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 28 January 2021
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 –** Aya, a service user who has recent experience of moving from the Child and Adolescent Mental Health Services to adult services (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 26 November 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 Quality Committee for the meetings held on 8 December 2020 and 12 January 2021** (enclosure)	**JB**
	8.1 Ratification of the Terms of Reference for the Quality Committee (enclosure)	**JB**
9	**Report from the Chair of the Audit Committee for the meeting hold on 19 January 2021** (enclosure)	**MW**
10	**Report from the Chair of the Finance and Performance Committee for the meeting held on 26 January 2021** (to follow)	**SW**
11	**Report from the Chair of the Workforce Committee for the meeting held on 1 December 2020** (enclosure)	**HG**
	11.1 Ratification of the Terms of Reference for the Workforce Committee (enclosure)	**HG**
12	**Combined Quality, Performance and Workforce Report** (enclosure)	**JFA**
13	**Safe staffing report** (enclosure)	**CW**
14	**Freedom to Speak up Guardian Report** (enclosure)	**JV**
15	**Guardian of Safe-working Quarterly report** (enclosure)	**BA**
16	**Chief Financial Officer Report** (enclosure)	**DH**
17	**Proposal to change the Constitution: Partner Governor seat** (enclosure)	**CHill**
18	**Board Assurance Framework** (enclosure)	

19	**Use of Trust Seal** (verbal)	**SP**
20	**Any other business**	

The next meeting of the Board will held on Thursday 25 March 2021 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: Area Director, South West and Channel Islands, British Red Cross
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.

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

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NON-EXECUTIVE DIRECTORS								
Susan Proctor Non-executive Director	**Owner / director** SR Proctor Consulting Ltd Independent company offering consultancy on specific projects relating to complex and strategic matters working with Boards and senior teams in health and faith sectors. Investigations into current and historical safeguarding matters.	None.	None.	**Chair - Day One Charity** Holistic support for patients and families affected by major trauma	**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** Provides HR and OD consultancy and services which include projects, advice, recruitment support **Director** Otley Golf Club Limited	**Sole owner, Entwyne Ltd** Provides HR and OD consultancy and services which include projects, advice, recruitment support	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	None.	None.	None.	None. .	None. .	None.	None.

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	outdoors as a vehicle for learning							
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 26 November 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
Two members of the public (both of whom were governors)	

Action

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

21/001 **Sharing stories** (agenda item 1)

The Board heard the story of Lorna Pankethman who was the mother and carer of two sons with mental ill-health. She talked about her experience of the Personality Disorders service and her involvement in the Personality Disorder Network as an Expert by Experience.

Prof Baker asked about the courses for family interventions for people with borderline personality disorders noting that nationally these were unique and ground-breaking, acknowledging the important role they play to support carers. He specifically asked how the Board could support the group to ensure it continues to run. Mrs Pankethman noted the importance of communication with health professionals, in particular GPs to raise awareness of this.

She also talked about the problems that can arise when a service user transitions from children to adult services and the way in which carers are not informed or involved in an adult's hospital care in the same way as for a

child. She added that many service users still live within the family unit because they are not always able to function in mainstream society. Although she did acknowledge the work that was taking place in relation to Triangle of Care which was a positive initiative. With regard to this Mrs Woffendin indicated that there was more work to be done so staff understand when they are able to provide information to carers.

Mrs White asked about the transition from children to adult services and whether there was more work the Trust could do to support GPs. Mrs Pankethman explained that not having to revisit past medical history or issues when seeing a different GP would be very helpful. She also talked about the difficulty some people with personality disorders have when making appointments at a surgery and suggested that having information on a person's medical notes which shows that a carer will be accompanying them would be helpful.

Dr Munro thanked Mrs Pankethaman for sharing her story with the Board and the value that Experts by Experience bring to the carers group.

21/002 **Apologies for absence** (agenda item 2)

There were no apologies received.

21/003 **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 and no director advised of any conflict of interest in any agenda item.

21/004 **Minutes of the previous meeting held on 29 October 2020** (agenda item 4)

The minutes of the meeting held on 29 October 2020 were **received** and **agreed** as an accurate record.

21/005 **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.

21/006 **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.

21/007 **Chief Executive's report** (agenda item 7)

Dr Munro provided a verbal Chief Executive's Report. She advised that the NHS was in national incident Level 4, adding that there had been no formal communication from NHS England setting out what the specific requirements were regrading this level. However, she advised that there was an expectation that as many services as possible would be maintained whilst mitigating against the impact of the pandemic. Dr Munro reported that this would be a challenge for the Trust but that staff were keen to provide all services wherever possible.

Dr Munro reported that in the recent spending review there had been an additional allocation of £500m for mental health services to deal with the surge of COVID-19. In addition to this she advised that a sum of £50m had been allocated for winter pressures, with £2.2m of this allocated for West Yorkshire. She noted whilst extra funding had been provided the challenges were around workforce and recruiting the number of staff needed to support any increase in demand. However, she explained that workforce leads had been asked to look at this creatively in order to increase capacity and look at skill-mixing.

With regard to the anticipated NHS England consultation document in respect of the proposals for the future ICS regulatory framework, Dr Munro noted that this would be published on 7 December and would give more information on the future direction for Clinical Commissioning Groups and Specialised Commissioning. She reminded the Board that it had agreed to look at this in more detail in order to inform the Trust's response.

With regard to the COVID-19 rates in Leeds, Dr Munro reported that these were reducing but that the rates across West Yorkshire were not to the same degree and that the tiering system would be based on West Yorkshire as a whole. With regard to York she noted that the rates in the city had been lower than in Leeds and that there would be an expectation that the tiers for Leeds and York would likely be different which would require clear guidance for staff as to how this would impact the way staff work across services.

Dr Munro then advised on the staff testing programme, noting that lateral flow testing equipment was being rolled out to all front line staff. She noted that this procedure had some complexities to it and that the Trust would ensure that it was rolled out with sufficient help and support for those staff using it. She also noted that the Trusts that had taken part in the pilot for testing had identified that the tests can give a high number of false positive results and that there was a low rate of positivity. She added that the Trust would be monitoring the results as they come back.

In relation to vaccination, Dr Munro noted that the flu vaccination programme continues across the Trust and that preparations were in hand for the

COVID-19 vaccination programme. She added that it was not possible to provide a detailed update on the COVID-19 programme as it is still being formulated.

Dr Munro the advised on the Public Health England report on COVID-19 deaths of people with Learning Disabilities. She explained that the report contained some distressing findings noting that in the main these were: significantly increased rates of COVID-19 deaths for people with a learning disability; and the reason for death being recorded as the person having a learning disability rather than COVID-19. She added that in West Yorkshire there was a piece of work to look at all the data in relation to the deaths of people with learning disabilities and that a report would be taken to the West Yorkshire Executive Group to ensure that the findings inform changes for people with learning disabilities. It was agreed that the report would be brought back to the Board once it had been presented at the West Yorkshire Executive Group. **CHos / CW**

The Board discussed the matters reported by the Chief Executive. Prof Baker noted that the Quality Committee had been looking at data about Learning Disability deaths. Dr Munro added that when the report was received pro-active work had taken place immediately in response to some of the findings, but that there was still work that could be done to improve the position.

The Board discussed the £500m allocation noting that this was a non-recurrent sum that would be paid to Trusts for the year 2021/22 and that at the present time it was unclear what this would be used for. The Board also noted that the Trust could end up in the position of having a large amount of cash which would need to be spent within the financial year and that it would be important to have a plan on how this could be achieved. Dr Munro noted that with regard to staff costs it would be necessary to have a different approach to skill-mixing and attracting people into the organisation to ensure there are the right number and type of staff to provide the services required.

Prof Proctor asked about access to staff testing and what the arrangements were for students both nursing and medical. Mrs Woffendin noted that if students were in a placement with the Trust and in front-line clinical services they should be included in the programme that was being rolled out, but for other students who had contact iwth services, Mrs Woffendin agreed to look into this. **CW**

Prof Proctor then outlined some of the issues discussed at the Chair's meeting in regard to the NHS England consultation on the ICS statutory framework. She outlined some of the areas of concern that had been highlighted at the meeting which were around the need for clarity on the emerging structure; understanding the relationship with other statutory authorities; and transparency of decision making including how the ICS would engage with the public.

Prof Proctor noted that there would be an opportunity for the Trust to consider its response to the consultation document at the Board development session on 10 December and the document would be included in the pack of pre-reading which would be circulated to Board members. **CHill**

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

21/008 **Report from the Chair of the Mental Health Legislation Committee for the meeting held on 3 November 2020** (agenda item 8)

Mr Marran provided a report from the Mental Health Legislation Committee meeting that had taken place on 3 November 2020. In particular he reported on:

- The changes to the Mental Health Act regulations which had been announced at very short notice, amending the statutory forms thereby enabling their electronic completion and submission. He noted that the impact of the changes were being reviewed in collaboration with the Local Authority and Leeds Teaching Hospitals NHS Trust colleagues
- The issue of the committee receiving data relating to Mental Health Act matters, noting that this would link to a later discussion the Board was having in relation to CareDirector
- Access to Mental Health Act hearings and the support offered to service users in the use of new technology for these meetings. He noted that there were still ways of improving this and that the Mental Health Act team was engaging with service users to look at what still needed to change.

Mrs Woffendin noted that she, Dr Hosker and Mr Wyatt had met with the CQC Mental Health Act inspector about the changes to the way in which statutory forms were to be completed and that they had advised that changes should not be made in haste but through a considered process. The Board agreed to receive an update in regard to the arrangements for changes to the Mental health Act paperwork in light of the introduction of the electronic system for their completion and submission. **CHos**

Mr Henry asked about the use of new technology and the switch to a more digital way of working. Mr Marran noted that these were still early days and that there was more work to do to ensure people were not digitally excluded whilst ensuring access was improved.

The Board **received** the report from the Chair of the Mental Health Act Committee.

21/009 **Report from the Chair of the Quality Committee for the meeting held on 10 November 2020** (agenda item 9)

Prof Baker presented the Chair's report from the Quality Committee for the meeting that had taken place on 10 November 2020. In particular he drew attention to:

- The impact of COVID-19 and EU Exit on the availability of some medicines. However, he noted that in respect of lithium and diazepam

the committee had been assured that there was sufficient supply within the system to meet service users' needs.
- The Quality Report, noting that the process for its production and reporting to the Quality Committee for the coming year had been agreed.
- A number of suggestions that had been made for internal audits which could be carried out and which would be advised to the Audit Committee.
- The impact of COVID-19 on the redesign of community services and the impact on staff and how they function. He noted that there was still more work to be done to understand the impact of the use of new technologies on service users and on outcomes.

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

21/010 **Report from the Chair of the Joint Quality, Finance and Performance and Workforce Committee for the meeting held 10 November 2020** (agenda item 10)

Mrs White Wright presented a report for the Joint Quality, Finance and Performance and Workforce Committee for the meeting held 10 November 2020. In particular she drew attention to:

- The data and benchmarking information on detained service users, noting that this was something that the Mental Health Legislation Committee should be asked to look at.

In relation to the meeting more generally, it was noted that this was an important meeting bringing together members of each of the committees to look at cross-cutting themes and issues. The Board talked about the origin of the meeting and the way in which it had developed away from its narrow remit of reviewing the Cost Improvement Programme.

It was recognised that the developing agenda of this committee had increased the amount of reporting to Board sub-committees. It was felt that the committee was likely bridging a gap in the Board Strategic Discussion sessions which had been paused due to there being a focus on the management of the pandemic. It was acknowledged that there was a place for committees having connected conversations, but that it should not add to the burden of reporting or create another work-stream outside of the formal Board sub-committee structure. It was agreed that this would be explored further in the private Board meeting.

With regard to digital exclusion and inequalities, Prof Proctor noted that this cuts across the work of all organisations including those in the West Yorkshire Metal Health Learning Disability and Autism Collaborative and suggested that this was discussed at the next Committees in Common meeting. Dr Munro advised that mHabitat was currently in the process of bidding for innovation money from the Health Foundation for the purpose of looking at this subject. The Board was advised that if this bid was not

successful then the executive team would then look at what other funding streams might be available for this important piece of work.

The Board **received** the report from the Chair of the Joint Quality, Finance and Performance and Workforce Committee and **noted** the matters raised.

21/011 **Report from the Chair of the Finance and Performance Committee for the meeting held on 24 November 2020** (agenda item 11)

Mrs White presented the report from the Finance and Performance Committee for the meeting that had taken place on 24 November 2020. In particular she drew attention to:

- EU Exit and the high-level assurances that had been received, informed by the modelling for worst-case scenario and the systems and processes that were in place to mitigate this.
- COVID-19 cost reimbursement noting that this would be audited and that the Trust had been chosen at random as part of the audit
- Change of facilities management through the merger of Interserve FM and Mitie, and the potential implications this change could have on the way in which facilities management services were provided in the PFI units
- The requirement for the CAMHS inpatient service transfer to be reviewed and approved, noting that this would come to the January Finance and Performance Committee before coming to the Board.

It was noted that the Chair's report had adopted the new suggested format, Assurance, Advice and Alert. This change was supported by the Board.

Prof Baker asked about food security and the availability of food for hospitals and asked whether the Supported Living Service had been included in these plans. Mrs White indicated some food was on the potential risk list, in particular fresh food, and that assurance had been provided that there were plans in place that covered all Trust services.

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 noted that there hadn't been any significant changes since the report was last presented to the Board, although she indicated that it reflected improvement and the recovery journey where services ahd re-started. She also noted that work was ongoing at a service level to redefine some of the targets and standards so they better reflect the new way in which services were being delivered.

Prof Baker asked about the increasing trend in B5 nursing vacancies and asked if the Trust was doing everything to address this and attract people into the organisation and also what was being done to look at the retention of newly qualified nurses in their first few years. Mrs Holmes outlined the work that was being undertaken to address both of these areas including information about international recruitment across the ICS and the support for newly qualified staff. Mrs Woffendin also noted that some of the vacancies had been created due to staff being promoted to B6 and B7 as part of the safer staffing work and as such the skills were not lost to the Trust. Mrs Woffendin also outlined the work that was being undertaken to attract, nurture and support newly qualified nurses in their first few years of employment to ensure we retain as many people as possible.

Mrs White asked about the attrition rates for staff. Mrs Holmes advised that this was at the lower end of what was expected, although she noted that there was more work to do to look at the reasons for this and that assurances around this would be taken through the Workforce Committee.

Prof Proctor asked if there was a sufficient mechanism for the Directors of Nursing and Allied Health Professionals to have a dialogue with their counterparts at the universities in order to look at how the attrition rate within courses could be addressed. Mrs Woffendin noted that these conversations had started prior to COVID-19 but had been paused. She then advised the Board that NHS England had been looking for a Director of Nursing to represent all Directors of Nursing at a regional level. She noted that she had taken on this voluntary role and would be able to use it not only to represent the wide remit of Directors of Nursing within the acute, community and midwifery sectors but also give the mental health and learning disability agenda a voice within this area.

With regard to the pipeline for Allied Health Professionals, in particular Occupational Therapists, Prof Proctor highlighted the need to ensure these groups received attention in terms of recruitment and retention. Mrs Woffendin noted that there was a piece of work being carried out by the Allied health Professionals Team to look at creating a clearer career pathway.

Miss Grantham asked about the CQPR in its totality noting that on the surface it looks as if the Trust was preforming poorly, because the public for example, do not necessarily hear the discussions and the context of those discussion that occur at Board or in the sub-committees. She therefore suggested that the messaging could be looked at in order to manage perceptions. Mrs Forster Adams suggested that the CQPR could be supplemented by a Chief Operating Officer's report which sets out some of that more positive narrative and context.

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

21/013 **Safe staffing report** (agenda item 13)

Mrs Woffendin presented the Safe Staffing Report. She advised that reporting on staffing levels had been previously hibernated by NHS England but that the report was again being presented to the Board. She explained that it reflected the activity oforf July, August and September and that it showed there had been only one breach despite staffing challenges. She assured the Board that there had been no patient safety issue as a result of that breach and that there had been some learning from this which would be taken forward.

Mr Wright asked about the funding from the Clinical Commissioning Group (CCG). Mrs Woffendin noted that gaps in staffing had been identified through the MHOST tool which had led to a business case being submitted and that this had resulted in additional resources being provided by the CCG. She added that whilst currently the Trust was not operating within a contract regime due to the pandemic, in future the discussions regarding the additional money going forward would be included in contract negotiations once these resumed. Mrs Hanwell confirmed that this was the position and that the CCG was committed to providing this additional funding in future.

Prof Baker supported the model of having a peripatetic workforce across the ICS where staff could move between not only service but also organisations. However, he noted that to do this effectively and safely there would need to be standardised practices and procedures not just across Trust services but across organisations. Dr Munro advised the Board of the discussions that had taken place at the West Yorkshire Mental Health Learning Disability and Autism Collaborative Committee in Common which had discussed the work being carried out to standardise training for the Prevention and Management of Violence and Aggression (PMVA) across mental health trusts in West Yorkshire. She added that the learning that had come out of this would inform the standardisation of other aspects of care.

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

21/014 **Flu Assurance Framework** (agenda item 14)

Mrs Woffendin noted that this was an annual report and that it assured the Board on the systems and processes in place to effectively manage the flu vaccination programme. She added that there was a requirement to make a submission to NHS England which had been completed.

With regard to the target of 90% compliance, Mrs Woffendin advised that the Trust was currently at 66.5% compliance, noting that this was ahead of this point last year despite the challenges with the pandemic. She the outlined some of the steps being taken to increase compliance to not only meet the February deadline but also to ensure that as many staff as possible had the flu vaccine before they had the impending COIVD-19 vaccine.

Prof Proctor asked whether the Trust offered flu vaccinations to carers. Mrs

Woffendin advised that this was not offered in-house due to the target for the vaccination of front-line staff which the Trust was required to meet, and as such she explained that the number of vaccines ordered should be in relation to that target. She added that the Trust would sign posts carers to their GPs in order to arrange a vaccination. However, she agreed to raise this matter with NHS England. **CW**

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

21/015 **Medical Director's Report** (agenda item 15)

Dr Hosker presented his first Medical Director's Report. He advised that this report had been informed by the focus of his work over the first four months in post in regard to the medical workforce and the areas of priority.

Dr Hosker then highlighted the main points set out in the report including some of the challenges. He reported on: the number of doctors nearing retirement, particularly in community services; the costs associated with agency doctors, noting the valued contribution they make to the delivery of services; medical appraisals and the review of job planning, noting that there had been a delay in agreeing some of the job plans; medical education, noting that there had been a pause on placements over the peak of the pandemic adding that these were now back on track; the success with the recruitment of consultants into vacancies; and the work to develop a Medical Strategy

Miss Grantham welcomed the development of a Medical Strategy and invited this to be presented to the Workforce Committee noting that this would sit alongside the strategies for other sections of the workforce. Mr Hosker noted that he was anticipating that this would be finalised by March 2021.

Miss Grantham also asked about the term 'good clinical leadership' and how this was defined and then measured. Dr Hosker outlined some of the tools that would be used to ensure there was first an understanding of what good clinical leadership looked lie, noting that the Continuous Improvement Team had been asked to support this piece of work.

Mrs White sought assurance that the pension taxation implications for doctors had now been resolved and that this would not impact on the number of hours that doctor were able to work without severe financial implications. Dr Hosker advised that the although there had been some temporary changes to the pension taxation regime this issue had not been fully resolved and that the HR team were doing what they could to signpost and support doctors who may be affected.

Mrs White also asked if the Board could receive some assurance in relation to locum doctors, particularly quality information pertaining to this group of staff. Dr Hosker assured the Board that there was a consultant within the Trust who had an overview of all medical agency appointments. He also noted that of the agency doctors appointed the majority of these stay within

	the organisation which helps to ensure the continuity of quality of care. Prof Proctor asked what work was being undertaken to promote psychiatry as a career and attract doctors into the specialty. Dr Hosker acknowledged that during the peak of the pandemic doctors had been diverted into the acute sector, but noted that this was a temporary situation and that placements for doctors in training were now back on track. He also outlined some of the actions being taken to enthuse and support medical students and promote psychiatry as a career.
	The Board **received** and **noted** the Medical Director's report.
21/016	**Report from the Chief Financial Officer** (agenda item 16) Mrs Hanwell drew attention to a number of points in her report. She advised that the impending audit of the reimbursement of COVID expenditure would generate work for the finance team; but that she was confident that there would be a positive outcome and conclusion to the audit and that the findings would be shared with the Board. With regard to the financial position year-to-date, Mrs Hanwell advised that the Trust was in a robust position particularly as it went into the winter phase.
	The Board **received** and **noted** the report from the Chief Financial Officer.
21/017	**Minutes from the WYMHLDA Collaborative Committees in Common meeting held 22 October 2020** (agenda item 17)
	The Board **received** and **noted** the minutes from the WYMHLDA Collaborative Committees in Common meeting held 22 October 2020.
21/018	**The use of the seal** (agenda item 18)
	It was **noted** that the seal had not been used since the last Board meeting.
21/019	**Any other business** (agenda item 19) There were no items of any other business.

21/020	**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 12:10 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
Report from the Chief Financial Officer (minute 20/137 - agenda item 13 – October 2020) 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
Chief Executive's Report (agenda item 7 – November 2020) **NEW -** The report into LD deaths due to COVID will be brought back to the Board once this has been presented to the West Yorkshire Executive Group	**Chris Hosker / Cathy Woffendin**	Date to be advised	**ONGOING** The report will be taken through our clinical governance route and then to the Quality Committee after which it will come to the Board

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
Chief Executive's Report (agenda item 7 – November 2020) **NEW -** Mrs Woffendin to consider what COVID testing arrangements will be available for student nurses working within the Trust.	**Cathy Woffendin**	Management action	**COMPLETED** All students working in our ward environments are offered lateral flow testing kits which allows them to test themselves twice weekly before they are due on duty, a positive test result would ensure they receive a PCR test and a period of self-isolation would be followed in line with PHE guidance if this result was positive
Chief Executive's Report (agenda item 7 – November 2020) **NEW -** The ICS Consultation document will be considered at the Board development session on 10 December and the document will be included in the pack to pre-reading which will be circulated to Board members.	**Cath Hill**	Management action	**COMPLETED**
Report from the Chair of the Mental Health Legislation Committee for the meeting held on 3 November 2020 (agenda item 8 – November 2020) **NEW -** The Board agreed to receive an update in regard to the arrangements for changes to the Mental Health Act paperwork in light of the introduction of an electronic system for completion and submission.	**Chris Hosker**	January Board of Directors' meeting	

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
Flu Assurance Framework (agenda item 14 – November 2020) **NEW -** Mrs Woffendin to raise with NHS England the issue of whether carers are being included in the NHS flu vaccination programme.	**Cathy Woffendin**	Management action	**COMPLETED** Carers are included in the NHS England flu campaign but this is through the primary care route via their GP practice and based on those who are known to be carers on the GP record
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) 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
Sharing Stories (minute 20/124 – agenda item 1 – October 2020) 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) 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) The West Yorkshire BAME Review including the executive summary to be circulated to members of the Board.	**Claire Holmes**	Management action	**COMPLETED**
Report from the Chair of the Quality Committee (minute 20/132 - agenda item 8 – October 2020) 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**

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 – minute 20/132 - agenda item 8 – October 2020) 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) 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
Report from the Chair of the Quality Committee (minute 20/132agenda item 8 – October 2020) 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

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
Repot from the Chair of the Workforce Committee (minute 20/133 - agenda item 9 – October 2020) 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.
Report from the Chair of the Finance and Performance Committee (minute 20/135 - agenda item 11 – October 2020) 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**

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) 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) 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
Board Assurance Framework (minute 20/141 – agenda item 18 – October 2020) 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**
Update report on preparations for winter (minute 20/140 - agenda item 17 – October 2020) 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	**COMPLETED** The winter plan has been sent to the governors for information

AGENDA ITEM
8

Chair's Report

Name of the meeting being reported on:	Quality Committee
Date your meeting took place:	8 December 2020
Name of meeting reporting to:	Board of Directors – 28 January 2021

Key discussion points and matters to be escalated:

Issues to which the Board needs to be alerted

- No issues for escalation

Issues for advice from the Board

- No issues for advice

Things on which the Board is to be assured

- The Committee received the Improvement and Knowledge Service Annual report for 2019/20 and discussed it in detail. It explored the connectivity of the Service with other teams including the Research and Development Department and the Performance Team. It discussed how continuous improvement could be embedded into the Trust's recruitment processes and service user involvement with continuous improvement projects.

- The Committee received a Combined Report which contained the quarter two data on PALS, Concerns, Complaints, Compliments, Claims, Central Alert System, Incidents, Serious Incidents and Inquests. It discussed the meaningful activities that had been carried out in the first wave of the pandemic (e.g. Ward Olympics) and the importance of these activities going forward. The Committee discussed volunteer activity and was informed that the Trust was working with the third sector to enhance occupational therapist support.

- The Committee reviewed the Combined Quality and Workforce Performance Report. It was pleased to hear that the percentage of staff receiving clinical supervision had increased. It was informed of a joint working group that would be established in partnership with the new Clinical Directors to review the provision of supervision, including clinical supervision training, access to supervision and reporting mechanisms.

• The Committee received an update on covid-19 cases across the Trust and an update on the roll out of the covid-19 vaccination. • The Committee was informed of non-recurrent funding that had been approved for additional capacity within the Gender Identity Service over the next 12 months. It was confirmed that the purpose of this funding was to improve access to the service.	
Report completed by:	Prof John Baker December 2020

AGENDA ITEM
8

Chair's Report

Name of the meeting being reported on:	Quality Committee
Date your meeting took place:	12 January 2021
Name of meeting reporting to:	Board of Directors – 28 January 2021

Key discussion points and matters to be escalated:

Issues to which the Board needs to be alerted

- The Committee received a detailed update on the Trust's management of Covid-19. It discussed service prioritisation and the need for the Board of Directors to revisit this.

Issues for advice from the Board

- No issues for advice.

Things on which the Board is to be assured

- The Committee reviewed a report that had been sent to all Trusts to improve the safety of maternity services in England. It discussed the suggestion for Trust's to nominate a Board-level Perinatal Safety Champion and agreed that it felt assured that the issues raised in the report were already being scrutinised by the Board without the champion role.
- The Committee agreed that its next meeting would be reduced to one hour.
- The Committee received the Safer Staffing Six Monthly Update Report. It agreed that it was assured that arrangements were in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety. It discussed and supported a recommendation to increase headroom in the Forensic Services to 24% (minimum).
- The Committee received the Patient Experience and Involvement Progress Report. It was pleased to hear of the achievements made over the last 12 months and was assured on the work that had been carried out.

Report completed by:	Prof John Baker January 2021

Leeds and York Partnership NHS Foundation Trust

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

AGENDA ITEM

8.1

PAPER TITLE:	Review of the Terms of Reference for the Quality Committee
DATE OF MEETING:	28 January 2021
PRESENTED BY: (name and title)	Prof John Baker, Non-executive Director
PREPARED BY: (name and title)	Kerry McMann, Corporate Governance Team Leader

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 Board is asked to note that the Quality Committee is required to review its Terms of Reference annually to ensure they are up to date and continue reflect the work of the Committee.

At its meeting on the 8 December 2020 it reviewed the attached and agreed the following amendments:

- Page one – amendments made to the wording used to describe the role of the Chief Operating Officer in the Committee
- Page two – amendments made to reflect changes to the process for governors observing a Committee meeting. Including changes to the information that governors receive and an opportunity to raise any points of clarification to be provided at the end of the meeting
- Page three - statement added to reflect that meetings can be held virtually
- Page five – statement added to reflect the responsibilities o the Committee with regard to the Equality and Inclusion Agenda
- Page seven – amendment to the chairs duties with regard to governor observers

Following the agreement of the Terms of Reference the Board is now asked to ratify these.

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 ratify the refreshed Terms of Reference for the Quality Committee.

Quality Committee

Terms of Reference

(Approved by the Committee on 8 December 2020
To be ratified by the Board of Directors on the 28 January 2021)

1 NAME OF GROUP

The name of this committee is the Quality Committee.

2 COMPOSITION OF THE COMMITTEE

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

Members

Title	Role in the committee
Non-executive Director	Committee Chair
Non-executive Director	Deputy Chair
Director of Nursing, Professions and Quality	Joint executive Lead for quality and Chair of the Patient Experience Group. Assurance and escalation provider to the Quality Committee.
Chief Operating Officer	Executive Director with responsibility for oversight and delivery and development of Care Services. Assurance and escalation provider to the Quality Committee.
Medical Director	Joint executive Lead for quality. Medical input and Chair of the Trustwide Clinical Governance Group. Executive Lead for quality improvement. Assurance and escalation provider to the Quality Committee.
Director of OD and Workforce	Staff training and development issues related to quality. Assurance and escalation provider to the Quality Committee.

Title	Role in the committee
Chief Financial Officer	Executive lead for financial resources including Cost Improvement Programmes. Assurance and escalation provider to the Quality Committee. Attendance at meetings will be dependent on the agenda items being discussed.

While specified non-executive directors will be regular members of the Quality Committee any other non-executive can attend the meeting on an ad-hoc basis if they wish and will be recognised as a member for that particular meeting and if necessary will count towards the quoracy.

Attendees

The Quality Committee may also invite other members of Trust staff to attend to provide advice and support for specific items when these are discussed in the Committee's meetings.

These could include, but are not exhaustive to, the following individuals:
Clinical Directors
Deputy Director of Nursing
Head of Nursing and Patient Experience
Associate Director for Corporate Governance

2.1 Governor Observers

The role of the governor at Board sub-committee meetings is to observe the work of the Committee, rather than to be part of its work as they are not part of the formal membership of the Committee. The governor observes Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe non-executive directors appropriately challenging the executive directors for the operational performance of the Trust.

At the meeting the governor observer will be required to declare any interest they may have in respect of any of the items to be discussed (even-though they are not formally part for the discussion). Governors will receive an information pack prior to the meeting. This will consist of the agenda, the minutes of the previous meeting and summaries of the business to be discussed. Governor observers will be invited to the meeting by the Corporate Governance Team. The chair of the meeting should ensure that there is an opportunity for governor observers to raise any points of clarification at the end of the meeting.

3 QUORACY

Number: The minimum number of members for a meeting to be quorate is three. This should comprise at least one non-executive director and one executive director. Attendees do not count towards this number. If the chair is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by the deputy chair.

Non-quorate meeting: Non-quorate meetings may go forward unless the chair decides otherwise. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

4 MEETINGS OF THE GROUP

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

Frequency: The Quality Committee will meet monthly to transact its normal business.

Administrative support: The Corporate Governance Team will provide secretariat support to the Committee.

Minutes: Draft minutes will be sent to the chair for review and approval within seven working days of the meeting.

Papers: Papers for the meeting will be distributed electronically by the Corporate Governance Team seven working days prior to the meeting. Papers received after this date will only be included if decided upon by the chair.

5 AUTHORITY

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

Powers: The Quality Committee is constituted as a standing committee of the Trust Board of Directors. The Committee is authorised by the Board to investigate and seek assurance on any activity within its terms of reference.

Cessation: The Quality Committee is a standing committee in that its responsibilities and purpose are not time-limited. It will continue to meet in accordance with these terms of reference until the Trust Board determines otherwise.

6 ROLE OF THE GROUP

6.1 Purpose of the Group

The Quality Committee has responsibility for providing assurance to the Board of Directors on the effectiveness of the:

- Trust's quality and safety systems and processes
- quality and safety of the services provided by the Trust
- control and management of quality and safety related risk within the Trust.

6.2 Guiding principles for members (and attendees) when carrying out the duties of the Quality Committee

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

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

6.3 Duties of the Quality Committee

The Quality Committee is seeking assurance that:

- systems and processes are effective
- quality of services that the Trust provides is good and continuously improving
- quality of the experience of people using our service is good and continuously improving.

It carries out its duties to provide assurance to the Board of Directors. In addition to this, it is authorised to seek information that will allow it carry out its purpose. It will:

- Seek assurance on systems and processes to ensure monitoring and assessment of the quality and improvements in services

- Seek assurance on the mechanisms to involve service users, carers, the public and partner organisations in improving services

- Seek assurance on the systems for identifying, reporting, mitigating and managing quality and safety related risks including the monitoring of incidents, investigations and deaths; and complaints, claims, and compliments

- Review the Board Assurance Framework to ensure that the Board of Directors receives assurances that effective controls are in place to manage strategic risks related to any area of the Quality Committees' responsibilities relating to key quality and safety indicators

- Seek assurance on the quality impact assessments for key strategic programs of work

- Receive assurance on the work carried out and reported to the Trustwide Clinical Governance Group, including: Quality Plan; Quality Report; Infection Prevention and Control; Safeguarding; Research and Development; Clinical Audit and NICE; Continuous Improvements; and Measuring outcomes across Trust services

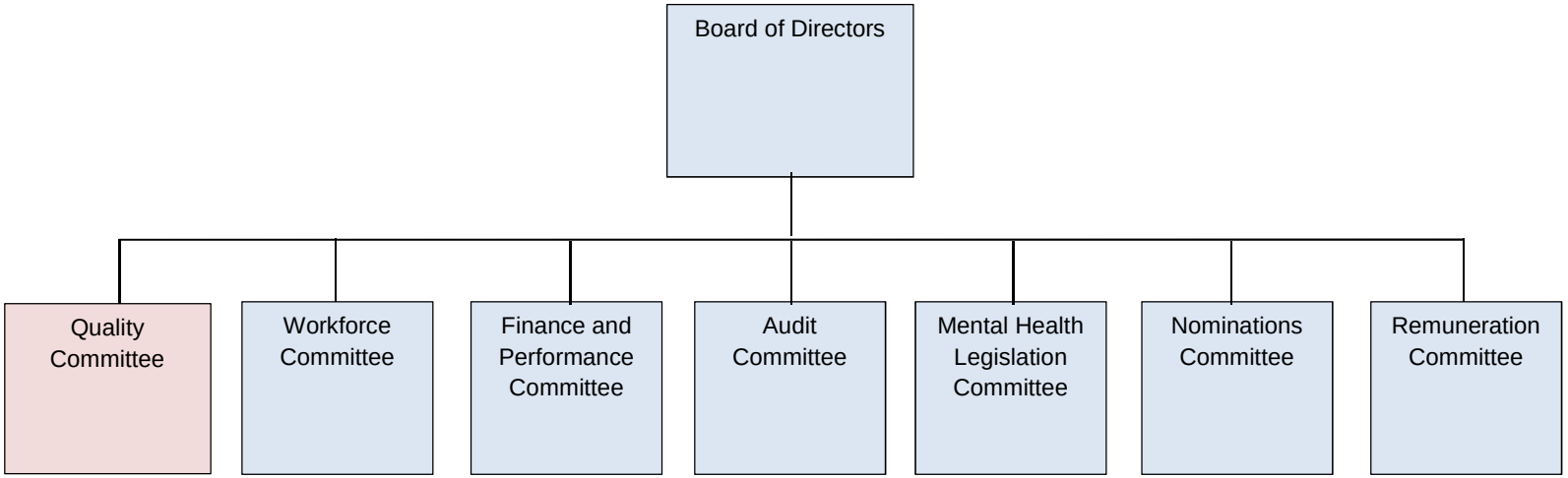
- Receive assurance on activity within operational services that contributes to the understanding and improvement of quality and safety within the Trust.

- Have oversight of relevant data and specific initiatives in relation to the Equality and Inclusion Agenda as requested by the Board of Directors

- Review the draft Internal Audit Annual work plan so it can be assured on the sufficiency of the work the Auditors will carry out in respect of clinical matters. Assurance on this sufficiency (or comments on any matters that should be included) will be provided to the Audit Committee to allow it to approve the overall plan.

An assurance and escalation report will be made to the Board of Directors by the Chair of the Committee.

7 Links with Other Committees



The Quality Committee does not have any sub-committees. It is linked to the Trustwide Clinical Governance Group as an assurance receiver. The Quality Committee provides a route of escalation for this group to the Board of Directors. Although this does not preclude any other group being asked to provide assurance.

8 DUTIES OF THE CHAIR

The Chair of the Committee shall be responsible for:

- agreeing the agenda with the Director of Nursing, Quality and Professions
- directing the conduct of the meeting ensuring it operates in accordance with the Trust's values
- giving direction to the Committee secretariat
- ensuring all members have an opportunity to contribute to the discussion
- ensuring the agenda is balanced and discussions are productive, and when they are not productive they are efficiently brought to a conclusion
- deciding when a matter requires escalation to the Board of Directors
- checking the minutes
- ensuring key information is presented to the Board of Directors in respect of the work of the Committee.
- ensuring that governor observers are offered an opportunity at the end of the meeting to raise any points of clarification.

9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

The terms of reference shall be reviewed by the Committee at least annually, and then presented to the Board of Directors for ratification. This was also occur throughout the year if a change has been made to them.

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

Schedule of Deputies

Committee Member	Deputy
NED Chair	Second NED
NED member	Third NED
NED member	None
Director of Nursing, Quality and Professions	Deputy Director of Nursing
Chief Operating Officer	Deputy Chief Operating Officer
Director of Organisational Development and Workforce	Deputy Director of Workforce Development

Medical Director	No deputy available to attend
Chief Financial Officer	Assistant Director of Finance

AGENDA ITEM
9

Chair's Report

Name of the meeting being reported on:	Audit Committee
Date your meeting took place:	19 January 2021
Name of meeting reporting to:	**Board of Directors – 28 January 2021**

Key discussion points and matters to be escalated:

Issues to which the Board needs to be alerted:

- The External Auditors have advised that the date for signing off the accounts has been extended to mid-June and as such there would need to be an amendment to the dates of the Audit Committee and the Board in June, however, it noted that there was the potential for these dates to change again once the National Audit Office was consulted and that further clarification on the end date was still awaited.

- For 2020/21 the External Auditor's Value for Money (VFM) reporting requirements have been amended following the publication of the revised Audit Code of Practice. Whilst their responsibility to conclude on Value for Money arrangements is unchanged, from 2020/21 onwards they will produce a public facing commentary. This will provide a conclusion on each of the three domains summarising the work they have performed and their findings.

Issues for advice from the Board:

None

Things on which the Board is to be assured

- Internal Audit:
    - Internal audit is currently on track to allow the Chief Internal Auditor to complete the Head of Internal Audit Opinion at the end of the financial year. The committee noted that whilst some audits have been deferred, the internal audit team expect that there will be sufficient audits completed within the year, in terms of both number and subject, in order properly to inform the opinion.
    - There were a number of areas beyond the traditional internal audit plan (largely

external benchmarking exercises) that had been identified by the committee with the suggestions that these could be completed using any spare internal audit days which had come about by audits being deferred due to the pandemic.
    - The committee had received two internal audit reports both of which had been issued with 'significant assurance'; those of Liaison Psychiatry and Risk Management.
    - Internal Audit had carried out an advisory audit on the escalation of estates issues, noting that there was some good work highlighted in the report, but also some areas for development and that the Chief Financial Officer had developed an action plan to address those areas including a wider review of the estates function.
    - The committee considered a number of areas which had been identified by other Board sub-committee as areas that should be considered for inclusion in the Internal Audit plan. The audit committee would like to thank the other committees for taking the time to consider this issue.

- The committee considered an external benchmarking report on Board Assurance Frameworks across a number of NHS organisations and was assured that the LYPFT framework compares favourably to other organisations and concluded that there were no areas to recommend to be changed in terms of its format or governance procedures.

- The committee also considered an external benchmarking report on cross-committee working and again concluded that it was assured of the arrangements in place in relation to the way in which the Board and its sub-committees report and work together

- The committee also noted that a new Health and Safety Manager had been appointed and that they looked forward to meeting with them at a future committee meeting.

Report completed by:	Martin Wright – Chair of the Audit Committee

AGENDA ITEM

11

Chair's Report

Name of the meeting being reported on:	Workforce Committee
Date your meeting took place:	1 December 2020
Name of meeting reporting to:	Board of Directors – 28 January 2021

Key discussion points and matters to be escalated:

Issues to which the Board needs to be alerted

No issues for escalation

Issues for advice from the Board

No issues for advice

Things on which the Board is to be assured

- The Committee received a report which provided an update on the Trustwide workforce planning position, the reset plans following Covid-19 and outlined. The Committee was pleased to hear of the workforce activities that had been mobilised during the pandemic including the new entry level Assistant Support Worker role that had been created using the Kickstart Scheme funding.

- The Committee received a paper which outlined the key recommendations from the Paterson Inquiry Report and mapped the recommendations against the Trust's current policies, procedures and governance arrangements. It agreed that the paper provided assurance of compliance.

- The Committee reviewed the Workforce Performance Report. It was assured that 89.1% of substantive staff and 61.36% of bank staff had completed a wellbeing assessment. It discussed clinical supervision and noted that the percentage of staff receiving clinical supervision had increased to 71%. The Committee was informed of a bespoke weekly report that had been designed for the Heads of Operations in the Clinical Services which would give them a weekly overview of where clinical supervision was being undertaken and where further support might be necessary. It was also informed of more detailed piece of work would be carried out by the Clinical Directors to look into the reasons why clinical supervision might not be happening, to look closer into clinical supervision training and to confirm that all

staff members had an allocated supervisor.

- The Committee reviewed the Board Assurance Framework. It was agreed that a full review of strategic risk three would be carried out.

- The Committee had a strategic discussion around health and wellbeing. It discussed the Trust's current approach and explored how the Trust could expand its health and wellbeing offer going forward. It noted that a key focus for the Trust would be staff fatigue and resilience.

Report completed by:	Helen Grantham December 2020

Leeds and York Partnership NHS Foundation Trust

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

AGENDA ITEM

11.1

PAPER TITLE:	Review of the Terms of Reference for the Workforce Committee
DATE OF MEETING:	28 January 2021
PRESENTED BY: (name and title)	Helen Grantham, Non-executive Director
PREPARED BY: (name and title)	Kerry McMann, Corporate Governance Team Leader

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 Board is asked to note that the Workforce Committee is required to review its Terms of Reference annually to ensure they are up to date and continue reflect the work of the Committee.

At its meeting on the 1 December 2020 it reviewed the attached and agreed the following amendments:

- Page one – amendments made to the wording used to describe the role of the Chief Operating Officer and the Director of Nursing, Quality and Professions in the Committee
- Page two – amendments made to reflect changes to the process for governors observing a Committee meeting. Including changes to the information that governors receive and an opportunity to raise any points of clarification to be provided at the end of the meeting
- Page five – duties amended to include assurance on the progress made towards the NHS People Plan
- Page five - duties amended to include the Committees role as the Trust's Wellbeing Champion. Further detail to be added once the Wellbeing Champion role description has been released.
- Page five – duties amended to include assurance that the Trust is actively involved and, where relevant, influencing work at a national, regional and local level
- Page five – duties amended to reflect the Committees responsibilities with regard to the Equality and Inclusion Agenda.
- Page five – duties amended to include assurance on the development and delivery of

the Trust's People Plan. The three duties below were removed and replaced with a statement to outline that the Committee will have oversight of the five key strategic themes of the Trust's People Plan:

- Seek assurance on the structures, systems and processes are in place to promote Employee Wellbeing, supporting the workforce in the provision and delivery of high quality, safe patient care

- Seek assurance on the mechanisms in place to support the development of leadership capacity and capability

- Seek assurance that the Trust has effective methods in place for promoting staff engagement

Page six – amendment to the chairs duties with regard to governor observers.

Following the agreement of the Terms of Reference the Board is now asked to ratify these.

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 ratify the refreshed Terms of Reference for the Workforce Committee.

WORKFORCE COMMITTEE

Terms of Reference

(Approved on the 1 December 2020
To be ratified by the Board of Directors on the 28 January 2021)

1 NAME OF COMMITTEE

Workforce Committee.

2 COMPOSITION OF THE COMMITTEE

Members: full rights

Title	Role in the committee
2 Non-executive Directors	Chair and NED challenge to the executive arm of the organisation
Director of OD and Workforce	Assurance on the OD and Workforce aspects of their portfolio in relation to the delivery of the strategic aims, goals and plans relating to staff and legal and statutory HR functions
Director of Nursing, Professions and Quality	Assurance on the professional workforce aspects of the Nursing and Allied Health Professional, Psychology and Psychotherapy staff
Medical Director	Assurance on the professional workforce aspects of the medical staff
Chief Operating Officer	Executive Director with responsibility for oversight and delivery and development of Care Services. Assurance and escalation provider to the Workforce Committee.

A. In attendance: in an advisory capacity

Title	Role in the committee	Attendance guide
Associate Director for Corporate Governance	Trust Board Secretary overseeing the information flows of the committees	Each meeting

Title	Role in the committee	Attendance guide
Deputy Director of Workforce Development	Provide information and assurance on Workforce matters including; culture, health and wellbeing and performance against metrics	As Required
Head of Learning & OD	Provide information and assurance on talent development, including training, progression and apprenticeship initiatives.	As Required
Workforce Information Manager	Provision of workforce information and undertaking of analytics as required.	As Required
Strategic Resourcing Manager	Provide assurance on vacancies rates, the future direction of workforce skills and skills gaps	As Required
Head of Communications	Provide information and assurance on methods of communication	As Required
Head of Diversity and Inclusion	Provide information and assurance on the equality, diversity and inclusion agenda and plan	As Required

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

2.1 Governor Observers

The role of the governor at Board sub-committee meetings is to observe the work of the Committee, rather than to be part of its work as they are not part of the formal membership of the Committee. The governor observes Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe non-executive directors appropriately challenging the executive directors for the operational performance of the Trust.

