

**LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST  
PUBLIC MEETING OF THE BOARD OF DIRECTORS  
will be held at 9.30am on Thursday 30 September 2021  
This meeting will be held virtually**

**A G E N D A**

**LEAD**

<b>1</b>	<b>Sharing stories – Amy Hirst and Shaun Webster from the Learning Disability services to talk about their project to develop information about prescribed medication in larger font and more straightforward language (verbal)</b>	
<b>2</b>	<b>Apologies for absence (verbal)</b>	<b>SP</b>
<b>3</b>	<b>Declarations of interests and any declarations of conflicts of interest in any agenda item (enclosure)</b>	<b>SP</b>
<b>4</b>	<b>Minutes of the meeting held on 29 July 2021 (enclosure)</b>	<b>SP</b>
<b>5</b>	<b>Matters arising (verbal)</b>	
<b>6</b>	<b>Actions outstanding from the public meetings of the Board of Directors (enclosure)</b>	<b>SP</b>
<b>7</b>	<b>Chief Executive's report (enclosure)</b>	<b>SM</b>
<b>8</b>	<b>Report from the Chair of the Quality Committee for the meeting held on 14 September 2021 (enclosure)</b>	<b>JB</b>
<b>9</b>	<b>Report from the Chair of the Workforce Committee for the meeting held on 5 August 2021 (enclosure)</b>	<b>HG</b>
<b>10</b>	<b>Report from the Chair of the Mental Health Legislation Committee for the meeting held on 3 August 2021 (enclosure)</b>	<b>MW</b>
<b>11</b>	<b>Report from the Chair of the Finance and Performance Committee for the meeting held on 27 September 2021 (to follow)</b>	<b>SW</b>
<b>12</b>	<b>Report from the Chief Operating Officer (enclosure)</b>	<b>JFA</b>
<b>13</b>	<b>Chief Financial Officer's Report (enclosure)</b>	<b>DH</b>
<b>14</b>	<b>Cyber Security Dashboard (enclosure)</b>	<b>DH</b>
<b>15</b>	<b>Safe staffing report (enclosure)</b>	<b>CW</b>
<b>16</b>	<b>Guardian of Safe-working Hours quarterly report (enclosure)</b>	<b>CHos</b>
<b>17</b>	<b>WRES and WDES Annual Report (enclosure)</b>	<b>DS</b>
<b>18</b>	<b>2021/22 NHS England Emergency Preparedness Resilience and Response Standards Assurance (enclosure)</b>	<b>JFA</b>

- |           |   |                |
|-----------|---|----------------|
| <b>19</b> | <b>West Yorkshire and Harrogate Integrated Care System Mental Health, Learning Disability and Autism Committee-in-Common Assurance report for the meeting held 22 July 2021 (enclosure)</b> | <b>SP / SM</b> |
| <b>20</b> | <b>Use of Trust Seal (verbal)</b>   | <b>SP</b>      |
| <b>21</b> | <b>Any other business</b>   |                |

The next meeting of the Board will held on Thursday 25 November 2021 at 9.30 am  
This meeting will be held virtually

**Declaration of Interests for members of the Board of Directors**

<b>Name</b>	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
<b>EXECUTIVE DIRECTORS</b>								
<b>Sara Munro</b> Chief Executive	None.	None.	None.	<b>Trustee</b> Workforce Development Trust <i>Helping employers to cultivate their ultimate workforce through increasing productivity, improving learning supplies and helping to boost the skills of the UK's employees.</i>	None.	None.	None.	None.
<b>Dawn Hanwell</b> Chief Financial Officer and Deputy Chief Executive	None.	None.	None.	None.	None.	None.	None.	Partner: <b>Director</b> Whinmoor Marketing Ltd. <i>Marketing and advertising company to help with the growth of local, national and overseas markets.</i>
<b>Chris Hosker</b> Medical Director	None.	None.	None.	None.	None.	None.	None.	None.

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<b>Cathy Woffendin</b> Director of Nursing, Quality and Professions	None.	None.	None.	None.	None.	None.	None.	None.
<b>Joanna Forster Adams</b> Chief Operating Office	None.	None.	None.	None.	None.	None.	None.	Partner: <b>Director of Public Health</b> Middlesbrough Council and Redcar and Cleveland Borough Council  Partner: <b>Chair</b> The Junction Charity <i>Works to empower children, young people and their families to embrace life with confidence, facing life's challenges in a positive way.</i>
<b>Darren Skinner</b> Interim Director of Human Resources	<b>Director</b> Skinner Consulting Ltd.	None.	None.	None.	None.	None.	None.	None.

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<b>NON-EXECUTIVE DIRECTORS</b>								
<b>Susan Proctor</b> Non-executive Director	<b>Director</b> SR Proctor Business Consulting Ltd <i>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.</i>	None.	None.	<b>Chair</b> Day One Charity <i>Holistic support for patients and families affected by major trauma.</i>	None.	None.	<b>Chair</b> Adult Safeguarding Board, North Yorkshire	None.
<b>John Baker</b> Non-executive Director	None.	None.	None.	None.	None.	<b>Professor</b> University of Leeds	None.	None
<b>Helen Grantham</b> Non-executive Director	<b>Director,</b> Entwyne Ltd <i>Provides HR and OD consultancy and services which include projects, advice, recruitment support</i>  <b>Director</b> Otley Golf Club Ltd.	<b>Sole owner,</b> Entwyne Ltd <i>Provides HR and OD consultancy and services which include projects, advice, recruitment support</i>	None	None	None	None	None	None

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<b>Cleveland Henry</b> Non-executive Director	<b>Director</b> 63 Argyle Road Ltd. <i>Property Management Company.</i>	None	None	<b>Trustee</b> Community Foundations For Leeds <i>Supports thousands of charities and voluntary groups across the city, addressing inequalities and working together to help create opportunities for those that need help the most.</i>	None	None	<b>Group Delivery &amp; Deployment Director</b> EMIS Group (Digital Health sector) <i>Provider of healthcare software, information technology and related services in the UK.</i>	Partner: <b>Lead Cancer Nurse</b> Leeds Teaching Hospitals NHS Trust
<b>Andrew Marran</b> Non-executive Director	<b>Non-executive Director</b> MoreLife (UK) Ltd <i>Delivers tailor-made, health improvement programmes to individuals, families, local communities; within workplaces and schools</i>	None.	None.	None.	None.	None.	None.	None.

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<b>Susan White</b> Non-executive Director	<b>Non-executive Director</b> Spectrum Health Community Interest Company <i>A social enterprise which provides substance misuse, sexual health and prison health services across West Yorkshire and also the NE and NW of England.</i>	None.	None.	None.	None.	None.	None.	None.
<b>Martin Wright</b> Non-executive Director	None.	None.	None.	<b>Trustee</b> Roger's Almshouses (Harrogate) <i>A charity providing sheltered housing, retirement housing, supported housing for older people.</i>	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	DS	SP	CHe	HG	SW	JB	AM	MW
a)	Are they a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) have not been discharged?	No	No	No	No	No	No	No	No	No	No	No	No	No
b)	Are they a person who has made a composition or arrangement with, or granted a trust deed for, any creditors and not been discharged in respect of it?	No	No	No	No	No	No	No	No	No	No	No	No	No
c)	Are they a person who within the preceding five years has been convicted of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) being imposed on you?	No	No	No	No	No	No	No	No	No	No	No	No	No
d)	Are they subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986?	No	No	No	No	No	No	No	No	No	No	No	No	No
e)	Do they meet all the criteria for being a fit and proper person as defined in the Social Care Act 2008 (Regulated Activities) Regulations 2008.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes



# LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

## Minutes of the Public Meeting of the Board of Directors held on Thursday 29 July 2021 at 9:30am. in Create@1 Room, Horizon Leeds (3rd Floor), 2 Brewery Wharf, Kendell Street, Leeds, LS10 1JR

### Board Members

### Apologies

Prof S Proctor	Chair of the Trust
Prof J Baker	Non-executive Director
Mrs J Forster Adams	Chief Operating Officer
Miss H Grantham	Non-executive Director (Deputy Chair of the Trust)
Mrs D Hanwell	Chief Financial Officer and Deputy Chief Executive
Mr C Henry	Non-executive Director
Dr C Hosker	Medical Director
Mr A Marran	Non-executive Director
Dr S Munro	Chief Executive
Mr D Skinner	Interim Director of Human Resources
Mrs S White	Non-executive Director
Mrs C Woffendin	Director of Nursing, Quality and Professions
Mr M Wright	Non-executive Director (Senior Independent Director)

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All members of the Board have full voting rights

### In attendance

Mrs C Hill	Associate Director for Corporate Governance / Trust Board Secretary
Mr A Wier	Deputy Chief Operating Officer
Ms K McMann	Deputy Trust Board Secretary
Dr W Neil	Consultant Psychiatrist (for minute 21/083)
Mrs R Pilling	Patient Experience Coordinator (for minute 21/078)
One member of the public	

### Action

21/077

Prof Proctor opened the public meeting at 09.30 am and welcomed everyone.

### Apologies for absence (agenda item 2)

Apologies were received from Mrs Forster Adams, Chief Operating Officer. It was noted that Mr Andy Weir was attending in her absence.

21/078

### Sharing stories – an audio story from Tula who has used our mental health services (agenda item 1)

The Board listened to a recording of Tula's story, noting that she had used mental health services over a period of 30 years. She explained the reasons for her needing to use the services. She also explained the length of time it had initially taken to be referred through her GP and how it had affected her not getting treatment early enough.

Once referred, Tula explained some of the barriers she had to overcome within the system including being told she wasn't ill enough to receive various services. She explained the negative impact this had on her and how it caused her further distress. She added that once she had received a correct diagnosis this had had a positive impact on her and she also talked about the positive impact of being involved in the Personality Disorder Network.

With regard to being treated in the community, Tula explained that she had at first been assigned a particular Community Psychiatric Nurse (CPN), but that she had not felt she could get on with this person due to various factors including their unreliability. However, when she asked if she could change to be cared for by another CPN she was advised that this was not possible and therefore had to experience a negative impact due to being cared for by this person until they left the Trust.

Tula then explained the difference it made to her and her ongoing treatment to have a mental health practitioner based at her GP surgery. She also told the Board of the different experiences of this level of service within different surgeries. She spoke about the detrimental effect it can have on a service user when they are referred for treatment only for a set period of time due to funding and the difficulty they can have with continuity of care. Tula also told the Board of the difficulties she experienced of trying to navigate a complex system of delivery of care.

The Board discussed aspects of Tula's story in some detail. Board members acknowledged the difficulties there can be in managing a service users' expectations whilst at the same time providing them with the right level of care within a system governed by the need for a clear clinical diagnosis; resource allocation and measures. They noted the positive impact service user networks have on the experience of service users; the importance of being able to find digital solutions to provide a greater span of care; the difficulties in navigating a pathway through a complex system of care provision linked to the importance of achieving continuity of care through that system.

The Board recognised the importance of ensuring that patient stories and the patient's voice is heard and that partners and commissioners understand that mental health care is not episodic, but lifelong for many people. Having explored the themes raised by the story Prof Proctor asked that Mrs Woffendin share the experiences of Tula with the Chief Nurse at Leeds Teaching Hospitals NHS Trust and provide an update in the next Director of Nursing and Professions' Report. Prof Proctor also asked for an update on progress with the experience of mental health service users who are seen within Accident and Emergency Departments to be included in the next Chief Operating Officer's report.

**CW**

**JFA**

The Board **asked** for a letter of thanks to be sent to Tula for sharing her experience with the Board. The Board also noted the importance of hearing the stories of service users to inform how services can be developed.

**CHill**

Mrs Pilling left the meeting

21/079	<p><b>Declaration of interests for directors and any declared conflicts of interest in respect of agenda items</b> (agenda item 3)</p> <p>Mrs Hanwell noted that her son was not now an apprentice at Interserve Construction Ltd. Mrs Hill agreed to amend this on future reports of Director's declarations.</p> <p>It was noted that no other member of the Board had any change to their declaration of interests and that no member of the Board had any conflict of interest in any agenda items.</p>	CHill
21/080	<p><b>Minutes of the previous meeting held on 20 May 2021</b> (agenda item 4)</p> <p>The Board considered the minutes of the meeting from 20 May 2021. It was noted that there were three minor typos which Mrs Hill agreed to amend, but that these did not impact on the accuracy of the minutes.</p> <p>The minutes of the meeting held on 20 May 2021 were <b>received</b> and <b>agreed</b> as an accurate record.</p>	
21/081	<p><b>Matters arising</b> (agenda item 5)</p> <p>It was noted there were no matters arising.</p>	
21/082	<p><b>Actions outstanding from the public meetings of the Board of Directors</b> (agenda item 6)</p> <p>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.</p> <p>The Board <b>received</b> the cumulative action log and <b>noted</b> the content.</p>	
21/083	<p><b>Annual Responsible Officer and Medical Revalidation report</b> (agenda item 16)</p> <p>Dr Neil, Consultant Psychiatrist and Responsible Officer for the Trust, presented the Annual Responsible Officer and Medical Revalidation report noting that this was an annual quality assurance report required to be submitted to NHS England. She noted that the paper also provided an update on the work that had been undertaken over the previous 12 months.</p> <p>With regard to Medical Appraisals, she noted that in line with NHS Improvement / England guidance for all NHS staff, medical appraisals had been paused during April to October 2020. However, she noted that these had now commenced and that they included wellbeing conversations. She added that these were on track and that all doctors now had these scheduled</p>	

and that revalidations had been submitted to the GMC without any exceptions or concerns raised.

The Board noted there was a piece of work with the Trust's Head of Diversity to look at the gender and ethnic profile of the medical profession with a view to ensuring this group of staff was appropriately representative.

The Board **agreed** the report provided assurance that there was effective governance to support medical revalidation within the Trust and **agreed** the Chair would sign off the statement of compliance on behalf of the Board for submission to NHS England.

Dr Neil left the meeting.

21/084

### **Chief Executive's Report** (agenda item 7)

Dr Munro provided a verbal Chief Executive's Report. She firstly reported on the national landscape noting that Amanda Pritchard had been appointed as the Chief Executive of NHS England following the departure of Sir Simon Stevens. She added that legislation relating to standing up Integrated Care Systems was progressing and that information was being released through a series of guidance outlining the implications of that legislation.

Regarding the next spending review, Dr Munro noted that negotiations were ongoing with the Treasury and that a case was being put forward for ringfenced money for mental health services, adding that there was a case for this to include money for a further year's funding for mental health support services for staff.

With regard to the development of the West Yorkshire Integrated Care System (ICS), Dr Munro reported that an advert had been placed for a Chair of the ICS and that following their appointment a recruitment process for the Chief Executive would take place. She added that once these two key posts were appointed to, a process of appointment of the executive and non-executive directors would be undertaken with a view to establishing a shadow Board and executive team in the autumn. Dr Munro noted that for all those staff affected by the creation of the ICS there had been a recommendation for there to be no opportunity for redundancy, adding that the unions supported this position and that staff would be supported into new roles emerging within the new structures.

Dr Munro then spoke about the developing Leeds Integrated Care Partnership (ICP) explaining that a number of meetings had taken place to discuss the form the governance and reporting structures would take. She added that there was more work to be done to create the right infrastructure for Leeds.

In regard to demand, she noted there had been an increase in the need for health and social care locally and that this had been adversely affected by staff moving from the healthcare sector into other sectors within the city as the economy begins to move to a more normal position.

Dr Munro advised that the vaccination programme was continuing and that initial preparations were being made for a COVID-19 booster in the autumn, adding that further confirmation and guidance was still awaited. Dr Munro also advised that preparations for administering the winter flu vaccine were underway and that there would be some focus placed on this due to the low levels of immunity against flu within the population.

Dr Munro then advised there had been a visit of Her Majesty's Lord Lieutenant of West Yorkshire, Ed Anderson, who presented the Trust with its Veteran Aware accreditation in recognition of commitment to improving NHS care for veterans, reservists, members of the armed forces and their families. She added that whilst the Trust was very proud to receive the award there was still more work to do to raise awareness amongst all its services.

With regard to the team at Woodlands Square, Dr Munro reported that they had been nominated for a Nursing Times award in relation to the work carried out in collaboration with Leeds Teaching Hospitals NHS Trust to create a bespoke package of care for service users with learning disabilities who needed to access dental care. She added that further details on the outcome of the nomination should be known in September.

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

21/085

**Report from the Chair of the Quality Committee for the meetings held on 8 June 2021 and 13 July 2021** (agenda item 8)

Prof Baker presented the Chair's reports from the Quality Committee meetings that had taken place on 8 June and 13 July 2021. In particular he drew attention to:

- A report on the work carried out by the Infection Prevention and Control Team. Prof Baker commended the work carried out by the team to keep service users and staff safe during the pandemic.
- The need to continue the work to recruit to Allied Health Professional roles
- A discussion about the estate, specifically relating to the design and management of seclusion rooms. He added that there also needed to be consideration of how issues were escalated to the Estates Department when these were picked up by Board sub-committees.
- The quality and safety report from the Forensic Service and also from the Connect Service. Prof Baker outlined some of the issues that had been discussed within those reports.
- A request for the committee to be more sighted on the occasions when the Duty of Candour process had been used.

With regard to the Connect Service, Prof Baker noted that this service was only provided to adults and asked about the provision of eating disorder services to children and young people. Dr Munro advised that the Leeds Programme Board had asked for further work to be done in recognition of the need to support services to children and young people in regard to eating disorders.

With regard to the issues raised in the report around estates, Mrs White noted that this had been raised at the Finance and Performance Committee on 26 July and that assurance had been received on a programme of work to update the provision of seclusion rooms.

In relation to estates issues more widely, Mrs Hanwell agreed to look at the process of providing assurance to the Finance and Performance Committee for those significant issues raised through the Clinical Environments Group and assurance as to how these link to the Estates work plan.

**DH**

The Board discussed a point raised about system working and how this would impact on the quality of service provision. It was suggested that the Board might want to look at devoting some time to focus on system issues. Prof Proctor suggested that she and Mrs Hill look at how the Board's agenda might be structured to allow a focus on system, place and Trust business.

**SP / CHill**

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

**21/086**

**Report from the Chair of the Workforce Committee for the meeting held on 17 June 2021** (agenda item 9)

Miss Grantham presented the Chair's report from the Workforce Committee meeting that had taken place on 17 June 2021. In particular she drew attention to the need to continue the strategic thinking on the Workforce Strategic Plan through the sub-committee and how assurance would be provided on the agreed priorities.

Mr Wright noted the point raised in the report about annual leave for staff and sought assurance that the Executive Team had sufficient annual leave planned into the coming months. Dr Munro assured the Board that, like all staff, the Executive Team had been encouraged and were taking all their annual leave to ensure they have necessary breaks from their workloads.

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

**21/087**

**Report from the Chair of the Audit Committee for the meeting held on 20 July 2021** (agenda item 10)

Mr Wright presented the Chair's report from the Audit Committee meeting held on 20 July 2021. In particular he drew attention to:

- The annual private meeting of committee members with Internal Audit, noting there had been assurances received from Internal Audit that there was nothing of significant concern to advise to the committee.
- The new Health and Safety Manager had provided an update report to the committee outlining the areas of work and focus for the team over

the coming months. Mr Wright added that the Health and Safety Manager was devising guidance for service visits which would suggest that non-executive directors and governors could, as part of those visits, undertake Health and Safety conversations with staff.

- A commitment to incorporate an annual checklist of procedural and governance matters into the annual appraisal process.

Prof Proctor asked about the assurances received in relation to the Counter Fraud Functional standards that had been rated 'red'. Mr Wright advised that the main reason why some of the standards had been rated 'red' was due to the timing of the issue of the standards and the state of readiness all organisations had been in to comply with the standards at the time of their issue. However, he advised the Board that the committee had been assured of the actions in place to address these areas before the next compliance statement was due.

Prof Baker asked about the delay in the audit of CareDirector. Mr Wright noted that the audit would start in quarter 2 and as such would commence very shortly. He added that this delay, and the delay in starting other audits, was due to the need to catch up with the audit workplan as a result of some work being paused because of the impact of the pandemic.

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

21/088

**Report from the Chair of the Finance and Performance Committee for the meeting held on 26 July 2021 (agenda item 11)**

Mrs White presented the Chair's report from the Finance and Performance Committee meeting that had taken place on 26 July 2021. In particular she drew attention to:

- The pay award of 3% for staff on Agenda for Change and the risk that the Trust will be required to identify efficiency savings to fund the award. Mrs White added that if savings were to be identified this was something which would need to be looked at in more detail and that a further update on this would be available for the September committee meeting.
- Patient capacity and flow and the revised trajectory for eliminating Out of Area Placements, noting that there was a plan to eliminate acute placements by the end of the financial year.
- The Data Security and Protection Toolkit, noting that one outstanding area of work was the planned Penetration Testing of the Trust's IT systems, which once completed would allow a re-submission of the scoring for the toolkit and the Trust being able to declare full compliance with the standards.

Prof Baker asked about the use of Out of Area Placements for older people as a result of the current pressure on beds in care homes. Mrs White assured the Board that this had been discussed at the meeting and that it had sought to understand the reasons for the use of such placements.

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

21/089

**Report from the Chief Operating Officer** (agenda item 12)

Mr Weir presented the Chief Operating Officer's report, noting that this was a new report to the Board, and that whilst it provided more detail in terms of care services, the Combined Quality and Performance Report was appended to provide greater detail on the metrics.

Mr Weir drew particular attention to pressure of people waiting for beds in care homes and assured them of the ongoing work to ensure people were placed in a timely way and into appropriate beds. He also assured the Board two people were currently placed out of area and that a decision had been taken for them to remain out of area as this provided the necessary continuity in their care.

The Board discussed the report in some detail.

The Board noted that the report had highlighted there being a low level of staff morale and a difficulty recruiting to some posts in the Forensic Service. Mr Weir advised of the challenges relating to the staffing of the service. He assured the board that there were a number of plans in place to address this.

With regard to the vaccination rates for people with severe mental illness, Mrs Woffendin updated the Board on the arrangements in place to support and provide the COVID-19 vaccination for these people. However, she added that the focus in the coming months would be on delivering the flu vaccine to staff and inpatients, and that other vulnerable service users would be considered in the programme if this was possible.

With regard to the redesign of community mental health services and assurance about the extent to which staff would be supported through the changes, Mr Weir assured the Board that the redesign programme was part of a citywide review of community mental health services and that a number of partners, including those from the third sector, were involved in this work and that it would be a phased change over time.

Dr Munro noted that once the details of the national inquiry into the COVID-19 pandemic were known there would be an update provided to the Board in relation to the Trust's readiness.

The Board acknowledged the pressures in the system in relation to older people's services and the availability of care home beds. The Board asked for an update in the Chief Operating Officer's report to the September Board meeting in relation to capacity and pressures in the system which were being addressed at a city-wide level through the System Resilience and Assurance Board.

**SM / CHill**

**JFA**



The Board **received** and **noted** the detail in the Chief Operating Officer's report.

21/090

**Report from the Director of Nursing, Quality and Professions** (agenda item 13)

Mrs Woffendin presented her report. She firstly noted that an update on the Clinical Governance restructure would be provided to the September Quality Committee meeting where a more in-depth discussion could take place. Mrs Woffendin added that linked to this piece of work was a review of professional leadership and outlined the steps being taken to progress the integration of these roles in the governance structures.

Mr Wright noted the importance of the work relating to the Clinical Governance restructure and sought clarification as to where the oversight of this work would lie, due to it impacting on a number of different areas covered by a variety of Board sub-committees. Mrs Woffendin advised that it had been agreed that the Quality Committee would have Board sub-committee oversight, which was supported by the Board. Dr Munro advised that at some point in the future there would be an internal audit commissioned to look at the governance arrangements once they were embedded.

In relation to the domestic abuse training, it was noted that whilst the bespoke training referred to in the paper had been completed by a large number of psychiatrists, there was also a section on domestic abuse training contained within the level 3 safeguarding training which was available to more general groups of staff.

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

21/091

**Safe staffing report** (agenda item 14)

Mrs Woffendin presented the report noting that it set out staffing on wards against safer staffing levels for the 6-month period from the 1 November 2020 to the 30 April 2021, adding that this period fell during the second wave of the COVID-19 pandemic. She reported that despite the challenges during this period there was only one Registered Nurse breach and that this had not led to any patient safety concerns, adding that it had been mitigated by a member of qualified staff working for an extended period. Mrs Woffendin also commended the way in which staff and operational management had worked to ensure the safe staffing of wards overall during the period.

In regard to outbreaks, Mrs Woffendin indicated that the paper outlined the areas in which these had occurred, and noted that whilst there was a peak in the period January to March 2021, there were fewer outbreaks than in other organisations which was due to the Trust's robust infection prevention arrangements that were in place.

Prof Baker noted that the report had been reviewed in detail at the last Quality Committee meeting, and that the committee had been pleased to note the funding for overheads had been increased to 24% in the specialist wards, and there was work ongoing to secure a similar level of funding in core services.

Prof Proctor asked whether those directors with responsibility for infection prevention and control (IPC) across the ICS were sharing good practice and were agreed on the approach to visiting inpatient wards. Mrs Woffendin confirmed that good practice was being shared across the region and that directors spoke regularly on matters of IPC, although she noted that different Trusts were taking different approaches to the arrangements for the management of infection control.

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

21/092

#### **Report from the Medical Director** (agenda item 15)

Dr Hosker presented the Medical Director's report and drew attention to a number of areas in the report. He spoke about the Mental Health Legislation Team and the high level of expertise the team have in managing this area, noting that with this success comes capacity issues for a small team which is being asked to deal with a large number requests and also interpret legislation changes.

With regard to the Trust's pharmacy services, Dr Hosker noted that this team had a respected presence and high profile within the city, which again had created capacity issues for the team. He explained that recruitment to the team had been successful, but that there would be a period of training for the new recruits.

Dr Hosker then talked about the Research and Development (R&D) Team, noting that whilst there was a newly appointed Head of R&D there would shortly be a vacancy created by a long-standing and experienced member of the team leaving the Trust. He added that this person played a key role in securing research funding, and that their departure could cause some issues in the coming months.

Dr Hosker then spoke more broadly about the teams within the directorate, noting that there had been a number of key changes and that development work had been undertaken to look at key priorities for the directorate and how these would be delivered.

With regard to medical staffing, Dr Hosker outlined the key recruitment areas, noting that a paper would be taken to the Workforce Committee to look at how this would be addressed.

The Board thanked Dr Hosker for the information provided in the report and discussed the points raised, in particular the medical staffing pressures and the upcoming vacancies created by key staff leaving or retiring and the assurances as to the plans in place to recruit to vacancies.

Mr Henry noted the challenges that can be created by key staff leaving the organisation and asked if these upcoming vacancies had been included in the directorate workforce plan. Dr Hosker referred to the earlier discussion about specific vacancies that were on the horizon in the directorate. He also acknowledged that such vacancies caused an element of risk and whilst there was more work to do in regard to working in partnership, in the future there was the potential for these risks to be shared across the Integrated Care System.

Dr Munro suggested that it might be beneficial for the Workforce Committee to hear from Sharon Nightingale (Director of Medical Education) on the plans to address medical workforce training vacancies and capacity.

SN

Mrs White asked about the outcomes work and where this would be reported on. Dr Hosker confirmed that a report would be presented to the November Council of Governors' meeting.

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

21/093

#### **Report from the Chief Financial Officer** (agenda item 17)

Mrs Hanwell presented her report and drew attention to three key areas. She reported that the uplift relating to the Mental Health Investment Standard had been agreed with the Leeds Clinical Commissioning Group (CCG). However, she added that the CCG had not identified or allocated the Trust with any specific additional non-recurrent funding relating to the Spending Review, noting that the CCG had advised that resources had been pooled and allocated across a range of providers.

