Leeds and York Partnership
NHS Foundation Trust

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST
PUBLIC MEETING OF THE BOARD OF DIRECTORS
will be held at 9.30 am on Thursday 26 November 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
1	**Sharing stories - Lorna who is the mother of a service user** (verbal)	
2	**Apologies for absence** (verbal)	**SP**
3	**Declarations of interests and any conflicts of interest in any agenda item** (enclosure)	**SP**
4	**Minutes of the meeting held on 29 October 2020** (enclosure)	**SP**
5	**Matters arising** (verbal)	
6	**Actions outstanding from the public meetings of the Board of Directors** (enclosure)	**SP**
7	**Chief Executive's report** (verbal)	**SM**
8	**Report from the Chair of the Mental Health Legislation Committee for the meeting held on 3 November 2020** (enclosure)	**AM**
9	**Report from the Chair of the Quality Committee for the meeting held on 10 November 2020** (enclosure)	**JB**
10	**Report from the Chair of the Joint Quality, Finance and Performance and Workforce Committee for the meeting held 10 November 2020** (enclosure)	**SW**
11	**Report from the Chair of the Finance and Performance Committee 24 November 2020** (to follow)	**SW**
12	**Combined Quality, Performance and Workforce Report** (enclosure)	**JFA**
13	**Safe staffing report** (enclosure)	**CW**
14	**Flu Assurance Framework** (enclosure)	**CW**
15	**Medical Directors' Report** (enclosure)	**CHos**
16	**Report from the Chief Financial Officer** (enclosure)	**DH**
17	**Minutes from the WYMHLDA Collaborative Committees in Common meeting held 22 October 2020** (enclosure)	**SP / SM**
18	**Use of Trust Seal** (verbal)	**SP**
19	**Any other business**	

The next meeting of the Board will held on Thursday 28 January 2020 at 9.30 am
This meeting will be held virtually – joining details will be advised separately

AGENDA ITEM

3

Declaration of Interests for members of the Board of Directors

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

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

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John Baker Non-executive Director	None.	None.	None.	None.	None.	**Professor** University of Leeds	None.	None
Helen Grantham Non-executive Director	**Director and Owner,** Entwyne Ltd **Director** Otley Golf Club Limited	**Sole owner,** Entwyne Ltd	None	None	None	None	None	None
Cleveland Henry Non-executive Director	**Director** **63 Argyle Road Ltd** Management Company	None	None	**Trustee** **Community Foundation For Leeds**	None	None	**Group Delivery & Deployment Director** **EMIS Group** Digital Health sector	Partner Lead Cancer Nurse Leeds Teaching Hospitals NHS Trust
Andrew Marran Non-executive Director	**Non-executive Director** **MoreLife (UK) Ltd** Delivers tailor-made, health improvement programmes to individuals, families, local communities; within workplaces and schools **Non-executive Director** **My Peak Potential Ltd** An organisational development company that specialises in leadership and management development using the outdoors as a vehicle for learning	None.	None.	None.	None. .	None. .	None.	None.

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Susan White Non-executive Director	None.	None.	None.	None.	None.	None.	None.	None.
Martin Wright Non-executive Director	None.	None.	None.	**Trustee** of Roger's Almshouses (Harrogate) A charity providing sheltered housing, retirement housing, supported housing for older people,	None.	None.	None.	None.

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

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

		Executive Directors						Non-executive Directors						
		SM	**CW**	**DH**	**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

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Public Meeting of the Board of Directors held on held on Thursday 29 October 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 Hosker	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
Ms K McMann	Deputy Trust Board Secretary
Dr B Alderson	Speciality Trainee and Guardian of Safe-working Hours (for minute 20/130)
Five members of the public (all of whom were governors)	

		Action
	Prof Proctor opened the public meeting at 9.30 am and welcomed everyone.	
20/124	**Sharing stories** (agenda item 1) The Board heard the story of Farzana who was a service user of the Perinatal Service. The story was introduced by Bal Dosanjh (Clinical Engagement, Access and Inclusion Co-ordinator) who had supported Farzana in recording her story. Farzana explained her experience including: the stigma regarding mental illness and how this had affected her; her cultural needs during her stay in hospital and the degree to which these were met, including the steps she took to address this with staff; the support she had received from the groups she was involved with; the importance of her faith and how her religious needs were met during her stay; and the need for there to be more education within BAME communities of the impact of COVID-19 on their health. Farzana also spoke about the blogs she had written and the positive impact these have had on her and others. Ms Donsajh agreed to provide a link to these so they could be circulated to members of the Board.	**BD**

	Ms Donsajh also spoke about the importance of staff understanding the part a person's cultural background and influences play in supporting a service user's recovery; and also the importance of reaching out to minority communities to ensure there is sufficient education regarding mental illness and how to access services. She noted that this was an important part of her role and outlined some of the work she was doing to take this forward. The Board thanked Farzana and Ms Donsajh for speaking to the Board and providing a powerful insightful to the cultural issues raised.	
20/125	**Apologies for absence** (agenda item 2) There were no apologies received.	
20/126	**Declaration of interests for directors and any declared conflicts of interest in respect of agenda items** (agenda item 3) It was noted that no director had a change in their declarations of interest. It was also noted that Mr Wright had a conflict of interest in agenda item 19 (the appointment of the Senior Independent Director) and noted that he would leave the meeting for that item. The Board noted that no other director at the meeting had advised of any conflict of interest in relation to any agenda item.	
20/127	**Minutes of the previous meeting held on 24 September 2020** (agenda item 4) Mrs Hill noted that Dr Kenwood had been listed as present at the September Board meeting rather than Dr Hosker. She agreed to amend this in the minutes.	**CH**
	The minutes of the meeting held on 24 September 2020 were **received** and **agreed** as an accurate record subject to the change outlined above.	
20/128	**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.	
20/129	**Actions outstanding from the public meetings of the Board of Directors** (agenda item 6) Prof Proctor presented the action log which showed those actions previously agreed by the Board in relation to the public meetings, those that had been completed and those that were still outstanding.	

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

20/130 **Report from the Safe-working Guardian** (agenda item 15)

Dr Alderson gave an overview of the Guardian of Safe Working Annual Report for the period 1 April 2019 to 31 March 2020, noting that this had been delayed in coming to Board due to COVID-19.

He also provided an overview of the Quarter One report which provided assurance that doctors in training were safely rostered and that their working hours were compliant with the Junior Doctors' Contract and Terms and Conditions. He explained the reasons for the gaps that had been detailed in the report and how these had been addressed. He also assured the Board that these had not presented a risk to service user safety. Dr Alderson then explained the governance arrangements in place to report on, discuss and escalate any issues which may emerge with regard to safe working.

The Board discussed the report, noting that it was informative and provided a good level of detail and assurance on the issues that it highlighted. Dr Alderson then spoke about the preparations for winter and the second wave of COVID-19 noting that based on learning from the first wave of COVID-19 the Trust was as prepared as it could be at this time in terms of medical cover. With regard to clinical supervision, Dr Alderson explained the contractual requirements for supervision adding that there was an expectation that this would continue through the pandemic. He then outlined the escalation process should doctors not be able to access the necessary supervision.

The Board **thanked** Dr Alderson for attending the Board and presenting the Guardian of Safe Working report and was **assured** as to the content and governance arrangements in place.

20/131 **Chief Executive's report** (agenda item 7)

Dr Munro provided a verbal Chief Executive's Report. She reminded the Board that it was Black History Month and that the events organised in the Trust by the Race Equality Network would be coming to a conclusion shortly. She used a recent story in the news about a black American citizen with a mental health issue who had been in crisis and the unacceptable negative response to that individual from the police to illustrate the continuing importance of focusing on this important area of work She also spoke about the presentation to the Health and Wellbeing Board on the progress being made through the Synergi Collaborative, noting there had been a firm recommitment from all partners in the city to take a whole-system approach to the over representation of black Afro-Caribbean men within acute services.

Dr Munro advised that the West Yorkshire BAME review had been published

and that this had a focus on mental health. It was agreed that this report would be circulated to Board members. **CHoI**

With regard to COVID-19 she noted that leaders in West Yorkshire were negotiating with the government the potential for the region to go into Tier 3, and that these negotiations were also looking at how the region might exit from that Tier at a later date. She added that leaders were cognisant of the fact that any decisions made in the coming days would have a direct impact on the mental health and wellbeing of citizens which could stretch over the next five to ten years. In relation to this she explained there would need to be further consideration as to what the funding arrangements might be for this added demand. With regard to the York area, Dr Munro pointed out that the North Yorkshire region would likely remain in Tier 2, adding that due to the Trust's services spanning these two areas, directors were looking at how these two different Tiers might impact on the way services were delivered, noting that this issue was being explored with the Directors of Public Health.

Dr Munro then spoke about the Nightingale Hospital in the West Yorkshire and Harrogate ICS, noting that staff within the Trust were coordinating the in-reach for liaison psychiatry into this hospital, adding that the use of the Harrogate Nightingale Hospital remains a last resort and would only be brought into use where the acute capacity within the general hospital was at its maximum.

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

20/132 **Report from the Chair of the Quality Committee for the meeting held on 13 October 2020** (agenda item 8)

Prof Baker provided a report from the Quality Committee meeting that had taken place on 13 October 2020. In particular he reported on:

- The Research and Development annual report, noting that this provided detailed information on work in this area and highlighted the importance of ensuring R&D continues to support the development and provision of high quality services.
- Recommendations from the First Do No Harm Report with a focus on Sodium Valproate and the avoidance of its use for women of child bearing age. He noted that the effects of this had been known for some time but that some GPs were continuing to prescribe the drug to some female service users and as such this was an issue that would need to be addressed across the system.
- The draft Quality Report and Accounts for 2019/20, highlighting the comments that had been received from partners which the committee had considered.
- Gaps in data in the Combined Quality and Workforce Report, noting that the committee had discussed its concern at the lack of some data sets.
- Safeguarding, noting that whilst the committee had been assured of the arrangements in place within the Trust there had been a sense that the number of safeguarding matters reported were possibly lower

than anticipated, given the impact of current events on vulnerable families including that of COVID-19.

- The Gender Identity Service, in particular a strategic risk which had been identified around deprioritising services and concerns around the plans for the waiting list for the Trust's Gender Identity Service. He added that the Ethics Committee had been asked to look at this matter.

Mrs White reported that the Finance and Performance Committee had received a report about the work to address the gaps in data, which had indicated that work would likely be completed by end December 2020. Mrs Forster Adams agreed to share this report with all members of the Board. She also reminded the Board that at the point where CareDirector had been implemented, it had been reported that data would be not be available in full until the end of quarter 2, but that this work had been constrained due to the impact of COVID-19 and that it was now anticipated that this work would be completed by the end of quarter 3. **JFA**

With regard to the Gender Identity Service, Mrs White supported the need for the Board to agree its position and clearly explain to service users any impact there might be to services as a result of, for example, the redeployment of staff as a result of COVID-19 or the impact of any commissioning decisions. She added that this matter was due to be discussed at the Joint Committee meeting on 10 November.

Mrs Forster Adams noted that the report from the Chair of the Quality Committee had used the term 'de-prioritisation' of services and had referenced the Gender Identity Service within this discussion. She noted that as part of any emergency planning it was standard practice to have a process of prioritisation of services but that at no point was the Trust's Gender Identity Service closed to referrals. However, she noted that the ability to respond to any referrals received had been significantly compromised by the redeployment of staff in order to manage the impact of the pandemic.

Prof Baker clarified that the point had been about future waiting lists potentially being closed rather than the current waiting list, the Board noted this amendment. The Board then discussed this matter in some detail. Dr Munro agreed to email the Chair of the National Specialist Commissioning Board to ask for there to be an update on the national strategy for Gender ID and also on the Primary Care Pilot to de-medicalise access to the service. In addition she agreed to include the issue of the impact on the mental health of individuals when placed on the waiting list for long periods of time. **SM**

Prof Proctor asked for the issue of prescribing Sodium Valproate to women of childbearing age to be raised through the Clinical Commissioning Groups and Primary Care partners to ensure there was a wide understanding of the risks and impact. **SM**

The Board also agreed that Bill Fawcett and Nikki Cooper were to be invited to the November private Board meeting so it could better understand the gaps in data reporting and the programme of work going forward to address this. Mrs Hill agreed to arrange this. **CHill**

The Board **received** the report from the Chair of the Quality Committee.

20/133 **Report from the Chair of the Workforce Committee for the meeting held 15 October 2020** (agenda item 9)

Miss Grantham presented a report from the Workforce Committee for the meeting that had taken place on 15 October 2020. In particular she drew attention to:

- The Terms of Reference for the committee, noting that these were being reviewed to ensure they reflect the priorities of the committee, including their role around equality and diversity.
- How the role of the non-executive director Wellbeing Champion would be fulfilled through the committee as a whole.
- Wellbeing assessments, noting that the committee had been assured on progress with particular reference to bank staff from BAME backgrounds.
- The People Plan, noting that this was a particular focus for the committee and that assurance had been received on the work being carried out to achieve the actions.
- Appraisals being restarted within the Trust, and the work to ensure the 85% target completion rate was achieved.
- Clinical Supervision, adding that the committee had been assured on the work in respect of these being carried out for all relevant groups of staff.

Mrs Woffendin advised the Board of the discussions that had taken place with the CQC Relationship Manager and the assurances that had been received in relation to their position on the Trust restarting the appraisals and working towards the achievement of its target. Mrs Holmes noted that progress against the 85% target would be discussed by the Executive Directors. It was agreed that a report would come back to the November Board meeting regarding the outcome of the discussion at EMT on the trajectory and target for appraisals and clinical supervision. **CHol**

The Board **received** the update report from the Chair of the Workforce Committee.

20/134 **Report from the Chair of the Audit Committee for the meeting held 20 October 2020** (agenda item 10)

Mr Wright presented a report for the Audit Committee meeting that had taken place on 20 October 2020. In particular he drew attention to:

- The Quality Report, noting that the committee had been very complementary of the process for its completion, the content and its accessibility.
- The Internal Audit Progress Report which had provided an update on

the re-audit of two areas previous awarded 'limited assurance' (Management of Contracts and Service Users' Money and Property) noting that these had both now been given 'significant assurance' in terms of the procedures. However he added that there would be further work to validate the operation of these procedures to look at how effective they were.

- The Health and Safety Annual Report, noting that there was to be a meeting of Mr Wright, Miss Grantham, Mrs Hanwell and Mrs Holmes to look at the detail of the report. He also outlined the plans that were in place to strengthen the management structure within the health and safety function.

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

20/135 **Report from the Chair of the Finance and Performance Committee for the meeting held on 27 October 2020** (agenda item 11)

Mrs White presented the report from the Finance and Performance Committee for the meeting that had taken place on 27 October 2020. In particular she drew attention to:

- Performance data and the impact that working in different ways due to COVID-19 had had on the achievement of some targets and standards. In addition she drew attention to the data gaps and the discussion at the committee relating to how these would be addressed.
- Assurances around the plans to strengthen the Information Team in order to take forward the digital transformation agenda.
- The deep-dive on three performance issues relating to the Acute Liaison Psychiatry Service, the Gender Identity Service, and physical health monitoring.
- Winter resilience and planning, noting that the committee was supportive of the arrangements that had been put in place and was appreciative of the level of detail in the report.
- EU Exit, noting that further information was expected from the centre and that this would be looked at again at the November committee meeting.

With regard to deep-dives into specific areas, there was an acknowledgement that many of these had cross-cutting themes over a number of Board sub-committees. It was also acknowledged that reporting to a number of different committees on similar matters had an impact on the capacity of staff. It was agreed that this would be discussed in more detail at the Joint Committee meeting on 10 November. Mrs Hill agreed to add this to the agenda. **CHill**

Prof Proctor noted that there was currently a pilot of virtual service visits and that these would help provide a deeper understanding of some of the issues facing services. Prof Proctor noted that following the service visits there would be a programme put in place for non-executive directors and

governors. It was agreed that a list of the service visits would go to the Joint Committee meeting. Cath Hill agreed to provide a paper to the committee. **CHill**

With regard to the arrangements for planning for EU Exit, Prof Proctor asked that an update report be scheduled for the November Board meeting. **JFA**

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

20/136 **Combined Quality, Performance and Workforce Report** (agenda item 12)

Mrs Forster Adams presented the paper, noting that this had been discussed in detail at the various Board sub-committee meetings. She acknowledged that there were ongoing discussions as to how appropriate some of the targets now were in the light of new ways in which the Trust was currently providing services as a result of the impact of COVID-19. She also noted that there was ongoing work to look at data gaps and how these would be addressed going forward.

Mrs White noted that the report showed that the number of restraints had increased and sought further information on this. Mrs Woffendin reported that further enquiries had been made and that this additional information had shown that there was nothing of concern in relation to these instances; that some had been due to reporting errors and also due to the complexity of the care of some individual service users. She added that the Quality Committee had received a detailed update at its meeting on 13 October and had been assured of this additional information.

Mrs White noted that workforce vacancies were reported as either stable or, in some areas, slightly increased and asked whether the Trust had observed leaver rates slowing down due, for example, the increase in unemployment rates in the job market. Mrs Holmes reported that in regard to vacancies there were compensating statistics in different parts of the Trust which overall showed a fairly stable position. However, she added that the Trust's establishment had increased overall and that this had impacted on the picture provided by the statistics.

The Board **received** and **noted** the content of the Combined Quality, Performance and Workforce Report performance report.

20/137 **Report from the Chief Financial Officer** (agenda item 13)

Mrs Hanwell drew out the key issues in the report and noted that for months one to six the Trust had been operating within the interim financial framework, adding that there were no material issues of concern to report.

With regard to months seven to 12 she explained that separate work was underway to develop a financial plan for this period and that the plan would be considered in the private Board meeting. In addition she reported that

further work was underway to begin financial planning for 2021/22 and recognised the complexity of the on-going pandemic and the uncertainty of the financial framework which would be in place in the future.

Prof Proctor asked about the impact of cumulative losses in the commercial income generating activities and asked what the level of risk was in relation to this. Mrs Hanwell noted that there had been a specific paper to the Finance and Performance Committee in relation to this and that the situation was being effectively managed and the risks had been assessed as being very low.

Prof Baker asked how radical the Trust could be in relation to capital expenditure, particularly given that staff were working in very different ways and there was now a question over the traditional use of estate. Mrs Hanwell noted that staff had been supported with additional equipment for use at home. With regard to the traditional use of estate she added that there needed to be further consideration as to how this was used and the impact this would have on the Estates Strategy. It was agreed that the executive team would consider when a strategic discussion on the Estates Strategic Plan could be programmed into the Board's forward plan. **DH**

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

20/138 **Quality Report and Accounts 2019/20** (agenda item 14)

Mrs Woffendin presented the Quality Report and Accounts 2019/20 for approval. She explained that the Report had been produced in consultation with service users, staff, carers, governors and stakeholders.

She reported that the timescale for the completion of the 2019/20 Quality Report and Accounts had been amended as a result of the COVID-19 pandemic, with the deadline for online publication and submission to the Secretary of State extended beyond the 30 June 2020. She added that NHS England and Improvement had recommended that Trusts should aim to provide draft accounts to stakeholders by the 15 October 2020 and finalise these for publication by 15 December 2020. Mrs Woffendin outlined the governance process that had been following including presentation to the Quality Committee and Audit Committee where it had received vey positive feedback.

The Board commended the document and acknowledged the huge amount of information it contained about how services were provided and how quality is assured. The Board also thanked the team for making this an accessible document.

The Board **received** and **approved** the Quality Report and Accounts for 2019/20.

20/139 **Workforce Race Equality Standard and Workforce Disability Equality Standard report** (agenda item 16)

Mrs Holmes presented the report noting that it detailed the equality data required under the regulatory framework and highlighted key areas of focus. She also provided details of the WRES (Workforce Race and Equality Standards) and WDES (Workforce Disability and Equality Standards) action plans noting that these were due to be published by 31 October 2020.

She noted that the data showed that although there were several areas of improvement and several areas where the Trust had outperformed Mental Health peers, there remained a differential in experience between BAME and disabled colleagues when compared to those who were white or non-disabled.

Mrs Holmes reported that the current position remained unacceptable and that significant improvement was required to ensure a fair and inclusive experience for all staff. She then outlined some of the priority actions to address the inequality and improve the experience of staff, noting that these had been presented to and supported by the Executive Management Team in September 2020. She also added that there had been wide staff engagement through a number of networks to co-produce the actions which was a principle integral to the Trust's strategic equality and inclusion plan.

The Board welcomed the plan and discussed it in detail.

Miss Grantham asked where the Trust was looking for points of learning. Mrs Holmes reported that there was a wide network of shared knowledge with information being drawn from throughout the region and also nationally. In particular, she noted that those organisations that benchmark well were being approached for shared learning.

With regard to the importance of ensuring that staff make declarations, Mrs Homes outlined the work that was being undertaken through the Culture Collaborative Programme and Inclusive Leadership initiative to ensure staff understood the importance of the need to make the necessary declarations.

Mrs White asked about the recruitment of people with learning disabilities and what programmes were in place to support this. Mrs Holmes reported that with COVID-19 some of this work had been paused and would need to be revisited.

Prof Proctor noted that there was a Reciprocal Mentorship Programme in place and suggested that the learning, themes and issues from the programme should be discussed at a Board workshop in April / May. In addition to this she asked Mr Henry to lead part of that session on the learning from the Seacole Programme. **CHol / CHen**

Mr Henry commented on the lack of diversity within senior leadership roles, noting that there was a lot of work outlined in the report that could be built on. He also commented on the use of 'BAME' as a term to describe all ethnic backgrounds and the offence this can sometimes cause.

	The Board **received** the report, it was **assured** by the detail in the action plan and also the progress against the standards.	
20/140	**Update report on preparations for winter** (agenda item 17) Mrs Forster Adams presented the update report in the context of the continued impact of the COVID-19 pandemic on winter planning, noting that the document provided a combination of technical, governance and operating arrangements. She added that it was a dynamic plan that would continue to be refreshed throughout the winter including the response to the impact of the on-going pandemic. She assured the Board that heading into winter the Trust was better prepared for the consequences of the pandemic and that learning from wave one had been used to inform the winter plan. Mrs Forster Adams reported that the plan had been shared with members of the Finance and Performance Committee, where it had been well received. She set out the main areas of risk in particular staff availability. She added that a pool of staff was being established which could be deployed in a worst case business continuity situation, but that at the current time there was no plan to stop providing any of the Trust's services and that there was an expectation that the current level of provision would be maintained through the dynamic use of staff. The Board commended the report and suggested that it should be shared with staff and governors. It was agreed that they would receive a summary of the winter plan. Mrs Forster Adams agreed to liaise with the Communications Team to develop a summary version. Miss Grantham asked if there was sufficient support for the Gold, Silver and Bronze levels of command. Mrs Forster Adams assured the Board on the arrangements for resilience for each of these levels which the Board discussed. Dr Munro also outlined the support that had been put in place for the executive team so they had a safe space to discuss the ongoing arrangements and highlight any emerging issues with regard to capacity. She also supported the suggestion that if further support was required from the Board she would bring this back for further discussion.	**JFA**
	The Board **received** and **endorsed** the arrangements for winter planning.	
20/141	**Board Assurance Framework** (agenda item 18) Dr Munro presented the refreshed Board Assurance Framework noting that this had been updated in light of the impact of the COVID-19 pandemic. She added that this would now start to be presented to each of the relevant Board sub-committees for their consideration. Mrs Woffendin noted that some incorrect narrative had inadvertently been included in one of the assurance descriptions for Risk 1 which Mrs Hill agreed to remove this.	**CHill**

The Board **received** and **noted** the content of the Board Assurance Framework.

Mr Wright left the meeting.

20/142 **Appointment of the Senior Independent Directors** (agenda item 19)

Prof Proctor drew attention to the proposal that Mr Wright be re-appointed as the Senior Independent Director for a further two years, which the Board considered and approved. It was noted that during the time of this second appointment Mr Wright would look at identifying a potential successor.

The Board **considered** and **approved** the appointment of Mr Wright as the Senior Independent Director for a further period of two years with effect from 17 February 2021.

20/143 **Proposed changes to the Constitution and its Annexes** (agenda item 20)

Mrs Hill outlined the proposed changes to the Constitution and its Annexes noting that these had been updates to reflect how the Board and Council of Governors now operate. She noted that once it had been reviewed and approved by the Board it would then be presented to the Council of Governors for further approval, after which time the changes would come into effect.

With regard to the seat on the Council of Governors currently reserved for Equitix, Dr Munro asked Board members to consider which partner organisation this should now be offered to given that Equitix had indicated that they would not be putting anyone forward to take up this seat. It was suggested that this was explored in more detail in the private part of the Board meeting.

Mrs White suggested that in light of working across a greater footprint and in light of the new and emerging governance systems which would be less competitive, that consideration be given to the Constitution allowing the appointment of joint non-executive directors (i.e. across two organisations) and also for there to be consideration of appointing associate non-executive directors with a specific skill-set and potentially for the purpose of succession planning.

Prof Proctor suggested that this be considered at a future point in time once it was clear what the impact of any emerging legislative changes were.

The Board **considered** and **approved** the proposed changes to the Constitution.

20/144	**The use of the seal** (agenda item 21)
	It was **noted** that the seal had not been used since the last Board meeting.
20/145	**Any other business** (agenda item 17) There were no items of any other business.
20/146	**Resolution to move to a private meeting of the Board of Directors** At the conclusion of business the Chair closed the public meeting of the Board of Directors at 12:55 and thanked members of the Board and members of the public for attending. The Chair then resolved that members of the public be excluded from the meeting having regard to the confidential nature of the business transacted, publicity on which would be prejudicial to the public interest.

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM

6

Cumulative Action Report for the Public Board of Directors' Meeting

OPEN ACTIONS

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
Sharing Stories (minute 20/124 – agenda item 1 – October 2020) **NEW -** Ms Donsajh agreed to provide a link to these so it could be circulated to members of the Board.	**Bal Donsajh / Cath Hill**	Management action	**COMPLETED**
Minutes of the meeting held on 24 September 2020 (minute 20/127 – agenda item 4 – October 2020) **NEW -** Mrs Hill agreed to amend the minutes to show that Dr Hosker was in attendance and Dr Kenwood was not at the meeting.	**Cath Hill**	Management action	**COMPLETED**
Chief Executive's Report (minute 20/131 - agenda item 7 – October 2020) **NEW -** The West Yorkshire BAME Review including the executive summary to be circulated to members of the Board.	**Claire Holmes**	Management action	**COMPLETED**

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
Report from the Chair of the Quality Committee (minute 20/132 - agenda item 8 – October 2020) **NEW -** Circulate the report to the Board that Bill Fawcett presented to the Finance and Performance Committee on Data Quality and Reporting Short Term Development Programme.	**Joanna Forster Adams**	Management action	**COMPLETED**
Report from the Chair of the Quality Committee (minute 20.132 – minute 20/132 - agenda item 8 – October 2020) **NEW -** Bill Fawcett and Nikki Cooper to be invited to the November private Board meeting so the Board can better understand the gaps in data reporting and the programme of work going forward to address this.	**Cath Hill**	Management action	**COMPLETED**
Report from the Chair of the Quality Committee (minute 20/132 - agenda item 8 – October 2020) **NEW -** The issue of prescribing Sodium Valproate to women of childbearing age to be raised through CCG and Primary Care so partner organisations can better understand the risks.	**Sara Munro**	Management action	**COMPLETED** This has been referred to the networks through the Trust's Chief Pharmacist, Jane Riley, and the Medical Director

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
Report from the Chair of the Quality Committee (minute 20/132agenda item 8 – October 2020) **NEW -** Dr Munro to email the Chair of the National Specialist Commissioning Board to ask for there to be an update on the national strategy for Gender ID and also the Primary Care Pilot. In addition to ensure the impact of being on the waiting list of long periods of time is understood at a national level.	**Sara Munro**	Management action	**COMPLETED** Awaiting a response
Repot from the Chair of the Workforce Committee (minute 20/133 - agenda item 9 – October 2020) **NEW -** Report to come back to the November Board meeting regarding the outcome of the discussion at EMT on the trajectory and target for appraisals and clinical supervision.	**Claire Holmes**	November Board meeting	**COMPLETED** Following feedback from mangers and staff and with consideration to the most important element of the appraisal discussion currently being individual wellbeing and feeling safe and confident to come to work, the Executive Management Team agreed that the Wellbeing Assessment, which has been completed for over 92% of substantive staff, to be adapted to include a stronger emphasis on immediate support and to include a discussion on skills and knowledge development in either the individuals substantive or potentially redeployed post. It is expected that this will remain a live discussion between the manager and/clinical supervisor as appropriate with the form formally updated by the manager at least 6 monthly. Compliance against completion of the wellbeing assessments are recorded and reportable on Ilearn and managers will be asked to reconfirm compliance every 6 months. The Trust plans to introduce a new appraisal system in Autumn 2021.

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
Report from the Chair of the Finance and Performance Committee (minute 20/135 - agenda item 11 – October 2020) **NEW -** The joint committee to look at how deep dives should be agenda'd across the Board sub-committees given their cross-cutting nature. Cath Hill to ensure this is added to the agenda of the joint Board sub-committee meeting for discussion.	**Cath Hill**	Management action	**COMPLETED**
Report from the Chair of the Finance and Performance Committee (minute 20/135 - agenda item 11 – October 2020) **NEW -** A list of the service visits to go to the joint Board sub-committee meeting. Cath Hill to ensure this is added to the agenda and a paper provided.	**Cath Hill**	Management action	**COMPLETED**
Report from the Chair of the Finance and Performance Committee (minute 20/135 - agenda item 11 – October 2020) **NEW -** EU Exit and the additional steps that need to be taken by the Trust to be scheduled for update at the November Board.	**Joanna Forster Adams**	November Board meeting	**COMPLETED** This has been added to the agenda of the November Board meeting
Report from the Chief Financial Officer (minute 20/137 - agenda item 13 – October 2020) **NEW -** Consideration by the executive team as to when a strategic discussion on the Estates Strategic Plan can be programmed into the Board forward plan.	**Dawn Hanwell**	Management action	**ONGOING** As part of Board development session we will agree the schedule of when we review the key operational strategies, in context of where we need to focus

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
Update report on preparations for winter (minute 20/140 - agenda item 17 – October 2020) **NEW -** Staff and governors to receive a summary of the Winter Plan. Mrs Forster Adams to liaise with the Communications Team to develop a summary version.	**Joanna Forster Adams**	Management action	**ONGOING** The winter plan has been sent to the governors for information
Board Assurance Framework (minute 20/141 – agenda item 18 – October 2020) **NEW -** Mrs Woffendin noted that some narrative had been inadvertently included in one of the assurance descriptions in Risk 1 which Mrs Hill agreed to remove.	**Cath Hill**	Management action	**COMPLETED**
Sharing stories (minute 20/102 - agenda item 1 – September 2020) Mrs Forster Adams to liaise with senior managers in the Eating Disorder Service to look at how the transition arrangements and strengthen the support that Is put in place. A report will be brought back to the March 2021 Board meeting.	**Joanna Forster Adams**	Board of Directors' meeting March 2021	
Report from the Chair of the Finance and Performance Committee (minute 20/114 - agenda item 11 – September 2020) The Board is to be sighted on the dashboard of data relating to cyber security.	**Dawn Hanwell**	Board of Directors meeting March 2021	

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
Workforce Race Equality Standard and Workforce Disability Equality Standard report (minute 20/139 - agenda item 16 – October 2020) **NEW -** The learning, themes and issues from the Reciprocal Mentoring Programme to be discussed at an April / May Board workshop. In addition to this Mr Henry to lead part of that session on the learning from the Seacole Programme.	**Claire Holmes / Cleveland Henry**	April / May Board strategic discussion / workshop	

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
Safe Staffing Report (minute 19/144 – September 2019 - agenda item 12) 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.	**Dawn Hanwell / Cathy Woffendin**	October Board of Directors' meeting	**COMPLETED** An update on progress has been provided as part of the Chief Financial Officers' report to the October Board meeting.
Sharing Stories (minute 20/102 - agenda item 1 – September 2020) Mrs Hill to write to thank Claire and Lucy for attending the meeting and sharing their stories with members of the Board	**Cath Hill**	Management action	**COMPLETED**
Questions from governors (minute 20/104 - September 2020) The response to the questions asked by Mark Clayton to be included in the minutes of the September Board meeting as an addendum.	**Exec Directors**	Management action	**COMPLETED**
Terms of Reference for the Mental Health Legislation Committee (minute 20/112 - agenda item 7.1 – September 2020) Mrs Hill to provide details to Sarah Layton of the updates required to the Committee's Terms of Reference as discussed by the Board.	**Cath Hill**	Management action	**COMPLETED**

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
Terms of Reference for the Mental Health Legislation Committee (minute 20/112 - agenda item 7.1 – September 2020) The Board agreed that the Terms of Reference for all Board sub-committees should include a duty to consider and advise on the Internal Audit Annual Plan. Mrs Hill agreed to insert this into the narrative for the committees Terms of Reference.	**Cath Hill**	Management action	**COMPLETED**
Report from the Chair of the Mental Health Legislation Committee (minute 20/111 - agenda item 7 – September 2020) Oliver Wyatt to link with the Appointed Governor for York City Council, Anna Perrett, in relation to the data for advocacy services in York. Mrs Hill agreed to provide contact details to Mr Wyatt.	**Cath Hill**	Management action	**COMPLETED**
Report from the Chair of the Quality Committee (minute 20/113 - agenda item 10 – September 2020) Prof Proctor and Mrs Hill to discuss how the Board can best receive assurance from the Ethical Committee.	**Prof Proctor / Cath Hill**	Management action	**COMPLETED**
Combined Quality, Performance and Workforce Report (minute 20/115 - agenda item 12.1 – September 2020) Mrs Hill agreed to add to the agenda of the joint Quality / Finance and Performance / Workforce Committee meeting in November the matter of ethical decisions.	**Cath Hill**	Joint committee meeting November	**COMPLETED**

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
NHS People Plan (minute 20/118 - agenda item 13 – September 2020) A non-executive well-being champion to be identified by the Chair.	**Prof Proctor**	Management action	**COMPLETED** The role will be incorporated and overseen by the Workforce Committee
NHS People Plan (minute 20/118 - agenda item 13 – September 2020) Board members who wish to take part in the Reciprocal Mentoring programme to submit their application forms to the Director of OD and Workforce by the end of the month.	**All Board members**	Management action	**COMPLETED**
Combined Quality, Performance and Workforce Report (minute 20/115 - agenda item 12.1 – September 2020) Narrative to be added to the next quarter CQPR in relation to the breaches in Liaison Psychiatry, the findings and the actions taken.	**Joanna Forster Adams**	Board of Directors' meeting October 2020	**COMPLETED** Additional analysis has been added to the CQPR

AGENDA ITEM

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Chair's Report

Name of the meeting being reported on:	Mental Health Legislation Committee
Date your meeting took place:	3 November 2020
Name of meeting reporting to:	Board of Directors

Key discussion points and matters to be escalated:

Key issues discussed:

1. **Informatics – Data Review and Proposals** Tom Evans from the informatics team attended the meeting to review and discuss data reporting options and establish an action plan for the work with the committee.