At the meeting the governor observer will be required to declare any interest they may have in respect of any of the items to be discussed (even-though they are not formally part for the discussion. Governors will receive an information pack prior to the meeting. This will consist of the agenda, the minutes of the previous meeting and summaries of the business to be discussed. Governor observers will be invited to the meeting by the Corporate Governance Team. The chair of the meeting should ensure that there is an opportunity for governor observers to raise any points of clarification at the end of the meeting.

3 QUORACY

Number: The minimum number of members for a meeting to be quorate is three and must include either the Non-Executive Director responsible for Workforce or the Director of OD & Workforce. Attendees do not count towards quoracy. If the chair is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by the second non-executive director.

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

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

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

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

Alternate chair: In the absence of the Chair the alternate chair of the meeting will be the second non-executive director.

4 MEETINGS OF THE COMMITTEE

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

Frequency: Bi-monthly

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

Minutes: The Corporate Governance Team will provide secretariat support to the Committee. Draft minutes will be sent to the chair for review and approval within seven working days of the meeting.

Papers: Papers for the meeting will be distributed electronically by the Corporate Governance Team seven working days prior to the meeting. Papers received after this date will only be included if agreed by the chair.

5 AUTHORITY

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

Powers: The Workforce Committee is constituted as a standing committee of the Board of Directors. The Committee is authorised by the Board to seek assurance on any activity within its terms of reference.

Cessation: The Workforce Committee is a standing committee in that its responsibilities and purpose are not time-limited. It will continue to meet in accordance with these terms of reference until the Trust Board determines otherwise.

6 ROLE OF THE COMMITTEE

6.1 Purpose of the Committee

The purpose of the committee is to provide the Board with assurance concerning all aspects of strategic workforce matters relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients and staff.

Its purpose is also to ensure there is a positive working environment for staff which promotes an open culture that helps staff do their job to the best of their ability.

Trust Strategic Objective	How the committee will meet this objective
We deliver care that is high quality and improves lives	Assurance on the delivery of the Trust's strategic workforce plan
We provide a rewarding and supportive place to work	Assurance on the delivery of the Trust's strategic workforce plan
We use our resources to deliver effective and sustainable services	Assurance on the delivery of the Trust's strategic workforce plan

6.2 Guiding principles for members (and attendees) when carrying out the duties of the committee

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

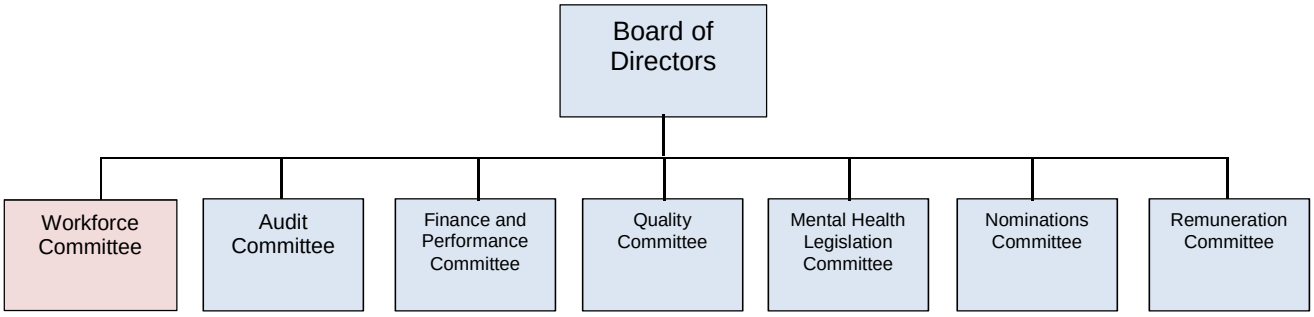
- We have integrity
- We are caring
- We keep it simple.

6.3 Duties of the committee

On behalf of the Board of Directors the committee will:

- Seek assurance on the progress made against the NHS People Plan
- Seek assurance on the development and the delivery of the Trust's People Plan and have oversight of its key strategic themes which include: health and wellbeing; resourcing; equality and inclusion; engagement and retention; and leading together.
- Carry out the role of Wellbeing Champion
- Seek assurance on the development of the workforce to ensure the Trust has productive staff with the skills, competencies and knowledge to provide safe and effective care
- Seek assurance that the Trust is meeting its legal and regulatory duties in relation to its employees
- Have oversight of relevant workforce data and specific initiatives in relation to the Equality and Inclusion Agenda as requested by the Board of Directors, recognising that a significant element of the Trusts work to ensure equality and inclusion is with regard to the workforce
- Seek assurance that the Trust is actively involved and where relevant influencing work taking place at a national, regional and local level including the work carried out by the WY&H ICS relating to Workforce
- Seek assurance on progress against the workforce metrics
- Seek assurance around the risks delegated to it via the Board Assurance Framework. The committee should determine if the appropriate level of risk has been identified, review the effectiveness of the controls in place relevant to the risks, review and challenge the strength of the assurances provided, identify any gaps in control or assurance and ensure that the risk lead identifies appropriate actions to address such gaps
- Where necessary seek assurance into any area of work related to workforce and related matters on behalf of the Board.
- The committee will also review the draft Internal Audit Annual work plan so it can be assured on the sufficiency of the work the Auditors will carry out in respect of matters pertaining to the duties of the committee. Assurance on the plan's sufficiency (or comments on any matters that should be included) will be provided to the Audit Committee to allow it to approve the overall plan.

7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES



8 DUTIES OF THE CHAIR

The chair of the committee shall be responsible for:

- Agreeing the agenda
- Directing the meeting ensuring it operates in accordance with the Trust's values
- Giving direction to the minute taker
- Ensuring everyone at the meeting has a reasonable chance to contribute to the discussion
- Ensuring discussions are productive, and when they are not productive they are efficiently brought to a conclusion
- Deciding when it is beneficial to vote on a motion or decision
- Checking the minutes
- Ensuring sufficient information is presented to the Board of Directors in respect of the work of the committee
- Ensuring the Chair's report is submitted to the 'parent' committee as soon as possible
- Ensuring that governor observers are offered an opportunity at the end of the meeting to raise any points of clarification.

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

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

9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

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

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

Schedule of deputies

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

Full member (by job title)	**Deputy (by job title)**
Director of OD & Workforce	Deputy Director of Workforce
Director of Nursing. Professions and Quality	Deputy Director of Nursing (as required)
Medical Director	Deputy Medical Director for Care Services (as required)
Chief Operating Officer	Deputy Chief Operating Officer (as required)

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
12

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	**Combined Quality, Performance and Workforce Report**
DATE OF MEETING:	**Thursday 28 January 2021**
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: Jan 2020 (reporting Dec 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 December 2020**

Consistency and improvement:

A number of services achieved access standard / contractual targets during December. These included the percentage of referrals seen by community mental health teams within 15 days, where both Community and Wellbeing and Older People Services CMHT performance met the standard; 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 remains 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:

The Prime Minister has announced a national lockdown and instructed people to stay at home to control the virus, protect the NHS and save lives. The decision follows a rapid rise in infections, hospital admissions and case rates across the country, and hospitals are now under more pressure than they have been at any other point throughout the pandemic. The drastic jump in cases has been attributed to the new variant of COVID-19, which scientists have now confirmed is between 50 and 70 per cent more transmissible.

As an organisation our plans are still to roll out and vaccinate the most at risk groups first in line with guidance. Running alongside this, services are also starting to receive ‘on the day’ opportunities from local Primary Care Vaccination Hubs who are vaccinating the public. The Trust would like to remain responsive to this additional ad hoc approach so as many staff get access to the vaccine as possible. It is important that we continue to do everything we can to reduce the spread of the virus.

The Trust continues to make positive decisions to prioritise the redeployed staff who will support our service users, to have the necessary skills to do so and a risk assessment is being drafted to review potential options to increase capacity without compromising on quality.

Work in Progress:

A number of routine KPIs, which have been unreported in 20-21 to date, have been re-introduced into this report following the development of reporting to accommodate data from CareDirector. Additionally a number of our standards and measures have been amended to better reflect our new ways of working, referred to within the service narrative.

Support is being provided to services on the various operational supporting dashboards in CareDirector and the Quality, Delivery and Performance report is being rolled out with increased engagement and reference in Service quality and performance meetings.

Service Performance – Chief Operating Officer

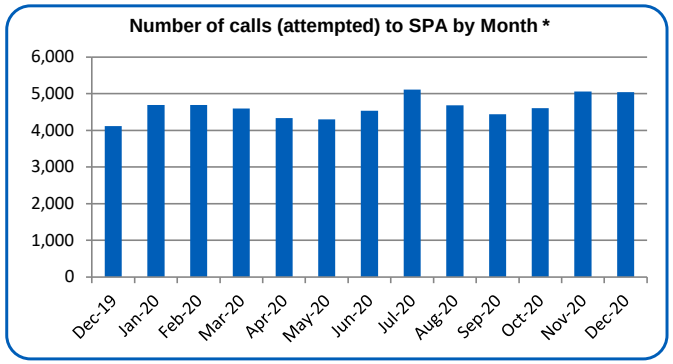
Services: Access & Responsiveness: Our response in a crisis	Target	Oct-20	Nov-20	Dec-20
Percentage of crisis calls (via the single point of access) answered within 1 minute *	-	57.2%	35.5%	37.3%
Percentage of ALPS referrals responded to within 1 hour	90%	53.6%	59.8%	55.5%
Percentage of S136 referrals assessed within 3 hours of arrival	-	20.5%	14.6%	14.0%
Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral	Dec 85%	66.7%	83.3%	50.0%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70%	89.0%	90.9%	96.0%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50%	26.0%	27.2%	27.6%
Percentage of CRISS caseload where source of referral was acute inpatients	tba	14.1%	20.4%	29.5%
Services: Access & Responsiveness to our Regional and Specialist Services	**Target**	**Oct-20**	**Nov-20**	**Dec-20**
Gender Identity Service: Number on waiting list	-	2,626	2,689	2,742
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	95%	-	-	63.6%
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) quarterly	-	-	-	85.7%
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days (monthly)	-	84	104	36
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	-	-	100.0%
Perinatal Community: Percentage waiting less than 2 weeks for first contact (routine) (quarterly)	85%	-	-	30.3%
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	Q3 512	-	-	409
Perinatal Community: Face to Face DNA Rate (quarterly)	-	-	-	3.4%
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90%	84.2%	70.4%	84.0%
Community LD: Percentage of Care Plans reviewed within the previous 12 months	90%	*reporting in development*		
Services: Our acute patient journey	**Target**	**Oct-20**	**Nov-20**	**Dec-20**
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	43.5%	40.0%	1.1%
Crisis Assessment Unit (CAU) length of stay at discharge	-	11.4	10.9	2.0
Liaison In-Reach: attempted assessment within 24 hours	90%	77.1%	69.7%	68.7%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94-98%	95.4%	90.0%	93.5%
• Becklin – ward 1 (female)	-	102.3%	100.5%	101.2%
• Becklin – ward 3 (male)	-	96.3%	96.7%	93.8%
• Becklin – ward 4 (male)	-	88.7%	92.9%	92.8%
• Becklin – ward 5 (female)	-	99.3%	94.7%	100.1%
• Newsam – ward 4 (male)	-	90.2%	64.0%	79.1%
• Older adult (total)	-	84.5%	76.9%	78.7%
• The Mount – ward 1 (male dementia)	-	97.3%	57.8%	68.1%
• The Mount – ward 2 (female dementia)	-	67.3%	67.1%	62.8%
• The Mount – ward 3 (male)	-	75.4%	81.1%	87.8%
• The Mount – ward 4 (female)	-	94.7%	91.6%	86.8%

* A new SPA 0800 freephone number was introduced in Nov 20, overall call volumes have been refreshed to include the new number AND the old 0300 number, which is running concurrently until Feb 21. As a result there are some current issues with call response data, attributable to the automatic announcement of the number change which is affecting the local 1 min response target.

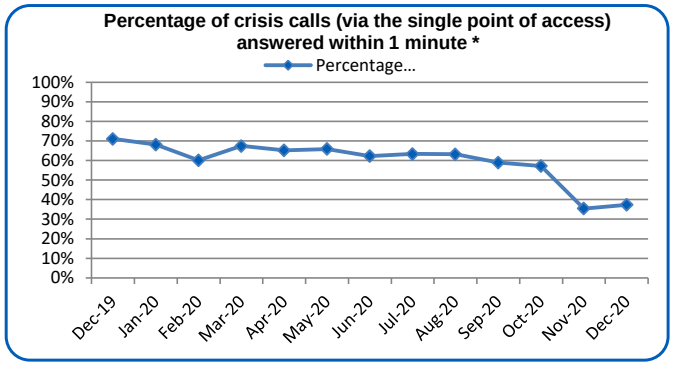
Service Performance – Chief Operating Officer

Services: Our acute patient journey	Target	Oct-20	Nov-20	Dec-20
Percentage of delayed transfers of care	-	13.2%	9.4%	9.5%
Total: Number of out of area placements beginning in month	-	26	9	6
Total: Total number of bed days out of area (new and existing placements from previous months)	Dec 59	465	443	169
Acute: Number of out of area placements beginning in month	-	20	8	5
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	383	340	109
PICU: Number of out of area placements beginning in month	-	6	1	1
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	82	103	60
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%	-	-	32.7%
Services: Our community care	**Target**	**Oct-20**	**Nov-20**	**Dec-20**
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	-	83.7%	76.3%	82.9%
Percentage of inpatients followed up within 3 days of discharge (CCG commissioned services only)	80%	86.5%	80.7%	87.8%
Number of service users in community mental health team care (caseload)	-	4,653	4,611	4,551
Percentage of referrals seen within 15 days by a community mental health team	80%	69.4%	70.7%	84.6%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90%	76.7%	59.8%	60.7%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50%	13.2%	34.7%	49.2%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60%	80.8%	81.3%	61.1%
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	-	-	57.6%
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90%	-	-	24.5%
Services: Clinical Record Keeping	**Target**	**Oct-20**	**Nov-20**	**Dec-20**
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	JUL	AUG	SEP
		87.6%	88.1%	87.6%
Percentage of service users with NHS Number recorded	-	99.3%	99.3%	99.3%
Percentage of service users with ethnicity recorded	-	79.3%	78.8%	77.4%
Percentage of service users with sexual orientation recorded	-	22.1%	21.9%	21.7%
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*		

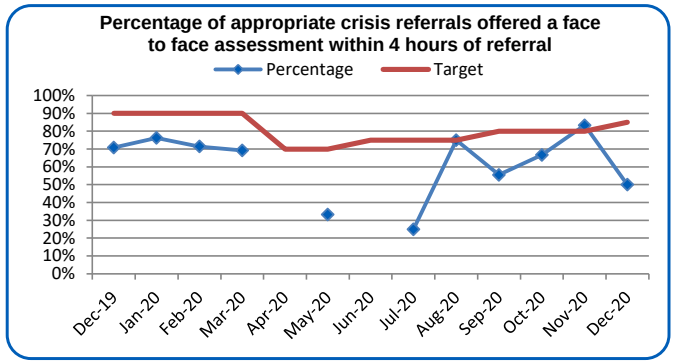
Services: Access & Responsiveness: Our response in a crisis



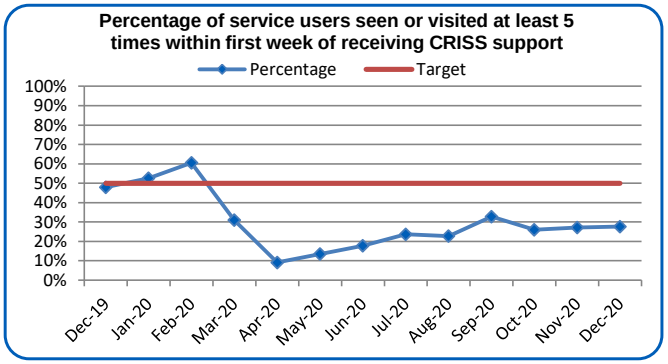
Dec calls: 5,037



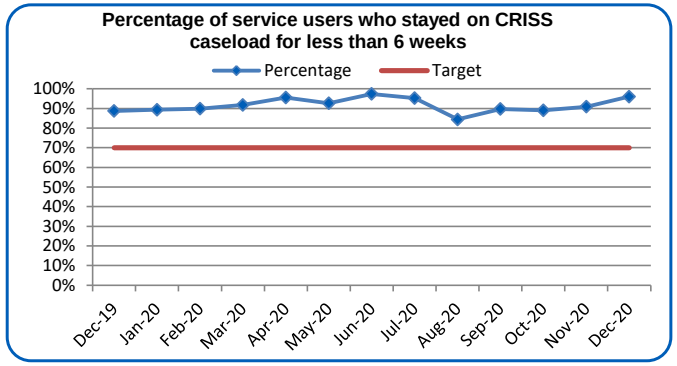
Local target: within 1 minute: Dec 37.3%



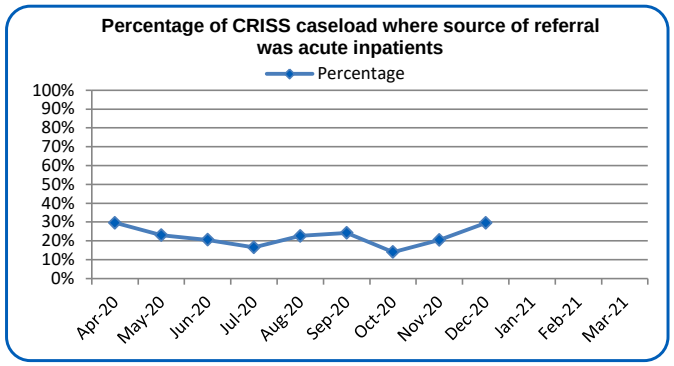
Contractual target 85% (Dec) to 90% (EOY) Dec 50%



Contractual target 50%: Dec 27.6%



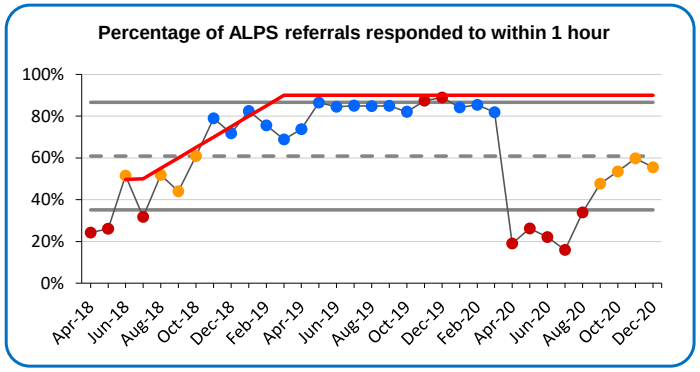
Contractual target 70%: Dec 96%



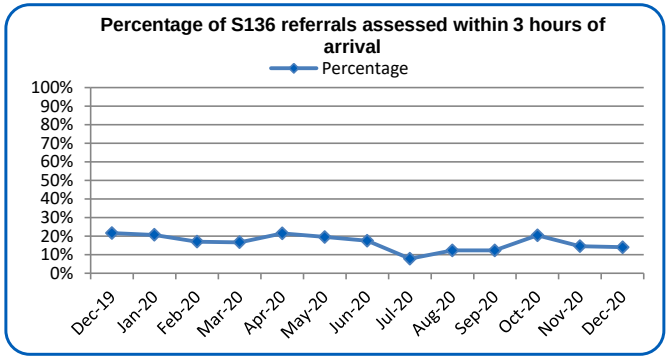
Contractual target tba : Dec 29.6%

** A new SPA 0800 freephone number was introduced in Nov 20, overall call volumes have been refreshed to include the new number AN D the old 0300 number, which is running concurrently until Feb 21. As a result this has impacted on call response data with the automatic recorded announcement of the number change adversely affecting the local 1 min response target.*

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



Contractual target 90%: Dec 55.5%



Contractual measure: Dec 14%

SPC Chart Key

Average
Lower process limit
Target
Upper process limit
Actual

Services: Access & Responsiveness: Our response in a crisis

A new 0800 freephone number was introduced for Single Point of Access (SPA) in November 20. Overall call volumes have been refreshed to include both the new number and the previous 0300 number, which is running concurrently until February 21. Introduction of the new number has subsequently impacted on the call response data with the automatic recorded announcement of the number change adversely affecting the local 1 minute response target. Discussions are taking place to review options and impact on reporting this local measure.

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, including offering a face to face assessment within 4 hours where indicated (based on clinical assessment of urgency). The 2020-21 trajectory agreed with commissioners aims for performance above 85% during December, moving towards 90% by March 2021.

In December 50% of appropriate crisis referrals were recorded as being offered a face to face assessment within 4 hours of referral. Previous data reported was deemed not to be reflective of actual activity, and work has been undertaken which has refreshed our reporting logic (which in turn has resulted in an improved reported position).

Most referrals to the service are appropriate to be seen within 24 hours and a complementary measure has been proposed to report alongside the emergency metric. Recording of case 'Priority' on CareDirector is much improved and subject to enhanced monitoring by the Service.

Core Fidelity standard 38 states we should aim to provide face to face contact 5 times in the first week of contact, for at least 50% of referrals. In December 28% of people were recorded as being seen face to face 5 times in the first week of referral. Further analysis of this is taking place to understand the rationale and provide assurance that our reporting process is accurate.

During December 96% of people remained on the CRISS caseload for less than 6 weeks, a measure which we are consistently over performing against the 70% target.

Actions taken/to be taken: Detailed review of activity against the frequency of contact standard and on-going monitoring of 4 hour target. The Service continue to actively work with the Information team to enable accurate recording and reporting of activity.

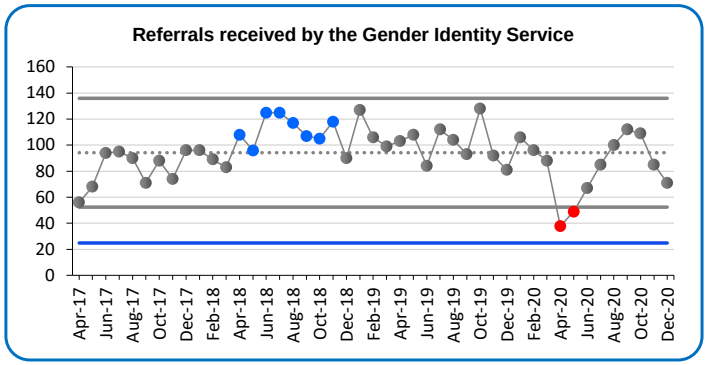
In December 14% of S136 referrals (7 from 50) were recorded as assessed within 3 hours of arrival. The monthly average percentage in 20-21 to date is around 16%. The service are working with Informatics to review this measure to ensure that what is being recorded and measured reflects the Royal College Standards, therefore further work is required to ensure that our recording processes are correct and being utilised.

Actions taken/to be taken: The Service to actively work with the Information team to ensure accurate and appropriate recording and reporting of S136 activity.

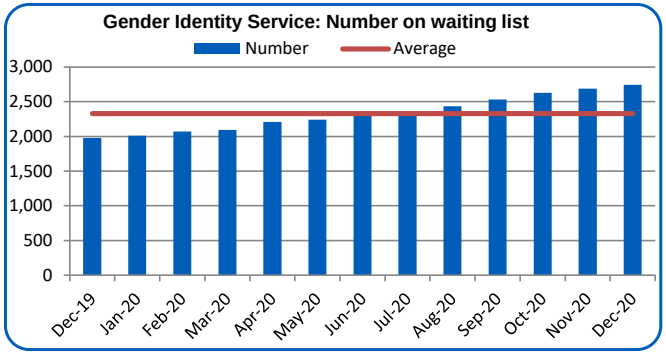
We are reporting performance below the 90% threshold against the 1 hour response target for the Acute Liaison Psychiatry Service (ALPS), with 55.5% referrals (96 of 173) responded to within 1 hour in December. 108 people (62%) were responded to within 2 hours, 126 (73%) within 3 hours, the remaining 47 people (27%) over 3 hours. Operational challenges remain both with the team being located in the Becklin Centre (rather than the Emergency Department as previously) and limited assessment space being available due to the reconfiguration of St James Hospital Emergency Department. Each month the ALPs leadership team review all breaches of the 1 hour target to understand the reasons for this and identify underlying trends or causes, as well as reviewing all data quality (with support from LTHT). We continue to work in partnership with LTHT colleagues to agree how best to manage and resolve this.

Actions taken/to be taken: The team continue to work jointly with Leeds Teaching Hospitals to support the re-location of staff within ED to enable the 1hr target to be met and support improved access to clinical space, and continue to monitor all breaches monthly.

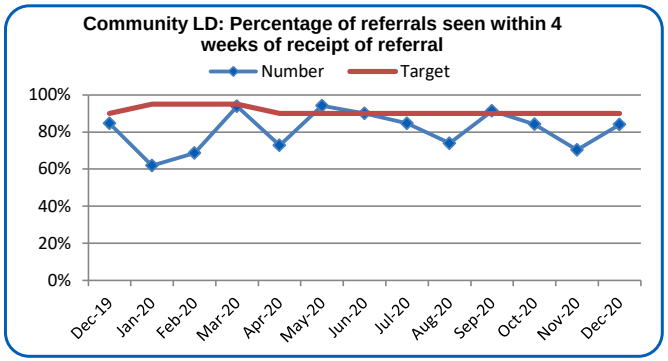
Services: Our Specialist Services



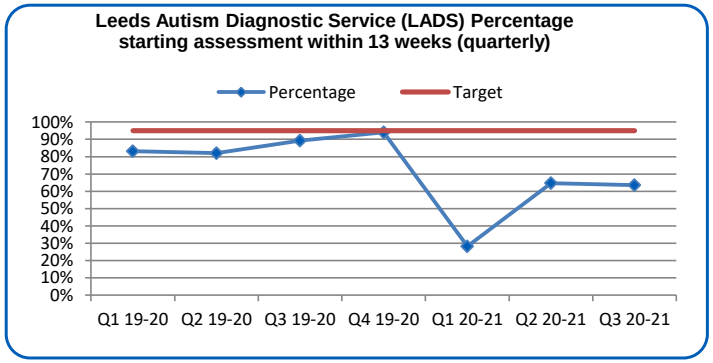
Total referrals: Dec 71



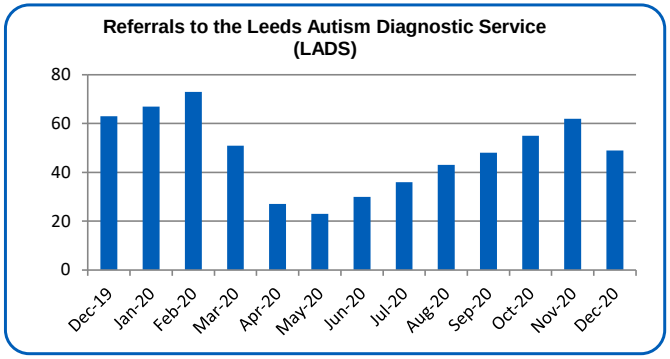
Number on waiting list: 2,742



Contractual target 90% Dec 84%



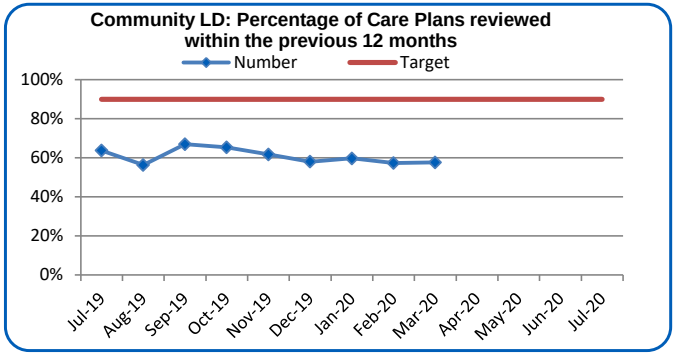
Contractual target 95% Q3: 63.6%



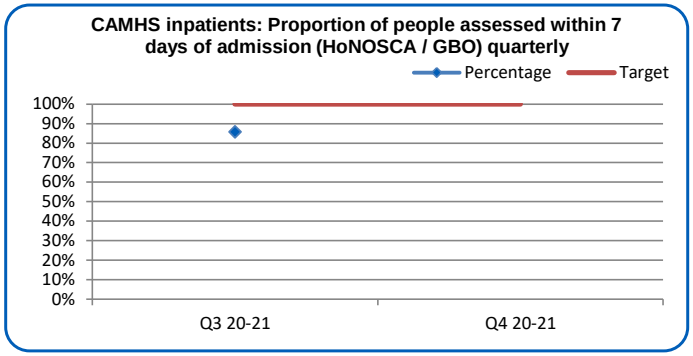
Local measure: Dec 49

SPC Chart Key

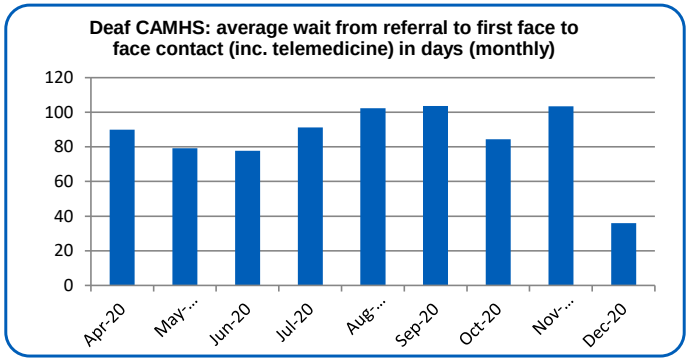
Services: Our Specialist Services (continued)



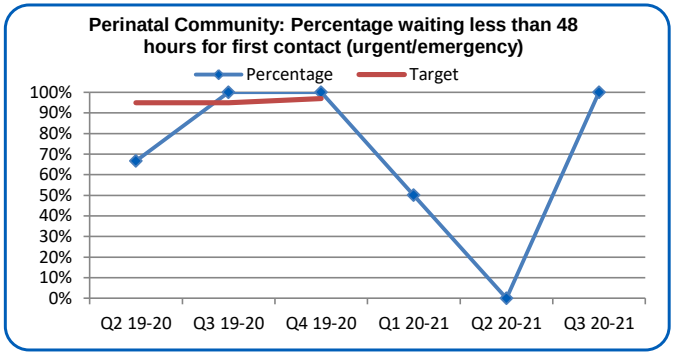
Contractual target 90%: *20-21 data development ongoing*



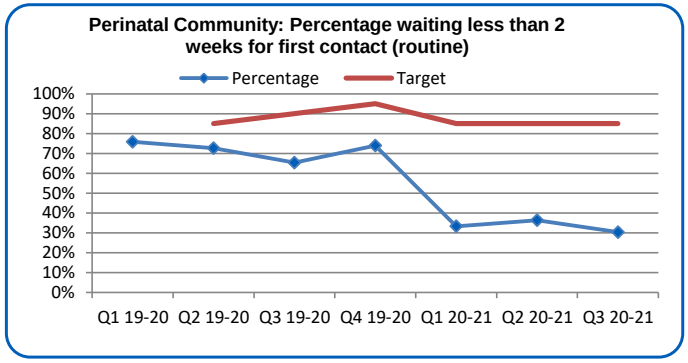
Contractual target 100% Q3 85.7%



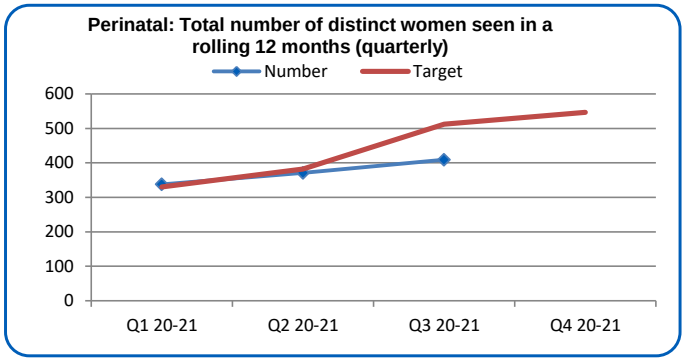
Local measure: Dec 36 days



Contractual Target: tba Q3 100%

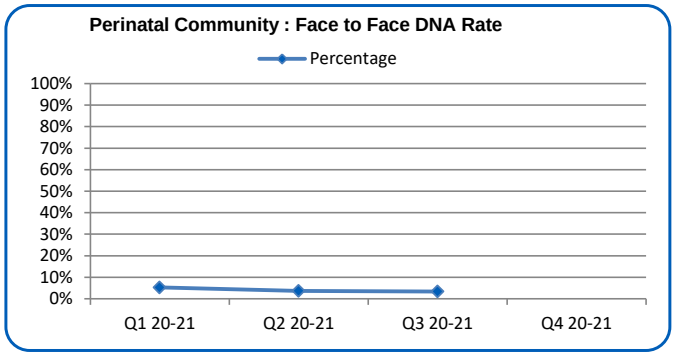


Contractual Target 85% Q3: 30.3%



Local measure: Q3 Target 512, Q3 409

Services: Our Specialist Services (continued)



Contractual measure: Q3 3.4%

Services: Our Regional and Specialist Services

63.6% of people referred to LADS started their assessment within 13 weeks, down slightly on Q2 where performance was reported at 64.7%. Achievement of the contractual target of 95% starting assessment within 13 weeks usually only allows for a small number of breaches. In Q3 35 from 55 people were assessed within 13 weeks. Referral rates increased in Q3 with 166 in total compared to 127 in Q2. The team has had reduced capacity as a result of the pandemic and this has impacted on activity levels. There are also some data quality issues which means that performance against the target is lower. This is being addressed by the team both retrospectively and to ensure improved accuracy going forward, we anticipate Q4 to be a more accurate view of performance.

Actions taken / to be taken: **The Leeds Autism Diagnostic Service will continue to review and implement their reset plans, and will closely monitor changes to activity as a result of this, making adjustments to practice where necessary.**

In Perinatal Services the percentage of people waiting less than 2weeks for first contact (routine) in Q3 was 30.3%, with 27 from 89 people meeting the contractual standard of 85%. Telemedicine contacts are now being included within the reporting logic, to try and better reflect the service reset work. The percentage of people waiting less than 48hrs (urgent referrals) was 100% in Q3 with only 1 individual reported in this measure. The Perinatal Community Face to Face DNA Rate was 3.4% in Q3. Data quality remains a key focus for the service, ensuring that information recorded on CareDirector is an accurate reflection of operational activity. Recording outcomes of health appointments is a current priority and there is ongoing work to address this with the teams.

At the end of December the number of distinct women seen in the rolling 12 months was 409. The trajectory, revised in partnership with commissioners as part of our plan refresh to NHSE/I, was 512. Women must have been seen either through face to face or video contact in the 12 month period to be included in this measure. A number of women were contacted via telephone in lieu of face to face during the first Covid 19 lockdown. Whilst there has been an increase in face to face and video contacts, until all women initially offered telephone contacts are seen face to face or via video they will not be included in these figures so there may be a delay in some women appearing in this measure.

Actions taken / to be taken: Continue to monitor and review our activity against the new trajectory with commissioners.

In Learning Disability Services 21 out of 25 people were recorded as being seen within the 90% contractual target for referrals seen within 4 weeks in December. This measure has fluctuated above and below the agreed standard in 2020-21 with only a small number of cases having an impact either way. The Community Learning Disability Team (CLDT) continues to work through the process of returning services to normal with activity delivered differently.

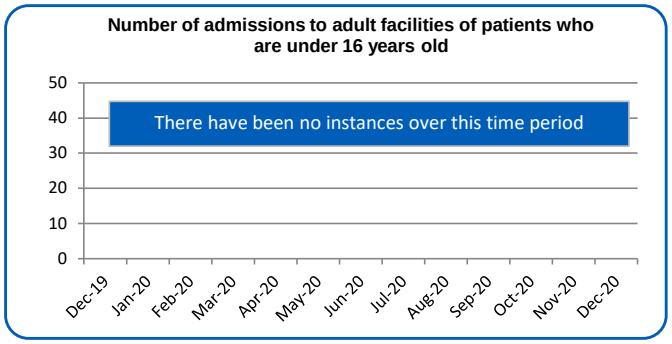
A number of key performance measures supporting our Regional and Specialist Services have been re-developed following implementation of CareDirector, including Gender Service referrals and waiting times. With the Covid-19 pandemic significantly affecting delivery of clinical care the waiting time for those people who access Leeds Gender Service has increased and currently stands at 2,742 people. Gender Service appointments have recommenced with new patient appointments scheduled from January 2021. Gender Outreach support continues to be available by telephone or virtually.

In Q3 85.7% of CAMHS inpatients were assessed within 7 days of admission using the HoNOSCA tool (with an NHS E quality / contractual target of 100%). A re-developed average waiting time measure for Deaf CAMHS has also been reported, aiming to more accurately reflect service activity and including health appointments delivered via telemedicine within the logic. In December the average wait from referral to first direct contact was reported at 36 days. Face to face contacts in the service are reviewed on a case by case basis, but with some potentially reverting to telemedicine contacts or be postponed during the latest lockdown. Initial discussions have taken place to support the service to better utilise the waiting direct contact dashboards on CareDirector.

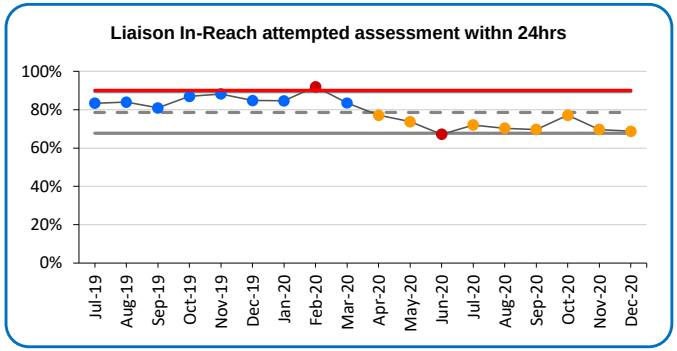
Actions taken/to be taken: Data quality discussions to be planned for Deaf CAMHS following reporting of the redeveloped waiting time indicator.

We have received recent notification that some measures are no longer required externally and so we have taken action to remove these from the report, notable the Forensics outcome measures and the median wait for those on the Gender Services waiting list. We will continue to engage with the relevant service managers to further refine the metrics to feature in this report, in order to ensure a balanced, relevant and representative view of the Trust's Services.