Mrs Hanwell then reported that the full detailed planning guidance and revenue allocations for the second half of 2021/22 (referred to as H2) was still awaited, including the funding arrangements for the recent staff pay award. Mrs Hanwell explained that ahead of receiving the funding guidance, work was ongoing to look at recurrent expenditure, any cost improvements (CIPs) that could be made, and the possibility of resetting core budgets.

With regard to the Capital Programme, Mrs Hanwell explained that in past months the operational upgrades had been paused due to the impact of the pandemic and that the lack of decant arrangements presents some risk to the completion of the capital programme. However, she noted that the Facilities Team was working with operational staff to look at ways of completing the work programme.

The Board discussed the details in the report. Prof Baker asked about the £3m CIPs that need to be made in the next six months and how likely it was that these would be achieved. Mrs Hanwell explained that all Trusts had been asked to plan for around 3% less resources in H2. She explained that this Trust was underspent by £1m at the end of month one and that given the Trust was already ahead of its financial plan she was confident that the Trust could generate sufficient surplus resource to mitigate the need to cut costs in H2.

However, she added that there would need to be a plan for efficiencies on an ongoing basis.

Miss Grantham asked about the Mental Health Investment Standard and the Non-recurrent Spending Review, in particular what assurance could be gained that this was having the right impact on mental health services and that it was making a difference for service users. Mrs Hanwell advised the Board that work was ongoing to ensure there was a collaborative approach to mental health commissioning, which would help to provide full transparency and a more joined up approach as to how the money should be distributed.

Prof Proctor noted that she had attended the Leeds CCG Finance Committee meeting on 1 July and that the minutes from that meeting would be presented at the September Board meeting.

**SP**

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

**21/094**

**Approval of the Data Security and Protection Toolkit (self-certification)**  
(agenda item 18)

Mrs Hanwell presented the Data Security and Protection Toolkit for noting. She advised that the submission made had indicated that the standard had not been met due to the penetration testing of IT systems not having taken place at the point of submission. She added that this test was due to be carried out in August and that when this had been done the Trust could report that the action plan had been completed, with the expectation that the Trust would be upgraded to full compliance.

The Board thanked the Information Governance Team for the work they had done to maintain the standards, particularly during the COVID-19 pandemic.

The Board **received** the Data Security and Protection Toolkit and **noted** the submission that had been made.

**21/095**

**Board Assurance Framework** (agenda item 19)

The Board received the Board Assurance Framework and noted that this had been scrutinised within the various Board sub-committees.

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

**21/096**

**The use of the Trust seal** (agenda item 20)

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

**21/097**

**Any other business** (agenda item 21)

There were no items of other business.

**21/098**

**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 12.40 pm 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.

**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 COMPLETE D BY	COMMENTS
<p><b>Sharing stories – an audio story from Tula who has used our mental health services</b> (minute 21/078 - agenda item 1 – July 2021)</p> <p><b>NEW</b> - Having explored the themes raised by the story Prof Proctor asked that Mrs Woffendin share the experiences of Tula with the Chief Nurse at Leeds Teaching Hospitals NHS Trust and provide an update in the next Director of Nursing and Professions' Report.</p>	<p><b>Cathy Woffendin</b></p>	<p>November Board of Directors' meeting</p>	<p><b>ONGOING</b></p> <p>The experiences of Tula have been shared with the Chief Nurse at Leeds Teaching Hospitals NHS Trust and an update will be provided in the Director of Nursing, Quality and Professions' report in November 2021</p>
<p><b>Sharing stories – an audio story from Tula who has used our mental health services</b> (minute 21/078 - agenda item 1 – July 2021)</p> <p><b>NEW</b> - It was agreed that within the next Chief Operating Officer's report there would be update on progress on the experience of mental health service users who are seen within Accident and Emergency Departments;</p>	<p><b>Joanna Forster Adams (Andy Wier)</b></p>	<p>September Board of Directors' meeting</p>	<p><b>COMPLETED</b></p> <p>This has been included in the September 2021 Chief Operating Officer's report</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>Sharing stories – an audio story from Tula who has used our mental health services</b> (minute 21/078 - agenda item 1 – July 2021)</p> <p><b>NEW</b> - The Board asked for a letter of thanks to be sent to Tula for sharing her experience with the Board noting that it used they will be used to inform how services could be developed to create a better service user experience.</p>	Cath Hill	Management action	<b>COMPLETED</b>
<p><b>Minutes of the previous meeting held on 25 March 2021</b> (minute 21/080 - agenda item 4 – July 2021)</p> <p><b>NEW</b> - The Board considered the minutes of the meeting from 20 May 2021. It was noted that there were three minor typos which Mrs Hill agreed to amend, but that these did not impact on the accuracy of the minutes.</p>	Cath Hill	Management action	<b>COMPLETED</b>
<p><b>Report from the Chair of the Quality Committee for the meetings held on 8 June 2021 and 13 July 2021</b> (minute 21/085 - agenda item 8 – July 2021)</p> <p><b>NEW</b> - Mrs Hanwell agreed to look at the process of providing assurance to the Finance and Performance Committee for significant issues that were raised through the Clinical Environments Group.</p>	Dawn Hanwell	Management action	<p><b>COMPLETED</b></p> <p>A summary of the issues discussed at the Clinical Environments Group and the Estates Steering Group will be presented to the Finance and Performance meeting on a regular basis.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>Report from the Chief Operating Officer</b> (minute 21/089 - agenda item 12 – July 2021)</p> <p><b>NEW</b> - Dr Munro noted that once the details of the national inquiry into the COVID-19 pandemic were known there would be an update provided to the Board in relation to the Trust's readiness.</p>	<p><b>Sara Munro / Cath Hill</b></p>	<p>Date to be confirmed</p>	<p><b>ONGOING</b></p> <p>Information about the timing and nature of the national inquiry are still awaited. Once these are known an update will be provided to the Board</p>
<p><b>Report from the Chief Operating Officer</b> (minute 21/089 - agenda item 12 – July 2021)</p> <p><b>NEW</b> - The Board asked for any update in the Chief Operating Officers' report to the September Board meeting in relation to capacity and pressures in the system which were being addressed at a city-wide level through the System Reliance and Assurance Board.</p>	<p><b>Joanna Forster Adams</b></p>	<p>September Board of Directors' meeting</p>	<p><b>COMPLETED</b></p> <p>This has been included in the September 2021 Chief Operating Officer's report</p>
<p><b>Report from the Medical Director</b> (minute 21/091 - agenda item 15 – July 2021)</p> <p><b>NEW</b> - It was suggested that the Workforce Committee receives an update from Sharon Nightingale (Director of Medical Education) setting out the plans to address medical workforce training vacancies and capacity.</p>	<p><b>Sharon Nightingale</b></p>	<p>To go onto the Workforce Committee's work plan</p>	<p><b>CLOSED AS A BOARD ACTION</b></p> <p>This has been transferred into the Workforce Committee forward agenda</p>



ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>Chief Financial Officers Report</b> (minute 21/092 - agenda item 17 – July 2021)</p> <p><b>NEW</b> - Prof Proctor noted that the minutes from the CCG Finance Committee would be presented at the September Board meeting.</p>	<b>Sue Proctor</b>	September Board of Directors' meeting	<p><b>COMPLETED</b></p> <p>This has been included on the agenda</p>
<p><b>Freedom to speak up Guardian Report</b> (minute 21/056 - agenda item 7 – May 2021)</p> <p>Mr Verity and Miss McMann will look at how awareness of the role of the Freedom to Speak up Guardian and the Freedom to Speak up Ambassadors could be raised with staff governors, ensuring there is a more explicit connection between these roles.</p>	<b>John Verity / Kerry McMann</b>	Management action	<p><b>COMPLETED</b></p> <p>A meeting took place on 6 August 2021 to agree the communication that would go out to staff governors</p>
<p><b>Cyber security</b> (minute 21/070 - agenda item 19 – May 2021)</p> <p>It was agreed that for the next quarter report the Board should receive further assurance that Trust systems are safe from a cyber-attack and the cyber security mechanisms are capable of dealing with such attack.</p>	<b>Bill Fawcett / Dawn Hanwell</b>	Board of Directors' meeting September 2021	<p><b>COMPLETED</b></p> <p>This has been included on the agenda for the September meeting and has been added to the Board's cycle of business</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>Freedom to speak up Guardian Report</b> (minute 21/056 - agenda item 7 – May 2021)</p> <p>It was noted that within some months there were spikes in the number of concerns raised. Mr Verity confirmed that he had looked into the reasons for this and that more detail would be included in the FTSUG report and where applicable benchmarked to other organisations.</p>	<p><b>John Verity</b></p>	<p>Report to the November 2021 Board of Directors' meeting</p>	
<p><b>Emergency Preparedness, Resilience and Response Annual Report</b> (minute 21/070 - agenda item 20 – May 2021)</p> <p>In terms of EPRR and the connections that are made across systems and across West Yorkshire, the Board asked for future reports to highlight where these discussions were taking place and what the emerging partnership arrangements and connections are, particularly including how these are linked into the emerging ICS arrangements. It was agreed that a report would come back in November.</p>	<p><b>Joanna Forster Adams</b></p>	<p>Board of Directors' meeting November 2021</p>	

### CLOSED ACTIONS

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>Minutes of the previous meeting held on 25 March 2021</b> (minute 21/053 - agenda item 4 – May 2021)</p> <p>Miss Grantham pointed out an error in minute 21/034 and Mrs Woffendin pointed out an error in minute 21/035. Miss McMann agreed to amend these errors.</p>	<p><b>Kerry McMann</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p>
<p><b>Report from the Chair of the Workforce Committee for the meeting held on 15 April 2021</b> (minute 21/064 - agenda item 14 – May 2021)</p> <p>It was agreed that the Workforce Committee benchmarking report that was produced by NHS Audit Yorkshire would be emailed to Prof Proctor.</p>	<p><b>Helen Grantham</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p>
<p><b>Report from the Chair of the Finance and Performance Committee for the meeting held on 19 May 2021</b> (minute 21/066 - agenda item 10.1 – May 2021)</p> <p>Miss Grantham noted that she had attended a meeting of the chairs from the Yorkshire and Humber region where there had been a presentation from Public Health England and a representative from the ICS which had looked at the ongoing potential future impact of EU Exit. Miss Grantham agreed to share her notes and observations from this meeting with members of the Board.</p>	<p><b>Helen Grantham</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>Sharing stories – an audio story from Alicia, a service user from the Low Secure Adult Inpatients Mental Health Service</b> (minute 21/049 - agenda item 1 – May 2021)</p> <p>The Board asked Ms Rollinson to share Alicia’s audio story with the staff on the ward.</p>	<p><b>Amy Rollinson</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p> <p>The recording had been programmed to be shared with staff on the ward</p>
<p><b>Report from the Chair of the Quality Committee for the meetings held on 13 April 2021</b> (minute 21/061 - agenda item 12 – May 2021)</p> <p>A report on governance and the accountability of different roles relating to how CareDirector is used for care planning and other aspects of care including physical health monitoring and recording will firstly be reported to EMT and once executive directors are happy that the right processes are in place a report will then be made to the Quality Committee for assurance.</p>	<p><b>Dawn Hanwell / Chris Hosker</b></p>	<p>Trustwide Clinical Governance Group</p> <p>Quality Committee 14 September 2021</p>	<p><b>REQUEST TO CLOSE THIS AS A BOARD ACTION</b></p> <p>A paper setting out the governance arrangements for CareDirector was presented to Trustwide Clinical Governance Group and will now go to the Quality Committee in September for assurance</p>
<p><b>Report from the Chair of the Finance and Performance Committee for the meeting held on 19 May 2021</b> (minute 21/066 - agenda item 10.1 – May 2021)</p> <p>It was agreed that the Executive Team would ensure the Health and Wellbeing Board discuss the issue of waiting lists for mental health and learning disability services with a view to ensuring that the level of priority that these services receive across the system is equal to that for acute services.</p>	<p><b>Members of EMT</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p> <p>The issue of waiting lists for mental health and learning disability services continues to be raised at all levels within the system.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>Cyber security</b> (minute 21/070 - agenda item 19 – May 2021)</p> <p>It was agreed that the Cyber Security dashboard and report should come to the Board quarterly. Mrs Hill agreed to add this to Board's cycle of business.</p>	<p><b>Cath Hill</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p> <p>The reports will commence in September</p>
<p><b>Report from the Chief Financial Officer</b> (minute 21/040 - agenda item 16 – March 2021)</p> <p>Given the changes in the financial regime and the impact of the ICS, Mrs Hanwell agreed to give some thought to the possibility of producing a guide to the new way of funding including the changes to the freedoms of foundation trusts and the principles against which it will work.</p>	<p><b>Dawn Hanwell</b></p>	<p>Management action</p>	<p><b>REQUEST TO CLOSE THIS AS A BOARD ACTION</b></p> <p>This work will be completed once there is clarity on the recurrent way of working and when the reset review has been completed. This will allow budget holders and managers to be clear on how we will work internally and in the context of the emerging financial regime. It is expected that this work will be completed in November 2021. This will be reported to the Finance and Performance Committee.</p>
<p><b>Actions outstanding from the public meetings of the Board of Directors</b> (minute 21/028 - agenda item 5 – March 2021)</p> <p>It was also noted that there was more work to be done to ensure the Freedom to Speak Up procedures and the Whistleblowing procedures were aligned and that 'speaking up' did not preclude a person 'whistleblowing' at a future point in time should it be felt necessary. Mrs Holmes agreed to look at this further and provide an update to the Board.</p>	<p><b>Darren Skinner</b></p>	<p>May Board of Directors' meeting</p> <p>July Board of Directors' meeting</p>	<p><b>REQUEST TO CLOSE THIS AS A BOARD ACTION</b></p> <p>Draft documents relating to protected disclosures (whistleblowing) and Freedom to Speak Up were presented to member of the JNCC on 3 June 2021. A number of comments and amendments were requested and the revised documents are due to be presented to the next JNCC meeting on 5 August 2021. The documents have emphasised that we wish staff to 'speak up and raise concerns' and are therefore interchangeable.</p>

LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST

AGENDA  
ITEM

7

MEETING OF THE BOARD OF DIRECTORS

<b>PAPER TITLE:</b>	Chief Executive's Report
<b>DATE OF MEETING:</b>	30 September 2021
<b>PRESENTED BY:</b> (name and title)	Dr Sara Munro, Chief Executive
<b>PREPARED BY:</b> (name and title)	Dr Sara Munro, Chief Executive

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

EXECUTIVE SUMMARY		
The purpose of this paper is to update and inform the Board of key activities and issues from the Chief Executive.		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
	No	

RECOMMENDATION
The Board is asked to receive and note the content of the Chief Executive's report.

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

**Thursday 30 September 2021**

### **Chief Executive Report**

The purpose of this paper is to update and inform the Board of key activities and issues from the Chief Executive.

#### **1. Current Context – Our People and Our Services**

Like all sectors in health and care our services are facing significant demand whilst working to address the backlog that was created during the height of the COVID-19 pandemic. The Board has been well sighted on the reset and recovery work in our services to ensure we have an operating model fit for the longer term.

We also continue to work with our partners to ensure there is 'system resilience' in Leeds and mutual aid with our mental health trust colleagues in West Yorkshire and Humber Coast and Vale

In the short-term our people continue to respond to these demands and the need to work flexibly and in-line with infection prevention and control requirements. Over the past few weeks as with the wider population we have seen increases in cases of COVID-19 amongst our workforce and service users, but these are being well managed to prevent widescale disruption to services. Where necessary staff are being asked to cover other teams especially in our crisis and liaison services to maintain these safety critical services. We will cover in the respective executive reports the challenges in more detail and work ongoing to recruit however it is just as important that we look after our existing staff to be well at work and to stay with us.

The COVID-19 booster vaccination and flu vaccination programmes are key for us to protect our staff and service users over the coming months, and these will be rolled out in

the coming weeks. We will be encouraging all staff to take up the vaccine along with our service users and I want to thank all those involved as this is a significant programme of work.

Our staff health and wellbeing lead has been undertaking site visits and working with operational and estates colleagues to plan improvements in rest facilities. To support wellbeing in addition to the support already available our Leeds Recovery College has now launched 'retreats' for our staff to attend. The first was held last month and the feedback has been outstanding. These are scheduled for the year ahead with the next two days already fully booked. We are also working closely with partners in Leeds and the West Yorkshire wellbeing hub which we have staff leading to ensure there is a joined-up offer tailored to the actual needs of our workforce.

Due to the service pressures and need to reduce risks from COVID-19 and seasonal flu we have decided to postpone the Trust celebration event that was scheduled for November. We are hoping to hold this in the spring of 2022 and in the meantime encourage use of existing ways to recognise the fantastic work of our teams. The last two team award winners are

#### **Admin Team - ENE and SSE Older Peoples' Services**

*As the Memory Assessment Service was closed due to the pandemic the teams showed their compassionate, caring, and professional manner whilst dealing with service users who were at times, anxious or distressed by the cancellation of their appointment and/or the pandemic.*

*Both teams are a credit to the NHS.*

#### **Pod B Community Mental Health Team - Willow House, St Mary's Hospital**

*During what has been very exceptional circumstances the team have gone above and beyond, caring for not only service user mental health, but families also. The team have covered for each other when one of the team has fallen ill themselves, irrespective of their*



*position - whether it's doctors, nurses, OTs, support workers etc. They have had each other's backs*

Our well established all staff zoom calls have now been refreshed to widen the content and format and will continue as part of our core staff engagement tools on a monthly basis.

The 2021 staff survey will be launched next month, and our staff engagement team have already put in place planning to support maximum uptake. We will also be running our bank staff survey for the third year recognising the value this brings for us to better support an integral part of our workforce. When board members are interacting with staff and services, please do promote the completion of the staff survey.

## **2. Our Culture**

### ***Equality and Inclusion – Refreshing our Governance***

Over the past 18 months we have been driving changes to our culture through the Equality and Inclusion taskforce. This was established as part of our pandemic response. In line with our refresh and recovery work Frances Dodd has reviewed our current arrangements. She has met with all those involved in the taskforce to date to seek experiences, feedback, and suggestions. As a result of this we have decided to make change to our existing governance to ensure we build on the work to date for our workforce as well as ensure we have sufficient alignment and support to tackling health inequalities and improving equity in our clinical services. A new strategic oversight and assurance group will be established from October chaired by the CEO and attended by those accountable for delivery across the Trust. Membership is being finalised for this group and the operational delivery groups led by the Director of Workforce and the Chief Operating Officer.

There is much for us to be proud of and celebrate with the progress we have made over the past 18 months though our work on reciprocal mentoring and the Synergi collaborative as two examples. Our work on reciprocal mentoring is going to be shared more widely in a webinar organised by Wendy Tangen on the 14 October with many Board members also taking part with their mentor partners. The planned changes to our governance will ensure we can build on this and make sustainable changes for our people and our service users.

### ***Collective Leadership – Next Steps***

Following the move from two care groups to nine service specific operational lines last year we are now finalising the changes to align our clinical leadership structures and capacity. These will be supported by a clearer Professional Leadership Structure and consistent clinical governance arrangements. Ensuring we have a culture of collective leadership across all our clinical and non-clinical services is key to high quality and safe care. As we have moved out of 'incident management' we have recognised the need to continue to invest in our leaders to develop the skills, competence, and confidence to lead in a way that enables decisions to be taken as close to the front line as possible, embedding a culture of inclusion and psychological safety that fosters continuous improvement, innovation and partnership working with our service users at the centre. The continuous improvement team and organisational development teams are working together to design a programme of development for the year ahead that spans organisational structures and hierarchies. The programme will be co-designed with participants to ensure it meets people's individual and collective needs and is delivered in a way that people can practically and realistically engage with.

### **3. Our Partnerships**

The latest position on the development of Integrated Care Partnerships as statutory organisations was shared at the Board-to-Board with our Governors on 20 September. As a reminder from the 1 April 2022 CCGs will no longer exist and their functions and workforce will be transferred to the ICS. The footprints covered by Clinical Commissioning Groups (CCGs) will be replaced by Place Based Partnerships (PBP) made up of local NHS organisations, Local Authorities, public health, primary care, and the VCS organisations.

Our Place Based Partnership is Leeds and the primary Integrated Care System (ICS) footprint is West Yorkshire, which are mature partnerships seeking to maximise the opportunities of partnership working whilst meeting the legal requirements proposed in the legislation.

For the Leeds PBP we are proposing minimal changes to governance given we have a well-functioning Health and Wellbeing Board, which sets out the ambition for health and care, a Partnership Executive Group chaired by the CEO of the Council and attended by all key partners, a workforce strategy and infrastructure for system resilience and population health management. Where we do need to make changes is for the oversight of the allocation of resources and NHS budget for the population of Leeds and the reporting requirements to the ICS board. Chairs and chief executives of the CCG and three NHS trusts (who hold the statutory accountability for NHS delivery in Place) have been meeting to discuss the implications of this and in due course will share proposals with all the boards in Leeds.

The appointment of the Chair of the West Yorkshire ICS has been completed and at the time of writing we are awaiting confirmation of the successful candidate from NHSE. The recruitment of the CEO for all the ICS' is underway with a closing date of the 26 September. As with the chair process NHSE has set out the job description and recruitment process. Our chair Professor Proctor has been actively involved in the stakeholder panels for the chair and will do likewise for the CEO post.

We are also a member of the Humber Coast and Vale ICS through the provision of low secure forensic and Tier 4 CAMHS services in York. The Board is asked to note that many of our regional services such as Gender ID, veterans, and gambling span ICS footprints and therefore our relationships and reporting to NHSE on those is not expected to change. The exception is those services that fall under the specialised commissioning provider collaboratives. We already lead the adult eating disorder provider collaborative and subject to Board approval will go live with Tier 4 CAMHS for West Yorkshire from 1 October led by our Trust and forensic to be led by South West Yorkshire NHS Foundation Trust from 1 October. Humber Teaching NHS Foundation Trust lead the provider collaboratives for forensic and T4 CAMHS for Humber Coast and Vale and we are appropriately represented in those provider collaboratives.

Aside from the work to design the infrastructure of the ICS and PBP for 2022 partners continue to meet in existing forums such as executive groups, system resilience boards and assurance meetings to focus on the current operational pressures, financial position, capital spend, elective recovery and urgent care demands across all sectors. The Board is asked to be assured that the Executive Directors and their teams are all actively involved in these

forums as required and impact for the Trust will be captured through the respective executive reports.





The West Yorkshire Mental Health Learning Disability and Autism Collaborative continues to meet monthly to oversee a wide-ranging programme of service improvements such as complex rehabilitation, PICU capacity, community mental health transformation, perinatal service access, suicide prevention initiatives, autism access and workforce strategies to name just a few. The Board is asked to note that the executive teams and relevant clinical and operational leads from our Trust, SWYFT, BDCT and LCH are meeting in the next two months to discuss and develop our future ways of working and ambitions to inform the programme of work for the next 2-3 years. The outputs will be reported to the Committee in Common meeting and future NED and Governors engagement events.

#### 4. Reasons to be Proud

And finally – a selection of some of our recent Reasons to be Proud

### Reasons to be proud



<p><b>Unique city-wide vaccination programme up for an award for its partnership working</b></p> <p>The Covid Vaccination Workforce Steering Group has been shortlisted for 'The University of Bradford award for crosssector working' in the <b>HPMA Excellence in People Awards</b></p> <p>The entry highlights the onecity partnership approach that we took in rolling out the COVID-19 vaccinations in Leeds. The city pulled together, pooling all its resources to ensure that it could distribute the vaccines as efficiently as possible.</p> 	<p><b>Diverse Mums' Group are Winners in the National Service User Awards</b></p> <p>The Perinatal Mental Health Service Diverse Mums' Group are finalists for <b>Health and Wellbeing Award</b> The group meets regularly to support each other in their recovery from perinatal mental illness.</p> <p>The Awards "Celebrate service users' projects, taking notice of all the good service users have done and what has been made possible at a local level."</p> 
<p><b>Bank staff team really proud to have been shortlisted for a Nursing Times Award</b></p> <p>The <b>LYPFT Bank Workforce Team</b> have been shortlisted for a <b>Nursing Times Inclusion and Diversity Award</b> for evolving a more inclusive culture.</p> <p>Inclusive practises have included -bank staff survey, forums, handbook, career progression, same access to staff HWB support and a dedicated clinical lead for bank staff.</p> 	<p><b>Woodland Square team are finalists for a Nursing Times Learning Disabilities Award</b></p> <p>The <b>Community Learning Disability Team at Woodland Square</b> have been shortlisted for an award for their exceptional care alongside colleagues in LHT and LCH to help a service user receive dental treatment under general anaesthetic.</p> <p>The service user needed a significant amount of treatment but is now enjoying a better quality of life, free from pain.</p> 

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Dr Sara Munro, CEO Leeds and York Partnership NHS Foundation Trust  
24 September 2021

**AGENDA  
ITEM**

**8**

## Chair's Report

<b>Name of the meeting being reported on:</b>	Quality Committee
<b>Date your meeting took place:</b>	14 September 2021
<b>Name of meeting reporting to:</b>	Board of Directors – 30 September 2021
<b>Key discussion points and matters to be escalated:</b>	
<b>Issues to which the Board needs to be alerted</b> <ul style="list-style-type: none"> <li>The Committee received a report which outlined the updated governance arrangements for CareDirector. The Committee <b>agreed</b> that the report would be shared with the Finance and Performance Committee in September and the Audit Committee in October.</li> <li>The Committee received the Annual Quality and Safety Report for the National Deaf CAMHS. It discussed digital poverty and equity. Dr Roberts informed the Committee that digital equipment had been sourced by the team and loaned out to service users who were affected by digital poverty. She explained that the team received no IT support with this and added that there had been issues in gaining zoom licences as there was no Trustwide process for this. The Committee noted the work carried out by the service to overcome the barrier of digital poverty when carrying out virtual appointments. It expressed concern that there was not a consistent approach to this across the Trust.</li> </ul>	
<b>Issues for advice from the Board</b> <ul style="list-style-type: none"> <li>No issues for advice from the Board.</li> </ul>	
<b>Things on which the Board is to be assured</b> <ul style="list-style-type: none"> <li>The Committee received a verbal update on the work carried out by the Infection Prevention and Control Team since the last meeting which included outbreak management and supporting staff who had been contacted by the NHS Test and Trace app. Mrs Woffendin informed the Committee that the Trust continued to undertake asymptomatic testing across all inpatient sites and that routine testing was carried out for all admissions on day one, three, five and seven.</li> </ul> <p>The Committee also received the Infection Prevention and Control BAF and agreed that it was assured on the processes in place to reduce the transmission of Covid-19 and other nosocomial infections.</p>	

- The Committee reviewed the Board Assurance Framework and was assured that both strategic risk one and strategic risk two were being adequately controlled.
- The Committee reviewed the Combined Quality and Workforce Performance Report. Mrs Woffendin informed the Committee that there had been an error regarding the reporting of pressure ulcers. She provided a detailed update on this and assured the Committee of the new reporting process. The Committee noted that it would receive updates on pressure ulcers through the Infection Prevention and Control of Medical Devices Group and agreed that it was assured by the update provided.
- The Committee received an update on the progress made with the recommendations from the Patient Experience Review. It was pleased to hear that the Trust would be applying for two stars accreditation for the triangle of care.
- The Committee received a report and presentation on the review of collective leadership and clinical governance structures. The presentation included information on: the issues identified with the current clinical governance structure; the aim of the project; the work carried out so far; the outcome of the consultation; and the next steps of the project. The Committee was assured that the Executive Team had oversight of this project. It agreed that a briefing paper on the interim clinical governance arrangements and the journey that will be taken to complete the project should be shared with the Board of Directors.
- The Committee received the Research and Development Annual Report for 2020/21. It explored the potential for workforce opportunities in the Research and Development Team such as internships and student placements. It discussed the Trust's strategic ambition around research and acknowledged that the Strategic Plan would be refreshed in 2021.
- The Committee received the Annual Quality and Safety Report for the National Deaf CAMHS. It noted the challenges that the service had faced during the pandemic, which included communication barriers due to a lack of clear masks at the start of the pandemic and the challenges faced in gaining a supply of clear masks. It acknowledged the efforts of staff across the Trust in gaining supplies of clear masks and the positive impact this had. The Committee agreed that the report demonstrated a high quality service and thanked the service for its work during 2020/21.
- The Committee received the Annual Quality and Safety Report for the Complex Rehabilitation Service. It noted that compliance with compulsory training, clinical supervision and appraisals was below the targets but was assured that there was a plan in place to address these issues and that compliance rates had improved significantly since the report had been written.