2. **Section 136 report and bed capacity** a comprehensive and detailed update was presented in draft form by Andy Weir.

Actions:

1. Cathy Woffendin to raise the issue at regional level to gain consistency of views and level of support for escalation to central government.
2. MHLC to be updated regarding procedure implementation at next meeting including how successful the procedure has been in meeting this challenge.
3. Bronwen Maxwell and Angelena Moor were thanked for the excellent quality of work on the draft procedure thus far.

3. **Mental Health Legislation Operational Steering Group Feedback** report was received by the committee and confirmed assurance regarding MHL compliance. Of particular note was the review of CQC actions which confirmed that the long standing issues related to safe storage and seclusion facilities have now been completed. Oliver Wyatt advised that it will continue to be important for the Trust to demonstrate that where practice deviates from the Code of Practice cogent reasons are clearly documented and ensure regular monitoring of those restrictions. AW confirmed that a physical security review is being completed currently. National guidance is being developed following piloting taking place in other areas which will be used to inform the review.

4. **Mental Health Act Managers (MHAMs) Feedback** The implementation of virtual hearings has been very successful. There have been some technological issues;

however these are reduced now that virtual hearings are being more widely used.

5. **Mental Health Act Amendments** Oliver Wyatt outlined changes to MHA regulations announced at very short notice and which come into effect very soon. The effect of the changes is that statutory forms are being amended to enable electronic completion and submission. The impact of the changes are being reviewed alongside current procedures for the completion and delivery of papers forms, the review is being completed in collaboration with the Local Authority and Leeds Teaching Hospital Trust colleagues.

6. **Matters to escalate to the Board:**

    1. Imminent amendment to MHA regulations enabling the electronic completion and submission of statutory forms.
    2. Continuation of data and reporting restrictions
    3. Successful development of virtual hearings using video and voice calling technologies.

Report completed by:	Andrew Marran (Chair of the Committee) 20 November 2020

AGENDA ITEM

9

Chair's Report

Name of the meeting being reported on:	Quality Committee
Date your meeting took place:	10 November 2020
Name of meeting reporting to:	Board of Directors – 26 November 2020

Key discussion points and matters to be escalated:

At the Quality Committee meeting that took place on the 10 November 2020:

- The Committee received the Medicines Optimisation Group Annual Report for 2019/20. It discussed the Trust's participation in audits and the learning from these. It also discussed the impacts of EU Exit and Covid-19 on the Pharmacy Team.

- The Committee reviewed the Learning from Deaths Report which contained the data for quarter two. It discussed the content of the report and agreed there was nothing to escalate to the Board.

- The Committee received a report which outlined the proposed stages for the production of the 2020/21 Quality Report & Account and a summary of the progress that had been made against the 2020/21 Quality Improvement Priorities (QIPs) during the Covid-19 pandemic.

- The Committee considered areas for future internal audits. It agreed to propose the following areas:

  - A follow up audit focusing on the Trust's Estates function including the effectiveness of estates meetings and escalation processes, and the timely communications with external providers. It agreed that the purpose of the follow up audit would be to provide assurance that the recommendations from the previous audit have had a positive effect on quality
  - An audit to provide assurance on the quality of partnership working
  - An audit to provide assurance on the quality of out of area placements.

- The Committee received an update on the Community Redesign. It discussed the challenges faced by the Service including the recruitment and retention of registered nurses and occupational therapists and a high vacancy and staff turnover rate that had impacted the health and wellbeing of staff. The Committee was pleased to hear that Community

Practice Development Leads had been embedded into the CMHT's to support teams with continuous improvement work. It discussed the learning identified from the rapid changes that had been made by the service in order to respond to the Covid-19 pandemic. The Committee agreed that it had received assurance from the evaluation of the Community Redesign.	
Report completed by:	Professor John Baker 20 November 2020

AGENDA ITEM 10

Chair's Report

Name of the meeting being reported on:	Joint Quality, Finance and Performance and Workforce Committee
Date your meeting took place:	10 November 2020
Name of meeting reporting to:	Board of Directors – 26 November 2020

Key discussion points and matters to be escalated:

At the joint meeting of the Quality Committee, Finance and Performance Committee and Workforce Committee that took place on the 10 November 2020 the following items were discussed:

It was agreed that the joint meetings provided a really useful opportunity to discuss key issues in the round. We supported the view that we should meet twice a year, extending the length of the meetings or reducing agenda items to allow time for meaningful debate.

1. Efficiency planning for 2021/22

The Committee noted the future financial pressures and challenges and the need to plan for a 1% efficiency saving in 21/22 (£1.9m). We supported high level areas for efficiency focus including use of office equipment and accommodation, digital, and sharing of functions with partner organisations. Worked up proposals will come to the Finance and Performance Committee in due course.

2. Quality impact of Out of Area Placements

We reviewed the current arrangements for ensuring that service users receive high quality care when with other providers including private sector and NHS system partners. We noted that the arrangements are currently being strengthened and a comprehensive OAP quality dashboard will be developed - to be reviewed by the Quality Committee. The technical arrangements for drawing up and monitoring OAP contracts are carried out by the clinical procurement team. We suggested that the internal auditors should be asked to audit these arrangements, subject to available capacity and timetabling in the internal audit team. The Audit Committee will take this forward.

3. Acute Care Excellence – plans and progress

The Committee recognised the hard work by staff which had enabled the ACE programme to restart following hibernation during the first wave of Covid. A graded "hibernation thermometer" had been developed which included plans for how the ACE programme will need to alter should our focus need to shift back to Covid response in the future. We are at amber at the moment. It was agreed that articulating a clear rationale for the programme would be helpful in setting direction and purpose, whilst recognising that enabling staff to conduct their own improvement and change at a pace which was right for them was an important aspect of the Quality Improvement Methodology being used. We were pleased to note that dedicated clinical leadership for the programme had now been identified. Following discussion, the Committee suggested that reviewing progress on this multifaceted

programme might best be considered at a future Board Development Session.

4. Gender Identity Service waiting list and times, and proposed next steps

We received a comprehensive report on the current situation, and proposed actions for improvement. We suggested additional practical actions which could be taken locally, and we supported existing plans. We suggested actions which might be taken in collaboration with other GI service providers nationally, to review waiting lists. We were very supportive of further urgent discussion with NHSE commissioners about the possibility of additional investment. The Trust's Ethical Advisory Group will be reviewing the position at the next meeting, given that the current situation disproportionately affects people with protected characteristics. We agreed that it was vitally important to communicate honestly and effectively with service users and that following representation and discussion with NHSE it might be possible for a joint statement to be made publicly. The Finance and Performance and Quality Committees will continue to review the position.

5. Board and Governor Service Visit Schedule

We welcomed the proposed schedule for virtual visits, recognising that Covid constraints may require reprioritisation and review.

6. Service Performance Deep Dives

We agreed these were useful when a more in depth analysis was required. We agreed it would be important to coordinate with service line quality reports to avoid unnecessary duplication of effort.

7. Review of those detailed for long periods of time

We agreed that this was potentially an important piece of work, and that the Mental Health Legislation Committee should be asked to develop a proposal for taking it forward in the first instance.

8. Proposals for supporting Governor observers at Board sub committees

We welcomed the development of guidance on this issue and we agreed that a consistent approach was the best way forward.

Report completed by:	Name of Chair and date: Sue White – 10 November 2020

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
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LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Combined Quality, Performance and Workforce Report
DATE OF MEETING:	26 November 2020
PRESENTED BY: (name and title)	Joanna Forster Adams - Chief Operating Officer
PREPARED BY: (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

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

EXECUTIVE SUMMARY

The document brings together the high level metrics we report and use in the management process set against our current strategic objectives to enable the Board to consider our performance.

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:

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

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.

We continue to work 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.

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

RECOMMENDATION
The Board are asked to: • Note the content of this report and discuss any areas of concern • Identify any issues for further analysis as part of our governance arrangements.

COMBINED QUALITY AND PERFORMANCE REPORT

Lead Director: Joanna Forster Adams, Chief Operating Officer

Date: Nov 2020 (reporting Oct 2020 data, unless otherwise specified)

NHS
Leeds and York Partnership
NHS Foundation Trust

Introduction

Key themes to consider this month:

Unless otherwise specified, all data is for October 2020

Consistency and improvement:

A number of services achieved access standard / contractual targets during October; these included the percentage of people who started treatment within 2 weeks of referral for early intervention in psychosis (EIP) or at risk mental state (ARMS), the percentage of inpatients followed up within 3 days of discharge from CCG commissioned services and the percentage of service users who stayed on CRISS caseload for less than 6 weeks; Improvement in data quality continues to be a key focus for services, following the redesigned recording and reporting processes underpinning a number of metrics as part of Care Director implementation.

Data reported in 2020-21 should continue to be treated with some caution following implementation of CareDirector and the ongoing data quality work taking place. The finance section remains under review and is dependent on clarity around Covid-19 funding arrangements.

Workforce:

With Covid-19 numbers rising rapidly across the whole of the UK the government announced new national restrictions, in place from 5th November to 2nd December. This is likely to create additional anxiety and concern for everyone and our Incident Response Team are working hard to plan for how this may affect us. Our staff are working really flexibly to support our shared aim of continuing to care for our service users. All of our care and support services are vitally important to people and we want to continue, wherever possible, to deliver the care and support needed. Undoubtedly the increasing impact of Covid including staff availability, infection rates, admissions to hospitals and support in community settings is a major concern particularly across the North of England.

Work in Progress:

We are planning on re-introducing a number of the routine KPIs, which have been unreported in 20-21 to date, back into this report during Q3 and following the development of reporting to accommodate data from CareDirector. Additional service activity trend data continues to be included in the report to assist with understanding activity in the absence of some routine KPIs. A new Quality, Delivery and Performance report was recently launched and increased collaboration and engagement is taking place ahead of our planned upgrade to our Business Intelligence platform in 2021.

Following recent discussions around the changes in how we deliver services, and how our standards and measures can be amended to reflect our new ways of working, we have undertaken analysis of the underlying data contributing to a number of our contractual measures, with proposals regarding alternative measures referred to within the service narrative. We remain committed to delivering care in the most appropriate, individualised and clinically effective way within the constraints we now are faced with.

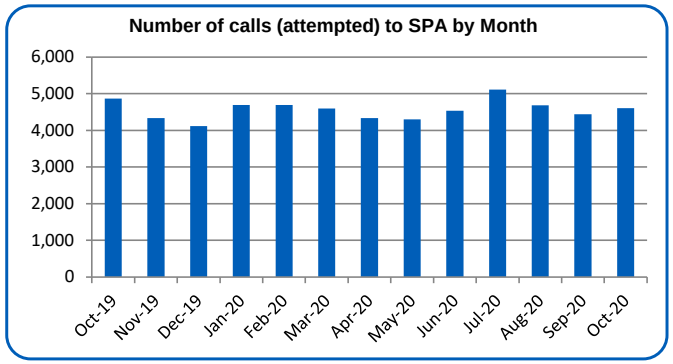
Service Performance – Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Aug-20	Sep-20	Oct-20
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	63.2%	58.9%	57.2%
Percentage of ALPS referrals responded to within 1 hour	90%	33.9%	47.7%	53.6%
Percentage of S136 referrals assessed within 3 hours of arrival	-	12.3%	12.3%	20.5%
Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral	Oct 80%	18.1%	18.3%	17.9%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70%	84.4%	89.7%	89.0%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50%	22.7%	32.8%	26.0%
Percentage of CRISS caseload where source of referral was acute inpatients	tba	*reporting in development*		
Services: Access & Responsiveness to our Regional and Specialist Services	**Target**	**Aug-20**	**Sep-20**	**Oct-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%	-	64.7%	-
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 (inc. telemedicine) contact in days (monthly)	-	*reporting from Nov 20*		
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)	-		0.0%	-
Perinatal Community: Percentage waiting less than 2 weeks for first contact (routine) (quarterly)	85%		34.4%	-
Perinatal Outreach: Average wait from referral to first contact (all urgencies) (quarterly)	-	-	-	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	Q3 512	-	361	-
Perinatal: Face to Face DNA Rate (quarterly)	-		3.7%	-
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90%	73.9%	91.3%	84.2%
Community LD: Percentage of Care Plans reviewed within the previous 12 months	90%	*reporting in development*		
Services: Our acute patient journey	**Target**	**Aug-20**	**Sep-20**	**Oct-20**
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	82.8%	88.3%	43.5%
Crisis Assessment Unit (CAU) length of stay at discharge	-	7.4	7.7	11.4
Liaison In-Reach: attempted assessment within 24 hours	90%	70.3%	69.7%	77.1%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94-98%	99.0%	98.3%	95.4%
• Becklin – ward 1 (female)	-	95.5%	97.9%	102.3%
• Becklin – ward 3 (male)	-	99.0%	98.5%	96.3%
• Becklin – ward 4 (male)	-	100.9%	98.5%	88.7%
• Becklin – ward 5 (female)	-	101.3%	99.1%	99.3%
• Newsam – ward 4 (male)	-	98.2%	97.6%	90.2%
• Older adult (total)	-	85.3%	91.9%	84.5%
• The Mount – ward 1 (male dementia)	-	70.0%	91.6%	97.3%
• The Mount – ward 2 (female dementia)	-	78.5%	83.6%	67.3%
• The Mount – ward 3 (male)	-	90.7%	94.3%	75.4%
• The Mount – ward 4 (female)	-	94.6%	94.7%	94.7%

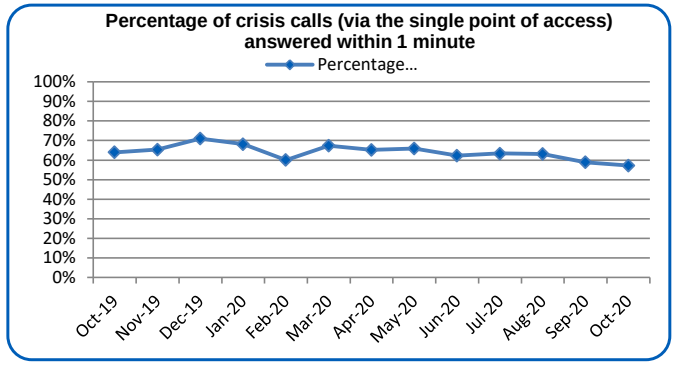
Service Performance – Chief Operating Officer

Services: Our acute patient journey	Target	Aug-20	Sep-20	Oct-20
Percentage of delayed transfers of care	<7.5%	*reporting in development*		
Total: Number of out of area placements beginning in month	-	11	12	26
Total: Total number of bed days out of area (new and existing placements from previous months)	Oct 59	622	376	465
Acute: Number of out of area placements beginning in month	-	5	8	20
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	387	292	383
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)	-	235	84	82
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**	**Aug-20**	**Sep-20**	**Oct-20**
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	-	76.7%	84.9%	83.7%
Percentage of inpatients followed up within 3 days of discharge (CCG commissioned services only)	80%	80.0%	87.2%	86.5%
Number of service users in community mental health team care (caseload)	-	4,667	4,698	4,658
Percentage of referrals seen within 15 days by a community mental health team	80%	68.3%	69.0%	69.4%
Percentage of referrals to memory services seen (face to face) within 8 weeks (quarter to date)	90%	76.9%	60.0%	76.7%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50%	25.0%	21.9%	13.2%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60%	40.0%	56.7%	80.8%
Early intervention in psychosis (EIP) : Percentage of people with at least 2 outcome measures recorded at least twice		*reporting in development*		
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)		*placeholder >>> DQIP*		
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90%		60.0%	-
Services: Clinical Record Keeping	**Target**	**Aug-20**	**Sep-20**	**Oct-20**
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	MAY	JUN	JUL
		82.2%	81.9%	87.6%
Percentage of service users with NHS Number recorded	-	0.0%	99.3%	99.3%
Percentage of service users with ethnicity recorded	-	0.0%	80.1%	79.3%
Percentage of service users with sexual orientation recorded	-	0.0%	22.2%	22.1%
Percentage of in scope patients assigned to a mental health cluster	-	*reporting in development*		
Percentage of Care Programme Approach Formal Reviews within 12 months	95%	*reporting in development*		
Timely Communication with GPs: Percentage notified in 7 days (CPA Care Plans only) (quarter to date)	80%	*reporting in development*		
Timely Communication with GPs: Percentage notified in 24 hours (inpatient discharges only) (quarter to date)	tba	*reporting in development*		
Percentage of perinatal referrals with reason recorded to enable identfication of preconception/perinatal (DQIP)	tba	*placeholder >>> DQIP*		

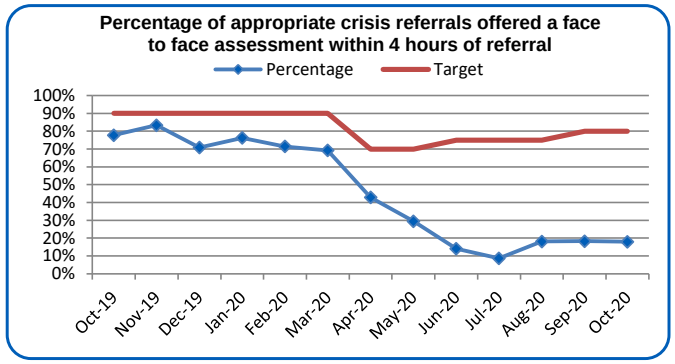
Services: Access & Responsiveness: Our response in a crisis



Oct calls: 4,604

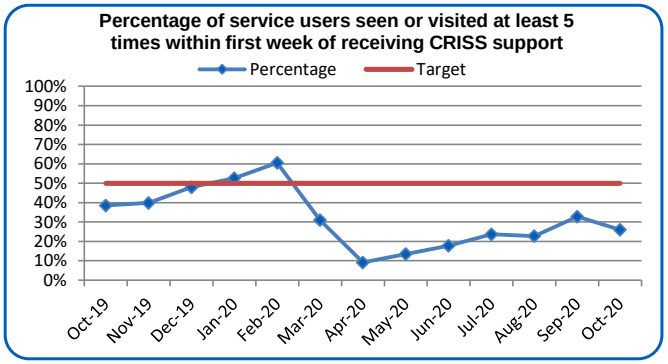


Local target: within 1 minute: Oct 57.2%

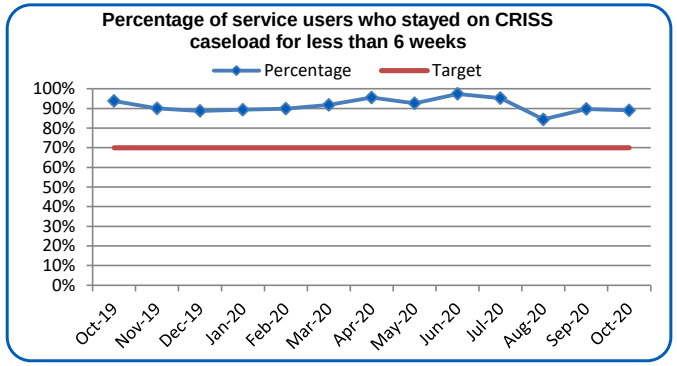


Contractual target 80% (Oct) to 90% (EOY) Oct 17.9%

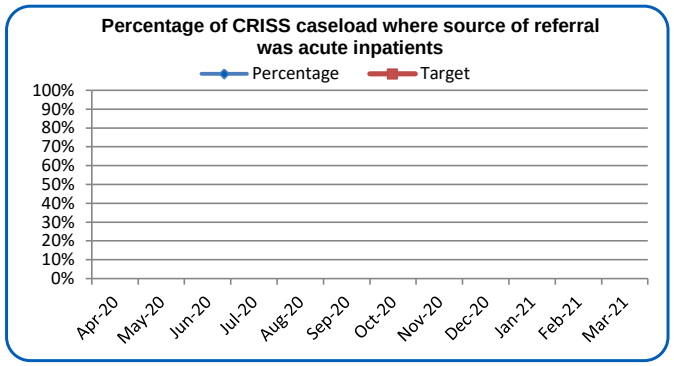
20-21 data quality validation ongoing



Contractual target 50%: Oct 26%



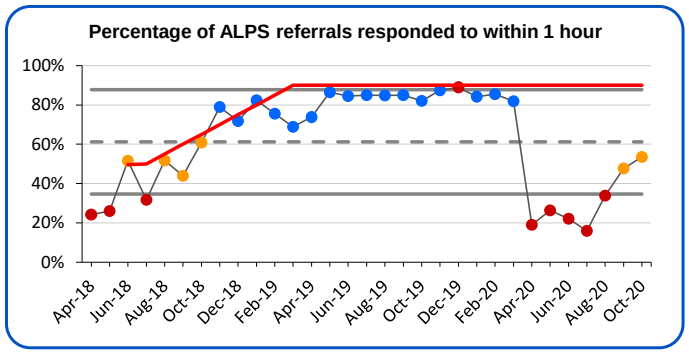
Contractual target 70%: Oct 89%



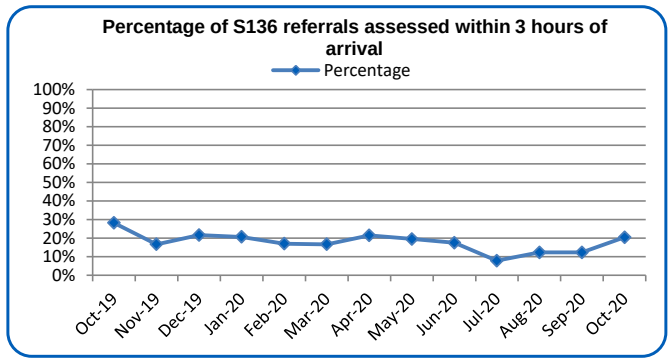
Contractual target - Baseline and target tba

Data development ongoing

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



Contractual target 90%: Oct 53.6%



Contractual measure: Oct 20.5%

SPC Chart Key

Average
Lower process limit
Target
Upper process limit
Actual

Services: Access & Responsiveness: Our response in a crisis

The Crisis Resolution and Intensive Support Service (CRISS) continue to be committed to achieving the Core Fidelity standards and the improvements we made as part of the community redesign. The percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral supports Core Fidelity Standard 1 and timely access to services and has continued to be provided throughout the Covid19 pandemic based on individual risk assessment. The 2020-21 trajectory agreed with commissioners aims for performance above 80% during October, moving towards 90% by March 2021.

17.9% of appropriate crisis referrals in October were recorded as being offered a face to face assessment within 4 hours of referral. We have reported previously that this is not reflective of the way the team are operating and that whilst the majority of referrals to the service are appropriate to be seen within 24 hours; if it is felt based on the referral that someone needs to be seen within 4 hours, the service can ensure that resources are organised to deliver this. Recent focused work between the service and our information team has been productive and identified some necessary retrospective data input required. Communication aids have also been developed to assist staff, which together with enhanced monitoring of recording means we are hopeful this will improve our data quality and better reflect actual activity. Whilst the changes made during Covid have seen some alteration to the way we deliver care we continue to see and respond to service users on a face to face basis. This has not been reflected in our performance reports since changing to CareDirector and data quality issues, particularly impacting on this measure, continue to be worked through, with ongoing meetings to address recording of key information, particularly focused to understand what changes we need to make with our use of the system so that activity is more accurately reflected.

In October 26% of people were seen face to face 5 times in the first week of referral, against a target of at least 50% of referrals as stated in Core Fidelity standard 38. Whilst there are some longer standing common contributory factors such as cancellation of appointments, and episodes of shared care when service users are on the wards and in the community, there are also an increasing number of people supported in the community who are Covid-19 positive, or where a member of their household is. The service are still aiming to see those red RAG rated face to face but are balancing this with the challenges of supporting those where there is a Covid risk. The Intensive Support Service have attempted the use of video technologies to conduct visits, as an alternative to face to face, however feedback from staff has indicated there are some barriers to doing this in terms of the service users themselves having the ability, or means to do this, and also staff not feeling as comfortable. How we provide the service to each individual – and in particular whether face to face work is clinically indicated – continues to be discussed in daily MDT meetings, supported by an individual assessment of risks and priority.

Recent analysis has been carried out to help us better understand the impact of including non face to face contact types e.g. telemedicine and telephone, within an alternative measure. These non face to face type of direct contacts are not currently included within the contractual measure and given the current situation consideration has been given to exploring complementary metrics. We have discussed our findings with our Heads of Operations / Service Managers in terms of clinical appropriateness for these contacts to be carried out in a non-face to face setting and if so whether the service are doing or are planning to do in the coming months. In relation to the Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support the proposal, based on the findings of this analysis, given that this level of intervention would be aimed at those on the red RAG rating (target is 50% of all CRISS), is that it would be appropriate to keep this restricted to face to face contacts only.

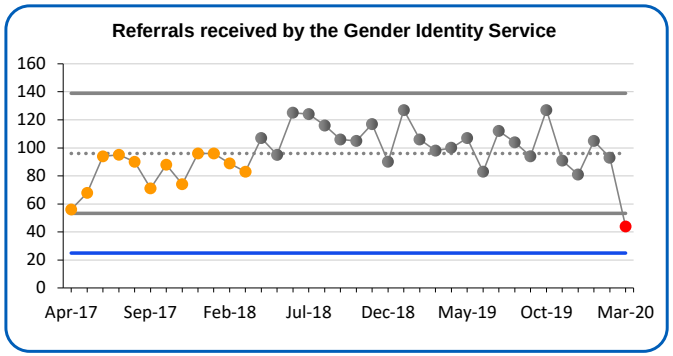
89% of people had remained on the CRISS caseload for less than 6 weeks in October, a measure which we continue to perform above the 70% target.

Actions taken/to be taken: Propose that the CRISS metrics continue to be based on face to face contact only. The Service continue to actively work with the Information team to monitor the changes made to enable accurate recording and reporting of activity.

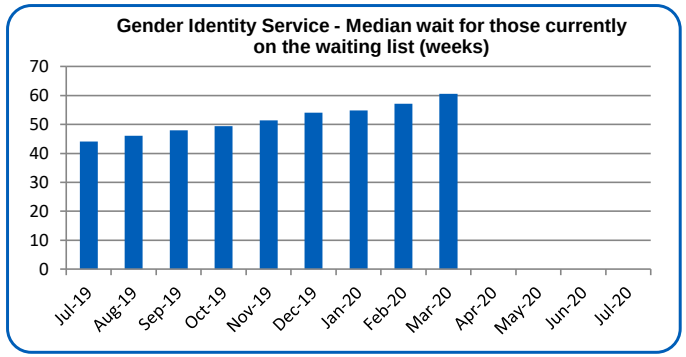
53.6% referrals to Acute Liaison Psychiatry Service (ALPS) (75 from 140) were responded to within 1 hour in October, below the 90% threshold against the 1 hour response target but continuing the recent month on month improvement trend. 97 people (69%) were responded to within 2 hours, 109 (78%) within 3 hours, the remaining 31 people (22%) over 3 hours. The team base continues to be in the Becklin Centre and therefore it is still proving difficult to achieve a 1 hr response. The team are trialling a triage system which is proving to be a positive step to improving performance. Partnership working with LTHT continues as we look to agree how best to manage and resolve this heading into winter. The additional monitoring of data quality in place, following the focused review in September, continues as the service seek to better understand reported performance against this target.

Actions taken/to be taken: The ALPS leadership team continue to review all breaches of 1 hour in detail, and to investigate any emerging recording issues which are negatively impacting on the data e.g. referral/case reasons. Data quality remains a focus for the team and reported information is reviewed in detail each month to identify any errors or gaps, supported by the informatics team and in partnership with LTHT where we are aiming to share our clinical pathway information to understand delays and identify potential improvements. The team continue to work with Leeds Teaching Hospitals to support the re-location of staff within ED to enable the 1hr target to be met.