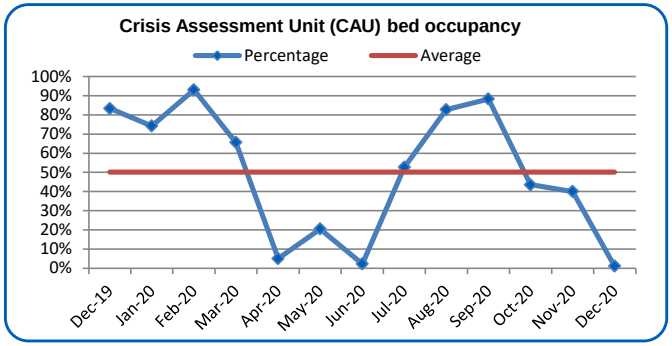
Services: Our acute patient journey



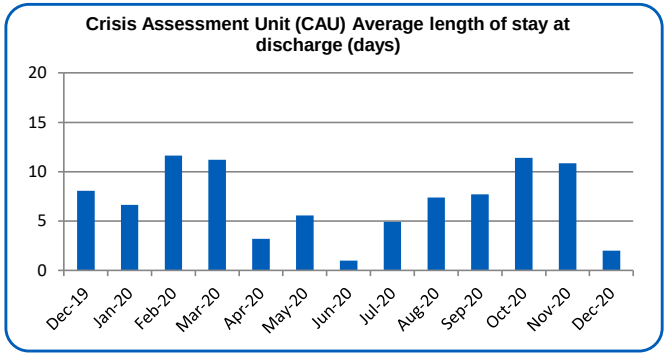
National (NOF): No target: Dec 0



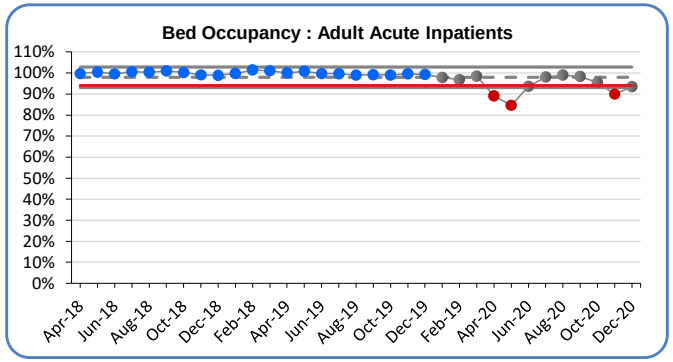
Contractual target: 90%: Dec 68.7%



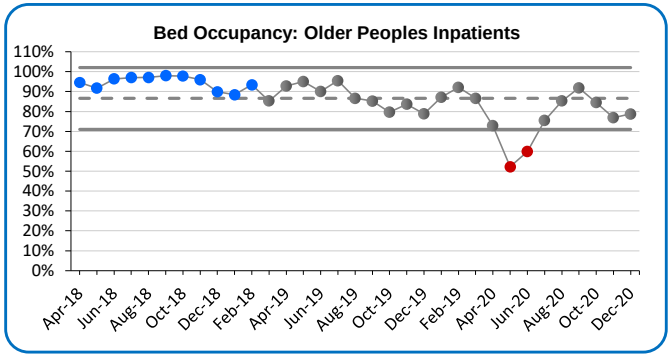
Local measure: Dec 1.1%



Local measure: Dec 2 days



Contractual target 94-98% : Dec 93.5%

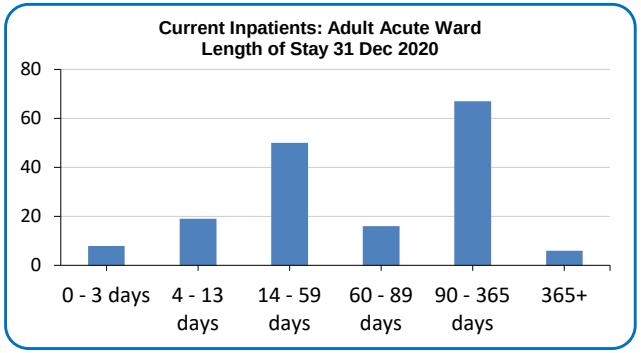


Local measure and target 85% : Dec 78.7%

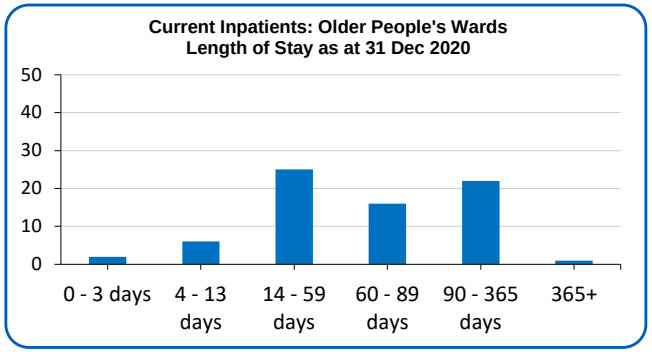
SPC Chart Key

Average
Lower process limit
Target
Upper process limit
Actual

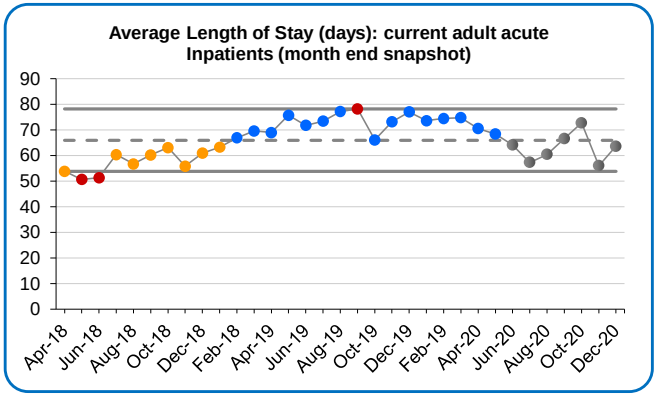
Services: Our acute patient journey (continued)



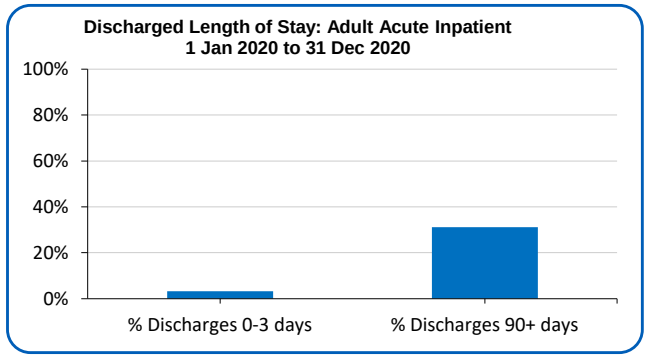
Local activity : 73 people with LOS 90+ days



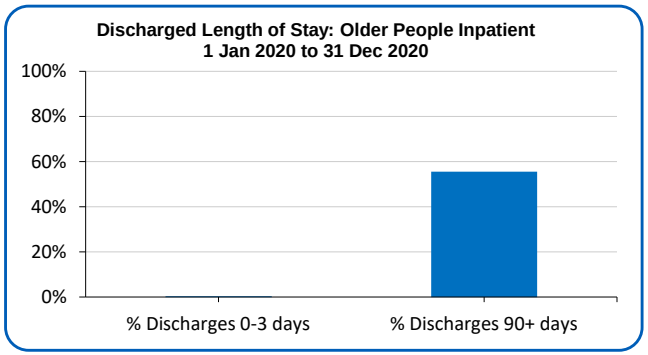
Local activity : 23 people with LOS 90+ days



Local tracking measure: Dec 64 days



Local activity : % discharged LOS 90+ days = 31.1%

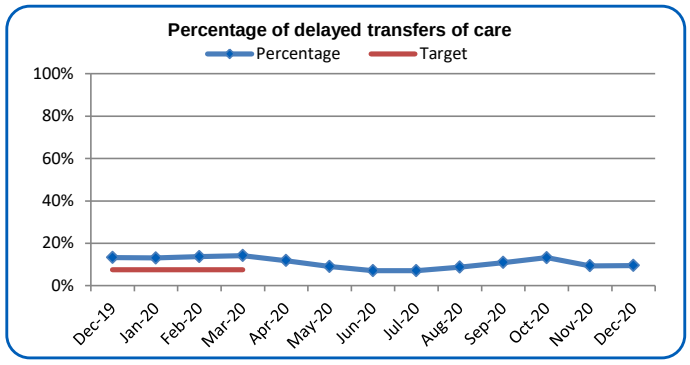


Local activity: % discharged LOS 90+ days = 55.6%

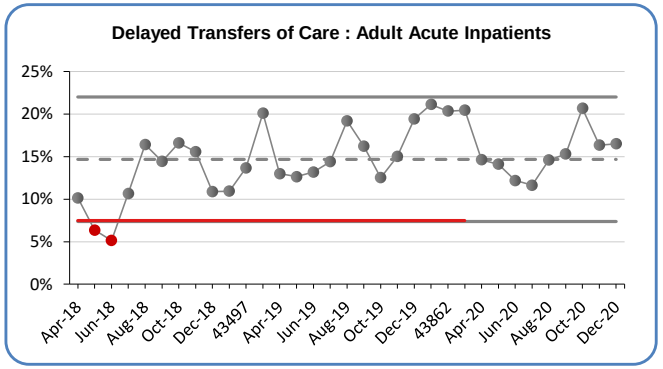
SPC Chart Key

Average
Lower process limit
Target
Upper process limit
Actual

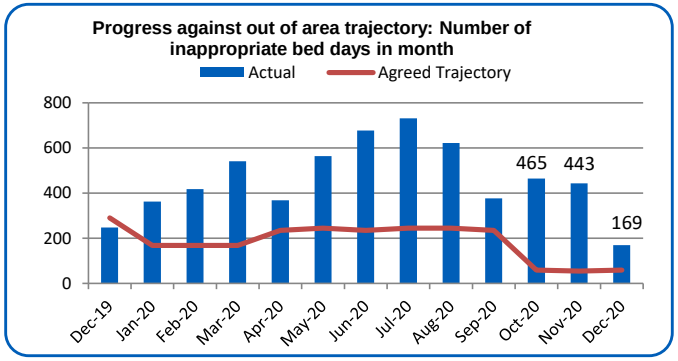
Services: Our acute patient journey (continued)



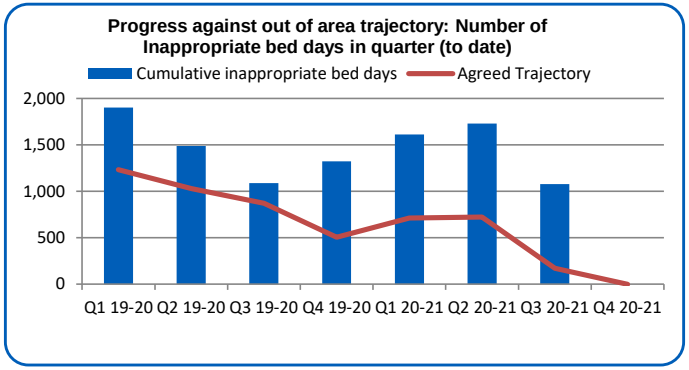
Local tracking measure: Dec 9.5%



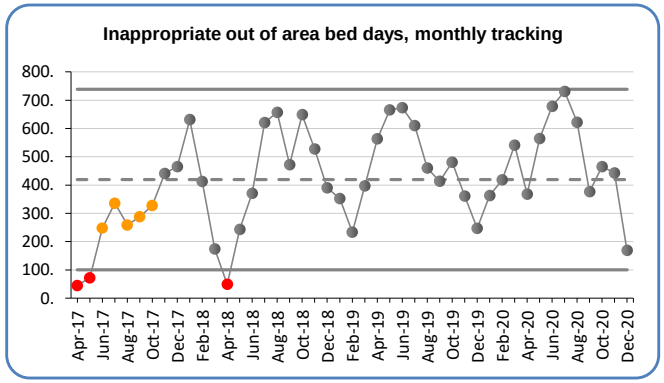
Local tracking measure: Dec 16.5%



Nationally agreed trajectory (Dec 59) Dec 169



Nationally agreed trajectory (Q3: 172 days):
Q3: 1,077 days

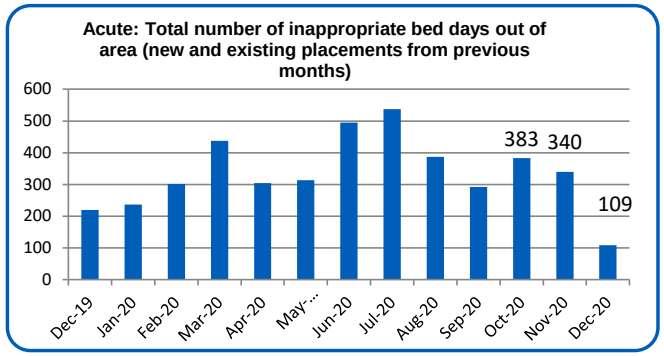


Local tracking measure: Dec: 169 bed days

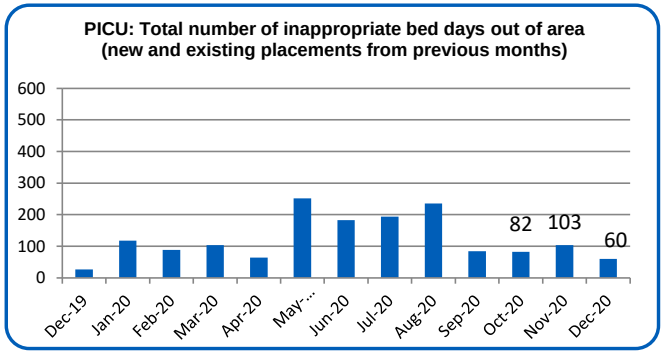
SPC Chart Key

Average
Upper process limit
Lower process limit
Actual
Target

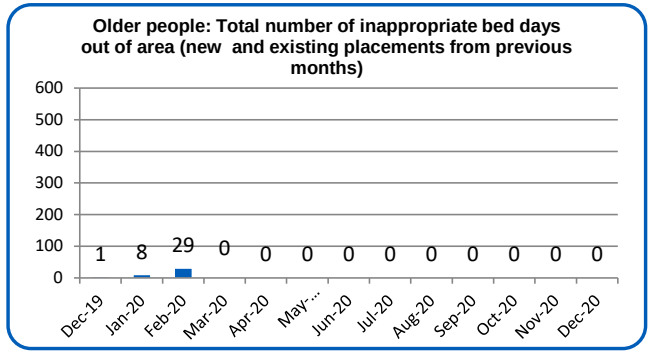
Services: Our acute patient journey (continued)



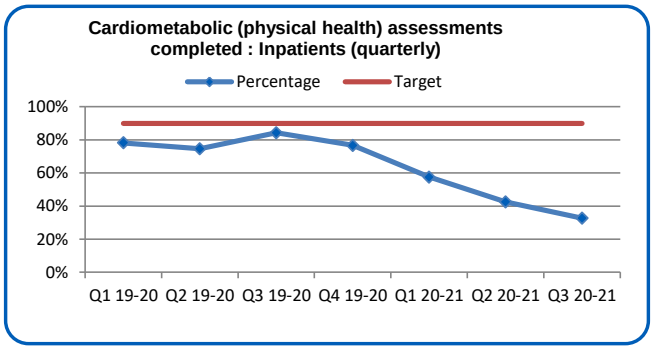
Local measure: Dec 109 days



Local measure: Dec 60 days



Local measure: Dec 0 days



Contractual target: 90%: Q3 32.7%

Services: Our acute patient journey

Bed occupancy for Adult acute services was 93.5% overall in December, ranging from 79.1% on Newsam Ward 4 to 101.2% on Becklin Ward 1. At the end of December, 73 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 64 days, remaining within our process limits but significantly beyond the national average of 32 days described in the Long Term Plan.

Overall bed occupancy during December in Older People's Services was 78.7%, the service aims for the local standard of 85%. There have been improving levels of acuity on the wards and demand for beds in our functional female ward (W4) at The Mount fell slightly with bed occupancy at 86.8%, whilst bed occupancy increased for functional male (W3) to 87.8%.

Reporting on Delayed Transfers of Care has resumed and was 9.5% overall in December, 16.5% for Adult acute services and within levels of normal variation. Performance continues to be mitigated through the operational discharge group, which is a partnership arrangement with Leeds City Council and the CCG.

At the end of Q3 33% of Inpatients (82 from an eligible cohort of 251) had Cardiometabolic (Physical Health) Assessments completed. The contractual target is 90%. Newly developed dashboards on CareDirector will help teams focus on the accurate and timely recording of physical health monitoring.

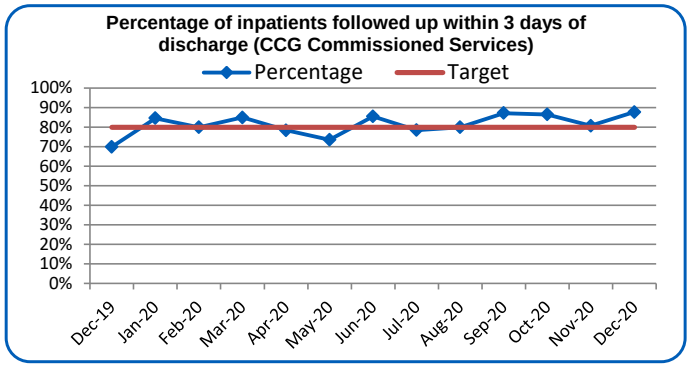
Actions taken / to be taken: The acute care excellence programme is underway and provides a focus on occupancy rates and length of stay, and work is ongoing with our social care partners and commissioners in relation to DToC. Work is also progressing on the implementation of the Crisis House in Leeds, and some ICS work in relation to women with complex presentations (primarily with a diagnosis of personality disorder) – both of these should impact on admission and length of stay when operational.

In December 68.7% of assessments were attempted within 24 hours by the Liaison In-Reach team, below the 90% target and just within normal levels of variation. The team continue to monitor the data quality following recent CareDirector training. Response times have remained consistent throughout the pandemic but it has been difficult to meet the 90% target due to LTHT's strict infection control procedures, reconfiguration of ward areas and limited space to complete face to face assessments. In addition, there are some cases being managed remotely via telephone.

There were a total of 169 inappropriate out of area bed days in December, down from 443 in November and totalling 1,077 bed days in Q3 against a trajectory of 172. 109 bed days were attributable to Adult Acute whilst the use of out of area PICU beds accounted for 69 inappropriate bed days. 6 out of area placements started in the month, 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.

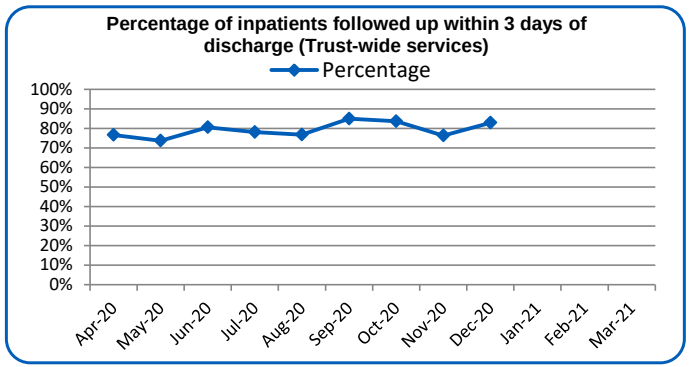
Actions taken / to be taken: A further joint review of our Out of Area 'road map' plans (which set out actions to reduce Out of Area bed use) is planned with the CCG. Again, work on the Crisis House is a key component of this plan.

Services: Our community care

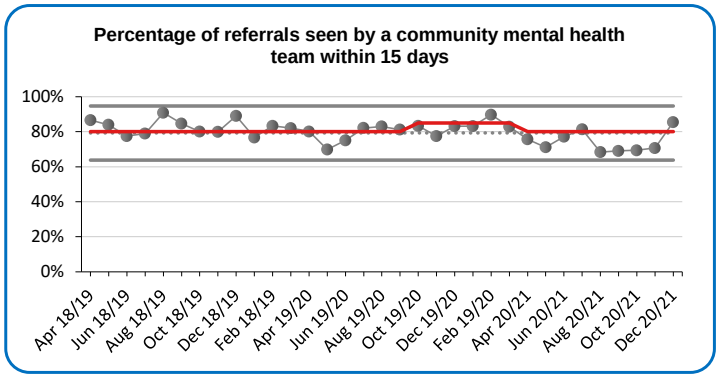


Contractual Target 80% Dec 87.8%

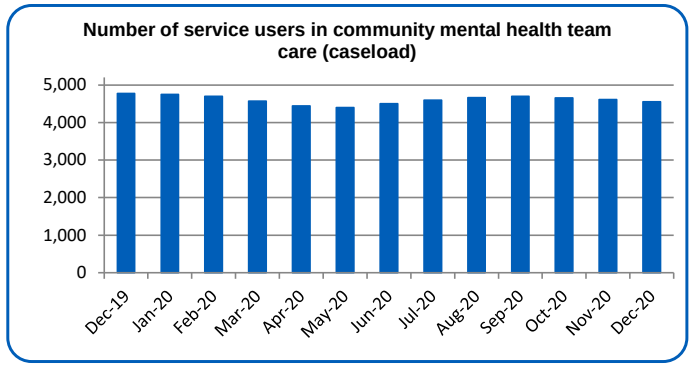
NB: Data prior to April 20 is from CQUIN for comparison.



Local Tracking Measure: Dec 82.9%



Contractual target: 80%: Dec: 85.4%



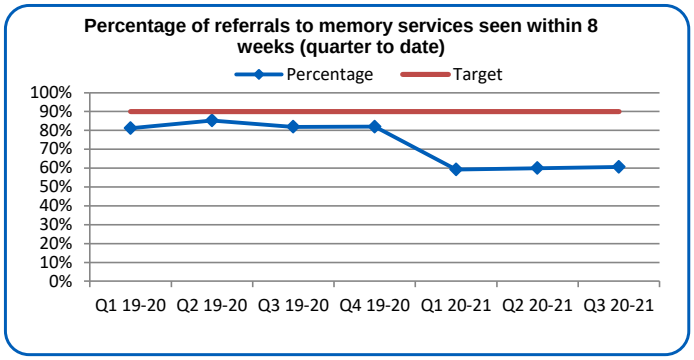
Local measure: Dec 4,551

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

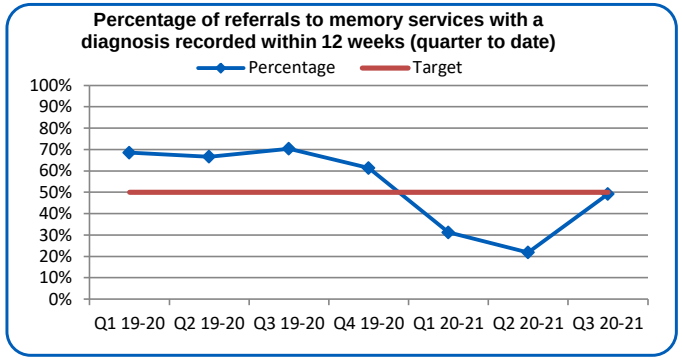
Contractual target: *20-21 data development ongoing*

SPC Chart Key

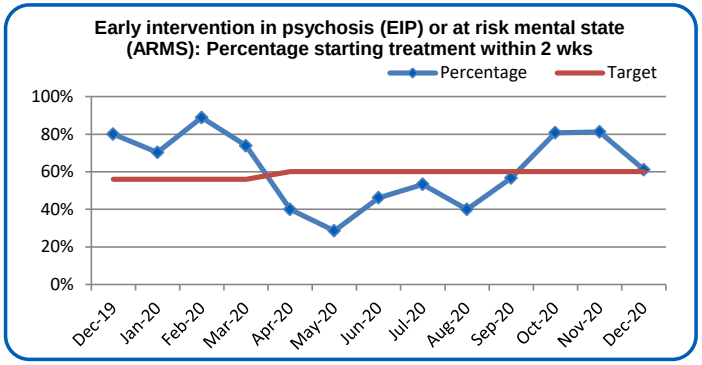
Services: Our community care (continued)



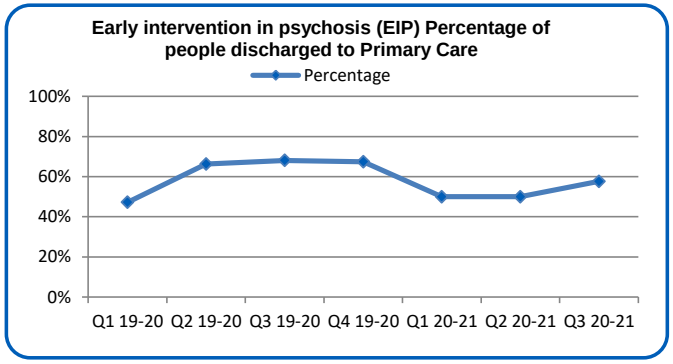
Contractual target: 90% Q3 60.7%



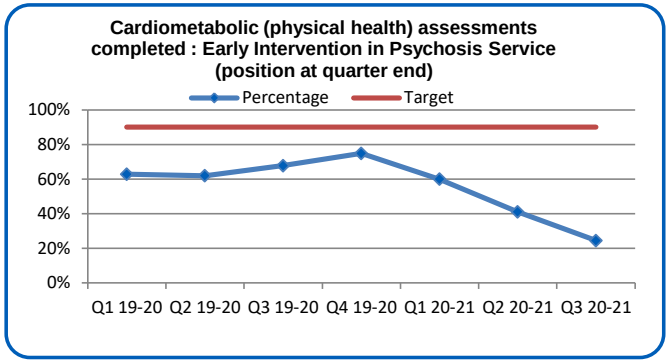
Contractual target: 50% Q3 49.2%



Contractual target: 60%: Dec 61.1%



Contractual target: tbc: Q3 57.6%



Contractual target: 90%: Q3: 24.5%

Services: Our community care

In December 87.8% of inpatients were followed up within 3 days of discharge from CCG commissioned services, exceeding our contractual target of 80%. For all LYPFT Services trust-wide our performance also met standards with 82.9% of all inpatients followed up within 3 days of discharge in December. All breaches are routinely followed up during the month, any concerns around data quality or recording processes are followed up with teams and additional support provided if required. 3 Day Follow Up performance has been published for October 2020 and latest benchmarking data shows the England average to be 77.7%.

85.4% of referrals seen by community mental health teams were within 15 days, meeting the 80% contractual target in December, with some local variation both above and below the contractual target. In Community and Wellbeing CMHTs performance was 86% and in Older People Services CMHT performance was 81%, the first month in 2020-21 that both services met the standard. Whilst for Adult CMHTs the overall number of referrals was lower in December it is worth noting that a number of focused sessions with CMHTs took place in the month, demo-ing the CareDirector dashboards which are intended to support services to help them better manage performance in this area. The new quality, delivery and performance report is also being discussed with team managers at weekly performance meetings and is helping identify variance across the service.

In Q3 the percentage of referrals to memory services seen within 8 weeks was reported at 60.7% (target is 90%). Following the recommencement of the Memory Assessment Service on 1st October the data and associated recording processes contributing to the service KPIs on time to assessment and diagnosis have been reviewed. Telemedicine contacts are now included in this measure to try and better reflect the service reset work. Effective use of CareDirector had been identified as a contributing element to poor reported performance due to data quality issues. Demonstrations of the available dashboards to support case management have been provided to the team and changes in processes implemented to utilise CareDirector features.

Further analysis was undertaken to better understand the expected impact of managing the memory services backlog. Whilst there are some capacity challenges within the service the backlog is currently being worked through. At the end of Q3 49.2% of referrals to memory services had a diagnosis recorded within 12 weeks, just below the 50% target. Additional communication on access to CT scans has been promoted via clinical networks.

Actions taken/to be taken: Where data quality concerns have highlighted recording errors, the correct process is reiterated to the staff involved. Services continue to use the QDAP report and CareDirector dashboards to focus on this area and develop plans for improvement, including pro-active sharing of 'best practice' across teams where appropriate.

Within the Early Intervention Psychosis Service 61.1% of people referred started treatment within 2 weeks in December, against a 60% standard. Whilst above target performance is lower than in previous months, this is mostly due to changes in operation over the Christmas / New Year period. In December a focused session on the use of operational dashboards was met positively with the service and collaboration with Aspire is ongoing to better understand the information contributing to quality and performance. In Q3 57.6% of people discharged were from EIP to Primary Care, (68 from 118 people). Further work is required in terms of data quality validation to ensure clinicians are recording accurate discharge destination on CareDirector.

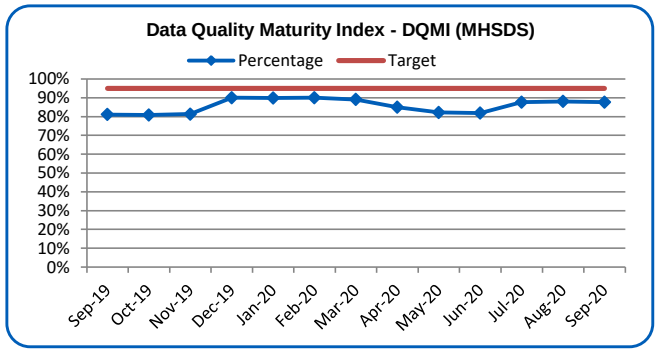
Actions taken/to be taken: Continue to feedback to teams/individual clinicians to ensure accurate reporting of discharge destinations

Q3 performance on EIP Cardiometabolic assessments has dropped to 24.5% against the 90% target, with 115 people with physical health assessments recorded from an eligible 469 on the First Episode Psychosis (FEP) pathway. This is in part due to a number of factors, notably the significantly reduced face to face contact (often service user driven) and the reduction of clinics during lockdown.

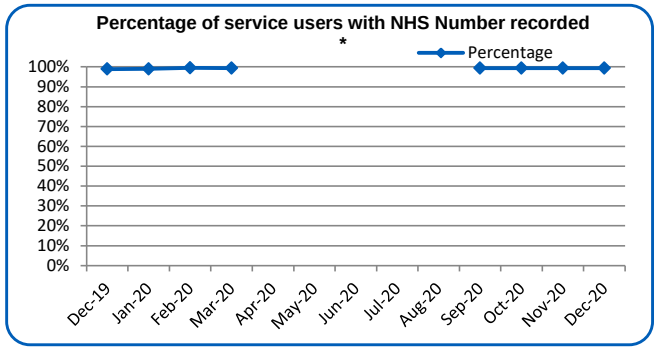
The service recognise this as a priority and have developed a recovery plan to meet the physical health needs of clients and increase completion of the physical health checks. This includes the identification of 'high-risk' / priority clients with existing health problems, the training of additional staff within the team to complete the assessments, and an increase in face to face activity (facilitating the physical health checks being undertaken). This should result in the compliance percentage increasing steadily over Q4, and is being supported by the development and implementation of new dashboards on CareDirector focussing on the physical health monitoring.

Actions taken/to be taken: Implementation of recovery plan and recommencement of the weekly physical health clinic from Jan 21, supported by the use of new specific dashboards on Care Director.

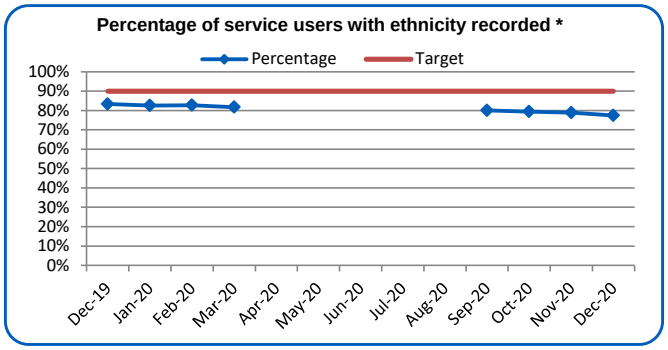
Services: Clinical Record Keeping



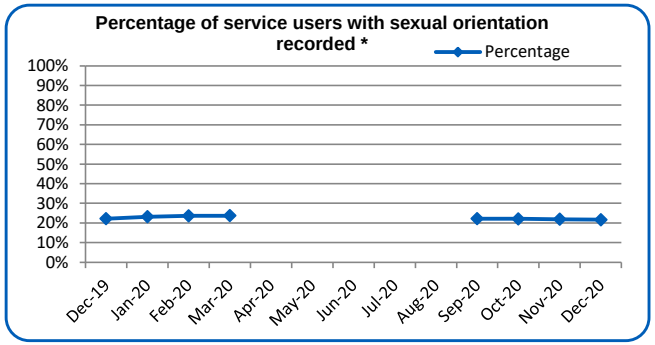
19/20 CQUIN / NHSOF Target - Sep: 87.6%



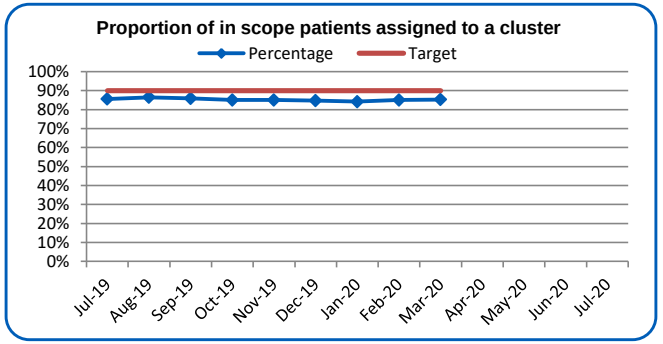
Local measure: Dec: 99.3%



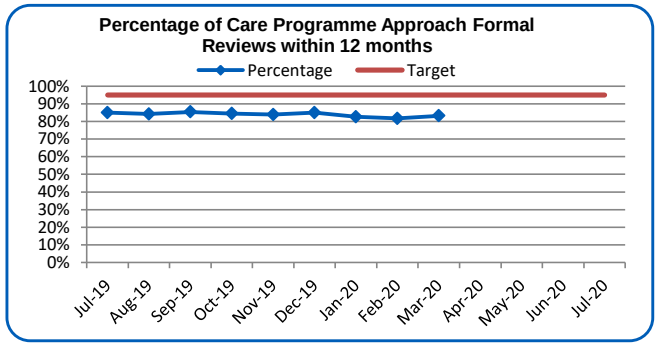
Local target: 90%: Dec: 77.4%



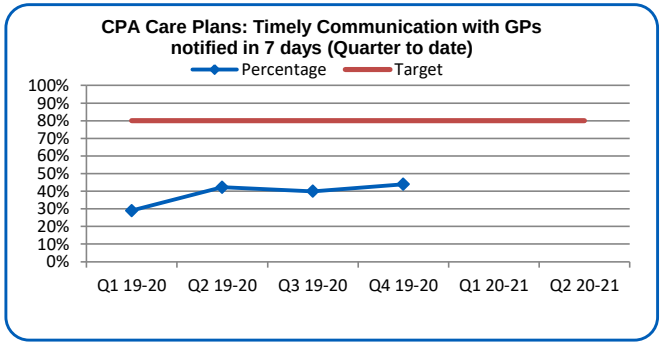
Local measure: Dec: 21.7%



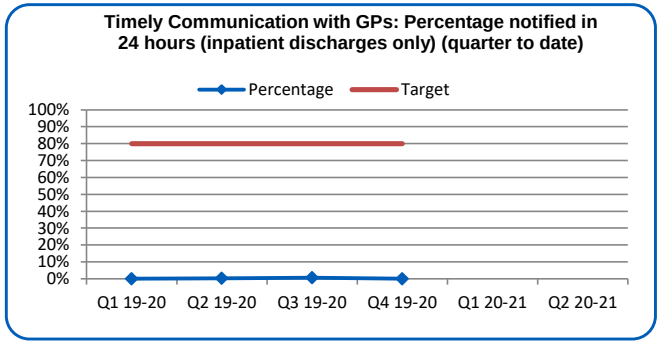
Local target (tbc) : *20-21 data development ongoing*



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



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



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

* 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

A programme of focused data quality conversations across our Services has contributed to an improvement in our DQMI (Data Quality Maturity Index) score, 87.6% (Sep 2020), consistent with our pre-CareDirector position. We continue to support staff in regaining expected standards of data quality, providing further support and training on our new system and the reports available to monitor and evidence improvement. As at December 99.3% of care records had an NHS number recorded, 77.4% ethnicity and 21.7% sexual orientation. This information is reported at all levels of the Trust via our QDAP (Quality, Delivery and Performance) BI report.

During December 2020 there was increased engagement and collaboration around CareDirector dashboards via a number of meetings with services around accurate recording of key information such as appointment outcomes, with demos of the dashboards. Services identified as recording the lowest % of health appointment outcomes were advised how to use CareDirector to efficiently update the missing information through the use of dedicated data quality dashboards. Following these meetings there have been improvements seen for some teams (Psychotherapy Medical, 2 Adult CMHT localities and Memory Assessment WNW). Data quality continues to be reviewed and targeted support identified and provided. 93.2% of Health Appointments for December 2020 have an outcome recorded (improvement from 91.8% in October 2020).

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), requirements are being developed for providing an automated electronic discharge advice note containing the required information from EPMA (Prescribing system) and CareDirector and the automation of CPA care plans & outpatient letters for delivery during Q1 2021-22.

Actions taken / to be taken: Services piloting our interim solution which no longer requires letters to be posted. Reporting to resume again in Q2 2021-22.

Quality and Workforce metrics: Tabular overview

Quality: Our effectiveness	Target	Sep-20	Oct-20	Nov-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	2	8
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**	**Sep-20**	**Oct-20**	**Nov-20**
Friends & Family Test: Percentage recommending services (total responses received)	-	0% (0)	0% (0)	100% (1)
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	-	12	12	14
Percentage of complaints acknowledged within 3 working days	-	100%	100%	100%
Percentage of complaints allocated an investigator within 3 working days	-	98%	100%	97%
Percentage of complaints completed within timescale agreed with complainant	-	100%	100%	100%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	72	95	114

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

** 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

Quality and Workforce metrics: Tabular overview

Quality: Safety	Target	Sep-20	Oct-20	Nov-20
Number of incidents recorded	-	954	898	814
Percentage of incidents reported within 48 hours of identification as serious	100%	100% (1)	100% 0)	100% (2)
Number of Self Harm Incidents	-	147	122	105
Number of Violent or Aggressive Incidents	-	93	123	74
Number of never events	-	0	0	0
Number of restraints	-	218	236	180
No. of patients detained under the MHA (includes CTOs/conditional discharges)	-	509	479	482
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	-	79	76	68
Number of Pressure Ulcers	-	0	0	0

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

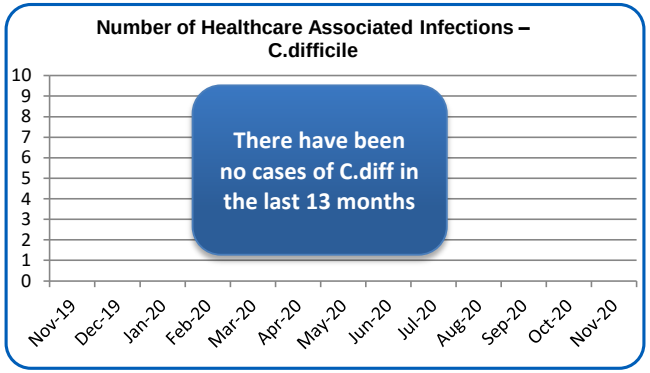
* Metric subject to data warehouse redevelopment and report re-writing following Care Director implementation

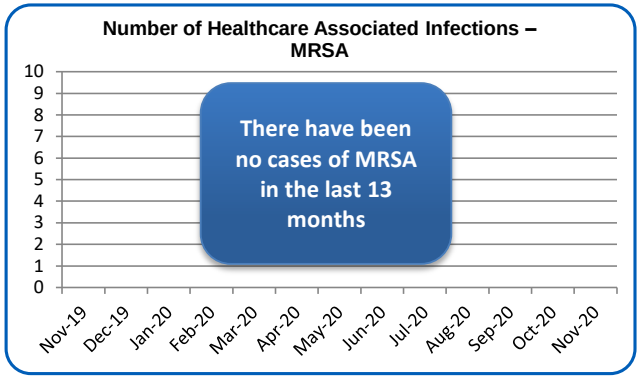
Quality and Workforce metrics: Tabular overview

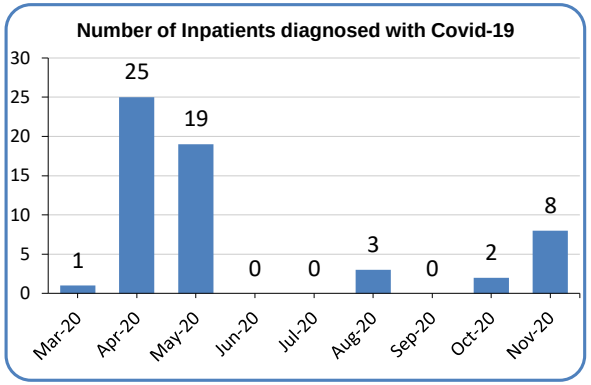
Our Workforce	Target	Sep-20	Oct-20	Nov-20
Percentage of staff with an appraisal in the last 12 months	85%	58.2%	58.2%	57.8%
Percentage of staff with a wellbeing assessment completed (placeholder)	-	-	-	-
Percentage of mandatory training completed	85%	86.3%	85.5%	85.1%
Safeguarding: Prevent Level 3 training compliance (quarter end snapshot)	85%	95.0%	-	-
Percentage of staff receiving clinical supervision	85%	65.3%	73.5%	69.7%
Staff Turnover (Rolling 12 months)	8-10%	8.3%	8.6%	8.6%
Sickness absence rate in month	-	5.0%	4.7%	5.5%
Sickness absence rate (Rolling 12 months)	4.9%	5.2%	5.2%	5.2%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	13.5%	12.7%	12.0%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	41.9%	42.3%	42.3%
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	-	936	1,122	2,529
Number of staff vaccinated for Covid19 (placeholder)	-	-	-	-
Percentage of staff vaccinated for Covid19 (placeholder)	-	-	-	-
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	18.3%	14.6%	13.3%
Medical Consultant Vacancies (number)	-	14.3	11.4	10.4
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	15.5%	13.5%	10.8%
Medical Career Grade Vacancies (number)	-	6.1	5.3	4.3
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	13.9%	15.2%	18.8%
Medical Trainee Grade Vacancies (number)	-	14.0	15.4	19.0
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	32.0%	26.0%	23.0%
Band 5 inpatient nursing vacancies (number)	-	70.1	57.0	50.4
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	12.0%	12.0%	10.0%
Band 6 inpatient nursing vacancies (number)	-	11.2	11.2	10.0
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	24.7%	15.0%	16.4%
Band 5 other nursing vacancies (number)	-	25.3	15.3	16.5
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	0.0%	0.0%	0.0%
Band 6 other nursing vacancies (number)	-	0.0	0.0	0.0
Percentage of vacant posts (Trustwide; all posts)	-	11.4%	10.9%	10.8%

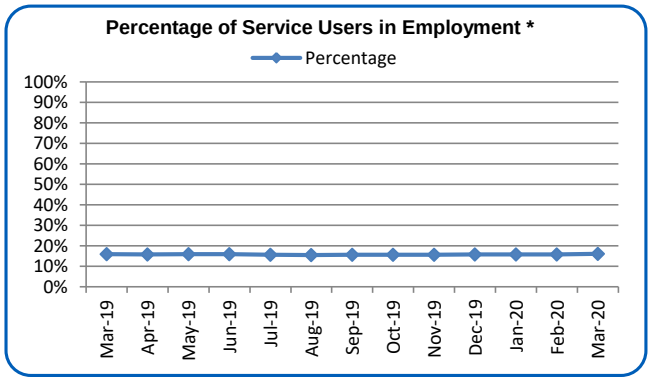
Nursing vacancies excludes nursing posts working in corporate/development roles

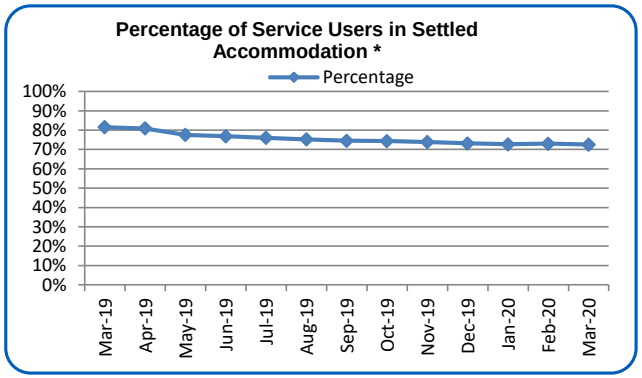
13 month trend: Quality: Effectiveness





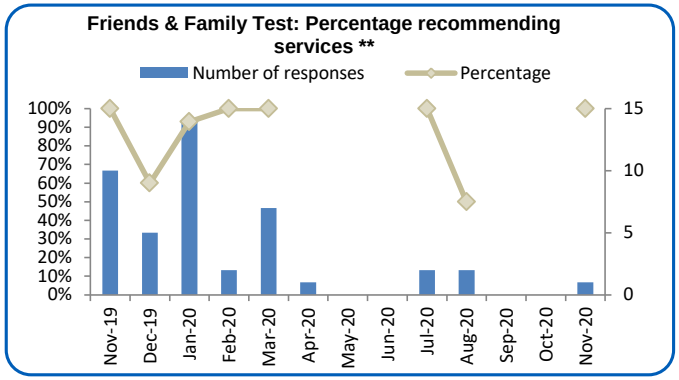


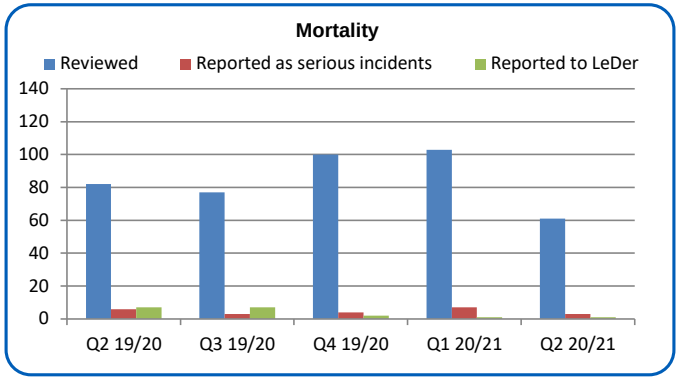


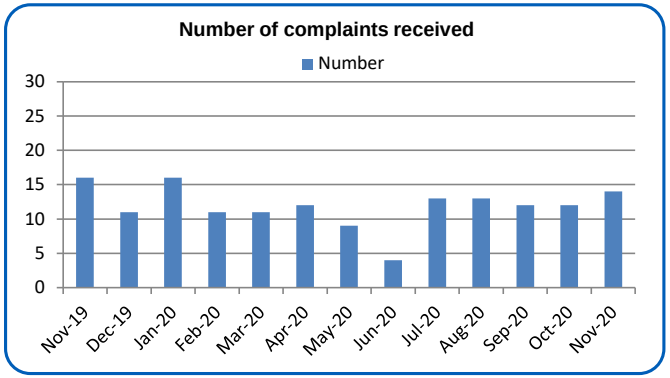


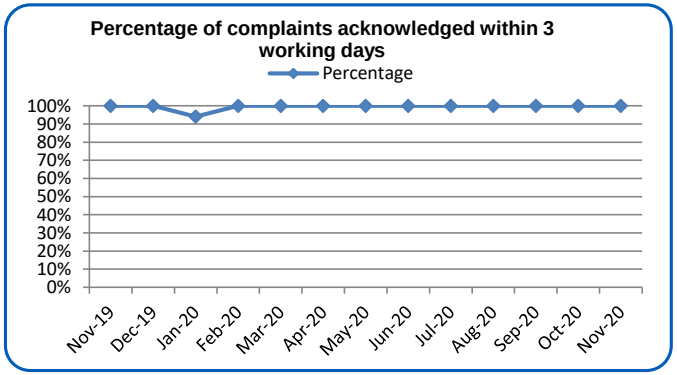
*** 20/21 data not yet available, subject to technical reporting developments**

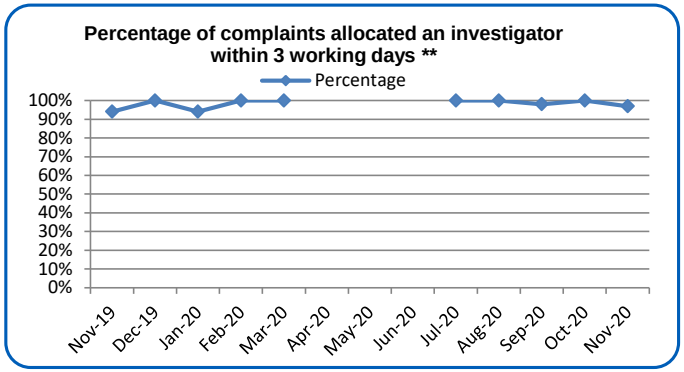
13 month trend: Quality: Caring/Patient Experience