The Committee discussed the quality of care provided by the service. It noted that although the service had received a rating of 'requires improvement' during the last CQC inspection, the majority of the CQC actions had been completed. It was reassured by the outcome of a CQC peer review which had evidenced the significant progress made and also noted that positive feedback had been received from the CQC on the progress made with the action plan.

<b>Report completed by:</b>	Prof John Baker, September 2021
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## Chair's Report

<b>Name of the meeting being reported on:</b>	Workforce Committee
<b>Date your meeting took place:</b>	5 August 2021
<b>Name of meeting reporting to:</b>	Board of Directors – 30 September 2021
<b>Key discussion points and matters to be escalated:</b>	
<b>Issues to which the Board needs to be alerted</b> <ul style="list-style-type: none"> <li>The Committee was informed that as of November 2021, it would be mandatory for all care homes staff to be fully vaccinated. It noted that work was ongoing to assess the impact this would have on the Trust and its staff.</li> <li>The Committee received an update on the NHS pay award. It noted that members of staff would receive the pay award in September 2021 and that the trade unions were yet to respond to the announcement.</li> <li>The Committee received an update on the Trust's Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) actions. It noted that these would be submitted in August 2021 and that progress data would be presented to the Board in September 2021. It also noted that despite the increased focus and activity over the last five years, findings from the WRES and WDES data had evidenced that there had been little change in the experience of the Trust's minority ethnic colleagues, colleagues with a disability and colleagues with a long-term health condition. The Committee questioned whether the actions were appropriate or whether it might be more beneficial to choose fewer actions that would have a larger impact.</li> </ul> <p>The Committee reviewed a proposal for the adoption of the 'social model of disability' and agreed that, although it supported the proposal, it should be presented to the Board of Directors for final approval.</p>	
<b>Issues for advice from the Board</b> <ul style="list-style-type: none"> <li>No issues for advice from the Board.</li> </ul>	

## **Things on which the Board is to be assured**

- The Committee received a paper which set out the forward plan and timeline for refreshing the Trust's People Plan. It was informed that an external consultant, Rose Rouse, had been commissioned to support the delivery of the plan. The Committee will review the final plan in October 2021.
- The Committee reviewed a report from a benchmarking exercise carried out by Internal Audit which had been informed through a review of the terms of reference for 10 other mental health providers. It reviewed the findings and agreed that it was assured by the findings of the report.
- The Committee reviewed the results from its committee effectiveness questionnaire. It agreed that the Committee remained effective but that its meeting frequency would remain under review.
- The Committee received a thorough response to a Board action that had been delegated to the Committee regarding the McCloud judgement:

### **Action**

With regard to the McCloud judgement relating to the Court of Appeal's ruling on the Government's 2015 public sector pension reforms, Mrs Holmes noted that it was early days for this judgement and the Trust would be working with individual staff who were impacted by this. It was suggested that once the position was clear the Board received a report through the Workforce Committee detailing any impact of this judgement and any risks for the organisation.

### **Response**

In 2015, the government introduced reforms to most public service pension schemes, including the NHS Pension Scheme. Members that were close to retirement at the time were protected from moving to the reformed schemes, and could therefore remain in their existing schemes. Members with full protection did not have to move to the reformed scheme at all, and members with tapered protection were permitted to remain in their existing scheme for longer, with their move to the reformed scheme delayed beyond 1 April 2015.

In December 2018, the Court of Appeal found these protections to be discriminatory against younger members. This has become known as the 'McCloud judgment'. The government has now announced a remedy to remove this discrimination and ensure equal treatment going forward.

Employees who joined the scheme on or before 31 March 2012 and who were still members of the scheme on 1 April 2015 will be eligible for the remedy, regardless of whether they previously received full, tapered or no protection. This will include current employees as well as staff who have already retired or no longer work for the NHS and employees who have passed away. Those who joined the scheme on after 1 April 2012 will not be affected.

The judgement means that the discrimination needs to be removed. To achieve this, eligible members will be given the choice about whether they would like to receive their 1995/2008 Section benefits or 2015 Scheme benefits for the period between 1 April 2015 to 31 March 2022. This is the period over which the discrimination occurred and is known as the remedy period.

Staff will not need to make this decision until they take their benefits from the scheme, usually at retirement. This is referred to as the deferred choice underpin (DCU). At that time, scheme members will receive information from NHS Pensions about value of their benefits in both schemes



in order to make an informed choice.

NHS Pensions will contact staff who have already retired or who will retire before October 2023 to ensure they are given a choice as soon as possible. NHS Pensions will also engage with scheme members or their families about any benefits paid on ill health, divorce, or death. Any changes to the benefits payable will be applied retrospectively.

The government will be introducing new legislation following the judgement and processes will be implemented to support members to make a choice once they retire. The legislation is intended to be in place by 1 October 2023, or earlier if the schemes allow.

To ensure equal treatment going forward, all scheme members will be moved to the 2015 Scheme on 1 April 2022 for future accrual. This includes members that previously had full and tapered protection. For the majority of scheme members, the judgement will not have an impact on their tax position.

A change in the value of a member's benefits for the remedy period may lead to a reassessment of the member's tax position, particularly in relation to the annual allowance. Once the reassessment is complete, a member may have overpaid or underpaid tax. If a scheme member has underpaid tax, the individual will be asked how they wish to pay the liability and scheme pays will be available. Where a scheme member has overpaid tax, HMRC will pay a refund direct to the individual or adjust any scheme pays arrangement, as appropriate.

<b>Report completed by:</b>	Helen Grantham August 2021
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## Chair's Report

### AGENDA ITEM

10

<b>Name of the meeting being reported on:</b>	Mental Health Legislation Committee
<b>Date your meeting took place:</b>	3 August 2021
<b>Name of meeting reporting to:</b>	Board of Directors – 30 September 2021
<b>Key discussion points and matters to be escalated:</b>	
<b>Issues to which the Board needs to be alerted</b> <ul style="list-style-type: none"> <li>Mental Health and Mental Capacity Act staff training compliance remains below the target of 85%. This is due to staff and training team capacity constraints. The Committee was assured that capacity is being increased in the MH Legislation team to help address this, and that ward and departmental managers will be involved in ensuring that staff are freed up to attend scheduled face to face sessions. The Committee will be reviewing progress at its next meeting in November.</li> <li>There are still a number of substantial gaps in data reporting following the implementation of Care Director. This limits the assurance the Committee is able to receive. A list of data gaps will be escalated to the new Care Director Governance Group seeking urgent improvements. The Committee will review progress at its next meeting.</li> <li>The Committee reviewed a detailed report in relation to increased demand for Section 136. We noted that work is underway with the police to identify appropriate ways of better managing demand. Also that the Section 136 suite is being upgraded to enable beds to be flexibly designated as inpatient facilities in order to avoid breaching deadlines for length of stay in that facility. Appropriate guidance for staff is being prepared. CQC is aware of this plan. The Committee agreed that although it is not ideal, it represents a pragmatic solution given the challenging increases in demand. The Committee requested that the Finance and Performance Committee monitors urgent completion of the Estates upgrade to enable the plans to be implemented without delay.</li> </ul>	
<b>Issues for advice from the Board</b> <ul style="list-style-type: none"> <li>The new Liberty Protection Safeguards systems is due to be implemented in April 2022 but there are delays in issuing national guidance. Meantime the MHL Team is working with partners across the City to plan our approach. There is likely to be a national training and IT system to support the new arrangements.</li> </ul>	
<b>Things on which the Board is to be assured</b>	

- The MHL Activity Report shows that disproportionately high detention rates for people from BAME backgrounds remains a challenge. In addition to the work of the Synergi Collaborative, the Trust is re-running proactive work with Touchstone partners to help encourage people from BAME backgrounds to seek early support and intervention. Also, it is likely that the Trust will be involved in an NIHR Research project which will be looking at evidence from service user experience to identify the root causes. This issue remains an active focus for the Committee.
- The Committee reviewed a full report from Advonet, who provide advocacy support in Leeds. Advocacy capacity constraints have been exacerbated by remote working. Advonet is recruiting more staff and advocacy support is returning to face to face. There is a plan to address backlogs. The Committee will be reviewing progress on clearing the waiting list.

**Report completed by:**

Sue White, 3 August 2021

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**AGENDA  
ITEM**

**12**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Report from the Chief Operating Officer
<b>DATE OF MEETING:</b>	30 September 2021
<b>PRESENTED BY:</b> (name and title)	Joanna Forster Adams, Chief Operating Officer
<b>PREPARED BY:</b> (name and title)	Joanna Forster Adams, Chief Operating Officer

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

**EXECUTIVE SUMMARY**

The Chief Operating Officer report sets out the key management, development and delivery issues across LYPFT Care Services. It is a summary of activity and aims to provide information that is supported by detailed information reports, intelligence and operational governance arrangements.

This month the standard reporting includes:

- LYPFT Covid19 Vaccination programme update
- Incident response and Emergency Preparedness Resilience and Response (EPRR) arrangements
- Service Delivery and Performance (Performance report attached in Appendix A)
- Care Service Reset and recovery update.

In addition, this report includes updates in response to actions raised at the Board of Directors in July 2021 relating to:

- The experience of Mental Health service users service in Accident and Emergency departments in Leeds

- Addressing pressures in the health and care system in Leeds through our system resilience 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

## **RECOMMENDATION**

The Trust Board are asked to consider the content of this report and highlight any concerns or additional assurance required in relation to the content of the report.

## 1. Introduction

The report sets out the key management, development and delivery issues across LYPFT Care Services. It is a summary of activity and aims to provide information that is supported by detailed information reports, intelligence and operational governance arrangements. On a scheduled basis this report will set out a range of updates including those that are regular or standard, periodic or “one off” together with escalations for information or alert.

This month the standard reporting includes:

- LYPFT Covid19 Vaccination programme update
- Incident response and EPRR arrangements
- Service Delivery and Performance (Performance report attached in Appendix A)
- Care Service Reset and recovery update (including a focus on backlog recovery).

In addition, this report includes updates in response to actions raised at the Board of Directors in July 2021 relating to:

- The experience of Mental Health service users service in Accident and Emergency departments in Leeds
- Addressing pressures in the health and care system in Leeds through our system resilience arrangements.

## 2. LYPFT Covid 19 Vaccination Programme: Summary Update and Forward Plan

In the report shared in July 2021 we set out our journey as part of the National and the Leeds Covid19 vaccination programme.

Since the update in July, we have continued throughout the summer to deliver vaccinations in our Mount vaccination hub, in our inpatient wards, in our community services (and in people’s homes)

and across communities in Leeds (through our mobile “bus” service and in community focussed pop-up clinics).

The team have continued to focus on:

- Encouraging and vaccinating LYPFT (and affiliated health and social care) staff and we have vaccinated 3548 people.
- Vaccinating our most vulnerable MH and LD service users in Inpatients, community settings, at our hub, in partnership with Elland Road, in people’s homes and in partnership with primary care. To date we have vaccinated 3527 people.
- Working in partnership with Primary care to ensure people on the LD and MH register but are not our services users are supported to be vaccinated. This means that 88% of people on the LD register and 80% of people on the SMI register in Leeds have been vaccinated. We are still working hard to reach as many people as possible.
- Providing clinical and operational leadership to the “flexible offer” work stream of the Leeds programme which aims to reach communities and people who may otherwise excluded by offering more tailored, local and responsive ways of delivering the vaccine. This supports the broader inequalities vaccination plan led by Public Health colleagues.
- Delivering the roving bus and clinics alongside which has now vaccinate people across various communities in Leeds and continues through September to deliver second doses.

## **2.1 Phase 3 of the Vaccination Programme: “Booster’s”**

Phase 3 of the Covid19 vaccination programme commenced in LYPFT on the 21<sup>st</sup> of September 2021.

Across the Leeds system we are working collectively with partners to ensure that people eligible for a third booster vaccination are supported to access this easily. The Joint Committee on Vaccination and Immunisation (JCVI) has said that for the 2021 Covid19 vaccination programme, the following people should be offered a booster dose of the Covid19 vaccine in the same order as the first part of the vaccination programme:

- those living in residential care homes for older adults

- all people aged 50 years or over
- health and social care workers
- all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19 and their carers – this includes people with a learning disability or severe mental illness
- adult household contacts of immunosuppressed individuals.

The JCVI advises that the booster vaccination dose should be offered no earlier than six months after completion of the first course of vaccination and we have mobilised our booking arrangements to make sure that staff and service users are offered the vaccination in line with the guidance.

For us in this phase, our particular focus will on be arranging and delivering the vaccine for our staff and service users and carers. This means that we will no longer directly deliver the vaccine through our mobile “bus” or pop-up bespoke clinics in areas of low uptake. We will, however, continue to provide leadership and management input to the programme across the spectrum and will continue to play a proactive role in the health inequalities work. In Leeds this is referred to as the “leaving no-one behind” programme led by our colleagues in Public Health.

The ambition for Phase 3 delivery at this stage is to make sure that people eligible are vaccinated to maintain their protection over the course of the coming months. This is so that people that are most likely to become seriously ill from COVID-19 and those who care for them are provided with the best possible protection for this winter.

In LYPFT we have previously been allocated the Astra Zeneca vaccination, although more latterly in order to enable us to vaccinate younger people who are our staff, service users or people in community settings, we have been supported by the Leeds community vaccination hub at Elland Road who have supplied us with the Pfizer-BioNTech vaccine. JCVI advises a preference for the Pfizer-BioNTech vaccine to be offered as the booster dose irrespective of which type of vaccine was used in the primary schedule.

Unfortunately, the supply through the Leeds community vaccination hub is no longer possible. This has meant that we have had to secure a direct supply of Pfizer to enable our focused phase 3 programme to operate. We can confirm that we have been approved and received a supply of the vaccine in readiness for the start of our autumn/winter programme on the 21<sup>st</sup> of September.



In the Covid19 vaccination team we have been fortunate to continue to employ a small, now expert, team of dedicated staff who are seconded into their posts. This does impact on some of our Care Services where we have looked to backfill with temporary arrangements which we envisage will take us to the end of this phase of the vaccination programme in January. (This relates to 3 staff from Care Services currently and will rise to 5 in October – including 1 administrator).

Particular thanks to the clinical and administrative staff who continue to work in the team and for their colleagues in Care Services who support them to do so.

In addition, this month particular thanks to our Clinical Lead Melissa Jeffrey, our Operational Lead Sarah Stanowski and our Chief Pharmacist, Jane Riley for leading our work to assure NHSE of our capability and arrangements to secure a supply of vaccine to delivery on Phase 3 of the programme.

### **3. Incident Response and EPRR**

As of the date of the paper England remains at a Level 3 incident:

- An incident that requires the response of a number of health organisations across geographical areas within a NHS England region.
- NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

Operationally we continue to have regular business continuity oversight and support arrangements in place. Individual Executive Directors are involved to trigger more formalised incident response and business continuity arrangements should the threshold of triggers be reached.

Since July 2021 we have undertaken a comprehensive debrief in relation to our response to the Covid19 pandemic. A number of sessions were held where participants were able to share their views, reflections, and thoughts on how we have responded to date and to highlight areas of improvement and learning. A comprehensive report was shared with Executive Management Team in September, and this will progress to an improvement plan to be shared with Trust Board in November 2021.



## **4. Service Delivery and Performance: Escalations**

The performance report is appended which has been considered and discussed in detail at the Finance and Performance committee. The key service delivery issues for escalation are summarised below.

### **4.1 Urgent Care & Inpatient Services**

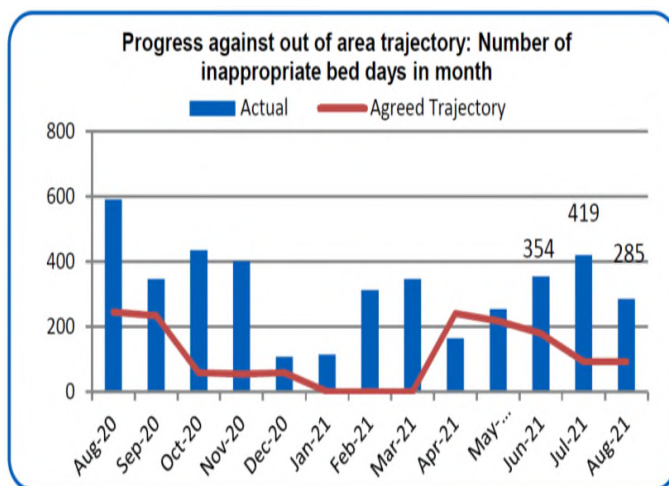
We continue across the Leeds system to experience a sustained increased demand for health and care services, and this continues (as set out in detail last month) to impact our Acute, CRISS, Older Adult and Liaison services. Despite this sustained level of demand and clinical activity, we have seen a number of areas of improved performance during August in relation to our key contractual targets. These include:

- An increase in percentage of crisis referrals offered a face-to-face assessment within 4 hours (to 78.3%) and the number of service users being seen by the CRISS service at least 5 times in the first week (to 46%). Both indicators were identified as being key in our community redesign work which predated the Covid19 pandemic. The shift to more expert, responsive and intensive support from our Crisis and Intensive home support services is a vital part of creating an opportunity for people to be supported in settings outside of hospital. In the first months of the pandemic, we were concerned that this essential support was affected by the physical constraints we needed to operate within. As part of service recovery, we have moved to a refocus on responsive face to face support for people in crisis or at most risk.
- An ongoing reduction in Delayed Transfers of Care (to 10.8%) within our acute adult services. Again, this has been a key part of our roadmap to improve patient flow and supporting people into accommodation has proved to be a longstanding challenge. With the support of system partners, we have successfully recruited to a dedicated Mental Health Housing Officer role. We are starting to see real improvements in accessing appropriate accommodation for service users enabling supported discharge as a result of partner collaboration but particularly due to the expertise and networks of the new member of the team.

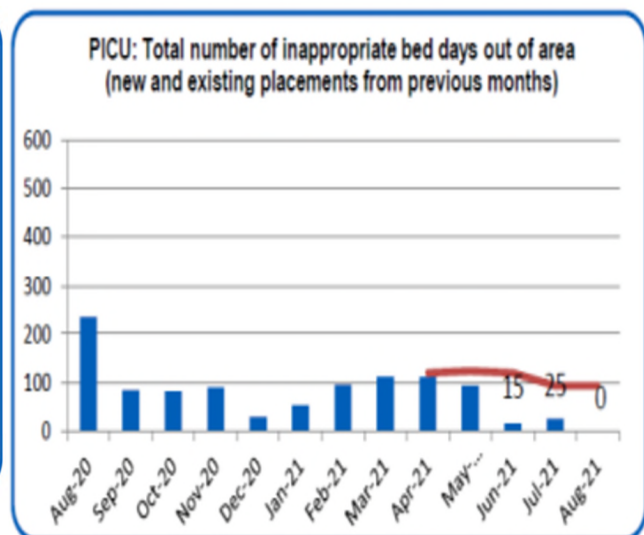
- An increase in the percentage of ALPS referrals responded to within 1 hour (to 80%). We now have a room in the Emergency department which is enabling 2 ALPS staff to work alongside the Emergency Department team throughout each shift.

## 4.2 Occupancy and Out of Area Placements

Bed occupancy across our Acute and Older People's wards remains in excess of 95%. Despite this, we have seen a reduction in the use of Out of Area beds in August, and in particular note the sustained reduction in PICU out of area bed use over the last 3 months.



Nationally agreed trajectory tbc (93) August 285 bed days



Unfortunately, in our Older Adults we continue to require out of area placements with an increased bed use (117 bed days) in August. This is because of both demand for beds and ward pressures across the older people's wards. The ongoing placements for the people who currently are out of area, are being clinically led and the potential disruption in continuity of care is a key factor in the decision not to repatriate these patients. Nevertheless, our Older Peoples leadership team are reviewing again plans for capacity and flow in the service as part of our winter preparedness. We are specifically focusing on the increase in delayed transfers of care that has occurred in the service in recent months as a result in increasing challenges in accessing care home placements. Our focus continues to be to support people to be discharged home and in sustaining and

increasing our Intensive Home Treatment Team (IHTT) offer to create more supported discharge and alternatives to admission.

The need to operate a Covid cohorting space has resulted in several episodes of temporary closure of the Crisis Assessment Unit (CAU), in order to utilise this space to safely isolate Covid-positive service users from across our acute services. This has created additional pressures on acute patient flow, but this has been mitigated well by a flexible response from the CRISS team to create additional capacity for home treatment and admission avoidance. We are currently in the process of reviewing our cohorting arrangements across our services, in advance of anticipated and sustained winter pressures.

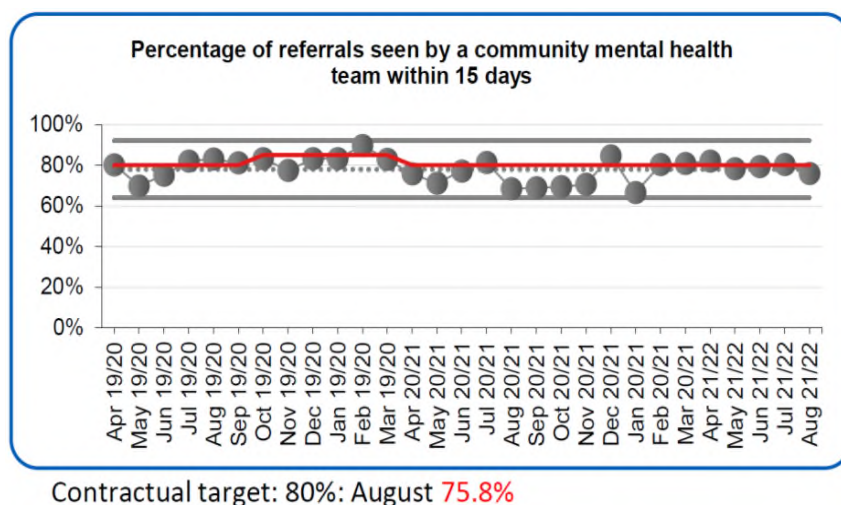
We are pleased to report that the long-awaited Crisis House (OASIS) has now opened. This again is a key part of our work to increase and improve out of hospital provision of support for people in mental health crisis. Nevertheless, at this point the unit is working at a reduced level of capacity (3 of 6 beds) because of environmental issues within the building which are being addressed. The service has to date been used as an alternative to admission for both working age and older people and has developed an integrated working relationship with our CRISS and IHTT teams. Implementation of the service is being overseen by a weekly joint operational oversight group, which includes representation from our senior operational and clinical leaders.

#### **4.3 Community Mental Health Teams**

Our community mental health services (both working age adult and older peoples) have also experienced an increase in referrals and some staffing pressures in recent months (related to both sickness absence and the expected summer increase in annual leave, within agreed limits). This has resulted in some variation in performance and delivery across teams, and some reduction in the percentage of service users seen within 15 days of referral (to 75.8% against a target of 80%). Our focus of course continues to be to provide accessible and responsive care, but we had anticipated that the balance of leave for staff may have a short-term impact on maintaining the high standard that we aim to provide for the people of Leeds.

There is variation across teams and our focus is on supporting those teams to put in place appropriate recovery actions whilst supporting ongoing recruitment into our community services. Importantly as part of our reset and recovery across our community and wellbeing services, we are focusing not only on timely access but ensuring that our pathways into services are flexible and

ensure that people are not excluded. In addition, we are working with our Performance team to understand how many people are unable to access services in a timely way and to understand the factors that affect this to improve our offer.



#### 4.4 Accumulated Waiting as a Result of the Impact of Service Disruption

In response to both our reset planning process and the allocation of non-recurrent resources to support recovery, several services have developed waiting list initiatives to address both historic and covid-relating waiting lists. Specifically, this has included:

- **The Gender service**, who have received investment to create additional capacity within the service. This will result in an increased capacity of 18 new assessments (to 45 per month) as well increased capacity within the pathways within the service. An impact analysis of this investment and a revised waiting list trajectory will be shared through the Finance and Performance Committee in October 2021.
- **Memory Assessment Services**, who have developed a detailed waiting list recovery plan in response to the backlog of referrals that developed during the initial Covid pandemic period. In recent weeks there has been a reduction in the percentage of patients referred to **memory services** who are seen within 8 weeks (59%) and those given a diagnosis within 12 weeks (46.4%). This relates to high levels of sickness within the service, an inability to recruit to additional temporary posts as hoped, and changes in the wider system and service availability (such as reduction in available day services). This has

resulted in the teams providing a higher level of post-diagnostic support to individuals for a longer period than anticipated, resulting in increased caseloads, and reduced diagnostic pathway capacity.

The Finance and Performance committee have previously considered a detailed analysis of the impact of the Covid19 on our provision of the Memory Assessment Service and an accompanying recovery plan. Clearly the issues set out above mean that our recovery of backlog has not progressed in line with our original plans. The leadership team has commenced a review of our current model for memory assessment services and are working alongside colleagues to reset our plans. An update will be provided in November 2021.

- **Our neurodevelopmental services** (Leeds Autism Service and ADHD service), both of whom had significant waiting lists prior to the pandemic which have increased during this time. These services have received a mix of both recurrent (LADS) and non-recurrent (LADS and ADHD) investment to support reduced waiting lists. Detailed work is currently being undertaken with the performance and information team to develop a trajectory based on the additional staff that have been recruited in recent weeks. A detailed report setting out the impact of service disruption in our LADS service has been shared with members of the Finance and Performance Committee. This includes a concludes that:
  - The main impact of the pandemic was the increase in the waiting list and significant drop in performance against the performance KPI with waiting times for first assessment now at an average of 5 months.
  - There are 161 people waiting currently.
  - KPI performance is 71% (people starting assessment withing 13 weeks as the standard)
  - Current waiting list is likely to increase whilst non-recurrent resources are established
  - The team is fully committed to addressing these areas and has received non-recurrent funds to support this. However, the referral demand has significantly increased and if sustained will mean the current additional resource will only provide maintenance of the current situation rather than improvement.