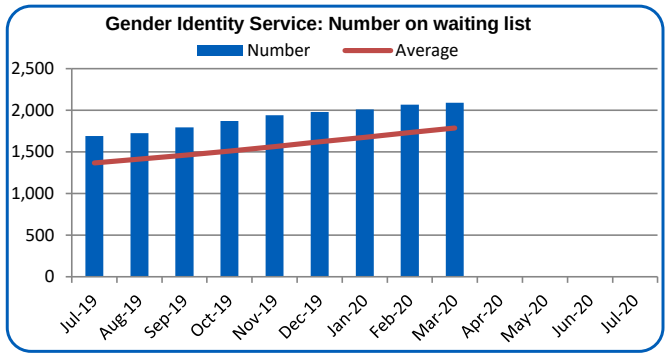
Services: Our Specialist Services



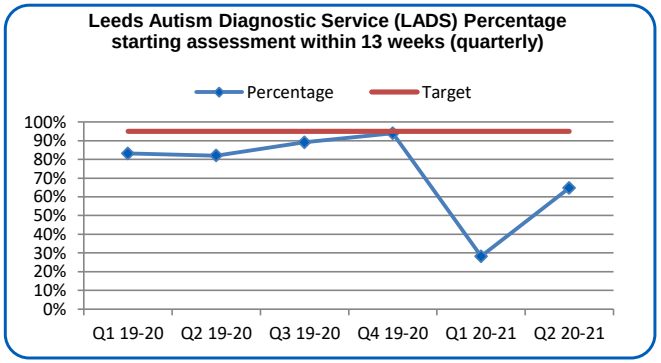
Total referrals: *20-21 data development ongoing*



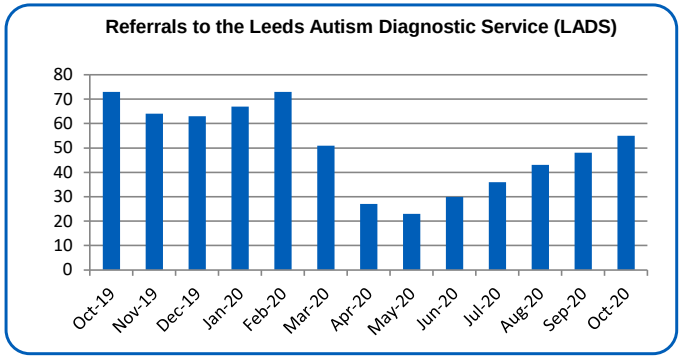
Median wait: *20-21 data development ongoing*



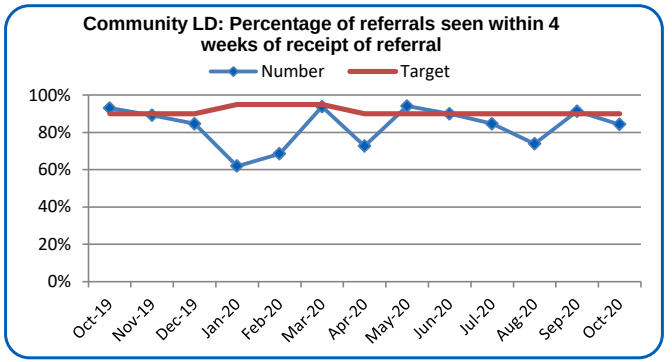
Number on waiting list: *20-21 data development ongoing*



Contractual target 95% Q2: 64.7%



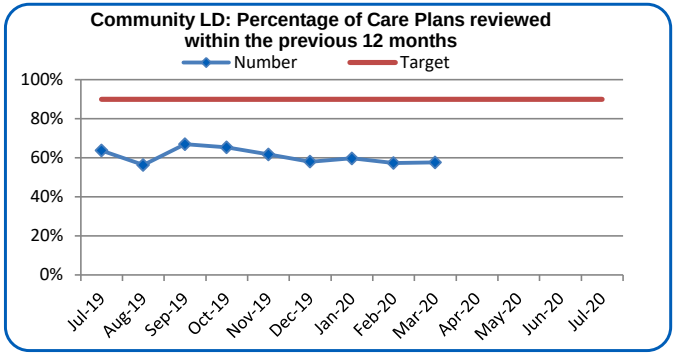
Local measure: Oct 55



Contractual target 90% Oct 84.2%

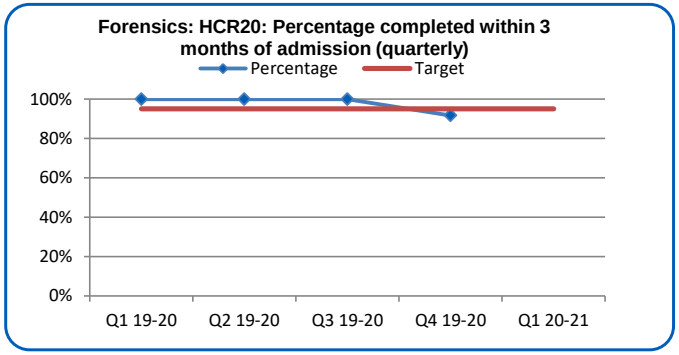
SPC Chart Key

Services: Our Specialist Services (continued)

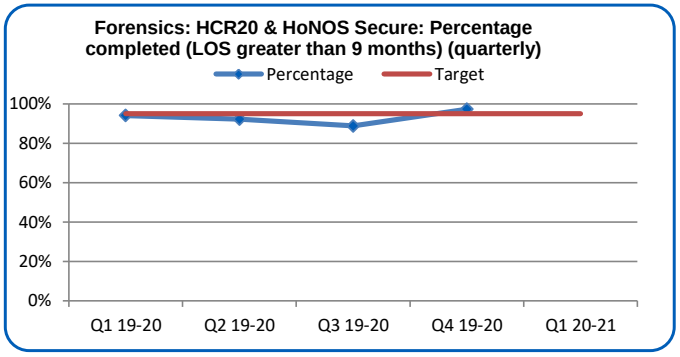


Contractual target 90%: *20-21 data development ongoing*

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

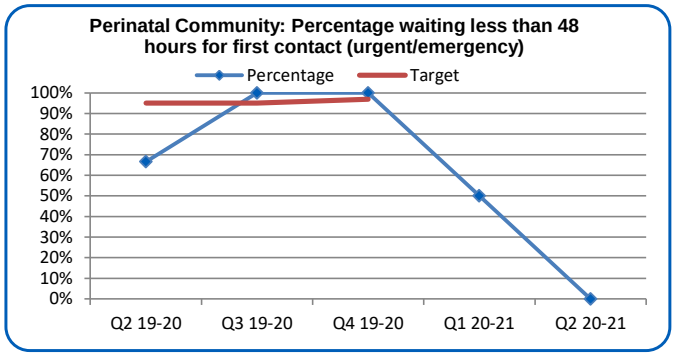


Contractual target 95%: *20-21 data development ongoing*

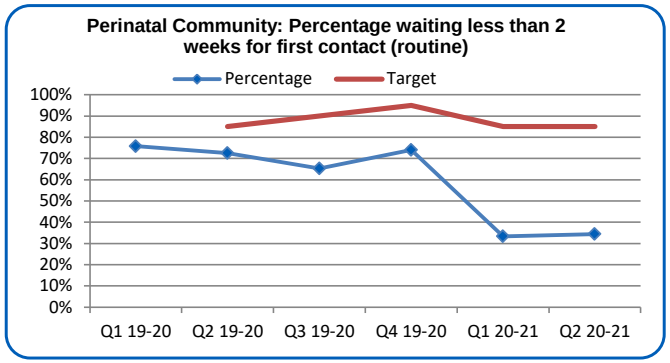


Contractual target 95%: *20-21 data development ongoing*

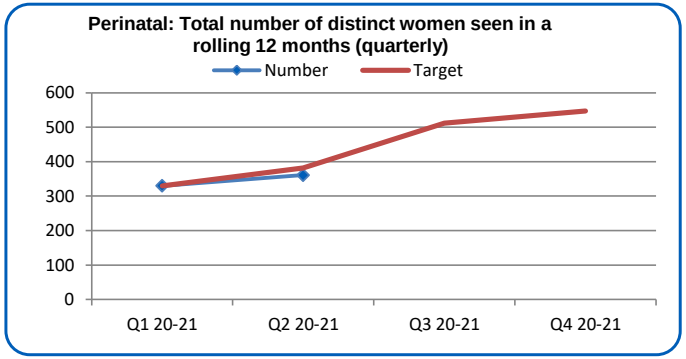
Services: Our Specialist Services (continued)



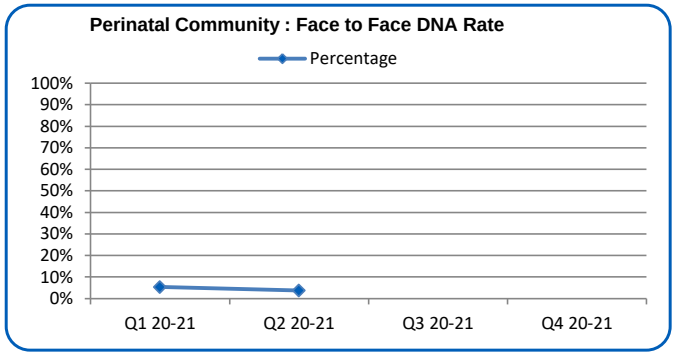
Contractual Target: tba Q2 0%



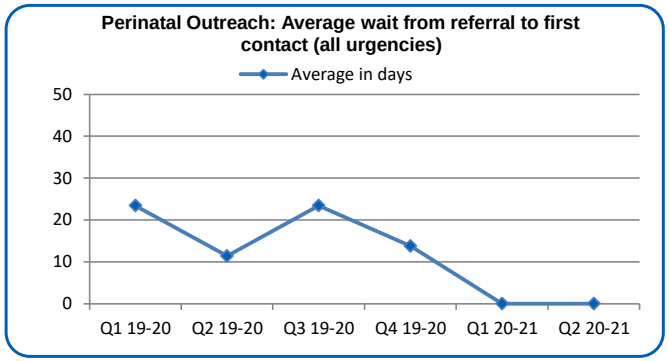
Contractual Target 85%, Q2: 34%



Local measure: Q3 Target 512, Q2 361



Contractual measure: Q2 3.7%



Local measure: Q2 0

Services: Our Regional and Specialist Services

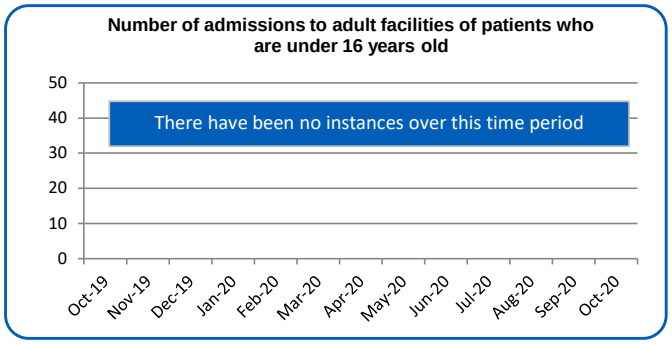
In October 84.2% of referrals were seen within 4 weeks of referral to the Community Learning Disability Team (16 out of 19 people) against a contractual target of 90%. The team continue to work through the process of returning services to normal with activity delivered differently. Recent staffing changes at clinical team management level have impacted on the efficiency of care pathway processes in place. Furthermore reduced capacity within psychology has resulted in delays around decision making around eligibility for the service, and a number of CLDT staff have been identified for redeployment to support in other areas of the Trust during the second wave of Covid-19.

Local reporting on the average wait from referral to first face to face contact for Deaf CAMHS is being developed further following proposals to include telemedicine contacts within the logic, a further update will feature on next month's report. Face to face contacts in the service are to resume but will be reviewed on a case by case basis, and some may revert to telemedicine contacts or be postponed during the latest period of lockdown.

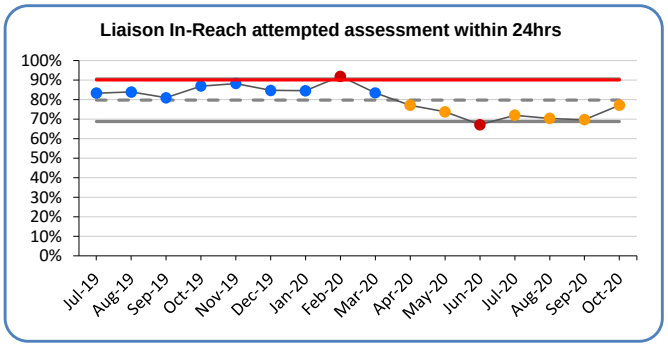
As previously stated a number of key performance measures which support our Regional and Specialist Services remain in re-development following the significant impact of our implementation of CareDirector on reporting. We are on track to resume reporting of these during Q3.

Actions taken/to be taken: Planned reporting of redeveloped key performance indicators to support Access and Responsiveness to our Regional and Specialist services in Dec 2020, including re-developed average waiting time measure for Deaf CAMHS to more accurately reflect service actvity.

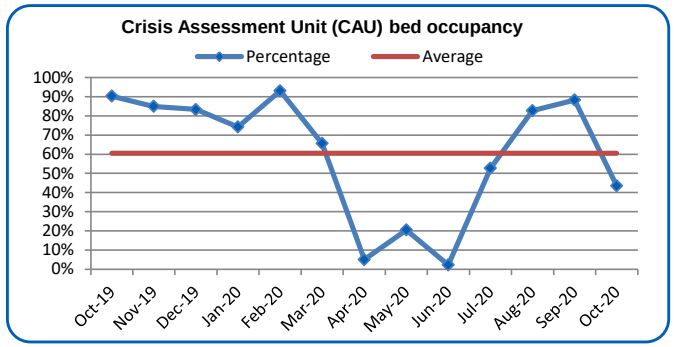
Services: Our acute patient journey



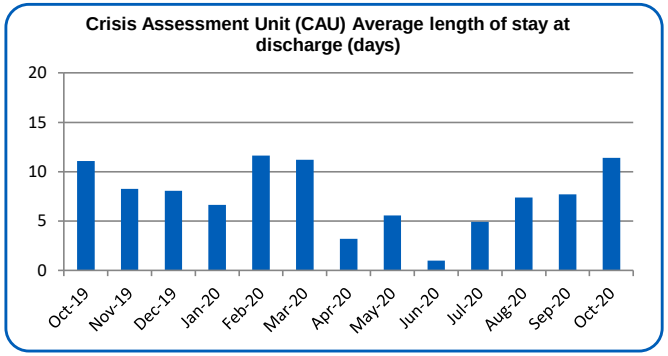
National (NOF): No target: Oct 0



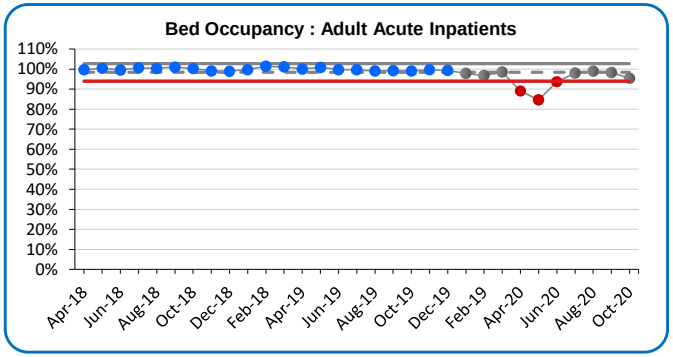
Contractual target: 90%: Oct 77.1%



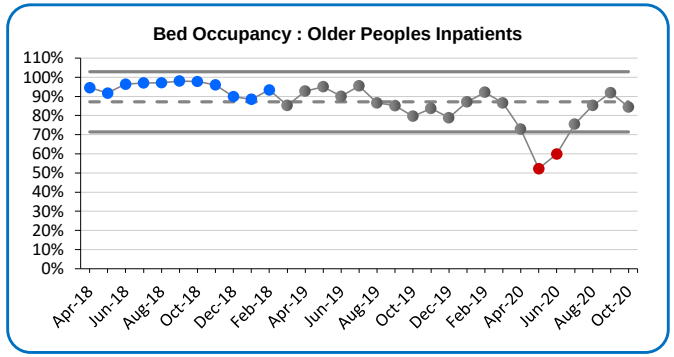
Local measure: Oct 43.5%



Local measure: Oct 11.4



Contractual target 94-98% : Oct 95.4%

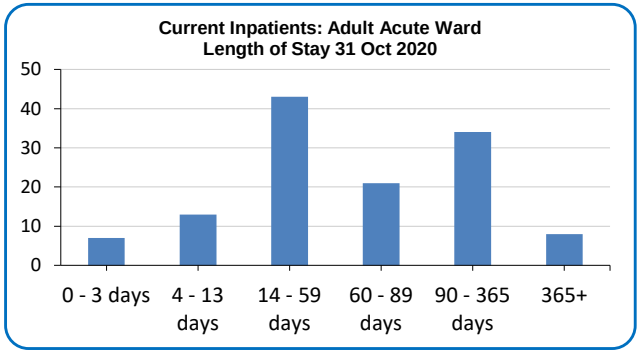


Local measure and target 85% : Oct 84.5%

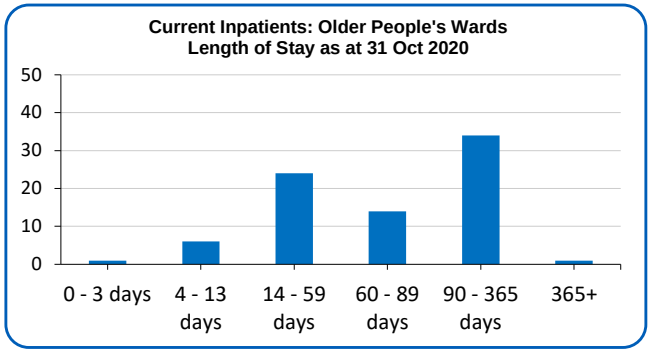
SPC Chart Key

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

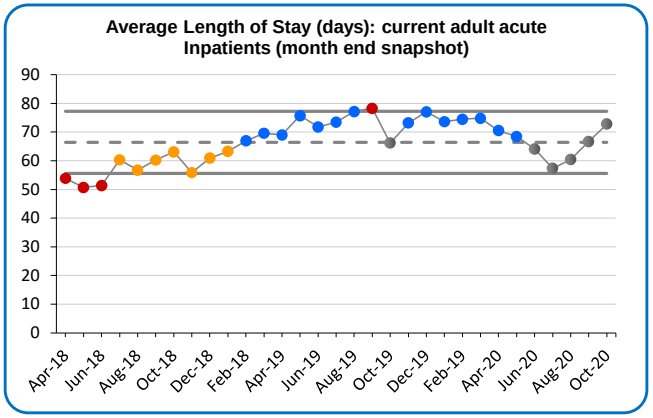
Services: Our acute patient journey (continued)



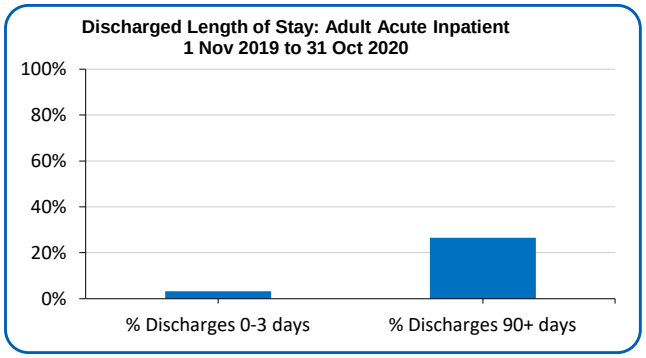
Local activity : 42 people with LOS 90+ days



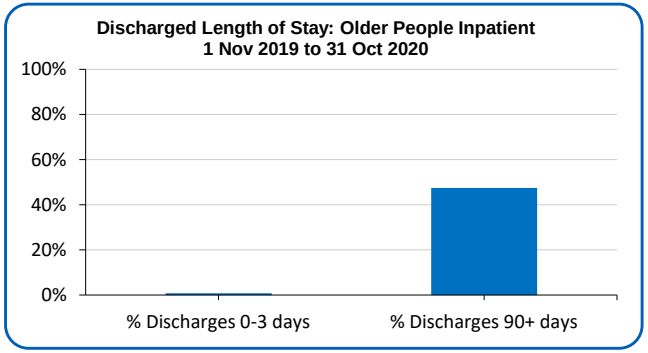
Local activity : 35 people with LOS 90+ days



Local tracking measure: Oct 73 days



Local activity : % discharged LOS 90+ days = 26.6%

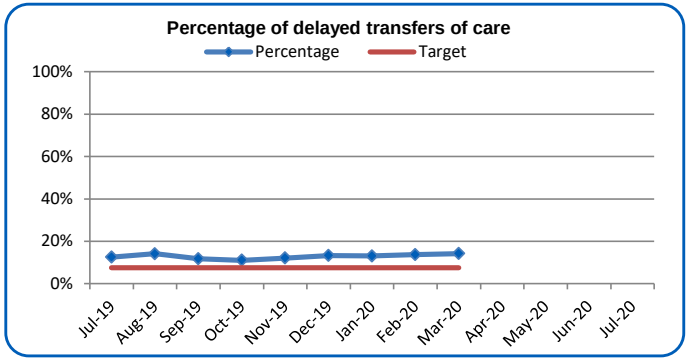


Local activity: % discharged LOS 90+ days = 47.5%

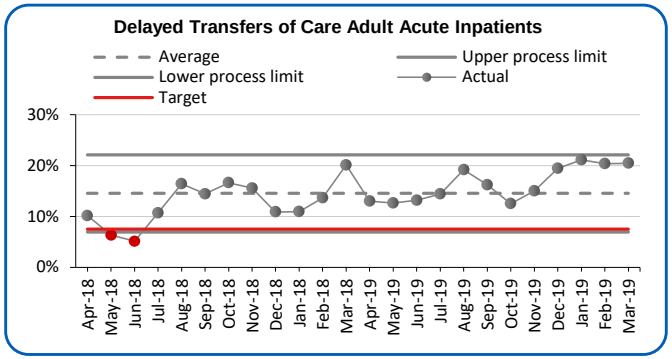
SPC Chart Key

Average
Lower process limit
Target
Upper process limit
Actual

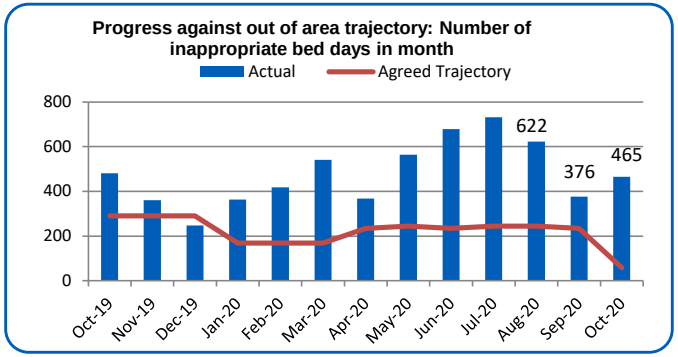
Services: Our acute patient journey (continued)



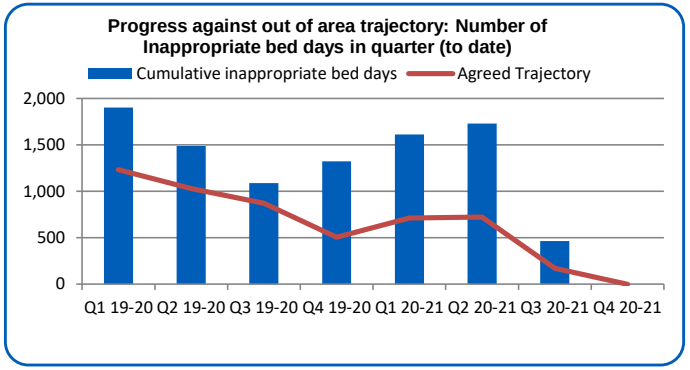
Local target: <7.5%: *20-21 data development ongoing*



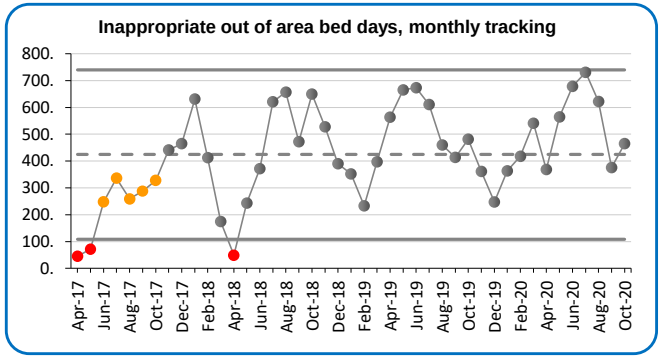
Local target <7.5%: *20-21 data development ongoing*



Nationally agreed trajectory (Oct 59) Oct 465



Nationally agreed trajectory (Q3: 172 days):
Q3 to date: 465 days

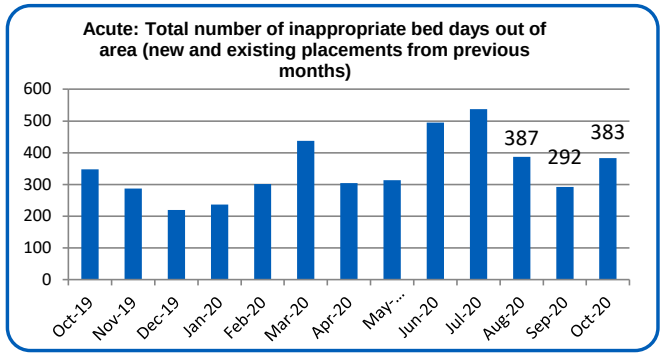


Local tracking measure: Oct: 465 bed days

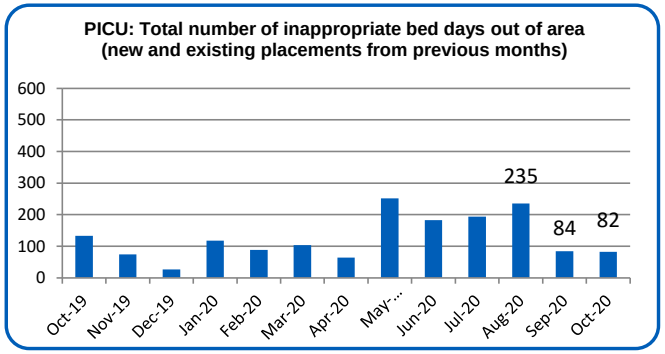
SPC Chart Key

Average
Upper process limit
Lower process limit
Actual
Target

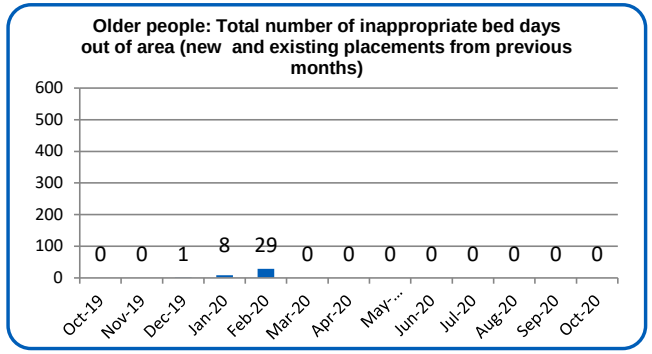
Services: Our acute patient journey (continued)



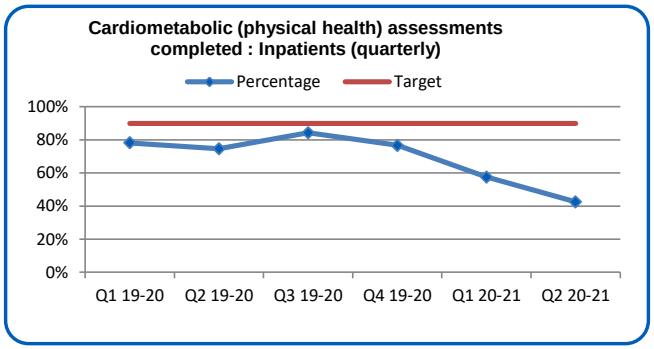
Local measure: Oct 383 days



Local measure: Oct 82 days



Local measure: Oct 0 days



Contractual target: 90%: Q2 42.6%

Services: Our acute patient journey

Bed occupancy for Adult acute services was 95.4% overall in October, ranging from 88.7% on Becklin Ward 4 to 102.3% on Becklin Ward 1. The service continue to experience pressures and enhanced observations across the wards. Extra staff above profiled levels have been consistently required to support increased engagement and observation, often driven by the need to support service users during periods necessitating isolation. At the end of October, 41 people had been in an adult acute ward setting for 90 days or more, the average length of stay for people on our acute wards was 73 days, remaining within our process limits but significantly beyond the national average of 32 days described in the Long Term Plan.

Actions taken / to be taken: The acute care excellence programme has now restarted, including defining and designing collaborative focus and structure. This is being linked to the national GIRFT (Get It Right First Time) programme. Some additional capacity has been identified to support the Physical Health Team with routine performance reporting. We are also reviewing the frequency and attendance of our current DToC partnership meetings with adult social care, in order to further improve pathways for discharge. The Chief Operating Officer will lead a system level Acute Care Oversight group which will drive the delivery of elements of the the pathways recently commissioned in order to improve service user alternatives to admission and discharge options.

Whilst there has been slightly reduced levels of bed occupancy during October in Older People's Services, there have been high levels of acuity on several wards. Overall bed occupancy was 84.5% in October, the service aims for the local standard of 85%. Demand for beds in our functional female ward (W4) at The Mount has been consistent with bed occupancy at 94.7%, whilst this has reduced for functional male (W3) to 75.4% in October. The service continue to experience a requirement for significantly increased levels of observations amid ongoing staffing challenges. The DTOC position has improved slightly and continues to be mitigated through the operational discharge group, which is a partnership arrangement with Leeds City Council and the CCG. Reporting in this area remains under development, however real time operational dashboards are available on CareDirector to support our services managing patient flow.

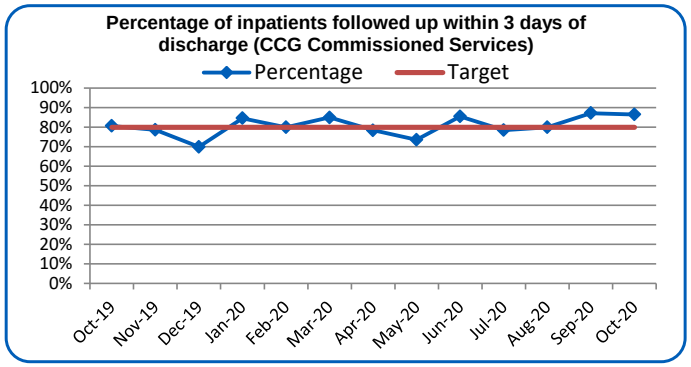
In October 77.1% of assessments were attempted within 24 hours by the Liaison In-Reach team, below the 90% target but within normal levels of variation. The team continue to monitor the data quality and further CareDirector training has also been delivered to all staff this month.

There were a total of 465 inappropriate out of area bed days in October, surpassing the total Q3 trajectory of 172. The majority of these bed days (383, 82%) were attributable to Adult Acute whilst the use of out of area PICU beds remained fairly consistent at 82 inappropriate bed days. 20 Adult Acute out of area placements started in the month, the highest monthly number of new Adult Acute placements since June as the COVID 19 pandemic continues to impact on our ability to manage the reduction of inappropriate out of area placements in line with our agreed trajectory.

Our 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 will be included here once it has been formally agreed as part of our final plan resubmission.

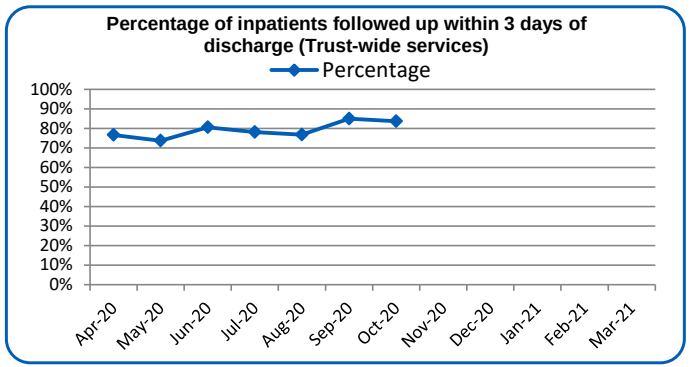
Actions taken / to be taken: We are actively reviewing and revising our monitoring arrangements and will adapt these as required in response to our reported position. A joint review of our 'road map' plans which set out actions to mitigate and reduce Out of Area bed use is planned with the CCG. We have identified additional resource to support the Older Peoples IHTT team, which aims to impact on admission at the Mount.