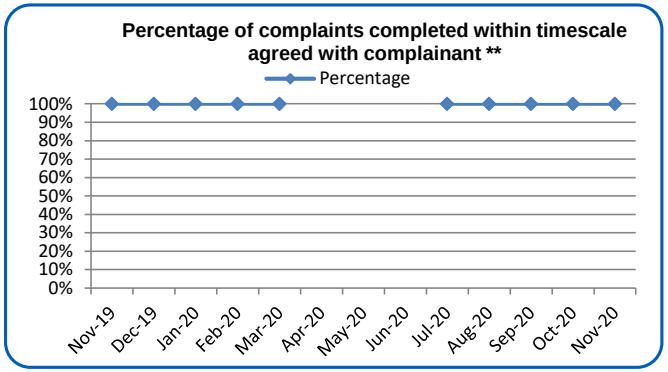


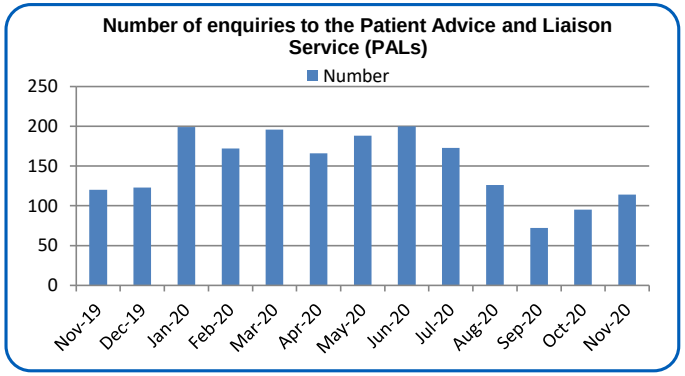






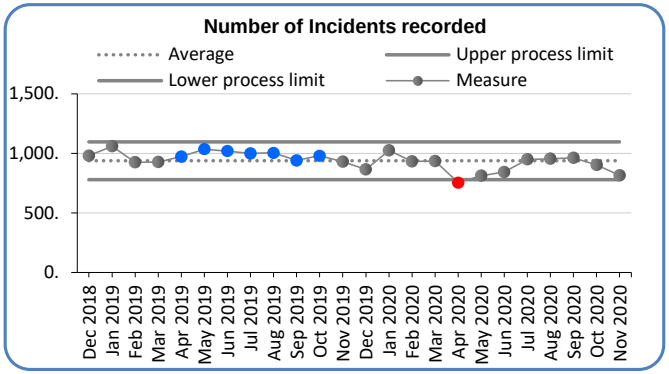


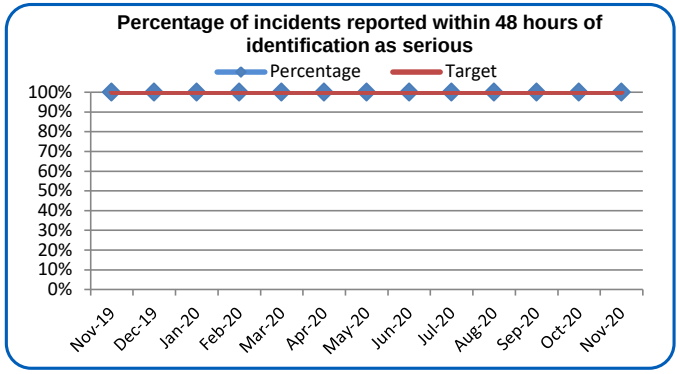


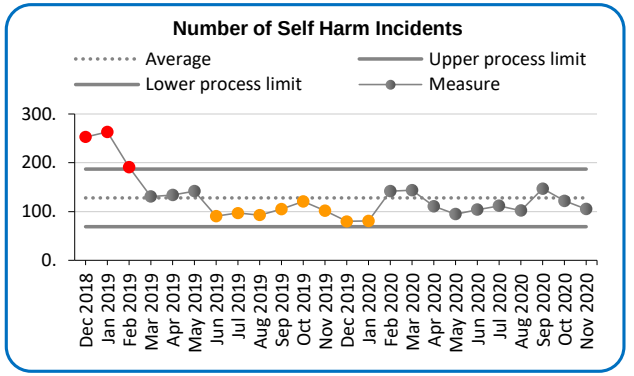


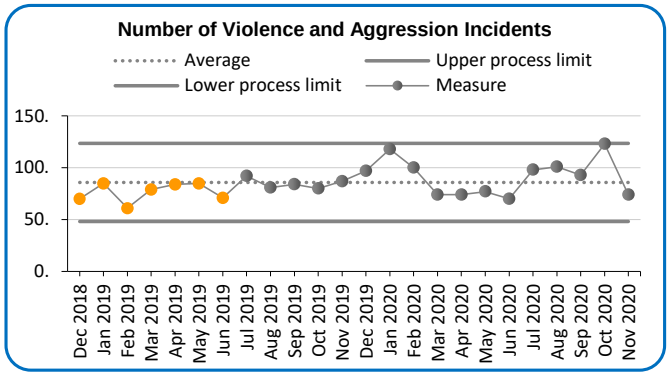
** 2020-21 Q1 reporting impacted by Covid19 related reporting unavailability / suspension

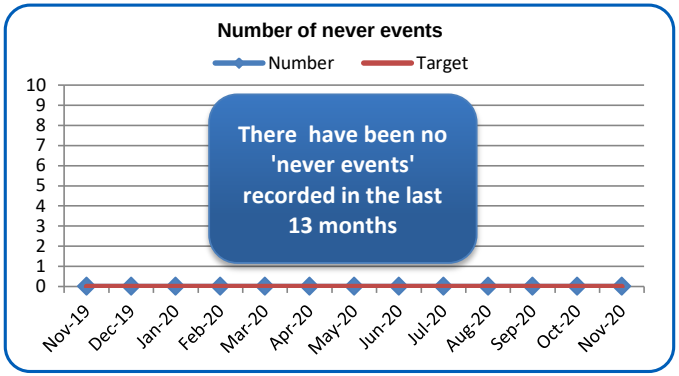
13 month trend: Quality: Safety

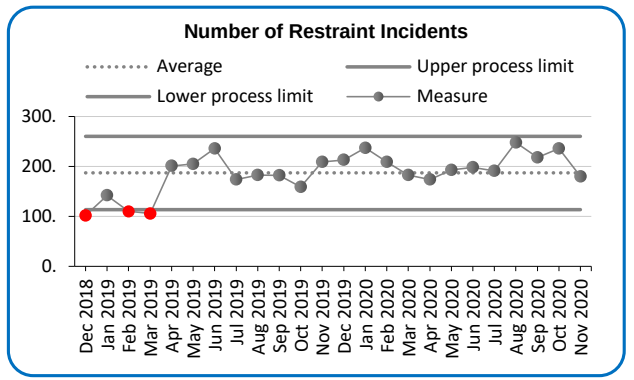


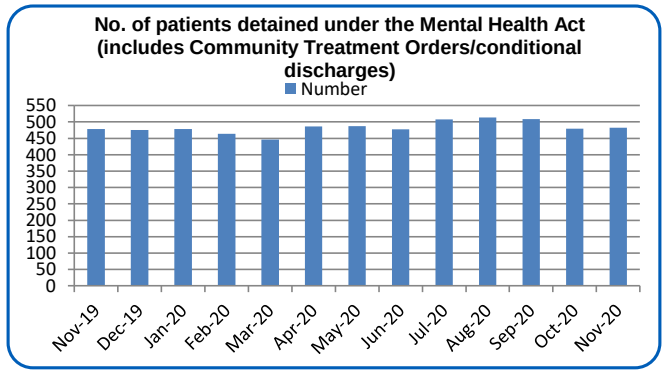


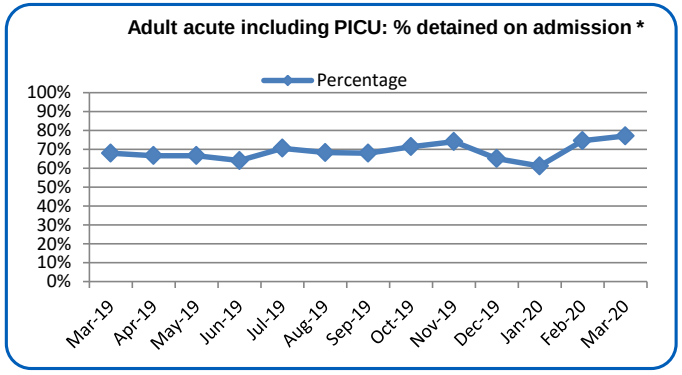


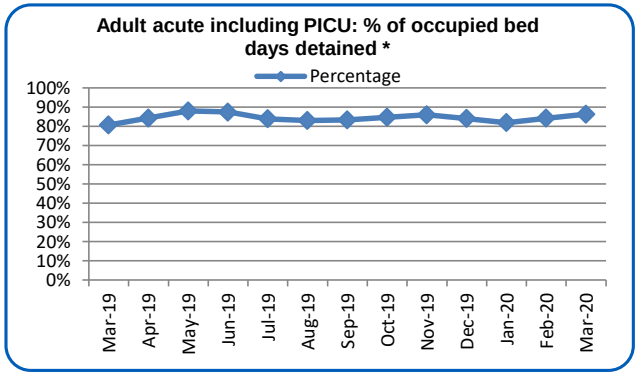






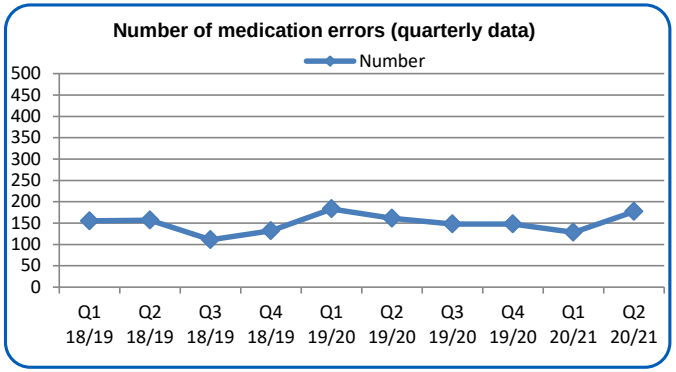


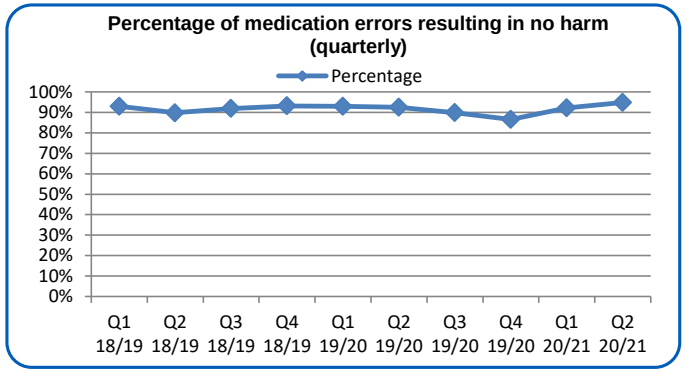


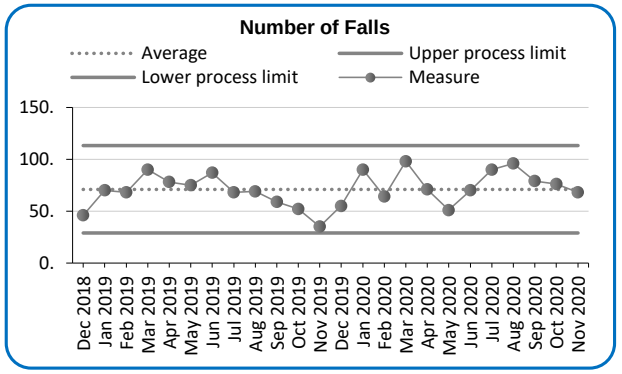


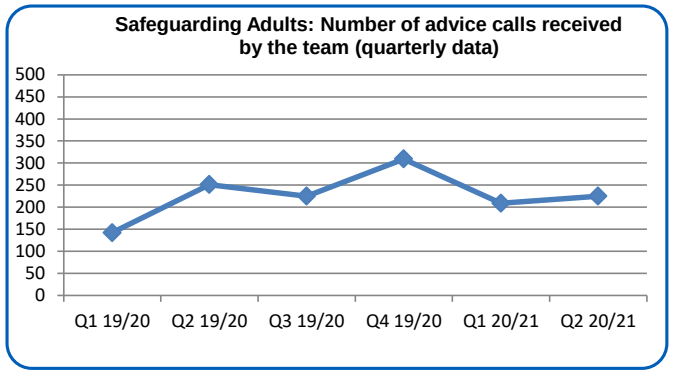
*** 20/21 data not yet available, subject to technical reporting developments**

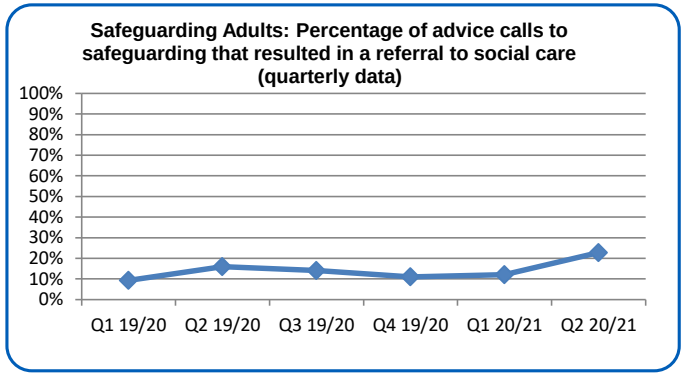
13 month trend: Quality: Safety - continued

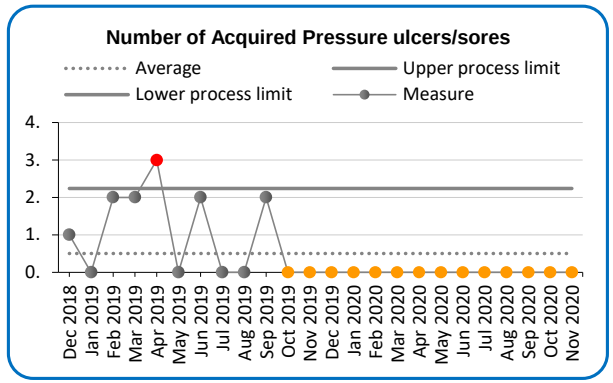


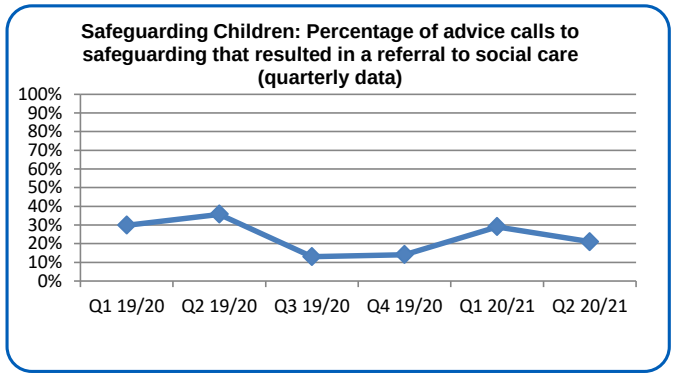


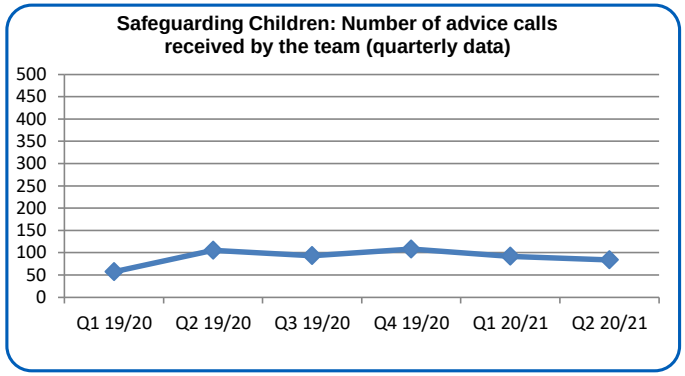




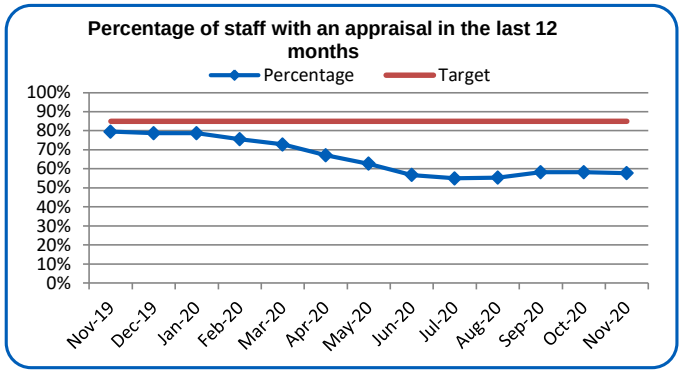


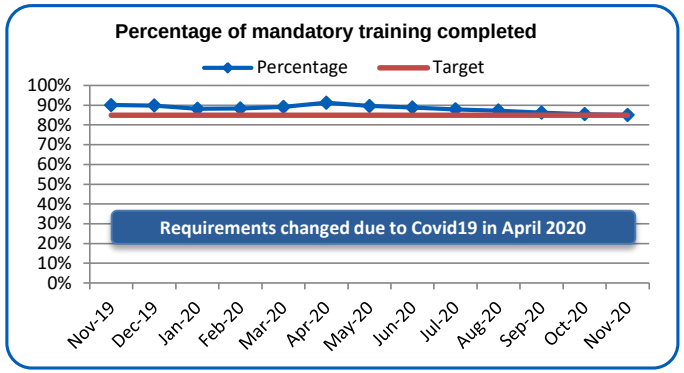


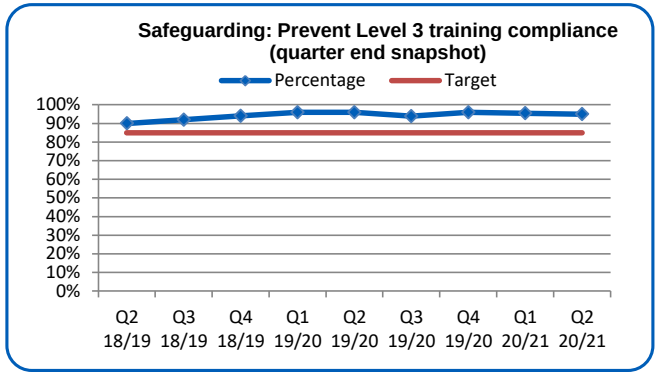


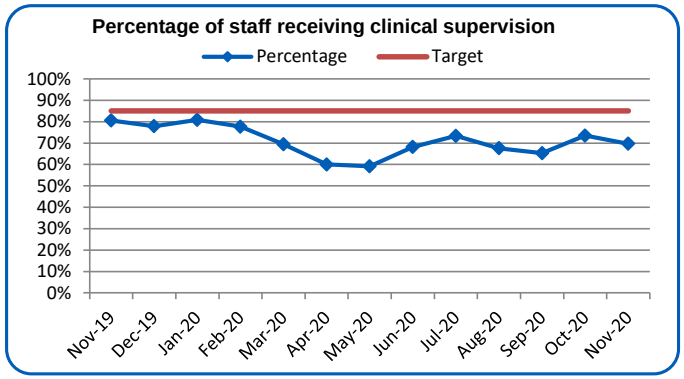


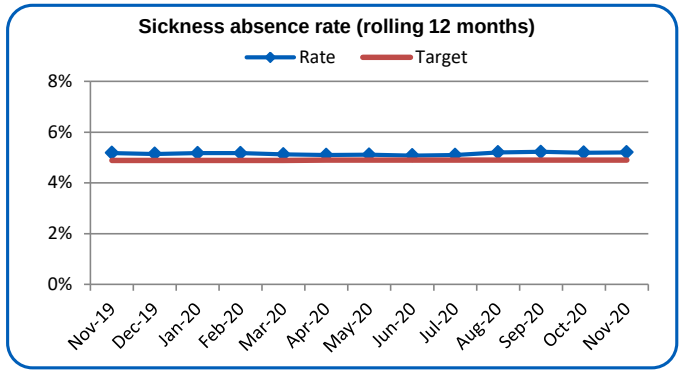
13 month trend: Our Workforce

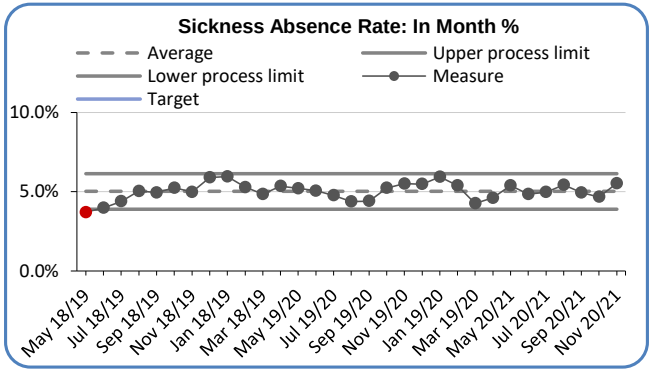


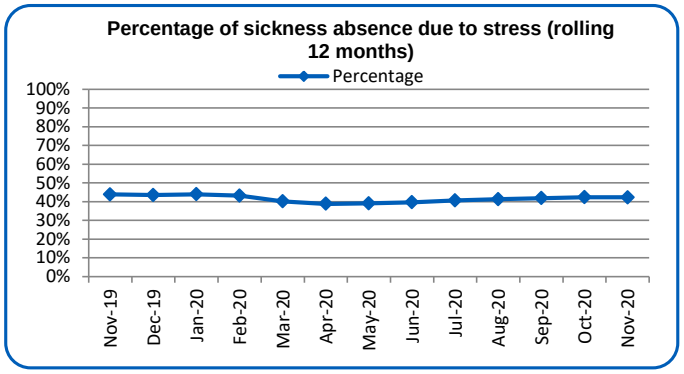


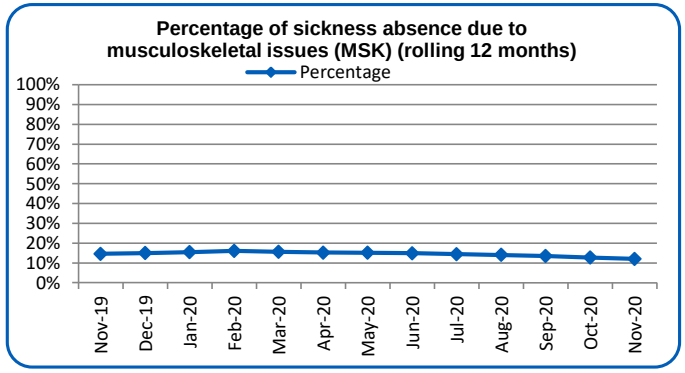


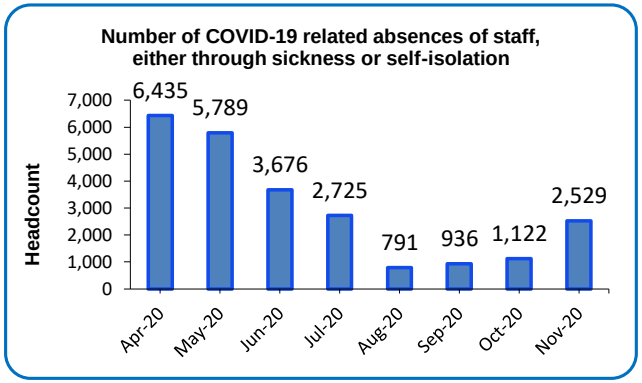




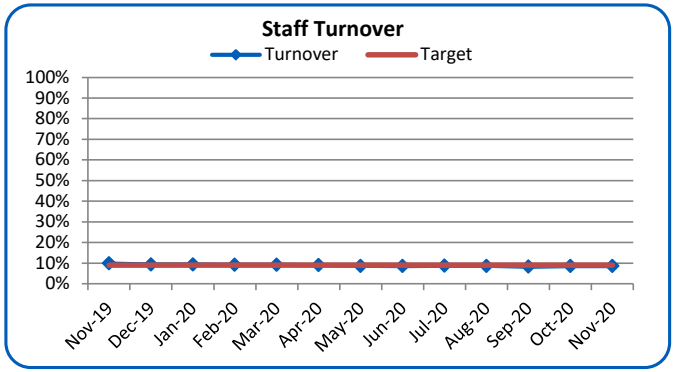


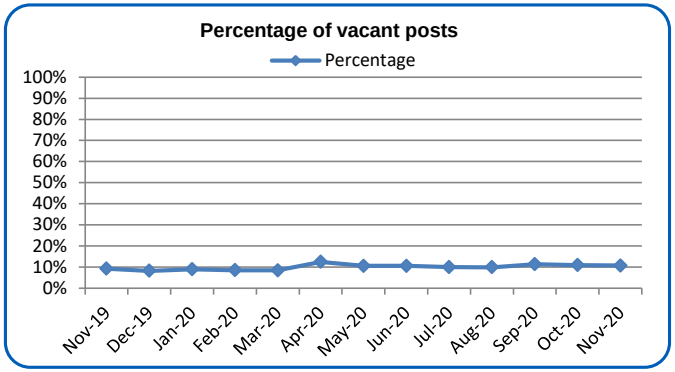


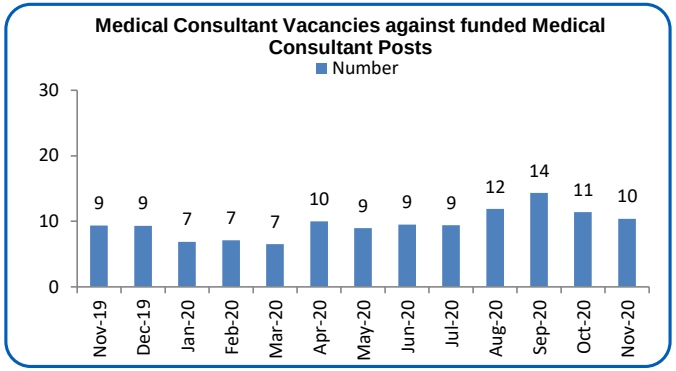


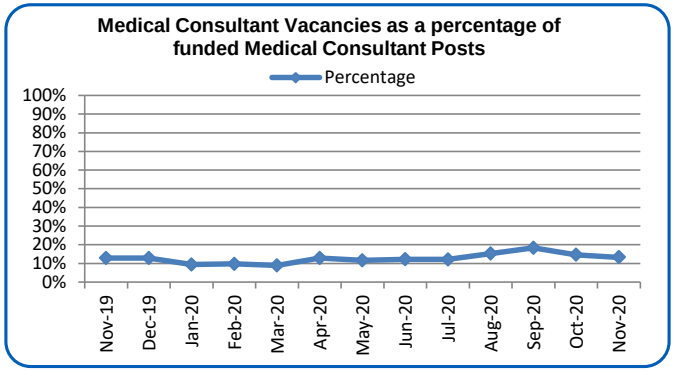


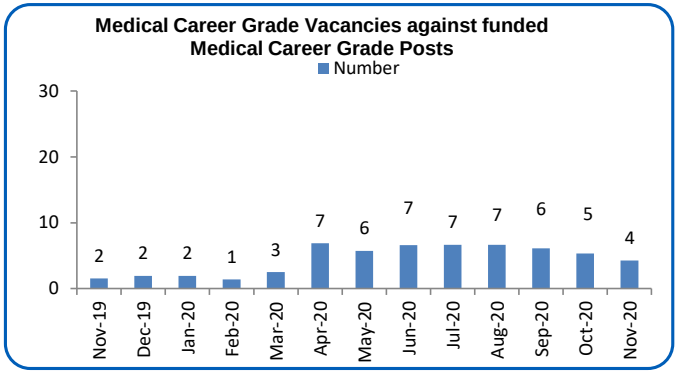
13 month trend: Our Workforce - continued

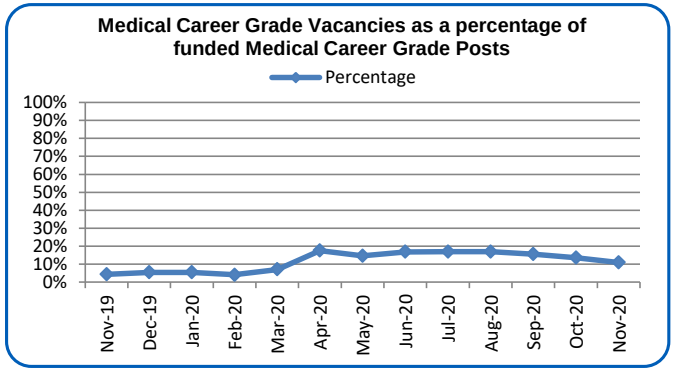


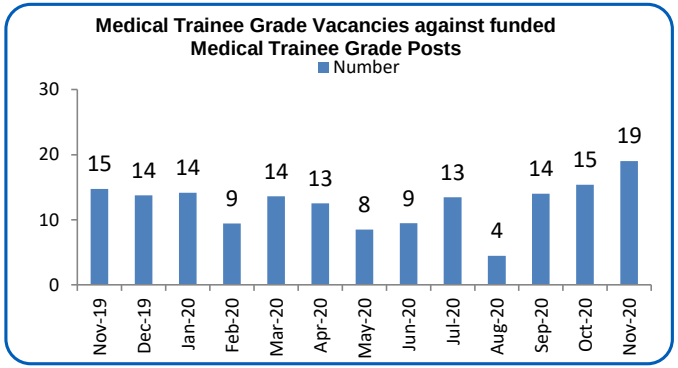


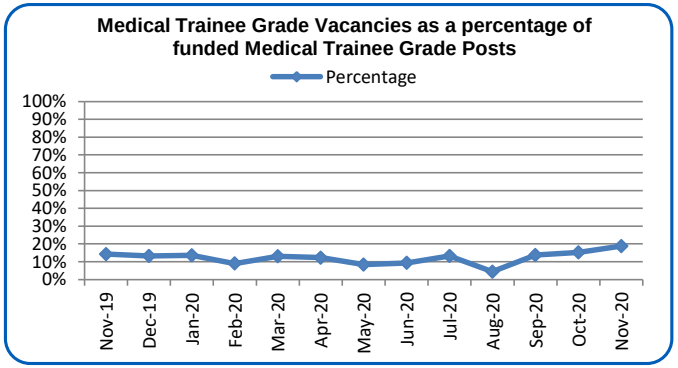




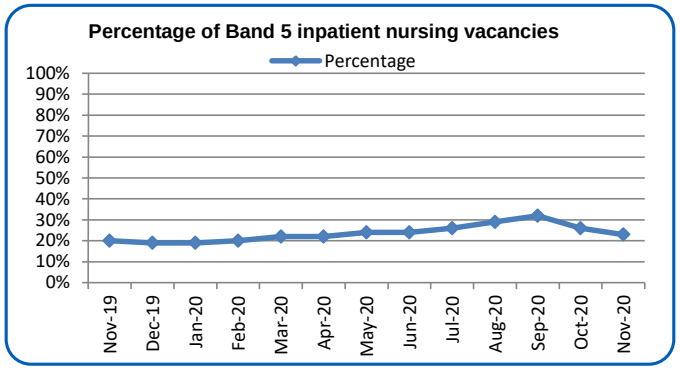


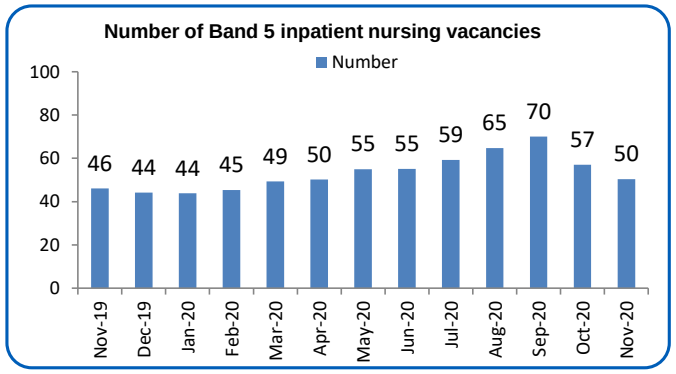


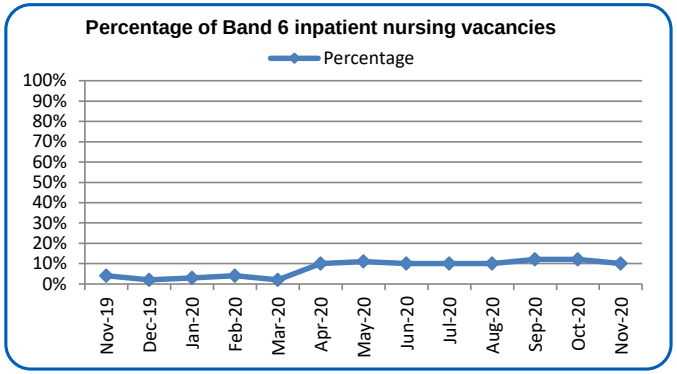


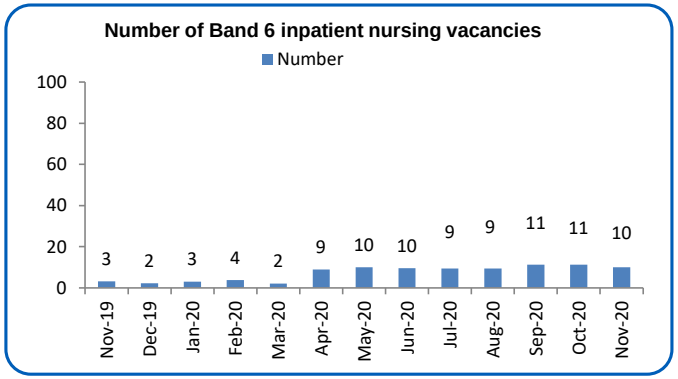


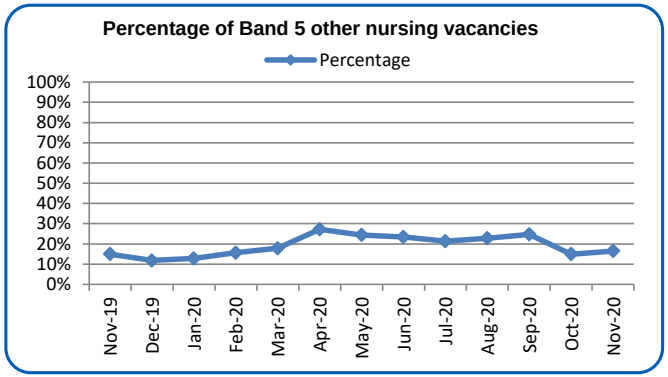
13 month trend: Our Workforce - continued

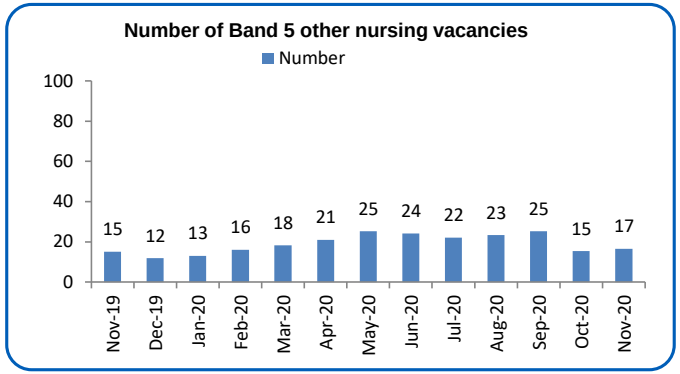


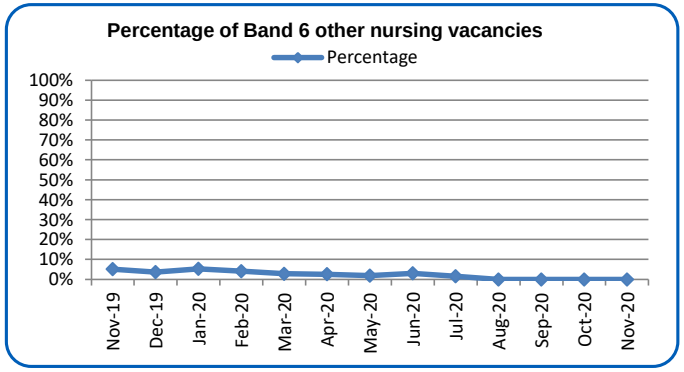


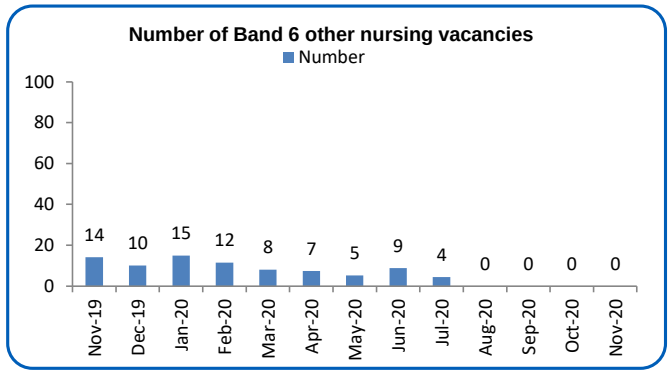












Local intelligence

PREVIOUS MONTH: OCTOBER

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, 88.1% (Aug 2020), 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.

Patient Experience

S136: There were 2 Section 136 breaches in October, both in working age adults and one of which was down to lack of bed availability, the other availability of an interpreter.
Complaints: There were 12 complaints received in October, all acknowledged within the 3 days standard, allocated an investigator within 3 days, and completed within agreed timescales. The PALS team received 95 enquiries in October.
Friends and Family Test: No friends and family surveys were submitted to Quality Health for October. The Patient Experience Team have facilitated a Trust Wide Feedback Working Group (which reports back to the Patient Experience Sub Group) and is made up of service users, carers and staff members. This group has co-produced a plan of how the new Friends and Family Tool questions will be re-launched at the beginning of December. 4 teams/services will be the first to try out the new FFT process (Learning Disability services, Rehab and Recovery, Ward 1 Newsam (PICU) and Ward 3 Becklin) and then after Christmas, further teams will be included so that by February 2021 all teams will be using the new Trustwide Feedback Tool to enable service users to give their feedback. The new feedback tool will be called “Have Your Say”. Service users will be able to give their feedback using pre paid postcards, by accessing an online survey, by using a QR code on their mobile phones to access the online survey and there will also be an opportunity for feedback to be given over the telephone or by email.

Safety

Incidents: Overall the number of incidents remains within levels of normal variation. Whilst the number of violence and aggression incidents moved one point above normal variation, it is recommended no action should be taken unless a run of 7 sequential points, above or below the mean, indicate a change in process of statistical significance.

Workforce

Appraisals: Appraisal rates have held steady which given the increased number of appraisals due to expire in October demonstrates an improvement in the appraisal uptake. Upon review of the appraisal completion trajectory, and following feedback from managers and staff regarding what is currently most valued from the appraisal discussion, the executive management team agreed that the Wellbeing Assessment, which is currently complete for 89.8% of substantive staff and 61.4% of Bank staff, should 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. Following discussion at Board and Workforce Committee, it is intended that from November, we will start to report the completion rates for the Trust Wellbeing Assessments until a new appraisal system is launched in Autumn 2021.
Mandatory Training: Compliance in October was above target at 85.5%. At the time of writing, the figure is still compliant at 85% however, the evidence shows that compliance with CT is in a state of steady decline that started in April and is reducing at roughly 0.5% every month. It is predicted that this will leave the Trust in a position of non-compliance by December 2020. The data shows that the decline relates to the classroom modules of PMVA & ELS/ILS and is multi-facetted in that it is caused by Covid-restricted class numbers, prioritisation of redeploying staff displacing existing staff bookings and these redeploying staff not factoring into the compliance data as their substantive roles do not require PMVA. The Trust is making positive decisions to prioritise the redeployed staff who will support our service users, to have the necessary skills to do so and a risk assessment is being drafted to review potential options to increase capacity without compromising on quality.
Clinical Supervision: There has been continued improvement in clinical supervision rates reported although these still fluctuate which was discussed at the Workforce Committee on 1 December. A joint working group is being established in the new year in partnership with the new Clinical Directors to review the provision of supervision, including clinical supervision training, access to supervision and reporting mechanisms. An update will be provided back to the Workforce Committee in February 2021.
Sickness Absence: In October the in-month sickness absence rate remains within levels of normal variation at 4.7%, with a rolling 12 month average of 5.2%. 1,122 staff days were lost to Covid-19 related absences through sickness or isolation, up from 936 in September.
Vacancies: As anticipated, with the appointment of the student / aspirant nurses in September, the Trust has seen a 24% reduction in Band 5 nursing vacancies. In October there were 57 band 5 inpatient nursing vacancies and 15 band 5 other nursing vacancies, a reduction of 23 vacancies from the previous month.

Coronavirus: Lateral Flow Testing is currently being rolled out across the Trust, a huge organisational and logistical challenge in what is already a busy and difficult time. As the current national lockdown ends next week, tougher regional curbs will come into force and it’s likely that much of the North of England will be in Tier 3. While there is some good news around the COVID vaccine, it remains important that people continue to use careful judgement to avoid increasing the risk of spreading the virus. The number of cases in Leeds is coming down and after two national lockdowns it’s crucial that we continue to keep up with the measures to keep everyone safe from Covid; wearing PPE, washing your hands and maintaining social distancing.

Local intelligence

CURRENT MONTH: NOVEMBER

Clinical Record Keeping

Data Quality Maturity Index: A programme of focused data quality conversations across our Services has contributed to an improvement in our DQMI (Data Quality Maturity Index) score, 87.6% (Sep 2020), consistent with our pre-CareDirector position. We continue to support staff in regaining expected standards of data quality, providing further support and training on our new system and the reports available to monitor and evidence improvement. As at November 99.3% of care records had an NHS number recorded, 78.8% ethnicity and 21.9% sexual orientation.

Patient Experience

Complaints: 14 complaints were received in November, all acknowledged within the 3 working days standard. 97% of complaints were allocated an investigator within 3 working days, and 100% completed within the timescales agreed with complainants. The PALS team received 114 enquiries in November.

Friends and Family Test: In November there was 1 friends and family survey submitted to Quality Health, a positive recommendation response from within our Specialist Services. The Patient Experience Team Trust Wide Feedback Working Group has co-produced a plan of how the new Friends and Family Tool questions will be re-launched at the beginning of January 2021. The new feedback process, called "Have Your Say" is currently being trialled by 4 teams/services (Learning Disability services, Rehab and Recovery, Ward 1 Newsam (PICU) and Ward 3 Becklin) and then following a period of evaluation further teams will be included so that by February 2021 it is anticipated all teams will be using the new Trustwide Feedback Tool. This will enable service users to give their feedback using pre paid postcards, by accessing an online survey, by using a QR code on their mobile phones to access the online survey, and an opportunity for feedback to be given over the telephone or by email.

S136: In November there were 4 Section 136 24 hour breaches, all working age adults with 2 due to lack of bed availability, 1 availability of an AMHP and 1 because of the availability of an interpreter.

Safety

Incidents: In November the number of incidents, including violence and aggression, self harm and restraint, remained within levels of normal variation. In total there were 814 incidents recorded, of which 180 were restraints, 105 self harm, 74 violent or aggressive incidents, and 68 were falls.

Workforce

Appraisals: Appraisal rates continue to hold steady at 57.8% in November. Ahead of our plans to introduce a new appraisal system in Autumn 2021 reporting on compliance against completion of the wellbeing assessments is currently reported via the SitRep and through the Health and Wellbeing group. A report is being developed via the I-Learn system to support the automation of the wellbeing assessment compliance data into the CQPR and Workforce Information will be working alongside Informatics to bring this to you as soon as possible.

Mandatory Training: Compliance in November was above target at 85.1%. As previously reported, and with reasons outlined, compliance with mandatory training has been in a state of steady decline since April, reducing at roughly 0.5% every month and it is predicted that this will leave the Trust in a position of non-compliance by December 2020. The Trust continues to make positive decisions to prioritise the redeployed staff who will support our service users, to have the necessary skills to do so and a risk assessment is being drafted to review potential options to increase capacity without compromising on quality.

Clinical Supervision: Clinical supervision rates continue to fluctuate and will be the subject of discussions at the new joint working group being established in the new year in partnership with the new Clinical Directors. An update will be provided back to the Workforce Committee in February 2021. In November 69.7% of eligible staff received a clinical supervision.

Sickness Absence: The In-month sickness absence rate is consistent with the rate for the same period last year and remains within levels of normal variation at 5.5%. The rolling 12 month average as at November is 5.2%. 2,529 staff days were lost to Covid-19 related absences through sickness or isolation, more than double the 1,122 during the previous month. At 12% the percentage of sickness due to musculoskeletal issues in a rolling 12 months is at it's lowest reported rate and has improved from 15.2% reported in April 20. In recent months there has been a slight increase in the percentage of sickness due to stress, this period of slow incremental increase follows a sharp decline in stress related sickness in Feb, March and April and reflects a regulation back to pre-covid levels of stress absence.

Vacancies: Trustwide the percentage of vacant posts is 10.8%. Latest benchmarking data (Oct 20) shows LYPFT as the highest in the West Yorks & Harrogate Health and Care Partnership and in the highest 25% of Trusts nationally where the National median is 7.5% (Source: NHSI Model MH Trust). Following the recent appointment of the student / aspirant nurses, as at November the Trust had 50 Band 5 inpatient nursing vacancies, down from 70 in September. Many of the vacancies relate to HCSW and we are now part of the HCSW retention programme to reduce this and address this working with INDEED, an online platform company who have had excellent results in this area. The Trust's staff retention rate (the percentage of staff that remained stable over a 12 month period) is 91.2% (Sept 20). A clear indicator of how well an organisation is operating our rate places us in the top quartile nationally where the median is 87% (Source: NHSI Model MH Trust via ESR / NHSD Stability Index).

Coronavirus: The Prime Minister has announced a national lockdown and instructed people to stay at home to control the virus, protect the NHS and save lives. The decision follows a rapid rise in infections, hospital admissions and case rates across the country, and hospitals are now under more pressure than they have been at any other point throughout the pandemic. The drastic jump in cases has been attributed to the new variant of COVID-19, which scientists have now confirmed is between 50 and 70 per cent more transmissible. Given the pace of change we will provide a verbal update during the meeting. At the time of writing 112 members of LYPFT staff have been vaccinated to date, with an additional 44 staff booked in at the Leeds Covid Vaccination Hub. These colleagues have been identified in line with guidance from The Joint Committee on Vaccinations and Immunisations (JCVI). As an organisation our plans are still to roll out and vaccinate the most at risk groups first in line with this guidance. Running alongside this, services are also starting to receive ‘on the day’ opportunities from local Primary Care Vaccination Hubs who are vaccinating the public. The Trust would like to remain responsive to this additional ad hoc approach so as many staff get access to the vaccine as possible. It is important that we continue to do everything we can to reduce the spread of the virus.