- The service is doing further work as a matter of urgency to explore the possibility refreshing the access standard without causing any unreasonable delays for service users to access further assessments and clinical decision meetings.
  - It is anticipated that a target level of waiting list is achievable by the end of the financial year. However, there is a risk this could immediately increase should referral rates continue at current levels that have sustained for 6 months.
  - It remains to be seen whether the increase in referral numbers over the next 6 months (note – other adult autism teams in the rest of the UK have seen a similar trend) is a post-pandemic ‘blip’ or will be sustained. If it is the latter, there is a risk that the waiting list could increase further in 2022 if additional staffing is not secured.
- **Our Liaison Psychiatry outpatient services and Chronic Fatigue service** are also currently finalising detailed waiting list recovery plans. The Chronic Fatigue service is offering an additional 143 new assessment appointments and 110 follow up appointments each month and have increased their group programme to accommodate an additional 50 patients in the next 6 months. Liaison Psychiatry outpatients are anticipating offering therapy to an additional 25 patients during this period, and this may increase further if additional recruitment is successful. The team are working with the performance and information team to model this further.
  - **Our Community Mental Health Teams** are finalising work to look in detail at ‘internal’ waits within teams. In particular for access to psychological therapies. This work will support us to develop detailed plans to address waits for individual therapies / interventions.

A progress update on all backlog and waiting initiatives will be included in this report as a matter of routine.

#### **4.5 Ongoing Risks – Staff Availability and Demand for Additional Staff**

The most significant risk to uninterrupted service delivery, recovery of backlogs and to increased demand for health and care support relates to our key asset – our staff. Our strategic focus on workforce and in particular the work of our professional, clinical, and operational leads in supporting the wellbeing of staff, recruitment, and retention of our staff and on the future focus of



developing a workforce for the future continues to be vital. The Trust Board has received and discussed throughout the pandemic these issues and we are confident that the refreshed workforce governance arrangements will support our shared work across the agenda.

Operationally, however, the day to day, shift by shift challenges due to ongoing vacancies (currently equating to 11.9% of budgeted posts and 272 wte), planned staff absence and unplanned staff absence (compounded by Covid19 isolation and outbreaks), and due to the demand for additional staffing across all inpatient areas, continues to be a significant part of our work to deploy staff safely and to achieve our aim of minimising disruption for service users and staff. These challenges impact on teams and individuals across our services and we continue to work with them to understand what more we could do to improve the position and reduce the daily pressure and disruption to teams. We know that there are significant numbers of new recruits into Nursing roles who are in the pipeline and expected to start posts within the next 4 to 5 weeks which will be a boost to teams and services.

We maintain our robust operational management arrangements (through the Deployment and Staffing Group) to oversee, forecast and mitigate staffing pressures and risks, and this now includes a weekly review of all vacancies, absence, and increased demand (over and above establishments) across our services. We are currently reviewing the impact of the regularity of short-term staff transfers to cover gaps and exploring potential improvements to alleviate the position through winter by significantly expanding our responsive workforce team capacity.

Our operating principle over the course of 2021 has been to aim to sustain all service delivery and to minimise disruption for service users care and support and for staff. Over the course of 2021 we have minimised medium- and long-term redeployment but we are seeing regular short-term shift by shift transfers in order to maintain appropriate staffing levels. (The Board level safer staffing report provides more detail on this issue).

We are currently refreshing our winter planning arrangements and the sustained risk of staff availability is being considered as the key risk to enabling consistent, uninterrupted service provision. This will be included in more detail in our November Trust Board meeting.



## 5. Care Services Reset

The expansive programme of resetting Care Services continues, with a recent in-depth review of each service lines who are continually developing plans. Progress is being made within each service line in the following areas

- Developing a full understanding of the impact the pandemic has had on the activity profile of their services, particularly where a backlog of service users waiting to access the service has developed.
- Understanding the impact on service users, in terms of gaps or harm in service provision.
- Knowing the impact on health inequalities and
- Service users experience of receiving care in altered delivery models as a consequence of the pandemic.
- Understanding the positive and negative aspects of pandemic operating models

Each service has analysed and evaluated these areas and revised their operating models taking these factors into account. Several common themes across all services have emerged that will be key areas of focus over the coming weeks and months.

- Health inequalities in particular, access, experience and physical health.
- Substance misuse (drugs and alcohol)
- Stakeholder and Service user and carer involvement in reset planning
- Digital exclusion (or digital poverty)
- Delays in transfer of service users (e.g., DTOCs and internal transfers)

**Health Inequalities:** our work to address health inequalities is currently anchored in our Reset and Recovery of Care Services work where we can best connect with the communities we serve. This, as a strategic area of focus for the Board will feature in more detail throughout the course of the coming months and will be embedded in the Trusts Equality, Diversity and Inclusion work.



A workshop approach using our quality improvement methodology is being established to establish improvements that address the incidence and impact of **substance misuse** is planned for October and November. This will involve clinical staff from our Addictions Service and across our services and partner agencies. The implementation of the subsequent improvement plan will be overseen by the Reset and Recovery of Care Services governance arrangements.

The Care Services Reset team are working with the Patient **Experience**, Community Partners and with Local Authority Colleagues to build on our capability to connect with people and communities and understand their experience of our services. In particular focusing on the impact of Covid19 and the changes we have made to how we support people and provide interventions and care.

## **6. Service Development Updates**

### **6.1 Transforming Community Mental Health**

The NHSE Long Term Plan and Community Mental Health Framework set out the requirement for a revised integrated community mental health model, redesigning services around Primary Care Networks through the establishment of integrated community mental health hubs. These should improve access, particularly for those with a personality disorder, those accessing rehabilitation, EIP and those with an eating disorder. It should improve the number of people with an SMI receiving comprehensive physical health checks, employment support and concordance of EIP services with level 3 NICE guidance

Development of the revised community Hub model integrating health, social and third sector providers alongside housing, employment and peer support and others is progressing supported by the LYPFT Quality Improvement team. Consideration is being given to the model of care that will replace the Care Programme approach and this is being aligned to the development of the new model of care. Further updates will be provided to the Board.

## **6.2 Gender Services**

As reported in the performance section of this report, the Gender Services has been successful in securing an additional £315k recurrent funding (with part year funding to be allocated in 21/22 from the start date). The additional resources will:

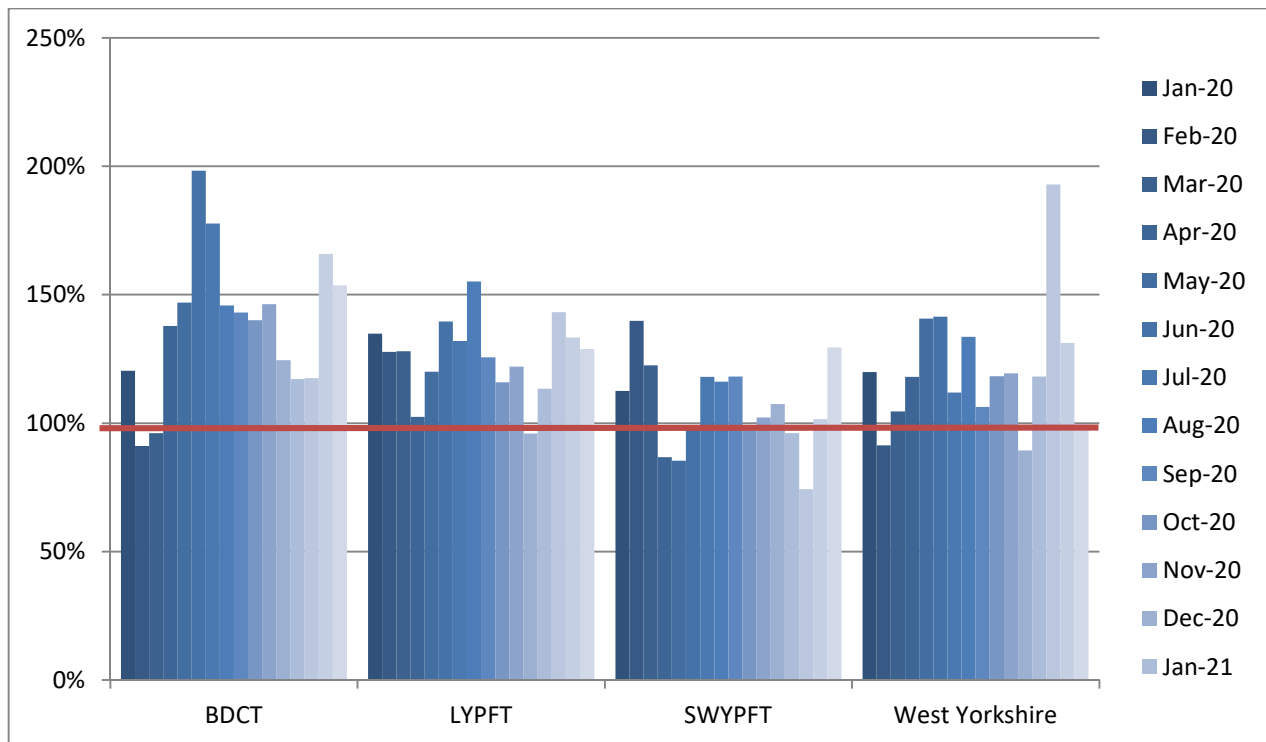
- (a) Increase clinical capacity along the gender dysphoria pathway.  
and
- (b) Reduce waiting times (without exacerbating the length of time between first and second appointments); or
- (c) Unblock delays elsewhere in the pathway; or
- (d) Otherwise improve patient experience or outcomes

A more detailed impact assessment and trajectory will be reported through the Finance and Performance Committee.

## **6.3 Psychiatric Intensive Care**

As part of West Yorkshire Mental Health Learning Disability & Autism Programme (MHLDA), the project to to reduce the number of out of area placements for people who require access to a PICU bed is now making significant progress.

The table below demonstrates the occupancy rates for the West Yorkshire PICUs during the last 18 months, with occupancy rates almost permanently above 100% demonstrating demand for PICU outstrips availability. It should be noted that this has been an ongoing issue for several years with the picture remaining unchanged throughout the pandemic. It is expected that West Yorkshire will spend more than £2m on out of area placements this financial year.



There are 42 PICU beds within West Yorkshire (LYPFT have 12). The project team have engaged the assistance of a consultancy to undertake detailed modelling of required capacity based on different clinical scenarios; based on this evidence a number of objectives have been agreed and the implementation is overseen by the West Yorkshire programme board. These are

- To ensure there is a consistent admission criteria and process
- To ensure there is a consistent approach to care planning
- To ensure there is a common clinical model across each unit
- To reduce unwarranted variation e.g., Length of stay, readmission
- Investment is “standardised” per bed
- Workforce is “standardised” per bed
- The physical environment is “standardised” across each unit
- Performance is monitored at unit level and reported at system level
- Patients and carers report consistent experiences
- Data and intelligence is available to inform clinical and operational improvements

A project steering group oversees the implementation of these objectives, once complete it is expected to significantly reduce the number of out of area placements.

More specific workstream information from across the MHLDA will be included in the November 2021 Board report to enable oversight of the progress being made and to understand the impact from an LYPFT perspective.

Specifically the focus on the Children and Young Peoples Provider Collaborative and the Secure Services Provider Collaborative has been significant and thank you to the people involved from across the collaborative to enable the Trust Board to consider readiness for planned go live on the 1<sup>st</sup> October.

## **7. Leeds Health and Care System: Pressures Management and Winter Planning**

The LYPFT winter planning is currently being finalised in line with Leeds Health and Care System requirements, the requirements of West Yorkshire ICS West Yorkshire Association of Acute Trust (WYAAT) and the ICS EPRR Team. Our LYPFT winter plan will be shared with Board members at our November meeting in its entirety.

The important thing to note is that we are actively working alongside our system partners in the Third sector and statutory organisations to maintain high quality and accessible services throughout the winter period. We are embedded in the plans, the work and governance arrangements at all levels through the Chief Operating Officer. Quality Surveillance is managed and overseen through our Director of Nursing and Professions and our Medical Director through their inclusion in the emerging Leeds system Quality governance arrangements.

Undoubtedly, we are, as a health and care system, continuing to experience pressures across all services particularly in terms of increased demand, recovering backlogs of treatment and care, ongoing constraints in how we can deliver care, disruption due to Covid (potential Flu and other viral infection) outbreaks and hospitalisations. We are working hard both internally and with partners to maintain services and flow through our services.

We have formalised governance arrangements through our Chief Officer group the System Resilience and Reset Assurance Board (SRARAB) whose purpose is:

- To collectively gain assurance that the health and care system remains resilient to meet the needs of the population and where necessary address weaknesses /remove barriers

- To collectively gain assurance for the whole population that the health and care system has robust recovery strategies and plans in place as required
- To take proactive action to consider scenarios and prepare plans to prevent risks or performance failure
- To mandate priorities to sustain system resilience and / or recovery to ensure needs are met for all individuals and communities.

We Co Chair the Health and Social Care Silver (Stabilisation and Reset Group) – StaR where our current particular focus is in 2 areas:

- Same Day Response (urgent access and care)
- Patient Flow (incorporating out of hospital services and support, inpatient processes and pathways for treatment, discharge pathways and supported accommodation).

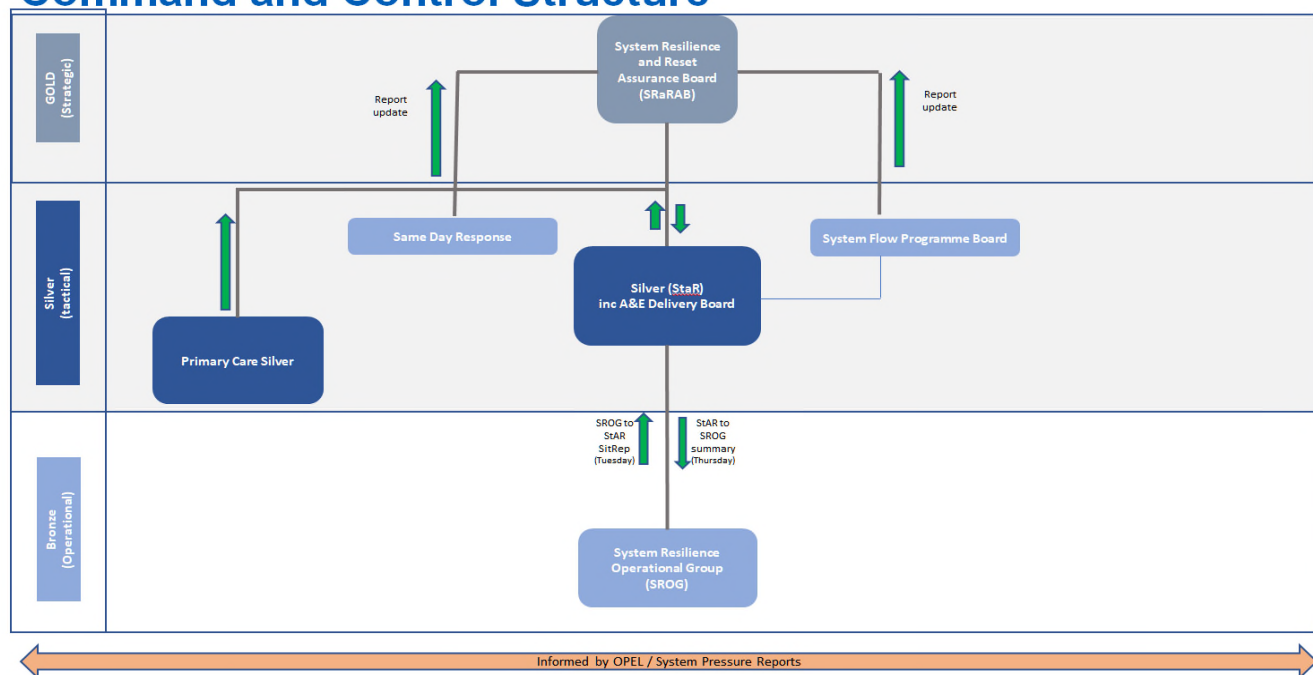
There are comprehensive plans and actions specific to Mental Health and as SRO for these actions we are working with colleagues internally and across the partnership. Progress against these actions is managed through StaR with assurance oversight through SRARAB.

More recently a System Flow Programme Board has been established, led by the Director of Social Care, specifically to focus on

- Providing assurance to SRaRAB on the mandated priority of System Flow
- Ensures the delivery of System Flow improvement programme to ensure improvement, patient safety, quality of care and experience
- Ensure the system responds to the focus from NHSE / I
- Drive projects and task and finish groups across the system to ensure successful delivery holding each other to account
- Manage associated risks with strong mitigation in place
- Maintaining the culture to facilitate cross-system working through strong leadership, collaboration and co-operative partnerships.

Diagrammatically the work we are doing together to alleviate and manage health and care pressures is represented as:

## Command and Control Structure



## 8. Update on Experience of Mental Health Service Users in Accident and Emergency Services

LYPFT and LTHT are committed to improving the experience of mental health service users in the Emergency Department and across the Acute Trust, and this has recently been discussed as a priority within the joint Strategic Partnership Group. Several initiatives have been agreed to specifically focus on this area in coming months

- We have agreed to undertake a joint planning and development session (in the next 2 months, subject to operational pressures) to jointly review the current arrangements for the assessment, planning and delivery of nursing care to service users within LTHT (including the Emergency Department) who present with acute mental health needs. It is anticipated this will lead to proposals for improved ways of joint working.
- Over recent months, there have been a number of occasions where we have jointly recognised that an individual service user is unable to be safely managed within ED and have moved them to an LYPFT provision (often the S136 suite or CAU) whilst the initial assessment is completed.

- LTHT have recently employed mental health support workers (via an agency) to provide care for those service users who require enhanced observations and are exploring the development of additional new roles. This enhanced care provision does not remove the need for the liaison psychiatry service, but instead offers continuous therapeutic engagement for those who require it. Our liaison services have offered to support the development of this new workforce, and in addition continue to support LTHT to deliver mental health training to their staff (which includes a focus on patient experience).
- We have recently undertaken a joint review of complaints (and outcomes of these) relating to mental health care delivery within LTHT within the LTHT / LYPFT Strategic Partnership Group
- Working with the Patient Experience Team, ALPS are utilising the 'Have your say' feedback cards to gather the views and experience of service users and carers who receive a mental health assessment within ED, with a monthly report being produced. These reports will be reviewed and discussed in Clinical Governance meetings and action plans developed as appropriate and will feed into the planned development session.

## **9. Recommendations**

Members of the Trust Board are asked to note the content of this report and assurances it provides in relation to key escalations. Furthermore, to highlight any areas of ongoing concern that require further work or reporting through Board sub committees.

**Joanna Forster Adams**  
**Chief Operating Officer**  
**July 2021**



# COMBINED QUALITY AND PERFORMANCE REPORT



**Lead Director: Joanna Forster Adams, Chief Operating Officer**

Date: September 2021 (reporting August 2021 data, unless otherwise specified)

# Introduction

## Key themes to consider this month:

Unless otherwise specified, all data is for August 2021

### Consistency and improvement:

A number of services have achieved access standard / contractual targets during the month. These included the percentage starting treatment within 2 weeks of referral to Early intervention in psychosis (EIP) or at risk mental state (ARMS), the percentage of inpatients followed up within 3 days of discharge from CCG commissioned services; and the percentage of service users who stayed on the CRISS caseload for less than 6 weeks. Some services have seen a slight reduction in performance against targets, predominantly as a result of staffing pressures (particularly in the Crisis / Home Treatment, ALPS, Adult and Older People's CMHTs and Memory Assessment services); these are being monitored and managed within the service lines.

### Workforce:

As at the end of August 86.1% of staff had received their first dose (3,207 people), and 81.3% (3,028 people) their second dose. Whilst the national response level has been reduced and measures eased across the country, the Trust continues to closely monitor coronavirus cases and the impact of measures such as test and trace and self-isolation on our ability to safely staff services. As the organisation prepares for the imminent roll-out of booster vaccinations, consideration is being given to releasing more registered nurses from across the organisation to support the coronavirus and flu vaccination programmes.

Appraisal and clinical supervision compliance over the last few months remains consistent with no significant improvement shown.

Vacancies were an issue in August but there is some movement on this with recruitment having been successful for some services or remaining in progress for others. Vacancies have been an issue across a handful of services for several months - recent successful recruitment should start to have a visible impact for those services towards the end of September.

### Work in Progress:

Support continues to be provided to services on the various operational supporting dashboards in CareDirector and the Quality, Delivery and Performance reporting structures continue to be rolled out across care services. Work is also currently being undertaken on the new NHS England Specialised Commissioning performance and quality reporting framework, with a view to incorporating some of these into this report (and our other quality and performance governance processes) once finalised.

## Service Performance – Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Jun-21	Jul-21	Aug-21
Percentage of crisis calls (via the single point of access) answered within 1 minute *	-	65.0%	68.1%	70.6%
Percentage of ALPS referrals responded to within 1 hour	90.0%	76.7%	76.6%	80.0%
Percentage of S136 referrals assessed within 3 hours of arrival	-	19.6%	16.9%	18.4%
Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral	90.0%	77.8%	75.0%	78.3%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70%	85.1%	77.6%	78.1%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50%	52.3%	38.5%	46.0%
Percentage of CRISS caseload where source of referral was acute inpatients	tba	25.0%	25.6%	20.5%
Services: Access & Responsiveness to Learning Disabilities, Regional and Specialist Services	Target	Jun-21	Jul-21	Aug-21
Gender Identity Service: Number on waiting list	-	2757	3065	3075
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	95%	62.6%	-	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100%	77.8%	-	-
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	-	83	90	90
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	52.6%	-	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for bio psychosocial assessment (quarterly)	85%	33.0%	-	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	tbc	473	-	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	7.1%	-	-
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90%	72.0%	77.5%	75.9%
Services: Our acute patient journey	Target	Jun-21	Jul-21	Aug-21
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	83.3%	41.4%	55.9%
Crisis Assessment Unit (CAU) length of stay at discharge	-	10.2	4.9	9.2
Liaison In-Reach: attempted assessment within 24 hours	90%	80.9%	78.7%	78.9%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94-98%	100.3%	97.7%	95.9%
• Becklin – ward 1 (female)	-	100.3%	100.3%	102.9%
• Becklin – ward 3 (male)	-	99.5%	98.2%	98.0%
• Becklin – ward 4 (male)	-	99.7%	95.0%	90.6%
• Becklin – ward 5 (female)	-	102.0%	98.7%	88.9%
• Newsam – ward 4 (male)	-	99.8%	96.2%	99.4%
• Older adult (total)	-	94.3%	94.3%	97.5%
• The Mount – ward 1 (male dementia)	-	84.1%	91.1%	100.0%
• The Mount – ward 2 (female dementia)	-	94.7%	96.1%	102.4%
• The Mount – ward 3 (male)	-	99.2%	93.0%	93.6%
• The Mount – ward 4 (female)	-	95.7%	96.5%	96.5%

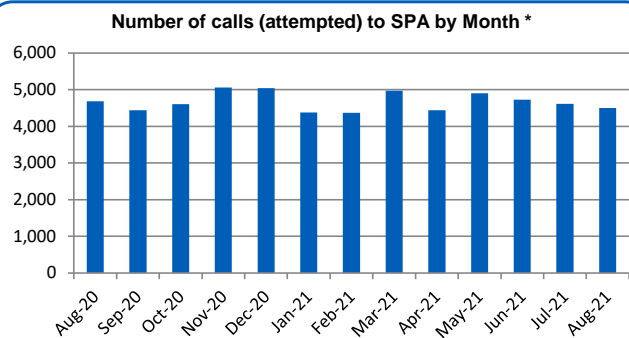
\* A new SPA 0800 freephone number was introduced in Nov 20, overall call volumes included the new number AND the old 0300 number up to March 21. This impacted on the call response data with the automatic recorded announcement of the number change adversely affecting the local 1 min response target. The 0300 number has since been decommissioned and replaced with an announcement to redial the 0800 number. From April 21 the SPA call volumes represent the 0800 number only, however the call response KPI includes both the new 0800 number and de-commissioned 0300 number in order to give a truer representation of call waiting times.