Services: Our community care

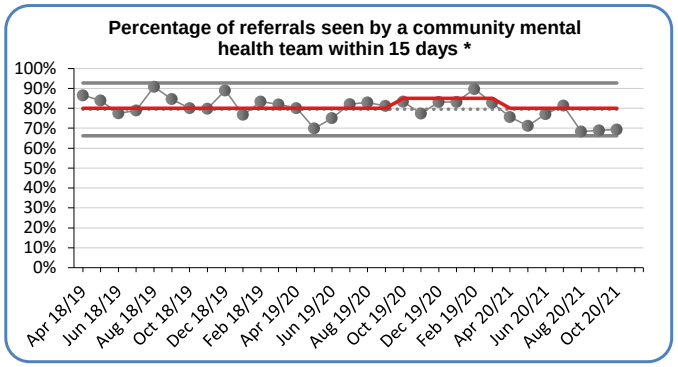


Contractual Target 80% Oct 86.5%

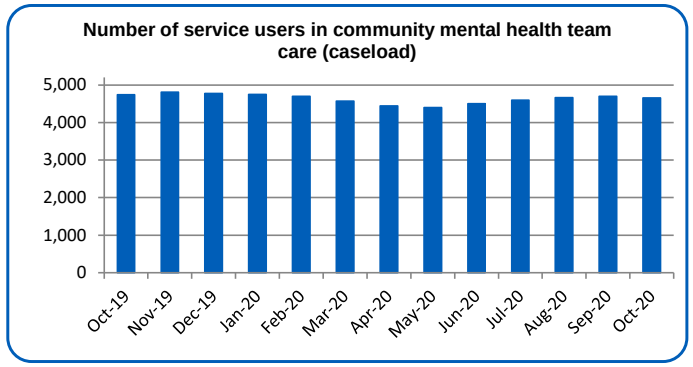
NB: Data prior to April 20 is from CQUIN for comparison, this is now part of the NHS Standard Contract. 20-21 reporting subject to ongoing validation



Local Tracking Measure: Oct 83.7%



Contractual target: 80%: Oct: 69.4%



Local measure: Oct 4,658

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

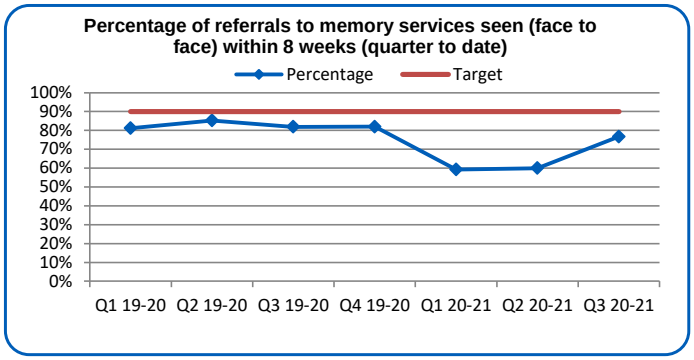
Contractual target: *20-21 data development ongoing*

SPC Chart Key

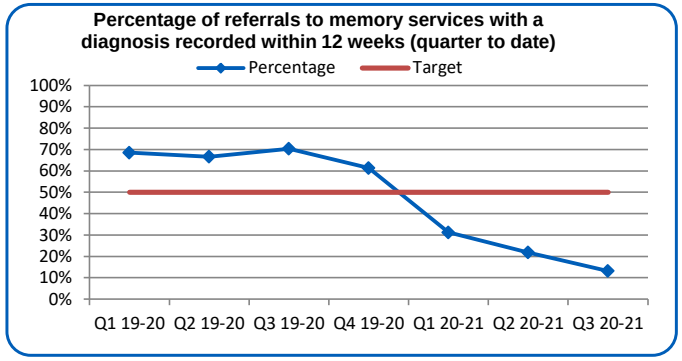
- Average
- Lower process limit
- Target
- Upper process limit
- Actual

* Please note we have identified a technical error in the CMHT 15 day assessment information reported from April to September 2020; this has only had a very minor impact on the accuracy of the reported figures however we have refreshed the reported data for these months to provide the most up to date accurate data.

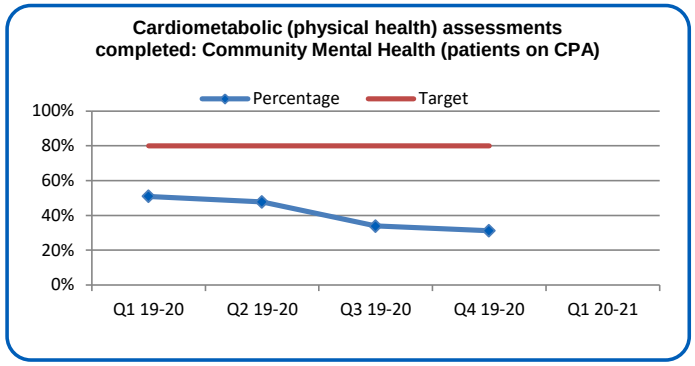
Services: Our community care (continued)



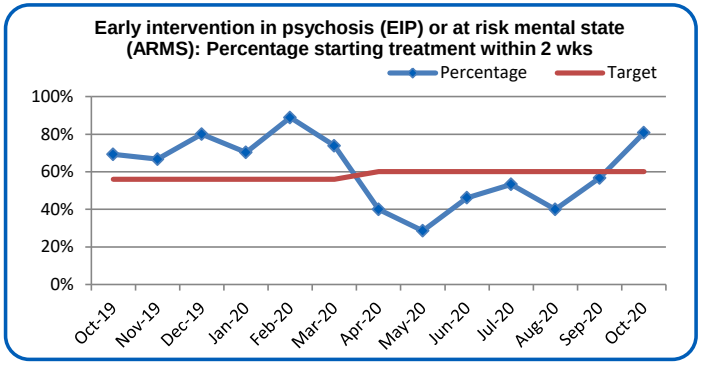
Contractual target: 90% Q3 76.7%



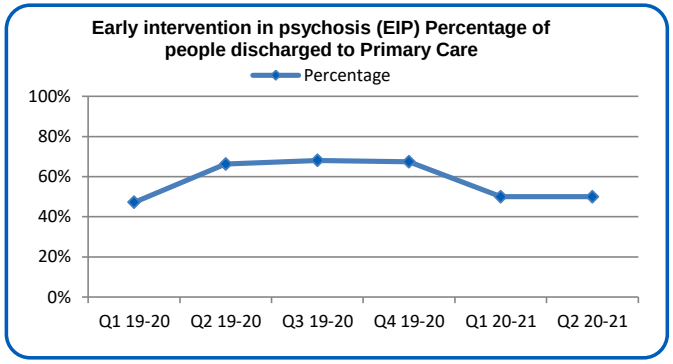
Contractual target: 50% Q3 13.2%



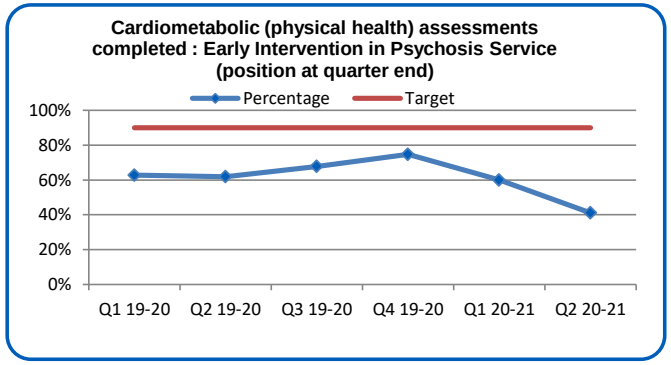
DQUP: *reporting process to be redeveloped*



Contractual target: 60%: Oct 80.8%



Contractual target: tbc: Q2 50%



Contractual target: 90%: Q2: 41.1%

Services: Our community care

In October 86.5% of inpatients were followed up within 3 days of discharge from CCG commissioned services, meeting our contractual target of 80%. For all LYPFT Services trust-wide our performance also exceeded standards with 83.7% of all inpatients followed up within 3 days of discharge. The quality of recording on CareDirector continues to improve as teams are becoming more familiar with the new system and processes. Latest benchmarking data shows the England average to be 78.2% in July. August figures have not yet been released by NHS Digital.

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

The percentage of referrals to memory services seen (face to face) within 8 weeks was reported as 76.7% (Q3 to date, target is 90%) and as anticipated following the service re-opening on 1st October with a waiting list for new referrals and the work involved in managing the backlog from when the service was closed. The service is currently being delivered using either video conferencing (in the minority of cases) or as home visits due to the obvious risks for service users in attending clinics. We hope this will alter with the shielding/CEV guidance being different from how it was previously. At the end of October 13.2% of referrals (5 from 38) to memory services had a diagnosis recorded within 12 weeks, below the 50% target.

This measure was included within the recent analysis and consideration of including non face to face contact types to enable more accurate reporting of service activity during the pandemic. Our proposal is that whilst it would not be appropriate to include telephone contacts for dementia assessments, telemedicine type contacts should be considered, even though it is more likely for these to be used for follow up appointments once the service user is known to the service.

The Early Intervention in Psychosis Service have recently been focusing on ensuring CareDirector recording processes are followed, in particular the recording of outcomes of health appointments. This has had a positive effect on performance where in October 80.8% of people are reported as starting treatment within 2 weeks of referral for early intervention in psychosis (EIP) or at risk mental state (ARMS). Whilst the service have reiterated actual performance has been consistent with standards being met, this is the first month that the *reported* figure from CareDirector has been over the 60% target in this operational year.

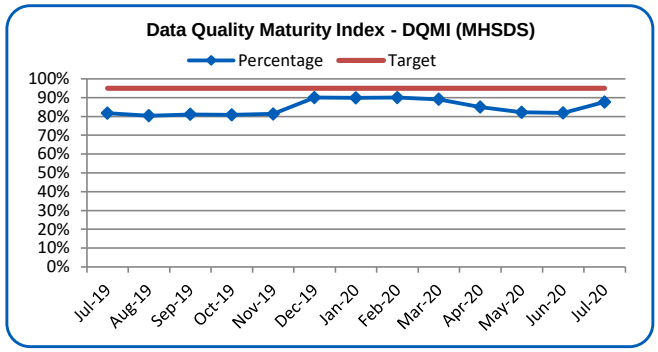
In October 69.4% of referrals seen by community mental health teams were within 15 days, remaining within levels of expected normal variation, and once more some local variation both above and below the contractual target of 80%. There is further work to be done with the CMHTs in using the real-time CareDirector information dashboards to help them better manage performance in this area.

Actions taken/to be taken: The community services leadership team will continue to work with the teams to utilise local data to focus on this area and develop plans for improvement. This will include the sharing of 'best practice' across teams where appropriate. Further analysis to be undertaken to better understand the expected impact of managing the memory services backlog.

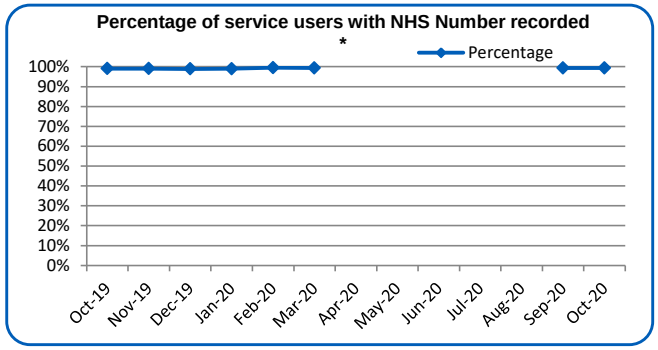
CMHT team capacity continues to impact due to the vacancy factor and absence rates, reflected in the variation in performance across the localities, this is further compounded by referral demand maintained consistently above pre-Covid average rates since May. The service are working to manage the impact of redeployment and reduction in resources, and agreeing measures for tracking and articulating impact.

Actions taken/to be taken: Monitor the implementation of our plans to address vacancy gaps and capacity challenges, including piloting new roles through 3rd sector partners. Some additional capacity identified to support the CMHTs through covid/winter schemes, and these have been reviewed to reflect a different skill mix that is more likely to be achieved.

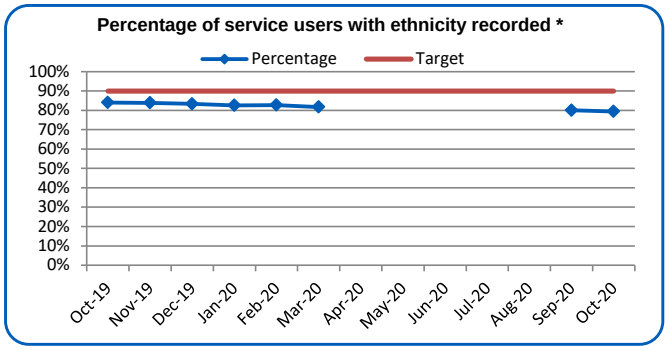
Services: Clinical Record Keeping



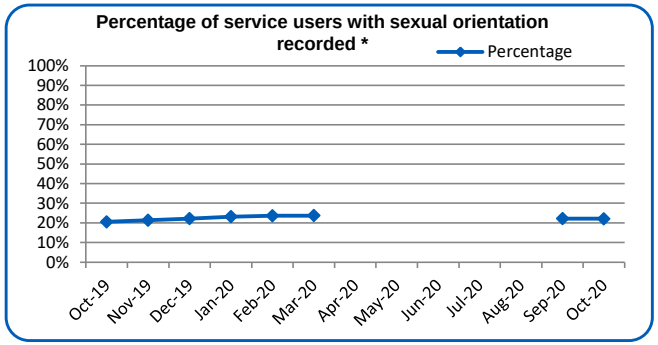
19/20 CQUIN / NHSOF Target - July: 87.6%



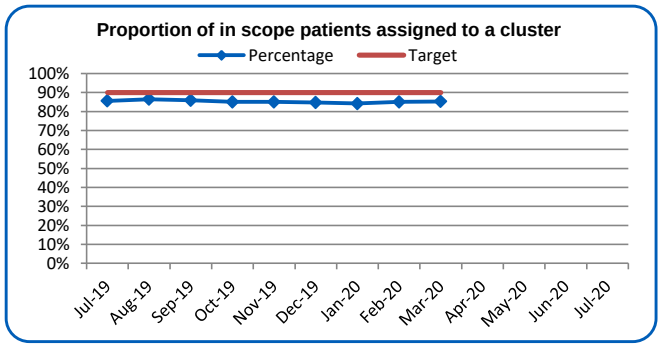
Local measure: Oct: 99.3%



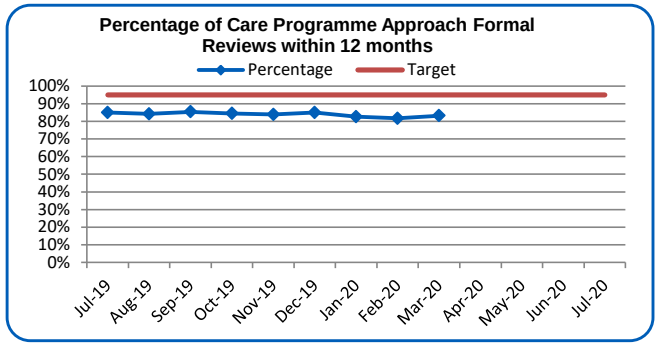
Local target: 90%: Oct: 79.3%



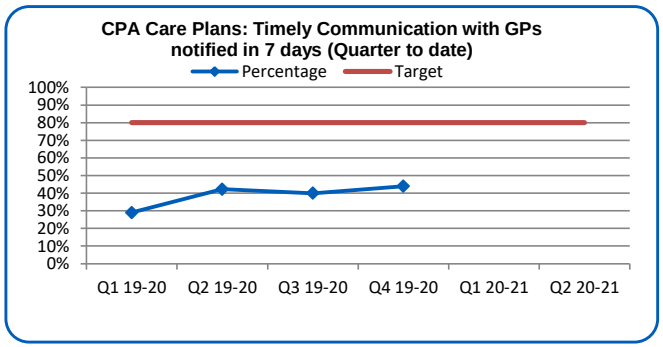
Local measure: Oct: 22.1%



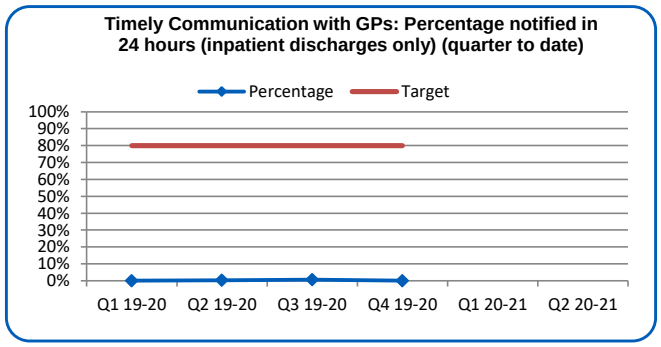
Local target (tbc) : *20-21 data development ongoing*



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



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



Contractual target: tbc : *20-21 data development ongoing*

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

* Data Completeness KPIs - now redeveloped from CareDirector, however unable to report pre-Sept data due to reporting logic i.e. snapshot

Services: Clinical Record Keeping

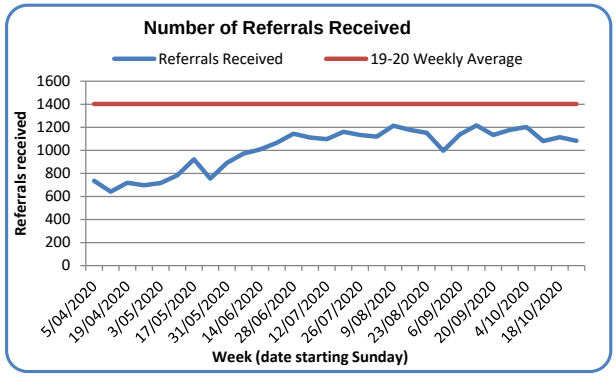
Following the anticipated drop in data quality in May/June post CareDirector implementation we have reported an improvement in our DQMI (Data Quality Maturity Index) score, 87.6% (July 2020), the first improvement since Feb 20, consistent with our pre-CareDirector position and a combined result of a series of focused data quality conversations across our Services. Our teams continue to support staff in regaining expected standards of data quality and further support and training on our new system. Furthermore internal reporting has been redeveloped on the underlying and contributory data completeness measures for NHS Number, ethnicity, sexual orientation. This information is now available at Trust level down to individual team and wards via a newly developed QDAP (Quality, Delivery and Performance) BI report. As at October 99.3% of care records had an NHS number recorded, 79% ethnicity and 22% sexual orientation.

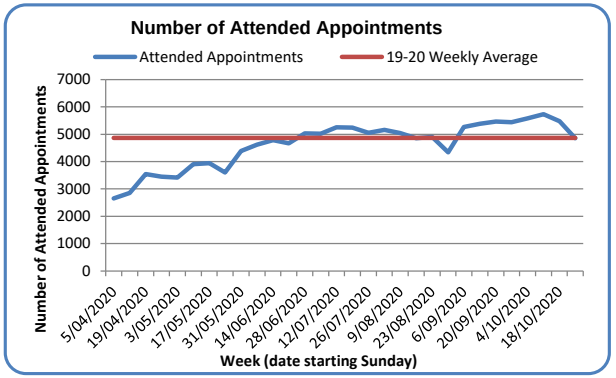
Actions taken / to be taken: Continue to promote data completeness throughout 2020/21 with a focus on supporting staff in using CareDirector well.

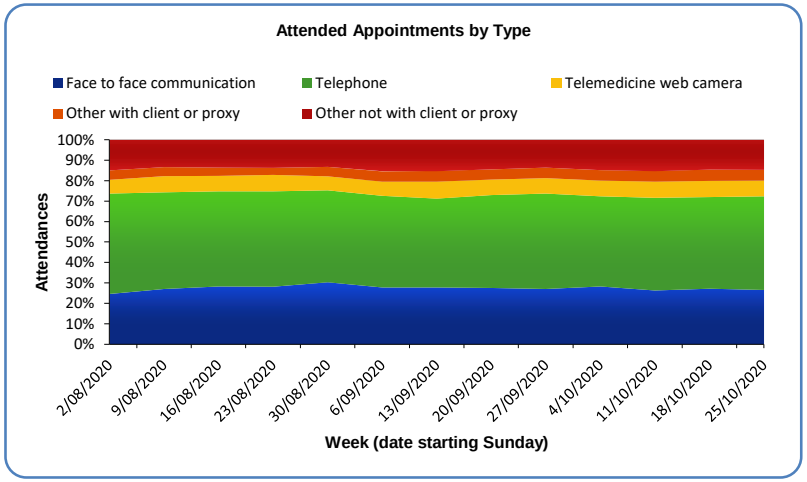
Improving the timely transfer of care plans and discharge summaries to GPs is a Trust priority. For inpatient discharge summaries (to be transferred within 24 hours), consideration is being given to changing the process and using an automated system pulling the data from EPMA (our electronic prescribing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

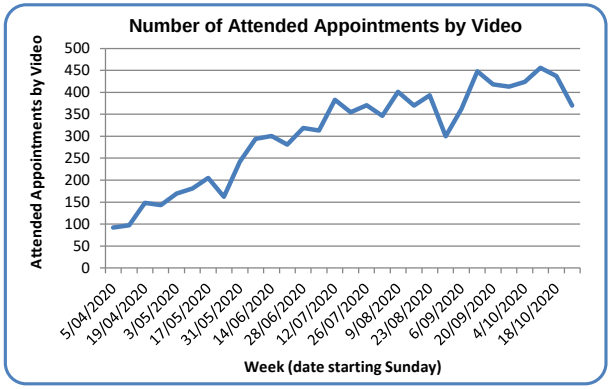
Actions taken / to be taken: Options for the future based on the integration of our electronic prescribing system (EPMA) and our new electronic patient record (CareDirector) will be explored for inpatient discharge summaries but this is unlikely to bring improvement in the short / medium term.

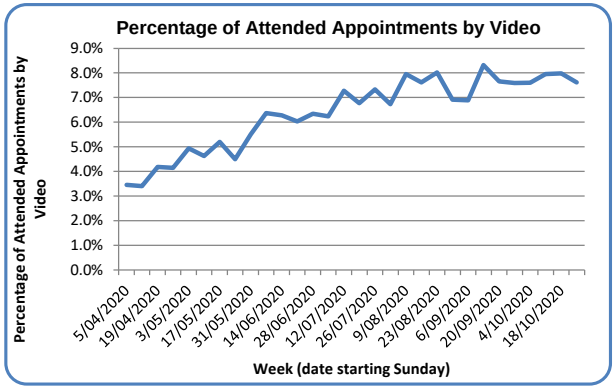
Trust Level (Weekly Trend)



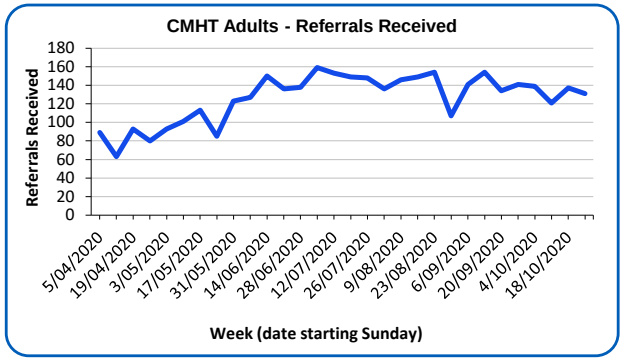


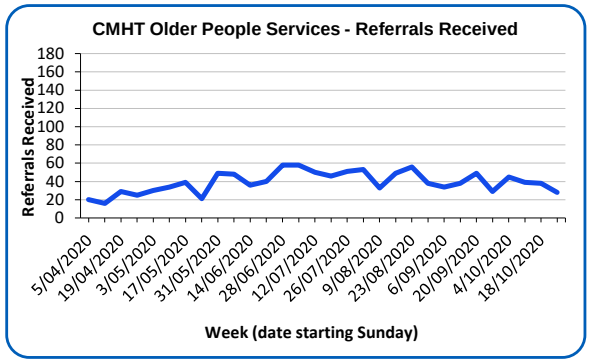


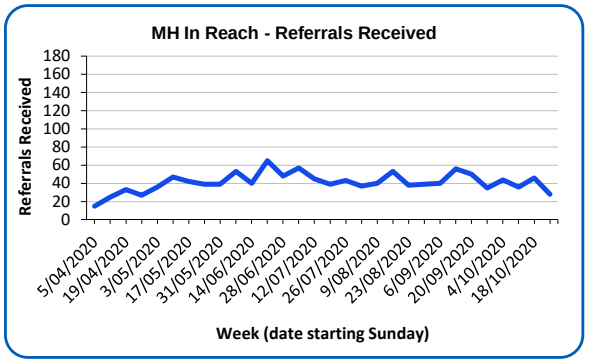


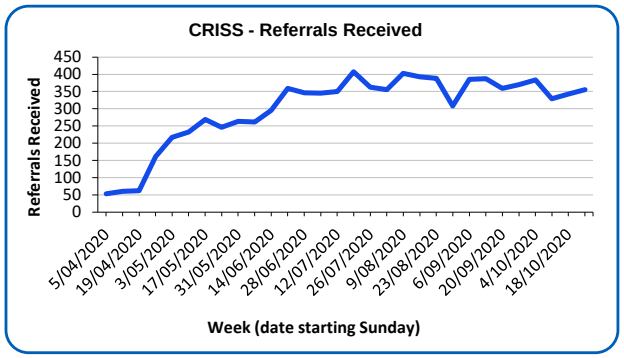


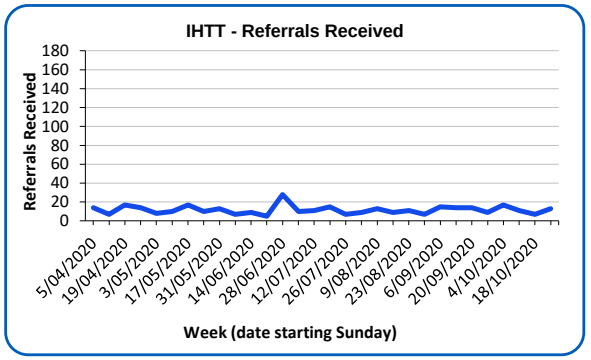
Service Specific Highlights (Crisis Response and Community)

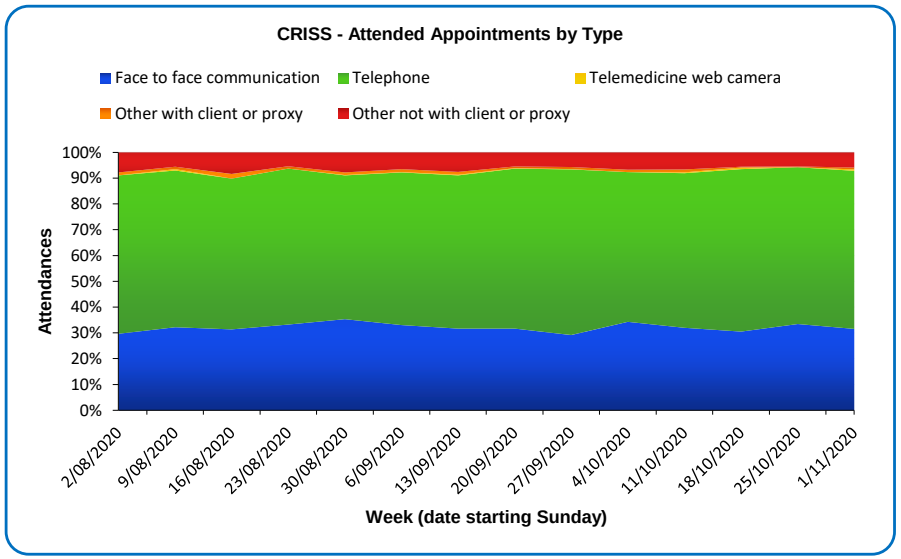


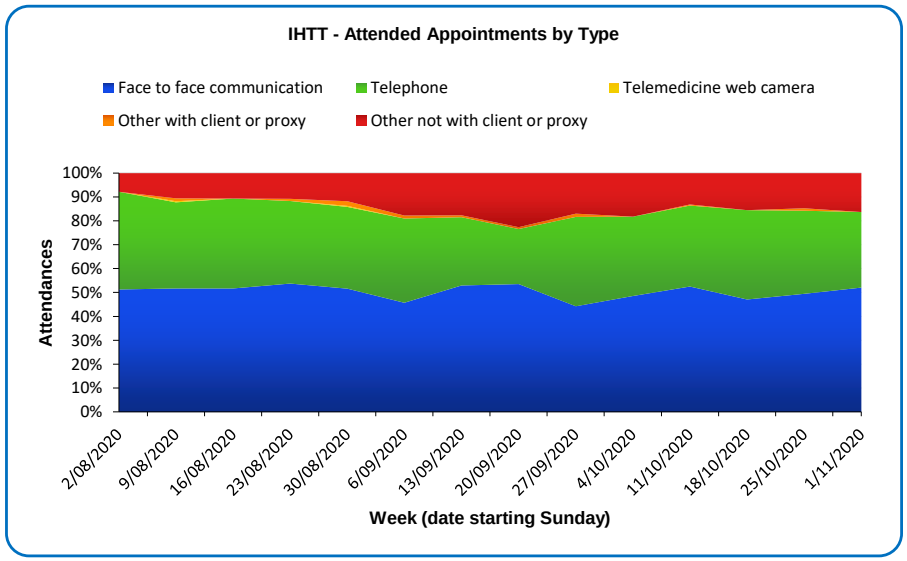












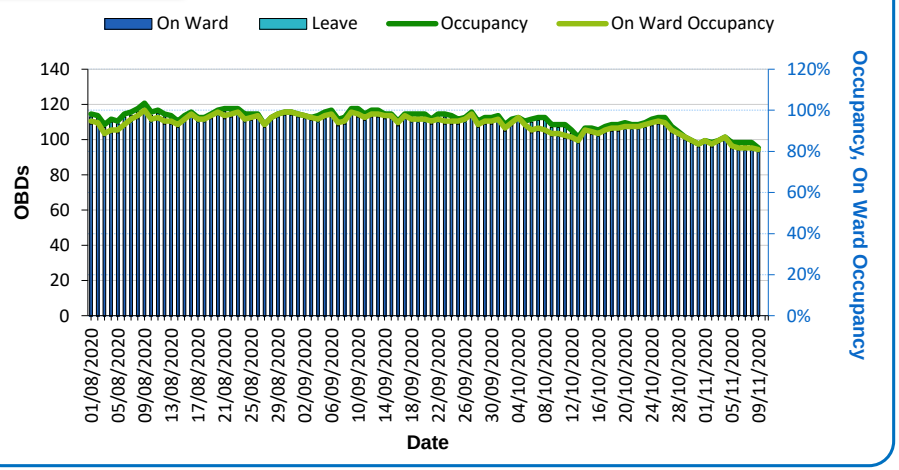
Care Services Activity

Services: Trust Level Weekly (week commencing)	11-Oct	18-Oct	25-Oct
Number of Referrals	1,082	1,115	1,084
Number of Attended Appointments	5,732	5,473	4,855
Number of Attended Appointments undertaken by video	456	437	370
Percentage of Attended Appointments undertaken by video	8.0%	8.0%	7.6%
Services: Crisis and Community - Weekly (week commencing)	**11-Oct**	**18-Oct**	**25-Oct**
Number of Referrals to:			
CMHT Adult	121	137	131
CMHT Older People Services	39	38	28
MH In-Reach	36	46	28
CRISS	329	343	355
IHTT	11	7	13
Services: Inpatient - Snapshot at end of month (see charts for daily breakdown)	**Aug-20**	**Sep-20**	**Oct-20**
Occupied Beds per Day (inc On Ward, On Leave):			
Adult Acute Total - 114 beds	108	105	96
PICU (12 beds)	11	10	11
Older People Functional (The Mount W3/4 - 48 beds)	43	46	42
Crisis Assessment Unit (6 beds)	6	4	2
	Sep-20	**Oct-20**	**Nov-20**
Delayed Transfers of Care *	24	41	30

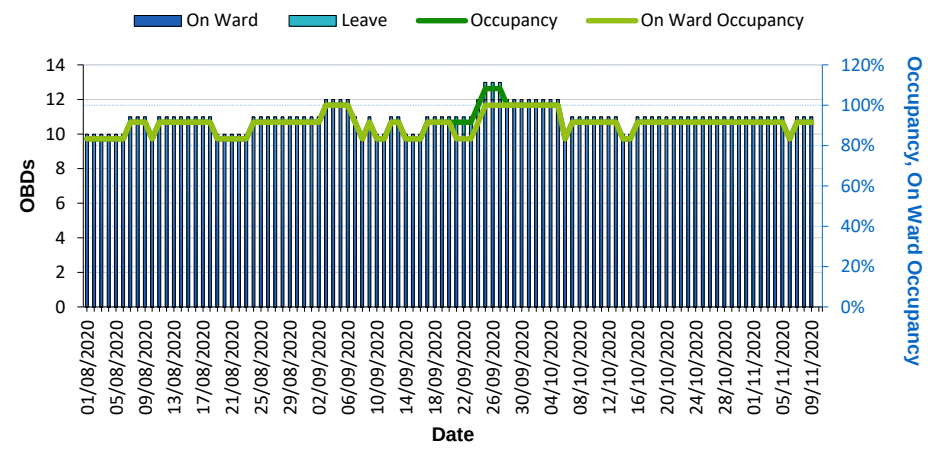
* Indicative mid-month position of patients from CareDirector (15th Nov), reporting subject to ongoing development

Service Specific Highlights (Inpatient)

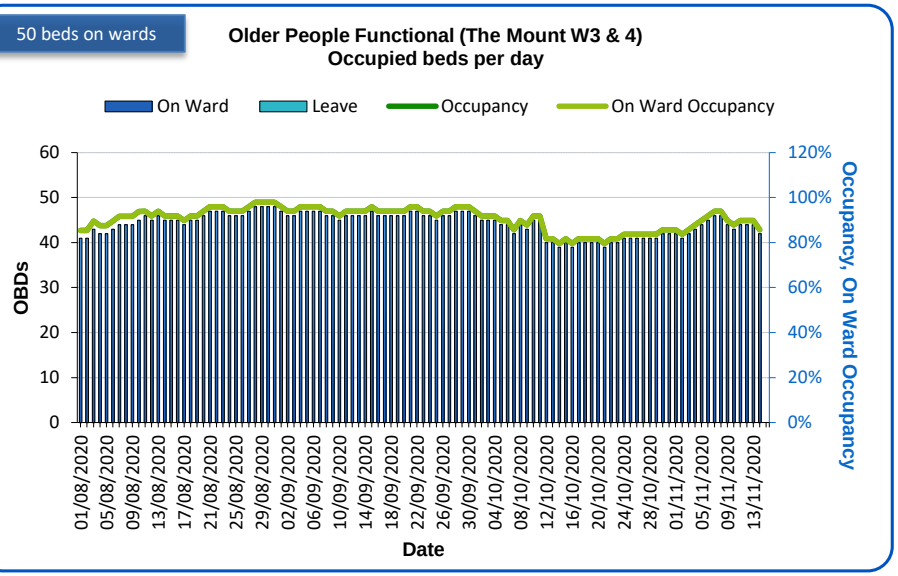
113 beds on wards



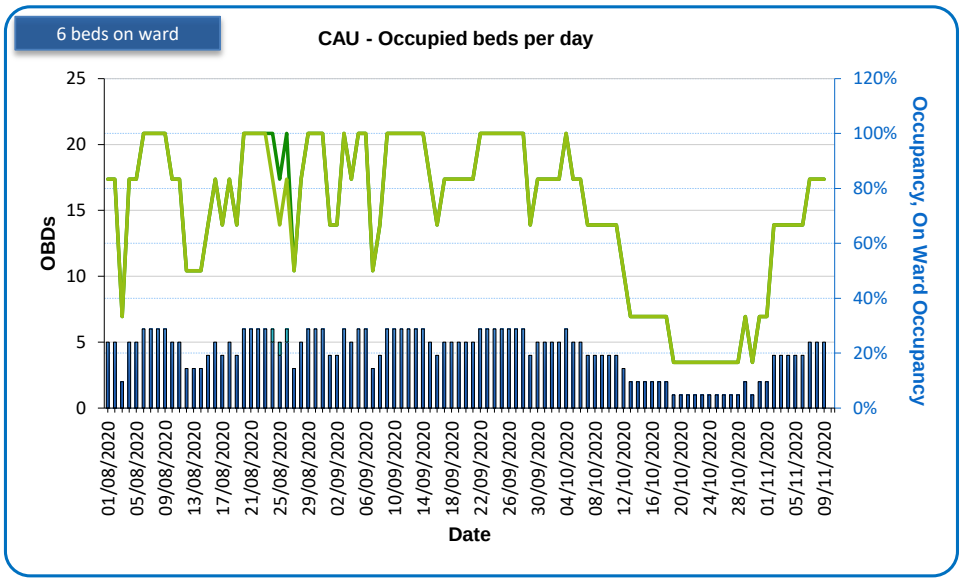
12 beds on ward



50 beds on wards



6 beds on ward



Service Activity Trends - Supporting Narrative

Trust Level - Summary

In October the average number of referrals per week was approximately 1,121, compared to the weekly average in 2019-20 of around 1,400.