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

BOARD OF DIRECTORS

PAPER TITLE:	MHOST 6 monthly review of Safer staffing
DATE OF MEETING:	28 January 2021
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 Gail Galvin, Professional Lead Nurse Gareth Flanders, Professional Lead 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

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

This report is a 6 monthly update and draws on the requirements of the National Quality Board's (NQB) Safer Staffing expectations. It contains a high level overview of data and analysis providing Trust Board members with information on the position of all wards staffing against safer staffing levels for the 6 month period of the **1st May 2020 to 31st October 2020.**

The areas of focus and analysis prioritised in this report are the six Forensic inpatient wards based at Clifton House and the Newsam Centre. The paper also provides an update of the previous six month report which focussed on the Older peoples and acute inpatient services who were successful in receiving additional funding from Leeds CCG.
The full report was discussed in detail at Quality Committee on the 12 January 2021 and all present agreed the report provided a high level of assurance that staffing issues within our ward environments had robust plans and oversight in place

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

RECOMMENDATION
The Board is asked to: • Note the content of this 6 monthly report and the progress in relation to key work streams. • Discuss the Forensic service recommendations • Be assured that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

Meeting of the Board of Directors

28 January 2021

LYPFT 6 Month Safe Staffing Review Paper

1.0 Introduction

Leeds and York Partnership NHS Foundation Trust provide inpatient care and treatment across 26 wards.

''How to Ensure The Right People, With The Right Skills, Are In The Right Place At The Right Time - A Guide to Nursing, Midwifery and Care Staffing Capacity and Capability.'' (NHSE 2013) set out the expectations of commissioners and providers to optimise nursing, midwifery and care staffing capacity and capability so that they can deliver high quality care and the best possible outcomes for patients. The National Quality Board followed this up in 2016 by publishing ''Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe Sustainable and productive staffing''; highlighting the need to balance quality and financial objectives.

This report draws on the requirements of the above reports and contains a high level overview of data and analysis providing the Board with information on the position of all wards staffing against safer staffing levels for the 6 month period of the **1st May 2020 to 31st October 2020.**

The areas of focus and analysis in the previous six month review prioritised the adult acute and older people's inpatient services as these are the areas where we are commissioned through the CCG and had an overall significant cost pressure. This paper will include a summary update of actions and recommendations taken forward from this review for those services; but the specialist forensic services will be the main feature in this report.

It's important to note that since March 2020, LYPFT and trusts across the country have been working to protect staff and patients from the new risks posed by COVID-19. LYPFT services have had to adapt and change to continue delivering mental health care in response to the exceptional circumstances of the covid-19 pandemic. A specific focus on infection control has opened up new ways of working where the

delivery of interventions has had to be modified to ensure continuity of care for mental health service users both in inpatient and community settings.

2.0 The Governance of safe staffing

2.1 Safe Staffing Steering Group (SSSG) and the Deployment and staffing group

To support the scrutiny of safe staffing levels within all inpatient service areas, the Safer Staffing Steering Group was set up in April 2018 to look at the wider staffing resource. The group consists of corporate, clinical, professional and operational lead colleagues to ensure robust processes are in place to monitor and review staffing levels and provide assurance that staffing levels are safe and appropriate. This group is also responsible for producing the monthly and six monthly safer staffing board reports. However, in March 2020 at the start of the Covid-19 pandemic the requirement for national reporting was suspended by NHSE.

The internal oversight has continued throughout the pandemic, the Safer Staffing Group meet on a monthly basis to review current and retrospective data and work in concordance with the Deployment and Staffing Group who meet three times each week to review the current staffing position / pressures and identify potential solutions.

The Deployment and staffing group developed a workforce information dashboard to facilitate assurance processes around safe staffing capacity. This provides a summary of the previous weeks staffing and the following weeks staffing position and next week's staffing forecast. The dashboard includes additional staff hours that are available to each ward through local deployment (within the service line) and through formal redeployment, and any recruitment pipeline that exists for the ward.

In addition to this, a daily reporting spreadsheet has been introduced which is completed overnight for the next 24 hours and shows in detail where any staffing gaps exist against the required number of staff, alongside any additional staffing requirements above budgeted establishments (normally as a result of enhanced observations / other clinical activity, and often accounting for an additional requirement of an excess of 30 additional staff across the wards per shift). This supports the duty Head of Ops to ensure effective deployment of staff and creates an 'early warning' system, as well as providing trend information over time. This is reviewed at the daily Operational & Clinical call, and issues are then escalated as required to the Deployment & Staffing Group.

This has positively impacted the Trusts ability to safely staff the wards.

3.0 Acuity modelling and multiplier software update

In the last six month safer staffing review, The Learning Disability and Mental Health Optimal Staffing Tool (MHOST), formally referred to as the Keith Hurst Tool, were used by ward leads at LYPFT to record patient acuity over an 8 month period between the 1st February 2019 to the 30th September 2019. The data tool uses a set of care level indicators to assess patient acuity and dependency and the services were able to use the tool to provide some of the evidence which formed the basis of the business case presented to the Leeds Clinical Commissioning Group and LYPFT were successfully given additional funding of approximately 2 million pounds to improve staffing in the adult acute and older peoples inpatient services.

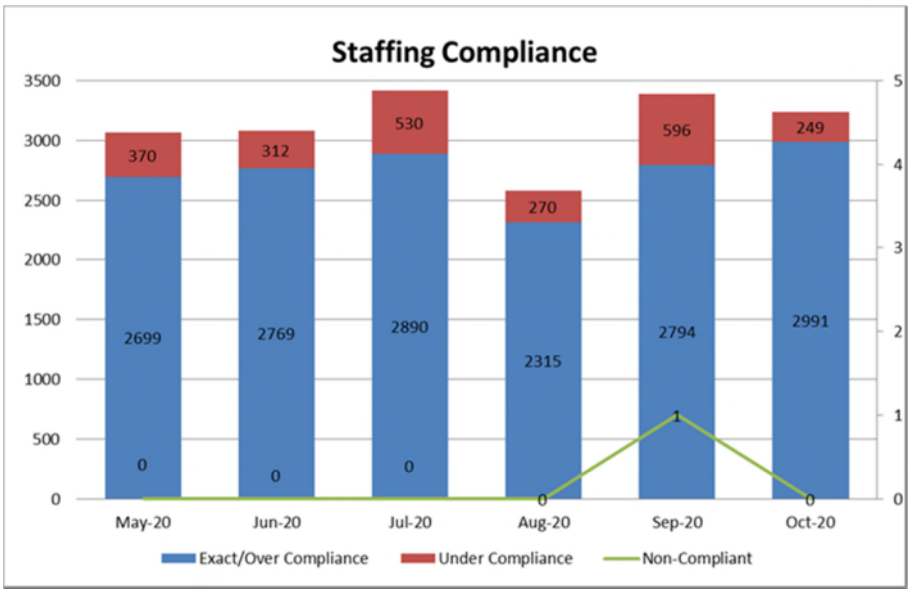
In line with the suspension of the national reporting requirements for safe staffing in March 2020 due to the COVID-19 pandemic; manual data collection using the MHOST tool was also stood down in an attempt to ease some of the clinical pressures from teams created by the pandemic.

For the areas of focus and analysis in this paper the unintended consequence of the national stand down of reporting and standing down manual data collection has meant that the forensic services have been unable to acquire a sufficient and robust data set from the tool to support the evidence and findings in this 6 month review. The services have however used benchmarking information to compare themselves with similar services across the region.

Manual MHOST data collection was stood back up in September 2020 by all services and is anticipated to be available for scrutiny in the next 6 month update.

The longer term ambition of the organisation will move away from manual input and will utilise dynamic software solutions to support and improve the delivery of the Safer Staffing agenda. This will be facilitated through the implementation of Allocate Software's Safecare system and the integration of this platform with our electronic patient system, Care Director. The Safecare system is a platform on which wards will capture daily acuity/activity data relating to patients. This platform can be configured to process the acuity data using one of the many mental health multiplier toolkits and allow real time interventions and resource coordinating through the senior management teams. It is anticipated that work to implement the system will begin when the Trust is no longer operating under business continuity measures in response to the Covid pandemic. As part of the implementation schedule, the Trust will be reviewing the available opportunity to integrate the systems to allow patient and staffing data to be reported through a single data warehouse.

4.0 Review of staffing activity from 1st May 2020 to 31st October 2020



During this period, **18,785** shifts were required to ensure safer staffing in inpatient areas. This is approximately a 9% increase from a total of 17,193 shifts (September 2019 to February 2020 data) required in the six months preceding the first pandemic lockdown.

- 16,458 (**87.61%**) of the required shifts met / exceeded planned staffing numbers. This is lower than the pre covid period which had a compliance rate of 89.8%.

- 2,327 (**12.38%**) of the required shifts did not meet planned staffing numbers. This is higher than the pre covid period which had a compliance rate of 10.18%.

- 1 shift (**0.005%**) breached safer staffing numbers. This is the same as the pre covid period.

Whilst some wards did experience staffing pressures and approximately half of the wards routinely exceeded the 85% occupancy recommended target; this paper will describe the interventions taken to maintain safe patient care including the use of proactive roster management, deployment, redeployment and bank and agency use. There were no instances of harm attributed to staffing levels.

5.0 General safer staffing update (May 1st 2020- October 31st 2020)

The covid-19 pandemic has had an impact on staffing across the whole organisation to varying degrees with a number of services being stepped down to build staffing capacity in the priority frontline areas identified as inpatient, CRISS, IHTT, inpatient medical staffing, inpatient psychology staffing, ALPS and NICPM.

The pandemic has also had a huge impact on service users. Our Allied health professional students during their placement with the patient experience team undertook an evaluation study to try to understand the impact of this .The study focused on service users within the Becklin centre who described their pre-existing mental health condition being exacerbated by pandemic related anxieties and social disruption, leading to or contributing towards a relapse. This was largely associated with increased isolation and loneliness, changes in routine, loss of valued occupations and support networks and anxiety about the health of themselves or others.

Throughout May to October 2020, the acute and older people's services reported experiencing higher than usual levels of enhanced observations. This was initially attributed to the requirement to isolate service users on admission until a negative covid-19 swab result was received. Whilst this was a clear contributory factor for some service users there is also emerging evidence of an increased number of service users presenting as more disturbed and distressed on admission; being acutely unwell and being new to mental health services. This is different to the picture presented in the specialist and forensic services where service users have longer stay placements and lower admission rates.

A snapshot piece of work was also completed across all 26 of the inpatient wards to test the detail behind an apparent high use of enhanced observations. The review identified that x60 episodes of enhanced observations were prescribed during the monitoring period. The outcome identified that x14 episodes (23.33%) were related to covid-19 and of the covid-19+ cohorting areas (CAU and ACUE), - no service users were on enhanced observations for covid related reasons. Where additional staffing was required the review identified (as did the MHOST tool) that generally activity such as personal care, hoisting, repositioning and support with eating and drinking were key triggers for the prescribing of enhanced observations. Intermittent observations were also a key reason for using additional staffing. In addition, a recent audit in the Older peoples services as part of the CQC follow up actions, showed an increase in the use of rapid tranquilisation medication following the first wave of the pandemic. We understand that this is related as described by the service as experiencing increased acuity in addition to some distressed service users requiring isolation.

Where significant isolated incidents have occurred necessitating the requirement for a substantial amount of additional staff this has been managed and reviewed at the

daily Operational & Clinical call, allowing the Head of operations to ensure effective oversight and deployment of staff.

The services have also been through periods where additional staffing have been required to manage the cohorting of covid positive patients and managing of covid outbreaks.

The Assessment and Enhanced Care Unit (AECU) and Ward 1 Becklin were the first wards to be used as cohorting areas and were staffed from the existing establishment across the 4 wards at the Mount and Ward 1 Becklin. The cohort areas also had additional resource from redeployed staff and the Aspirant nurses but this requirement did impact on the staffing levels and experience in the remaining wards.

Staffing the AECU with registered nurses was frequently a challenge but this was achieved due to support from other services.

Ward 1 Becklin ceased to be used as a cohorting area in June 2020 and the Clinical assessment unit (CAU) was utilised instead. The CAU was staffed by existing CAU staff and section 136 staffing, thereby not drawing resource from the acute wards.

Nursing covid+ service users did raise some understandable concern from some staff who were asked to work there, including Bank staff. This translated into drawing from the pool of experienced and substantive staff from their home wards to staff the cohorting area and this did on occasions affect continuity of care delivery for some service users. Staff concerns were taken into account however and the cohorting areas were largely resourced by staff who had volunteered to work there.

Resources have been stretched and the implementation of business continuity has seen the stepping down of a number of work streams including the cancellation of management and development days for clinical staff as the focus of resources have rightly been placed on prioritising service users' immediate needs.

5.1 The Acute inpatient service and Older Peoples service update

Both services had a high number of registered Nurse vacancies during this period. Vacancies were largely filled by preceptee nurses due to commence in post in October upon qualification. Many of these were able to work as Aspirant Nurses during this period which bridged this gap, facilitating a smooth transition to the role of a Registered Nurse. This group required less resource as much of the induction had been completed prior to the official start date and the confidence of the nurses was at a higher level than in previous years.

To further incentivise new recruits, two new pathway Registered nurse rotation programmes have now been set up. The Acute Care Pathway and the OPS

Community rotation Programme. Both are 2 year programmes for Band 5 Nurses consisting of either 3 x 8 month periods in the Acute Inpatient Service, CRISS/CAU and the Community Mental Health Teams or 3 x 8 month periods in the OPS IHTT/Care Homes and the OPS Community Mental Health Teams. The acute service has recruited to 6 of 9 posts already, attracting nurses from other mental health trusts and the OPS service has recruited to 1 of 3 available posts. In addition to providing nurses with the opportunity to develop their knowledge and skills, the programme has a focus on leadership and the offer of a guaranteed interview for a Band 6 post upon completion. In addition, the OPS service has a rolling recruitment programme with a more recent recruitment incentive offer of £1000 and also an offer to attract Registered General Nurses (RGN's) to the Mount due to the challenges of recruiting RMN's in addition to the physical health needs of the service user population.

The adult acute wards currently average 1-2 Registered Nurse vacancies. In April each ward in the Acute Inpatient Service received additional funding from the CCG for 2 Band 4 roles. Following the work previously undertaken through the safer staffing group identifying the level of service user need the service agreed these posts would be appropriately filled through the skillset of Nursing Associates as opposed to HCSW. The service has since recruited 6 TNA's via LYPFT's TNA recruitment plan, all 8 Nursing Associates who qualified in 2020 have been given substantive posts and 4 experienced qualified NAs have been supported to undertake their RMN training

The Older peoples service has experienced a high level of long term absence for a variety of reasons during this period in addition to 11 staff who were shielding and 1 member of staff who was absent for a prolonged period due to being unable to travel back from abroad due to the Pandemic. During the first wave of the Pandemic a new senior nurse / practitioner role was created at the Mount from existing resource. There is now a senior member of staff on duty between the hours 7am and 8pm 7 days per week, with one of the clinically extremely vulnerable (CEV) staff currently fulfilling the role Monday to Friday 7am to 3pm. This role is currently being evaluated in relation to its future.

In April each older peoples ward also received additional funding from the CCG for 2 Band 4 roles and the conversion of a Band 5 Nurse post to a Band 6. Ward 2 at the Mount had its budgets realigned to meet the actual bed base and an additional 6.3 Health Support Workers were added to the establishment to recognise the increase in bed base from 12 to 15. These posts are in the process of being recruited to but have been filled through additional bank shifts during this period to ensure safe staffing and prevent service delivery been compromised.
The service is supporting a number of Trainee Nursing Associates and has also seen in recent months some of the previously supported TNA's qualify and join the wards. Work is also being progressed to employ soon to qualify Nursing Associates

in January. In total The Mount have approximately 10 WTE equivalent registered nurse vacancies which has been a similar number for the past 12 months. The service regularly advertises for the Band 5 RN positions and offers a £1000 recruitment bonus. The service is also currently out to advert for Band 3 posts across the unit.

This period has been described as one of the most challenging if not the most challenging period of our staffs careers and it is anticipated that the upcoming winter months which are a challenge most years in older people's inpatient services to be equally as difficult. To facilitate additional support into these areas staff are currently redeployed from other sites and at the time of writing this report the older peoples wards were reporting a settled staffing picture.

5.2 General recruitment and next steps

A number of retention initiatives have now become embedded into the offer that we give to staff including, 'bank to substantive' and an internal transfer scheme.

The offer of a guaranteed position to all student nurses was again successful in recruiting more than 80% of all students to a post in LYPFT. Between the months of April 2020 to October 2020 we welcomed 53 third year nursing students (Aspirant Nurses) to our workforce, of whom 3 were Learning Disability aspirant nurses and 50 were mental health aspirant nurses. We welcomed students from nine different Universities. Work is underway to offer this to the 97 student nurses who are due to qualify in 2021, some of which have expressed an interest of working in our new CAMHS unit due to open in November 2021.

The decision to allocate the third year students who had jobs secured within LYPFT to the clinical areas within which they would be based once qualified does appear to have facilitated building networks of support and knowledge during the transition period to becoming a qualified registered nurse a little smoother. However through anecdotal indications we understand that whilst some students may have increased their knowledge in systems and processes, the approach by Health Education England (HEE) and the Nursing Midwifery Council (NMC) to allow third year nursing students to join and support the workforce in the first wave of the pandemic was unprecedented. The PLD team plan to conduct a small quantitative questionnaire with the newly qualified nurses and their clinical team managers to understand how their transition from third year nursing student to registered nurse has differed this time.

The offer of paid placements has also enabled us to develop our AHP bank and for the first time we have Dietitian associate practitioners working on our bank. We were also able to use the temporary register to bring a number of staff in early and commence them on their preceptorship journey earlier rather than waiting for full

registration. The graduate recruitment offer has been expanded to include Occupational Therapy staff and there is a campaign underway to recruit significant numbers of Occupational Therapists who are due to graduate early next year, by offering all final year students a guaranteed interview.

We now have x8 Registered Nursing Associates and x19 Associate Practitioners across the organisation as part of our ambition to grow our own staff.

Service area	Number of Associate Practitioners	Number of Registered Nursing Associates
Older people services	9	2
Learning Disabilities	1	
Forensic Services	2	1
CMHT WAA	4	
Infection Control and Prevention Team	2	1
Forward Leeds	1	
CAMHS		1
Acute Inpatients		1
Perinatal Inpatients		1
Crisis Assessment Unit		1

In addition we are supporting x12 trainee nursing associates with a further x12 due to start training in February 2021. This will help to build the capacity of registrants at the Mount, CRISS, LD inpatient, LD community, The Becklin Centre, Newsam Centre ward 6, IHTT, Mill Lodge and Clifton House.

We have also developed new pathways into the organisation looking at working in collaboration with the Department of Work and Pensions to support some 30 Assistant Support Workers into the Trust predominantly in our Adult Acute, Older People's and Learning Disability Services. The plan is that if successful these Assistant Support Workers will be supported via the Apprenticeship pathway to become Healthcare Support Workers.

Work is also underway to launch a 'candidate overflow' project in the New Year which is a new project allowing for improved utilisation of candidates who are deemed appointable at interview across different service lines. This project will help to support retention of candidates in areas of professional shortage and ensure that any candidates are given a better range of opportunities with our Trust.

We are currently improving our Retire and Return processes to help capture the information from ESR in terms of those staff coming up to retirement age. These improvements will ensure (similar to the 'candidate overflow' project) that these conversations are centrally coordinated rather than at a localised service level to offer an increased range of options to encourage staff to engage with the retire and return process as we can.

Despite recruitment based workloads increasing by some 22% on the same period in 2019 the current time to hire is well below the agreed service level agreements with most recruitment episodes taking far less than the agreed 27 days from conditional to unconditional offer.

6.0 Specialist services (Forensic inpatient)

6.1 Introduction

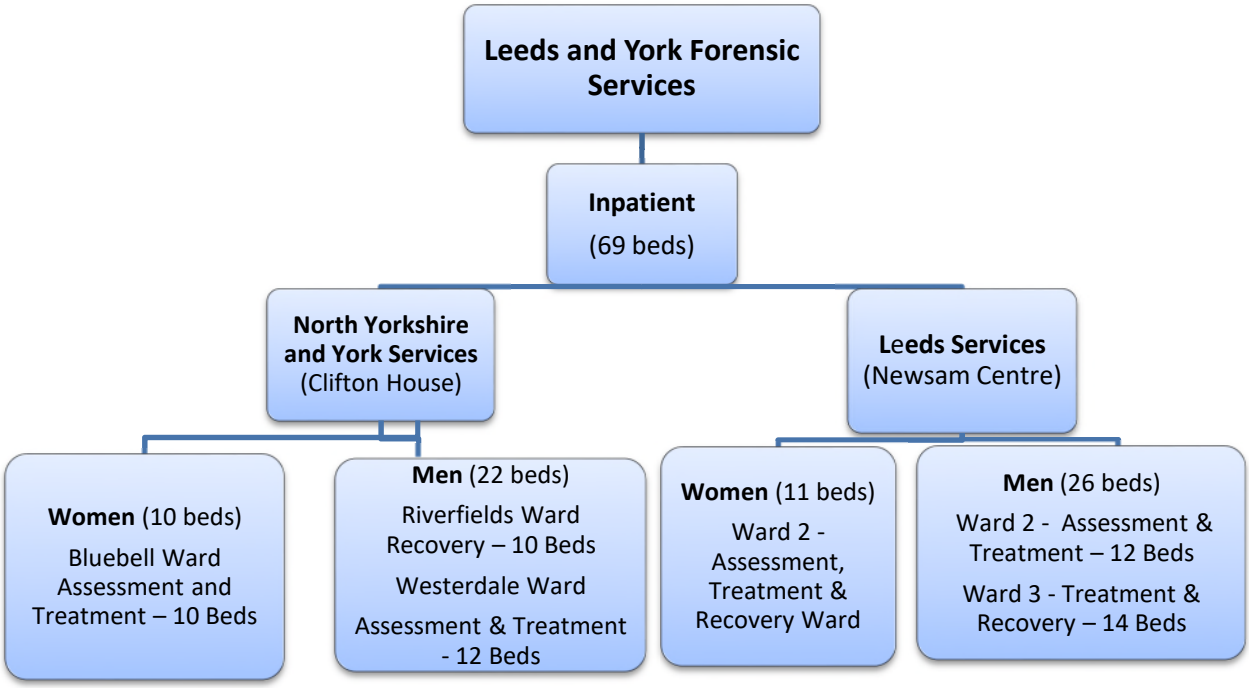
The Specialist Services Directorate provides a number of local, regional & national services. They provide interventions for adults and young people requiring complex mental health care and treatment, or support for people living with issues such as addictions, eating disorders, or physical problems with psychological causes, and those needing the support of our gender identity service.

6.2 Forensic Inpatient Services

Leeds & York Forensic Services offers inpatient facilities based at two sites within Clifton House, York and Newsam Centre, Leeds. The service provides specialist assessment, treatment and rehabilitation for adults within conditions of low security. Individuals accessing the forensic inpatient services present a risk of harm to themselves and others, and are experiencing a range of complex mental health, physical, social and legal issues. The Forensic Service supports people along an individualised recovery pathway that promotes the acquisition of healthy life skills, adaptive occupational routines and a reduction of risks to self and others. The purpose of treatment is to integrate individuals into community settings that are as least restrictive as possible.

The service provides pathways for men and women with acute and rehabilitation needs and includes seclusion one seclusion facility at the Newsam Centre and two seclusion facilities at Clifton House both requiring additional resource if in use.

The composition of the forensic inpatient services is illustrated below:



Forensic Services nationally have been subject to a redesign of provision. Future commissioning arrangements will be planned and delivered by regional 'Provider Collaboratives'.

Throughout the 2019/20 period our services have been commissioned by NHS England whilst the transition arrangements take place.

Leeds and York Forensic Services are working into both the Humber Coast and Vale (Clifton) and West Yorkshire (Newsam Centre) provider collaborative's.

6.3 Bed Capacity, Ward Establishments and Headroom

An additional percentage of staffing hours (**headroom**) is included in the budget to ensure there is sufficient cover for staffs unavailability such as annual leave, sickness absence, maternity leave, mandatory training, and continuous professional development. In the previous six month safer staffing review, we discussed the financial implications of raising the headroom to a suggested 24% across all inpatient wards and implemented this recommendation in the acute and older people's services.

Within the Specialist and forensic services headroom is still a mixed economy, with some services budgeted at 24% and some services budgeted at 21%.

This disparity requires review and as there is no expected NHSE increase in funding for 2021/22, any increased capacity would need to be funded from somewhere else in the service line. However, given that there is a potential that commissioning of the service will move from NHS England to the Provider Collaborative in April, this is a discussion that the Head of operations will need to raise to support any recommended increase in staffing numbers.

The table below reflects the number of beds per clinical area, the staffing capacity and the current agreed headroom.

Unit	Number of Beds	Ward Establishment		Agreed Headroom
Newsam Centre		**Per Shift** **Total**		
Assessment & Treatment Service	12	Early: 2RMN ,2HCA Late: 2RMN ,2HCA Night: 1RMN, 2HCA	23.5 WTE	21%
Treatment & Recovery Service	14	Early: 2RMN ,2HCA Late: 2RMN ,2HCA Night: 1RMN, 2HCA	23.5 WTE	21%
Women's Service	11	Early: 2RMN ,2HCA Late: 2RMN ,2HCA Night: 1RMN, 2HCA	23.5 WTE	21%
Clifton House		**Per Shift**	**Total**	
Westerdale Ward	12	Early: 2RMN, 4HCA Late: 2RMN, 4HCA Night: 1RMN, 3HCA	33.1 WTE	21%
Riverfields	10	Early: 2RMN ,2HCA Late: 2RMN, 2HCA Night: 1RMN, 2HCA	18.8 WTE	21%
Bluebell	10	Early: 2RMN, 4HCA Late: 2RMN, 4HCA Night: 1RMN, 3HCA	31.9 WTE	21%

The staffing establishments are higher at Clifton House due to the service being a standalone unit required to provide adequate emergency response across the site.

Regional comparison and analysis of staffing within the Forensic services is discussed in further detail within section 14.0 of this paper.

6.4 Bed Occupancy

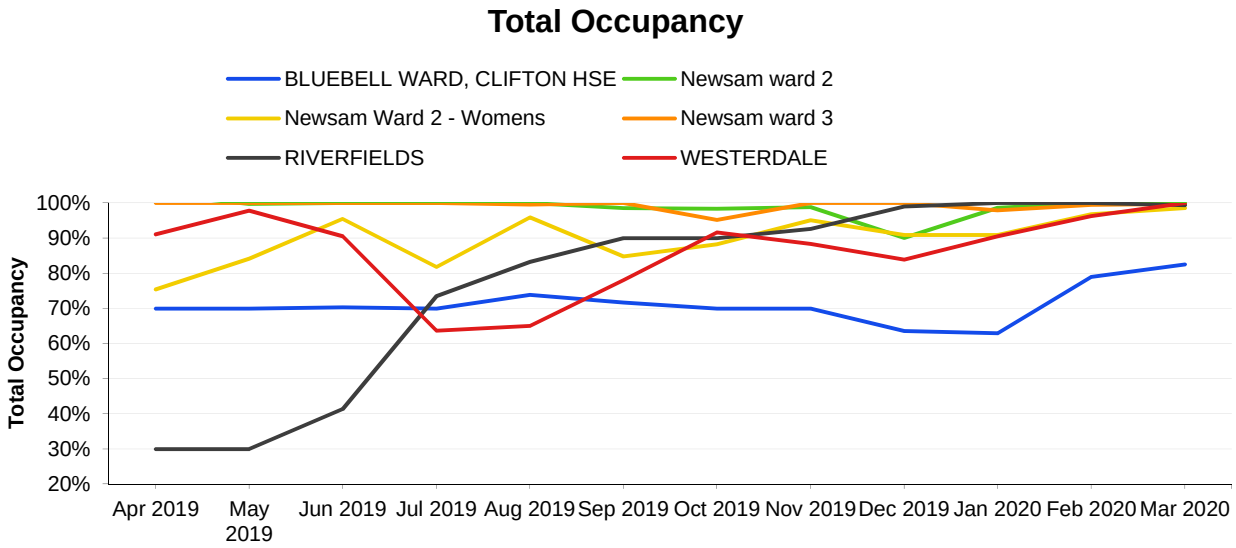
Bed occupancy data is provided below from the period of 1st May – 31st October 2020.

- Newsam Ward 2(m) - average occupancy 97.6%
- Newsam ward 2(f) average occupancy 78.0%
- Newsam Ward 3 average occupancy 61.2%
- Westerdale average occupancy 85.4%
- Bluebell – average occupancy 89.3%
- Riverfields average occupancy 95.9%

The data provided reflects a period where the service has been operating within conditions of business continuity due to the Covid19 pandemic. This has impacted upon the number of admissions into the service and the flow of individuals out of the service. The pandemic has particularly impacted upon the bed occupancy data for Ward 3 Newsam Centre. The figures shown cannot be considered representative of usual bed occupancy due to the fact that 6 beds were closed in order to provide a designated cohorting space organisationally for covid positive patients.

In order to provide more representative data information has been included for the 2019/2020 period. The tables below provide comparison data for the Forensic Service. In these comparisons Ward 3 Newsam Centre has maintained the highest bed occupancy across this period equating to 99.3%.

Total Percentage Bed Occupancy



Bed Occupancy Summary

Over the 2019/20 period, Ward 3 Newsam Centre has had the highest levels of bed occupancy throughout the year recorded at (99.3%). This statistic is likely to reflect the high demand for male treatment and recovery beds. As outlined, Ward 3 Newsam, over the last 6 month has reported an occupancy figure of 61.2% which is directly attributable to the closure of beds for the provision of a covid cohorting space. Ward 2 Assessment and Treatment service had recorded similar bed occupancy during 2019/20 of 98.9% and within the last 6 months 97.6%. This represents an equal high demand for Leeds based male acute beds.

During the last six months and over the 2019/20 period, less than 90% bed occupancy has been recorded for ward 2 female, Bluebell and Westerdale wards.

6.5. Length of Stay

For the period of 1st May – 31st October 2020 the average length of stay is recorded below.

Clifton House

Ward	Average length of stay
Westerdale	392.1 days
Bluebell	244.3 days
Riverfields	473.8 days

The above data reflects a general increase in length of stay across the Clifton House male pathway. Over the last 6 months Riverfields and Westerdale wards have the longest lengths of stay across Leeds & York Forensic Service.

Previous data identified that Bluebell ward demonstrated a steady increase in length of stay throughout the 2019/20 period with a marked decrease from December 2019 to March 2020. However, the data surrounding the last 6 months shows Bluebell to have one of the lowest lengths of stay within the Forensic Service.

Newsam Centre

Ward	Average length of stay
Ward 2 (m)	302.7 days
Ward 2 (f)	349.6 days
Ward 3	221.8 days

Ward 3 Newsam Centre over the last 6 months has displayed the lowest length of stay across the Forensic Service. Ward 2 Assessment and Treatment Service also displayed a low length of stay.

The data for the 2019/20 period suggests that ward 2 Assessment and Treatment and Female Service have observed an overall decrease in length of stay.

On review, the lengths of stay across all Forensic Low Secure wards are affected by challenges to transitional pathways. These include; reduced availability of suitable step down facilities, Ministry of Justice arrangements, parole boards and the confidence of step down providers to manage the complex health needs of service users, including risk management arrangements.

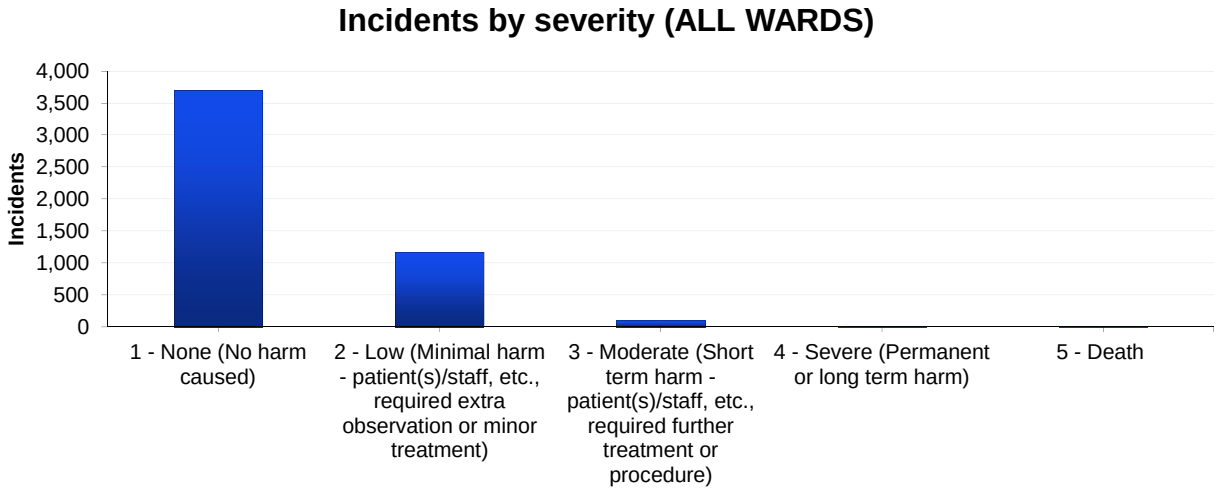
7.0 Incidents

Risk management and incidents

The use of incident data can be used as an indicator of the quality of care provided.

7.1 Incident severity (all LYPFT wards)

The table below reflects the total service incidents by severity from 1st May to 31st October 2020. The data demonstrates that the incidents recorded fall within the no harm and minimal harm categories.



As shown during this period of time, for all incidents reported from inpatient units the majority (74%) of incidents were listed as category 1, where no harm has occurred, followed by incidents where low harm occurred (23%) of the incident total, 0.4% where moderate harm occurred, 0.04% where severe harm occurred, and 0.12% where death occurred.

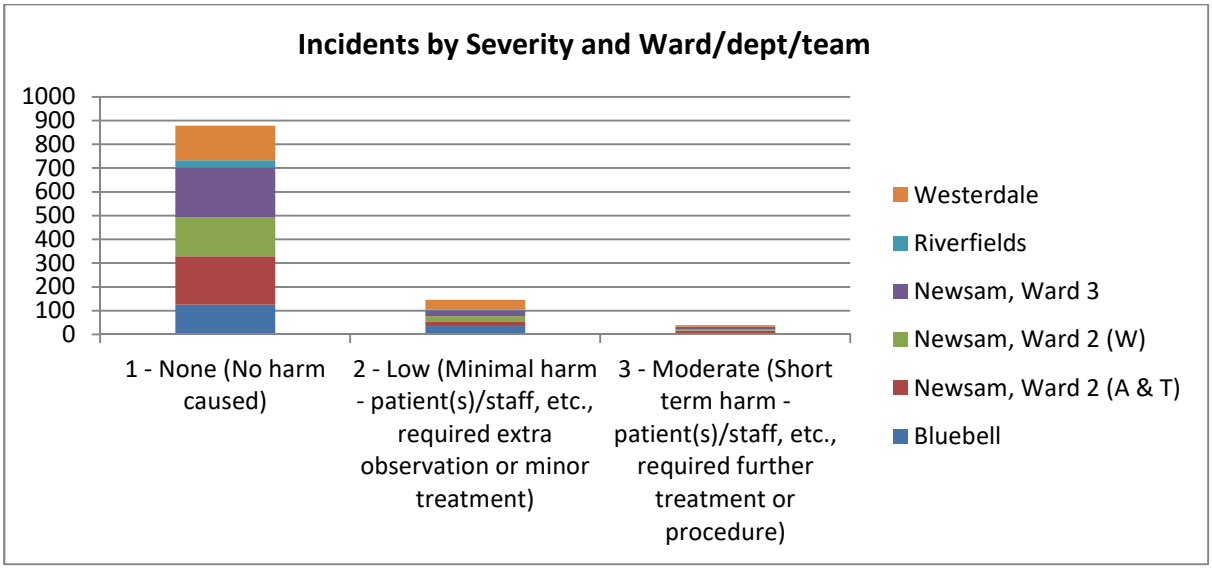
Analysis and comparison of Incident data from Inpatient Forensic units

In order to assess if the forensic services match this distribution pattern and if it follows the pattern of reporting of incidents across other inpatient settings, the following table outlines the frequency of incidents across all inpatients in comparison to those reported in the inpatient forensic services

Table showing the number of incidents reported across all inpatient units (by frequency and degree of harm) compared to those incidents reported from the inpatient forensic services (by frequency and degree of harm)

Degree of harm	Total number of incidents (Trust wide)	Total number of incidents (Forensics)	% of total: Trust wide	% of total for forensic Services
1	3700	498	74%	80%
2	1171	110	23%	17.6%
3	99	13	0.4%	2%
4	2	1*	0.04%	0.1%
5	6	0	0.12%	0

*N.B: Incident in forensics level 4 incident, was an allegation of physical harm that occurred prior to admission to the ward



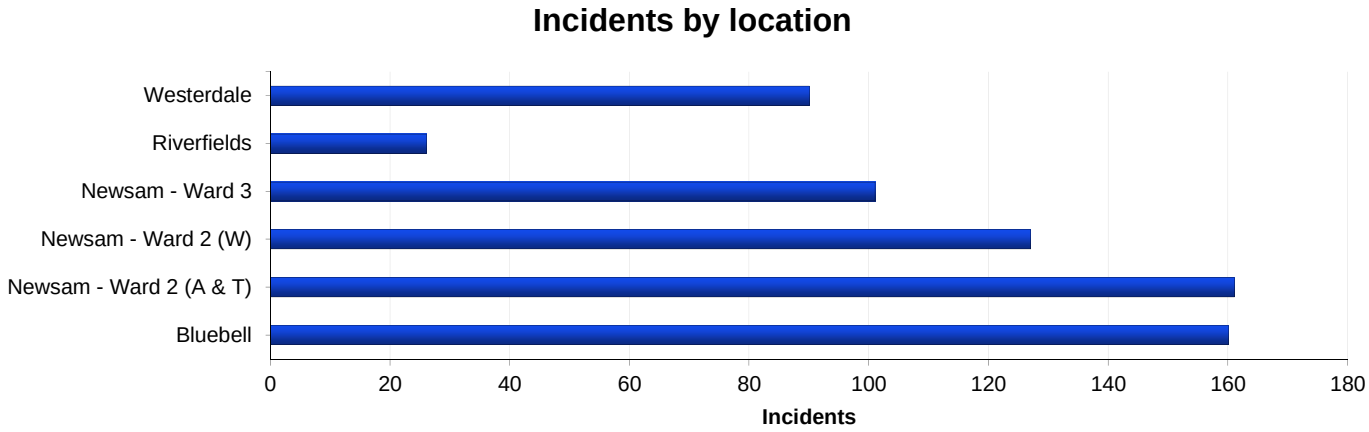
Due to the smaller number of incidents reported by the Forensic services, in comparison to Trust wide, there is the possibility of wider variation in both frequency and degree of harm encountered.

On review, the forensic services number of incidents, the % of incidents and breakdown of the degree of harm occurred are similar with the totals and percentages across the trust.

The reported incident data suggests that effective staff intervention has reduced the potential severity of incidents into the minimal and no harm categories.

Services continuously review and address increased risk potential of service users, through safer staffing levels, MDT involvement and changes in service provision.

7.2 Forensic service incidents by location



The Newsam Centre has the highest number of incidents across the Forensic service with a similar number of incidents recorded on Bluebell Ward.

Riverfields ward has significantly lower levels of incidents than the other forensic wards. This is felt to be due to different service user presentation and risk profile. In addition, the staff to SU ratio should be considered as a protective factor when comparing incidents at Newsam Centre to those reported for Clifton House.

7.3 Incidents of staff shortages reported within Forensic Services on DATIX

During 1st May to 31st October 2020, the forensic services reported 7 DATIX incidents based on staff shortages. This accounts to 1.1% of DATIX incidents reported.

On review of the 7 forensic incidents categorised as staff shortage:

- 6 incidents of reported staff shortage resulted in no harm
- 1 incident was scored as 4 (severe harm):
    - On review of this incident, the scoring was related to an assault made by a service user towards a member of staff. At the time of the assault staffing was at the rostered number.
    - The assault was not envisaged and was out of character for the service user.
    - The member of staff had to leave the shift, therefore triggering the staff shortage DATIX.

On review of reported DATIX where staffing shortages occurred, the shortfalls have been covered by other departments, the changing of staff shift patterns, staff picking up additional shifts, or bank/agency staff being found to cover the staff shortages.

This results in incident reports not being submitted as capacity has been managed. However, there is additional work to do in partnership with Matrons and CTMs to understand the practice of incident reporting staff shortages on the wards.

8.0 Complaints and compliments

The table below shows complaints received for Forensic inpatient settings through 1st May to 31st October 2020.

Ward/dept/team	Subject (primary)	Sub-subject (primary)	Description	NAME- Severity
Total number of incidents (Trust wide)	Attitude of staff	Lack of support	Service user feels that she is not being listened to on the female ward 2 at Newsam Centre. She feels that there is medication that has helped her in the past. However, the Psychiatrist is not prescribing it.	Severity 1
Westerdale	All aspects of clinical care		Complaint regarding care received	Severity 1
Riverfields	Attitude of staff	Lack of support	Complaint regarding Clifton house in relation to a family member who doesn't think pt should be within a secure unit.	Severity 2
Bluebell	Attitude of staff	Conduct	Complaint regarding staff who has not completed requested tasks whilst on shift.	Unscored
Newsam - Ward 2 (A & T)	Attitude of staff	Rudeness	Service user was unhappy about inappropriate conversations by staff members	Severity 2
Westerdale	All aspects of clinical care	Poor general care	Complaint regarding care received at Clifton House	Severity 1

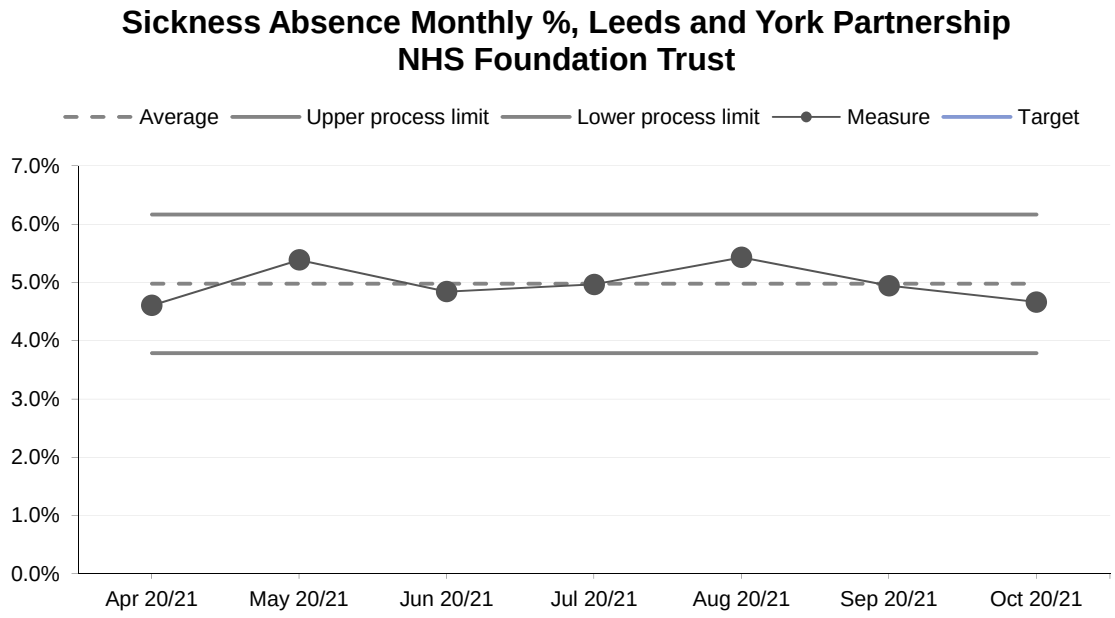
Over this time period, the Trust received 74 formally logged complaints, of which, the Forensic Services received 6 complaints from service users/family members regarding care they have received within the inpatient setting. On review, 2 were based on Westerdale, 2 complaints within Newsam Ward 2 (A+T), 1 from Bluebell unit, and 1 complaint from Riverfields.

A number of these complaints are being investigated, however, the complaints raised are not a result of unsafe staffing levels, or thematically linked to one specific clinical area.

9.0 Sickness absence

Sickness absence is managed in accordance with the LYPFT Sickness and Absentee management procedure. The average percentage sickness within LYPFT from 1st May to 31st November is reflected in the table below.