## Service Performance – Chief Operating Officer

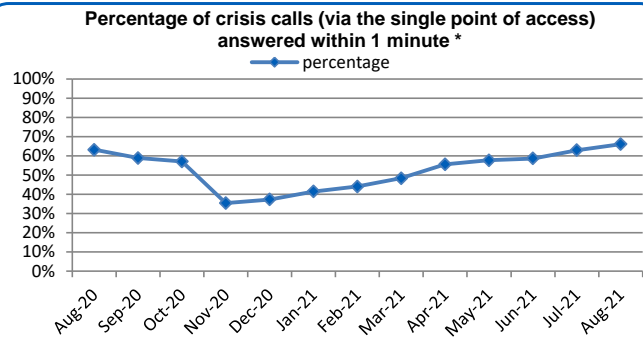
Services: Our acute patient journey	Target	Jun-21	Jul-21	Aug-21
Percentage of delayed transfers of care	-	10.2%	9.3%	10.3%
Total: Number of out of area placements beginning in month	-	7	18	5
Total: Total number of bed days out of area (new and existing placements from previous months)	tbc	354	419	285
Acute: Number of out of area placements beginning in month	-	5	13	5
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	290	303	168
PICU: Number of out of area placements beginning in month	-	0	2	0
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	15	25	0
Older people: Number of out of area placements beginning in month	-	2	3	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	49	91	117
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90%	39.8%	-	-
Services: Our community care	Target	Jun-21	Jul-21	Aug-21
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	-	86.6%	82.8%	81.1%
Percentage of inpatients followed up within 3 days of discharge (CCG commissioned services only)	80%	86.5%	83.1%	81.9%
Number of service users in community mental health team care (caseload)	-	4,561	4,476	4,500
Percentage of referrals seen within 15 days by a community mental health team	80%	79.3%	80.3%	75.8%
Percentage of referrals to memory services seen within 8 weeks (quarter to date) *	90%	41.3%	63.4%	59.0%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date) *	50%	53.7%	64.9%	46.4%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60%	60.0%	52.4%	75.0%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	tbc	48.7%	-	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90%	22.8%	-	-
Services: Clinical Record Keeping	Target	Jun-21	Jul-21	Aug-21
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	MAR 89.7%	APR 89.6%	MAY 89.4%
Percentage of service users with NHS Number recorded	-	99.3%	99.3%	99.3%
Percentage of service users with ethnicity recorded	-	76.3%	77.8%	77.5%
Percentage of service users with sexual orientation recorded	-	21.6%	23.2%	23.8%
Percentage of in scope patients assigned to a mental health cluster	-	69.6%	70.3%	69.7%

\* Please note the Memory Assessment Service was closed to new referrals between Mar 20 and Oct 20

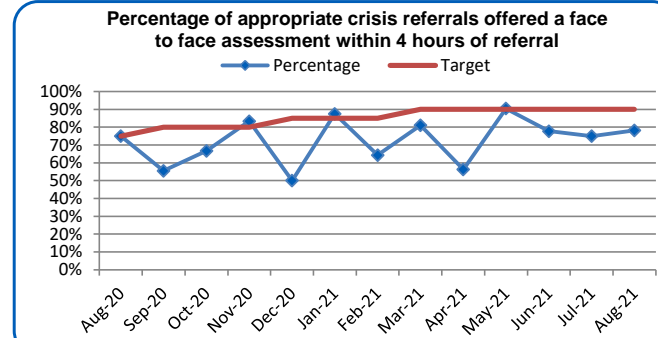
## Services: Access & Responsiveness: Our response in a crisis



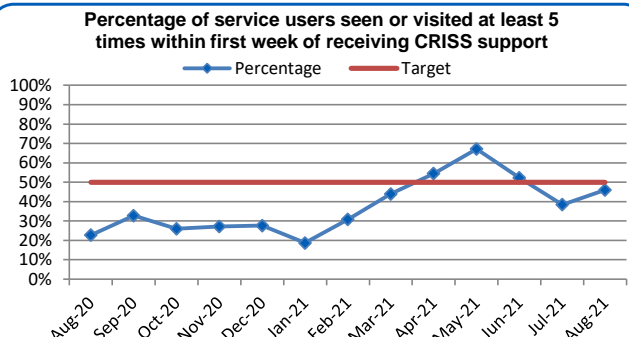
August calls: 4,498



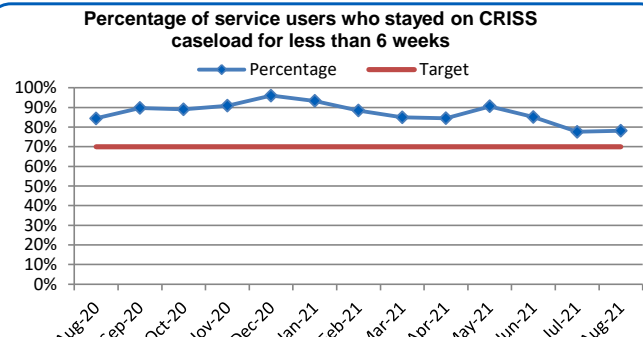
Local target: within 1 minute: August 66.1%



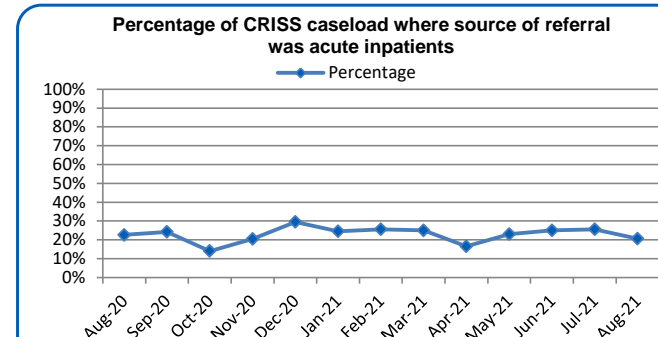
Contractual target 90% August 78.3%



Contractual target 50%: August 46.0%



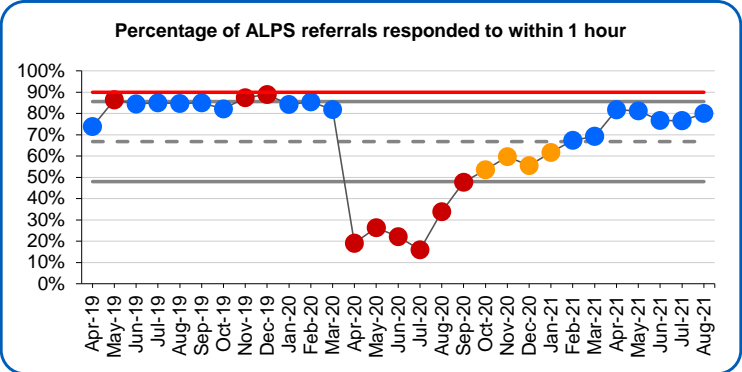
Contractual target 70%: August 78.1%



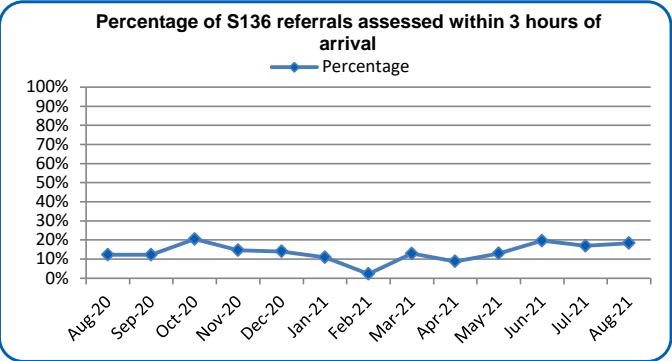
Contractual target tba: August 20.1%

\* A new SPA 0800 freephone number was introduced in Nov 20, overall call volumes included the new number AND the old 0300 number up to March 21. This impacted on the call response data with the automatic recorded announcement of the number change adversely affecting the local 1 min response target. The 0300 number has since been decommissioned and replaced with an announcement to redial the 0800 number. From April 21 the SPA call volumes represent the 0800 number only, however the call response KPI includes both the new 0800 number and de-commissioned 0300 number in order to give a truer representation of call waiting times.

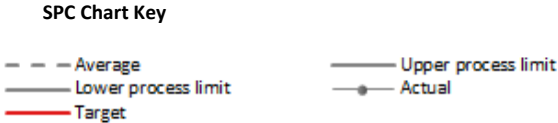
Services: Access & Responsiveness: Our response in a crisis continued



Contractual target 90%: August 80.0%



Contractual measure: August 18.4%



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

The Crisis Resolution and Intensive Support Service (CRISS) continue to be committed to achieving the Core Fidelity standards and the improvements we made as part of the community redesign.

CRISS have experienced significant staffing pressures within the last few months, as a result of sickness, covid related absence and vacancies, which have had some impact on the achievement of our targets (although of course assessments continue to be delivered and clinically prioritised). Recent recruitment has been successful and the service anticipate being fully staffed by early October, which will positively impact on our KPIs. Despite this, there has been a slight improvement in the percentage of people offered a face to face assessment within 4 hours (78.3% against a target of 90%) and the percentage of people seen at least 5 times within the first week (to 46% against a 50% target), which is an important indicator of intensive home treatment.

We have now finalised a proposed revision of reporting in relation to the S136 pathway, which will focus on levels of activity, outcomes and any breaches of the S136 detention timescales, and this will be reported from next month.

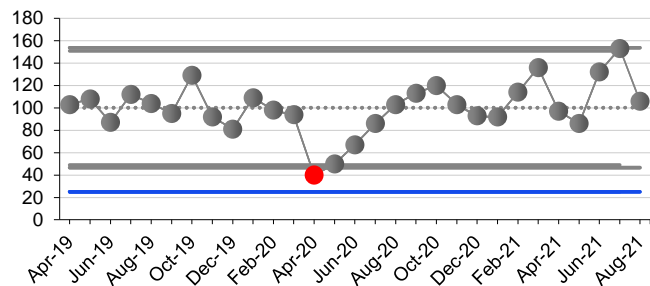
**Actions taken/to be taken:** Revised reporting for S136 will be incorporated into this report in future. We are also commencing a wider system review of the S136 arrangements in partnership with the police.

In the Acute Liaison Psychiatry Service (ALPS) performance has improved slightly to 80.0% against the 90% threshold for the 1 hour response target. There were some challenges around sickness management and staff isolating during the month which has now settled.

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

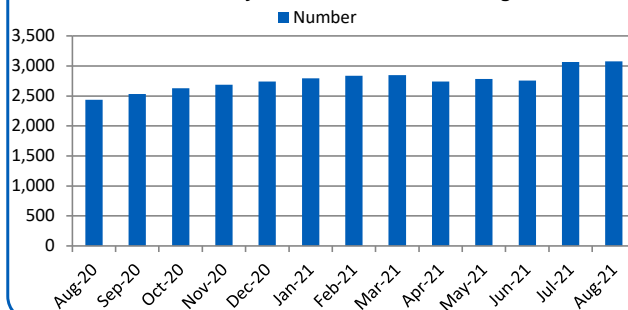
# Services: Access & Responsiveness to Learning Disabilities, Regional and Specialist Services

Gender Identity Clinic referrals



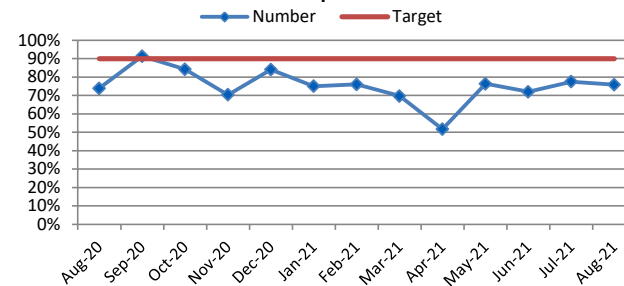
Total referrals: August 106

Gender Identity Service: Number on waiting list



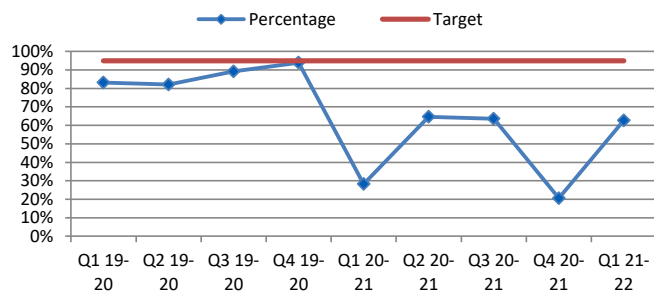
Number on waiting list: August 3,075

Community LD: Percentage of referrals seen within 4 weeks of receipt of referral



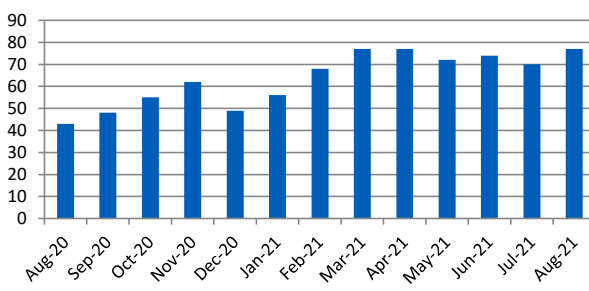
Contractual target 90%: August 75.9%

Leeds Autism Diagnostic Service (LADS) Percentage starting assessment within 13 weeks (quarterly)



Contractual target 95% Q1: 62.6%

Referrals to the Leeds Autism Diagnostic Service (LADS)



Local measure: August 77

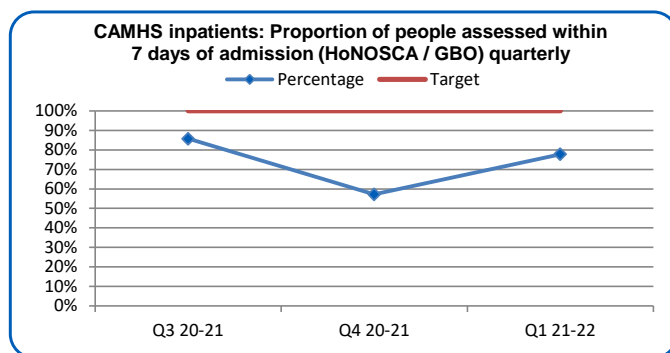
SPC Chart Key

--- Average  
--- Lower process limit  
--- Target

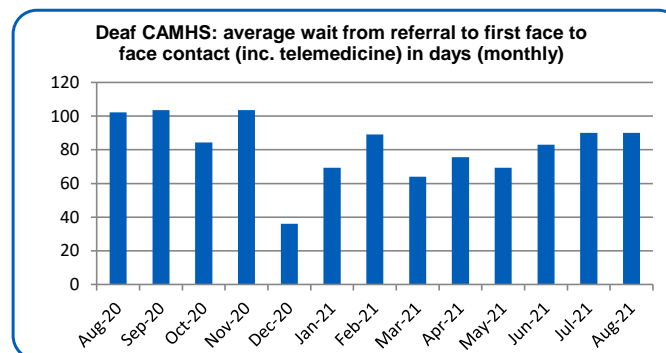
--- Upper process limit  
● Actual



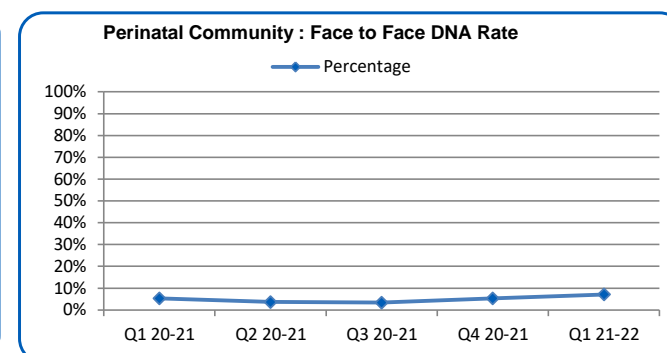
## Services: Access & Responsiveness to Learning Disabilities, Regional and Specialist Services (continued)



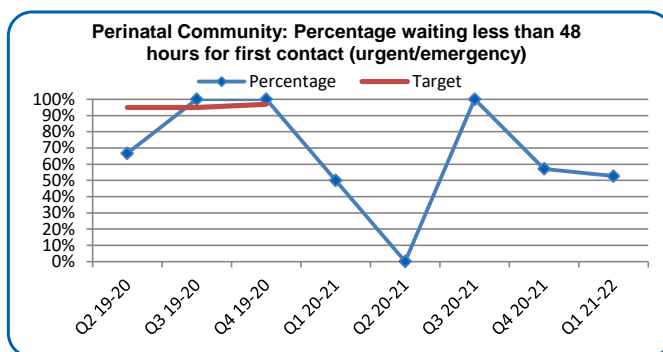
Contractual Target 100% Q1 **77.8%**



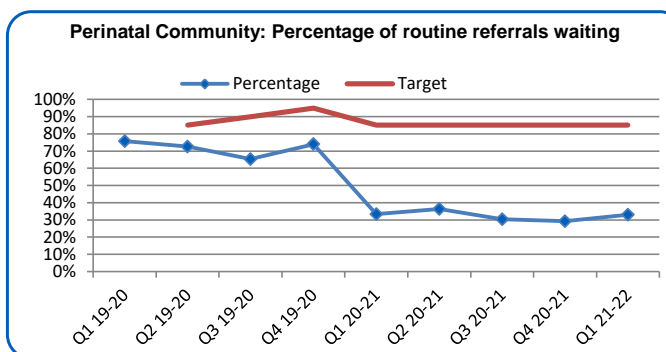
Local measure: August **90 days**



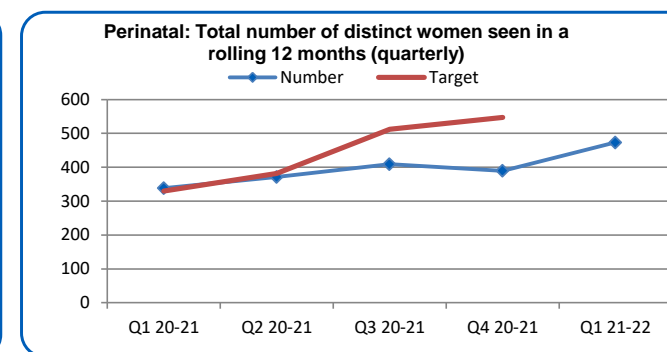
Contractual measure: Q1 **7.1%**



Contractual Target: tba Q1 **52.6%**



Contractual Target 85% Q1: **33.0%**



Local measure: 21-22 Targets tba, Q1 **473**

## Services: Our Regional and Specialist Services

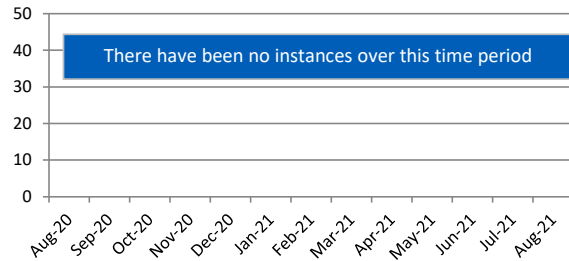
In Learning Disability Services 75.9% people were recorded as being seen within 4 weeks of referral (against a 90% target). There have been a significantly higher number of referrals to the service over the past 4 weeks and reduced staffing capacity (as a result of sickness, leave and vacancies), resulting in some difficulties completing the initial assessments within 4 weeks. We have reviewed how the initial referral and assessment is managed and recorded within the Community Learning Disability Team pathway (currently via the Assessment & Referral Team) which we believe will support an improved position against target. There are also ongoing delays in completing IQ assessments where these require a physical attendance (due to infection prevention concerns, including from service users / carers), although we have now agreed and are implementing a new process (with support from our infection control colleagues) which will restart these assessments from this month. Referrals for Speech and Language Therapy assessment currently have a different access target of 6 weeks, as this is provided via a Leeds Community Healthcare (LCH) contract) - this is being explored further with LCH, and we have recently increased SALT capacity within the teams to assist meeting the access target.

**Actions taken / to be taken: Currently recruiting to vacant posts (particularly psychology and psychiatry). Continue to implement the new referral / assessment recording process and review SALT contractual arrangements with LCH. We anticipate we will achieve 85% compliance (excluding those referred for SALT alone) by end November 2021.**

Gender Identity Service: The number on the waiting has remained relatively static this month, despite there being around 100 new referrals. This is because the service have been cleansing the waiting list, and a number of service users have been removed as they have been picked up by other gender related services since entering the waiting list.

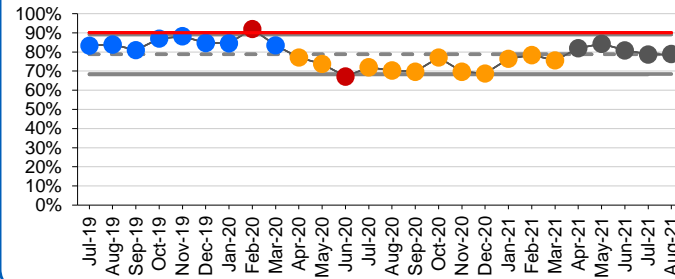
# Services: Our acute patient journey

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



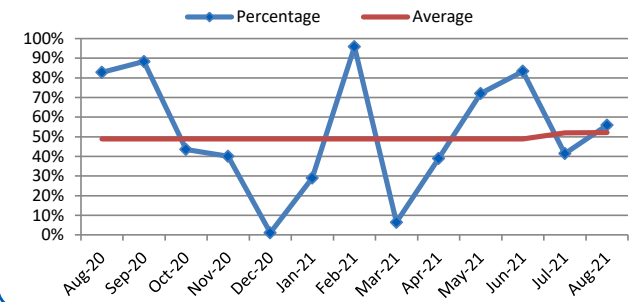
National (NOF): No target: August 0

LP inreach attempted assessment within 24hrs



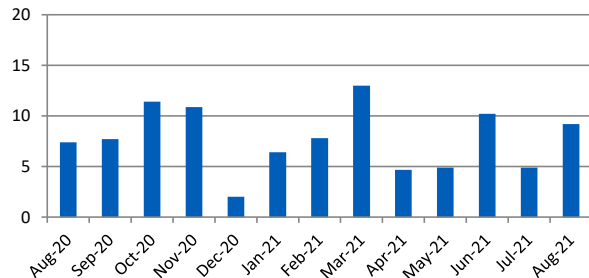
Contractual target: 90%: August 78.9%

Crisis Assessment Unit (CAU) bed occupancy



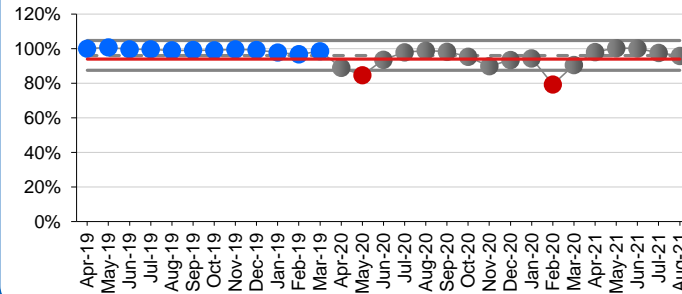
Local measure: August 55.9%

Crisis Assessment Unit (CAU) Average length of stay at discharge (days)



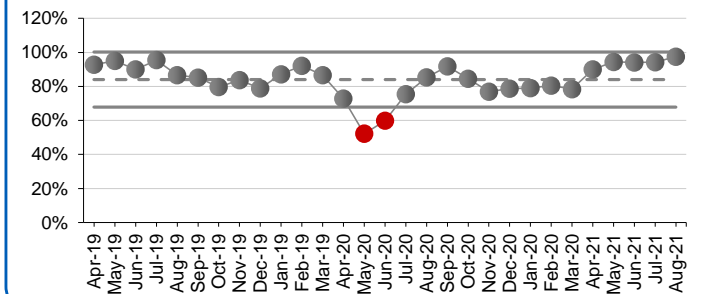
Local measure: August 9 days

Bed Occupancy Adult Acute Inpatients



Contractual target 94-98%: August 95.9%

Bed Occupancy Older Peoples Inpatients



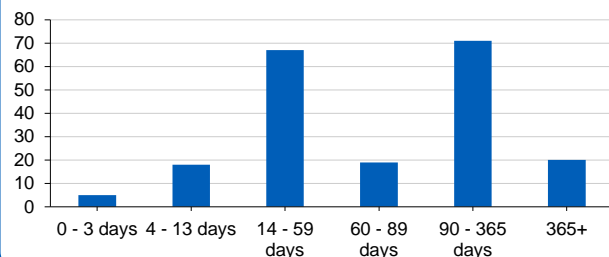
Local measure and target 85% : August 97.5%

## SPC Chart Key



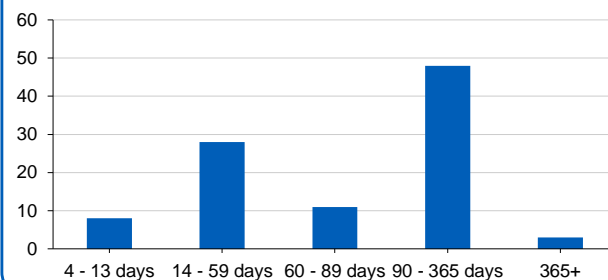
## Services: Our acute patient journey (continued)

**Current Inpatients: Adult Acute Wards Length of Stay  
31 Aug 2021**



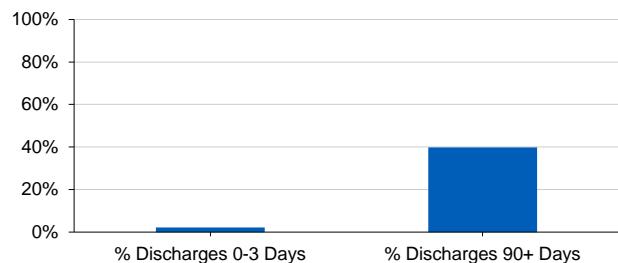
Local activity : 91 people with LOS 90+ days

**Older People Inpatient Length of Stay 31 Aug 2021**



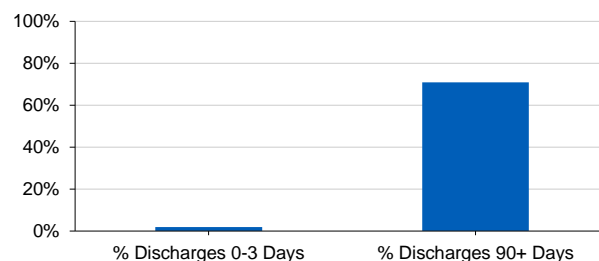
Local activity : 51 people with LOS 90+ days

**Discharged Length of Stay Adult Acute Inpatient  
1 Sep 2020 to 31 Aug 2021**



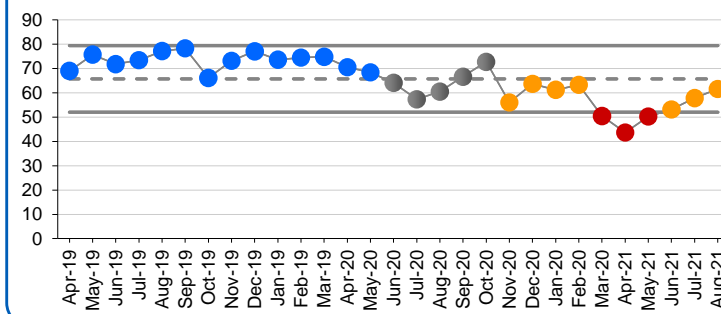
Local activity : % discharged LOS 90+ days = 39.8%

**Discharged Length of Stay Older People Inpatient  
1 Sep 2020 to 31 Aug 2021**



Local activity: % discharged LOS 90+ days = 70.9%

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

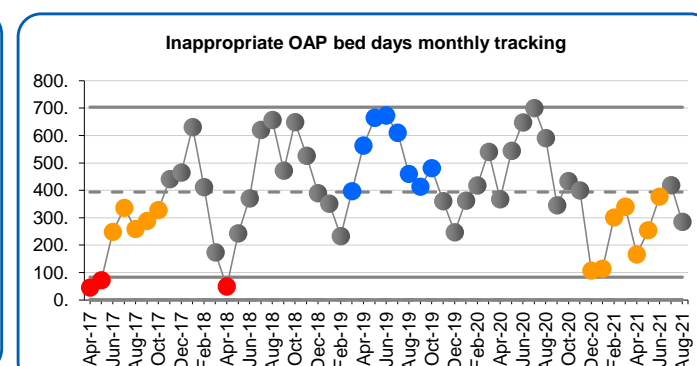
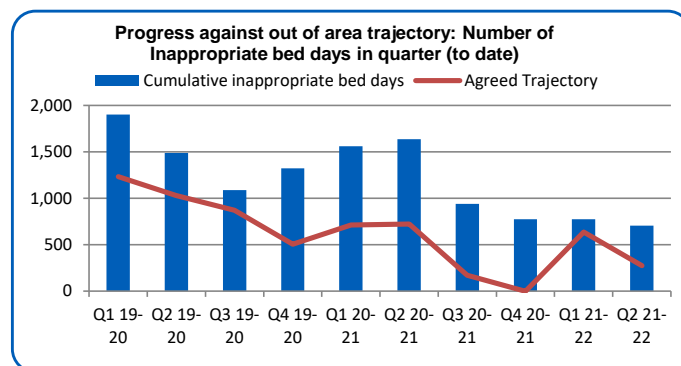
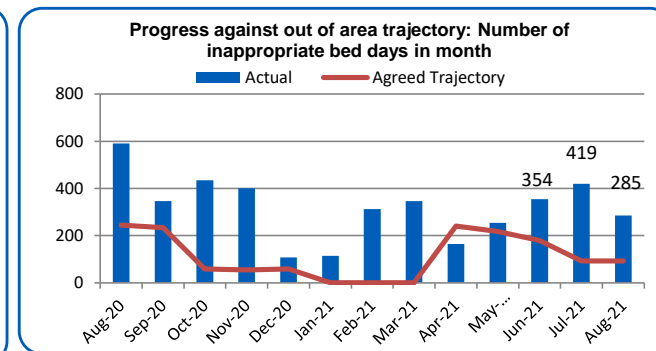
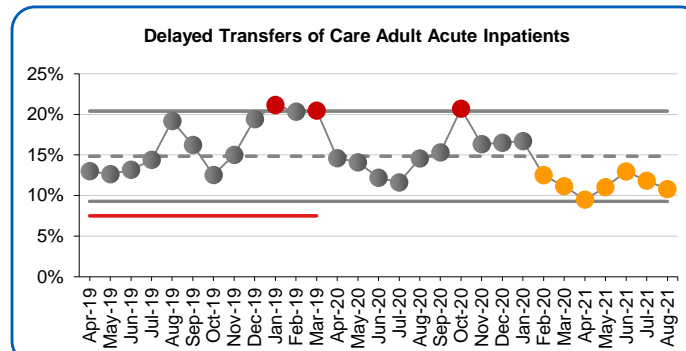
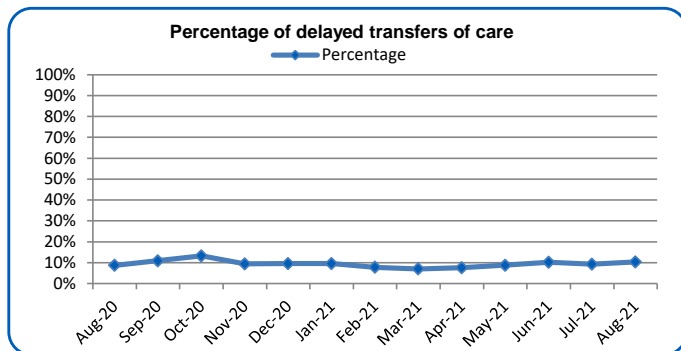