The weekly average number of attended health appointments in October was 5,409, above 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 has increased, from an average of 120 per week during April, to 421 in October, reflecting the work that has been done on stabilising and resetting our services. 7.8% 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 October compared to 20% between April and June.

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 October the weekly average number of referrals was 353 and the weekly average number of attended health appointments was 833. Approximately 33% of attended health appointments were conducted face to face and the proportion of appointments carried out over the telephone was 60% in October. Many of these calls relate to SPA triage work (referrals which require a clinical triage to determine how to proceed), which has increased significantly over recent months.

In October the average number of weekly referrals to the Older Peoples IHTT service was around 12 and on average 214 attended health appointments per week.

Referral rates to the Mental Health Inreach teams at LTHT are consistent with a weekly average of 39 in October. The average number of attended health appointments per week was 84.

Referral rates to Community Mental Health Teams (CMHTs) are consistent with pre-Covid levels with a weekly average in October of around 132 referrals to Adults, consistent with the 19/20 rate of 130-135 per week. A greater proportion of Adult appointments continue to be carried out face to face (25%) or by video conferencing (7%) 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 38 referrals per week to the Older Peoples CMHT in October. The number of OPS CMHT attended health appointments has increased slightly with a weekly average of 398 in October. The percentage of appointments carried out face to face was 37% in October.

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	Jul-20	Aug-20	Sep-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	-	0	3	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**	**Jul-20**	**Aug-20**	**Sep-20**
Friends & Family Test: Percentage recommending services (total responses received)	-	100% (2)	50% (2)	0% (0)
Mortality:				
· Number of deaths reviewed (incidents recorded on Datix)***	Quarterly	-	-	61
· Number of deaths reported as serious incidents	Quarterly	-	-	3
· Number of deaths reported to LeDeR	Quarterly	-	-	1
Number of complaints received	-	13	13	12
Percentage of complaints acknowledged within 3 working days	-	100%	100%	100%
Percentage of complaints allocated an investigator within 3 working days	-	100%	100%	98%
Percentage of complaints completed within timescale agreed with complainant	-	100%	100%	100%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	173	126	72

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.

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

Quality and Workforce metrics: Tabular overview

Quality: Safety	Target	Jul-20	Aug-20	Sep-20
Number of incidents recorded	-	944	949	954
Percentage of incidents reported within 48 hours of identification as serious	100%	100% (1)	100% (0)	100% (1)
Number of Self Harm Incidents	-	112	101	145
Number of Violent or Aggressive Incidents	-	98	101	92
Number of never events	-	0	0	0
Number of restraints	-	191	249	217
No. of patients detained under the MHA (includes CTOs/conditional discharges)**	-	426	430	423
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	-	-	177
Percentage of medication errors resulting in no harm	Quarterly	-	-	94.9%
Safeguarding Adults: Number of advice calls received by the team	Quarterly	-	-	225
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	-	23% (51)
Safeguarding Children: Number of advice calls received by the team	Quarterly	-	-	84
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	-	21% (18)
Number of falls	-	90	96	79
Number of Pressure Ulcers	-	0	0	0

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

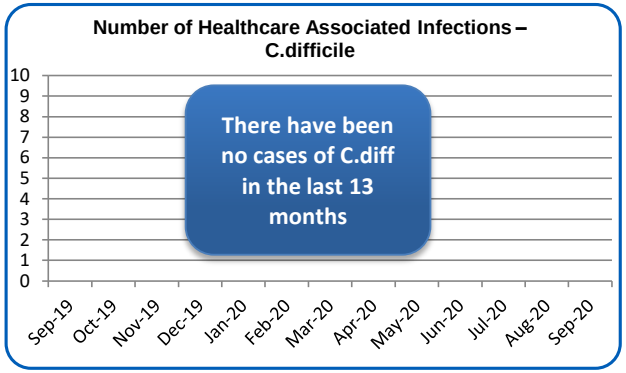
** Metric has been redeveloped for CareDirector and data refreshed for 2020-21

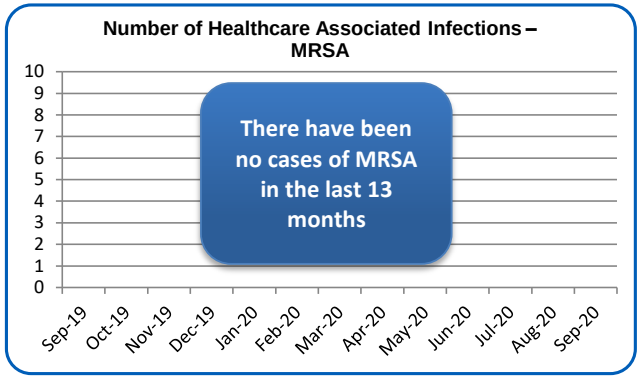
Quality and Workforce metrics: Tabular overview

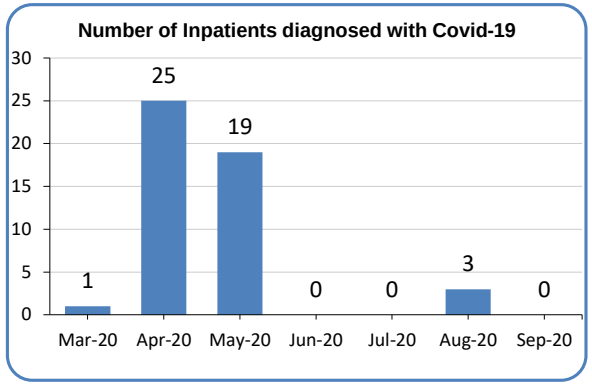
Our Workforce	Target	Jul-20	Aug-20	Sep-20
Percentage of staff with an appraisal in the last 12 months	85%	54.9%	55.4%	58.2%
Percentage of mandatory training completed	85%	87.8%	87.2%	86.3%
Safeguarding: Prevent Level 3 training compliance (quarter end snapshot)	85%	-	-	95.0%
Percentage of staff receiving clinical supervision	85%	73.4%	67.6%	65.3%
Staff Turnover (Rolling 12 months)	8-10%	8.7%	8.6%	8.3%
Sickness absence rate in month	-	5.0%	5.4%	5.0%
Sickness absence rate (Rolling 12 months)	4.9%	5.1%	5.2%	5.2%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	14.5%	14.0%	13.5%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	40.6%	41.3%	41.9%
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	-	2,725	791	936
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	12.1%	15.2%	18.3%
Medical Consultant Vacancies (number)	-	9.4	11.9	14.3
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	16.9%	16.9%	15.5%
Medical Career Grade Vacancies (number)	-	6.7	6.7	6.1
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	13.3%	4.4%	13.9%
Medical Trainee Grade Vacancies (number)	-	13.5	4.4	14.0
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	26.0%	29.0%	32.0%
Band 5 inpatient nursing vacancies (number)	-	59.3	64.8	70.1
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	10.0%	10.0%	12.0%
Band 6 inpatient nursing vacancies (number)	-	9.4	9.4	11.2
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	21.3%	22.8%	24.7%
Band 5 other nursing vacancies (number)	-	22.0	23.3	25.3
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	1.5%	0.0%	0.0%
Band 6 other nursing vacancies (number)	-	4.4	0.0	0.0
Percentage of vacant posts (Trustwide; all posts)	-	10.0%	10.0%	11.4%

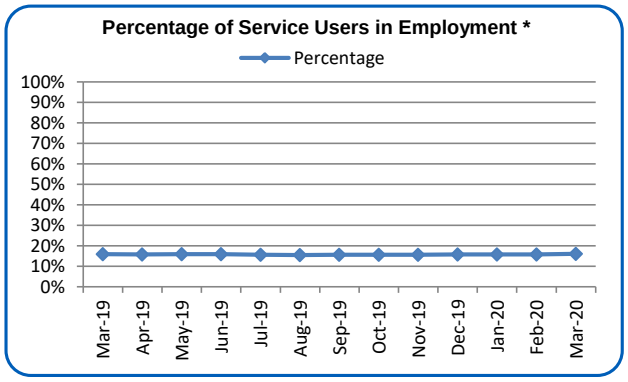
Nursing vacancies excludes nursing posts working in corporate/development roles

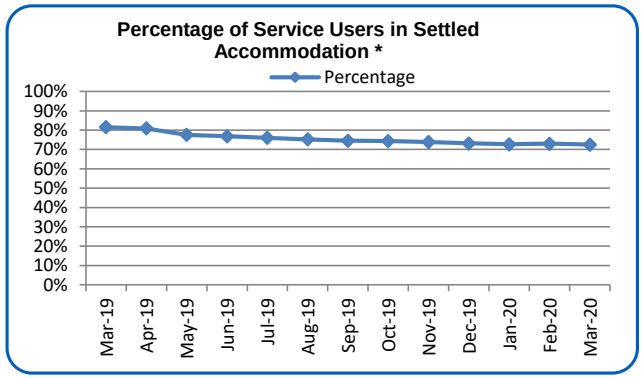
13 month trend: Quality: Effectiveness





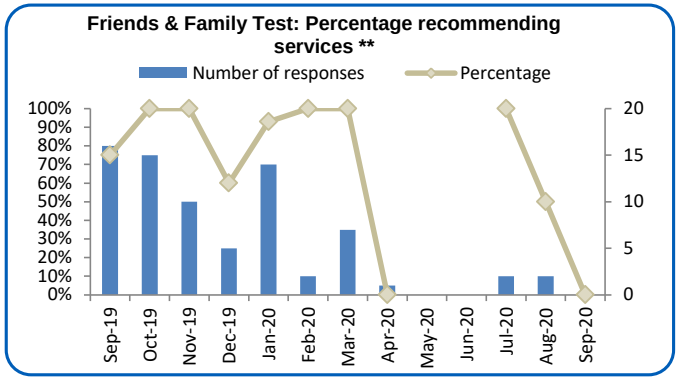


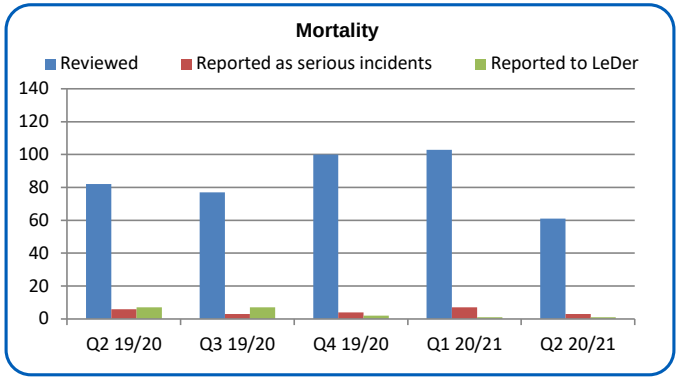


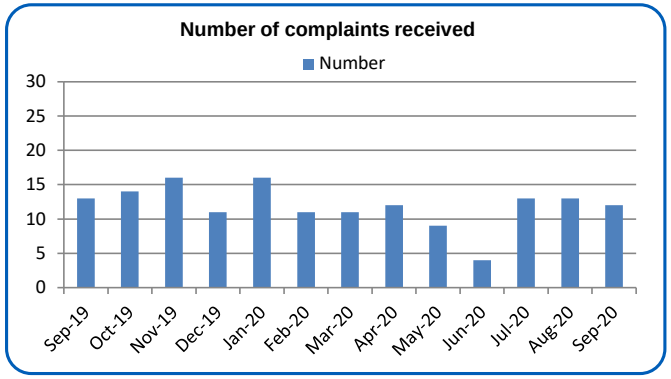


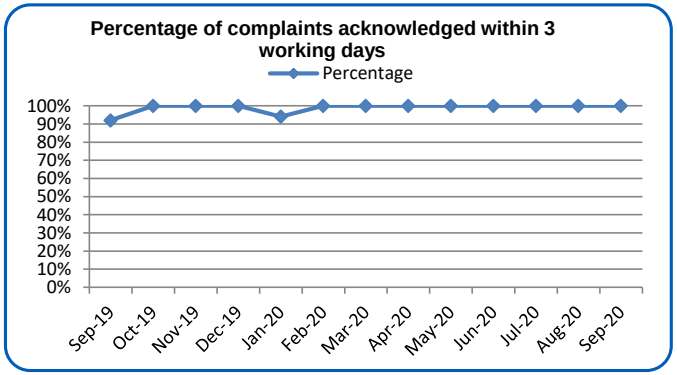
*** 20/21 data not yet available, subject to Care Director related technical reporting developments**

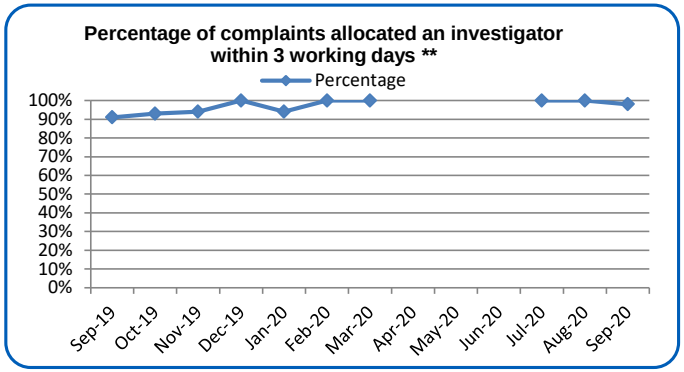
13 month trend: Quality: Caring/Patient Experience

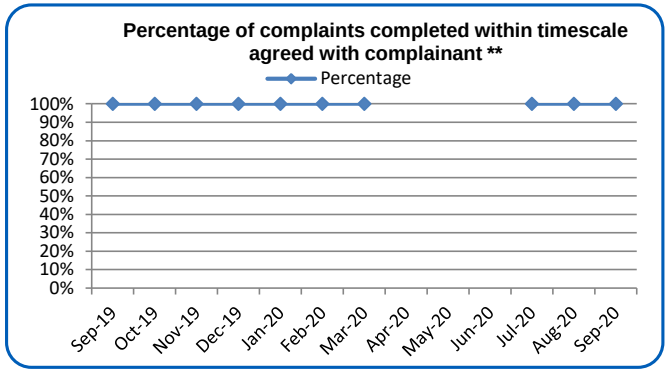


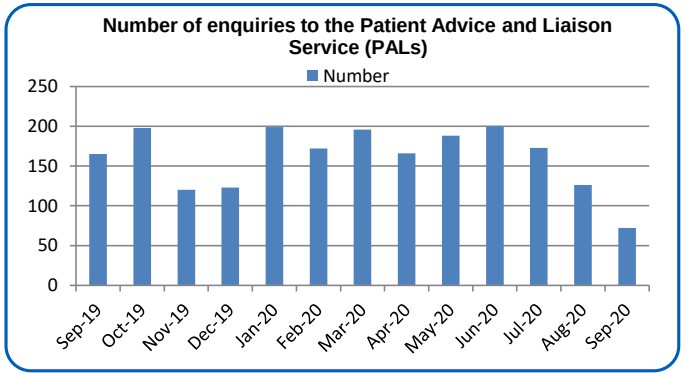






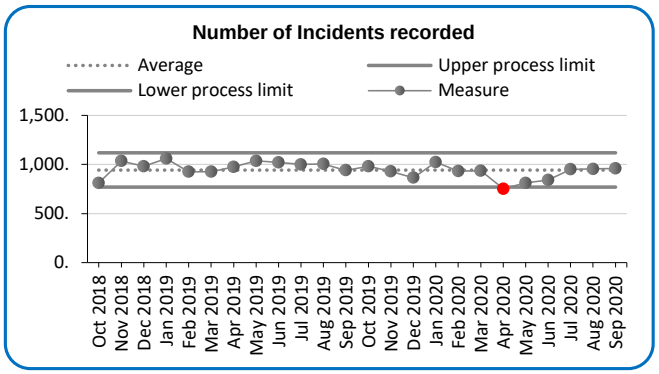


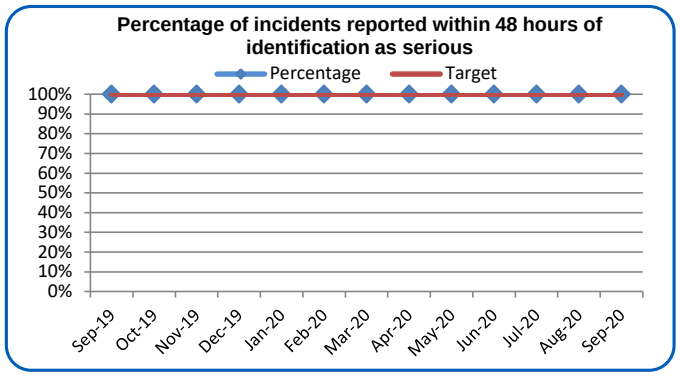


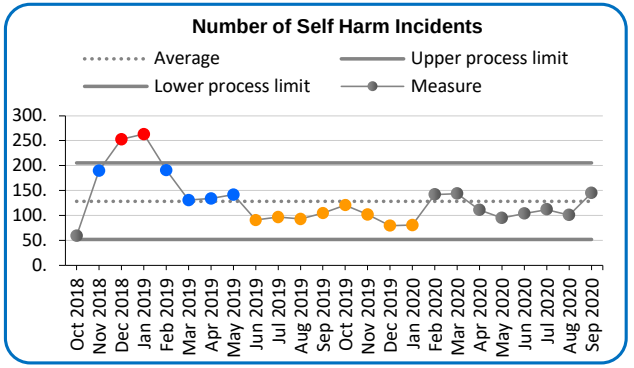


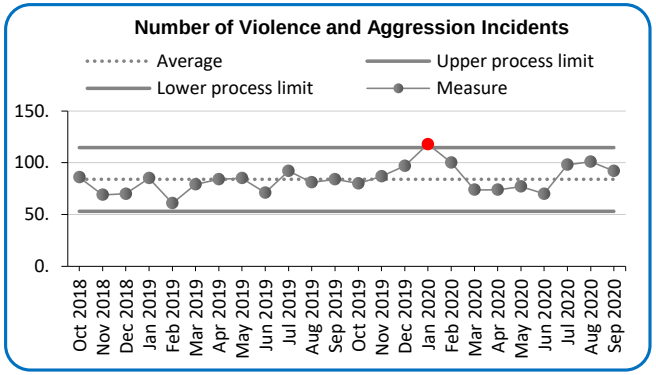
** 2020-21 Q1 reporting impacted by Covid19 related reporting unavailability / suspension

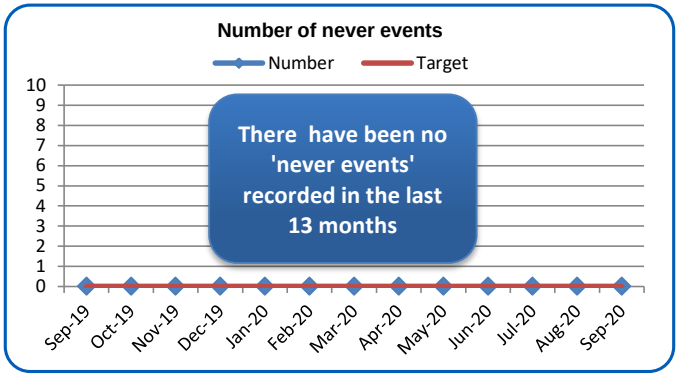
13 month trend: Quality: Safety

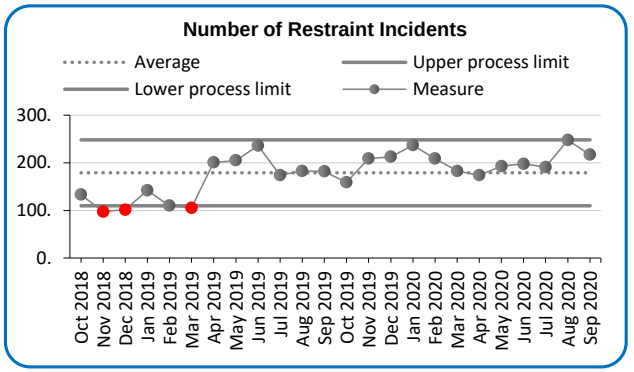


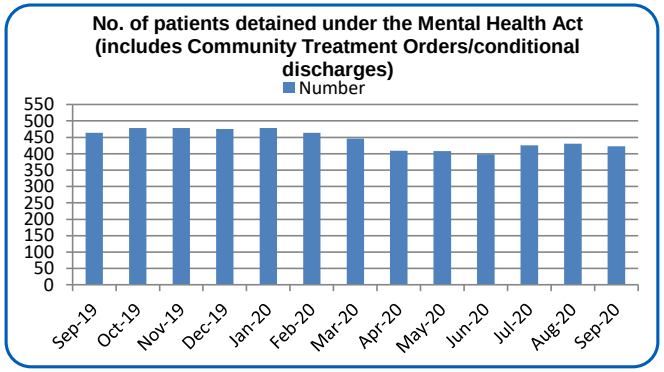


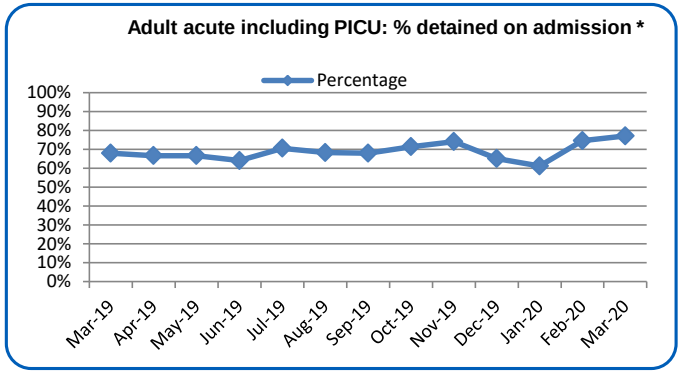


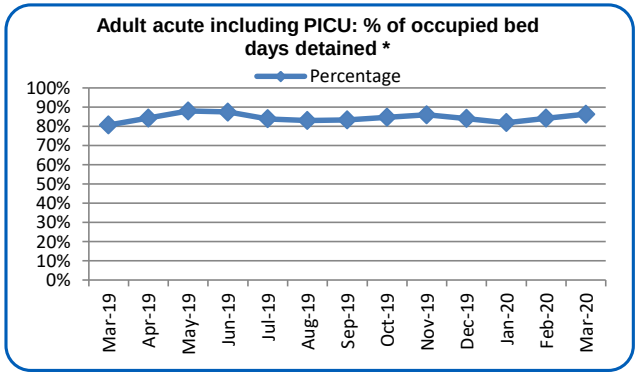






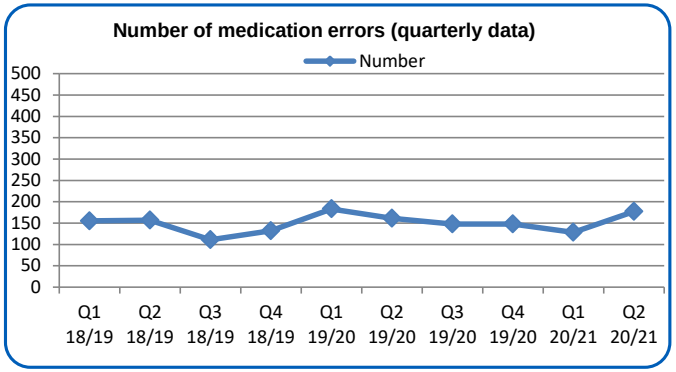


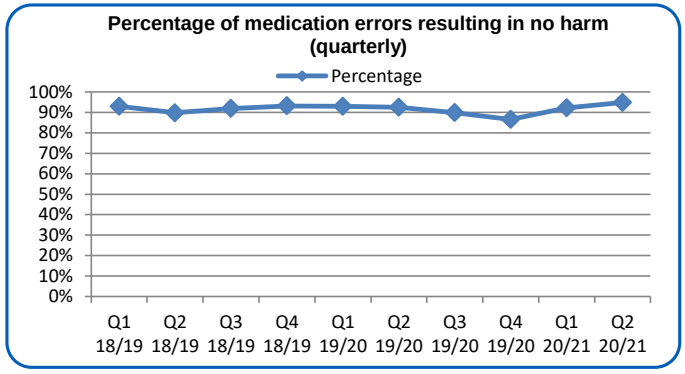


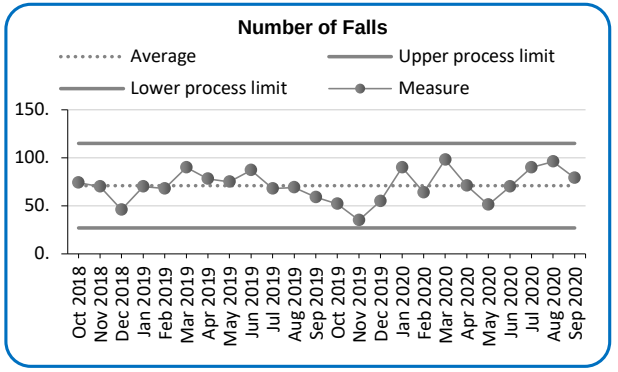


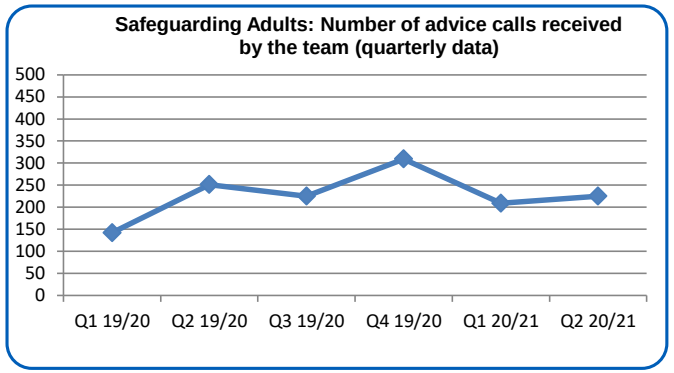
*** 20/21 data not yet available, subject to Care Director related technical reporting developments**

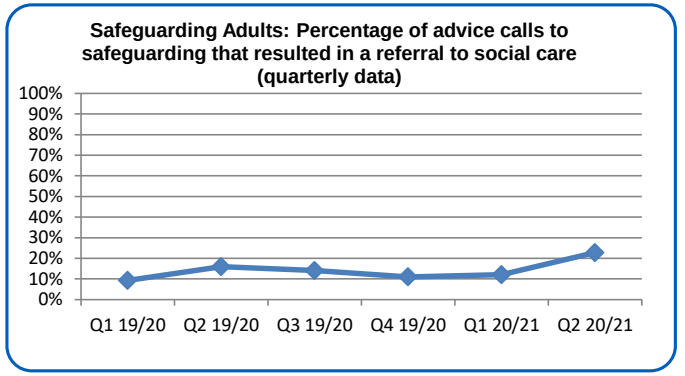
13 month trend: Quality: Safety - continued