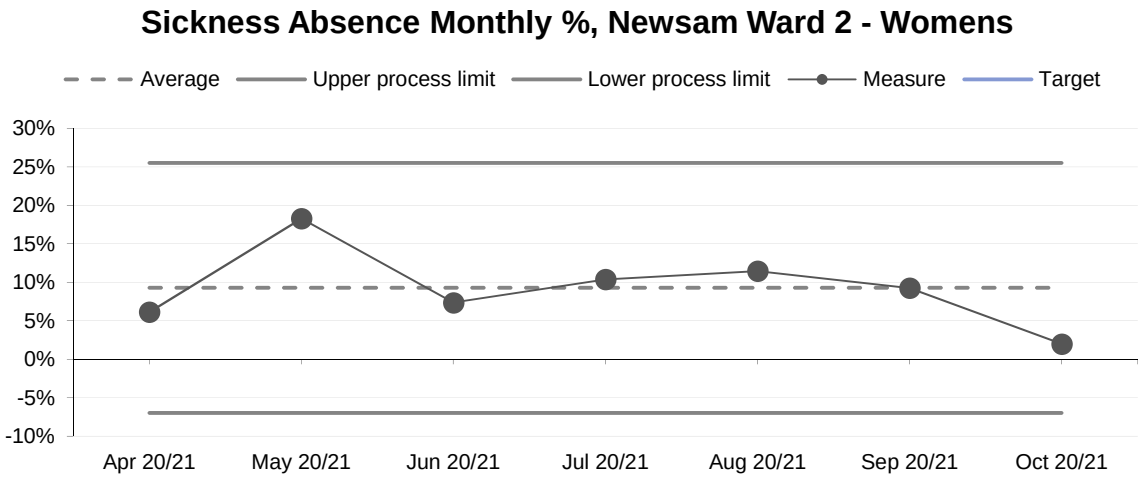
LYPFT – Organisation Percentage

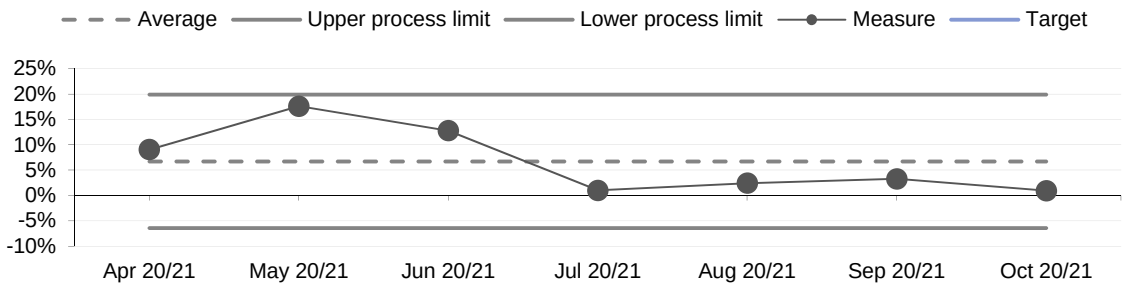


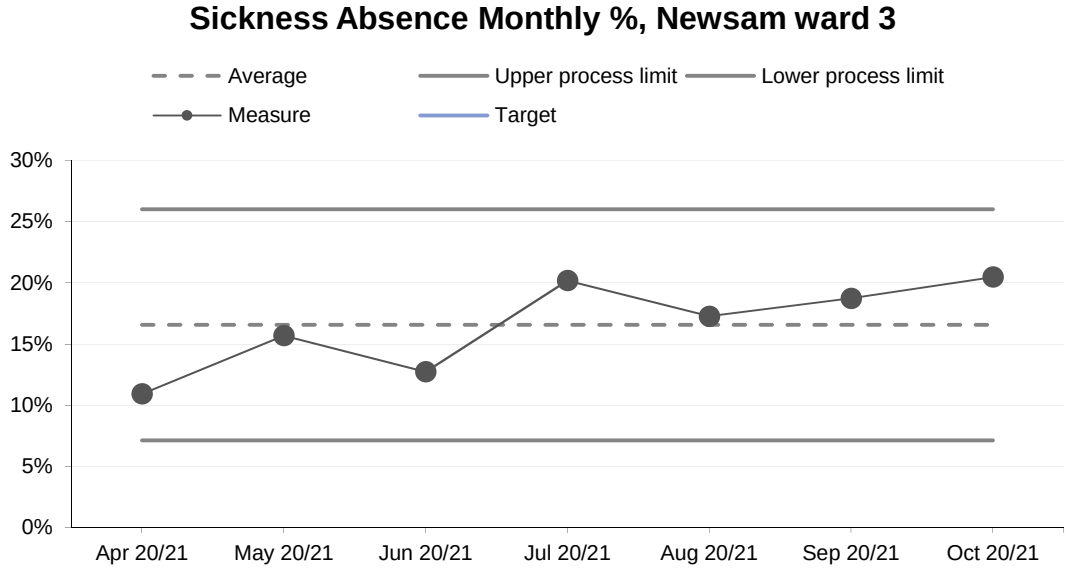
As shown in this table, the monthly % of sickness across the Trust upper and lower process limits is between 3.8% and 6.2%.

9.1 Newsam Centre sickness absence

The tables below reflect the percentage sickness across the Newsam Centre from 1st May-31st October 2020.





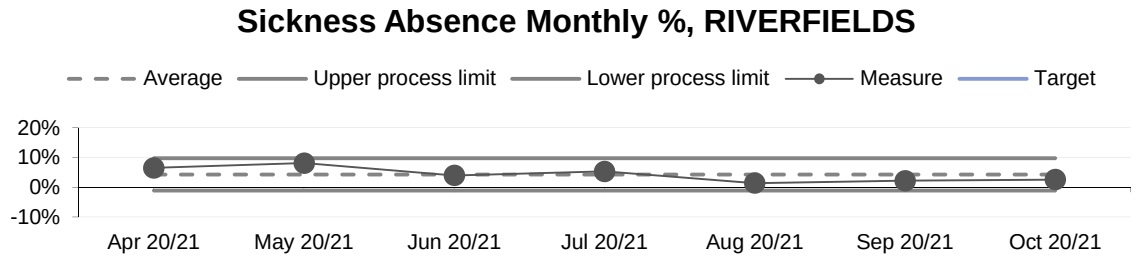


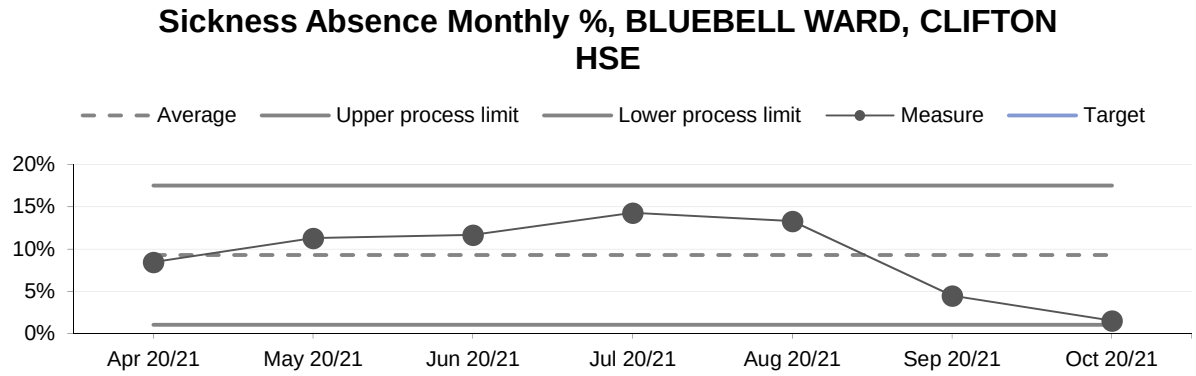
Newsam Centre sickness absence summary

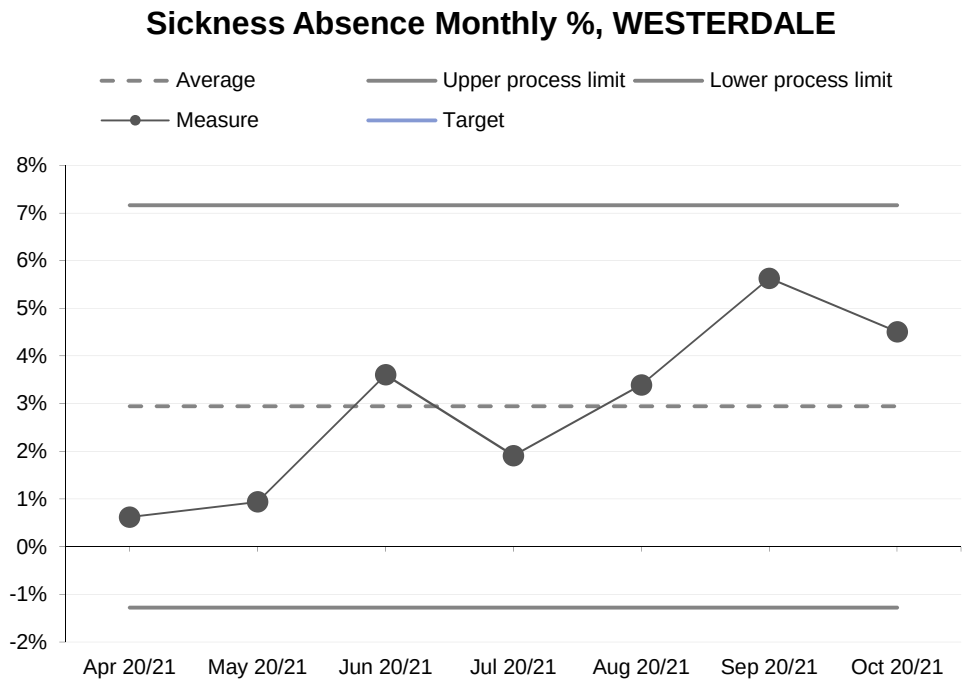
The Newsam Centre staff sickness percentage has been significantly higher than the trust average over the recorded period. The highest level of staff sickness is recorded for Ward 3 Newsam Centre ranging from between 10-20%. This is likely to be impacted by three members of staff being absent from work on account of long term sickness for the entire period. Ward 2 male and female services have observed an overall decrease in sickness absence rates from peaks of 20% to levels that fall within Trust acceptable limits.

9.2 Clifton House sickness absence

The tables below reflect the percentage sickness across Clifton House from 1st May-31st October 2020







Clifton House sickness absence summary

Clifton House has recorded staff absence levels on account of sickness that are more consistent with the LYPFT average. Bluebell ward has the highest levels of recorded absence associated with a specific group of staff who no longer work on the ward.

9.3 Forensic Service Sickness Absence Summary

The data reflects that the Newsam Centre has the higher levels of sickness absence across the Forensic Service. Bluebell ward also has displayed higher levels of absence for an individual service.

There are a number of factors that are likely to impact upon sickness absence levels at the Newsam Centre. It is important to note that in comparison of staffing establishments, the Newsam Centre has two less staff members per ward, per shift than Clifton House (as previously identified due to Clifton House being a standalone unit). When considering the incident data over the last 6 months, Newsam Centre has the highest levels of reported acuity. The data suggests that staff at the Newsam Centre wards manage higher reported levels of acuity with a lower staffing establishment.

It is proposed that this factor is likely to impact upon the levels of stress and burnout experienced by Newsam Centre staff. It is also noted that the highest levels of staff

sickness absence at Clifton House is recorded on Bluebell Ward. From the incident data, Bluebell ward has also highest level of reported incidents at the York site.

10.0 Planned Staffing Versus Actual Staff Utilisation

This section brings together data that compares the Forensic budgeted staffing establishment with the services actual staffing utilisation. The data obtained reflects RMN and HCA shifts. It is not inclusive of AHP's. The table below reflects the budgeted establishment per ward, shift and role against the actual average numbers utilised.

		RN		HCA/NA/TNA	
Unit Name	Shift	Planned Per Day	Actual per day (average)	Planned Per Day	Actual per day (average)
Newsam Ward 2 Forensic	E	2	1.89673913	2	2.706521739
	L	2	1.809782609	2	2.625
	N	1	1.016304348	2	2.586956522
Newsam Ward 2 Womens Services	E	2	2.043478261	2	2.836956522
	L	2	1.945652174	2	2.733695652
	N	1	1.048913043	2	2.880434783
Newsam Ward 3	E	2	1.739130435	2	2.760869565
	L	2	1.706521739	2	2.402173913
	N	1	1.114130435	2	2.423913043
York - Bluebell	9-5	0	0	0	0.059782609
	E	2	1.989130435	2	3.635869565
	L	2	1.951086957	2	3.375
	N	1	0.983695652	2	2.994565217
York - Riverfields	9-5	0	0	0	0.005434783
	E	2	1.85326087	2	2.375
	L	2	1.668478261	2	2.260869565
	N	2	1	1	1.065217391
York - Westerdale	9-5	0	0	0	0.016304348
	E	1	0.293478261	0	1.326086957
	L	1	0.233695652	0	1.266304348
	LD	3	2.309782609	3	2.641304348
	N	1	1.054347826	3	3.565217391

*A substantial number of staff on Westerdale ward work long days

The table below compares the total established shifts against the actual usage, considering over and underutilisation for the 6 month period from 1st May to the 31st October 2020.

	Total Established Shifts	Actual Shifts Worked	Over Utilisation	Under Utilisation
Ward 2 A&T				
RMN	1065	1015	0	50
HCA	1301	1809	508	0
Ward 2 Women's				
RMN	1065	1071	6	0
HCA	1282	1779	497	0
Ward 3				
RMN	1065	977	0	88
HCA	1261	1578	317	0
Westerdale				
RMN	1070	1313	243	0
HCA	2358	2435	77	0
Bluebell				
RMN	1061	1064	3	0
HCA	2355	2144	0	211
Riverfields				
RMN	1065	930	0	115
HCA	1066	1199	133	0

10.1 Data Summary Newsam Centre

Ward 2 Assessment & Treatment Service

The Assessment & Treatment Service required the highest number of additional shifts at 508. These shifts were filled by HSW's. This figure is likely to reflect increased levels of acuity and the requirement to maintain safe staffing levels.

In relation to RMN shifts 50 were underutilised. This is likely to reflect unfilled shifts due to staff sickness and / or vacancies.

Ward 2 (f) Women's Service

The Newsam Centre Women's service also required the use of additional RMN and HSW shifts. In total an additional 503 shifts were required to practice safely. This figure is likely to reflect the levels of acuity and complex clinical issues presented by the female population.

Ward 3

Ward 3 Newsam Centre required an additional 317 HSW shifts to cover the safe running of the ward. This figure is likely to reflect the increased staffing numbers required to run the covid cohort area as well as increased service user need. RMN shifts were underutilised by 88, due to staffing absences and vacancies.

10.2 Data summary Clifton House

Riverfields

The data for Riverfields ward indicates that the ward was able to deliver the service within the agreed staffing establishments.

Bluebell Ward

The data suggests that Bluebell ward has delivered a service with 211 underutilised HSW shifts within the period identified. RMN cover appears to have remained consistent within the agreed establishment with a requirement to cover 3 additional shifts. The data suggests that it is likely that the underutilised staff were re-deployed to Westerdale ward to support the clinical need.

Westerdale Ward

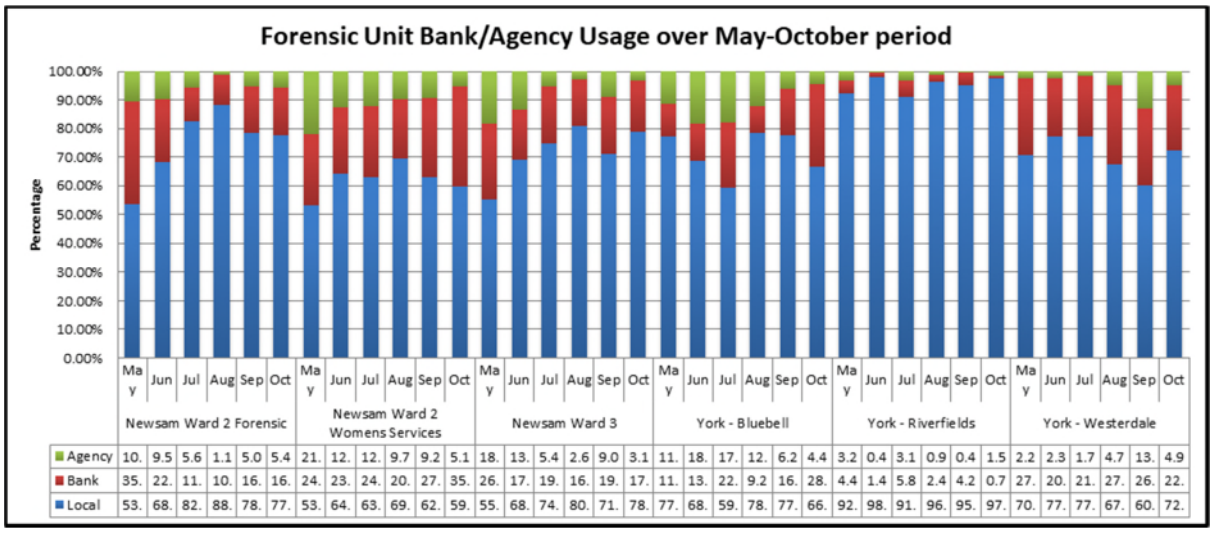
Westerdale ward also required the use of additional RMN and HSW shifts. In total an additional 320 shifts were required to practice safely. Of those shifts 243 were required for RMN cover.

11.0 Bank and agency use

Our temporary staffing workforce plays a key role in business continuity and we are seeking other creative ways to recruit and retain staff. This has included successfully offering a number of our bank staff substantive posts and more flexible contracts (reported as the main reason for working on the bank rather than taking a substantive contract) such as 3 month temporary contracts in a single area. This has helped to improve continuity of care and service user experience. The introduction of

the bank forum has also contributed to improving clinical and professional leadership with bank staff members reporting that they feel valued members of the organisation.

Providing consistent bank staff to the wards brings consistency to our inpatient service.



	Newsam Ward 2 Forensic						Newsam Ward 2 Womens Services						Newsam Ward 3						York - Bluebell						York - Riverfields						York - Westerdale					
	May	Jun	Jul	Aug	Sep	Oct	May	Jun	Jul	Aug	Sep	Oct	May	Jun	Jul	Aug	Sep	Oct	May	Jun	Jul	Aug	Sep	Oct	May	Jun	Jul	Aug	Sep	Oct	May	Jun	Jul	Aug	Sep	Oct
Agency	10.	9.5	5.6	1.1	5.0	5.4	21.	12.	12.	9.7	9.2	5.1	18.	13.	5.4	2.6	9.0	3.1	11.	18.	17.	12.	6.2	4.4	3.2	0.4	3.1	0.9	0.4	1.5	2.2	2.3	1.7	4.7	13.	4.9
Bank	35.	22.	11.	10.	16.	16.	24.	23.	24.	20.	27.	35.	26.	17.	19.	16.	19.	17.	11.	13.	22.	9.2	16.	28.	4.4	1.4	5.8	2.4	4.2	0.7	27.	20.	21.	27.	26.	22.
Local	53.	68.	82.	88.	78.	77.	53.	64.	63.	69.	62.	59.	55.	68.	74.	80.	71.	78.	77.	68.	59.	78.	77.	66.	92.	98.	91.	96.	95.	97.	70.	77.	77.	67.	60.	72.

As illustrated above, each of the forensic inpatient settings have accessed Bank and Agency staff each month, to varying levels.

On average, the Newsam and Clifton wards use bank and agency staff for 25% to 40% of staff needed on shifts. This is to cover established staff rotas, and to increase staffing where there is acuity of service user need. This is with the backdrop of staff vacancies and staff sickness.

Over the last 6 month data sets, Riverfields used the least bank and agency staff, and this is due to a low number of vacant posts on the ward and low sickness on the unit.

The impact of COVID-19 has also influenced the use of bank and agency staff. As shown, the month of May used the highest number of bank and agency staff, which steadily reduced for the months of June, July and August. The need for staff to isolate at home, the changes in Government guidance of schools closing, and the varying local infection rate has influenced bank usage

The introduction of lateral testing may also impact on detection of staff infection rate, where staff are able to self-test before a shift, and reduce cross infection. However, if a member of staff is found to have a positive result just before the shift, this may result in higher demand on Bank and agency usage at very short notice.

Through discussions with the Practice Development team, additional work is taking place within the Forensic services to look at these roles in more detail.

12.0 Allied health professionals and activity coordinators

Each ward has one OT and one activity coordinator.

Clifton House has x2 band 6 staff Occupational therapists, one on Westerdale and one on Riverfields. Bluebell ward has a band 5 Occupational therapist.

The Newsam Centre wards are a changing picture. These services will move from x2 band 5s and x1 band 6 Occupational therapists, to x2 band 6s with one band 5 to bring it in line with Clifton.

Occupational therapists do not work within the numbers in the Forensic service. However they have been counted in our numbers through the pandemic. The service has no plans to place OT's in the numbers due to the long Length of stay of the service user group and the need for a comprehensive OT package. This is different to ways of working in the acute and older people's services where Occupational therapists work in the numbers most of the time. The service will need to consider additional OT and physical health capacity in the team as the service user population has some of the highest levels of obesity.

13.0 Staff redeployed to each area

As part of the COVID-19 response, staff were deployed and redeployed across services. Within the forensic services, the following staff were redeployed into the services, or deployed from the forensic units to other services.

Clinical Unit	**Number of staff redeployed to the unit (Role, Band and WTE)**	**Staff deployed out of the service (Role, band and WTE)**
Assessment & Treatment Service	2 WTE - B6 RMN (April – September). 1 WTE – B6 Occupational Therapist (April – September). 2 WTE HCSW	0
Treatment & Recovery Service	1 WTE – B6 RMN (April – Sept) 1 WTE – B5 RMN (started September).	0
Westerdale	1 WTE - B6 Occupational Therapist (April – July).	0

Riverfields	1 WTE - B6 RMN (April – July)	1 x WTE 3 band
Bluebell	1 WTE – B7 RMN	0

Due to the high levels of sickness absence at the Newsam Centre and high levels of acuity the presence of re-deployed staff played a significant role in enabling the service to maintain workable staffing levels. Allied health professionals were also re-deployed into the ward staffing numbers at the Newsam Centre in order to achieve the safe running of the service.

14.0 Local bench marking staffing levels

Due to COVID-19, the National requirement to report safer staffing was stepped down and within this context, the Trust stepped down the collection of MHOST data.

In order to further understand the staffing requirement of Forensic Services, information is provided in the tables below about the staffing establishments of other low secure services across west Yorkshire:

Moorlands View, Bradford

Thornton ward (equivalent to ward 2N male) 10 beds

Shift	Number and skill mix	Any additional?
Early	6 (2+4)	2 mid shifts
Late	6 (2+4)	
Night	4 (1+3)	1 twightlight everyday

Ilkley ward (equivalent to our ward 3N) 10 beds

Shift	Number and skill mix	Any additional?
Early	4 (2+2)	Transitional team work closely with ward staff
Late	4 (2+2)	
Night	3 (1+2)	

Bailden Ward (equivalent to ward 3N) 10 beds

Shift	Number and skill mix	Any additional?
Early	4 (2+2)	Same as above
Late	4 (2+2)	Transitional team
Night	3 (1+2)	

Bretton Centre, Wakefield

Sandal ward (equivalent to ward 2 male Newsam, and Westerdale at Clifton) 16 beds

Shift	Number and skill mix	Any additional?
Early	6 (2+4)	2 mid shifts, 1 is RN, reducing to 1 mid shift on weekends
Late	6 (2+4)	
Night	4 (1+3)	

*AHP and Psychology sit outside of the nursing establishment

Thornhill Ward (equivalent to ward 3N) 15 beds

Shift	Number and skill mix	Any additional?
Early	5 (2+3)	1 mid shift, RN during the week, HCA on weekends
Late	5 (2+4)	
Night	4 (1+3)	

Ryeburn (pre discharge) 7 beds

Shift	Number and skill mix	Any additional?
Early	2 (1+1)	
Late	2 (1+1)	
Night	2 (1+1)	

The above data tells us that the Clifton wards are on the same staffing numbers as other units across the region and that the Newsam Centre wards are staffed below their comparators.

15.0 Forensic service summary and recommendations

As outlined in section 10.0 Planned Staffing *versus Actual Staff Utilisation*, LYPFT forensic inpatient wards staffing establishments are set differently by site. They are also set differently by region and of note, there is also disparity between what we have agreed as headcount at 24% for the older people and acute services versus the current headroom of 21% in the forensic inpatient services.

The staffing complement at Clifton House as a standalone unit is in line with other low secure services across West Yorkshire though headroom is set at 21% across both the Clifton and the Newsam Centre sites. However, Clifton House as a combined isolated unit when compared to the Newsam forensic wards have x4 extra staff on duty every shift.

This is understood in terms of having an available dedicated resource to respond to emergency issues and incidents. In comparison, the Newsam wards have a response team. When the incident is over the response team return to their parent wards and the resource is no longer available whilst the Clifton ward resource stay in situ.

The Newsam wards have high bed occupancy, high length of stay, high incidents and a significantly higher sickness rate than the trust average.
In addition, across the forensic services bank and agency cover for both registered nurses and HCAs average up to 40% of shifts per month. The services also required redeployed staff to maintain safe staffing levels.

Whilst further discussion with regional commissioning will continue, alongside continued analysis of staffing levels with the reintroduction of the MHOST tool, it is clear that the service must articulate the justification for retaining 21% headroom as bringing the headroom up to 24% in line with other services may resolve some of the staffing challenges described. This paper recommends that the Forensic service:

- Addresses the disparity between what has been agreed as headcount across the acute and inpatient wards and bring the headcount up to 24%.
- Reviews the differential staffing capacity across the two different sites at Clifton House and the Newsam Wards.
- Reviews the capacity of Allied health professional staff to address high levels of obesity in the service user group in addition to consideration of the role of AHP's within staffing numbers.

16.0 Conclusion

The focus of this report has provided some detail regarding the forensic inpatient service staffing capacity alongside the provision of oversight into organisational capacity and the work being progressed to improve staffing compliance. The historic national picture remains, demonstrating a shortfall in Registered nurses across a number of the services which are then covered by Bank, agency and health support workers in addition to deploying and redeploying staff across the system. In addition the forensic services staffing capacity has identified a difference in staffing across sites and disparity in headroom. Further work is required to test how this impacts on service user and staff experience.

Assurance measures have been put in place to ensure that patients and staff are kept safe as services adapt and change in response to the pandemic. Daily staffing meetings are in place to monitor and mitigate nurse staffing shortfalls across the Trust for the 24-hour period ahead. Matrons have described the significant

challenges staff face when being deployed to support other areas on a day to day basis to ensure that patient safety is maintained.

17.0 Recommendation

The Board is asked to:

- Note the content of this 6 monthly report and the progress in relation to key work streams.
- Discuss the Forensic service recommendations
- Be assured that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

Authors: Linda Rose, Head of Nursing and Patient Experience; Gareth Flanders, Professional Nurse Lead and Gail Galvin, Professional Nurse Lead

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
14

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Report from the Freedom To Speak Up Guardian
DATE OF MEETING:	28 January 2020
PRESENTED BY: (name and title)	John Verity - Freedom To Speak Up Guardian
PREPARED BY: (name and title)	John Verity - Freedom To Speak Up Guardian

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 is the seventh report from the Freedom to Speak Up Guardian which sets out the work of the Guardian in particular raising awareness of how to raise concerns.

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

RECOMMENDATION

The Board is asked to:

- Receive the report from the Freedom To Speak Up Guardian
- Note the content
- Support the work being undertaken
- Be assured that staff are aware of how to and are raising concerns in the appropriate way.

MEETING OF THE BOARD OF DIRECTORS

Freedom to Speak up Guardian Report December 2020

1. Introduction and background

The appointment of a Freedom to Speak up Guardian (FTSUG) in all NHS Trusts and Foundation Trusts was recommended by Sir Robert Francis following his review and second report in February 2015 into failings at the Mid Staffordshire NHS Foundation Trust. Leeds and York NHS Partnership Trust (LYPFT) has had a Guardian in place since October 2016.

The Trust's Freedom to Speak Up Guardian (FTSUG) is John Verity. The FTSUG provides confidential advice and support to staff in relation to any concerns they have about patient safety and/or the way their concern has been handled. The FTSUG does not get involved in investigations or complaints, but helps to facilitate these process where needed, and ensure that the Trust's Freedom to Speak Up: Raising Concerns (Whistleblowing) Procedure is followed correctly.

Colleagues can access Trust policies on the Policies and Procedures page and use the search function to find the relevant policy for example HR policies such as the Grievance Policy and Bullying, Harassment and Victimisation Policy.

Freedom to Speak Up Ambassadors

In autumn 2020 we appointed five Freedom to Speak up Ambassadors who will contribute to creating a culture of speaking up where all staff feel safe and confident to raise concerns. They will work alongside the Guardian, promoting, listening, supporting and providing an impartial view to staff when speaking up.

You can find out more about each of the Ambassadors and find their individual FTSUA email addresses via the link below.

http://staffnet2/supportservices/HumanResources/Freedom-To-Speak-Up/Pages/FTSU-Ambassadors.aspx

FTSUGs and Ambassadors have a key role in helping to raise the profile of raising concerns in their organisation and providing confidential advice and support to staff in relation to concerns they have about patient safety and / or the way their concern has been handled. Guardians and Ambassadors do not get involved in investigations or complaints, but help facilitate the raising concerns procedure; ensuring organisational policies are followed correctly.

2. Raising awareness of the Freedom to Speak up Guardian

Our current Guardian was appointed in October 2017 and has carried out extensive work to raise the profile and awareness of the role and the ways in which he can support staff who wish to raise a concern. Below is a summary of the ways in which he has done this.

The Guardian has established relationships in remote areas that include our Deaf CAMHS at both Manchester and Newcastle, visiting Forward Leeds and our smaller remote areas including our Specialised Supported Living Service (SSLS). He recently met with the Veterans' Mental Health Complex Treatment Service Clinical Team Manager; and with staff from the Northern Gambling Clinic. The Guardian has interfaced with the Woodlands site to enhance his exposure within our Specialised Supported Living Service, and maintains contact with as many sites as possible in the current climate.

In addition to the informal ways of raising his profile the FTSUG has also attended a number of formal meetings. These include: Staffside meetings; HR meetings; Equality Impact Group meetings (EIG); Equality and Diversity workshops; Care Group Governance and Business meetings; the Trust Wide Clinical Governance Group; local clinical team meetings; Clinical improvement forums and professional meetings. Also attending our Workplace Race Equality Network (WREN) and Disability and Wellbeing Network (DAWN) meetings too.

Due to present restrictions on visits and face to face contact most meetings are now safely carried out via Zoom/Teams/Telephone or E Mail. Our other members of the FTSU team (Our Ambassadors – FTSUAs) are also invited, where appropriate, to any areas where the FTSU team exposure, support and input be offered

In addition to meeting staff our Guardian has distributed updated posters, which now have an image of all FTSU team members so people can recognise the team when on our units/Zoom etc.

Due to visiting restrictions posters have being sent out electronically too with local areas asked to print/ laminate. Four of our Ambassadors (Victoria, Katie, Robin and Chris) access clinical areas regularly and Alexis is employed within our Bank Staff Admin/Systems Training Team so displaying posters to promote our Ambassadors can take place in their local areas. Generic Business cards and FTSU Lanyards are on order too and will soon be delivered. The Guardian has hand delivered updated laminated posters to all the main sites.

The use of QR codes and incorporating signed language access (BSL) is now incorporated within our refreshed posters, the QR codes will also be able assist our colleagues whose first language isn't necessarily English, allowing the use of Google Translate to enhance further understanding and access to the Guardian. The poster can be accessed at http://staffnet2/supportservices/HumanResources/Freedom-To-Speak-Up/Documents/FTSU%20Team%20Poster%20A4%20-%20December%202020.pdf

The Guardian completed a video to complement his role and be a resource as required; this is presently being used at our Trust Induction event, with further work enhancing the video with agreed signed language interpretation available for our colleagues with hearing difficulties. As the FTSUA role is further enhanced discussions will be considered to add our FTSUAs to the video. The Video can be accessed at https://youtu.be/emFIuW-y76w

To report on his work and raise awareness The Guardian has a regular blog in which he describes recent activity and learning. A 'lessons learned' page is situated within the FTSU staffnet area with information available in Appendix 3.

The Guardian is a member of the Culture Collaborative and actively involved in Improving Culture: Improving Lives

The Guardian has ensured that the language and message of communications are consistent with national guidance and will continue to monitor that this is provided in a manner consistent to this guidance.

To ensure the Guardian is more accessible to all groups and there is an inclusive approach to raising concerns and the Guardian is working closely with the Head of Diversity and Inclusion. This work identifies ways of ensuring appropriate communication and accessible approaches to raising awareness.

The Guardian meets regularly with the Bank Staffing lead and is a core member of the Virtual Bank Staffing Forum, which helps reach staff who are sometimes difficult to access due to their different work/shift patterns. The Virtual Bank Staffing Forum is always well attended and a good place to hear concerns of staff and again help with signposting.

The Guardian has access to with the Redeployed Staffing lead and is a core member of the Virtual Redeployed Staffing Forum, which helps reach staff who are sometimes difficult to access due to their different work/shift patterns. The Virtual Redeployed Staffing Forum is always well attended and a good place to hear concerns of staff and again help with signposting.

To make sure the Guardian reaches out to our students/apprentices he has met with student /apprentice lead(s) and provided them with updated posters and flyers. The student/ apprentice leads have now incorporated visual representation and information as a part of their induction event(s). On October 15th the Guardian presented at the Virtual induction/orientation day for the new undergraduates, in preparation for their new roles the Guardian presented at the Virtual induction/orientation day for the Aspirant Nurses on two occasions in April 2020.

The role has been well received and well supported within the organisation at all levels. Engagement with all staff has its challenges due to the Pandemic, but being available and responsive to staff is key to the success of the Guardian so the role works on a flexible and agile basis and remote access is being utilised and appears not to be too much of a barrier presently.

The National Guardians Office (NGO) have also launched the first module (Speak Up) as an e-learning package, developed in association with Health Education England, for all workers.
A second module for managers (Listen Up) will be launched in January.

Discussions have taken place with the Learning and Organisational Development team and, once the second module is formally released this training will be placed within priority training.

The national guidance states that all workers should be required to complete training on speaking up. It should be treated with parity to other 'mandatory' training that organisations may have (such as information management, risk management, safeguarding, values-based training packages etc).

Workers should repeat this training regularly enough to reinforce its key messages and to provide assurance that changes in organisational policies and procedures are properly disseminated and understood.

The final e-learning module (Follow Up) developed for senior leaders will be launched in 2021 too. Discussion have taken place with the release of Speak Up and Listen Up module now available and our Learning and Organisational development team are to have this situated within priority learning. Each module takes approximately 20 minutes to complete.
Please see Appendix 4 for the NGO update on the NGO training.

The Guardian has regular access to the Chair, Chief Executive and the Senior Independent Director. He also has access to Guardian of Safe-working Hours, the consultant for Junior Doctors in training and our Caldicott Guardian.

3. CQC Inspection

The Guardian has had no access or interface with the CQC within the last 12 months.
However in January 2018 the CQC undertook a 'well-led' review which included looking at our arrangements for raising concerns. The CQC was complementary about these arrangements and indicated that the handling of concerns raised by staff always met with best practice.

In preparation for a CQC inspection and to ensure we maintain compliance with standards and good governance, peer reviews are conducted within the services. As a part of this review staff are asked whether they have an awareness of the Guardian? Any areas where it is felt beneficial for a Guardian visit is fed back to the Guardian following this process.

The Guardian had a CQC interview on Tuesday 2nd July 2019 as part of their on-going monitoring and inspection.

4. Internal audit report

In December 2019 NHS Audit Yorkshire (our internal auditors) carried out an audit of the systems, processes and procedures relating to the FTSUG role. This resulted in a rating of 'significant assurance' overall. Whilst the systems and processes were found to be strong there were a number of minor administrative processes recommendations which are now complete. In addition to this there were recommendations relating to the Raising Concerns (Whistleblowing) Procedure which is now refreshed and was re-launched into the Trust and effective on 11th October 2019, Document reference Number HR-0009 Workforce.

5. Regional and national networking:

There is a requirement and expectation for the Guardian to attend regional and national events including training to promote standardised approaches to the role and to share and learn from peers. The Guardian is linked into both our regional events, the national events and also receives one-to-one peer support from some of the local guardians from other trusts. These activities ensure that the Guardian maintains strong peer network and they also ensure the Trust is working to current and best practice and to build networks.

At the Virtual regional meetings Guardians share their experiences and good practice. They have the opportunity to discuss reviews and recommendations supplied by the National Guardians Office. A member of the National Guardians Office (NGO) is generally present. The Regional meeting is a safe place to have group supervision and to discuss and thoughts and concerns or experiences other Guardians may wish to share.

The Guardian submits quarterly data as requested to the National Guardians Office. Quarter 3 data submission open on 11 January 2021with key data available for the next planned board report.

Key data between 1 April 2019 to 31 March 2020

16,199 speaking up cases were raised with Freedom to Speak Up Guardians. This was a 32 per cent increase compared with the previous year in which 12,244 speaking up cases were raised with Freedom to Speak Up Guardians.

Leeds and York NHS Partnership Trust have seen an increase from November 2019 Board Report from a monthly average of 4.166 (25/6) concerns to December 2020 0f 5.58 (67/12) Concerns which is consistent with the key data supplied by the National Guardians Office.

• Freedom to Speak Up Guardians supported speaking up in a range of organisations, including NHS trusts, primary care organisations, independent healthcare providers, clinical commissioning groups and non-departmental public bodies.

• Among NHS trusts, Freedom to Speak Up Guardians in mental health, learning disability and community trusts and ambulance trusts, on average, dealt with more speaking up cases.

• Freedom to Speak Up Guardians continued to support workers from all professional groups to speak up. Nurses continued to account for the biggest portion (28%) of cases raised with Freedom to Speak Up Guardians. 17 out of the 67 concerns raised were from Nurses which is consistent with the key data supplied by the National Guardians Office.

• Administrative and clerical workers accounted for the next biggest portion of cases raised with Freedom to Speak Up Guardians (19%), up three percentage points on the previous year. 16 out of the 67 concerns raised were from Administrative and clerical workers colleagues which is consistent with the key data supplied by the National Guardians Office.

• 23% of cases raised with Freedom to Speak Up Guardians included an element of patient safety/quality. 36% included an element of bullying/harassment.

• 13% of cases raised with Freedom to Speak Up Guardians were raised anonymously.

• Detriment for speaking up was indicated in 3% of cases raised with Freedom to Speak Up Guardians. This is lower compared to the previous year where detriment was indicated in 5% of cases raised with Freedom to Speak Up Guardians.

• 85% of workers who gave feedback said they would speak up again.

FTSU Index

The FTSU Index was created using four questions from the annual NHS Staff Survey. It enables trusts to see at a glance how their speaking up culture compares with others, providing trust boards with an indicator to learn more about the Freedom to Speak Up culture in their organisation.

The four NHS Staff Survey questions are

- % of staff responded "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)

- % of staff responded "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 17b)

- % of staff responded "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)

- % of staff responded "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 18b)

The FTSU index was calculated as the mean average of responses to the above four questions from the NHS annual staff survey:

LYPFT are at 79.4% and comparable with other local Trusts, the average score for North East and Yorkshire was for 78.3% in 2018 to 78.5% in 2019.

Mental Health and Learning Disability Trusts were 78.7% in 2018 to 79.4 in 2019. Nationally the % score has risen from 75.5% in 2015 to 78.7% in 2019.

LYPFT FTSU index is above the national average (78.7%) at 79.4%

The Index Report promotes use of a buddy system with other Trusts; The Guardian has strong links and buddy relationships with other regional Guardians.

“Broadly speaking the index reveals a very strong correlation between trusts that are rated highest by the CQC and those that have the highest rated speaking up cultures,” says Dr Henrietta Hughes.

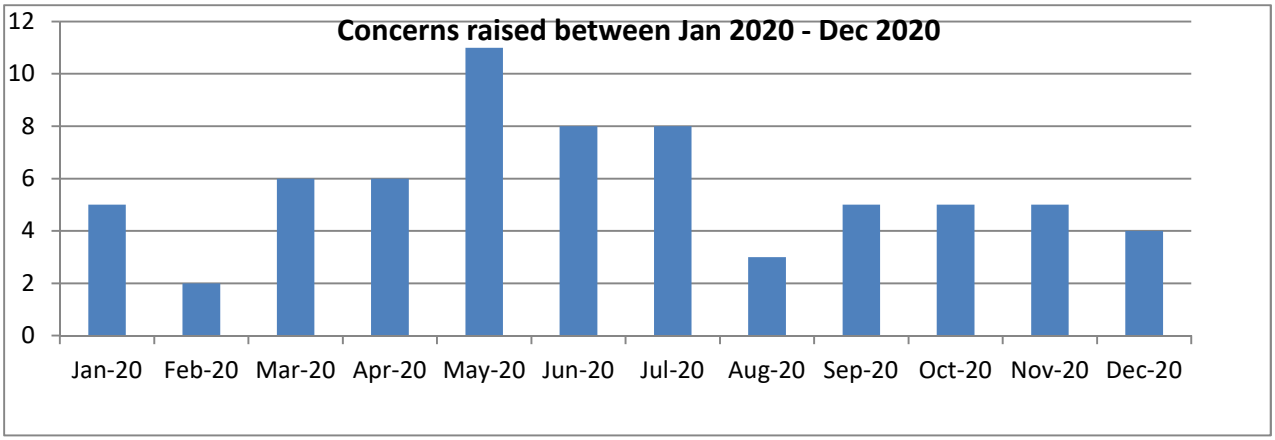
“Trusts should see the index as an insight into the views of their workforce around the issue of speaking up,” says Henrietta. “The aim of the report is to commend those trusts doing well and those that have shown significant improvement, while encouraging those that have room to improve to take the opportunity to address the issues that may be affecting their index scores. The FTSU Index is a new measure for assessing the speaking up culture in organisations. We encourage those at the top to support those with less positive results”.

6. Summary of Concerns Raised from January 2020 to December 2020

6.1 Number of concerns raised

Details of any concerns raised are recorded locally via a ‘concerns tracker’ which is a local database held by the Guardian. This records the action taken and the classification of the concerns that have been raised. The Guardian also has access to the Datix incident reporting system to allow triangulation with other events which may have taken place in a particular area or ward. This allows the potential to identify trends and patterns**.**

For the period of January 2020 to December 2020, 67 concerns have been raised.



The Board is asked to note that whilst there are peaks and troughs throughout the period shown above, the Trust's year average for raising concerns is 5.58 (67/12) concerns raised per month which is comparable to the national Trusts average.

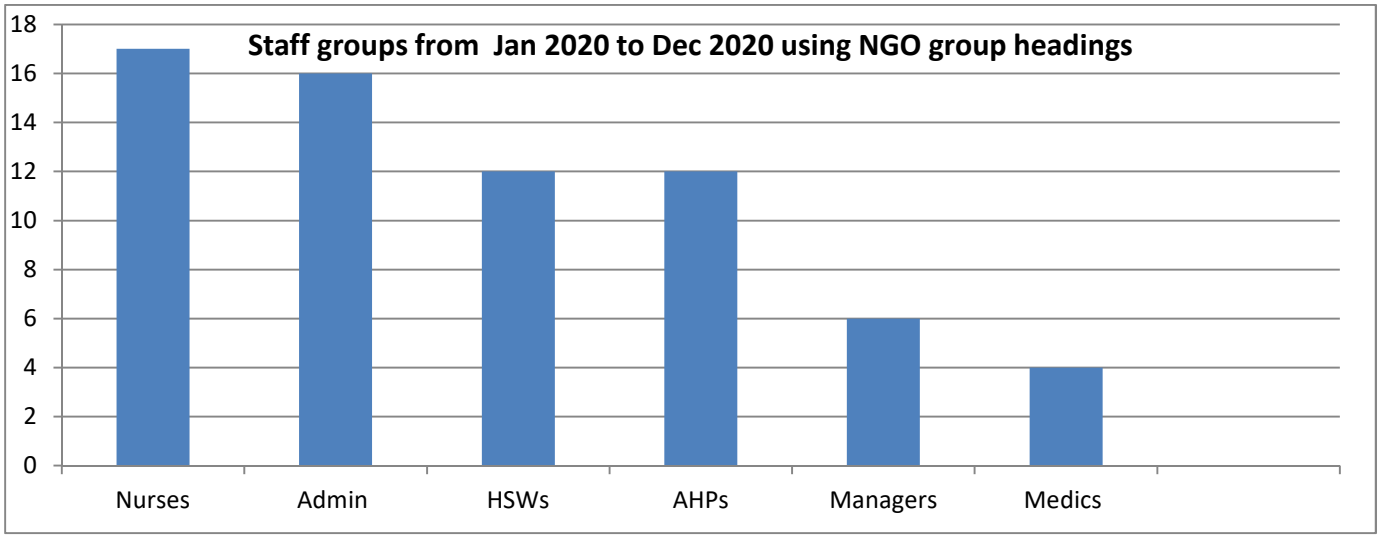
The spikes in concerns raised were October 2018 (10 concerns raised) and August 2019 (10 concerns raised) with a similar spike in May 2020 (11 concerns raised). The Graph potentially represents happenings within the pandemic where most concerns were raised around personal safety and how the progress of Covid 19 was affecting health staff at both work and home.. There appears to be no concrete correlation or evidence why these spikes appear.

Lessons Learned

Colleagues might raise concerns which are quite specific and personal in nature which the FTSU Team cannot share in order to protect confidentiality. Some of the actions or improvements that have taken place as a direct result of general concerns that have been raised can be seen in Appendix 3.