Local tracking measure: August 62 days

**SPC Chart Key**



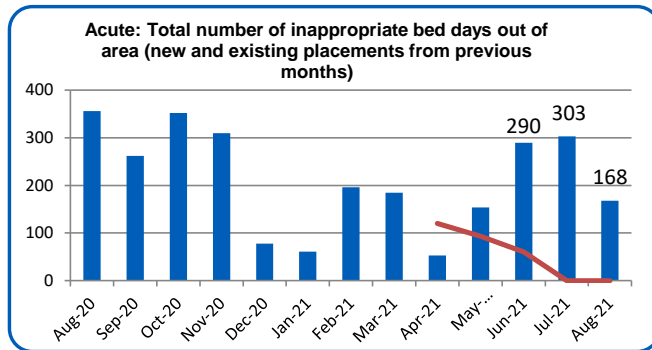
## Services: Our acute patient journey (continued)



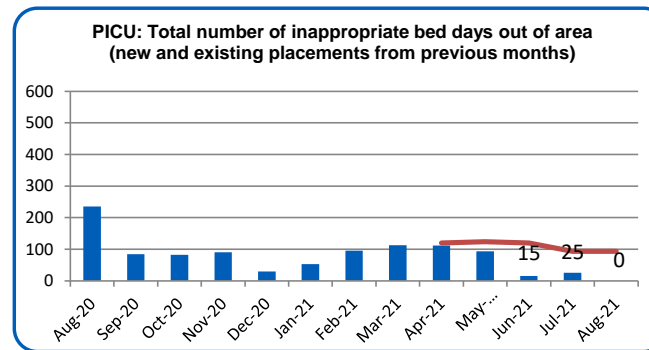
### SPC Chart Key



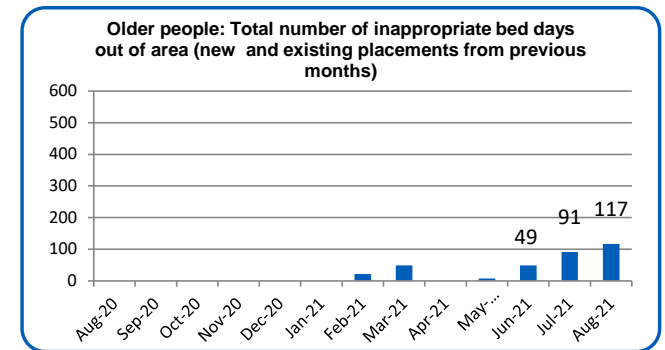
## Services: Our acute patient journey (continued)



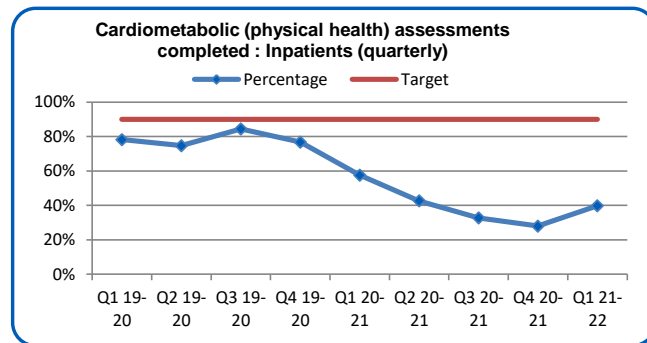
Nationally agreed trajectory tbc ( ) : August **168 days**



Nationally agreed trajectory tbc ( ) : August **0 days**



Local measure: August **117 days**



Contractual target: 90%: Q1 **39.8%**

## Services: Our acute patient journey

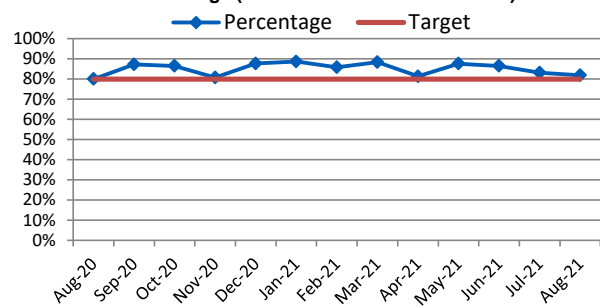
Bed occupancy remains high, at 95.9% for adult acute services and 97.5% for older peoples services. There continues to be significant pressures and demands across the system, including periods when it is impossible to access an Out of Area bed anywhere in the country. At the end of the month, 91 people had been in an adult acute ward setting for 90 days or more; the average length of stay for people on our acute wards (in August) was 61 days. Delayed Transfers of Care (DToC) have increased slightly to 10.3% overall in month; however this reflects a significant increase in DToC within the older peoples services, whereas within acute services this continues to reduce. We have seen a decrease in Out of Area bed use in August, and have a sustained reduced use of PICU beds; however, we continue to have a small number of older people placed out of area.

**Action taken / to be taken :** A review of current capacity and flow arrangements is going to be undertaken in the older peoples service, both to identify (and seek to address with system partners) the factors resulting in increased DToC and to seek to reduce out of area bed use. Detailed work is underway to further improve the position in relation to the cardiometabolic assessment compliance across our inpatient services, which we anticipate will create a significant improvement within the next 4 weeks.

78.9% of assessments were attempted within 24 hours by the Liaison In-Reach team, below the 90% target and within normal levels of variation. Pressures across the wider system remain, which have impacted on team capacity. As per last month, the number of detained patients in LTHT beds (including transfers from our services due to physical health needs) has resulted in the need for increased involvement from our liaison clinicians - including daily monitoring and review - reducing capacity to respond immediately to referrals.

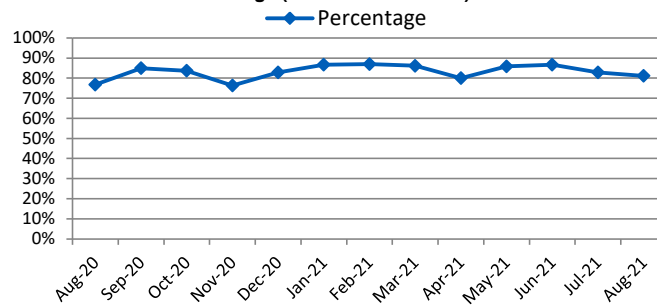
## Services: Our community care

Percentage of inpatients followed up within 3 days of discharge (CCG Commissioned Services)



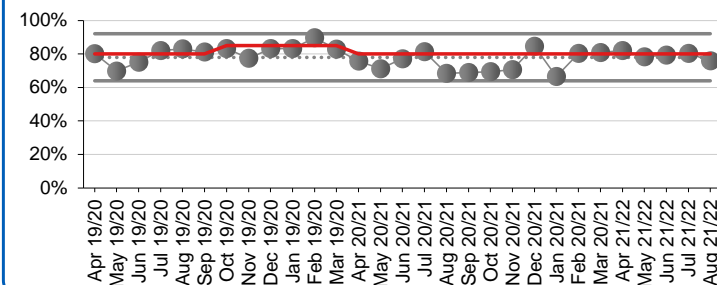
Contractual Target 80% August **81.9%**

Percentage of inpatients followed up within 3 days of discharge (Trust-wide services)



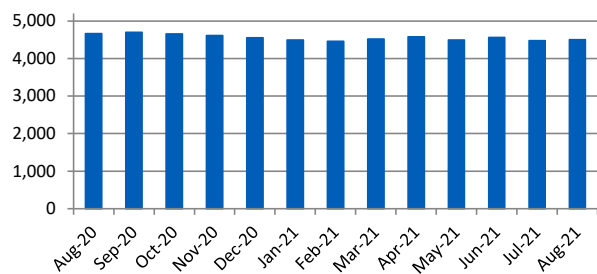
Local Tracking Measure: August **81.1%**

Percentage of referrals seen by a community mental health team within 15 days



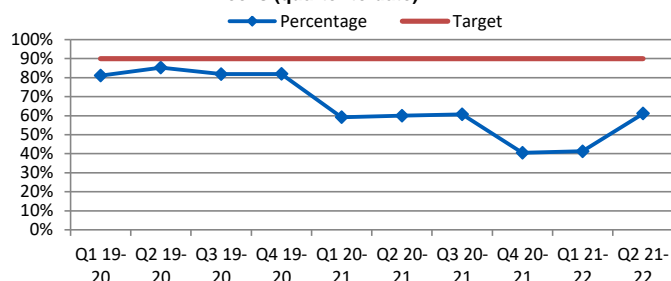
Contractual target: 80%: August **75.8%**

Number of service users in community mental health team care (caseload)



Local measure: August **4,500**

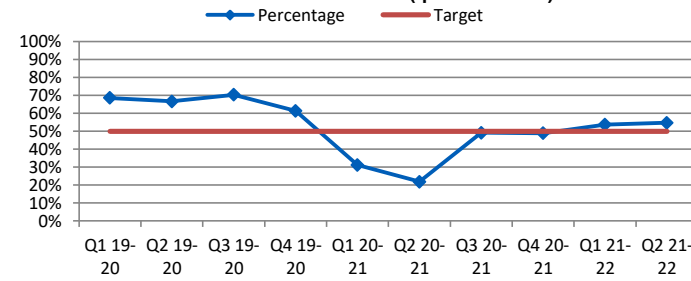
Percentage of referrals to memory services seen within 8 weeks (quarter to date) \*



Contractual target: 90% Q2 to date **61.1%**

\* Please note the Memory Assessment Service was closed to new referrals between Mar 20 and Oct 20

Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date) \*



Contractual target: 50% Q2 to date **54.8%**

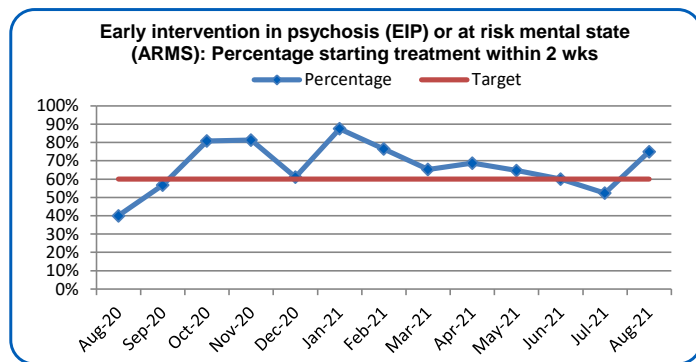
\* Please note the Memory Assessment Service was closed to new referrals between Mar 20 and Oct 20

### SPC Chart Key

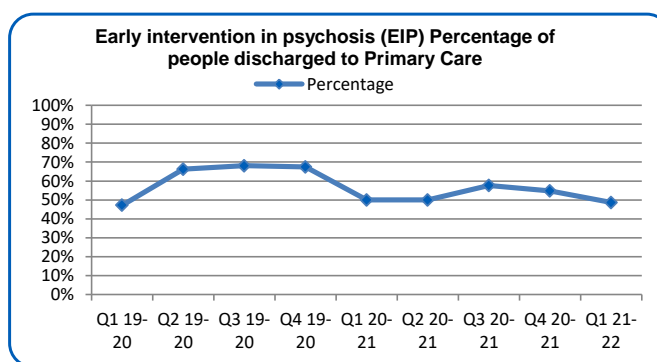




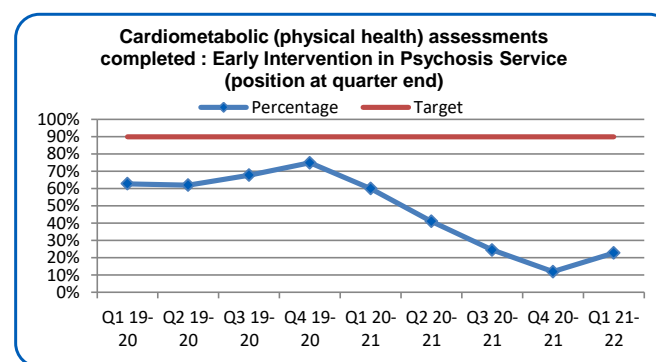
## Services: Our community care (continued)



Contractual target: 60%: August **75.0%**



Contractual target: tbc: Q1 **48.7%**



Contractual target: 90%: Q1: **22.8%**

## Services: Our community care

Inpatients followed up within 3 days : We continue in August to achieve our target for follow-up within 3 days of 80% (achieving 81.9% for CCG commissioned services and 81.1% Trust wide). We continue to routinely follow up all breaches of the standard during the month, and any concerns around data quality or recording processes are followed up with teams and additional support provided if required.

We fell below the 80% target for referrals to be seen by a community mental health team within 15 days, with a performance of 75.8%. For working age adult CMHTs, this has been impacted by staffing challenges relating to sickness absence (including covid related isolation), annual leave, some staff movement between teams, and vacancies as previously. The operational managers have also identified some recording issues, which are being addressed within the teams.

**Action taken/to be taken:** The Operations Manager has met with CTMs to agree actions and monitoring of these within each team, including addressing recording issues within individual staff supervision. Within the Older People CMHTs, there has been an increase in referrals (with variation across localities) and some sickness absence (including a need to make use of locum medical staff). However a new Consultant is now in post and the service is actively recruiting to other vacancies, which will support an improved performance against target.

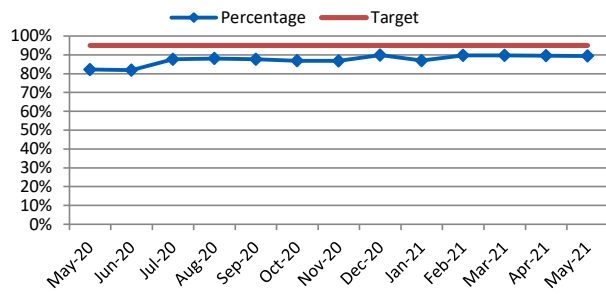
In the Memory Assessment Services (MAS) we have seen an increase in referrals during July and August alongside an increased level of sickness absence and reduced availability of staff. In addition, changes in the wider system have resulted in a reduced availability of support and interventions for people diagnosed, which in turn has resulted in people staying longer on our caseloads and therefore a reduced capacity to undertake new assessments.

**Actions taken/to be taken:** The OPS community leadership teams will continue to explore innovative approaches to managing capacity, and seeking additional investment to support a temporary increase in capacity. One example of this is that we are actively working on developing an improved offer in terms of digital inclusion which would benefit service users who are currently not able to use remote technology. In addition, a review of the Memory Assessment pathway is being undertaken by the service, which will be completed by the end of the calendar year.

Early Intervention in Psychosis - Percentage of referrals starting treatment in 2 weeks - the 60% target was achieved in August with 75.0% of referrals being seen within 2 weeks. This is a significant improvement from July when performance dropped below the target.

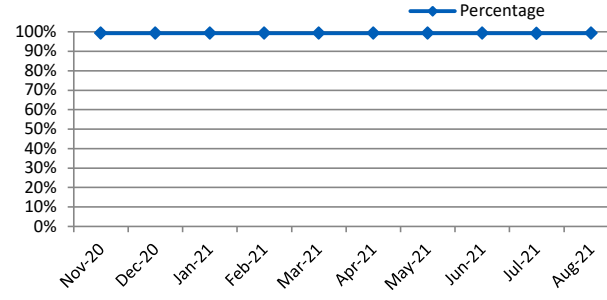
## Services: Clinical Record Keeping

**Data Quality Maturity Index - DQMI (MHSDS)**



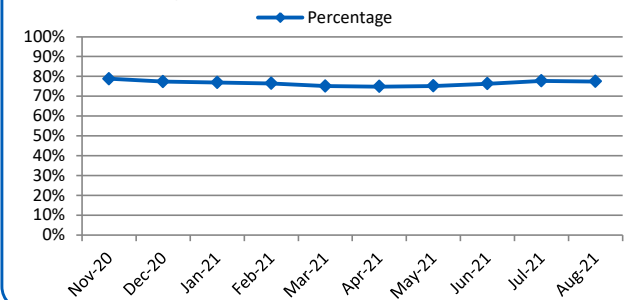
CQUIN / NHSOF Target - May: 89.4%

**Percentage of service users with NHS Number recorded**



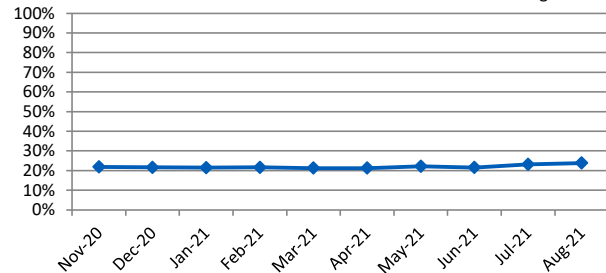
Local measure: August 99.3%

**Percentage of service users with ethnicity recorded**



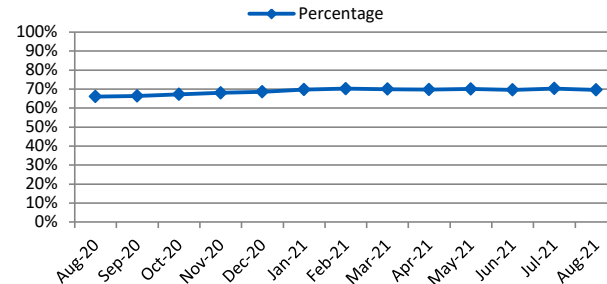
Local measure: August 77.5%

**Percentage of service users with sexual orientation recorded**



Local measure: August 23.8%

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



Local measure: August 69.7%

## Services: Clinical Record Keeping

Our teams continue to support staff in regaining expected standards of data quality and further support and training on our CareDirector EPR system. At the end of August 99.3% of care records had an NHS number recorded, 77.5% ethnicity and 23.8% sexual orientation. We continue to promote data completeness throughout 2021/22 with a rolling programme of focused data quality discussions aimed at supporting staff in using CareDirector well. Our latest DQMI (Data Quality Maturity Index) score for Mental Health Services data, published by NHS Digital, is 89.4% (as at May 2021).

**Actions taken / to be taken:** Each service line has been asked to develop an improvement plan to increase demographic data collection, with particular focus on ethnicity and sexual orientation. Continue to promote data completeness throughout 2021/22 with a focus on supporting staff in using CareDirector well.

**AGENDA  
ITEM**

**13**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Chief Financial Officer Report - Month 5
<b>DATE OF MEETING:</b>	30 September 2021
<b>PRESENTED BY:</b>	Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive
<b>PREPARED BY:</b>	David Brewin, Assistant Director of Finance

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

**EXECUTIVE SUMMARY**

This report provides an overview of the financial performance of the Trust at month 5. At month 5 the Trust reported an income and expenditure surplus of £0.34m against a planned balanced position.

The Trust remains in a relatively good financial position overall, continuing to work as part of the ICS system in terms of both revenue and capital planning. As a whole system we are forecasting to deliver overall within H1 control totals for both revenue and capital.

Uncertainty remains regarding the detail of H2 resources and the position beyond into 22/23. Significant work is underway within the Trust to understand and realign our recurrent budgetary requirements in the context of our reset and recovery work across the whole organisation. Our medium to long term capital requirements are also being reassessed and will be informed by the work we do with Healthcare planners over next 6-9 months.

Whilst we are not being monitored against the usual external finance score metrics for cash and liquidity, our cash position remains strong with a cash balance of £111.3m, and liquidity is strong with cover for 140 days operating expenses. This demonstrates our consistent financial performance.

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

**RECOMMENDATION**

The Board of Directors is asked to:

- Note the income and expenditure position at month 5, which is a favourable variance from plan of £0.34m.
- Note the Trust remains in an overall good financial position.
- Note guidance awaited for H2 but work ongoing to ensure we remain in a robust position.

## MEETING OF THE BOARD OF DIRECTORS

**30 SEPTEMBER 2021**

### CHIEF FINANCIAL OFFICER REPORT - MONTH 5

#### 1 Introduction

This report provides an overview of the financial performance of the Trust at month 5. It also includes updates on a range of other finance related issues.

#### 2 Month 5 2021/22 Income & Expenditure Performance

At month 5 the Trust reported an income and expenditure surplus of £0.34m against a planned balanced position. Table 1 below shows a summary of the month 5 position and variance from plan.

**Table 1**

<b>Income &amp; Expenditure Position</b>	<b>Plan £000s</b>	<b>Actual £000s</b>	<b>Variance £000s</b>
Pay	(58,594)	(57,673)	921
Non Pay	(25,303)	(25,684)	(381)
<b>Total Expenditure</b>	<b>(83,898)</b>	<b>(83,357)</b>	<b>540</b>
<b>Income: System allocations</b>			
COVID	3,881	3,881	0
Top up - Prospective	1,641	1,641	0
Block contracts	64,597	63,395	(1,202)
Growth	604	604	0
<b>Sub Total System Allocations</b>	<b>70,723</b>	<b>69,521</b>	<b>(1,202)</b>
<b>Other Income</b>	<b>13,175</b>	<b>14,179</b>	<b>1,004</b>
<b>Total Income</b>	<b>83,898</b>	<b>83,700</b>	<b>(198)</b>
<b>Reported Total Surplus/ (Deficit)</b>	<b>0</b>	<b>343</b>	<b>343</b>

Our 21/22 expenditure plan was informed by 20/21 actual run rates. The positive expenditure variance at month 5 reflects a general improvement compared to previous expenditure run rates, including the delayed timing of additional planned expenditure.

The system block contract income variance at month 5 reflects that our planned MHIS uplift had not been received to August 2021, but as previously noted this has now been confirmed and will be reported in future months.

Other income shows a positive variance compared to our plan which was based on 20/21 actual run rates. The improvement results from additional COVID income linked to the recovery of our vaccination programme and final year student nurse costs, and further supported by other improvements compared to previous run rates.

At this stage the income and expenditure positions show an overall positive position, however we need to be cautious given the uncertainty surrounding the H2 financial framework and potentially challenging efficiency requirements.

### **3 Capital Expenditure**

Cumulative year to date capital expenditure is reported as £3.72m compared to our planned position of £6.05m. The variance remains largely due to the timing of payments relating to CAMHS Tier 4 scheme because of changes to the work programme at Red Kite View (RKV). This will not impact on the overall planned delivery of the scheme at this stage, although our construction partner is now beginning to highlight some issues with materials and labour shortages, and our remaining schedule is being very robustly managed.

We are currently forecasting £12.4m full year capital expenditure (in addition to lifecycle works), subject to the risks above. The forecast position reflects the impact of NHSI notification which clarifies that our Strategic Wave 4 Complex Rehabilitation repatriation scheme business case will not be taken into review until late Autumn, after the 2021 Spending Review has concluded.

It is important to note the wider national concern and level of uncertainty currently being seen in the market in terms of the availability of contractors, pressure on supply chains and increasing costs, with some contractors reluctant to quote for works due to these issues. This may further impact on the delivery of the capital plan this year, which we are currently assessing. Capital budgets are currently set on an annual basis at ICS level, and our plan forms part of the system position. We are working closely with partner trusts across the ICS to ensure collectively the control total target for capital expenditure is optimised.

### **4. H2 Planning Update**

Planning guidance and allocations for H2 have not been issued due to a delay obtaining final signoff from Treasury. We understand the financial aspects are agreed and planning guidance will be issued imminently.

A national planning call with NHSEI on Thursday 9 September summarised the key changes to be reflected in H2 planning, namely

- An additional 0.82% efficiency applied to all block payments.
- A reduction in Covid allocations of 5%.
- A targeted reduction on top of the general reduction based on distance to financial improvement trajectories (19/20), to be applied to the overall system envelopes.
- Update to reflect uplifts for growth.

Our modelling indicates that the efficiency requirement within H2 allocations is c2% which is better than our original planning assumption of 3%.

## **5. New Hospital Expression of Interest**

The Department of Health and Social Care has previously announced plans to earmark over £3.7bn additional capital funding specifically to support the development of c40 new hospitals by 2030. In July 2021 a process was announced for the next phase of 8 hospitals as part of this New Hospital Programme.

NHS organisations were invited to submit an expression of interest (EOI) template on 9 September 2021 for capital bids that meet the following criteria:

- A whole new hospital site on a new site or current NHS land (either a single service or consolidation of services on a new site).
- A major new clinical building on an existing site or a new wing of an existing hospital (provided it contains a whole clinical service, such as maternity or children's services).

We made the decision to submit an EOI as this is now timely and aligned to the work, we have just initiated to bring in Healthcare planners to support our Strategic Case for change.

Whilst at this stage we have clearly not determined the preferred end point estates requirements we have only been required under the EOI to give an outline estimate of potential intent.

### **Next steps and timelines:**

- Our EOI templates will form one part of the first stage of the process. It will be assessed and combined with evidence from existing national datasets as well as discussions with regional and local NHS leaders. The outcome of the first phase is expected during autumn 2021 and will confirm a longlist of proposals to continue to stage 2.
- More detail on the later selection process will be shared following notification of the outcome of the first stage. The later stage of the selection process in autumn or winter 2021 will allow for more detailed discussions and further evidence to be provided, if appropriate.
- Department of Health and Social Care aim to make the final decision by spring 2022.

We are aware that over 130 submissions have been made nationally and therefore we have no indication of where our schemes may sit in priority terms.

## **6. Conclusion**

The Trust remains in a relatively good financial position overall, continuing to work as part of the ICS system in terms of both revenue and capital planning. As a whole system we are forecasting



to deliver overall within H1 control totals for both revenue and capital. This creates some buffer for possible stretching targets in H2.

Uncertainty remains regarding the detail of H2 resources and the position beyond into 22/23. Significant work is underway within the Trust to understand and realign our recurrent budgetary requirements in the context of our reset and recovery work across the whole organisation. Our medium to long term capital requirements are also being reassessed and will be informed by the work we do with Healthcare planners over next 6-9 months.

Whilst we are not being monitored against the usual external finance score metrics for cash and liquidity, our cash position remains strong with a cash balance of £111.3m, and liquidity is strong with cover for 140 days operating expenses. This demonstrates our consistent financial performance.

## **7. Recommendation**

The Board of Directors are asked to:

- Note the income and expenditure position at month 5, which is a favourable variance from plan of £0.34m.
- Note the Trust remains in an overall good financial position.
- Note guidance awaited for H2 but work ongoing to ensure we remain in a robust position.

Dawn Hanwell

**Chief Financial Officer and Deputy Chief Executive**

24 September 2021

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**AGENDA  
ITEM**

**14**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Updated Cyber Security Briefing
<b>DATE OF MEETING:</b>	30 September 2021
<b>PRESENTED BY:</b> (name and title)	Dawn Hanwell, Chief Financial Officer
<b>PREPARED BY:</b> (name and title)	Bill Fawcett, Chief Information Officer

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

<b>EXECUTIVE SUMMARY</b>		
<p>The diagram attached provides a clear indication of the status of each element of the “ten steps to cyber security” devised by the National Cyber Security Centre. The key areas to note at the time of the report are:</p> <ol style="list-style-type: none"> <li>1. Phishing exercise completed</li> <li>2. PEN Test in progress</li> <li>3. Cyber Audit completed in April with significant assurance</li> <li>4. Windows 7 Server and PC upgrades in progress</li> <li>5. Privileged Access Management system required</li> <li>6. Specialist training to manage a cyber incident for some key staff members</li> <li>7. Password Management system required</li> <li>8. Dedicated Cyber Resource proposed</li> </ol>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

<b>RECOMMENDATION</b>
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>• Note the progress of work towards cyber essentials plus accreditation and be assured that no major unmitigated risks exist that would impact the ICT Service to the Trust.</li> </ul>



National Cyber  
Security Centre

**NHS**  
Leeds and York Partnership  
NHS Foundation Trust

# 10 steps to Cyber Security



## Home and mobile working

- Agile working policy is complete
- Protect data in forms of encryption at rest and in transit.