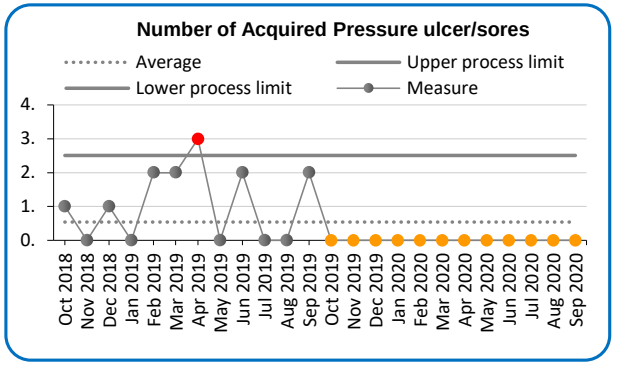


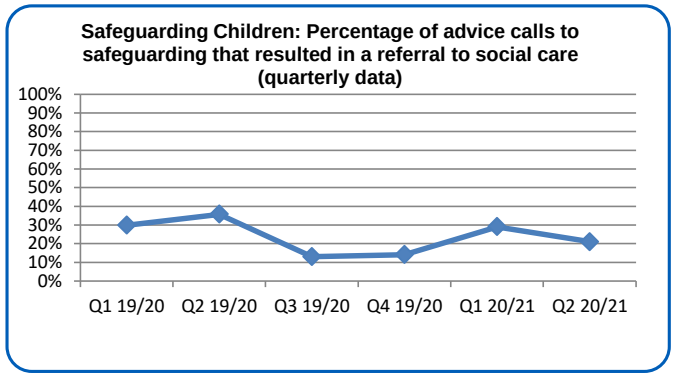


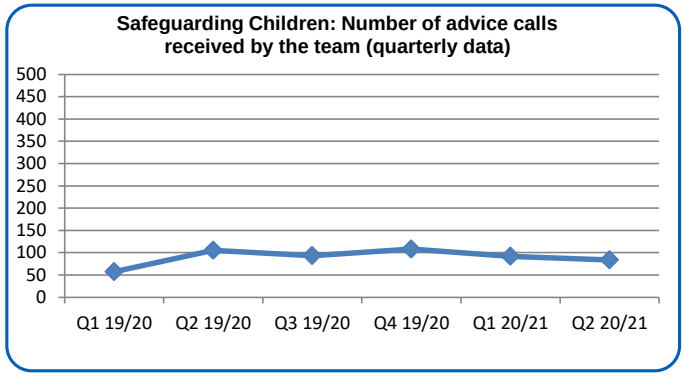




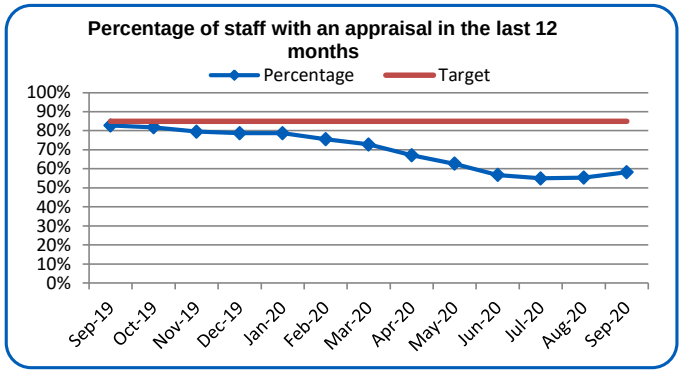


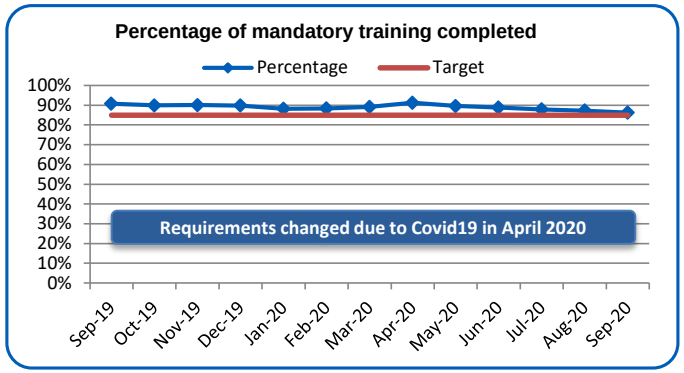


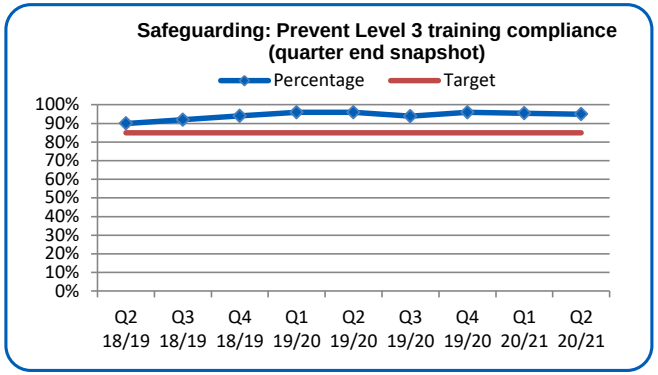


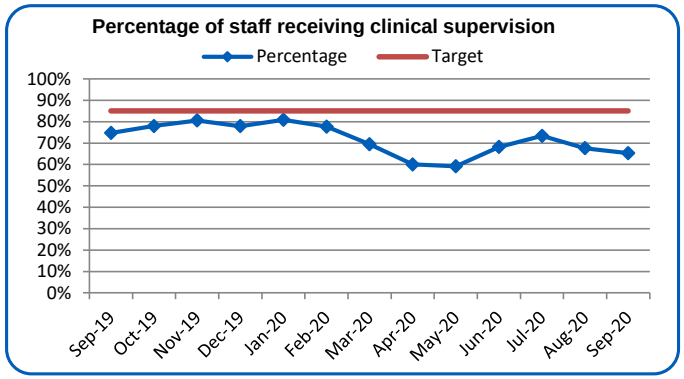


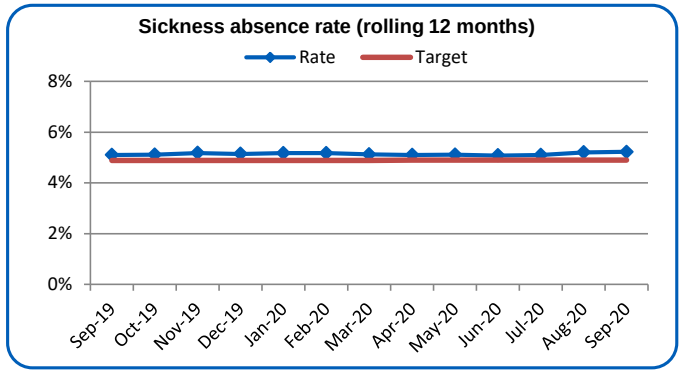
13 month trend: Our Workforce

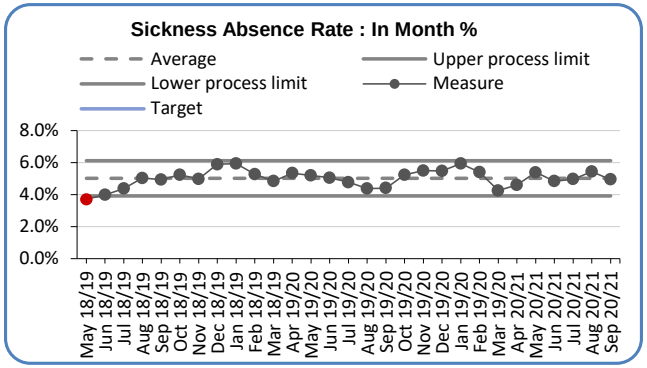


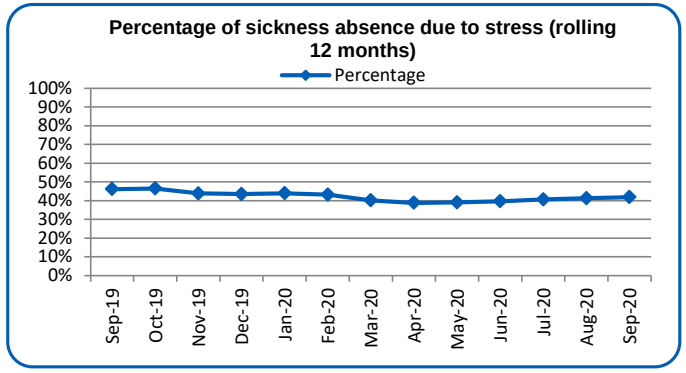


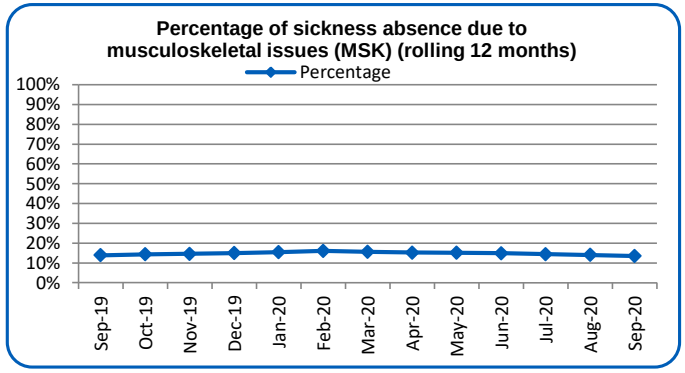


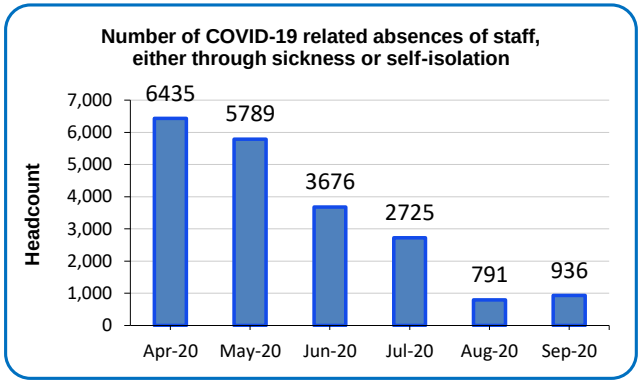




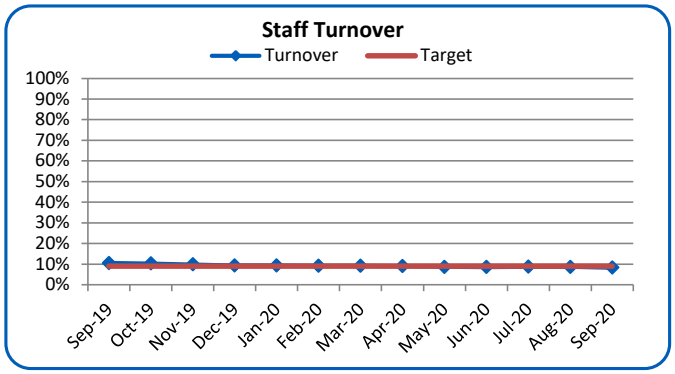


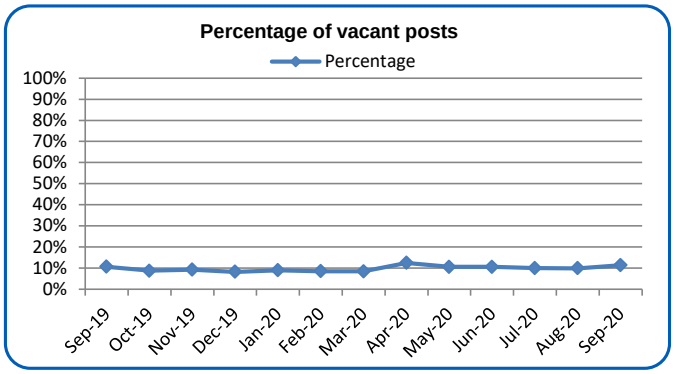


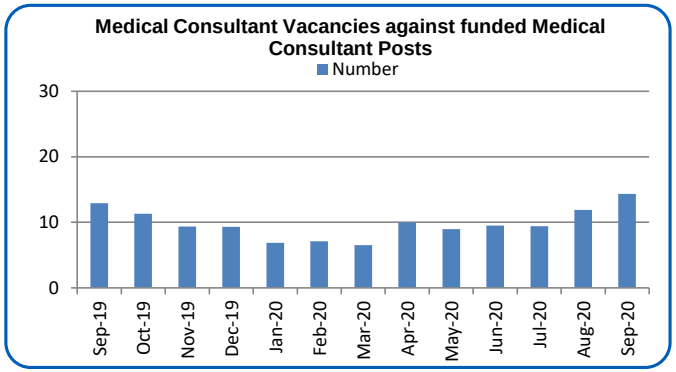


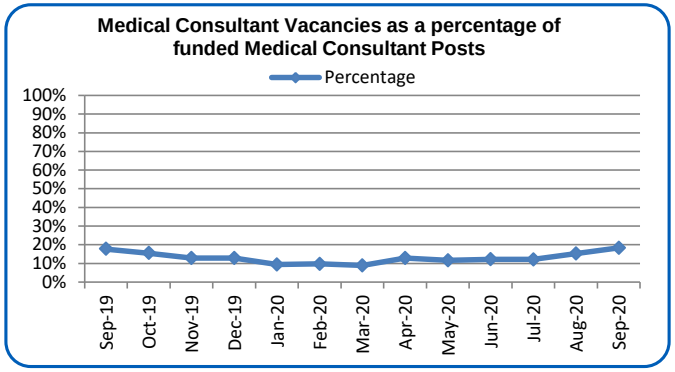


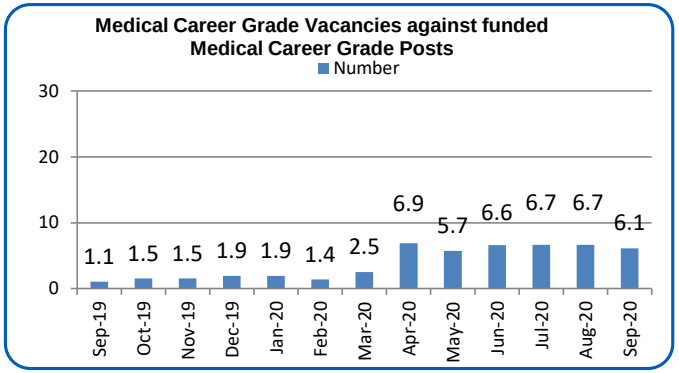
13 month trend: Our Workforce - continued

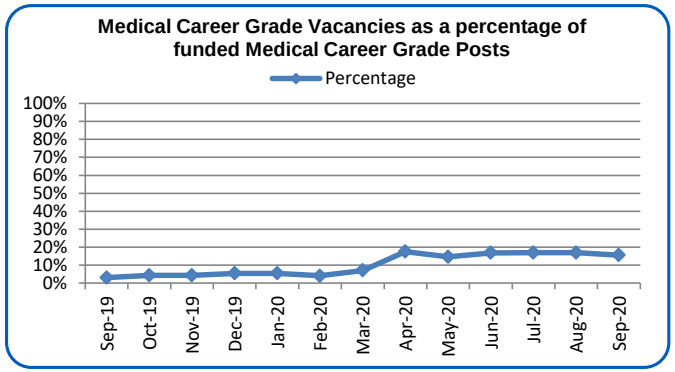


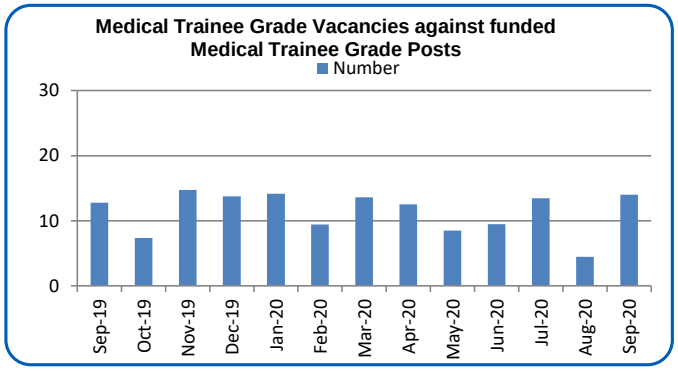


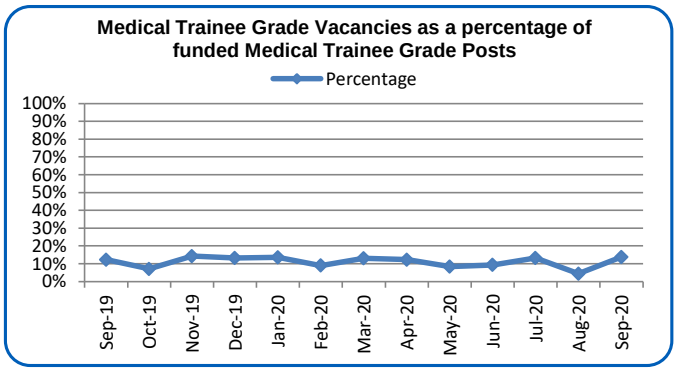




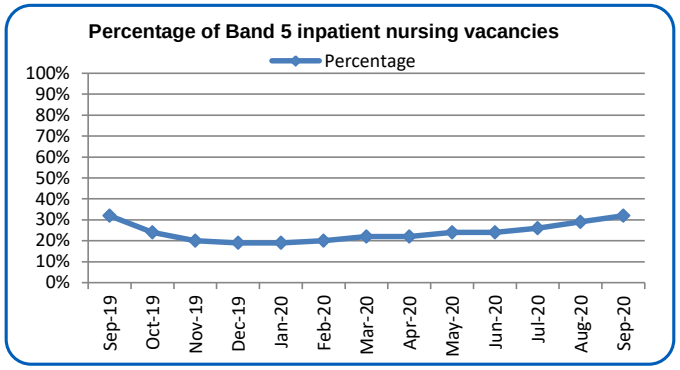


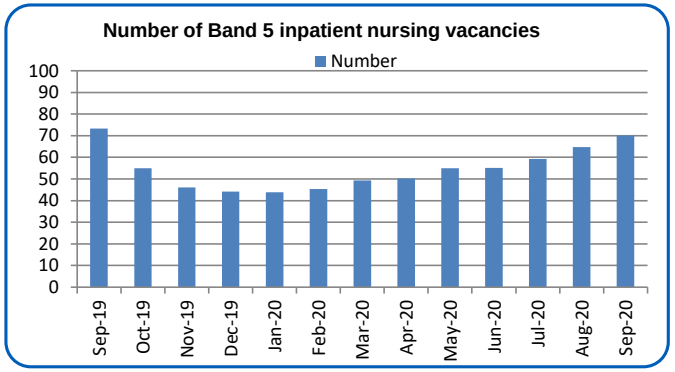


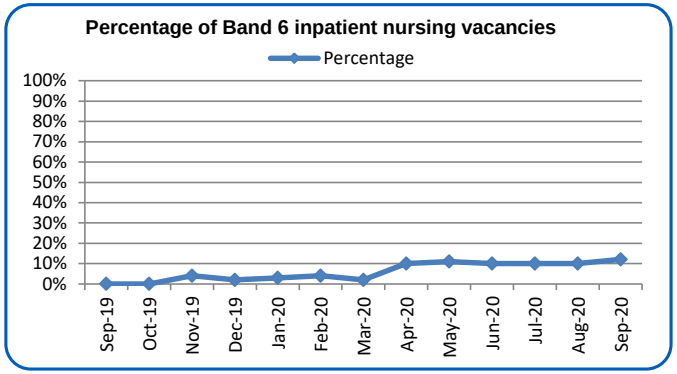


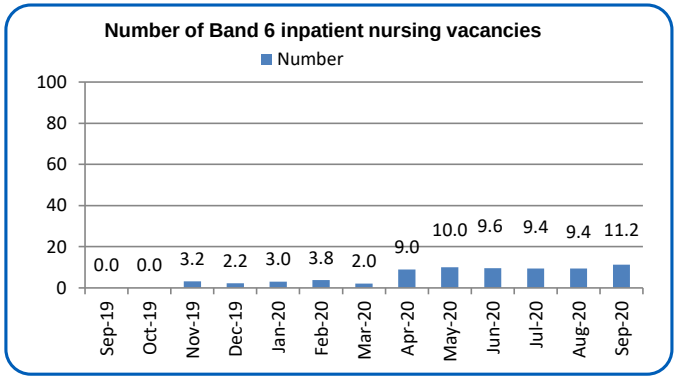


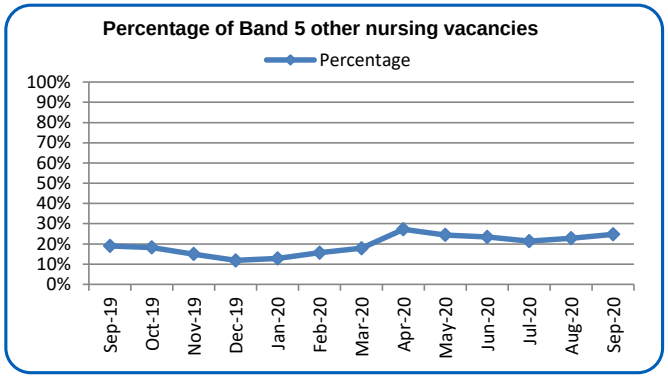
13 month trend: Our Workforce - continued

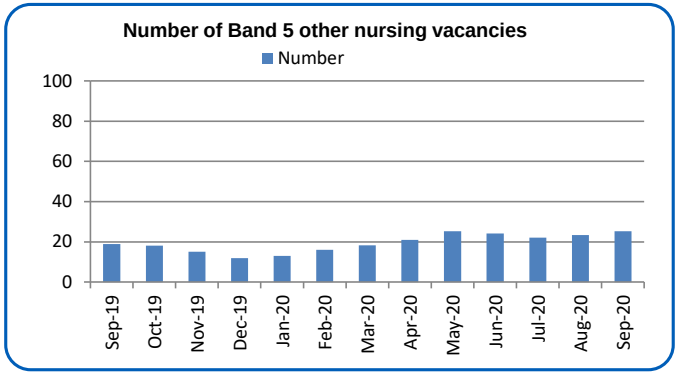


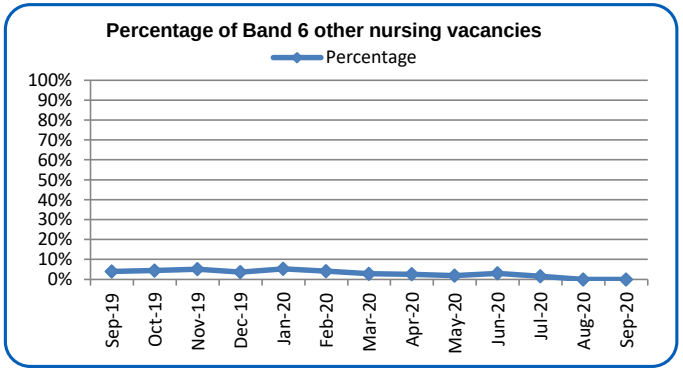


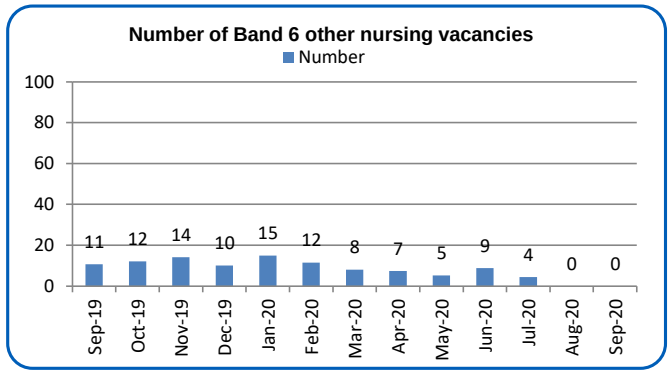












Local intelligence

PREVIOUS MONTH: AUGUST

Clinical Record Keeping

Data Quality Maturity Index: Work is ongoing with teams following the implementation of CareDirector to support staff in regaining expected standards of data quality. Feedback received via our online collaboration platform Your Voice Counts over the summer showed that staff continue to require support and training on the new system. There are also areas of the system that could be improved that would make data collection easier for staff leading to an improvement in data quality (options around this are currently being explored).

Patient Experience

S136: In August there were 3 breaches, all working age adults and due to delays attributable to non-availability of beds.

Complaints: There were 13 complaints received in August, all acknowledged within the 3 days standard, allocated an investigator within 3 days, and completed within agreed timescales. The PALS team received 126 enquiries in August.

Friends and Family Test: Quality Health have resumed the monthly patient FFT submissions/reporting following a pause in Q1. In August there were 2 responses, both from postcards given at point of discharge from our inpatient services. The first was a positive recommendation from one patient discharged from The Mount, noting helpful and positive attitude of staff. The other response was from our Regional and Specialist Services at the Newsam Centre who responded that they were neither likely or unlikely to recommend.

Safety

Incidents: The number of incidents, including those for violence/aggression and self harm remain within expected levels of normal variation, however in August the number of restraint incidents moved outside expected levels. There were higher numbers of restraint incidents in Adult Acute and in Eating Disorders. Within Eating Disorders restraint is used to facilitate naso-gastric tube feeding.

Work continues in maintaining patient safety with zero numbers of pressure ulcers reported in the last 12 months, a notable achievement evidencing excellent standards of inpatient care and following significant awareness work across the Trust in the last 2 years.

Workforce

Appraisals: A Covid-19 related interim appraisal process is being implemented. This has been slightly delayed to allow the integration of career conversation into the process in accordance with the National People Plan. In August the percentage of staff with an appraisal in the last 12 months is 55.4% and we anticipate an improvement from November.

Mandatory Training: In response to the Covid pandemic and to reduce pressure on clinical services, refresher periods for all compulsory training elements were extended in April by up to 6 months. We are working to return to the mandated periods and ensuring all staff have completed the compulsory training required for their roles. Over the next 12 months, we will be returning extended refresher periods to the original durations on a monthly basis starting with subjects available as e-Learning through our iLearn system. This phased approach is designed to be as supportive as possible, recognising the significant challenges we are continuing to face on a daily basis. Against an 85% target compliance in August was at 87.2%.

Clinical Supervision: Improvements in recording supervision were expected as staff returned from redeployment in other areas of the Trust during August. The percentage varies considerably within service lines, for example within Older People's Services: inpatients 73% and community 51%.

Sickness Absence: The in month sickness rate in August was 5.4% and within levels of normal variation.The rolling 12 month average is 5.2%. The end of the formal shielding programme has impacted upon the number of Covid19 related absences of staff, either through sickness or self-isolation.

Vacancies: At 10% the percentage of vacant posts remains consistent, and in line with the 12 month rolling average. The number of Medical Trainee Grade vacancies fell from 13.5 in July to 4.4 in August, likely due to the annual rotation of junior doctors. The number of band 5 inpatient nursing vacancies continues to increase with 65 in August, 25% of funded band 5 inpatient nursing posts. We will see over the next few weeks the 39 Aspirant Nurses recently recruited as 3rd Year students receiving their NMC PIN and therefore moving automatically from a band 4 Aspirant Nurse contract into a band 5 role, supported by a comprehensive preceptorship programme. We are continuing to advertise and attract applicants to our band 5 posts and currently have 12 posts going through pre-employment checks. Most of the staff that were redeployed to prioritised services have now returned to their substantive posts as we start to reset and restore all our services.

Coronavirus: Due to the high infection rate in Leeds, the government has introduced additional local restrictions for the city, some of which are enforceable. We have since circulated an FAQ, produced by Leeds CCG, to all staff to explain the detail behind these new restrictions, and how they impact. We continue our approach to managing the next phase of the pandemic, by continuing to adapt to changeable circumstances, without compromising on the specialist help and care we deliver to our service users. We recognise that to keep supporting people with mental health and learning disability needs, we can only do this by keeping safe ourselves, by continuing to practice social distancing, washing our hands and wearing the correct PPE. This is a constant reminder to staff via our weekly communications and the IPC team have created posters, video blogs to support staff. This will allow us to keep adapting to the changing situation we find ourselves in, and maintain our focus on what matters to us most – the people we serve.

Local intelligence

CURRENT MONTH: SEPTEMBER

Clinical Record Keeping

Data Quality Maturity Index: Following the anticipated drop in data quality in May/June post CareDirector implementation we have reported an improvement in our DQMI (Data Quality Maturity Index) score, 87.6% (July 2020), the first since Feb 20 and consistent with our pre-CareDirector position. Our teams continue to support staff in regaining expected standards of data quality and further support and training on our new system. Furthermore internal reporting has been redeveloped on the underlying and contributory data completeness measures for NHS Number, ethnicity, sexual orientation. This information is now available at Trust level down to individual team and wards via a newly developed QDAP (Quality, Delivery and Performance) BI report. As at September 99.3% of care records had an NHS number recorded, 80% ethnicity and 22% sexual orientation. We will continue to promote data completeness throughout 2020/21 with a focus on supporting staff in using CareDirector well.

Patient Experience

S136: There were 3 Section 136 breaches in September, all working age adults and all down to lack of bed availability.
Complaints: In September there were 12 complaints received, 100% acknowledged within the 3 days standard, 98% allocated an investigator within 3 days, and 100% completed within agreed timescales. There were only 72 enquiries received by the PALS team in September, relatively low compared to the 12 month rolling average of 161.
Friends and Family Test: No friends and family surveys were submitted to Quality Health for September. The NHSE guidance for FFT requires national reporting for acute and community providers to restart from December 2020, with data published from February 2021. Covid-19 limitations to FFT and the need to increase user experience has meant the use of volunteers and staff is being explored, to capture feedback from our service users at discharge. We continue to communicate with services on a regular basis for staff to communicate with service users about the benefits of completing FFT, and ensure relevant FFT publicity materials are accessible throughout the Trust including on our website and other social and media platforms.

Safety

Incidents: In September the number of incidents, including those for violence/aggression, self harm and use of restraint remain within expected levels of normal variation.
Medication: In Q2 there were 177 medication related incidents, 94.9% 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. 47% of reported medication incidents in Q2 were related to administration of medication. A theme identified in Q2 is reporting of lost/found single tablets in clinical areas. Following such incidents there is clear demonstration that the staff have investigated, identified the tablet and put actions in place to prevent re occurrence. The committee will continue to monitor the occurrence of these reports. Another trend the committee will continue to monitor is the number of incidents reported as a result of poor communication of medication issues across the interface with other organisations. The committee are assured work is being done within the organisation to utilise technology to improve communication across the interface for example for example utilising Pharmoutcomes to liaise with community pharmacies, supporting Forward Leeds to use LCR. The committee will continue to monitor, contribute and receive updates on ongoing work to address challenges across the interface.

Safeguarding: In Q2 84 (27%) advice calls handled by the Safeguarding Team were child related and 225 (73%) related to adults. In Q2 Safeguarding Adults Advice and Referral rates have returned to average. There has been a proportionate increase in advice from Adult Acute services to a decrease in advice from Community and Wellbeing Services. 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. Patterns of abuse roughly reflect national and previous LYPFT data with physical, psychological and financial abuse being significant for our service users. Again 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. As to be expected, the type of abuse reported appears to be fairly uniform amongst the highest reporting areas. Abuse rates from clinical areas and type of abuse are typical, apart from the increase in DVA cases.

Safeguarding Children Advice and Referral rates remain stable despite Covid-19 and reduction in face to face contacts. Extra information has been disseminated to staff to highlight risks to vulnerable families during this time which has enabled figures and response to remain constant. The relative high rates at EAST CMHT and West ISS have continued and may be related to a recent focus on safeguarding supervision and management support in these areas. It is also noted that East Leeds is a large geographical area with significant deprivation. There has been an increase in emotional abuse reported, physical abuse continues to be reported frequently. Reports of neglect have remained unchanged from Q1. As with the adult data, the amount of advice in relation to Domestic Abuse and Violence has remained proportionally high.

The Safeguarding team continue to provide 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 Q2 95% of staff are trained in Basic Prevent (Target 85%) and 79% of complaint on overall Safeguarding Adults training.

Local intelligence

CURRENT MONTH: SEPTEMBER (continued)

Workforce

Appraisals: In September 58.2% of staff had received an appraisal in the last 12 months, continuing the recent improvement trend in Q2 and as our Covid-19 related interim appraisal process is implemented. Earlier this year, we paused appraisals to help free up all our time to care for service users and help support our people through the initial stage of the pandemic. Now, as we continue in to the next phase of the pandemic, we're resuming these vital conversations. A number of changes have been made to improve appraisals, including simplifying the process and introducing an objective focused on equality and diversity. We're also asking managers, as part of an appraisal, to have a meaningful conversation about careers – a Career Conversation – which will include asking how staff would like to develop and what pathways can be taken to do this.

Mandatory Training: Against an 85% target compliance in September was 86.3%. Following the Covid-19 related 6 month extension we continue to work towards a return to the mandated periods and ensuring all staff have completed the compulsory training required for their roles. Over the next 12 months, we will be returning extended refresher periods to the original durations on a monthly basis starting with subjects available as e-Learning through our iLearn system. This phased approach is designed to be as supportive as possible, recognising the significant challenges we are continuing to face on a daily basis. .

Clinical Supervision: The expected improvements in recording supervision came slower than anticipated with September figures showing 65.3%. This has continued to increase with October's figure improving to 73%.

Sickness Absence: The in-month sickness absence rate in September fell to 5% but remains within levels of normal variation. In September 936 staff days were lost to Covid-19 related absences through sickness or isolation, up from 791 in August. This was mainly due to an increase in the number of staff isolating either due to being symptomatic themselves, or due to a family member being symptomatic. This was particularly prevalent in Adult Acute and Forensic Services.