6.2 Professions - Raising Concerns

The following table shows the groups of staff that have raised a concern between January 2020 to December 2020



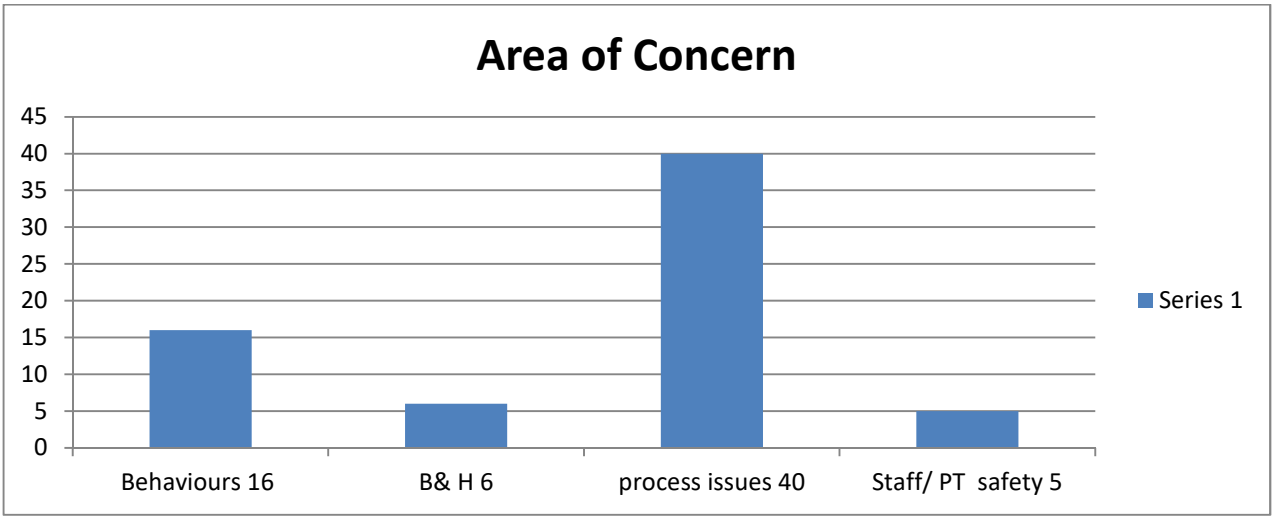
The graph above shows that the majority of concerns are from nurses. Nurses make up the majority of the workforce in number, with our second highest staff group raising concerns are our

admin staff which account for high representation of our workforce, and this is consistent with previous board reports submitted by the Guardian.

6.3 Whistleblowing cases

There have been no cases of whistleblowing reported since the last report.

7. Themes for the concerns raised



Area of Concern	No.	Themes
Behaviours(B) and Process issues (P)	16 B 42 P	This is where the greatest numbers of concerns are raised and are often where working relationships have become strained or have broken down and where low-key facilitation is required / signposting to appropriate services or policies and procedures. The FTSUG has helped to facilitate discussions taking place and has helped support staff with the signposting they need to ensure there is a resolution. In some occasions mediation is offered. A breakdown and brief summary can be seen in appendix 1 These are cases where staff were unsure of to how to proceed and needed help with signposting / support to the appropriate services or policies and procedures.

Bullying and harassment **The NGO advises that the terms should be interpreted broadly and that the focus should be on the perceptions of the individual bringing the case.**	6	The 1st concern was around how a HSW was 'spoken down' to by a Senior HSW. This was raised to the Matron and an open door opportunity was given but as yet has not being accepted. Bullying and Harrassment/Grievance policy and procedure was sent and follow up e mails were left unanswered. The 2nd concern was dealt within an internal review of the service and is now closed presently The 3rd concern was a person experiencing anxiety and confidence issues at work, I am unable to give further explanation except to say that this issue is now resolved and the person is now supported in the role they are in. Excellent feedback given to both the Guardian and Staffside support and the manager within the service was also supported too during the process, The 4th concern was a person stating they were experiencing quite a hierarchical approach they felt quite demeaning expressing quite concrete group thinking within the team they were working in to include the managers. The person used the Exit Interview offered and agreed that it was needed to revisit the Exit Interview as stated they hadn't told the whole story, Bullying and Harassment/Grievance policy and procedure was sent and 1:1 time with the FTSUG on Zoom calls. Person had another job which was previously secured (thus the Exit Interview) and was happy that the Exit Interview be used in due course to help in anyway possible. Chose not to go down any formal route and left good feedback and is happy within their new role. The 5th and 6th concern were received just before the festive break with both in early communication and have elements of concern around redeployment etc. The 5th concern is with Unison and the 6th concern is signposted to their union (RCN) and to the appropriate HR lead. After Xmas email follow up has been carried out and await further communication.

Patient and Staff Safety / quality	5	The 1st concern was around a service user who was an informal patient on one of the wards and was able to access the community and concerns were raised around the use of PPE in the community, returning to the ward and its effects this may have, this was raised to the correct level and one of the outcomes was that the service user was discharged with the ward having an enhanced knowledge and awareness with covid issues and community access. The 2nd concern was around the pressure to admit to Dementia wards and staffing, again this was raised to the correct level. This was quite a generic concern re pressure to admit and capacity/ staffing levels/sickness which may compromise safety. The 3rd concern was around air conditioning units and the level of maintenance, this was also raised to me informally at THQ where staff were concerned around the circulation of hot air making the environment not as covid secure as it could be. This was raised to the correct level at Facilities Management and assurances given on trustwide communications with the FM helpdesk number also shared as staff had reported they were unsure of the reporting process. Latterly and potentially through remote working, it was reported and suggested that access to helpdesk numbers be made more freely available. Our Communication team acted swiftly again on this and these numbers were made available for access. The final 2 concerns raised were previously raised to our previous Medical Director (Dr CK) and appropriate actions taken with a thorough investigation taking place. The original concern was raised in 2019 and is now closed. Where any case raised indicates there may be an element of patient safety this is discussed with the Chief Executive and the apporporate execuitve director. The Guardian will also speak with the Chair and or Senior Independent Director as needed.

8. Outcomes

Most concerns are able to be closed soon after being raised. Concerns that remain 'open' are those that are currently being signposted or where the individual is deciding on their next steps. Individuals who raise concerns are kept informed of progress and concerns are only closed when the process has been completed, where the individual concludes the process, or where it is agreed that the Guardian cannot help with the matter any further. There are currently 3 concerns still open and the Guardian is working with these staff to bring about a satisfactory conclusion. These were received between 15 and 25th December 2020

LYPFT await an updated national policy and procedure, Freedom to Speak Up:
Raising Concerns (Whistleblowing) which should be available from HEE in Spring 2021.

Once the process has been completed a feedback questionnaire will be sent to the individual.

The Guardian is using a simple paper based questionnaire and uses the Trusts Equal Opportunities Monitoring form. These forms have no identifiers within and sent out by the Guardian in batches to protect confidentiality, The person receiving the feedback form has the opportunity to mail the form back anonymously or to e mail it back if chooses to waive their anonymity.

Question No.	Question	Results
1	How did you find out about the Freedom to Speak Up Guardian role?	• Staffnet 7 • Posters /Leaflet 2 • Trustwide 10 • Word of mouth 4 • WB/RC Policy 1 • Exit interview • WREN meeting
2	How easy was it to make initial contact?	• Very easy 15 • Reasonably easy 6
Added Dec 2020	Did the Guardian/Ambassador thank you ?	**From NGO Gap analysis**
3	How did you find the response from the Guardian?	• Very helpful 18 • Reasonably helpful 3 • Unhelpful 1
4	Did you feel that your concerns were taken seriously?	• Yes 21
5	Did you receive regular feedback or updates from the Guardian?	• Yes 20 • No 1
6	Has your concern been addressed?	• Yes 15 • Partly 6 • No 1 (quote Due to the member of staff leaving, not because of the process)
7	Did you feel that your concern was treated confidentially?	• Yes 21 • Not sure 1
8	Have you suffered any negative consequences as a result of raising your concern?	• No 20 • Yes 1(this is highlighted and further work is continuing with this concern)

Question No.	Question	Results
9	Is there anything else you would have liked the Guardian to have done for you?	No 6 Yes 2
10	Based on your experience of raising a concern, would you do it again?	Yes 18 No 1 Not sure 2

Noted are a few opportunities for improvement received from the feedback forms, these forms were not anonymised and the Guardian was thankful for this level of transparency. Feedback free text can be seen in Appendix 2

The positive aspect of this is the Guardian has now reviewed his initial discussion(s) with people raising concerns and ensuring that once appropriately signposted or concluded (on behalf of the Guardians work), this is communicated and documented clearly.
The Guardian has also reviewed his introductory meetings, to include staff Induction, and utilise the helpful feedback to enhance the service the Guardian offers.

Information taken from the anonymised Equal Opportunities Monitoring Form

Age Range
26-59 Average = 41.3 Years Old

Please indicate your Ethnic Origin

Black or Black British	**Mixed**	**White**
2 African	1White and Black Caribbean	15 British

Please indicate your Gender

14Female	**4** Male

Please indicate your Sexual Orientation

1 Bisexual	**16** Heterosexual	**1** do not want to disclose

Please indicate your Religion or Belief

8Christian	**1** Other	**2** did not want to disclose	**7** None

Please indicate your Marital Status

1 Divorced	**1**Common Law Partnership	**1** Other	**11** Married/Civil Partnership	**3** Single	1 Blank

As per *Equality Act 2010*:
Under the terms of the Act a disability is defined as a "physical or mental impairment which has a substantial and long term effect on a person's ability to carry out day to day activities"

Do you consider yourself to have a disability?

3 Yes	**14** No	**1** I do not want to disclose

Is your employment

14 Fulltime	**4** Part time

Would you usually work

1 works a 2 Shift pattern	**17** Day working

Our Colleagues from our culturally diverse communities accessing the Guardian was noted as 20% in the November 2019 board report and this has dropped slightly to 16%. LYPFT have a very strong Workforce Race Equality Network which has developed over the last 2 years with the Guardian a core group member, it could be potentially hypothesised that this may account for the reduction within this percentage. LYPFT appointed five Freedom to Speak up Ambassadors who will contribute to creating a culture of speaking up where all staff feel safe and confident to raise concerns.

You can find out more about each of the Ambassadors and find their individual FTSUA email addresses via the link below.
http://staffnet2/supportservices/HumanResources/Freedom-To-Speak-Up/Pages/FTSU-Ambassadors.aspx

9. Learning from external reports/ Gap Analysis

In order to ensure that we promote a learning culture and have in place best practice we have benchmarked ourselves against the key findings and recommendations for any case reviews carried out by the National Guardian's Office (NGO). The reports benchmarked are:

North West Ambulance Services NHS Trust

Whittington Health NHS Trust

Brighton and Sussex University Hospitals NHS Trust

Royal Cornwall Hospitals NHS Trust

Nottinghamshire Healthcare NHS Foundation Trust

Derbyshire Community Health Services NHS Trust

Northern Lincolnshire and Goole NHS Foundation Trust

Southport and Ormskirk Hospital NHS Trust

A review of the recommendations from the Brighton and Sussex University Hospitals NHS Trust review was completed by the Guardian before the Guardians period of planned sick leave. The Guardian gave assurance to the board from the review benchmarked was very favourable and there are no actions that we needed to take to strengthen our governance processes around speaking up, however, and at the request of the National Guardians Office is around the use and efficacy of exit interviews. The following documents and sentence below were kindly forwarded by our Strategic HR Resourcing Manager re Exit Interviews. This was also a recommendation within the review of Whittington Health NHS Trust. The Guardian is aware of exit interviews taking place within our Trust .


LYPFT Exit Interviews v3.docx


Exit Interviews instructions.docx

The Exit interview questionnaire will be adapted to include a free text section with the opportunity to refer the leaver to the Freedom to Speak Up Guardian. Guidance will be built to ensure managers escalate these instances.

The Whittington Health NHS Trust and the North West Ambulance Service NHS Trust also benchmarked favourably and the Guardian added a question within the feedback questionnaire re was the person raising the concern thanked (added December 2020) which appeared to be the on Gap in the Analysis.

A generic Gap analysis question is around Bullying and Harassment Training for Managers/ senior staff, (mentioned within the Recent Whittington Health NHS Trust Review)The Guardian has discussed this with our Learning and Organisational Development Manager and is assured that this area is sufficiently covered within the Managers toolkit training package.

We are continually reviewing and learning toidentify ways in which we can improve the FTSU process and will continue to look at any future reports which are published.

The Guardian awaits The Blackpool NHS Trust Review for a further gap analysis which is due early in 2021.

10. Conclusion

The role of the Freedom to Speak up Guardian is an important one in the Trust. The Guardian and Ambassadors continue to work to ensure that staff at all levels know how to raise and concern and feel they are able to do so. The Guardian and Ambassadors also provide valuable support to staff who feel unable to raise concerns by themselves. The feedback received is generally positive, from staff who have raised concerns, the CQC and internal audit. However, we are always looking for ways in which we can strengthen the systems processes and procedures we have in place to ensure we continue to learn not just from the concerns raised, but also from the raising concerns process regionally and nationally.

John Verity
Freedom to Speak Up Guardian
January 2021

Appendix 1

Process (P) and Behaviour (B) issues raised

2 (P&B) of these concerns had an element of bullying and harassment, however through discussion this was reconciled and the person(s) raising the concern(s) reflected on they may have been a little sensitive / fragile at the time and chose not to use the policy and procedure but to deal with this in a more direct approach with the individual they had raised the concern about.

2 (P&B) of these concerns were around interpersonal relationships that have subsequently being dealt with via a service review, both happy for the concern to be closed. Both were signposted to policy and procedure, both declined the offer.

2 (P) of these concerns were around staffing and service redesign issues, due to covid outbreak these issues were consumed within other staffing issues relevant to the pandemic. An open invitation is offered for further input but present service provision is everybody's priority at the moment.

10 (P) of these concerns are around COVID related staffing, sickness and effects of redeployment. Also included are PPE and maintaining COVID safe environments to include

donning and doffing areas. The CEO /COO/ Deputy COO and service leads have assisted in any requests for staff support and use of webinars and Zoom calls/ excellent Trustwide communications have help these expected areas of concerns through out the pandemic.

4 (P) of these concerns were around the roll out of Care Director and the timing, our CEO Sara Munro took a lead and clear Trustwide Communications helped with these concerns. Further training and support was offered and these concerns were subsequently closed as the timing of the roll out could not be stopped and with the input of Sara and strong and supportive communication by Trustwide and our Communications colleagues were able to close these concerns with agreeance of all parties.

3 (P&B) of these concerns were around Social Media issues, one was facebook use and photos, one was around use of NHS mail during a petition and one was a staff member was convinced the NHS account had been hacked or accessed. The Guardian worked closely with the head of information governance and all 3 cases have now been closed without apparent detriment.

1 (P&B) concern was around some alleged rascist comments which happened 2 years ago and had being investigated previously. This was raised at the time of George Floyd and the BLM movement and feel it was raised more for information and awareness. This was a colleague of the FTSUG raising the concern and thanks and support was given for raising this issue.

1 (P) was an inter Trust Grievance issue with another Trust dealing with the Grievance (person had an honorary contract with LYPFT) both HR departments were informed and this concern signposted back to the other Trust dealing with this.

1(P) was an ongoing connectivity issue so signposted to IT who on the same day did a site visit and no more issues have been reported.

7 (P) of these concerns were around issues within redeployment and placement. The Guardian worked closely with Redeployment Lead and all these concerns are now resolved and closed

4 (P) of these concerns had elements of miscommunication, one concern was around a covid test and returning to work, one was of recording of sickness / absence and one was a miscommunication around a partial suspension of bank colleague . The Covid Test concern was handled by the Clinical Team Manager (CTM). The sickness absence concern was resolved by the CTM, with The partial suspension was resolved by the head of bank staffing . The final concern was around working from home arrangements and perceived inconsistencies which were resolved via line management discussion.

1 (P) of these concerns was around access and process of PICU referral, this was resolved by Guardian emailing the manager concerned and feeding back the Standard Operating Procedure.

1 (P) of these concerns had elements of fraud where the concern raised was around none completion of contractual obligations of one staff member who appeared to have accessed other contracts, signposted to our Counter Fraud Lead and considered the concern raised so closed with open access should either parties require to contact the Guardian.

1 (P) of these concerns was raised by our deaf CAMHS colleagues around covid 19 information and accessibility for colleagues with hearing difficulties, this was immeadiately addressed and

BSL now added to all webinars/ Zooms etc where appropriate, this was indeed a lesson learned and the concern raised after limited understandable information throughout Brexit.

1(P) was a concern raised that staff on a SSLD site wanted access the Guardian and a request was to raise the Guardians profile within this area. The Guardian was based for 2 hours at one of the community houses for staff to access , No staff accessed the Guardian, however increased visits and visibility were agreed with the manager raising the issue.

1 (P) was a concern raised that a member of staff wanted advice on career progression and was signposted to line management and to have a career development discussion during supervision and appraisal.

1 (P) was a concern raised re a perceived personalised training and development plan, this was signposted and appropriately supported.

2 (P) of these concerns were raised about use of gloves when handling post and use of own facemasks when in work, both answered immediately that good handwashing and sanitising is sufficient when handling post(a question was do staff have to provide their own gloves?) and only facemasks provided by LYPFT should be worn.

2 (P&B) of these concerns were around inappropriate sexual comments made to staff members, both accessed the grievance procedure and both investigated, one is now dealt with and closed (this was a perceived homophobic remark) and we await the outcome hearing of the other concern planned for 21st January with a plan to discuss lessons learned once the outcome meeting has occurred .

1(P) was a concern around on call arrangements and line management support, it was agreed that working through and revisiting line management arrangements/on call arrangements that the concern should be closed and thanked the Guardian for listening and offering other avenues to explore.

3(P) of these concerns were about the roll out of the vaccines and would staff be mandated to have it? and if not would that staff member suffer detriment? Staff are not manadated and have choice and assurance given re staff must not suffer detriment through making choices. Our CEO discussed this on a Wednesday Zoom call once this was raised. Also on the roll out of the Pfizer vaccine there were concerns raised around only staff vaccinated should work within the wards. Use of PPE was recommended and staff are now being vaccinated to help protect the staff team and people accessing our services. The Guardian and Ambassador (VS) are helping with the Vaccination programme thus giving further exposure.

1(P) was already in an HR process and signposted back to HR and Line Management with the person raising the concern leaving the service thus disengaging.

1(P) of the concerns was to the wrong service but contacted LYPFT, LTHT and LCH Guardians for support, LYPFT Guardian located the correct Guardian and signposted and linked up.

2 (P&B) of these concerns had issues with line management and support, on of these concerns chose to utilise the Grievance route and is now closed with the other through discussion with the Guardian and further signposting was happy to take advice and use further direct line management support , the concern was around indirect line management and instruction.

1 (B) was around how a visiting LYPFT member had communicated on the ward. This was raised with the appropriate line managers and the person raising the concern was happy that this was no longer an issue.

Appendix 2
Feedback free text

Q6 Have your concerns been addressed?

- Partly -Concerns regarding the current situation at the time were addressed; however, as the Covid situation is escalating, I am worried that I was provided verbal reassurance but that this will change. I am aware that the Government change the goalposts as often as they wish and this will be reflected in the NHS policies and procedures. I am concerned that with no written confirmation that those who do not wish to be vaccinated will not be protected should a mandatory vaccination be proposed.

Q8 Have you suffered any negative consequences as a result of raising your concern?

- Yes – actions from the Guardian contributed to work related stress and 2 month absence from work.

Response- FTSUG contacted person giving feedback and offered opportunity for discussion. 11/1/2021 FTSUG/ HR Lead/ Unison Lead and Service Manager discussed this, outcome meeting is planned for 21st January, thereafter meetings to be scheduled to look at any areas of improvement from this investigation and process with any outcomes available for next board meeting.

Q9 Was there anything else you would have liked the Guardian to have done for you?

- No – very thoughtful response to concerns raised
- I thank you all for your great job. Especially during CVOID-19 times.
- Thank you again for your support -No – all was done that needed to be done
- No-There is nowhere on this form for comments, but I would like to thank the guardian for the professional and supportive response to the concern.
- Thanks for your help during this year
- I think this is a difficult and challenging role for anyone to take on, but I feel the FSG is very approachable and honest in his approach. He may not always be able to help, but sometimes having someone to offload in a safe space if extremely helpful. Although I do hope they also receive the necessary support as I imaging people do not speak to him about good news
- No, but would like to say some positive comments on how I was overwhelmed with problems and the guardian was someone who would listen to you. Someone whom you could turn to. Someone who could support you. Offering guidance but giving you the responsibility to make your own decisions. So kind of impartial but helping you to come to terms with what had been happening and thus enabling you to evaluate the situation and go forward, helping to identify your problems of concern and move forward.
- My concern was addressed and I feel it was handled appropriately
- Explaining the detailed nature of a formal investigation would be useful to get a sense of what is to come or be avoided.
- John dealt with my concerns in a timely manner and ask best he could given the circumstances.
- It would have been helpful for the Guardian to stick to plans and not change them.

Response to feedback - FTSUG contacted person giving feedback and offered opportunity for discussion. On 11/1/2021 FTSUG/ HR Lead/ Unison Lead and Service Manager discussed this, outcome meeting is planned for 21st January, thereafter meetings to be

scheduled to look at any areas of improvement from this investigation and process with any outcomes available for next board meeting.

Q10 Based on your experience of raising a concern, would you do it again?

- Yes- I now direct people to speak to SUG if they feel their issue(s) needs further exploration or support in dealing with it
- Not Sure - There is so much more I could have said to John but I am very mindful that anyone who speaks against the official covid-19 narrative are not taken seriously. I have various other concerns, however, I don't feel raising them will prove helpful to me.

Appendix 3

Lessons Learned

Colleagues might raise concerns which are quite specific and personal in nature which the FTSU Team cannot share in order to protect confidentiality. Here are some of the actions or improvements that have taken place as a direct result of general concerns that have been raised:

Some colleagues were not raising their concern with their line manager first

Action taken: This wording is now included on the FTSU Staffnet page and the FTSU poster: "Colleagues should speak with their line manager, clinical supervisor or union representative about any concerns in the first instance".

Colleagues often want to be able to refer to the Grievance Policy or Bullying, Harassment and Victimisation Policy when raising a concern but report that they are not always able to find them on Staffnet

Action taken: Include a reminder on the FTSU page about where to find the policies. Colleagues can access these documents on the Policies and Procedures page and use the search function to find the relevant policy. A quick-link to all HR policies including the Bullying, Harassment and Victimisation policy is also available.

A colleague reported a potential patient and staff safety incident which was leading to potentially a covid unsafe environment, The concern was acted upon and the area was covid safe and assurances given on Trustwide, the issue was that through covid arrangements helpdesk numbers were sometimes not readily available, if so the person raising the concern would have accessed the helpdesk direct.

Action taken: The Guardian spoke to the Interim Commercial Manager and agreed that the helpdesk number be highlighted and identified on the LYPFT Trustwide bulletin and acknowledgement that the issue had been raised and there was no cause for concern as all units were regularly checked.

The Guardian received calls from colleagues unable to access important contacts and helpdesk numbers when working remotely, these included safeguarding/ Child protection/IT helpdesk etc.

Action taken: Relevant numbers identified were added to the LYPFT Trustwide bulletin.

The Guardian received a face to face request when visiting our Deaf CAMHS colleagues in Manchester, concern was raised around how Covid messages were being communicated especially to our Deaf Colleagues and people accessing our services and their families. Lessons were learned by our Deaf CAMHS through the Brexit process and explained these to the Guardian during his site visit.

Action taken: BSL interpreter to be on all ZOOMs/Webinars etc, and staff /service user/ family leaflets etc to be adapted to make sure our Deaf Community(to include staff) have the opportunity to be kept informed around any developments with Covid and advice.

The Guardian received a concern around ZOOM and etiquette where a staff to staff confidential issue caused concern. The person raising the concern was unaware another third party remained on the ZOOM call when discussing a concern.
Action taken: The Guardian discussed this with our Head of Information Governance / Data Protection Officer and advice was communicated via our Trustwide communications. The generic advice is same as any other meeting situation and also a reminder that ZOOM/TEAM etc calls are sometimes recorded and this must be outlined by the lead person/Chair before recording proceeds.

The Guardian received a concern around the Vaccine being Mandatory and that staff were concerned if they did not accept the vaccine they would suffer detriment. The vaccine will not be compulsory and assurances have been given by our CEO (et al) that no detriment will be experienced and the Guardian has asked if any staff members feel they are detrimented to go through the usual channels with the Guardian able to support and signpost should people feel that this has happened.
Action taken: due to the level of concern and amount of fake news circulating the issue of vaccinations and uptake is reinforced within our Trustwide communications and our CEO Sara Munro raises this during the CEOs dial in fortnightly and this is recorded too.

The Guardian received a concern from a person raising the concern said that they feel some images and pictures from (anonymised area) are going on Facebook without the service users permission.
Action Taken: The Guardian alerted the Deputy COO, Head of Operations (for that area) Oliver (title Sarah please??)and the Head of Information Governance/Data Protection Officer - a message has been posted on the site saying staff are not able to share any photos of people who do not have the capacity to consent to their image being shared - and that as such any future posts do not contain photos of people we support, apart from those where they are able to consent to this. Any posts containing photos of people we support who do not have the capacity to consent to their image being shared in this way are being permanently deleted from this page.

The Guardian received a concern around wearing of PPE/ Aprons and facemasks/ goggles etc, especially the use of sterile face masks and access to FFP3 masks .
Action taken: The Guardian contacted the Deputy Director of Nursing re the PPE issue with a live conference taking place the next day with our Deputy Director of Nursing as below-
We are committed to bringing you the latest information on PPE to ensure your safety and can confirm that Nichola Sanderson, Deputy Director of Nursing, will be hosting a live video conference on this subject at 2pm on Tuesday 28 April 2020. Nichola wants to address some of the misconceptions that have been shared with us about PPE and ensure that you are provided with the latest, and accurate information, on what is needed to ensure everyone's safety when using PPE. Nichola also wants to hear from you any concerns you may have and how our Infection Prevention Control Team can support you more during this time.
We'd also like to reassure you that we are continuing to receive regular deliveries of PPE that meets all stringent regulatory standards. We are continuing to keep a close eye on stock levels and have a plan in place to maintain supplies. If you have particularly low stock of any PPE please order directly via our Logistics Team at covid19ppelogistics.lypft@nhs.net.
https://us02web.zoom.us/j/85005581700
These actions taken has proved a valuable resource to the Guardian and able to signpost either to the Deputy Director of Nursing/ or the ZOOM as above for access.
Up to date guidance was given on 13/1/2021 via Coronavirus Update for all staff:

COVID-19, especially the new variant, is spreading quickly across the country. This includes our region which is putting many people at risk of serious disease and is placing a lot of pressure on our NHS.
This variant is more able to transmit from human to human than other variants, and around 1 in 3 people with COVID-19 don't have any symptoms and can pass it on without realising. This is why it's essential that everyone working in healthcare settings wears their correct PPE.
As a reminder, you should wear full PPE (gloves, mask, apron, safety glasses) in clinical areas at all times. In non-clinical areas you should follow the seven steps available on our PPE website.
Please be aware of available space in communal areas such as kitchens, toilets, social areas and locker rooms and wear a mask when using, and moving, between these areas. You will still need to continue to wear your PPE when carrying out routine activities such as making a drink or using a communal phone to take calls.
Handy pocket-sized PPE guides are also available to download to help you ensure that you are wearing the correct PPE in clinical and non-clinical settings.

- PPE Non-Clinical Guide
- PPE Clinical Guide

The Guardian received a concern re staff allegedly being asked to 'dob' colleagues in for incorrect use of PPE, The Guardian immediately spoke to the CEO in their 1:1 and this was discussed at the next Wednesday dial in and acknowledged that dobbing in wasn't required but gentle reminders but unfortunately there were concerns around use of PPE so this needed to be addressed.
Action taken: As above The Guardian informed the CEO and was discussed at the dial in and use of PPE was also pert of the dial in discussion. Further useful communications and tips are available and up to date guidance was given on 13/1/2021 via Coronavirus Update for all staff:
Also in the communication was -If you notice colleagues who are not complying with our PPE requirements, please discuss this with them politely in the first instance. You will then need to escalate this to your manager and complete a Datix submission. This communication was softened to reflect discussing thus politely first and if not resolved take the appropriate next steps.
We each have a responsibility for our own, and each other's health and wellbeing. Your safety is our priority and the Trust will continue to take positive action to ensure the wellbeing of all or its staff through relevant disciplinary procedures where necessary.
As a reminder, you should wear full PPE (gloves, mask, apron, safety glasses) in clinical areas at all times.

In non-clinical areas you should follow these seven steps:

Maintain 2 meter spacing
Wear masks at all times
You can pass within 1 meter of a person when wearing a mask without needing to wear eye protection (this must not exceed 1 minute)
If someone stops to talk with you, immediately ask them to step back 2 meters
If you are within 2 meters of someone for more than 1 minute then both mask and eye protection are required
You do not need to wear a mask if in a room by yourself, but you must have a mask on if sharing the room. Be ready to put a mask on if someone enters
Eating and drinking in a designated area – you must maintain 2 meter spacing between yourself and others.
If you are unsure of our PPE guidance or have any questions please speak to your line manager as a matter of urgency.

A previous concern was brought and dealt with locally my one of our senior colleagues who assisted with a patient moving and handling concern around side rails with team and inter service communication reviewing and improving,
Action taken: was - The raising of the concern enabled us to learn within the team in relation to support needs for newly promoted staff, staff supervision with clear action plans where there are areas of concern and shared plans related to complex service user care.

Appendix 4

NGO Training

'Speak Up, Listen Up, Follow Up', a new e-learning package, is aimed at anyone who works in healthcare. Divided into three modules, it explains in a clear and consistent way what speaking up is and its importance in creating an environment in which people are supported to deliver their best

The first module 'Speak Up' is Core Training for all workers including volunteers, students and those in training, regardless of their contract terms. Its aim is to help everyone working in health to understand what speaking up is, how to speak up and what to expect when they do. Workers' voices form a key pillar of the People Plan. This e-learning gives all workers the tools to speak up, particularly vulnerable groups who may feel they are unable to, like trainees, bank staff, or volunteers.

The second module 'Listen Up' is aimed at all line and middle managers and is focussed on listening up and the barriers that can get in the way of speaking up. This will come online in January. This e-learning aims to support organisations to build upon their speaking up culture.

A third module for senior leaders – including executive and NonExecutive Directors, lay members and governors – will be launched in early 2021.

This training follows the National guidelines on Freedom to Speak Up training in the health sector in England published by the National Guardian's Office in 2019

Direct report / Line management /appraisal /management supervision

- Sara Munro -Chief Executive Officer.
- Claire Holmes - Director for OD and Workforce

Submission of reports

- LYPFT public board meeting: twice yearly report, presented in May and November, agreed due to the pandemic as report would be produced for the January LYPFT public board meeting with the May and November reports be available to maintain continuity
- Trustwide Clinical Governance, Monthly Meeting presenting a quarterly report to update on Lessons learnt
- Staffside Meeting: bi-monthly where an update report is required on any pertinent/relevant issues are discussed
- Workforce and OD Committee: as and when required to provide an update on any staff related learning
- National Guardians Office: quarterly submission to update qualitative and quantative statistical information

FTSUG Direct access

- Chair
- Chief Executive
- Chief Financial Officer and Deputy Chief Executive
- Medical Director
- Director of Nursing, Professions and Quality
- Director for OD and Workforce (Executive director for Whistle Blowing)
- Chief Operating Officer
- Deputy Chief Operating Officer
- Non- executive director (Senior Independent Director lead for Speaking up and Chair of the Audit Committee)
- Inpatient service manager(s)
- Matrons
- Clinical Team Managers
- Associate Director for Corporate Governance

Please note this is not an exhaustive list

Where lessons learnt are discussed /shared

- Direct access to colleagues and managers involved in a concern
- Public board meeting
- Trustwide Clinical Governance Meeting
- Staffside Meeting
- Workforce and OD Committee
- Clinical Improvement Forums(CIFs)
- Bank Staffing Forum
- Staff/Ward meetings
- Raising Concerns page on Staff Net
- FTSUG Blog
- Staffnet page, Lesson learnt
- Human Resources team
- National Guardians Office, Quarterly submission to update qualitative and quantative statistical information

Raising the Guardian profile(as in Section 2)

The Guardian has used a number of methods in raising awareness of the role. These include:

- Planned and diarised drop ins at main trust sites (remote access presently for safety)
- Planned visit to remote areas (as above)

- Face to face contact at team meetings (as above)
- Clinical Improvement Forums(CIFs)
- Staffside Meeting
- Bank Staffing Forum
- Leadership forum
- Equality and diversity CPD days
- Equality Impact Group
- Human Resources team
- Trust Induction welcome eventMonthly(remotely at present)
- Informal contact / meetings with staff and managers
- Desk top notifications which will be seen when staff switch on their computer
- Trustwide emails
- Individual email communication targeting managers of clinical services
- Text messages and phone calls
- Regular blog
- Staffnet page providing details of the role and how to contact the Guardian?Ambassadors
- Video of FTSUG message with FTSUG with signed communication for our Deaf CAMHS colleagues to be updated to add our Ambassadors
- Posters/flyers which have been delivered to service areas, with signed information
- Pop up banner - general awareness raising via portable asset for our Deaf CAMHS colleagues , to be adapted to add our Ambassadors.
- Business / post cards
- Inclusion in the market place event for the Trust induction
- Feedback from people who have raised a concern
- Twitter

The Guardian has ensured that the language and message of communications are consistent with national guidance and will continue to monitor that this is provided in a manner consistent to this guidance.

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:	Guardian of Safe Working Quarterly Report Quarter 1 July 2020 to 30 September 2020
DATE OF MEETING:	28 January 2021
PRESENTED BY: (name and title)	Dr Chris Hosker, Medical Director
PREPARED BY: (name and title)	Dr Ben Alderson, Guardian of Safe Working Hours

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 purpose of this report is to give assurance to the board that doctors in training are safely rostered and that their working hours are compliant with the Junior doctors contract 2016 and in accordance with Junior doctors terms and conditions of service (TCS). Key points to note are

- There has been one exception report
- There have been no patient safety issues
- Junior doctors forum met in October 2020 and there were no urgent concerns raised

In summary, exception reporting (ER) is now established in the Trust. We continue to work with the junior doctors and clinical supervisors to ensure that we are developing a culture where ERs are positively received and used as a mechanism to effect change.

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 are asked:

I. To agree that this reports provides an assurance level for the systems in place to support the working arrangements of the 2016 Contract and TCS for the junior doctors working in the Trust and that they are meeting their objective of maintaining safe services

II. To provide constructive challenge where improvement could be identified within this system.

MEETING OF THE BOARD OF DIRECTORS

Guardian of Safe Working Hours Report

Quarter 2 July – September 2020

1 Executive Summary

The purpose of this quarterly report is to give assurance to the board that doctors in training are safely rostered and that their working hours are compliant with the Junior doctors contract 2016 and in accordance with Junior doctors terms and conditions of service (TCS). The report includes the data from 01.07.2020 to 30.8.2020.

2 Quarter 2 Overview

Vacancies		There are 3 vacancies in the Core Trainee establishment which are covered by trust doctors (1 employed, 2 agency).					
		There are 9 vacancies in the Higher Trainee establishment.					
Rota Gaps		July		August		September	
		CT	HT	CT	HT	CT	HT
	Gaps	27	23	16	20	24	21
	Internal Cover	22	23	9	19	16	21
	Agency cover	5	0	7	1	6	0
	Unfilled	0	0	0	0	2	0
Fill Rate		100%	100%	100%	100%	92%	100%
Exception reports (ER)		0	0	1	0	0	0
		The ER was raised over a bank holiday weekend where there was an absence non-medical/ staff in the liaison practitioner service. There was an increased workload but no impact on patient safety. The issue was resolved by TOIL for the doctor who raised the ER.					
Fines		None					
Patient Safety Issues		None					

Junior Doctor Forum (JDF)	Meeting held in October 2020. Items of note were: • There had been some issues where doctors had been called by switchboard when they were not on shift or on a break period. Vickie Lovett (Medical Directorate Programme Manager) will discuss with the switchboard manager to resolve this. • The Child and Adolescent Mental Health Service (CAMHS) unit at St Mary' Hospital will be staffed through LYPFT. Dr Chakrabarti (AMD for Doctors in Training) will discuss with the CAMHS Trust Medical Education Committee representative to request a briefing for the JDF about the unit and the possible impact on the PROC rota. Vickie Lovett will also discuss with Workforce and Human Resources and this information will be reviewed at the next JDF • It was again recognised that the junior doctors had worked with great effort to support the oncall rotas and the running of clinical services to maintain patient safety during the pandemic

3 Conclusion

Exception Reporting has now been in place within the Trust since 2016 with the first ER being made in 2017. We continue to work with the junior doctors and clinical supervisors to ensure that we are developing a culture where ERs are positively received and used as a mechanism to effect change.

4 Recommendations

The Board of Directors are asked:

i. To agree that this reports provides an assurance level for the systems in place to support the working arrangements of the 2016 TCS for the junior doctors are working in the Trust and that they are meeting their objective of maintaining safe services

ii. To provide constructive challenge where improvement could be identified within this new system

Dr John Benjamin Alderson
GMC 6166755
Guardian of Safe Working Hours

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
16.

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Chief Financial Officer Report - Month 9
DATE OF MEETING:	28 January 2021
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 09.

The Trust reported an income and expenditure surplus of £3.17m as at month 9. The revenue position reflects the 3 months (October to December) of operating within the revised interim financial framework implemented for months 7- 12.

The report also includes an update on the latest information notified with regard to the 21/22 financial planning arrangements.

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 09, which is favourable variance from plan of £3.84m
- work with partners to understand impact of current positions and to help determine forecast position for year end.
- Trust remains in an overall good financial position.

MEETING OF THE BOARD OF DIRECTORS

28 JANUARY 2021

CHIEF FINANCIAL OFFICER REPORT - MONTH 9

1 Introduction

This report provides an overview of the financial performance of the Trust at month 09. The revenue position reflects the 3 months (October to December) of operating within the revised interim financial framework implemented for months 7- 12. The capital position represents the full year to date (April to December) position.

The report also includes an update on the latest information notified with regard to the 21/22 financial planning arrangements.

2 Month 9 2020/21 Income & Expenditure Performance

At month 9 (month 3 of the planning period) the Trust reported an income and expenditure surplus of £3.17m against a planned deficit of £0.67m. This is a £3.84m positive variance as at month 9.

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	(35,813)	(33,804)	2,009
Non Pay	(14,153)	(13,533)	620
Total Expenditure	**(49,966)**	**(47,337)**	**2,629**
Income: System allocations			
COVID	2,266	2,266	0
Top up - Prospective	952	952	0
Block contracts	40,789	40,789	0
Growth	359	359	0
Sub Total System Allocations	**44,365**	**44,365**	**0**
Other Income	**4,929**	**6,137**	**1,208**
Total Income	**49,294**	**50,502**	**1,208**
Total Surplus/ (Deficit)	**(672)**	**3,165**	**3,837**

Table 2 below shows a summary of the key variances from plan in months 7 to 9.

Key variances month 7 to 9	Variance £000s
Expenditure:	
Adult Acute OAPs	850
COVID-19 Costs (excluding OAPs)	802
Cost Pressures/Commissioning Intentions	977
Sub total expenditure	**2,629**
Income:	
Hosted Services (commercial activities)	983
Other	226
Sub total income	**1,208**
Total	**3,837**

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

Expenditure

- Adult acute out of area placements (OAPs) expenditure were significantly lower than planned, but remains unpredictable due to on-going COVID risks.
- COVID-19 specific costs have slowed considerably compared to the expected run rate which had been broadly based on months 1-4.
- Overall expenditure associated with commissioning intentions and cost pressures have been lower than planned.

Income

- Significant Improvement in run rate for commercial activities, including non-recurrent benefits.
- Other small unplanned non material items, including additional Health Education England funding.

3 Forecast Income and Expenditure Position

At the point system plans were set for month 7-12, the overall West Yorkshire ICS submission was in balance at an aggregate level. However within plans there were a number of assumptions and unresolved technical issues generating a degree of unmitigated potential financial risk. This resulted in some organisations (LYPFT included) having a planned deficit. The ICS has committed to a set of principles to ensure where possible each individual organisation and place deliver at least break-even. As further clarity emerges on the issues all places are required to work in partnership to deliver a minimum balanced position. We are therefore currently working with Leeds partners to agree the overall position which we will report at month 10. This may result in some redistribution of system resources to ensure all organisations will be in balance or surplus. It is highly likely that LYPFT will remain in surplus. There is no risk of a deficit position as per plan.

4 Capital Expenditure

Cumulative year to date capital expenditure (months 1-9) is reported as £9.7m (inclusive of £0.7m COVID-19 related capital spend). This position is £5.7m below plan at month 9. This is in line with

our anticipated forecast which has been impacted by the COVID as previously reported. The Trust will deliver the essential schemes in year which it is committed to. An analysis of spend against schemes is attached at appendix 1. Forecast capital spend is £20.5m which is within our ICS capital allocation.

Good progress has been maintained on the CAMHS project, with no material risks identified either as a consequence of end of European Union transition period or further COVID lockdown measures. The site remains operational. The planning application for additional works was submitted and a decision expected early March. The final costs for these works have been confirmed at £3.4m and are incorporated into the overall Guaranteed Maximum Price. The revised construction timeline remains on track at this stage, with handover planned for early November. The current project plan aims to have the service operational in December 2021.

5 21/22 Financial Planning

Pre-Christmas NHSI/E set out the operational priorities for 21/22. This included the financial framework which, as expected, reflected a continuation of the approach introduced in 20/21. The key features outlined were:-

- Revenue funding being distributed at ICS level, reflecting CCG baseline allocations and consistent with Long Term Plan commitments
- Additional non recurrent funding as per spending review, including £500m for Mental Health services
- Additional non recurrent funding to off-set lower financial improvements due to the lack of efficiencies Trusts have been able to deliver due to COVID.
- Separate funding for the on-going costs of COVID
- System capital envelopes on a quantum similar to 20/21.

On 14 January however it was confirmed that the planning process was paused to enable organisations to continue to focus on the response to the pandemic. For financial planning purposes this has resulted in a decision to roll forward the current financial arrangements. For quarter one organisational financial planning will be based on 20/21 information with a number of adjustments. Further guidance is expected in mid-February with final allocations will be agreed in March, dependent on agreements with Treasury regarding the overall envelope available including on-going COVID cost assumptions. It has been confirmed that the new Mental Health investment will be available from month 1 in addition to roll forward calculations.

6 Conclusion

The Trust reported an income and expenditure surplus of £3.17m as at month 9. The level of expenditure is significantly lower than anticipated at this stage. There are still a number of issues which could impact on the run rate for the remainder of the year and some technical accounting issues to work through eg annual leave accrual. We are working with partners across the Leeds place to manage financial risk issues and ensure a minimum overall balanced plan. We will report further on this at month 10. Capital expenditure remains in line with our assumptions.

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 £118.9m (inclusive of c£13m income in advance for block income), and liquidity is strong with cover for 157 days operating expenses.

Planning intentions for 21/22 have been paused, with revised timetables for this process likely to be notified towards the end of March/April. This timetable will be highly dependent on progress with the pandemic and negotiations with Treasury. The current financial arrangements will roll forward into quarter one at least, but the overall quantum of resources is not clear at this point. Further guidance for preparing quarter one plans will be issued in February.

7 Recommendation

The Board of Directors are asked to note the:

- income and expenditure position at month 09, which is favourable variance from plan of £3.84m
- work with partners to understand impact of current positions and to help determine forecast position for year end.
- Trust remains in an overall good financial position.