## Managing user Privileges

- Number of privileged (admin) accounts have been reduced.
- Need to tighten user privileges to shared data/folders Privileged Access Management required.



## Network security

- New firewalls upgraded/Cloud firewall to be completed
- Protecting the networks from attack.
- Two factor authentication required for login to network



## User education and awareness

- Network & IT policies created covering acceptable and secure use of systems.
- DSP mandatory training includes cyber security training.
- Phishing exercise completed.



## Malware prevention

- Anti-malware defenses have been implemented across client devices.
- Advanced Threat protection (ATP) is active across Windows 10 devices.
- Windows Defender is active across Windows 10 devices outstanding.
- Windows 7 and server 2008 in progress.



## Removable media controls

- Policy created to cover media controls including Data Loss Prevention (DLP).



## Secure configuration

- Password management system required.
- Apply security patches however many devices are not connected to the network.
- Baseline build for devices has been completed.

## Monitoring

- Establish strategy & policies
- CareCERT reporting to and from NHSD and NHSX including critical incidents.
- Resources to monitor of critical systems. Retention/Analyse logs for unusual activity that could indicate an attack.



LEEDS AND YORK PARTNERSHIP NHS  
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AGENDA  
ITEM

15

BOARD OF DIRECTORS

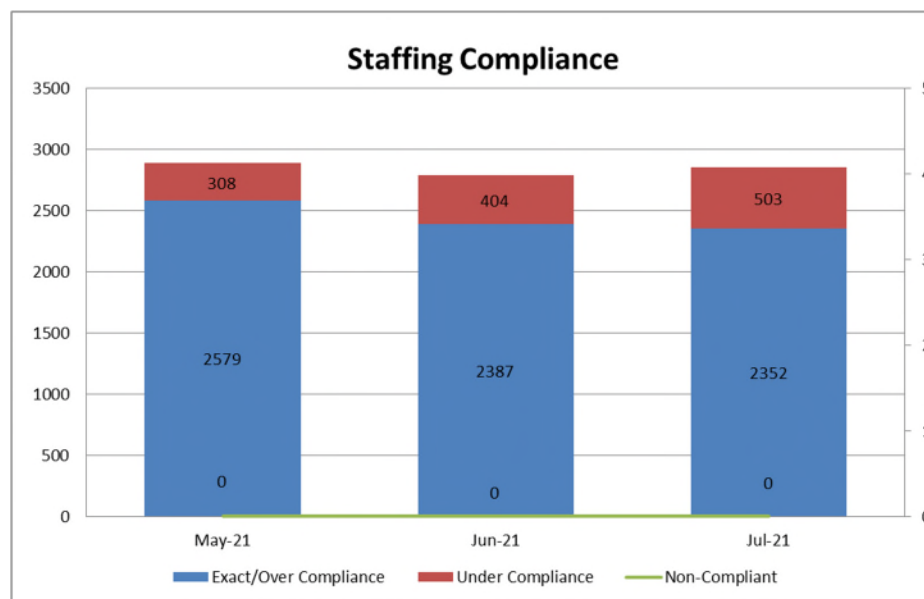
<b>PAPER TITLE:</b>	Safer staffing report
<b>DATE OF MEETING:</b>	30 September 2021
<b>PRESENTED BY:</b> (name and title)	Cathy Woffendin, Director of Nursing, Professions and Quality / Director of Infection Prevention
<b>PREPARED BY:</b> (name and title)	Nichola Sanderson, Deputy Director of Nursing Gail Galvin, Professional Lead Nurse Adele Sowden, e-Rostering Team Manager

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

EXECUTIVE SUMMARY		
<p>Leeds and York Partnership NHS Foundation Trust (LYPFT) provides inpatient care across 27 wards.</p> <p>This report is the 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 retrospective periods from the 1<sup>st</sup> May 2021 to the 31<sup>th</sup> July 2021.</p> <p>During this time period no RN breaches have occurred.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

RECOMMENDATION
<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>Note and discuss the content of this report</li> <li>Be assured of the arrangements in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.</li> </ul>

## Safer Staffing: Inpatient Services – May, June & July 2021



	Number of Shifts		
	May	June	July
Exact/Over Compliance	2579	2387	2352
Under Compliance	308	404	503
Non-Compliant	0	0	0

**Risks:** Registered Nursing vacancies continue to be a theme across the focussed areas highlighted by the unify data Appendix A.

## Mitigating Factors:

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

## Narrative on Data Extracts Regarding LYPFT Staffing Levels on x 27 Wards during May, June and July 2021

### Exact or Over Compliant shifts:

During May, June and July the compliance data showed a decrease in the number of shifts which were staffed exactly as planned or staffed above the planned number of Registered Nurse (RN) and Health Support Worker (HSW) staff for a range of reasons detailed within the service updates.

### Under Compliant Shifts:

During May, June and July there was an increase in the number of shifts from 308 to 503 that had fewer than the planned number of RN's and HSW's on each shift and during (this differs from the unify report below which shows the total hours over the month rather than on a shift by shift basis). Where there are fewer than planned RN staff on shift it is usual for one or more extra HSWs to backfill the vacant duty

and ensure safe staffing levels, where a RN is not available to fill the shift.

### **Non-Compliant Shifts:**

This metric represents the number of shifts where no Registered Nurses were on duty. This metric was not breached in May, June or July.

### **Updates:**

Many of the services continue to experience staffing challenges as a result of vacancies, sickness, isolation guidelines and continued high instances of challenging and complex presentations requiring additional staff. The majority of redeployed staff have now returned to their home teams and staffing shortages are being managed proactively within services and across the Trust via a daily staffing call. There are numerous recruitment and retention initiatives to address our experience of the national difficulties in recruiting registered professionals including the development of new roles and the agreement to bring forward a second cohort for the Nurse Rotation Programme. In September the total number of preceptees qualifying is 47 which will assist in alleviating some of the current pressures across our services.

### **Acute Inpatients**

The service has continued to operate with a high number of Registered Nurse vacancies throughout the data period for which they have an ongoing recruitment campaign with limited success. 19 of these vacancies will be filled in September by preceptees. The Women's Service (Ward 1 and 5 Becklin) have had high levels of sickness absence with 6 members of staff on Ward 5 experiencing long covid and being supported back to work by a gradual phased return. The service has supported their own wards and other clinical areas to maintain safe staffing as well as mitigating their shortfall with bank and agency staffing, the use of the responsive workforce, Ward Managers working clinical shifts and the Practice Development Nurses being redeployed to clinical teams.

### **Older Adult Inpatients**

The service have 10 Registered Nurse vacancies (2 x Band 6 and 8 x Band 5) the majority of which will be filled by preceptees between September and January 2022. 2 of their Registered Nurses have been shielding since the beginning of the pandemic and in line with recent government guidance will shortly be able to return. The Mount has received funding for an additional 6 x Band 6 Registered Nurses to support the implementation of the senior nurse roster across a 24 hour period and recruitment is underway.

### **Ward 1 Mount**

The fill rate of Registered Nurses has been good with a slight reduction in July due to staff isolating and compassionate leave. The high use of Health Support Workers is attributed to between 4 and 6 patients requiring within eyesight observations.

### **Ward 2 Mount**

In addition to vacancies and some sickness the ward has 2 x Band 5 Registered Nurses redeployed to another service and has 2 Trainee Nursing Associates on placement with no backfill but is currently mitigated through the use of bank. The ward has experienced a high number of incidents during this period, 92% of incidents were reported as no harm and 8% were reported as low harm. Of the low harm incidents, 7 were incidents affecting staff with the highest type being “assault by patient on staff” and 19 were patient safety incidents with the highest type being “assault by patient on patient”. During this time staff were also supporting between 3 and 5 service patients on enhanced observations due to clinical presentation, falls and Covid isolation periods. The high usage of Health Support Workers can be attributed to this and the high level of physical dependency of several of their patients.

### **Ward 3 Mount**

The reduced Registered Nurse fill rate is due to vacancies except for some night duties throughout the month of May when a preceptee was working as the second Registered Nurse.

Ward 3 is a functional mental health ward however during this period some patients with dementia required admission necessitating the increased use of Within Eyesight observations to maintain safety within a mixed sex and mixed function environment. At all times the regulations supporting mixed sex accommodation were maintained. This, in addition to 2 patients presenting with complex physical health needs, have resulted in the high use of Health Support Workers.

### **Ward 4 Mount**

Safe staffing levels were maintained across the reporting period however challenges remain significant with high levels of sickness and vacancies of Band 5 and 6 Registered Nurses. The ward has frequently required Registered Nurse cover from other areas at night and reduced fill rate during the day is backfilled by Health Support workers, usually bank or agency due to the sickness levels amongst the substantive Health Support Workers. 2 vacancies will be filled by preceptees in September and the inpatient service has a rolling recruitment programme.

## **CAU**

The pressures in acute capacity have resulted in an increase in acuity of the patients on CAU which has at times required an increase in staffing levels frequently filled by bank and agency staff. The service has therefore reviewed its temporary staff induction. In May there was an increase in demand on the 136 service with approximately 20 more detentions compared with recent months.

For a period in June CAU became a cohorting area requiring an increase in staffing numbers so that both areas could be run independently to comply with infection control guidance. The service has 3 HSW vacancies and 3 Band 5 vacancies and an ongoing recruitment campaign has not been successful. There is a plan to fill 1 of the HSW vacancies with an OT assistant based on a review of the service and feedback from a recent peer review. Due to the pressures on staffing and changing function of CAU, the CAU/136 rota is reviewed weekly by the CTM and Operational Manager to ensure it is safe and effective.

## **CAMHS**

The reduced fill rate for Registered Nurses at Mill Lodge in July was due to sickness levels in Band 5 Nurses and 4 Band 5 vacancies. At the time of reporting staff absence is decreasing and 2 Band 6 Nurses have returned from Maternity Leave.

The reduced fill rate for Registered Nurses at Littlewood House Hall is attributed to 4 Band 5 vacancies. There was a high predicted number of nurse vacancies for the new unit Red Kite View however the CAMHS project board meeting on the 21st September reports progress of 80% completion of recruitment with ongoing actions to secure the final positions.

## **Forensic Inpatients**

The Forensic Service at the Newsam Centre has recently recruited to 10 Health Support Worker temporary contracts until March 2022 to increase planned staffing levels on Ward 2 A&T and Ward 2 Women's Service as an agreed overspend to align with regional benchmarking data. The provider collaborative plan to review the resources of each service based upon need. The service is in the process of addressing the agreed uplift in headroom and is due to present a proposal to the Cost Pressure Panel to increase their staffing establishment on a permanent basis. During the reporting period Ward 2 A&T and Ward 2 Women's Service have required additional Health Support Worker duties due to increased clinical activity. Ward 3 have backfilled Registered Nurse shifts with HSW's due to sickness absence. The shortfalls across the service attributed to vacancies, sickness and staff isolating have been covered by bank staff and the responsive workforce.



Clifton House has 8 Band 5 Registered Nurse vacancies across the service. Bluebell have a reduced fill rate of HSW duties due to vacancies and sickness but this is being addressed by recruitment.

### **Asket House and Asket Croft**

The units have operated with safe staffing throughout the data period with no significant issues to report.

### **Mother and Baby Unit**

The unit continues to work on increased staffing numbers due to being temporarily relocated at Parkside Lodge. Registered Nurses have on occasion been backfilled with Health Support Workers to maintain safe staffing levels.

Despite the staffing challenges during the last three months, due to the ongoing impact of the COVID pandemic and high complexity within our inpatient settings , there has been no Registered Nurse breeches and through the use of proactively

redeploying staff to areas of greatest need and the use of the responsive workforce team and bank and agency it has facilitated the coverage of staffing gaps to maintain safety .Over half of the staffing vacancies will be covered in September by the newly qualified preceptees and work continues to recruit to the remaining vacancies and ensure we have a growing pipeline of staff in line with our Workforce strategy.

## APPENDIX A

### Safer Staffing: Inpatient Services – May 2021

#### Fill rate indicator return

#### Staffing: Nursing, Care Staff and AHPs

Ward name	Cumulative count over the month of patients at 23:59 each day	Care Hours Per Patient Day (CHPPD)							Day				Night				Allied Health Professionals	
		Registered Nurses/Mi dwives	Non-registered Nurses/Mi dwives	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - Registered Nurses/Mi dwives (%)	Average fill rate - Non-registered Nurses/Mi dwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Mi dwives (%)	Average fill rate - Non-registered Nurses/Mi dwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
2 Woodland Square	92	10.9	8.7	0.0	0.0	0.0	0.0	19.6	101%	61%	-	-	100%	100%	-	-	-	-
3 Woodland Square	93	9.7	19.3	0.0	1.6	0.0	0.0	30.6	99%	137%	-	100%	100%	284%	-	100%	-	-
Asket Croft	507	1.9	2.9	0.0	0.0	0.5	0.0	5.4	103%	80%	-	100%	100%	110%	-	100%	100%	-
Asket House	416	2.0	2.4	0.0	0.0	1.1	0.0	5.5	112%	83%	-	-	100%	100%	-	-	100%	-
Becklin CAU	134	14.2	20.8	1.2	0.0	0.7	0.0	36.9	121%	138%	100%	-	64%	146%	100%	-	100%	-
Becklin Ward 1	677	2.3	4.3	0.0	0.0	0.3	0.0	7.0	68%	157%	-	-	113%	197%	-	-	100%	-
Becklin Ward 3	681	2.4	4.7	0.2	0.2	0.3	0.0	7.8	71%	230%	100%	100%	97%	238%	100%	-	100%	100%
Becklin Ward 4	720	2.5	3.9	0.0	0.0	0.1	0.0	6.5	81%	165%	-	-	98%	198%	-	-	100%	-
Becklin Ward 5	668	2.3	4.4	0.2	0.0	0.3	0.0	7.2	68%	179%	100%	-	97%	200%	100%	-	100%	-
Little Woodhouse Hall	183	8.9	13.1	0.0	0.0	1.5	0.0	23.4	117%	110%	-	-	60%	109%	-	-	100%	-
Mother and Baby at Parkside Lodge	238	8.0	9.1	0.3	0.0	0.6	0.1	18.2	87%	70%	100%	-	68%	123%	-	-	100%	100%
Newsam Ward 1 PICU	333	5.0	14.3	0.0	0.1	0.3	0.2	19.9	76%	141%	-	100%	100%	193%	-	-	100%	100%
Newsam Ward 2 Forensic	320	3.8	14.2	0.0	0.0	0.3	0.3	18.7	94%	125%	-	-	110%	242%	-	-	100%	100%
Newsam Ward 2 Womens Services	242	5.5	13.6	0.0	0.0	0.6	0.3	20.0	108%	168%	-	-	102%	263%	-	-	100%	100%
Newsam Ward 3	248	4.5	6.1	0.0	0.0	0.6	0.3	11.4	75%	96%	-	-	123%	98%	-	-	100%	100%
Newsam Ward 4	649	2.5	3.2	0.0	0.3	0.2	0.0	6.1	71%	179%	-	100%	100%	146%	-	100%	100%	-
Newsam Ward 5	429	3.4	4.8	0.0	0.0	0.7	0.3	9.2	90%	95%	-	-	98%	108%	-	-	100%	100%
Newsam Ward 6 EDU	295	5.2	7.9	0.0	0.0	0.7	0.0	13.8	121%	128%	-	-	124%	176%	-	-	100%	-
NICPM LGI	73	16.5	9.1	0.0	0.0	2.9	0.0	28.5	78%	102%	-	-	104%	104%	-	-	100%	-
The Mount Ward 1 New (Male)	428	3.6	16.3	0.0	0.0	0.0	0.0	19.9	107%	204%	-	-	91%	342%	-	-	-	-
The Mount Ward 2 New (Female)	0	-	-	-	-	-	-	-	100%	190%	100%	100%	85%	283%	100%	100%	-	-
The Mount Ward 3a	452	2.5	6.5	0.4	0.2	0.0	0.0	9.6	80%	141%	100%	100%	110%	210%	100%	100%	-	-
The Mount Ward 4a	735	1.8	5.1	0.0	0.0	0.0	0.0	6.9	113%	147%	-	-	100%	250%	-	-	-	-
York - Bluebell	755	1.6	2.7	0.1	0.1	0.1	0.1	4.7	96%	63%	100%	100%	103%	94%	-	-	100%	100%
York - Mill Lodge	310	6.5	7.1	0.5	0.3	2.0	0.2	16.7	95%	95%	100%	100%	90%	174%	100%	100%	100%	100%
York - Riverfields	340	2.8	3.6	0.0	0.0	0.4	0.3	7.1	127%	99%	-	-	104%	110%	-	-	100%	100%
York - Westerdale	310	5.2	12.1	0.0	0.0	0.3	0.5	18.2	81%	165%	-	-	103%	194%	-	-	100%	100%

## APPENDIX B

### Safer Staffing: Inpatient Services – June 2021

Fill rate indicator return

Staffing: Nursing, Care Staff and AHPs

Ward name	Cumulative count over the month of patients at 23:59 each day	Care Hours Per Patient Day (CHPPD)							Day				Night				Allied Health Professionals	
		Registered Nurses/Mi dwives	Non-registered Nurses/Mi dwives	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - Registered Nurses/Mi dwives (%)	Average fill rate - Non-registered Nurses/Mi dwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Mi dwives (%)	Average fill rate - Non-registered Nurses/Mi dwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
2 WOODLAND SQUARE	92	11.4	9.4	0.0	0.0	0.0	0.0	20.8	110%	63%	-	-	100%	100%	-	-	-	-
3 WOODLAND SQUARE	72	12.3	21.1	0.0	0.4	0.0	0.0	33.8	110%	118%	-	-	100%	226%	-	100%	-	-
ASKET CROFT	509	1.8	2.9	0.0	0.0	0.6	0.0	5.3	103%	87%	-	100%	100%	118%	-	-	100%	-
ASKET HOUSE	361	2.1	2.4	0.0	0.0	1.2	0.0	5.8	106%	74%	-	-	100%	100%	-	-	100%	-
BECKLIN CAU - COHORT	150	13.6	16.5	1.2	0.0	0.4	0.0	31.6	125%	129%	100%	-	72%	143%	100%	-	100%	-
BECKLIN WARD 1	662	2.1	3.7	0.0	0.0	0.3	0.0	6.1	70%	170%	-	-	93%	149%	-	-	100%	-
BECKLIN WARD 3	657	2.2	5.1	0.2	0.2	0.4	0.0	8.0	67%	367%	100%	-	102%	290%	100%	100%	100%	-
BECKLIN WARD 4	658	2.3	4.0	0.2	0.0	0.0	0.0	6.5	70%	247%	100%	-	102%	189%	100%	-	100%	-
BECKLIN WARD 5	673	2.2	3.5	0.1	0.0	0.2	0.0	6.0	70%	189%	100%	-	95%	133%	-	-	100%	-
LITTLE WOODHOUSE HALL	180	8.2	11.6	0.0	0.0	2.4	1.1	23.3	125%	114%	-	-	60%	97%	-	-	100%	100%
MOTHER AND BABY AT PARKSIDE LODGE	225	8.0	8.8	0.0	0.0	0.5	0.0	17.4	87%	65%	-	-	70%	119%	-	-	100%	-
NEWSAM WARD 1 PICU	297	4.3	14.0	0.0	0.3	0.4	0.4	19.3	71%	146%	-	100%	71%	185%	-	-	100%	100%
NEWSAM WARD 2 FORENSIC	335	3.5	14.0	0.0	0.0	0.3	0.4	18.1	106%	231%	-	-	124%	305%	-	-	100%	100%
NEWSAM WARD 2 WOMENS SERVICES	210	5.2	17.2	0.0	0.0	1.0	0.7	24.2	99%	280%	-	-	104%	277%	-	-	100%	100%
NEWSAM WARD 3	248	4.1	6.1	0.0	0.0	0.7	0.3	11.3	80%	119%	-	-	117%	97%	-	-	100%	100%
NEWSAM WARD 4	629	2.4	3.2	0.0	0.3	0.2	0.0	6.1	71%	180%	-	100%	100%	159%	-	100%	100%	-
NEWSAM WARD 5	408	3.3	5.3	0.0	0.0	0.5	0.2	9.3	89%	111%	-	-	95%	123%	-	-	100%	100%
NEWSAM WARD 6 EDU	283	4.9	8.5	0.0	0.0	1.0	0.0	14.4	125%	200%	-	-	162%	178%	-	-	100%	-
NICPM LGI	121	9.9	6.2	0.0	0.0	2.2	0.0	18.4	90%	119%	-	-	93%	116%	-	-	100%	-
THE MOUNT WARD 1 NEW (MALE)	429	3.4	17.2	0.0	0.0	0.0	0.0	20.7	108%	308%	-	-	98%	367%	-	-	-	-
THE MOUNT WARD 2 NEW (FEMALE)	426	2.9	14.7	0.2	0.4	0.0	0.0	18.3	106%	280%	100%	100%	75%	368%	100%	100%	-	-
THE MOUNT WARD 3A	719	1.4	3.9	0.2	0.2	0.0	0.0	5.7	83%	153%	100%	100%	100%	226%	100%	100%	-	-
THE MOUNT WARD 4A	718	1.6	4.5	0.0	0.0	0.0	0.0	6.2	104%	152%	-	-	100%	216%	-	-	-	-
YORK - BLUEBELL	286	3.7	6.7	0.3	0.3	0.5	0.4	12.0	98%	74%	100%	100%	110%	100%	-	-	100%	100%
YORK - MILL LODGE	321	5.1	6.9	0.4	0.2	2.0	0.3	14.9	80%	130%	100%	100%	85%	141%	100%	-	100%	100%
YORK - RIVERFIELDS	268	3.1	4.3	0.0	0.0	0.5	0.3	8.2	121%	127%	-	-	105%	101%	-	-	100%	100%
YORK - WESTERDALE	307	5.0	12.0	0.0	0.0	0.4	0.3	17.7	84%	194%	-	-	113%	204%	-	-	100%	100%

## APPENDIX C

### Safer Staffing: Inpatient Services – July 2021

Fill rate indicator return

Staffing: Nursing, Care Staff and AHPs

Ward name	Cumulative count over the month of patients at 23:59 each day	Care Hours Per Patient Day (CHPPD)							Day				Night				Allied Health Professionals	
		Registered Nurses/Midwives	Non-registered Nurses/Midwives	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
2 WOODLAND SQUARE	60	13.6	13.1	0.0	0.0	0.0	0.0	26.7	74%	55%	-	-	104%	91%	-	-	-	-
3 WOODLAND SQUARE	82	10.3	18.0	0.0	1.4	0.0	0.0	29.6	90%	119%	-	100%	100%	227%	-	100%	-	-
ASKET CROFT	503	1.8	3.0	0.0	0.0	0.5	0.0	5.3	98%	94%	-	-	100%	107%	-	-	100%	-
ASKET HOUSE	730	1.1	1.3	0.0	0.0	0.7	0.0	3.1	113%	79%	-	-	103%	106%	-	-	100%	-
BECKLIN CAU - COHORT	77	26.7	36.0	2.1	0.0	0.7	0.0	65.5	190%	143%	100%	-	79%	154%	100%	-	100%	-
BECKLIN WARD 1	684	2.1	3.1	0.0	0.0	0.1	0.0	5.3	69%	129%	-	-	93%	128%	-	-	100%	-
BECKLIN WARD 3	670	2.2	3.7	0.2	0.1	0.2	0.2	6.7	76%	231%	100%	100%	92%	193%	100%	-	100%	100%
BECKLIN WARD 4	648	2.2	3.9	0.2	0.0	0.1	0.1	6.5	68%	197%	100%	-	88%	173%	100%	-	100%	100%
BECKLIN WARD 5	673	2.1	4.2	0.2	0.0	0.2	0.0	6.7	71%	219%	100%	-	86%	183%	100%	-	100%	-
LITTLE WOODHOUSE HALL	178	7.5	12.1	0.0	0.0	2.9	1.4	24.0	104%	129%	-	-	56%	101%	-	-	100%	100%
MOTHER AND BABY AT PARKSIDE LODGE	247	6.2	8.7	0.5	0.0	0.4	0.0	15.8	65%	84%	100%	-	64%	114%	-	-	100%	100%
NEWSAM WARD 1 PICU	310	4.3	11.7	0.0	0.0	0.5	0.3	16.8	73%	122%	-	100%	66%	146%	-	-	100%	100%
NEWSAM WARD 2 FORENSIC	360	2.9	9.9	0.0	0.0	0.5	0.3	13.6	87%	220%	-	-	104%	265%	-	-	100%	100%
NEWSAM WARD 2 WOMENS SERVICES	192	5.1	24.2	0.0	0.0	1.1	0.6	31.1	81%	374%	-	-	94%	356%	-	-	100%	100%
NEWSAM WARD 3	248	4.2	6.4	0.0	0.0	0.4	0.6	11.7	90%	109%	-	-	98%	104%	-	-	100%	100%
NEWSAM WARD 4	626	2.3	3.9	0.0	0.2	0.2	0.0	6.7	68%	244%	-	100%	89%	169%	-	100%	100%	-
NEWSAM WARD 5	365	3.0	6.1	0.0	0.0	0.3	0.0	9.4	72%	114%	-	-	81%	116%	-	-	100%	-
NEWSAM WARD 6 EDU	324	4.0	9.3	0.0	0.0	0.8	0.0	14.0	130%	256%	-	-	98%	206%	-	-	100%	-
NICPM LGI	119	9.8	7.2	0.0	0.0	2.0	0.0	18.9	83%	113%	-	-	95%	139%	-	-	100%	-
THE MOUNT WARD 1 NEW (MALE)	480	2.8	15.3	0.0	0.0	0.0	0.0	18.1	87%	306%	-	-	94%	372%	-	-	-	-
THE MOUNT WARD 2 NEW (FEMALE)	447	2.8	12.2	0.3	0.1	0.0	0.0	15.4	110%	236%	100%	100%	68%	283%	100%	-	-	-
THE MOUNT WARD 3A	692	1.3	4.8	0.2	0.1	0.0	0.0	6.4	63%	168%	100%	100%	102%	256%	100%	100%	-	-
THE MOUNT WARD 4A	748	1.5	4.5	0.0	0.0	0.0	0.0	6.0	88%	144%	-	-	100%	234%	-	-	-	-
YORK - BLUEBELL	289	3.8	6.8	0.2	0.0	0.4	0.4	11.7	101%	67%	100%	100%	100%	96%	-	-	100%	100%
YORK - MILL LODGE	307	5.2	7.4	0.4	0.1	2.0	0.2	15.2	82%	111%	100%	100%	68%	164%	100%	-	100%	100%
YORK - RIVERFIELDS	266	3.5	3.9	0.0	0.0	0.5	0.2	8.1	148%	96%	-	-	100%	100%	-	-	100%	100%
YORK - WESTERDALE	323	4.2	8.8	0.0	0.0	0.3	0.5	13.8	66%	139%	-	-	103%	150%	-	-	100%	100%

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**AGENDA  
ITEM**

**16**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Guardian of Safe Working Quarterly Report Quarter 1 April 2021 to 30 June 2021
<b>DATE OF MEETING:</b>	30 September 2021
<b>PRESENTED BY:</b> (name and title)	Dr Chris Hosker, Medical Director
<b>PREPARED BY:</b> (name and title)	Dr Ben Alderson, Guardian of Safe Working Hours

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

**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 have been 0 exception reports and 0 patient safety issues recorded in this period
- Junior Doctors Forum met in July 2021. There was concern related to staffing of the inpatient CAMHS wards on junior Dr rest days and the potential impact on training opportunities. A meeting was arranged with the AMD for DiT, the CAMHS in-patient consultant and the Guardian in August 2021

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

**RECOMMENDATION**

The Board of Directors are asked:

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

## MEETING OF THE BOARD OF DIRECTORS

30 September 2021

### Guardian of Safe Working Hours Report

Quarter 1 April 2021 – June 2021

#### 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 01.04.2021 to 30.06.2021.

#### 2 Quarter 1 Overview

Vacancies		There are 4 vacancies in the Core Trainee establishment which are covered by trust doctors (1 employed, 3 agency). There are 10 vacancies in the Higher Trainee establishment.					
Rota Gaps		April		May		June	
		CT	HT	CT	HT	CT	HT
	Gaps	16	19	25	18	28	26
	Internal Cover	16	19	23	18	16	26
	Agency cover	0	0	2	0	10	0
	Unfilled	0	0	0	0	2	0
Fill Rate		100%	100%	100%	100%	93%	100%
Exception reports (ER)		0	0	0	0	0	0
		There were 0 ERs raised during this reporting period.					
Fines		None					
Patient Safety Issues		None					
Junior Doctor Forum (JDF)		Meeting held in July 2021. Items of note were: <ul style="list-style-type: none"> <li>An exception report was made at the beginning of July (ie in quarter 2 for reporting purposes) from a doctor who was asked to cover the CAMHS</li> </ul>					

	<p>inpatient service during their community CAMHS post. An urgent clinical issue meant the doctor missed their psychotherapy educational opportunity. This was not classed as a patient safety issue, however, there were concerns over how the inpatient unit would be staffed during junior doctor's rostered rest periods. It was agreed that the AMD for Doctors in Training and the Guardian would meet with the CAMHS junior doctors and Dr Mills (CAMHS in-patient consultant) in August to address the issue with the new Drs on rotation (Dr's rotate on the first Wednesday of August).</p> <ul style="list-style-type: none"> <li>• There was continued recognition that the junior doctors are working with great effort to support the on call rotas and the running of clinical services in order to maintain patient safety as the pandemic progresses. The number of rota gaps in this period was affected by COVID and the national track/test system</li> </ul>
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### 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:

- 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
- 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**

**17**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Workforce Race and Workforce Disability Equality Standards Annual Report 2021
<b>DATE OF MEETING:</b>	30 September 2021
<b>PRESENTED BY:</b> (name and title)	Darren Skinner, Interim Director of HR, People and Organisational Development
<b>PREPARED BY:</b> (name and title)	Caroline Bamford. Head of Diversity and Inclusion

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

**EXECUTIVE SUMMARY**

The following paper provides an annual summary update on our Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data, progress against actions and priority actions going forward.