Vacancies: The number of medical consultant vacancies increased to 14.3, 18.3% of funded medical consultant posts and the highest number in the past 13 months. Band 5 inpatient nursing vacancies continues to increase with 70 in September, 32% of funded band 5 inpatient nursing posts. 39 student / aspirant nurses have qualified in September and been recruited to jobs in the organisation, with a number of others remaining as they complete their final hours on placement before qualification is obtained.

Coronavirus: With Covid-19 numbers rising rapidly across the whole of the UK the government have announced new national restrictions, in place from 5th November to 2nd December. This is likely to create additional anxiety and concern for everyone and our Incident Response Team are working hard to plan for how this may affect us. Our staff are working really flexibly to support our shared aim of continuing to care for our service users. All of our care and support services are vitally important to people and we want to continue, wherever possible, to deliver the care and support needed. Undoubtedly the increasing impact of Covid including staff availability, infection rates, admissions to hospitals and support in community settings is a major concern particularly across the North of England.

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

AGENDA ITEM
13

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Safer staffing
DATE OF MEETING:	26 November 2020
PRESENTED BY: (name and title)	Cathy Woffendin Director of Nursing, Professions and Quality
PREPARED BY: (name and title)	Linda Rose, Head of Nursing and Patient Experience Adele Sowden, E-Rostering Team Manager

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

EXECUTIVE SUMMARY

Leeds and York Partnership NHS Foundation Trust (LYPFT) provides inpatient care across 26 wards.

This report is the first Board of Directors monthly update since it was stepped down in March 2020 as a consequence of the covid-19 pandemic and is a requirement of the National Quality Board (NQB).

We are working in unprecedented times responding to the significant challenge of covid-19 in addition to the emerging picture that our services are coming under more and more pressure as we move into winter. This report highlights the planning and coordination arrangements in place to ensure that we maintain safe service delivery and resilience as far as possible into the future.

The report also provides an update of the success of the financial business case agreed with Leeds CCG which has enabled LYPFT to support some of the aspirational roles which will help to build registered nurse capacity in the future workforce.

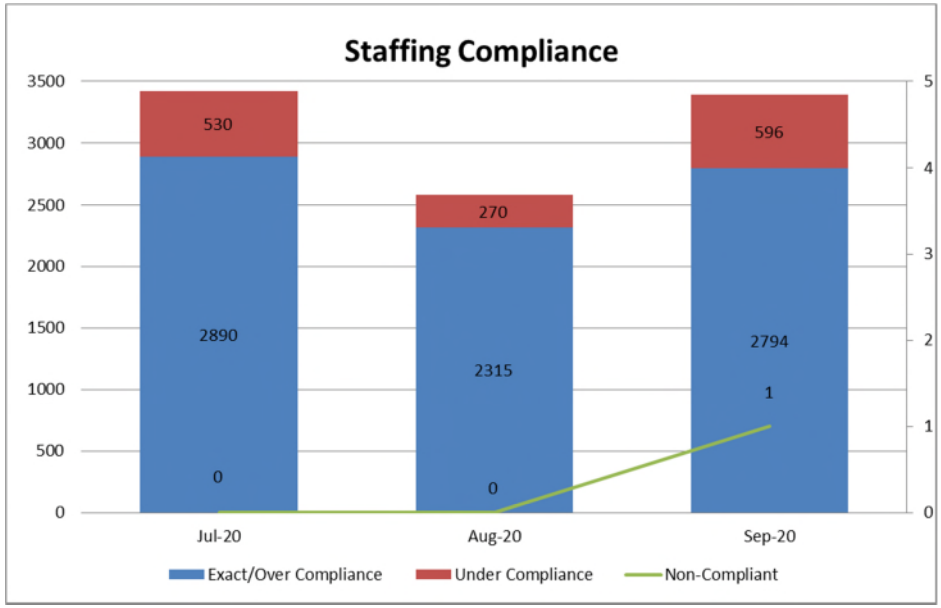
This report covers the period of the 1st September 2020 to the 30th September 2020. There was x1 breech during this period at Asket Croft.

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

RECOMMENDATION

The Board is asked to:
Review and discuss the staffing rates and updates provided in this report.

Safer Staffing: Inpatient Services – September 2020



	Number of Shifts		
	July	**August**	**September**
Exact/Over Compliance	2890	2315	2794
Under Compliance	530	270	596
Non-Compliant	0 **Data submission hibernated**	0 **Data submission hibernated**	**1**

Risks: A combination of exceptional issues during the pandemic including Registered Nurse vacancies continue to challenge the clinical areas highlighted by the unify data in Appendix A.

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

Narrative on Data Extracts Regarding LYPFT Staffing Levels on x26 Wards during September 2020

Exact or Over Compliant shifts:

During September the compliance data showed an increase in the number of shifts which were staffed exactly as planned or staffed above the planned number of Registered Nurse (RN) and Health support worker (HSW) staff in comparison to the previous month though the data from March to August 2020 was hibernated as a result of the covid-19 pandemic.

Under Compliant Shifts:

596 shifts had fewer than the planned number of RN and HSW staff on duty (this differs from the unify report below which shows the total hours over the month rather than on a shift by shift basis). Where there are fewer than planned RN staff on shift it is usual for one or more additional HSWs to back fill the vacant duty to support safe staffing levels.

Non-Compliant Shifts:

The first breech during the pandemic occurred at Asket Croft during the night duty of on the 16th September 2020. The issue was raised with the CTM on call but no cover was available. A registered nurse from the late shift worked additional hours until 1030pm to ensure the safe administration of medication to service users. The keys were then held by the RN on Asket House who attended the unit on a couple of occasions to ensure that as required medicines could also be administered.

When the situation was reviewed the next day it would have been feasible for the on call CTM to base themselves on this unit; however following a miscommunication, this did not happen and the service has progressed the learning from this across the staff team.

UPDATES

We are working in unprecedented times responding to the significant challenge of covid-19 in addition to the emerging picture that our services are coming under more and more pressure as we move into winter. Planning and coordination arrangements are in place to ensure that we maintain safe service delivery and resilience as far as possible into the future. Managers and clinical leads are working together to establish how we can deliver care and support people in different ways to minimise the spread of the virus and have worked tirelessly to improve daily reporting and oversight.

- **CCG Uplift in funding**

The use of the Safer staffing tool was hibernated from March 2020 to August 2020 as a consequence of the Covid-19 pandemic. The data extracted from the use of the tool was key in being able to articulate some of the staffing challenges and resulted in uplifted funding of over 2 million pounds from Leeds CCG for the Older peoples inpatient services and the Adult acute inpatient services. In addition to improving the presence of clinical leadership roles, the uplift has also enabled these services to recruit x2 additional Band 4 staff per ward who can be supported with longer term aspirations of becoming a registered nurse in mental health

/ learning disability nursing or as a route to becoming an allied health professional. This supports our organisational vision of 'growing our own' as a contribution to increasing the capacity and accessible career pathways to becoming part of the registered workforce.

The start date for the Trainee Nursing Associate course is not available until February 2021 and for the 1st time since the beginning of the programme, we have opened our doors to external staff joining the programme. We have agreed to release the income earlier than the start of the course to allow the gap to be covered by the successful applicants working as Band 3 HCSW in the interim, which will enable them to be inducted into the organisation, gain mental health specific experience and complete compulsory training. They will later transfer into the TNA role at the required time. The external candidates have already been interviewed by LYPFT staff and received great feedback with one candidate being described as outstanding. The final numbers of successful candidates from the applicant pool of x18 will be agreed once the Universities interviews have concluded.

In terms of leadership posts, an increase of Band 6 staff had been identified. When the pandemic arrived a Band 7 24 hour rota was introduced to ensure suitably qualified, experienced and registered staff are always available to provide direct team support. This was different to the original plan but has now embedded and is working very well. There has since been some further thinking regarding this leadership role and how to make it work best for the services. 3 Band 7 site coordinator posts have since been recruited to and have just commenced in post.

It is important to understand the difference the CCG uplift is making, but the issue in the context of the pandemic is complex as other factors such as staff contracting covid-19; staff isolating, staff shielding and the redeployment of staff to priority service areas make it difficult to clarify. As we have entered the second wave of the pandemic, services are considering whether the use of the tool stood back up in September can be continued as a priority.

- **Observation and engagement**

Services are reporting an increase in the use of within eyesight and within arm's reach observation as a contributory factor to higher staffing levels. Work is currently in progress to explore this further and every inpatient ward is participating in a brief contemporaneous assurance check for a period of 7 days during November. The purpose of this is to provide a clear picture of whether the demands on current higher staffing numbers are related to the business as usual provision of staff support to manage the service user's mental state and behaviour; whether higher staffing numbers are related to the need to isolate service users

whilst awaiting the outcome of covid testing for infection control prevention or whether we are seeing a combination of a number of factors.
In addition the covid test referral form for service users has already been updated to allow staff to indicate whether people were on increased observations as a direct result of waiting for a swab.

- **Safer staffing and the Unify report**

The E-Rostering team has been able to iron out the issues around Allied Health Professionals and Nursing associates who are now able to be included in the safe staffing numbers as their shifts are now in place on the rosters.
We know that resource pressures can necessitate occupational therapy staff performing generic duties and these requirements can and at particularly challenging times, should take precedence over usual OT practice. However, professions have worked together to identify the key elements required to help maximise the potential of interventions offered by OT's in a range of circumstances.

The Unify report in Appendix A shows that during September x10 wards did not meet the desired 80% fill rate during the day and x2 wards did not meet the 80% fill rate during the night for Registered nurses. This did not however compromise patient safety as the gaps were backfilled with other appropriate staff. The report also shows a picture of a high use of non-registered staff during the day and night shifts. This was particularly evident across the adult acute inpatient and older people's services and coincides with redeployed staff moving back to their substantive posts. In the Learning disability service 2 Woodland Square was closed to service users and reopened at the end of September. Staff from this service had been redeployed to other wards and to number 3 Woodland Square. In the York Forensic services, Westerdale had a few nurse vacancies alongside staff sickness related to covid-19. Regular staff picked up bank shifts to cover the shortfall initially but they are now able to fill the gap c/o a band 6 nurse being deployed from Riverfields.

Systems remain in place to support organisational oversight of safe staffing and whilst the occurrence of breeches have remained stable during the pandemic with the exception of September, the Safer staffing group and the Deployment and staffing group are both working with clinical services to ensure robust planning and redeployment of staff in a timely manner. This now includes a 9am call each morning where the inpatients Matrons meet with the Duty Head of Ops and the Duty CTM to discuss staffing and plan for coming shifts. Information is collated onto a spreadsheet by Ward Managers or Matrons and this is then discussed to enable any issues to be escalated to the Clinical and Ops team call at 9.30am. This oversight enables time critical deployment of staff.

- **Workforce**

Current redeployment numbers are small as the majority of the original redeployed staff have moved back to their substantive posts. As we move into the second wave of the pandemic, work is robustly monitored to ensure that priority services are safely staffed. Any redeployment decisions go through a rigorous process as a last resort option and must be signed off by the silver SITRep.

We recently welcomed 39 newly registered nurses to our preceptorship program. The majority of these had been our Aspirant nurses who were deployed to work during the pandemic over the spring and the summer and had been supported by the PLD Team with teaching sessions and group supervision

A memorandum of understanding has been progressed with SWYFT which when complete will provide a reciprocal access to their bank and them to ours. A preliminary survey on both Banks shows that we would stand to have 75 staff across the different grade types who would be happy to come work in Leeds as they live in Leeds.

Bank staffing is also progressing a Peripatetic pool of responsive workers. This will consist of current Band 3 and Band 5 Bank staff who will be offered an incentive of £500 per month if they work a minimum 30 hours per week in key service areas.

The Department for Work and Pensions launched a brand new Kickstart Scheme which provides funding to employers to create new 6-month fully funded job placements for young people aged 18-24 years who are currently on Universal Credit and at risk of long-term unemployment. LYPFT will employ 30 Assistant Healthcare Support Workers (ASW) via this scheme. This is a new role which was introduced during the Covid-19 peak as an opportunity for volunteers to work within our clinical services to support staffing pressures. A vast amount of positive feedback was provided from both the services which hosted the ASW's as well as the volunteers themselves. We are therefore looking to introduce this as a substantive, entry level role to our Trust. The 6 months fully funded placement would allow for the Trust to recruit staff to this new role. We would develop a support package and have clear supervision to enable the individuals on the scheme to develop at the end of the 6 months into an Apprentice Health Care Support Worker role; offering a clear pathway and reducing our HSCW vacancies of which we currently have 58 WTE across the Trust. In addition this will enable the Trust to utilise £3000 each (£90K over the 18 month period) of our Apprenticeship Levy.

APPENDIX A

Safer Staffing: Inpatient Services – Sept 2020

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

	Care Hours Per Patient Day (CHPPD)								Day				Night				Allied Health Professionals	
Ward name	Cumulative count over the month of patients at 23:59 each day	Registered Nurses/Midwives	Non-registered Nurses/Midwives	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP)
2 Woodland Square	21	13.2	12.3	0.0	0.0	0.0	0.0	25.6	30%	28%	-	-	23%	23%	-	-	-	-
3 Woodland Square	81	10.2	21.9	0.0	1.5	0.0	0.0	33.6	77%	136%	-	100%	100%	267%	-	100%	-	-
Asket Croft	359	2.7	3.7	0.0	0.0	1.0	0.0	7.4	107%	74%	-	-	97%	100%	-	-	100%	-
Asket House	408	1.9	2.6	0.0	0.0	0.2	0.0	4.8	103%	95%	-	-	100%	102%	-	-	100%	-
Becklin CAU	159	8.7	15.2	0.0	0.0	2.8	0.0	26.8	66%	114%	-	-	68%	122%	-	-	100%	-
Becklin Ward 1	646	2.1	4.6	0.0	0.0	0.2	0.1	7.0	54%	169%	-	-	100%	190%	-	-	100%	100%
Becklin Ward 3	650	2.3	3.8	0.0	0.0	0.1	0.2	6.4	67%	163%	-	-	98%	162%	-	-	100%	100%
Becklin Ward 4	650	2.4	4.1	0.0	0.0	0.0	0.2	6.6	84%	182%	-	-	93%	187%	-	-	-	100%
Becklin Ward 5	654	2.2	4.3	0.0	0.0	0.2	0.2	6.9	65%	171%	-	-	95%	171%	-	100%	100%	100%
Mother and Baby at Parkside Lodge	199	9.4	9.3	0.4	0.5	0.5	0.0	20.1	93%	141%	100%	100%	88%	199%	100%	100%	100%	-
Newsam Ward 1 PICU	338	4.4	12.0	0.5	0.0	0.0	0.3	17.2	76%	120%	100%	-	82%	194%	-	-	-	100%
Newsam Ward 2 Forensic	357	2.9	5.3	0.0	0.0	0.3	0.3	8.8	84%	103%	-	-	107%	123%	-	-	100%	100%
Newsam Ward 2 Womens Services	219	5.1	9.3	0.0	0.0	0.9	0.0	15.3	89%	128%	-	-	100%	139%	-	-	100%	-
Newsam Ward 3	252	3.9	7.5	0.0	0.0	0.6	0.4	12.4	79%	157%	-	-	107%	135%	-	-	100%	100%
Newsam Ward 4	615	2.5	5.4	0.4	0.0	0.0	0.0	8.3	73%	277%	100%	-	93%	286%	100%	-	-	-
Newsam Ward 5	547	2.4	4.9	0.0	0.0	0.3	0.0	7.6	85%	124%	-	-	96%	160%	-	-	100%	100%
Newsam Ward 6 EDU	248	6.0	11.8	0.0	0.0	1.7	0.2	19.7	121%	167%	-	-	128%	227%	-	-	100%	100%
NICPM LGI	120	12.1	4.4	0.0	0.0	1.3	0.0	17.9	88%	88%	-	-	98%	78%	-	-	100%	-
The Mount Ward 1 New (Male)	467	2.8	11.3	0.0	0.0	0.0	0.0	14.2	87%	178%	-	-	88%	247%	-	-	-	-
The Mount Ward 2 New (Female)	376	3.4	15.3	0.0	0.0	0.0	0.0	18.6	106%	178%	-	-	106%	272%	-	-	-	-
The Mount Ward 3a	679	1.7	2.7	0.0	0.4	0.0	0.0	4.8	91%	103%	-	100%	102%	124%	-	100%	-	-
The Mount Ward 4a	710	1.7	4.1	0.0	0.0	0.0	0.0	5.8	95%	139%	-	-	104%	167%	-	-	-	-
York - Bluebell	283	4.2	7.9	0.0	0.0	0.4	0.6	13.0	97%	135%	-	-	100%	162%	-	-	100%	100%
York - Mill Lodge	213	7.7	10.6	0.0	0.0	3.3	1.0	22.6	84%	109%	-	-	87%	128%	-	-	100%	100%
York - Riverfields	290	3.6	4.0	0.0	0.0	0.5	0.3	8.4	167%	107%	-	-	104%	100%	-	-	100%	100%
York - Westerdale	314	4.1	9.2	0.0	0.0	0.0	0.0	13.3	58%	145%	-	-	127%	148%	-	-	-	100%

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
14

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Flu vaccination Assurance statement
DATE OF MEETING:	26 November 2020
PRESENTED BY: (name and title)	Cathy Woffendin, Director of Nursing, Professions and Quality
PREPARED BY: (name and title)	Gugu Ncube, Infection Prevention and Control Nurse

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

EXECUTIVE SUMMARY

In September 2020 a letter was sent from the Chief Nursing Officer Ruth May requesting that all organisations assess their progress against the attached checklist and return to NHSE/I .In addition all organisations now provide 2 weekly updates to NHSE/I around their vaccine compliance. A further letter has been received requesting this is presented and discussed at a Public Trust Board by December 2020. This is presented for information at today's Public Board so that it can be accessible to the general public and published on our website alongside our public board papers.

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

The current compliance of front line staff vaccinated was 1078 on the 15 November 2020, of which equates to 59% compliance of this year's target This year's CQUIN target is 90% but this has been suspended until further notice, although we have been advised by NHSE/I that if we reach the target we will obtain full payment. Due to the impending COVID vaccine being rolled out in early December we have planned to deliver the remaining flu vaccines in the next 3 weeks and have prepared a number of increased communication briefings throughout the next few weeks to increase compliance and ensure that we meet our 90% target for this year. It is imperative this year that as many of our staff and service users are protected against flu to keep them healthy in preparation for the rollout of the COVID vaccine as we know the risk of contracting both flu and COVID together would be extremely detrimental to an individual's health.

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

RECOMMENDATION
The Board is asked to: • Note the positive achievement of the flu campaign and staffs contribution and hard work in obtaining this., in addition to dealing with the competing pressures of the COVID 19 pandemic

Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2020

A	**Committed Leadership** (number in brackets relates to references listed below)	**Trust Self-Assessment**
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	The board has committed to offering flu vaccine to all staff who want to be vaccinated. Measures are in place to provide anonymous feedback.
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers.	The Quadrivalent Flu vaccines has been ordered and delivered on a staggered approach. The vaccination programme commenced on the 5th October 2020. This year we have been able to obtain the Activated Trivalent Flu Vaccine (aTIV) for staff over 65. Supplies of Quadrivalent vaccine are presently limited. This is due to a fridge malfunction at SWYFT Occupational Health department which resulted in the loss of vaccines at the beginning of the campaign. This was mitigated through reaching out to mutual aid and we acquired a small batch of vaccines from Harrogate which will last till the next delivery of vaccines. We are expecting a further delivery of 600 Quadrivalent vaccines to arrive at Occupational Health from DHSC week commencing 16th November 2020. Overall total of vaccines ordered for the Trust were 2500 Quadrivalent and 50 Trivalent vaccines.
A3	Evaluation of the flu programme 2019/20, including data, successes, challenges and lessons learnt.	Lessons learnt from the previous campaign have been used to formulate the 2020 campaign.
A4	Agree on a board champion for Flu Campaign.	The Director of Nursing Professions and Quality is the Executive Director lead responsible for the flu campaign.
A5	All board members receive flu vaccination and publicise this.	All board members will be offered the flu vaccine and administration of this will be publicised.
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives.	Flu team established and meets regularly throughout the year.
A7	Flu team to meet regularly	Team meetings take place in March, June and July, prior to the annual campaign

		start. August and September meetings are bi-weekly going to weekly catch-up meetings during the first phase of the vaccination period.
B	**Communications Plan**	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions.	Flu campaign posters with Myth busting messages along with pictures of peer to peer vaccinators' posters in relevant areas have pictures of the staff that work in areas have been used to promote uptake. Our Communications team issue weekly updates and also update clinic information on the Flu Staffnet page. Blogs and posters are also used to communicate engagement of staff at all levels in every directorate. Picture frame is also developed for staff to use when they have had their flu jab.
B2	Booked appointment clinics schedule to be published electronically, on social media and on paper.	Booked appointment clinics dates set. Including outside of core business hours and circulated across the organisation using all communication platforms.
B3	Board and senior managers having their vaccinations to be publicised.	Flu vaccines offered to all based at Trust HQ – which includes all board members and governors via a booking system.
B4	Flu vaccination programme and access to vaccination on induction programmes.	Infection control team will be offering flu vaccine via a booking system.
B5	Programme to be publicised on screensavers, posters and social media.	Twitter, Facebook, and poster campaigns launched in the run up and throughout the vaccination program.
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups.	Weekly uptake reports provided with targeted approaches to areas of low uptake.
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered.	We have a total of 116 vaccinators 2 per area.
C2	Schedule of booked clinics in place ensure social distancing.	Are in place.
C3	Schedule for 24 hour mobile vaccinations to be agreed.	P2P vaccinators to target out of hours workforce.
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this.	Flu pin badges have been purchased so people can wear these with pride once they have had their vaccinations. Tea and coffee hampers will be provided for teams that are doing well with the uptake. The Trust Strategy focusses on patient safety; however we have joined with Unicef's "Get a Jab, Give a Jab" campaign as we feel

		that this best fits with the ethos of the trust and incentivises staff to help others whilst improving patient safety.
D2	Success to be celebrated weekly.	Success will be recognised weekly through communications with name checks for teams that are doing well, this will also be on the trust web page.

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
15

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Medical Director Report
DATE OF MEETING:	26 November 2020
PRESENTED BY: (name and title)	Chris Hosker, Medical Director
PREPARED BY: (name and title)	Gina White, Medical Directorate Manager

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

EXECUTIVE SUMMARY

The Medical Director's report covers the following

- Overview of the medical workforce
- Medical leadership updates on
  - Medical appraisal and revalidation
  - Medical education – undergraduate and postgraduate
  - Medical professional leadership

In summary, the medical workforce supported by service managers and medical directorate managers have managed to maintain care to patients, continue and adapt recruitment plans whilst continuing to meet commitments to undergraduate and postgraduate training during a very challenging 8 months.

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

RECOMMENDATION

The Board are asked to consider the information provided and discuss the content further if needed to gain assurance of the work completed and planned

MEETING OF THE BOARD OF DIRECTORS

26 November 2020

MEDICAL DIRECTORS REPORT

1. Executive Summary

This paper gives an overview of the work taking place or being led by the Medical Directorate in relation to the medical workforce and medical professional leadership.

2. Overview of the Medical Workforce

2.1 Workforce Profile

As at 31 October 2020, the directly employed workforce profile is provided in table 1.

Table 1: Directly employed workforce				
	Head Count	FTE	Full-time	Part-time
Consultants	72	66.72	57	15
Specialty and Associate Specialists (SAS)	40	33.75	28	12
Doctors in Training	71	66.97	56	15
Total	183	167.44	141	42

Foundation Trainees and GP trainees are not directly employed by LYPFT. Tees, Esk and Wear Valley Foundation Trust (TEVW) directly employ the Psychiatry Core trainees allocated to the York services. Trainees on the Leeds and Wakefield Psychiatry Core Training Scheme are directly employed by LYPFT.

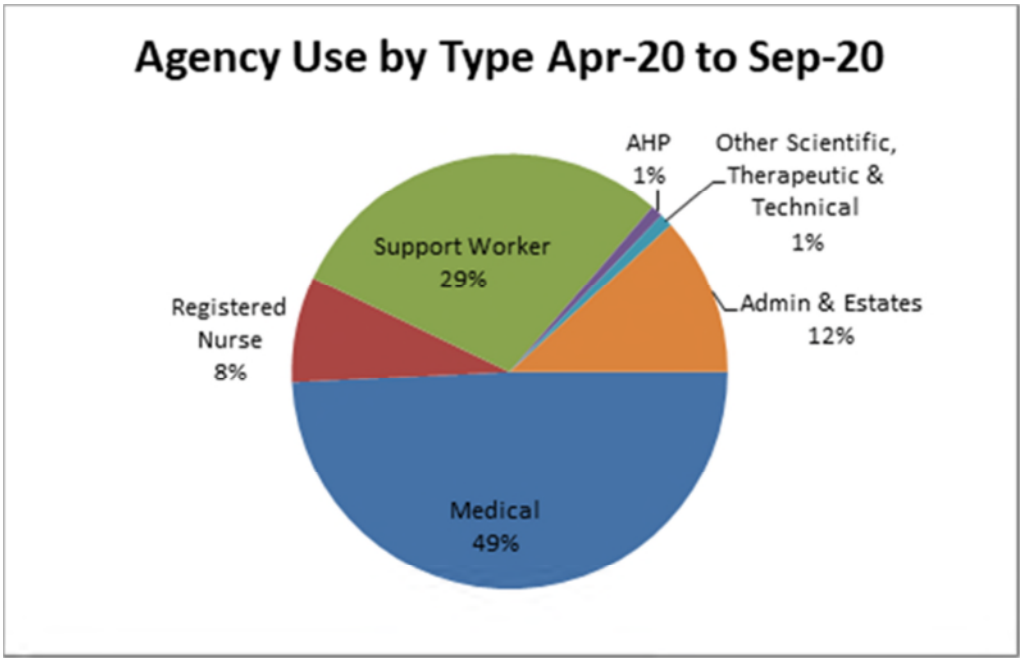
In addition to the directly employed medical workforce agency medical staff are booked to meet service needs e.g. vacancy or increased service demand. At 31 October there were 19 agency doctors booked.

Table 2: Agency medical staff				
	Head Count	FTE	Full-time	Part-time
Consultants	9	*9.50	8	1
SAS	4	4	4	0
Core Trainees	6	5	5	1
Total	19	18.50	17	2

2 Drs working above 40hrs

Medical agency use in comparison to other agency use is provided in Chart 1

Chart 1



2.2 Age Profile

Mental health officer (MHO) status is a benefit that was awarded to 1995 section members working full or part-time in a hospital for patients suffering from mental disorders. MHO status was lost for members who transferred to the 2008 section through the choice exercise. Due to variation in doctors' career paths, this benefit is individual to each doctor. Currently the principle for workforce planning is that doctors in the 51-55 band will have the benefit to retire at 55 and those aged 55 or over are eligible to retire.

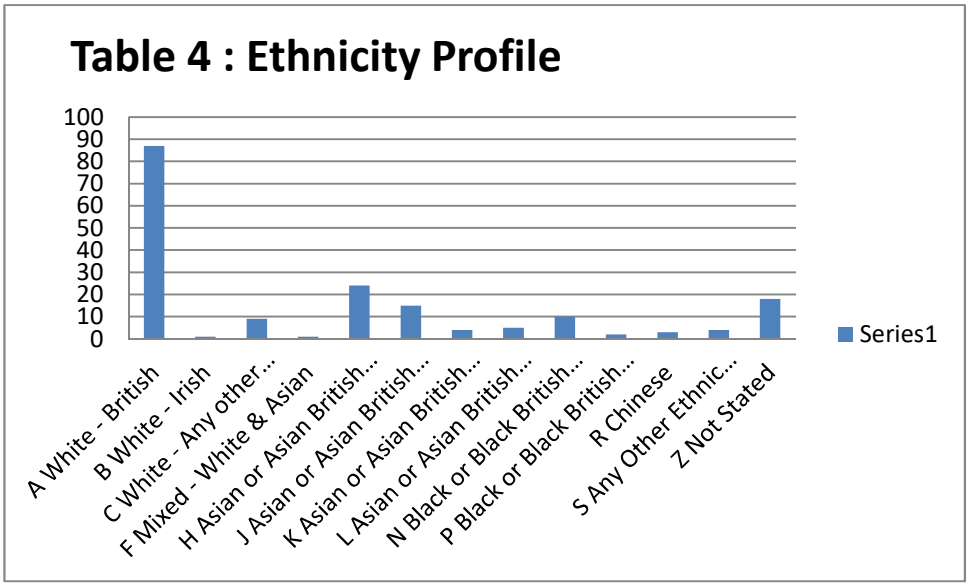
Table 3 provides the medical workforce age profile. The age bands that include those doctors who have opted to retire and return are marked with an asterisk.

Table 3: Age profile

Age profile	**Headcount**
>=71 Years	1
26-30	32
31-35	27
36-40	33
41-45	37
46-50	25
51-55	18*
56-60	7*
61-65	3*
Grand Total	**183**

3.3 Ethnicity Profile

A breakdown of the medical workforce by ethnicity is provided in Table 4. The largest ethnic origin is White British at 47.54% (87 doctors) with the second largest being Asian or Asian British – Indian at 13.11% (24 doctors). At 9.83%, there were 18 doctors who did not state their ethnicity.



3. Medical Leadership Updates

3.3 Medical Appraisal and Revalidation

Since Wendy Neil, Responsible Officer presented the Responsible Officer and Medical Revalidation Report to the Board in July 2020; there have been changes as follows

- National guidance was issued to restart medical appraisals from October. Doctors and the medical appraisers were briefed on the revised guidance in the Medical Appraisal Guide 2020: A guide for professional medical appraisals in the context of the COVID-19 pandemic and related supporting information. To allow doctors time to prepare for their appraisals in LYPFT, appraisals restarted with doctors scheduled in November 2020. Medical appraisal must provide an opportunity for a confidential professional discussion, as part of supporting a doctor's professional development and well-being.

- Voluntary completion of Annual Organisational Audit. The Trust's submission has been made. A copy is available from the Medical Directorate Administrator.

3.3 Medical Education

3.2.1 Foundation Training

The Trust provides psychiatry placements for 11 Year 1 Foundation trainees (FY1) and 6 Year 2 Foundation trainees (FY2) plus 1 Academic Clinical Fellow (FY2). Foundation

trainees are employed by the Leeds Teaching Hospitals Trust (LTHT), the FY1s are on the LTHT out of hours rotas and the FY2s are on the LYPFT out of hours rota.

As part of the emergency staffing provision, the Trust hosted four Interim Foundation trainees, medical students who graduated early to support staffing prior to taking up their Foundation Training place.

3.2.2. Core Training Scheme

The August 2020 rotation intake was the start of the West Yorkshire Psychiatry Core Training Scheme. Health Education England are responsible for national recruitment, each mental health Trust in West Yorkshire is then responsible for employing the allocated trainees for a year. Core training is a three year scheme, LYPFT have an allocation of 33 core trainees in total,

GP trainees are also allocated for 6 months to psychiatry placements. From August 2020, GP training initiatives have been introduced to support GP recruitment. There is one GP Initiative trainee working less than full time with LYPFT and the remaining time in a GP setting.

Recruitment to core training has improved although full recruitment has not yet been achieved. There were three vacancies in August, Local recruitment took place for junior grade Trust doctors, two were appointed although one later gave back word. The outcome of HEE national recruitment for the February rotation is awaited.

3.3.5 Specialist Training Schemes

Once Core Training in Psychiatry is completed, the doctor can apply for specialist training (ST) in Psychiatry. The Yorkshire and Humber specialist psychiatry training schemes are

- Child and Adolescent
- Forensics
- General Adult
- Intellectual Disability
- Psychotherapy
- Older Age

Specialist training schemes take between 3 to 4 years to complete. On completion trainees attain a certificate of completed training that qualifies them to apply for consultant roles.

LYPFT has 31 allocated training slots across the specialties in Leeds. The shortfall in core trainees has now rolled through to the higher scheme, currently there are nine vacancies across the schemes.

York services has a CAMHS ST slot the Forensic HT post has been allocated to Leeds Forensic service as there are no substantive Forensic consultants in York.