Dawn Hanwell
Chief Financial Officer and Deputy Chief Executive
21 January 2021

Appendix 1

CAPITAL PROGRAMME - at 31 December 2020	Year to Date		
	YTD Plan £'000	Actual Spend £'000	YTD Variance £'000
Estates Operational			
Health & Safety / Fire/Sustainability / Backlog	350		(350)
Newsam - Search room	65		(65)
Estate vehicles/other fleet	50	26	(24)
Newsam Unit Door locks	120		(120)
Sub-Total	**585**	**26**	**(559)**
IT/Telecomms Operational			
PC Replacement Programme	120	99	(21)
IT Network Infrastructure	240	73	(167)
Additional Server/Storage	15		(15)
Cyber security software	50	2	(48)
Sub-Total	**425**	**175**	**(250)**
Estates Strategic Developments			
CAMHs Unit Construction	9,165	7,760	(1,405)
CAMHs Unit Construction and Enabling works	115	119	4
St Marys Hospital upgrades	520	479	(41)
York Estate development	105	18	(87)
Estates Technology	50		(50)
St James Development (NICPM)	963	5	(958)
Critical Infrastructure backlog	50		(50)
Locked rehab development	450		(450)
Aire Court	500		(500)
City Centre Outpatients	250		(250)
South Wing Treatment Room		144	144
Sub-Total	**12,168**	**8,526**	**(3,642)**
IT Strategic Developments			
Integration System	50	32	(18)
Replacement EPR	1,062	78	(984)
EPR developments	40		(40)
Smartphones	40	99	59
Voice recognition system	125		(125)
Remote access & agile working	30		(30)
Sub-Total	**1,347**	**208**	**(1,139)**
Contingency Schemes			
Contingency	181		(181)
Medicines Optimisation Team		7	7
Roseville Road Unit 4		63	63
Becklin Medical Records		20	20
2019/20 Completed Schemes		(36)	(36)
Sub-Total	**181**	**54**	**(127)**
Total (excluding COVID-19)	**14,706**	**8,990**	**(5,716)**

Capital Programme Summary	YTD Plan £'000	Actual Spend £'000	YTD Variance £'000
Estates Operational	585	26	(559)
IT/Telecomms Operational	425	175	(250)
Estates Strategic Developments	12,168	8,526	(3,642)
IT Strategic Developments	1,347	208	(1,139)
Contingency Schemes	181	54	(127)
Sub Total (excluding COVID-19)	**14,706**	**8,990**	**(5,716)**
COVID-19	**659**	**675**	**16**
Total including COVID-19	**15,365**	**9,665**	**(5,700)**

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
17

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Changes to the Constitution: Partner Governor seat
DATE OF MEETING:	28 January 2021
LEAD DIRECTOR: (name and title)	Cath Hill, Associate Director for Corporate Governance
PAPER AUTHOR: (name and title)	Cath Hill, Associate Director for Corporate Governance

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

EXECUTIVE SUMMARY

The Board is reminded that at the November meeting it approved a number of changes to the Constitution and was also asked for suggestions as to who might be invited to take up the partner governor seat left vacant by Equitix.

A proposal has been made that this is offered to the Director for Children and Families Programme within the West Yorkshire and Harrogate ICS.

By making this addition to the Council of Governors it would further enhance the partnership working arrangements between the Trust and the West Yorkshire and Harrogate ICS and would also bring to the Council knowledge and expertise in the area of children at a point where the Trust is about to take over the Tier 4 inpatient CAMHS services in Leeds and establish a new CAMHS unit on the St Mary's Hospital site.

A paper purposing this change has also been submitted to the council of Governors for their consideration at their 2 February meeting. If both the Board and the Council agree this change then it will come into force immediately.

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

Subject to the agreement of the Council of Governors, the Board of Directors is asked to approve a change to the Partner Governors set out in Annex 4 of the Constitution (and therefore through the document) to remove Equitix as a Partner Governor and add the Director for Children and Families Programme within the West Yorkshire and Harrogate ICS.

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
18

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Board Assurance Framework
DATE OF MEETING:	28 January 2021
PRESENTED BY: (name and title)	Sara Munro, Chief Executive
PREPARED BY: (name and title)	Cath Hill, Associate Director for Corporate Governance

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

EXECUTIVE SUMMARY

Overall responsibility for updating the BAF sits with the Chief Executive; it is administered by the Associate Director for Corporate Governance who has a co-ordinating role in respect of the information and for ensuring the document moves through its governance pathway effectively and provides check and challenge to the content.

The BAF is populated with the seven strategic risks from the Strategic Risk Register. Each risk is assigned to a lead executive director. Each individual risk has been:

- Refreshed on behalf of the lead director using the information on DATIX and reference to senior management leads to ensure that: the content is up to date; it adequately describes the controls and assurances in place; the gaps are adequately described; and any high level actions are articulated
- Reviewed by the lead executive director who has ensured the details overall are up to date.

Attached to this paper is the latest version of the BAF as at the end December 2020. This is presented so the Board can receive assurance on the way in which the risks to achieving the strategic objectives are being mitigated and that effectiveness of the controls that are in place or that where there are gaps in controls or assurance these are being sufficiently addressed.

Since the Board last received the BAF it has been presented at those Board sub-committee where they are assurance receivers for the various risks. As part of their considerations a number of observations were made in relation to the content including the risk scores,

controls and contributory risks. These have been considered and incorporated into the update for each of the risks.

It should also be noted that there is further work to be done to redefine the workforce risk (currently SR3) the narrative for this risk will be considered by Workforce Committee with a final recommendation being presented to the Board for approval.

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

RECOMMENDATION

The Board is asked to receive the Board Assurance Framework and consider its content and to be assured that further detailed consideration of the content will take place in the relevant Board sub-committees.

BOARD ASSURANCE FRAMEWORK OVERVIEW											QUARTER 2 - 2020/21
Strategic Objective	Risk appetite	Strategic Risk	Quarterly Assurance Rating				Reason for Current Assurance Rating	Executive Lead	Assuring Committee	Current Risk Score	Change
			Q1	Q2	Q3	Q4					
1. We deliver great care that is high quality and improves lives	ntial options and solutions. It is classed as 'high' in relation to that openness but the board would not take risks that compromise compliance with the core regulatory and legislative frameworks within which it has a licence to operate.	**SR1. (Risk 636) If there is a breakdown of quality and safety assurance processes we risk not being able to maintain compliance with regulatory requirements.**	Partial (remains same)	Partial (remains same)	Partial (remains same)		We have put in place a number of controls to ensure that we comply with our regulatory standards and we are not in breach of any of our regulatory requirements.	Cathy Woffendin (Director of Nursing, Professions and Quality)	Quality Committee	20	→
		SR2. (Risk 829) There is a risk that we fail to make the improvements outlined in the quality strategic plan and that this has an adverse impact on the care of those who use our services.	Partial (remains same)	Partial (remains same)	Partial (remains same)		There is evidence that there is continuous learning, improvement and innovation in the Trust but this is in the process of being embedded .	Chris Hosker (Medical Director)	Quality Committee	15	→
		SR7. Changes in the roles of commissioners and providers and the move to system-level working will require changes in the role and function NHS Trust boards and new governance arrangements There is a risk we do not have appropriate governance arrangements in place nor the capacity and capability to fulfil all our statutory functions.	Partial (remains same)	Partial (remains same)	Partial (remains same)		Whilst some of the infrastructure is in place to govern the work of the ICS and MHLDA Collaborative there is still more work to do to understand the impact of the emerging governance arrangements.	Sara Munro (Chief Executive)	Board	15	→
2. We provide a rewarding and supporting place to work		**SR3. (Risk 830) Due to an inability to recruit and retain sufficient numbers of staff with the appropriate skills experience and behaviours, there is a risk that we are unable to deliver high quality, evidence based, person centred care to meet new models of care now and in the future.**	Partial (remains same)	Partial (remains same)	Partial (remains same)		There are a number of significant workforce challenges which the Trust is working to address.	Claire Holmes (Director of OD and Workforce)	Workforce Committee	20	→

3. We use our resources to deliver effective and sustainable services	**3 - Open - ('high') We have a risk appetite which is 'open' to considering all pote either compromise our compliance with its duty of care to staff and patients or**	**SR4. (Risk 619) A lack of financial sustainability results in a destabilisation of the organisation and an inability to deliver services.**	Partial(remains same)	Partial(remains same)	Partial (remains same)		Whilst we have maintained good working relationships with commissioners and have a track record of meeting our financial regulatory requirement, and our previous financial performance has generated a strong risk rating and high liquidity levels which acts as a buffer and mitigates against deterioration in our financial position there is still uncertainty in relation to a number of factor which could adversely impact on the Trust's financial performance	Dawn Hanwell (Chief Financial Officer)	Finance and Performance Committee	**15**	⬇
		SR5. (Risk 615) Due to inadequate, inflexible or poorly managed estates we compromise the safe environment which places staff, service users and visitors at risk.	Partial (remains same)	Partial (remains same)	Partial (remains same)		Overall the estate is managed to an adequate standard but development and improvement is constrained by the ownership and control model in operation. Long term this can only be addressed by significant change to the PFI contractual arrangements and will require investment. This is an ongoing process.	Dawn Hanwell (Chief Financial Officer)	Finance and Performance Committee	**12**	⬇
		SR6. (Risk 635) As a result of insecure, inadequate or unstable information technology systems and infrastructure, the quality and continuity of our services is compromised.	Partial (remains same)	Partial (remains same)	Partial (remains same)		There are a number of significant controls in place and assurances that these controls are robust however, the Trust is constantly in a position of threat from external sources and must maintain a position of vigilance at all times.	Dawn Hanwell (Chief Finance Officer)	Finance and Performance Committee	**8**	⬇

Strategic Objective	1. We deliver great care that is high quality and improves lives			Risk appetite	3 - Open ('High')
Strategic Risk		**Initial Risk Score**	**4**	**Committee**	Quality Committee
SR1. (Risk 636) If there is a breakdown of quality and safety assurance processes we risk not being able to maintain compliance with regulatory requirements.		**Current Risk Score**	**20**	**Executive lead**	Cathy Woffendin (Director of Nursing, Professions and Quality)

Assurance rating (quarterly) (limited, partial, significant)	Q1 (end of June 2020)	Q2 (end of September 2020	SR	Q4 (end of March 2021)
	Partial	Partial	Partial	

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Risk Lead / responsible director	Overseeing group	Q1 (end of June 2020)	Q2 (end of September 2020	Q3 (end of December 2020)	Q4 (end of March 2021)
803	Our current information system does not enable us to carry out live monitoring of the use of urgent treatment on inpatient wards. The Code of Practice states that hospital managers should monitor the use of these exceptions to the certificate requirement to ensure that they are not used inappropriately or excessively.	Oliver Wyatt / Chris Hosker	Mental Health Operational Group	6	6	6	

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principle risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
636	Governance Structure in place which sets out where performance and compliance is discussed and assurance is received and provided	Following a recent operational restructure and consultation process resulting in moving to 9 service lines from 2 care groups the clinical governance arrangement s have been strengthened with additional resource of two Heads of clinical governance and additional resource at clinical director level. These posts will work together over the next three months to review the new arrangements and provide a proposal which will be signed off by the executive management team. The previous governance current arrangements are still in place to mitigate any risks. There is executive director oversight of the reporting arrangements through the executive-led groups with assurance reports to the Board sub-committees which will identify any risks to compliance with regulatory requirements. The Governance Assurance Accountability and Performance Framework (GAAP) was audited and given significant assurance. In addition the CQC Well led inspection report DEC2019 gave an overarching rating of good which included our governance system and processes	Dec-19
636	Annual process for reporting on the controls in place in relation to risk including risks to compliance (Annual Governance Statement - Compliance with the provider licence)	The Annual Governance Statement was signed off by the Audit Committee, the Auditors and the Chief Executive for 2019/20. Self certifications were signed off by the Board for 2019/20which also highlighted if there were any risks to compliance for 2020/21 and how these would be addressed.	Jun-20
636	Process in place for reporting serious incidents to Board and Quality Committee	NHSE investigation reports were presented to the May 2019 Board and Quality Committee and assurance was provided and received as to the process of reporting and the content of the cases provided	May-19
636	Serious incident reporting and investigation process in place	The action plan from the audit carried out in April 2017 have all been completed and evidence provided back to the internal auditors. A new process for reporting on serious incidents was signed off and presented to the Board for assurance in September 2017. Regular reports are sent to commissioners on each SI and they are assured of the processes in place. There has also been an audit on Learning from deaths in April 2019 which gave significant assurance	May-19
636	CQC Project Team in place to oversee compliance with CQC Standards. CQC Project Team Meeting chaired by the Director of Nursing	The CQC Project Team Meeting has received assurance and supporting evidence from leads responsible for CQC actions and compliance of robust processes and procedures in place. Regular updates are provided to Trust Board and Quality Committee through DoN quarterly reporting and CQC update reports.	Jan-20
636	Quarterly meetings with the CQC leads	An update was provided to the council of governors and board members at the board to board in September by the executive director of Nursing , Quality and Professions providing assurance that all actions were progressing and the oversight of this had been re-established from July following hibernation as agreed with our CQC relationship managers	Sep-20
636	Nursing Strategy and AHP Strategy in place	The Nursing and AHP strategies have been developed, agreed and launched into the organisation	Oct-18

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*

636	Due to the current COVID 19 pandemic we are experiencing challenges to our current working arrangements and are working to the model of a LEVEL 4 NHS Incident with National command and control structures in place	Utilising business continuity plans across all areas; Emerging risks and clinical governance issues requiring assurance are discussed at daily SITrep calls and through an established incident coordination infrastructure	Sep-21

Strategic Objective	1. We deliver great care that is high quality and improves lives			Risk appetite	3 - Open ('High')	
Strategic Risk			Initial Risk Score	9	Committee	Quality Committee
SR2. (Risk 829) There is a risk that we fail to make the improvements outlined in the quality strategic plan and that this has an adverse impact on the care of those who use our services.			Current Risk Score	15	Executive lead	Chris Hosker (Medical Director)

Assurance rating (quarterly) (limited, partial, significant)	Q1 (end of June 2020)	Q2 (end of September 2020)	Q3 (end of December 2020)	Q4 (end of March 2021)
	Partial	Partial	Partial	

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end of June 2020)	Q2 (end of September 2020)	Q3 (end of December 2020)	Q4 (end of March 2021)
643	Quality improvement, organisational development and clinical governance offering is not integrated and operates in silo, as a result our Quality Improvement approach is siloed, and not widely available/visible	Richard Wylde / Claire Kenwood	Trustwide Clinical Governance Group	9	9	9	
645	Risk that there is no systematic approach to identifying and helping those teams who need support from the Service Improvement Team	Richard Wylde / Claire Kenwood	Trustwide Clinical Governance Group	6	6	6	

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principle risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
829	Quality Plan	The quality plan has been developed and agreed which defines the metrics and methods of evidencing continuous learning, improvement and innovation	Feb-18
829	The IHI 'Safe Effective Reliable Care Framework' has been adopted and adapted for the organisation	This was set out in the Strategic Quality Plan which was reviewed by the Trustwide Clinical Governance Group, the Quality Committee and the Board	Sep-18
829	Improvement methodology adopted and adapted for the organisation	IHI methodology has been adopted and is being rolled out and embedded across the Trust	Mar-19
829	Serious incident reporting and investigation process in place	A process for reporting on serious incidents was signed off and presented to the Board for assurance in September 2017. Regular reports are sent to commissioners on each SI and they are assured of the processes.	Mar-18
829	Reporting and investigation of deaths process in place	The internal audit into the reporting and investigation of deaths provided significant assurance	Mar-19
829	Complaints, Litigation, PALs (CLIP) report	This is sent monthly to the services to outline any learning	Mar-19
829	Governance structure and map in place and agreed	There is a ward to Board governance structure which was recommended by Deloittes; approved by the Board, EMT and care services. This has been reviewed on a number of occasions to ensure it reflects the needs of the organisation. Its last iteration was reviewed in July 2019	Jul-19
829	Sets of Quality performance information available published and used across the organisation (HR, Finance, Quality and Operational)	Cognos information is available and accessed routinely across services. HR data set circulated across the organisation on a weekly basis. The Information Team validation process established across key metrics. Finance system accessible and used routinely by managers (supported by Management accountants). Contracts manager collates and validates activity information. Performance report shared on a cascade basis through Board to direct reports and their teams.	Jan-19
829	Performance data is consolidated and relevance checked and shared at every level of the organisation.	Work has been undertaken to ensure that suites of information are produced and used at every level of the organisation in relation to quality and performance (ward to Board)Performance Management Reporting was audited and given significant assurance	Jul-19
829	Governance, accountability, assurance and performance framework in place including performance framework and review cycle providing ward to Board reporting	A consistent use of highlight reports are in place and ensure transparent escalation and linkage across the organisation. The Governance Assurance Accountability and Performance Framework set out ward to Board reporting and was audited and given significant assurance	Sep-18
829	Freedom to Speak up Guardian appointed and available to all staff	There is a report provided to the Board detailing the themes of the issues staff have raised. The themes identified by the guardian are reported into our governance structure and used to inform learning including a report to the Board of Directors.	May-19
829	Established a partnership with the IHI to support embedding a culture of quality improvement	Contract with IHI signed and they carried out a diagnostic report which highlighted areas of good practice and where systems and structures need strengthening	May-19
829	Research Annual Report	This was presented to the Trustwide Clinical Governance Group for assurance on their work	Oct-19

829	The IHI 'Five Core Components 'and the model for improvement have been chosen as the methodology for the organisation	IHI shared the five core components model which was subsequently selected as the chosen methodology. This has been seen in Trustwide Clinical Governance Group and Quality Committee and assurance provided that this is an appropriate methodology.	Nov-19

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
829	The establishment of a multi-disciplinary group to support change (from local teams to organisational wide priorities)	To continue to develop the relationship between specific support services for example Continuous Improvement Team and Organisational Development Team.	Dec-20
829	The culture of innovation and improvement needs to be developed	This will be picked up and developed through the Culture Collaborative	May-21
829	Serious incident reporting and investigation (gap in control)	We are developing metrics to assess the strength of the recommendations	Jun-21
829	There is a gap in the processes in place to quantify and audit learning (gap in control)	The processes that need to be put in place are: an audit of the effectiveness of learning; methods of quantifying learning; and methods of quantifying there is a learning culture	Dec-20
829	There is limited use of both the Safe, Effective, Reliable Care Framework and the Five Core Components model across the organisation	To continue to raise awareness and apply to all new improvement activity	Ongoing
829	As a result of the COVID-19 pandemic continuous improvement work will not take place at the pace expected whilst staff focus on maintaining day to day delivery of operational services	The continuous improvement team will provide any support necessary to teams who identify any urgent improvement work that needs to take place and hibernation plans have been issued by the Health Foundation to support the management of projects which need to be paused during this time.	Mar-21

Strategic Objective	2. We provide a rewarding and supporting place to work			Risk appetite	3 - Open ('High')	
Strategic Risk			**Initial Risk Score**	**15**	**Committee**	Workforce Committee
SR3. (Risk 830) Due to an inability to recruit and retain sufficient numbers of staff with the appropriate skills experience and behaviours, there is a risk that we are unable to deliver high quality, evidence based, person centred care to meet new models of care now and in the future.			**Current Risk Score**	**20**	**Executive lead**	Claire Holmes (Director of OD and Workforce)

Assurance rating (quarterly) (limited, partial, significant)	Q1 (end of June 2020)	Q2 (end of September 2020)	Q3 (end of December 2020)	Q4 (end of March 2021)
	Partial	Partial	Partial	

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	**Description**	**Lead / responsible director**	**Overseeing group**	**Q1 (end of June 2020)**	**Q2 (end of September 2020)**	**Q3 (end of December 2020)**	**Q4 (end of March 2021)**
56	The Care Group currently has a high number of vacancies impacting on quality and safety.	Andy Weir / Joanna Forster Adams	Operational Delivery Group (ODG)	9	9	9	
109	Inability to recruit permanent staff across the Trust resulting in the need to rely on bank and agency staff within services	Claire Holmes	Workforce and Communications Group	12	12	12	
TBC	Absence relating to Covid-19 illness, self isolation and school closures significantly reducing capacity to deliver clinical care	Claire Holmes	Workforce and Communications Group	25	25	25	

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principle risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
830	Communications and staff welfare group in place as part of emergency response	Workforce and Communications Group meeting weekly, with cross representation from the operations group and regular feeding to and from the daily sitreps.	Jan-21
830	National co-ordination of response providing additional support to maximise staff availability	Regular webinars in place with Chief People Officer enabling two way flow of information and feedback Increased HCSW pipeline being utilised via national funding based on current Trust vacancies. Linking with national bring back staff scheme and voluntary sector to increase staff availability.	Mar-20
830	HRD networks in place across place and MH Collaborative to maximise ability to respond	MH Collaborative Project Manager has been redeployed to wholly support the three mental health trusts within the ICS with implementing a co-ordinated workforce support where it is efficient and effective to do so to	Mar-20
830	Regular planned recruitment activities to support workforce supply and current vacancies, including nursing vacancies	Ongoing recruitment taking place for nursing posts. Work in partnership with care services to identify identifying priority areas and new services areas. Proactive recruitment for aspirant nurses through national programmes and bring back service. Supporting current staff to apply for nursing associate posts. Successfully secured funding for international recruitment across the ICS. Developing career pathway to support future supply of nursing through apprenticeship training. Kickstart Scheme, working in partnership with the DWP to support and develop unemployed communities in to work through a new entry pathway, including pastoral and career support to aid their development to become a substantive employee. Running incentivised recruitment offers for key recurrent vacancies. Let's Talk quarterly recruitment campaigns with key focus (latest one targeted bring back staff)	Sep-20
830	Future Workforce Planning Group	The establishment of the Future Workforce Planning Group, exec chaired and supported by the newly appointed Strategic Resourcing Manager will bring together the work undertaken by differing professional groups under on Trust resourcing umbrella, the establishment of this group has been paused, the work has continued, overseen by the Workforce and Communications group. The Strategic Resourcing Manager provides dedicated resource to the creation of clear career pathways and to maximise opportunities for both our staff to progress improving skills and retention and to create a more attractive offer to potential candidates. Work is underway to deliver workforce planning and talent management framework. External partnership with branding company to increase Trust profile to support recruitment and retention of staff. Workforce planning and Talent Management work is paused but support offered to care services in redeploying and deployment of staff to support clinical priority areas.	Oct-20
830	West Yorkshire & Harrogate Mental Health Workforce Collaborative Group	Work scoped for a shared workforce plan, supported by HEE. The ICS MH Workforce Project Manager has been appointed to support this work.	Nov-19

830	Trust wide Learning Needs Analysis	Work underway to deliver a Trustwide learning needs analysis, enabling the Trust to maximise the return on value of investment in training and development, targeting resources towards the key skill requirements and working in collaboration with other partners to gain greater value for money.	Jun-20
830	Workforce and OD strategic plan agreed by the Board	The Workforce & OD Strategic Plan sets out how the Trust will address shortages of staff and the training and development of staff to meet the needs of the organisation.	Apr-20
830	Workforce Committee (a sub-committee of the Board of Directors) established	This increases Board level scrutiny of workforce issues and assurance to the Board	Dec-20
830	Nursing and AHP strategies have been agreed and launched	Participated in NHSI Recruitment and Retention Programme and continuing to embed good practice, ie career conversations for all staff	Sep-19
830	Regular monitoring of compulsory training compliance	Monthly reports showing a consistent achievement of Trust target of 85% compliance.	Nov-19
830	Medical Revalidation process	There are systems and processes in place to ensure that medical revalidation requirements are met. Assurance is provided through the Annual Responsible Officer Report. Revalidation was audited and given significant assurance. RO AR provided to July 2020 Board	Jul-20
830	Well established internal nursing and HSW bank to provide a flexible workforce	Fully flexible bank workforce established and deployed during the pandemic to support increased workforce supply to services as needed. During the pandemic both redeployment and responsive workforce team have been utilised to support effective deployment.	Nov-19
830	Education and Learning Steering Group	Education and Learning Steering Group continues to support alignment of learning needs and available funding.	Jul-19
830	New Appraisal and Performance Review Policy	New Policy launched in August 2019. Quality Assurance process for appraisal being developed.	Aug-19
830	Wellbeing Assessments and Career Conversations	Formal appraisal has continued for staff, where capacity in teams has allowed, if this is not possible the wellbeing assessment conversations are being used to support staff. Career conversations are also being used and a Trust wide process has been established for managers and staff to access.	Jan-21
830	Apprenticeship Delivery Plan	We are increasing numbers of clinical apprenticeships including establishing new roles such as nurse associates and associate practitioners and clinical associate psychologists. Utilising apprenticeships to deliver the national health care support worker programme, which will directly impact on our current healthcare support worker vacancies.	Nov-19
830	Medical staff Recruitment (AAC panels) programme	We are increasing numbers of clinical apprenticeships including establishing new roles such as nurse associates and associate practitioners and clinical associate psychologists. Utilising apprenticeships to deliver the national health care support worker programme, which will directly impact on our current healthcare support worker vacancies.	Nov-19
830	Staff engagement and reward and recognition programme	Staff engagement has continued throughout the pandemic and has shaped the Trust response to key issues, including staff wellbeing. Bank staff included in 2020 staff survey and 47% of staff completed the survey. Revised staff recognition and award scheme implemented, including team of the month and revised STAR award. Culture development conversation taken place during summer of 2020 and open access leadership development session delivered virtually as a key response to this. CEO all staff call introduced to improve staff engagement and communications during the pandemic.	Nov-19
830	Appraisal process audit	This process was audited and significant assurance provided	Jan-20
830	Equality Steering Group	Equality Steering Group established as part of pandemic response. This group has supported a number of key actions including, BAME representation on senior recruitment panels and also planning launch of leadership development programme for BAME leaders and reciprocal mentoring for Board members and BAME colleagues WREN network has continued to develop during the pandemic. Wellbeing assessments are being used to support the health and wellbeing all staff including BAME colleagues.	Jan-21

Significant gaps in control / assurance		**Actions**	**Deadline**
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
830	Trust Workforce Planning and |Governance Framework still in development	Resource is now in place facilitate the development of the framework and establish robust assurance measures to be implemented from November 20 but could be delayed if a surge in Covid 19 over winter, Work on this has been paused due to continued pandemic response work. Plan to re-start in April 2021 but could be subject to further delay if pandemic continues.	Sep-21

830	Most of the planned workforce activity and developments have been paused or hibernated to support Business continuity and Covid response.	Recovery and reset plans being worked through with some areas of workforce activity stepping up from October 2020 and the development of the Trust's People Plan. Re-set and recovery work including development of the People Plan paused as a result of covid response from November 2020.	Jun-21
830	Embedding the use of apprenticeships in Trust workforce planning to address strategic resourcing challenges	To use new apprentice roles and opportunities to support recruitment into vacancies whilst also focusing on occupations with shortages. Working with the Mental Health Collaborative to maximise opportunities to benefit from apprenticeship programmes. Continued to deliver apprenticeship programmes throughout the pandemic to ensure future development and growth into workforce supply.	Jun-21
830	New and changing guidance as to key workforce support measures taking place which can cause confusion	Regular webinars in place with Chief People Officer . Workforce and Communication group in place meeting weekly with cross representation with the Operations group and close links to Deployment and staffing group.	Mar-21
830	Increase in NHS Test and Trace increasing numbers of staff self-isolating due to tracing in community and social settings	Deployment and Staffing Group set up to manage and prioritise resources to deliver priority services and using bank and agency staff to fill gaps	Mar-21

Strategic Objective	3. We use our resources to deliver effective and sustainable services			Risk appetite			
				3 - Open ('High')			
Strategic Risk			Initial Risk Score	8	Committee	Finance and Performance Committee	
SR4. (Risk 619) A lack of financial sustainability results in a destabilisation of the organisation and an inability to deliver services.			Current Risk Score	15	Executive lead	Dawn Hanwell (Chief Financial Officer)	
Assurance rating (quarterly) (limited, partial, significant)	Q1 (end of June 2020)	Q2 (end of September 2020)	Q3 (end of December 2020)		Q4 (end of March 2021)		
	Partial	Partial	Partial				

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end of June 2020)	Q2 (end of September 2020)	Q3 (end of December 2020)	Q4 (end of March 2021)
570	Errors in outgoing correspondence (letter to wrong address, letter for one patient in correspondence to another etc) & other reportable IG breach incidents persist in care services, with a risk of a fine from the ICO.	Bill Fawcett / Dawn Hanwell	Information Governance Group	9	9	9	
649	Evolution of New Care Models (NCM) impact on clinical income and sustainability. TEWV led CAMHS NCM involves the development of local CAMHS community services aimed at reducing out of area placements, this could reduce Tier 4 CAMHS (Mill Lodge) income and activity. Eating Disorders NCM results in LYPFT taking the full financial risk for out of area placements.	David Brewin / Dawn Hanwell	Finance & Performance Committee	9	9	9	
651	Failure to achieve ongoing CIP requirements and demonstrate efficient and effective care will lead to a deterioration in the financial position.	David Brewin / Dawn Hanwell	Finance & Performance Committee	9	9	9	
834	The Trust is vulnerable to fraud by inadequate systems and processes or those in a position to bypass controls. The risk is both internal and external and involves intent to evade detection	Gerard Enright / Dawn Hanwell	Audit Committee	5	5	5	
731	Increasing agency spend could cause a deterioration in the Trusts Finance Score.	David Brewin / Dawn Hanwell	Financial Planning Group	9	9	9	
TBC	Change in ICS regulation and the impact this will likely have on the financial regime	David Brewin / Dawn Hanwell	Financial Planning Group	N/A	N/A	9	
TBC	Reliance on non-core income	David Brewin / Dawn Hanwell	Financial Planning Group	N/A	N/A	9	

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principle risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
619	Good working relationships established with commissioners. Actively engaging commissioners and putting forward proposals that promote efficient and effective models of care.	Whilst COVID-19 interim contracting arrangements did not require signed contracts for 20/21, minutes of discussions with commissioners demonstrate good working relationships and good progress on key priority investments including agreeing the safer staffing business case and full access to mental health investment standard growth in 20/21, based on a list of jointly agreed priority investments in efficient and effective models of care. Further positive joint working with NHS E resulted in agreeing a funding baseline for the Adult Eating Disorders Provider Collaborative and NHSE approval to operate as Lead Provider on 1st October 2020. Throughout 2020/21 we have continued to engage in regular and positive dialogue with Leeds commissioners to promote efficient and effective models of care. Evidence of growing business from existing commissioners and winning tenders provides further assurance.	Jan-21
619	Commissioning activity around new and existing business is monitored through the Financial Planning Group: attended by Chief Financial Officer, Chief Operating Officer and Director of Nursing, Professions and Quality.	Agendas and minutes from Financial Planning Group and further assurance provided to Finance & Performance Committee in relation to new and existing business. Service reviews with commissioners demonstrate there is a process of providing assurance to the executive directors in relation to commissioning activity. Minutes of meeting demonstrating and evidencing assurance. During COVID response period the frequency of meeting has been reduced but have scheduled meetings when priority decisions needed consideration.	Jan-21

619	Oversight by Finance and Performance Committee: in relation to financial and clinical impact of tenders, in the context of the overall sustainability of the organisation.	Assurance papers are provided to the Finance and Performance Committee which is scrutinised by the non-executive directors on behalf of the Board.	Jan-21
619	Tender opportunities are reviewed by Financial Planning Group on a case by case basis along with considerations of whether to bid or not bid on any given tender. (led and including executive directors)	Operational metrics are presented to the Financial Planning Group for assurance in respect of tender opportunities. Follow-up audit carried out and significant assurance provided.	Jan-21
619	Partnership working arrangements in Leeds and ICS level, to ensure strategic influence is maintained on how resources are distributed and management of system wide risks (including city wide Director of Finance forum, Partnership Executive Group).	Minute of the PEG and citywide Director of Finance Group show a level of assurance on the partnership working arrangements across the city. Minutes of West Yorkshire Mental Health CFOs group (includes lead ICS CFO for mental health) and other key strategic partnership roles (Programme Director for WYICS MHLD&A and CCG	Jan-21
619	Cost Improvement plans developed to be robust and subject to clinical impact assessment. Develop approach to identifying longer term cost improvement plans, engaging Care Groups to target areas for consideration. The approach is to carry out a full diagnostic and full sharing of information relating to cost pressures, agency spend, discretionary spending, viability of services, performance against activity targets.	The Director of Nursing and the Medical Director sign off the CIP programme and assess the quality impact. The Board and its sub-committees receive assurance on the CIPs though reports. Minutes of the committees / Financial Planning Group / Star Chambers show a level of assurance and check and challenge on the programme. This process was audited and significant assurance provided. As a consequence of our COVID response (in line with the national direction) we have paused our efficiency programme.	Oct-20
619	Robust budgetary control framework and budget holder training in place	There is online training on Staffnet for all budget holders. Financial training for managers is also an integral part of the management essential training programme that is being developed. The internal audit of the budgetary and accounting control framework has provided significant assurance.	Apr-20
619	Consistent achieved of organisational plans in the context of system control targets.	Accounts audited at the end of 2019/20 to verify the financial outturn. Monthly reporting in 20/21 provides assurance that the Trust is on track to achieve the LYPFT element of the system control target.	Jan-21
619	Financial modelling and forward forecasting in place to identify risks early.	NHS Improvement Financial Plan submitted in September 2020 which included a detailed assessment of cost pressures and commissioning intentions based on wide ranging engagement within the Trust. Subsequently, monthly and quarterly forecasting provided to NHSEI, Leeds Plan forecast and ICS reporting and forecasting update each month.	Jan-21

Significant gaps in control / assurance		**Actions**	**Deadline**
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
619	Weakening of financial governance and controls as consequence of focus on clinical operational work and reduced capacity to attend to efficiency plans	Mitigated by current underlying run rate, and interim changes to finance business rules nationally.	Mar-21
619	Excess expenditure not covered by exceptional income	Mitigated by current underlying run rate, and interim changes to finance business rules nationally.	Mar-21
619	Establish a process for identifying longer-term CIPs (gap in control)	Develop an approach to identifying longer term cost improvement plans, engaging Care Groups to target areas for consideration. The approach is to carry out a full diagnostic and full sharing of information relating to cost pressures, agency spend, discretionary spending, viability of services, performance against activity targets.	Mar-21

Strategic Objective	3. We use our resources to deliver effective and sustainable services			Risk appetite	3 - Open ('High')
Strategic Risk		Initial Risk Score	8	Committee	Finance and Performance Committee
SR5. (Risk 615) Due to inadequate, inflexible or poorly managed estates we compromise the safe environment which places staff, service users and visitors at risk.		Current Risk Score	12	Executive lead	Dawn Hanwell (Chief Financial Officer)

Assurance rating (quarterly) (limited, partial, significant)	Q1 (end of June 2020)	Q2 (end of September 2020)	Q3 (end of December 2020)	Q4 (end of March 2021)
	Partial	Partial	Partial	

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end of June 2019)	Q2 (end of September 2019)	Q3 (end of December 2019)	Q4 (end of March 2020)
9	The majority of operational estate is not under the direct ownership/control of the Trust and is managed through contract/lease arrangements with third parties.(NHS Property services and Equitix). There is risk of unacceptable delays in executing identified environmental changes and also responsiveness to maintenance requests if these contracts are not robustly managed and process are not clearly understood by all parties involved (3 way relationships exist with sub contracting arrangements between property owners, maintenance providers and Trust staff)	Myles Callaway / Dawn Hanwell	Estates Steering Group	6	6	6	
125	The estate is not being used in an agile manner due to it being inflexible	Myles Callaway / Dawn Hanwell	Estates Steering Group	6	6	6	
TBC	lack of strategic planning for the estate	Myles Callaway / Dawn Hanwell	Estates Steering Group	N/A	N/A	9	
700	The Trust does not have a dedicated decant facility capable of receiving service users evacuated from a ward or unit due to an emergency - fire, flood, loss of power or other environmental/ security threat.	Andrew Jackson	Emergency Preparedness Resilience and Response Group	12	12	12	

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principle risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
615	Ligature anchor points audit supported by risk assessments	Significant reduction in Ligature Anchor Points through prioritised programme of works. Action plan has been developed reporting to the Clinical Environments Group and CQC weekly meetings.	May-20
615	Clinical Environments Group overseeing risk assessment to determine work required	Clinical Environments Group meets on a monthly basis, risks are brought to the group via the Clinical leads for the service and discussed actions agreed and entered onto the action log. Where there is a specific Estates / Facilities requirement the work is specified and costed with inclusion of Clinical services and brought back to the group for a discussion. if the work is agreed a business case is produced with Estates and Clinical for consideration / approval at ESG	Dec-20
615	SLA in place for the Estate in York	SLA approved and signed with NHS Property Services	Sep-18
615	Estates strategy agreed by the Board	The internal audit of the Estates Strategy has provided significant assurance	May-19
615	Scheduled programme of maintenance on all leased and owned properties	This is monitored regularly through the Estates Steering Group	Dec-20
615	Lack of ability to plan longer term estates requirements in context of wider service collaboration	Active engagement with city wide Strategic Estates Group and ICS level Capital and Estates Group to develop clearer joined up planning	Dec-20

615	Contractual performance requirements on PFI estate to ensure that the estate is maintained to a good standard. Change control processes are in place to enable variations to the estate (limited by configuration). PFI negotiations strengthened resulting in relationship and contractual improvements	Meetings on performance of PFI and NHS PS contracts . Monitored by Quarterly assurance group.	Dec-20

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
615	Inpatient estate remains sub optimal	Strategic Asset Plan to develop PFI options, and PFI management in line with DHSC guideline to 2028. Revised assessment of NICPM options	Mar-22
615	NICPM business case not progressed	Revised assessment of options for NICPM in context of uncertain commissioning landscape is being progressed	Mar-21
615	Development of PFI assets as per a programme of work as agreed with care services	Provide improved environments for service users with an in-patient focus. Work will be delivered in tandem with lifecycle and will be delivered using a decant solution	Jun-21
615	Added demand on facilities service (in particular domestic, cleaning, catering) impacting environments for service users and staff	Business Continuity Plans in place which have been enacted due to COVID-19 - eg changing to cleaning regimes, food supply options	Feb-21
615	Disruption of the planned programme of maintenance due to COVID-19 as a result of a reduced workforce capacity and restricted access to some clinical areas	Focus only on essential work to continue to maintain the estate where possible	Mar-21

Strategic Objective	3. We use our resources to deliver effective and sustainable services	Risk appetite	
		3 - Open ('High')	

Strategic Risk	Initial Risk Score	12	Committee	Finance and Performance Committee
SR6. (Risk 635) As a result of insecure, inadequate or unstable information technology systems and infrastructure, the quality and continuity of our services is compromised.	Current Risk Score	8	Executive lead	Dawn Hanwell (Chief Finance Officer)

Assurance rating (quarterly) (limited, partial, significant)	Q1 (end of June 2020)	Q2 (end of September 2020)	Q3 (end of December 2020)	Q4 (end of March 2021)
	Partial	Partial	Partial	

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end of June 2020)	Q2 (end of September 2020)	Q3 (end of December 2020)	Q4 (end of March 2021)
8	Failure to derive maximum clinical and business benefits from digital technologies	Bill Fawcett / Dawn Hanwell	Information Steering Group	6	6	6	
105	The danger of a cyber-attack to the Trust's ICT infrastructure through malicious hacking or system virus infection.	Bill Fawcett / Dawn Hanwell	Information Steering Group	12	12	12	
580	Should a failure occur of the Medchart system due to LYPFT server failure, back up charts can be printed off on each ward so that administration of medication can continue. The back up chart process relies on the dedicated PCs on the wards not being turned off at any time as this prevents the electronic backing up of the drug charts.	Jane Riley / Chris Hosker	Medicines Optimisation Group	6	6	6	
813	Concerns that EPMA is not recording some administered doses of medication which could lead to double dosing	Jane Riley / Chris Hosker	Medicines Optimisation Group	4	4	4	
848	Staff creating new public websites without proper consultation from Health Informatics or Procurement Department. The risk is: personal identifiable information is stored on the website and not secured appropriately, therefore potentially compromising the data; relevant security of the websites is not met to current standards and therefore risk of being compromised	Hergy Galsinh / Dawn Hanwell	Information Steering Group	9	9	9	
888	EPMA does not back up all records for off line charting in the event of a system failure. The risk is that if the system goes off line and the back-up drug charts are required then there is a chance the wrong chart will be used on the patient.	Bill Fawcett / Dawn Hanwell	Information Steering Group	N/A	N/A	9	

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principle risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
635	CareCert alerts are received from NHS Digital on a weekly basis to key stakeholders within Informatics. These alerts are reviewed and actioned regularly within the teams.	The monitoring of these alerts are overseen by the Information Governance Group (IGG) on a monthly basis and the CIO oversees the process. A new Cyber monitoring system is being installed to provide detailed reporting on vulnerabilities .	Jan-20
635	The ICT infrastructure has firewalls, intrusion prevention, virus protection software and e-mail protection systems that are continually updated to prevent attack. A working programme to improve our awareness and response to threats is in place. Alerts received from NHS Digital are closely monitored, actioned on a regular basis.	Penetration testing has been conducted by an independent accredited organisation (SEC-1 LTD) earlier this year. This included internal and external testing of the infrastructure to highlight any serious issues or vulnerabilities . SEC-1 found no serious threats or findings. Internal audit also provided significant assurance on the IT security and housekeeping arrangements	Oct-19
635	Data security and protection toolkit audit	Internal audit of data security and protection toolkit provided significant assurance	Mar-19
635	Cyber Security audit	Internal audit of cyber security provided significant assurance	Jul-18
635	IG Toolkit in particular Information security which includes patching, updating of systems, malware, cyber security etc.	IG Toolkit outcome has one of two results, satisfactory or non-satisfactory. This year we submitted satisfactory and it is anticipated for next year the outcome will also be satisfactory	Mar-19
635	Procurement review all web site expenditure with IT prior to giving approval to purchase.	Procurement and IT meet monthly to assess all technology procurements over £10K for the Trust.	Dec-20

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
635	Gaps may exist in the process of monitoring CareCert alerts from NHS Digital and if relevant actions are being dealt with accurately and effectively within given timescales. There is possible room for improvement.	Conduct Cyber Security Audit in progress through Dec and Jan. This will be followed by toolkit audit in Feb-March 21 to identify any discrepancy.	Apr-21
635	Gaps may exist in the process of monitoring CareCert alerts from NHS Digital and if relevant actions are being dealt with accurately and effectively within given timescales. There is possible room for improvement.	Internal audit of Cyber controls for the Trust currently in progress and scheduled to complete in March 21 followed by IG Tool Kit assessment in Feb 21.	Mar-21
635	Requirement to improve knowledge of staff of the dangers of a cyber attack on the Trust	Conduct a Phishing exercise across the Trust to expose the dangers of opening suspicious e-mails with follow up programme.	Jun-21
635	Requirement to test the Trusts defences against a cyber attack	Conduct a Penetration test exercise across the Trust to expose weaknesses in the Trusts cyber defences with follow up action programme to address areas of concern.	Jun-21

Strategic Objective	1. We deliver great care that is high quality and improves lives			Risk appetite	3 - Open ('High')
Strategic Risk			**Initial Risk Score**	**12**	**Committee**	Board of Directors
SR7. Changes in the roles of commissioners and providers and the move to system-level working will require changes in the role and function NHS Trust boards and new governance arrangements There is a risk we do not have appropriate governance arrangements in place nor the capacity and capability to fulfil all our statutory functions.			**Current Risk Score**	**12**	**Executive lead**	Sara Munro (Chief Executive)
Assurance rating (quarterly) (limited, partial, significant)	**Q1 (end of June 2020)**	**Q2 (end of September 2020)**	**Q3 (end of December 2020)**		**Q4 (end of March 2021)**	
	Partial	Partial	Partial			

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	**Description**	**Lead / responsible director**	**Overseeing group**	**Q1 (end of June 2020)**	**Q2 (end of September 2020)**	**Q3 (end of December 2020)**	**Q4 (end of March 2021)**
TBC	The COVID 19 pandemic removes the ability to work effectively in partnership at Trusts focus on the day to day delivery of services within their own Trust	Sara Munro	Gold Command / Executive Management Team	6	6	6	

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principle risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
877	Our Executive Team are linked into the governance arrangements for the WY&H ICS and the West Yorkshire Mental Health, Learning Disability and Autism Collaborative (MHLDA Collaborative)	Regular reports are made into the executive meetings and also to the Board through the CEO reports	Sep-20
877	Memorandum of Understanding for the WY&H ICS which has been agreed by all the partner Boards which sets out how the ICS will link into the Board	The MoU has been agreed by the Board and regular reports on the work of the ICS and any decisions that need to be taken are made through the CEO reports	Sep-19
877	Memorandum of Understanding for the MHLDA Collaborative which has been agreed by all the partner Boards which sets out how the ICS will link into the Board	The MoU has been agreed by the Board and regular reports on the work of the MHLDA Collaborative and any decisions that need to be taken are made through the CEO reports	Sep-19
877	A Committees in Common has been established for the MHLDA Collaborative which has as its members our Chair and CEO	The Committees in Common meets on a regular basis and reports back to our Board through the CEO reports	Sep-19
877	NED / Governor engagement events set up for WY MHLDA Collaborative	This provides governors and NEDs with an opportunity to understand and feed into the future plans for the collaborative	Nov-19
877	Board awareness training on partnership governance structures and models	Training provided by external legal adviser	Jan-20
877	Good representation in relation to Leeds Population Health Management to ensure it connects to the Trust and supports MH and LD services	City-wide meetings	Jan-20
877	The Strategy for the WY&H ICS Collaborative has been published	All partners in the ICS have signed up to the Strategy	Jan-20
877	Established lead provider models	Eating Disorders Lead Provider Collaborative agreed	Sep-20
877	The Board receives regular updates on changes in governance models and opportunities to be involved	Each private Board meeting	Jan-21
877	The Trust's CEO is the SRO for the ICS	IG Toolkit outcome has one of two results, satisfactory or non-satisfactory. This year we submitted satisfactory and it is anticipated for next year the outcome will also be satisfactory	Mar-19

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
877	Lack of clarity as to the impact of the governance arrangements for the ICS and the lead provider model going forward.	The Trust will continue to influence the governance arrangements as we go forward and to understand how this impacts on our Trust; making amendments to our internal arrangements as needed. The Board considered and submitted its views and comments on the NHS England Consultation document on the proposed ICS regulatory framework	Mar-21