWYPFT	South West Yorkshire Partnership NHS Foundation Trust	TCP	Transforming Care Programme	VCH	Voluntary and Community Sector	WY&H	West Yorkshire & Harrogate	WY&H HCP	West Yorkshire & Harrogate Health and Care Partnership	WY&H ICS	West Yorkshire & Harrogate Integrated Care System (internal reference to WY&H HCP)	WYMHC C-In-C	West Yorkshire Mental Health Services Collaborative Committees in Common	
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West Yorkshire Mental Health, Learning Disability & Autism Collaborative

**Committees in Common (CinC) - TERMS OF REFERENCE**

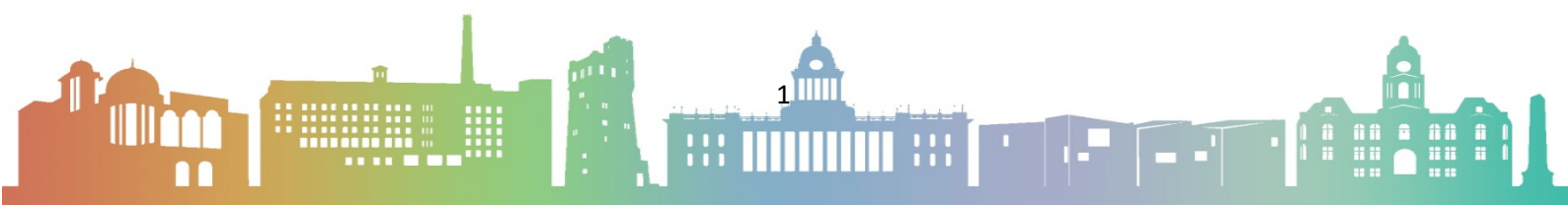
1. Scope

- a. The West Yorkshire Mental Health, Learning Disability & Autism Collaborative ('the Collaborative') is the collective governance vehicle for joint decision making, with delegated authority for the four NHS mental health, learning disability and autism provider Trusts in West Yorkshire.
- b. The Collaborative is one part of the wider West Yorkshire and Harrogate Health and Care Partnership, which is committed to putting combined efforts into tackling the long-term trends of ill-health. This includes specific ambitions to:
  - i. Achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (including a focus on early support for children and young people)
  - ii. Reduce suicide by 10% by 2020/21 and achieve a 75% reduction in targeted areas by 2022
- c. The overall responsibility for delivery of these two ambitions rests with the whole Partnership. This responsibility is discharged and governed by the system-wide Mental Health, Learning Disability and Autism Programme Board which is comprised of providers and commissioners, covering the NHS, local authority, VCS and other partners.
- d. **The Committees in Common for the Collaborative reports into the Board of each individual provider within the Partnership (BDCT, LCH, LYPFT, SWYPFT). It is overall responsible for supporting service transformation, integration and innovation and specifically, responsible for leading development of identified workstreams, improving service delivery to support the overall ambitions of the Partnership.**
- e. This Terms of Reference is approved through each individual provider Board.
- f. Appendix 1 to the Terms of Reference describes this relationship in a diagram

2. Standing

- a. Members shall only exercise functions and powers of a Party to the extent that they are permitted to ordinarily exercise such functions and powers under that Party's internal governance.

3. General Responsibilities of the Collaborative Committees in Common



- a. Ensuring alignment of all parties to the WY&H Mental Health, Learning Disability and Autism strategy, confirming the role of the Collaborative in delivery;
- b. Providing overall strategic oversight and direction to the improvement of services within the Collaborative for people with a Mental Health condition, learning disability and/or autism;
- c. To emphasize the primacy of individual organisations' decision making ability and relationship with their local place, but also to set the expectation through individual boards and within operational teams that:
  - i. Where agreed through the CinC there will be service delivery, development work and clinical/operational relationships that require a 'WY&H first' viewpoint, rather than an individual organizational viewpoint.
  - ii. All partners within the collaborative take informed decisions in consultation with other collaborative partners and relevant stakeholders where there might be an impact on others' services.
  - iii. The CinC will consider and agree adoption of joint policies and procedures across all organizations that will benefit the work of the collaborative.
- d. Formally recommending the roles and responsibilities within identified workstreams, reviewing the key deliverables and ensuring adherence with required timescales;
- e. Receiving assurance that identified workstreams have been subject to robust engagement and impact assessments;
- f. Reviewing and identifying the risks associated with the performance of any of the Parties in terms of the impact to the Collaborative or to the ambitions of the Partnership, recommending remedial and mitigating actions;
- g. Receiving assurance that the risks associated with the Collaborative work programme are being identified, managed and mitigated;
- h. Formulating, agreeing and implementing strategies for delivery of the Collaborative workplan;
- i. Seeking to determine or resolve any matter referred to it by the Programme Team or any individual Party and any dispute in accordance with the MoU:
- j. Considering the shape of the Programme Team, agreeing and reviewing the extent of the Collaborative's financial support for the team, against wider Partnership funding;
- k. Reviewing and approving the Terms of Reference for the Committees in Common;
- l. Reviewing and agreeing the deployment of any joint Collaborative budget, with reference to the deployment of Partnership Transformation Funding and CCG baselines; this includes collective approval of substantial capital funding decisions in accordance with the Risk and Gain Sharing Principles.