3.2.4 Out of Hours Cover

There are three tiers to the out of hours cover in Leeds. They are

- Psychiatry Resident On Call (PROC) – shift pattern based at Becklin

- Higher Trainees East and West – non-resident on call as they are not required to be on site
- Consultants – East, West and Older Peoples – non-resident on call

Out of hours cover at York is provided via a service level agreement with Tees, Esk and Wear Valley Foundation Trust.

The Guardian of Safe Working Hours quarterly reports to the Board of Directors details the rota gaps and fill rate. Junior doctors unable to be on call because of shielding, self-isolating with Covid symptoms has increased the number of rota gaps. The challenge of filling the rota gaps is ongoing due to the unpredictability of Covid related absences and the number of vacancies on the specialist training allocations.

The Medical Education Team has been key to maintaining out of hours cover. Specialty doctors within the Trust are part of the contingency plan with Abs Chakrabarti, Associate Medical Director assessing which rota they can be allocated to.

Ben Alderson was successful in his submission to HEE for SuppoRT funding so that trainees returning after an extended absence e.g. maternity leave can complete Safer Care in Psychiatry, clinical simulated training.

3.2.5 Adaptions for Covid Pandemic

As part of the Estates Strategy to support agile working, doctors in training were being provided with laptops and mobile phones. This was rolled out to all Foundation Trainees This has enabled junior doctors to work remotely both clinical and training purposes.

The teaching programme is now virtual and weekly led by George Crowther, Tutor with responsibility for the Teaching Programme.

The August rotation was the first virtual induction for the junior doctors led by Rob Owen, Tutor with responsibility for induction. David Leung, Training Programme Director for the WY Core training scheme was successful in a bid to Health Education England for funding to develop Covid e-learning module to meet the specific needs of psychiatry trainees.

Weekly Question and Answer sessions were hosted by Sharon Nightingale, DME and Abs Chakrabarti, AMD for DiT via zoom with the trainees initially weekly and are now held on 1st and third Wednesdays of each month.

3.2.6 Undergraduate Medical Education

The Trust provides placements for five cohorts of Year 4 medical students. In the 19/20 academic year the Trust hosted 91 Year 4 students and 274 Year 2 medical students via the Campus to Clinic programme. This year's placements were disrupted by the Covid Pandemic, with the 4th and 5th Year 4 cohorts that were cancelled being rescheduled in a shortened format to July and August. Anne Cooper, Undergraduate Co-ordinator supported by the Firm Leads and Ben Alderson, Clinical Teaching Fellow adapted the Undergraduate face to face teaching programme to a virtual delivery format

The contract review meeting with the University of Leeds Medical School was held on 17 August 2020. The Summary of Student Clinical Placement Evaluation Data 2019-20 is available from the Medical Directorate Administrator. 11 Trust staff received commendations from the students for their input to the placements or teaching programme.

Table 5 taken from the Leeds School of Medicine Partnerships and Placements Annual Report is provided to illustrate the improvement in placements scores for LYPFT and a comparison to other placement providers.

Table 5. Partner Trust placement RAG scores 2013/14 onwards

	2013/14							2016/17							2019/20						
	Domain																				
Trust	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Airedale	94%	86%	90%	85%	80%	83%	91%	90%	94%	91%	83%	73%	77%	77%	97%	89%	97%	90%	89%	89%	91%
Bradford District Care	97%	89%	95%	87%	85%	96%	89%	91%	76%	86%	84%	81%	88%	80%	99%	65%	90%	94%	87%	93%	88%
Bradford THT	89%	84%	90%	81%	81%	74%	88%	91%	87%	87%	86%	84%	79%	85%	84%	83%	85%	79%	78%	76%	75%
Calderdale & Huddersfield	85%	71%	84%	80%	79%	74%	82%	92%	85%	91%	87%	82%	78%	84%	89%	86%	91%	89%	88%	85%	86%
Harrogate	85%	78%	85%	78%	78%	73%	83%	94%	91%	91%	86%	80%	75%	84%	90%	85%	87%	82%	81%	83%	79%
Leeds THT	70%	65%	79%	75%	74%	69%	75%	86%	80%	87%	87%	84%	81%	86%	91%	87%	91%	88%	89%	87%	90%
Leeds & York Partnership	84%	65%	81%	69%	58%	75%	70%	89%	75%	91%	79%	72%	88%	74%	86%	73%	88%	83%	80%	84%	80%
Mid Yorkshire	83%	78%	86%	79%	80%	76%	84%	90%	83%	92%	85%	81%	80%	85%	90%	88%	89%	87%	86%	83%	87%
SW Yorkshire Partnership	94%	86%	92%	81%	71%	92%	86%	92%	87%	89%	78%	79%	85%	75%	93%	85%	90%	88%	85%	81%	84%
Tees, Esk & Wear Valleys	98%	92%	100%	98%	93%	97%	100%	94%	89%	89%	94%	84%	81%	94%	92%	72%	94%	88%	80%	78%	75%

>=80% | 65-79% | <65%

Domain

1. Orientation & Induction
2. Facilities
3. Learning environment & support
4. Delivery of scheduled teaching
5. Opportunities for learning & clinical experience
6. Feedback & assessment
7. Overall rating of attachment

Note: Leeds Community Health and other community providers not included - part-placements only.

The contributions of all staff to the medical student placements were acknowledged by the University of Leeds. High quality psychiatric placements promote psychiatry as a medical career and contribute to developing the future medical workforce in line with the Trust's workforce strategy. Dr Tariq Mahmood, Consultant Psychiatrist and Gina White, Medical Directorate manager received Excellent Longstanding Service to Undergraduate Clinical Education awards from the University Of Leeds.

The University has funded Anne Cooper, Undergraduate Co-ordinator and Sharon Nightingale, Director of Medical Education to be seconded to support the development of Technology Enhanced Learning specific to psychiatry.

3.2.7 Medical CPD and Andrew Sims Centre

Due to COVID-19, all medical CPD events were cancelled and face to face events remain on hold. The Andrew Sims Centre team have changed the way in which they work and have moved from face to face to virtual events. This includes the introduction of a series of evening updates with a programme that has been developed using the consultant training needs analysis.

The Andrew Sims Centre team were redeployed to provide business continuity support primarily focused on consultant and SAS doctors and supplementing the medical education resources to maintain out of hours medical cover.

3.3 Medical Professional Leadership

3.3.1 Job Planning

A Job plan is part of individual contract of employment for consultant and specialty doctors which, is a collaborative approach between the doctor, service and line manager. A job

plan reviews career development and aspirations, service objectives and focusing on maintaining high-quality care and being transparent, fair and honest**.** The job plan is agreed and reviewed annually.

The implementation of the first cycle of electronic job planning took place in autumn 2019 with all job plans due to be completed by 1st April 2020. Due to COVID-19 and the release of national guidance this was paused. Table 6 shows the status of the job plans at the time the cycle was stopped.

Table 6: Job Planning Status report as at 31 March 2020		
	Number Of Doctors	**Percentage Of Doctors**
Active	59	51.75%
In draft	23	20.18%
Not started	20	17.54%
In mediation or appeal	1	0.88%
In sign-off process	11	9.65%
Total	114	100.00%

In September, job planning has been restarted and the second cycle is currently underway with a view to all job plans being agreed and signed by 1st April 2021.

3.3.2 Recruitment

From April 2020 to October 2020, five Appointment Advisory Committees (AACs) have taken place. Eight substantive consultant appointments were made. There have been a number of recruitment panels for Specialty Doctors and six substantive appointments were made. Appendix A provides the detail of where the appointments were made.

In addition there has been one (fixed term for a year) Trust locum consultant appointment made to the CRISS / CAU post, plus one consultant internal move to a post which has been covered for a long period by agency doctors (Community Rehabilitation).

The Forensic Consultant appointed for the York Forensic service subsequently declined the offer.

Consultant vacancies in the York Forensics service and the Inpatient wards at Becklin and Newsam Centres continue to be hard to fill. This has resulted in increased agency spending as without a GMC accredited trainer a trainee cannot be allocated and junior cover has needed to be booked via agency.

The pandemic has added additional pressures on the medical workforce, due to the need for medical staff to have periods of self-isolation, increased sickness levels and staff shielding/working differently due to clinical vulnerability.

Internal moves have created new vacancies for a consultant and specialty doctor grades.

Work taking place is:

i. Adult Acute Services

There have been expressions of interest from two candidates for the ward 4 Newsam Centre consultant post which, will be advertised in the New Year.

Due to an internal move the recruitment process for The South Intensive Support Service consultant post has started and it is expected it will be able to be advertised in the New Year.

A Clinical leadership post will be advertised which there is an interested candidate who has significant experience in leadership and acute clinical setting. It is a fixed term contract with recruitment expected to be completed in December.

ii. Community + Wellbeing Service

Recruitment planning is taking place for the specialty doctor vacancies in the East, West and new vacancy South CMHTs (following an internal move). In addition an agency consultant located in the South will remain in post until a restructure takes place

iii. Eating Disorders + Rehab

Recent recruitment to the West CONNECT Eating Disorders Unit (EDU) was unsuccessful and plans are in place to re-advertise. There is also planned recruitment in December for the inpatient service due to recent resignation of substantive consultant.

iv. Forensic services

York forensic service is currently being managed by agency doctors overseen by the clinical and medical psychiatry lead. Proactive work is continuing achieve substantive appointments with the next AAC planned to take place in December 2020.

Leeds forensic service is continuing with a skills review which is currently covered by an agency junior trainee. The skills review will determine a business case for additional medical cover.

v. Older Peoples Services

The successful bid of safer staffing funding has resulted in work currently being carried out in reviewing the community structure to establish a new substantive consultant post within CMHT/MAS. However following the pandemic and the use of the funding with IHTT for consultant input to the team, the job description is being developed with a plan to recruit in the new financial year.

An internal expression of interest in the inpatient consultant vacancy arising due to retirement has resulted in a community vacancy. An AAC is scheduled for quarter 4 to fill the community consultant post.

From March 2021 there will be a need for maternity cover within the inpatient unit. As higher trainees are only eligible to have a 3 month acting up period as a consultant, plans are being made to recruit a locum consultant.

3.3.3 Induction

A development of a consultant induction programme is current being designed to enable new consultants to be provided with a specific Medical Directorate Professional Leads introduction along with a bespoke medical line manager/service induction.

3.3.4 Medical Leadership Day

Following on from last year's first medical leadership in LYPFT day, a virtual event took place on 17 November 2020. There were 78 delegates who were able to join the meeting and all grades were represented. Medical leadership is essential to safe and high quality care in the NHS, but currently there are a number of vacancies within the medical leadership structure in LYPFT. There is therefore a need to develop medical leadership within LYPFT now and this need is supported by the Board and wider Senior Leadership team at LYPFT. The purpose of the event is to start to build capacity for medical leadership in LYPFT: for doctors to feel enthusiastic about developing their own leadership skills in their clinical area, and as part of the wider organisation. Also to understand why medical leadership is important and that it is an essential part of our work as medical staff.

Professor Michael West, Senior Visiting Fellow at The King's Fund and Professor of Organizational Psychology at Lancaster University was the guest speaker on concepts of compassionate and inclusive leadership. In addition, there were 'leadership stories' from current medical leaders.

3.3.5 Promoting Wellbeing

All doctors have been expected to complete a wellbeing assessment with their line manager, supervising consultant or clinical supervisor dependent on their grade. From the ilearn report the numbers of doctors by grade still to complete are provided in Table 7. Wellbeing assessments not completed are staff that are not currently at work e.g. maternity leave or recently joined/returned.

Role	Head count	Still to Complete
Consultant	72	12
Specialty and Associate Specialists (SAS)	40	10
Doctors in Training	71	15
	183	37

In addition, the national resources sent out with the updated medical appraisal guidance have been sent out to the medical workforce. The local wellbeing resources have been brought into one document for ease of reference and shared with medical workforce and workforce colleagues.

The Royal College of Psychiatrists expect every job description submitted for approval to have a paragraph on wellbeing resources available to psychiatrists.

3.4 Medical Strategy

The business continuity priorities of the Covid pandemic meant the development of the medical strategy has been paused. It is planned to restart this month and be available by the end of the financial year

4. Conclusion

In summary, the medical workforce supported by service managers and medical directorate managers have managed to maintain care to patients, continue and adapt recruitment plans

whilst continuing to meet commitments to undergraduate and postgraduate training during a very challenging 8 months.

5. Recommendation

The Board are asked to consider the information provided and discuss the content further if needed to gain assurance of the work taking place to support medical workforce and medical professional standards.

Dr Chris Hosker
Medical Director
19th November 2020

Appendix A: Appointments made from April 2020 to October 2020

Adult Acute Services

- Trust locum consultant, CRISS/CAU
- Consultant, EISS
- Trust locum specialty doctor, WISS
- Specialty doctor, ward 4 Becklin Centre
- Specialty doctor, ward 3, Becklin Centre
- Specialty doctor, EISS

Community + Wellbeing Service

- Consultant, Medical Psychotherapy
- Specialty doctor, Aspire

Regional + Specialist Service

- Consultant, Addiction Services Forward Leeds

Eating Disorders + Rehab

- Consultant, Eating Disorders
- Consultant, R&R

Forensic Services

- Consultant appointed did not start

Older Peoples Services

- Consultant, The Mount Inpatients
- Consultant, West CMHT
- Specialty doctor, The Mount Inpatients

Liaison + Perinatal Service

- Consultant, Perinatal Services
- Specialty doctor, Liaison

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM

16.

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Chief Financial Officer Report - Month 7
DATE OF MEETING:	26 November 2020
PRESENTED BY:	Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive
PREPARED BY:	David Brewin, Assistant Director of Finance

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

EXECUTIVE SUMMARY

This report provides an overview of the financial performance of the Trust at month 07.

This is the first month operating against a formal financial plan, as ratified by the Board of Directors last month.

The Trust reported an income and expenditure surplus of £0.31m in month 7. The level of expenditure is significantly lower than anticipated at this stage. However it is clear the unpredictable nature of the winter ahead, and potential operational pressures mean that it is too early to fully and accurately assess the pattern of spend in the next several months. As notified to the Board, a robust and prudent plan has been set and in the context of the current position there is now a higher contingent buffer/ tolerance for future pressures and financial risks over the remainder of the year. We continue to assess and aim to refine a range forecast to inform decisions which may be required over the coming months.

Work to develop a financial plan for 21/22 including assessing the underlying cost base has begun. This is a difficult task in the current climate and context and there are emerging concerns regarding the recurrent financial position of our lead commissioner Leeds CCG. However, no detail on allocations and finance regime has yet been issued. We anticipate more information will emerge following the spending review. We continue to work closely to understand the positon and future commissioning intentions.

The Trust is in a good financial position in year. Whilst we are not being monitored against the usual external metrics for cash and liquidity, our cash position remains strong with a cash balance of £114.1m (inclusive of c£13m income in advance for block income), and liquidity is strong with cover for 150 days operating expenses.

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

RECOMMENDATION
The Board of Directors is asked to note the: • income and expenditure position at month 07, which is favourable variance from plan of £0.5m • work to refine a range forecast which is highly likely to result in an improvement against the deficit plan. • overall good financial position of the Trust.

MEETING OF THE BOARD OF DIRECTORS

26 NOVEMBER 2020

CHIEF FINANCIAL OFFICER REPORT - MONTH 7

1 Introduction

This report provides an overview of the financial performance of the Trust at month 07. This is the first month operating against a formal financial plan, as ratified by the Board of Directors last month. The Trust's plan for months 7-12 forms part of the overall Integrated Care System (ICS) level plan, which aims to breakeven overall for the period. From month 07 all organisations are operating with broadly fixed income plans as part of an overall system allocation.

As previously noted all individual organisations reported breakeven in months 1-6 due to the retrospective "top-up" mechanism in place. The Trust has now been selected to be audited as part of the national programme to review COVID cost reimbursement.

The overall objectives of the review will be to evaluate for months 1 to 6 of FY2020/21. Deloitte will be undertaking the review, using analytical review and validation of documentation/ accounting entries. We do not have any concerns regarding this review based on our processes and governance in place during the period.

2 Month 7 2020/21 Income & Expenditure Performance

In month 7 the Trust has reported an income and expenditure surplus of £0.31m against a planned deficit of £0.22m. This is a £0.53m positive variance in the month.

Table 1 below shows a high level summary of the position and variance.

Table 1

Income & Expenditure Position	Plan £000s	Actual £000s	Variance £000s
Pay	(11,936)	(11,142)	794
Non Pay (excluding Adult Acute OAPs)	(4,189)	(4,022)	167
Adult Acute Out of Area Placements	(530)	(361)	169
Total Expenditure	**(16,655)**	**(15,525)**	**1,130**
Income	16,431	15,836	(595)
Total Surplus/ (Deficit)	**(224)**	**311**	**535**

The key points to note which are impacting the reported position and variance are:

- Additional planned pay and non-pay expenditure in relation to the Mental Health Investment Standard is now assumed to be incurred in months 8 to 12 and the corresponding income (£0.48m) deferred.
- Expenditure on other agreed cost pressures is lower than planned (c£0.4m) further contributing to the pay and non pay underspend position.
- Out of area placements (OAPs) expenditure was £167k lower than planned in month 7. However this remains an unpredictable volatile area of cost pressure, especially over winter and linked to COVID-19 (isolating and cohort requirements).
- COVID-19 specific cost impact on staffing, equipment, transport and other supplies has slowed down. Actual spend was £0.6m in month 7 compared to the planned run rate of £0.9m.
- In the first 6 months our hosted services (commercial income generating activities) reported a deficit of £0.37m and the interim financial framework retrospective “top up” mechanism fully mitigated this position. In month 7 our hosted services position improved and a surplus of £0.02m was reported. We anticipate that this improvement will be maintained in months 8 to 12.

3 Capital Expenditure

Cumulative year to date capital expenditure (months 1-7) is reported as £7.7m (inclusive of £0.7m COVID-19 related capital spend). This position is £2.1m below plan at month 7. There are some payment timing delays and some scheme slippage due to the impact of COVID affecting decisions on scheme progressing. Predominantly we continue to focus on essential work only.

The Trust was not allowed to resubmit its capital plan at month 07 and therefore will continue to show an ongoing under-spend against the external plan set in May. An analysis of spend against schemes is attached at appendix 1.

Good progress has been maintained on the CAMHS project, with the planning application for the further extension due to be submitted at the end of the month. Final costs which will be contractually added to the Guaranteed Maximum Price (GMP) are expected in early December. The time line 12 weeks extension remains on track at this stage, with low risk as a consequence of European Union exit transition.

4 Conclusion

The Trust reported an income and expenditure surplus of £0.31m in month 7. The level of expenditure is significantly lower than anticipated at this stage. However it is clear the unpredictable nature of the winter ahead, and potential operational pressures mean that it is too early to fully and accurately assess the pattern of spend in the next several months.

As notified to the Board, a robust and prudent plan has been set and in the context of the current position there is now a higher contingent buffer/ tolerance for future pressures and financial risks

over the remainder of the year. We continue to assess and aim to refine a range forecast to inform decisions which may be required over the coming months.

Work to develop a financial plan for 21/22 including assessing the underlying cost base has begun. This is a difficult task in the current climate and context and there are emerging concerns regarding the recurrent financial position of our lead commissioner Leeds CCG. However, no detail on allocations and finance regime has yet been issued. We anticipate more information will emerge following the spending review. We continue to work closely to understand the positon and future commissioning intentions.

The Trust is in a good financial position in year. Whilst we are not being monitored against the usual external metrics for cash and liquidity, our cash position remains strong with a cash balance of £114.1m (inclusive of c£13m income in advance for block income), and liquidity is strong with cover for 150 days operating expenses.

5 Recommendation

The Board of Directors is asked to note the:

- income and expenditure position at month 07, which is favourable variance from plan of £0.5m
- work to refine a range forecast which is highly likely to result in an improvement against the deficit plan.
- overall good financial position of the Trust

Dawn Hanwell
Chief Financial Officer and Deputy Chief Executive
19 November 2020

Appendix 1

CAPITAL PROGRAMME - at 31 October 2020	Year to Date		
	YTD Plan £'000	Actual Spend £'000	YTD Variance £'000
Estates Operational			
Health & Safety / Fire/Sustainability / Backlog	225		(225)
Estate vehicles/other fleet	25	13	(12)
Newsam Unit Door locks	120		(120)
Sub-Total	**370**	**13**	**(357)**
IT/Telecomms Operational			
PC Replacement Programme	100	71	(29)
IT Network Infrastructure	200	20	(180)
Additional Server/Storage	15		(15)
Cyber security software	50		(50)
Sub-Total	**365**	**91**	**(274)**
Estates Strategic Developments			
CAMHs Unit Construction	6,207	5,696	(511)
CAMHs Unit Construction and Enabling works	115	119	4
St Marys Hospital upgrades	520	238	(282)
York Estate development	75	18	(57)
Estates Technology	25		(25)
Locked rehab development	200		(200)
Aire Court	100		(100)
City Centre Outpatients	50		(50)
Sub-Total	**7,292**	**6,071**	**(1,221)**
IT Strategic Developments			
Integration System	50	32	(18)
Replacement EPR	885	575	(310)
EPR developments	20		(20)
Smartphones	30	64	34
Voice recognition system	40		(40)
Remote access & agile working	20		(20)
Sub-Total	**1,045**	**671**	**(374)**
Contingency Schemes			
Contingency	125		(125)
Electronic document management		63	63
Medicines Optimisation Team		7	7
Roseville Road Unit 4		12	12
Woodland Square 5		35	35
Woodland Square 3		28	28
South Wing Treatment Room		105	105
CQC Cabinets		0	0
2019/20 Completed Schemes		(36)	(36)
Sub-Total	**125**	**215**	**90**
Total (excluding COVID-19)	**9,197**	**7,061**	**(2,136)**

Capital Programme Summary	YTD Plan £'000	Actual Spend £'000	YTD Variance £'000
Estates Operational	370	13	(357)
IT/Telecomms Operational	365	91	(274)
Other Equipment			
Estates Strategic Developments	7,292	6,071	(1,221)
IT Strategic Developments	1,045	671	(374)
Contingency Schemes	125	215	90
Sub Total (excluding COVID-19)	**9,197**	**7,061**	**(2,136)**
COVID-19	**659**	**675**	**16**
Total including COVID-19	**9,856**	**7,736**	**(2,120)**

Minutes of the

West Yorkshire Mental Health Services Collaborative Committees in Common (WYMHSC C-In-C)

held Thursday 22 October 2020, 10.00 – 12.00pm

Virtually by Microsoft Teams

Present:

Angela Monaghan (AM) – Chair, South West Yorkshire Partnership NHS Foundation Trust
Cathy Elliott (Chair) (CE) – Chair, Bradford District Care NHS Foundation Trust
Keir Shillaker (KS)- Programme Director, West Yorkshire and Harrogate Health and Care Partnership
Sara Munro (SM) – Chief Executive Officer, Leeds & York Partnership NHS Foundation Trust
Sean Rayner (SR)- Director of Provider Development, South West Yorkshire Partnership NHS Foundation Trust
Sue Proctor (SP) - Chair, Leeds & York Partnership NHS Foundation Trust
Thea Stein (TS) – Chief Executive Officer, Leeds Community Healthcare NHS Trust
Therese Patten (TP) - Chief Executive Officer, Bradford District Care NHS Foundation Trust
Rob Webster (RW) – Chief Executive Officer, South West Yorkshire Partnership NHS Foundation Trust

In attendance:

Alison Kenyon (AK) - Associate Director of Service Development, Leeds and York Partnership NHS Foundation Trust
Alix Jeavons (AJ) – Programme Manager, West Yorkshire and Harrogate Health and Care Partnership
Lucy Rushworth (minutes) (LR) – Project Support Officer, West Yorkshire and Harrogate Health and Care Partnership
Mike Ford (MF)- Non Executive Director (NED), South West Yorkshire Partnership NHS Foundation Trust as an observer for his NED induction

Apologies:

Brodie Clark (BC) - Chair, Leeds Community Health NHS Trust

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

Item	Discussion / Actions	By whom
1	**Introductions:** C Elliott (CE) welcomed the group and noted apologies as above. R Webster provided a brief update on the overall work in West Yorkshire & Harrogate in responding to the pandemic.	
2	**Declaration of Interests Matrix / Conflict of Interest:** The declaration of interests was reviewed and agreed to be correct. There was no conflict of interest made.	
3a	**Review of Previous Minutes:** The minutes from the 23rd July 2020 were reviewed by the meeting group and were accepted as an accurate record.	
3b	**Actions log and matters arising:** **Action 4/07,** A Monaghan (AM) updated the meeting group that SWYPFT (South West Yorkshire Partnership Foundation Trust) Board have approved the ToR (Terms of Reference). At this point R Webster (RW) left the meeting.	
	Governance	

Item	Discussion / Actions	By whom
4	**Reviewing the Memorandum of Understanding** It was discussed that the MoU (Memorandum of Understanding) would be reviewed outside of the meeting with Trust secretaries, this will be cross referenced with the partnership agreement. It was agreed to produce a summary version describing the role of the collaborative and expected ways of working between partners. TS indicated something similar is being developed in Leeds between LCH and primary care. **AGREED** The meeting group agreed that the MoU would be reviewed, with an update received in January 2021. **ACTION** T Stein (TS) to share with K Shillaker (KS) the draft GP confederation MoU. **ACTION 1/10** Chairs to work on the MoU with Trust Secretaries and CE to arrange a review meeting via Bradford District Care Foundation Trust (BDCFT). **ACTION 2/10**	
	Assurance	
5	**Programme Update** KS updated the meeting group with highlights including: <u>Funding the core team and the partnership operating model</u> Both funding and operating for the wider partnership is being reviewed by Ian Holmes over the next couple of months. However, to support job security a commitment has been made to extend all required programme team roles in the partnership to September 2021; including for the MHLDA programme. The CinC agreed the need to develop a sustainable, permanent structure for the collaborative that demonstrates its value. A final proposal on this will be presented to the CinC in April 2021 once we know the outcome of the operating model review. M Ford (MF) joining at this point as an observer. <u>Community Mental Heath Transformation bid</u> There is a significant opportunity to secure funding from NHSE/I to transform community mental health across a range of key priorities, including Adult Eating Disorders, Older People's Mental Health and Personality Disorder. A number of workshops have been arranged to share best practice and identify the interaction between variation at place and consistency across the system. This work is being done in conjunction with VCS partners and primary care. <u>Mental wellbeing of staff</u> The committee posed questions about the psychological care for staff, and a survey has taken place to understand the variation of offers available across the partnership. A bid has been made which proposes to develop a psychologically led wellbeing hub, providing signposting to existing services, curation of good practice and training for line managers on supportive practice. A further NHS funding bid has also been applied to help towards extended occupational health provision. It was shared that the capacity around psychological support is a current challenge, recruitment and service expansion is needed to help with support gaps without moving people around the system. The Committee have expressed their interest with this subject and are keen for the information and support available to be received by all staff.	

Item	Discussion / Actions	By whom
	ACTION KS was asked to produce a summary cover sheet on this programme update. **ACTION 3/10** *The agenda was taken out of order at this point*	
6	**Update: PMVA** The PMVA working group is looking at how the collaborative work together with the aim to be more consistent in restraint and de-escalation which will help with sharing staff and joint working. A process to understand specific practice and the differences have helped to focus the group into two areas for detailed exploration: risk assessments for individuals and interventional holds. There will be a simulation day to look at the specific differences in the holds to help understand the next steps for this work, with a proposal to come to CinC in January 2021. T Patten (TP) joined the meeting at this point.	
7	**Focus on: ATU** The work on ATU has been going on for a period of time, with extensive service user engagement to finalise the model. Without prejudicing the results of the engagement work has been ongoing in the background to develop commissioning/provision arrangements for the preferred model. If the model is confirmed it is proposed this would be delivered under one contract with one lead provider. A New Care Model approach will also be taken to develop the interaction between inpatient and community intensive support, learning from the work of existing lead provider schemes. Risk share arrangements still need to be finalised between collaborative partners. TP added that there is a unit at LMH (Lynfield Mount Hospital) which can be brought to standard for the ATU model, a paper is going to BDCFT Board to be signed off. There will be meetings between SWYPFT and BDCFT in regards to the leadership of the new model. This work will look to be presented at the MHLDA (Mental Health, Learning Disability and Autism) NED (Non Executive Director) and Governor event in November then followed by the Joint CCG (Clinical Commissioning Groups) CinC in January 2021 which will then be proposed to be signed off at this meeting later in January 2021. **AGREED** The CinC agreed to support the move towards one lead provider and to receive a final proposal in January. **ACTION** Chairs to explore the format of the NED and Governor event and potentially doing an exceptional in the New Year if required on ATU for boards. **ACTION 4/10**	
	Problem Solving	
8	**PICU (psychiatric intensive care unit)** The workstream is looking at our existing PICUs and how modelling demonstrates potential for greater use of collective capacity by working more closely and adhering to NAPICU guidelines on admission and discharge. This is a priority for all partners because of significant numbered of out of area placements.	

Item	Discussion / Actions	By whom
	A Jeavons (AJ) and A Kenyon (AK) joined the meeting at this point and gave a summary of work which started 2 years ago to help evidence based on the demand of capacity model. A strong recommendation is to maintain bed numbers as they are until we understand the impact of other interventions. However, there remains a likelihood that more PICU beds may, ultimately be required. The work is starting by developing a single Standard Operating Procedure across the three units. The swat analysis highlights the challenges and strengths that are faced, in particular the level of clinical engagement has been high. However, there is a challenge faced in understanding the impact on the wider system, and other services such as general acute wards and forensic services. An impact analysis is being undertaken for each. The meeting members highlighted the need to capture learning and extended their support going forward.	
	Assurance	
9	**Focus on: Lead Provider Collaborative arrangements** <u>CAMHS (Children and Adolescent Mental Health Services) T4</u> A decision has been made on the planned transfer for the new CAMHS unit lead provider, from LCH (Leeds Community Health Trust) to LYPFT (Leeds York Partnership Foundation Trust). The CinC also supported the lead provider of the WY CAMHS provider collaborative to transfer to LYPFT from LCH. The business case development on this will continue, and whilst it will not be ready for November 2020 there may be opportunities to submit in the New Year and still meet the 1 April 2021 go live date. KS has been asked to be mindful of sequencing of business cases for the CinC. <u>Forensics</u> S Rayner (SR) summarised the business case for financial due diligence, there is further work to do to understand the benefit gain share for the clinical model and timescales. There is still work to do to close the gap and give assurance to ensure the model will work. It was recommended by SR to submit the business case in the timescale asked for by NHSE/I, however doubts remain as to whether the financial position will be resolved in order to go live on 1st April 2021. <u>Future Waves</u> S Munro (SM) informed that the intention and vision of NHSE/I is to move most of the commissioning into provider collaboratives. The First Waves have provided learning and information of what the challenges will be for the future. Areas of focus anticipated are Perinatal, specialist PD (Personality Disorder), potential death CAMHS and children forensic. **ACTION** LR to book a strategic session for the group in February 2021, part of which will be to consider the next waves. **ACTION 5/10**	
	Problem Solving	
10	**Winter Pressures**	

Item	Discussion / Actions	By whom
	Chief Executive Officers (CEOs) reflected that every winter is unpredictable, and that the key to respond would be to have good partnership working, strong connections and support network meetings regularly. At Place conversations have been about Christmas and how to support staff. The CinC discussed role modelling emotional intelligence and being/having safes place for staff and peers to access. Members are asked to look at their priorities and ask for help to get through winter pressures, both from an organisational and a personal level.	
	Horizon Scanning	
11	**Financial planning & capital** BDCFT were on the final list for the Regional capital bid for LMH which was removed 24hours before by the Treasury which is a big disappointment for the Trust. We are now exploring alternative options, and the WY&H system is supporting the Bradford & Airedale system as a whole as a priority area for capital investment.	
12	**NED/Governor Event** The meeting noted that the event is at the end of November, feedback on the agenda and event structure will be given via email.	
	Date and Time of Next Meeting: Thursday 21st January 2021, 9:30am-12:00pm	

Item	Discussion / Actions	By whom

Glossary

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)
WYMHSC C-In-C	West Yorkshire Mental Health Services Collaborative Committees in Common