#### 4. Members of the Collaborative Committees in Common

- a. Each part will appoint their Chair and Chief Executive as Committees in Common Members and the parties will always maintain a Member on the Committees in Common.
- b. Deputies will be permitted to attend on the behalf of a Member. The deputy must be a voting board member of the respective Party and will be entitled to attend and be counted in the quorum at which the Member is not personally present.
- c. Each Party will be considered as one entity within the Collaborative.
- d. The Parties will ensure that, except for urgent or unavoidable reasons, their respective Committees in Common Member (or Deputy) attend and fully participate in the meetings of the Committees in Common.

#### 5. Proceedings of the Collaborative Committees in Common

- a. The Committees in Common will meet quarterly, or more frequently as required. In addition an annual strategic meeting will be held to review overall progress and set the direction and objectives for the year ahead.
- b. The Chair may call additional meetings as required. Other members may request the chair to call additional meetings by making individual representation, although the chair will make the final decision on whether to proceed.
- c. The Committees in Common shall meet in private where appropriate in order to facilitate discussion and decision making on matters deemed commercially sensitive and by virtue of the confidential nature of the business to be transacted across the Members. It is agreed by the Parties that the necessary checks and balances on openness, transparency and candour continue to exist and apply by virtue of the Parties each acting within existing accountability arrangements of the Parties' respective organisations and the reporting arrangements of the Committees in Common into the Parties' Trust public Boards.
- d. The Parties will select one of the Parties' Chairs to act as the Chair of the Committees in Common on a rotational basis for a period of twelve months. The Chair will ensure they are able to attend every meeting over that period. If in cases of urgent, unavoidable absence the Chair cannot attend, one of the other Parties' Chairs will be asked to step in.
- e. The Committees in Common may regulate its proceedings as they see fit as set out in these Terms of Reference.
- f. No decision will be taken at any meeting unless a quorum is present. A quorum will not be present unless every Party has at least one Member present (four members in total).
- g. Members of all Parties will be required to declare any interests at the beginning of each meeting.
- h. A meeting of the Committees in Common may consist of a conference between the Members who are not all in one place, but each of whom is able directly or by telephonic or video communication to speak to each of the others, and to be heard by each of the others simultaneously.

- i. Each Member will have an equal say in discussions and will look to agree recommendations in line with the Principles of the Collaborative.
- j. Any issues to be raised within individual Party board committees will be noted and listed for action, with a dedicated agenda item reserved for this purpose.
- k. The Committees in Common will review the meeting effectiveness at the end of each meeting with a dedicated agenda item reserved for this purpose.

#### 6. Decision making within the Collaborative

- a. Each Member will comply with the existing accountability arrangements of their respective appointing organisation and will make decisions which are permitted under their organisation's Scheme of Delegation.
- b. Recognising that some decisions may not be of obvious benefit to or impact directly upon all Parties, Members shall seek to pay due regard to the best interests of the wider population in investing in a sustainable system of healthcare across the service area in accordance with the Key Principles and ambitions of the Partnership when making decisions at Committees in Common meetings.
- c. In respect of matters which require decisions where all Parties are affected the Parties will seek to make such decisions on the basis of all Members reaching an agreed consensus decision in common in accordance with the Key Principles.
- d. In respect of the matters which require decisions where only some of the Parties are affected, then the Parties shall reference the Collaborative Gateway Decision Mechanism at Schedule 4 of the Memorandum of Understanding.

#### 7. Attendance of third parties at the Committees in Common

- a. The Committees in Common shall be entitled to invite any person to attend, such as advisors, experts by experience or Partnership leaders but not take part in making decisions at meeting of the Committees in Common. The Chair will agree final attendance lists for each meeting.

#### 8. Administration for the Committees in Common

- a. Meeting administration for the Committees in Common will be provided by the MHLDA Programme Team, maintaining the register of interests and the minutes of the meetings of the Committees in Common. Members are required to openly and proactively declare and manage any conflicts of interests.
- b. The Chair will be responsible for finalizing agendas and minutes, based on the agreed workplan and in collaboration with the MHLDA Programme Team.
- c. Where required by the agenda, governance leads from the Collaborative will be asked to attend and provide advice to the Committees in Common on decision making and due diligence.
- d. Papers for each meeting will be sent by the MHLDA Programme Team to Members no later than five working days prior to each meeting. By exception; and only with the agreement of the Chair, amendments to papers may be tabled

before the meeting.

- e. The minutes, and a summary report from the Programme Director will be circulated promptly to all Members and Trust governance leads as soon as reasonably practical for inclusion on the public agenda of each Parties' Board meeting. Any items not for public consumption will be marked as private in the minutes and be noted at Trust private boards but not circulated with the public papers.
- f. Following the annual Partnership 'check and confirm' session for the MHLDA programme a report will be made available by the Programme Director for the Committees in Common to review. Each Party should reflect the work detailed in this report within their annual Quality Accounts.

## 9. Review

- a. The Committees in Common will review these Terms of Reference at least annually.



**Appendix 1 – Decision making relationship between the Committees in Common and the wider Partnership**