The WRES and WDES use metrics from the annual staff survey along with headline data about the proportion of representation of ethnic minority and Disabled staff in recruitment and employee relations processes and representation within the workforce. Our staff survey consistently highlights disparities these groups of staff report about their experience and satisfaction of working at the Trust.

Performance against the metrics shows that for the WRES performance has improved for five out of the nine metrics, most notably around recruitment conversion and employee relations disciplinary cases. These two areas of focus demonstrate where as a Trust our metric data was substantially negatively above the national average. For the WDES, performance has improved for five out of the thirteen metrics. Significant areas include recruitment conversion and employee relations capability cases, where our metric data was also above the national average.

Our priority areas of focus continue to be in relation to recruitment, progression and retention for both Disabled and ethnic minority staff and actions to address the disproportionate number of disciplinary cases that involve ethnic minority staff.

The results of our 2021 WRES and WDES data highlight improvements in a number of



indicators. However there is still clearly significant work to continue this trajectory across areas where there has been improvement in the last twelve months, as well as additional focus in the areas experiencing a downward trajectory.

The current development of our People Plan and review of our equality and diversity governance structure and membership will strengthen our approaches. The People Plan will articulate clear priorities, actions and measures over a three year period on a Trust wide basis, with the strengthening of accountability through our revised governance processes, to accelerate improved outcomes and experience across WRES and WDES metric areas.

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'**

**Yes**

If yes please set out what action has been taken to address this in your paper

## RECOMMENDATION

The Board of Directors is asked to;

- To note the 2021 WRES and WDES results and reports for publication via the Trust website
- Consider and approve the priorities detailed at section 3 within this paper
- Receive assurance that the WRES and WDES actions will be published on the Trust website by 29<sup>th</sup> October to meet statutory reporting requirements.

## **Meeting of the Board of Directors**

**30 September 2021**

### **Workforce Race and Disability Equality Standard Annual Report 2021**

#### **1. Executive Summary**

This paper provides the annual summary update on our Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data for the reporting period 2020/21. It examines progress against current actions and priorities going forward.

The WRES and WDES utilise metrics from the annual staff survey, as well as headline data about ethnic minority and disabled staff representation, in recruitment and employee relations processes within the workforce. Our staff survey highlights the disparities of these groups of staff, and their experience and satisfaction of working at the Trust.

The WRES and WDES are part of the NHS Standard Contract and ensure NHS organisations are compliant with the Equality Act (2010). In accordance with reporting requirements, the data for both standards was submitted in August 2021, via the NHS Digital Strategic Data Collection Service ensuring the organisation is compliant with its statutory reporting requirements.

Performance against the standard reporting metrics identifies that WRES performance has improved for five out of the nine metrics. Most notably around recruitment conversion and employee relations disciplinary cases, where as an organisation our reporting data was substantially lower than the national average. For the WDES, performance has improved for five out of the thirteen metrics and significant areas include recruitment conversion and employee relations capability cases.

Over the last twelve months there has been progress against several action areas, as below:

- Establishment of Freedom to Speak Up Ambassadors to strengthen the routes for speaking up, with particular focus on diversity and inclusion.
- An equality and diversity governance review to ensure action and impact.
- Increased resource (2 days a week) since April 2021 from a WRES expert to provide an increased focus on recruitment and career progression, with resulting key actions. Priorities include mapping our recruitment processes against the drivers: Attraction, Selection and Retention.
- Increased work with our regional partners to tackle the disparities in recruitment, share best practices and grow and develop our talent pool.

- Commencement of a new inclusive recruitment training module for appointing managers in May 2021.
- Completion of the inclusive leadership programme, by 55 of our senior leaders.
- Commencement of phase one of our reciprocal mentoring programme. The aim is to expand cultural awareness at Board level and enhance leadership skills of ethnic minority colleagues through shared learning and support. Based upon evaluation, this will be developed to include wider participation throughout the Trust.

There is a direct link between equality and outstanding care, so the WRES and WDES data provide an important performance and quality marker. Although there have been improvements against a number of the WRES and WDES metrics, there is a widening gap in experience and satisfaction across a number of areas. This is a focus of our revised People Plan for 2022-2024 to further embed shared priorities and actions, to address the systemic inequalities experienced by our ethnic minority and disabled staff.

The 2020/21 Workforce Race and Workforce Disability Equality Standard data reports provide further data analysis details of key findings. These can be accessed at Appendix 1 and Appendix 2 of this report.

## **2. Progress Update**

A range of activity has been undertaken within the WRES and WDES action plans, as detailed within the following section.

### **2.1 Leadership and Culture**

The delivery of the Developing Culturally Intelligent and Inclusive Leaders programme (CQ) for senior leaders was completed in June 2021. A total of 55 senior leaders completed the modular programme, which aims to support leaders to develop their culturally inclusive practice. Evaluation is currently being analysed and options to roll out the learning further across the organisation will be reviewed.

The first cohort of the Reciprocal Mentoring programme is ongoing. Members of our Workforce Race Equality Network (WREN) are paired with Executive team members to share learning and understanding of lived experiences and cultures. WREN members report positive relationships and shifts in perceptions. Mid programme evaluation has been completed, and this identifies that all respondents are finding their mentoring relationship beneficial. The learning will be used to inform the current programme and the model for future cohorts.

A review of our workforce governance structures has been undertaken including equality and diversity governance and group membership. This review aims to provide clear priorities and actions on a Trust wide basis, to accelerate improved outcomes and experience across WRES and WDES metric areas.

There has been increased resource investment of fifteen hours per week from April 2021 from a WRES expert, with knowledge and expertise to support to drive and embed race equality improvement areas. This is an addition to existing resource within the Equality and Diversity Team.

## **2.2. Policies and Practices**

A review of our key workforce policies and procedures is currently being undertaken. The “just culture” principals are being applied to shift our employee relations processes to focus on “what is to blame” rather than “who is to blame”, to increase person centred approaches and support best practice from NHSE/I. Experiential learning and staff experience feedback is being incorporated, including learning and input from our staff networks.

This work includes the introduction of Cultural Inclusion Ambassadors from within our workforce to support, advise and constructively challenge discrimination and cultural bias. This will initially be within our disciplinary and grievance processes, and then secondly focus on recruitment processes to address inequality gaps and to bring about cultural change. This evidence-based programme will be delivered in partnership with the Royal College of Nursing and includes training and support to empower the ambassadors in their role. It also provides support with future career development.

Further work includes the development of reasonable and workplace adjustments guidance, a toolkit and training to further support person centred approaches and wellbeing and attendance. Accessibility of our buildings and timely access to appropriate devices and equipment, are being incorporated within both estates and IT planning.

Mapping of our recruitment processes against the drivers: Attraction, Selection and Retention has been undertaken. A recruitment systems approach is currently being developed aligned to our workforce strategic planning. Work with our regional partners is also being undertaken to tackle the disparities in recruitment and to share best practices and grow our talent pool.

## **2.3. Engagement**

Our staff networks play a key role in driving and influencing our race and disability equality strategic direction and plans.

Our Workforce Race Equality Network (WREN) continues to grow, evolve and has now developed over three years from 25 to 176 members. Members continue to be active in sharing their experience and knowledge to inform and influence culture change.

Current focus includes activities and events to celebrate and mark South Asian Heritage month; participation in research, procedure development and activity to increase access and uptake of coaching and career development support. The WREN network has a clear priority forward plan to support and inform the delivery of our WRES and wider workforce development areas.

The active membership of our Disability and Wellbeing Network (DaWN) has started to increase from April 2021 to 47 members. Nationally across the NHS the active membership of disability staff networks is far lower than race equality networks. Psychological safety, stigma and the banner of “disability” are barriers to involvement, as identified through national research and DaWN member feedback. Increased one-to-one engagement activity with network members has been undertaken to identify actions to further support and inform the delivery of our WDES development areas. A forward plan to support and inform the delivery of our WDES has been developed and will be presented to the network in mid-October 2021.



### 3. Work programme in response to WRES and WDES

Our priority areas of focus will continue to be in relation to recruitment, progression and retention and actions to address the disproportionate number of disciplinary cases that involve ethnic minority staff. To enable this, we will;

- Work with our regional partners to tackle the disparities in recruitment and grow our talent pool.
- Continue to participate in, promote and develop career development and leadership development opportunities. This will be in collaboration with our staff networks to support minority ethnic and disabled colleagues, within our collaborative and regional partners. Programmes include mental health collaborative positive action 'Moving Forward' programme, to support career development of ethnic minority colleagues at Bands 5 and 6; promotion of NHSE/I national positive action programmes such as 'Stepping Up' and 'Ready Now' and our internal Mary Seacole leadership development programme.
- Actively support and promote our race and disability staff networks, each with executive sponsor leads to ensure that they have a voice at the Board.
- Continue to develop all our leaders to lead inclusively and with compassion, reflecting our Trust vision and values.
- Introduce cultural inclusion ambassadors across the Trust who will support, advise and constructively challenge practice, initially within our disciplinary, grievance and recruitment processes, to support to address inequality gaps and to bring about cultural change.
- Complete delivery and evaluate cohort one of our reciprocal mentoring scheme, with the intention to roll out further to ethnic minority and other diverse groups. Mid-programme evaluation has identified participants report positive relationships and shifts in perceptions. All respondents reported finding their mentoring relationship beneficial.

Improvement actions and timescales will be detailed within our People Plan. Details of our WRES and WDES actions will be published on our website in October 2021 to meet statutory requirements, following discussion and input from our race and disability equality networks.

### 4. Conclusion

The results of our 2021 WRES and WDES data highlight improvements in a number of indicators. However, there is still significant work to continue this trajectory across areas where there has been improvement in the last twelve months, as well as additional focus in the areas experiencing a downward trajectory.

Despite increased engagement of WREN members and the network's escalation structures in supporting the understanding of members' personal experiences, many of our ethnic minority colleagues still share that they are frustrated, unsatisfied and disillusioned. This is because progress is slower than they would like and does not seem proportionate with the challenges they face.

Equally, the findings of our WDES data over the last three years has evidenced little change in the experience of our colleagues with a disability or a long-term health condition. In addition to stigma, the "disability" banner has been raised by network members as a recognised barrier to staff engagement and involvement to drive change. Initial discussion has therefore taken place regarding use of language and whether as with race equality, the language we adopt and use as an organisation needs to be reviewed. This is being further explored through current engagement activity with network members.

The current development of our People Plan and review of our equality and diversity governance structure and membership will strengthen our approaches. The People Plan will articulate clear priorities, actions and measures over a three-year period on a Trust wide basis. It will provide strengthening of accountability through our revised governance processes, to accelerate improved outcomes and experience across WRES and WDES metric areas.

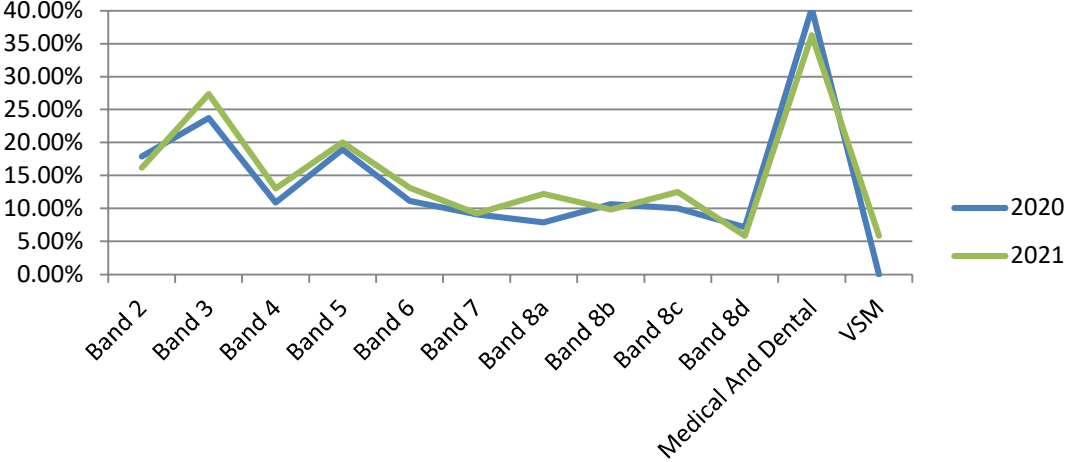

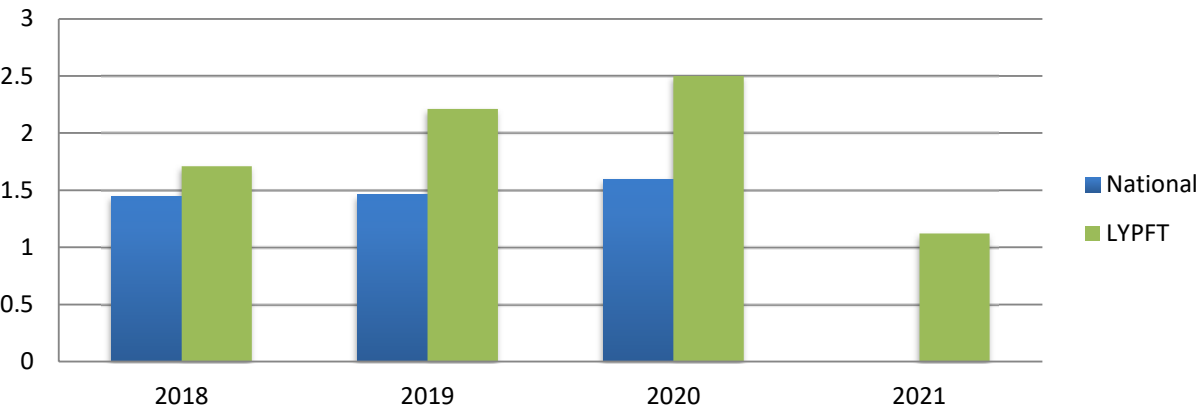
## **5. Recommendation**


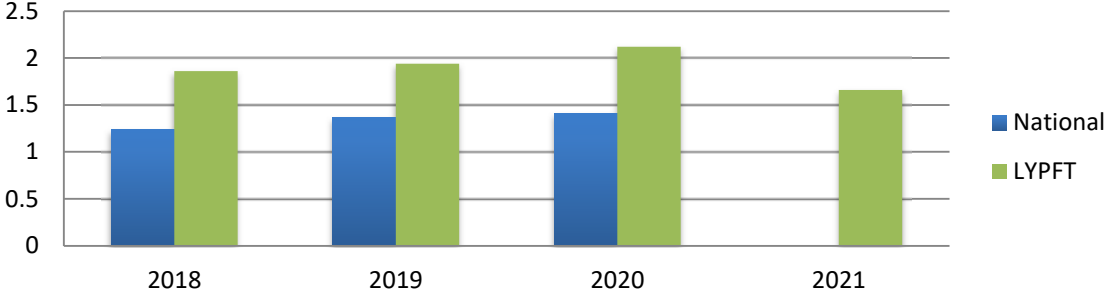

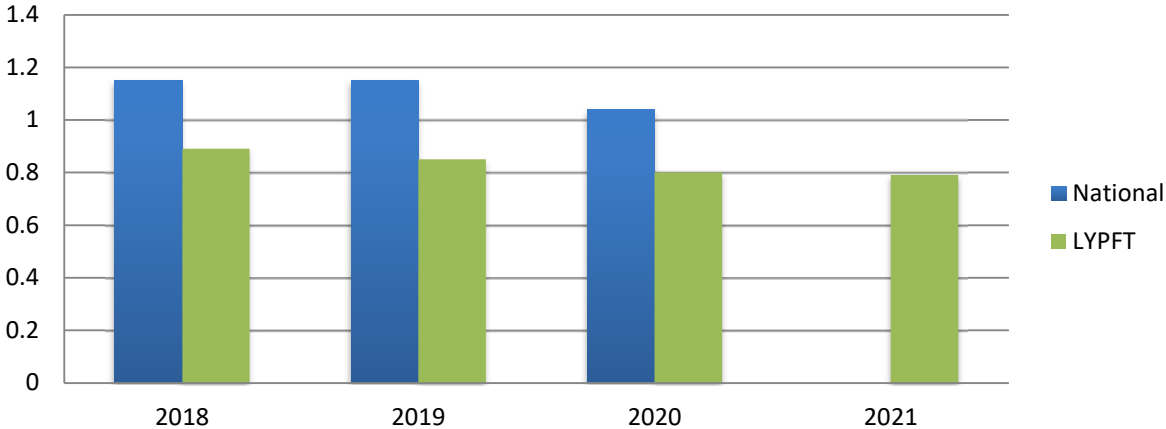
The Board of Directors is asked to

- Note the 2021 WRES and WDES results and reports for publication via the Trust website
- Consider and approve the priorities detailed at section three within this paper
- Receive assurance that the WRES and WDES actions will be published on the Trust website by 29 October 2021 to meet statutory reporting requirements.


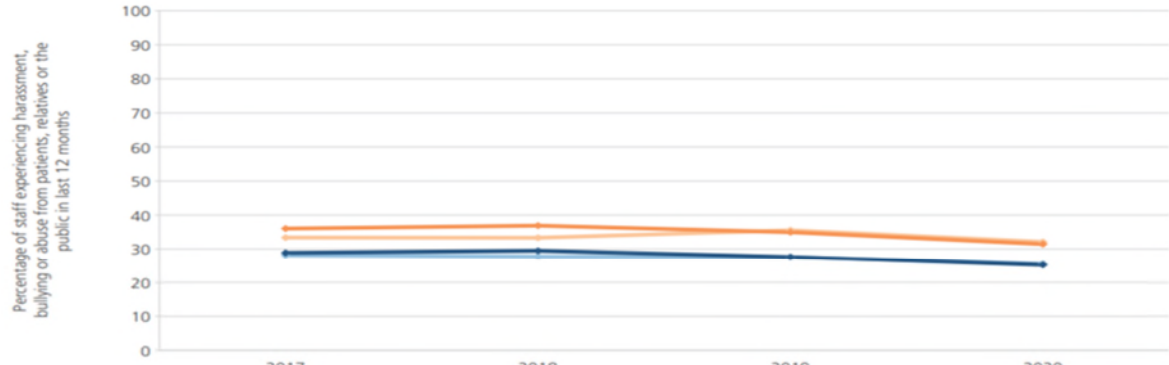

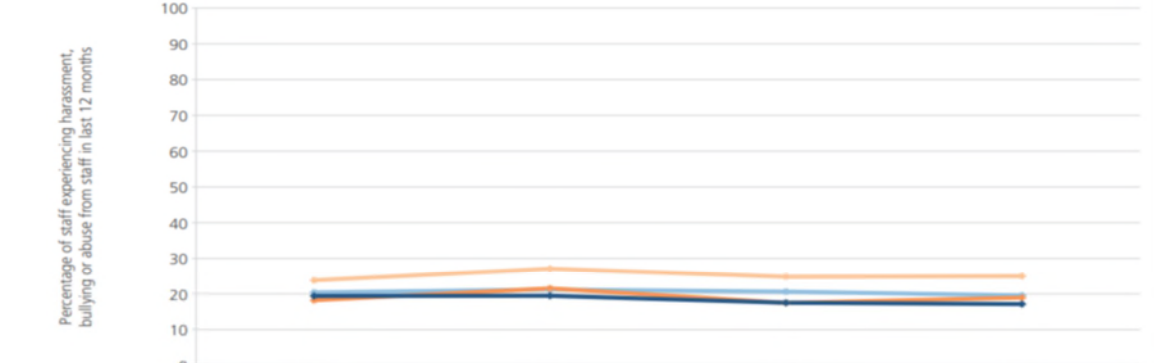
Caroline Bamford  
Head of Diversity and Inclusion  
13 September 2021

# LYPFT Workforce Race Equality Report 2021

WRES Indicator	Summary Data	2021 Key Findings																																							
<b>1 and 9.</b> Ethnic minority representation across the organisation	 <table border="1"> <caption>Ethnic minority representation by band</caption> <thead> <tr> <th>Band</th> <th>2020 (%)</th> <th>2021 (%)</th> </tr> </thead> <tbody> <tr><td>Band 2</td><td>18.00</td><td>17.00</td></tr> <tr><td>Band 3</td><td>24.00</td><td>27.00</td></tr> <tr><td>Band 4</td><td>11.00</td><td>14.00</td></tr> <tr><td>Band 5</td><td>19.00</td><td>20.00</td></tr> <tr><td>Band 6</td><td>11.00</td><td>13.00</td></tr> <tr><td>Band 7</td><td>9.23</td><td>10.00</td></tr> <tr><td>Band 8a</td><td>8.00</td><td>12.20</td></tr> <tr><td>Band 8b</td><td>10.00</td><td>10.00</td></tr> <tr><td>Band 8c</td><td>10.00</td><td>12.50</td></tr> <tr><td>Band 8d</td><td>7.70</td><td>6.00</td></tr> <tr><td>Medical And Dental</td><td>39.00</td><td>36.00</td></tr> <tr><td>VSM</td><td>0.00</td><td>5.00</td></tr> </tbody> </table>	Band	2020 (%)	2021 (%)	Band 2	18.00	17.00	Band 3	24.00	27.00	Band 4	11.00	14.00	Band 5	19.00	20.00	Band 6	11.00	13.00	Band 7	9.23	10.00	Band 8a	8.00	12.20	Band 8b	10.00	10.00	Band 8c	10.00	12.50	Band 8d	7.70	6.00	Medical And Dental	39.00	36.00	VSM	0.00	5.00	<p><b>AfC Bands 1 to 7</b> Overall BAME representation is broadly representative of the BAME working population in Leeds which is 12% with the exception of B7 at 9.23%.</p> <p><b>Board and senior management</b> Increase in representation at B8a (12.2%) and B8c (12.5%). BAME at Board is under-represented at 7.7%.</p>
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<b>2</b> Likelihood of staff being appointed from shortlisted 	<p><b>Likelihood of white staff being appointed from shortlisted compared to BME staff</b></p>  <table border="1"> <caption>Likelihood of white staff being appointed from shortlisted compared to BME staff</caption> <thead> <tr> <th>Year</th> <th>National</th> <th>LYPFT</th> </tr> </thead> <tbody> <tr><td>2018</td><td>1.45</td><td>1.70</td></tr> <tr><td>2019</td><td>1.45</td><td>2.20</td></tr> <tr><td>2020</td><td>1.60</td><td>2.50</td></tr> <tr><td>2021</td><td>-</td><td>1.12</td></tr> </tbody> </table>	Year	National	LYPFT	2018	1.45	1.70	2019	1.45	2.20	2020	1.60	2.50	2021	-	1.12	<p>Shortlisted BAME applicants are less likely to be appointed than white applicants and this remains an area for improvement. However the ratio has improved from 2.5 to 1.12 and is closer to equalising.</p>																								
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WRES Indicator	Summary Data	2021 Key Findings															
<div>3</div> <div>Likelihood of staff entering formal disciplinary process</div> <div></div>	<div>Likelihood of BME staff entering the formal disciplinary compared to white staff</div> <div><table><thead><tr><th>Year</th><th>National</th><th>LYPFT</th></tr></thead><tbody><tr><td>2018</td><td>1.25</td><td>1.85</td></tr><tr><td>2019</td><td>1.35</td><td>1.95</td></tr><tr><td>2020</td><td>1.4</td><td>2.1</td></tr><tr><td>2021</td><td></td><td>1.65</td></tr></tbody></table></div>	Year	National	LYPFT	2018	1.25	1.85	2019	1.35	1.95	2020	1.4	2.1	2021		1.65	<p>BAME colleagues are more likely to enter the formal disciplinary process and this remains an area for improvement. However the ratio has improved from 2.12 to 1.66 and is closer to equalising. The number of both white and BAME colleagues entering a formal process has reduced when compared to last year.</p>
Year	National	LYPFT															
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2019	1.35	1.95															
2020	1.4	2.1															
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<div>4</div> <div>Likelihood of staff accessing non-mandatory training and continuous personal development</div> <div></div>	<div>Likelihood of white staff accessing non-mandatory training and continuous personal development compared to BME staff</div> <div><table><thead><tr><th>Year</th><th>National</th><th>LYPFT</th></tr></thead><tbody><tr><td>2018</td><td>1.15</td><td>0.9</td></tr><tr><td>2019</td><td>1.15</td><td>0.85</td></tr><tr><td>2020</td><td>1.05</td><td>0.8</td></tr><tr><td>2021</td><td></td><td>0.8</td></tr></tbody></table></div>	Year	National	LYPFT	2018	1.15	0.9	2019	1.15	0.85	2020	1.05	0.8	2021		0.8	<p>White staff are less likely to access non-mandatory training and continuing professional development than BAME colleagues. Data for 2020/21 identified that recorded uptake for BAME staff was 60% compared to our white workforce at 40%.</p>
Year	National	LYPFT															
2018	1.15	0.9															
2019	1.15	0.85															
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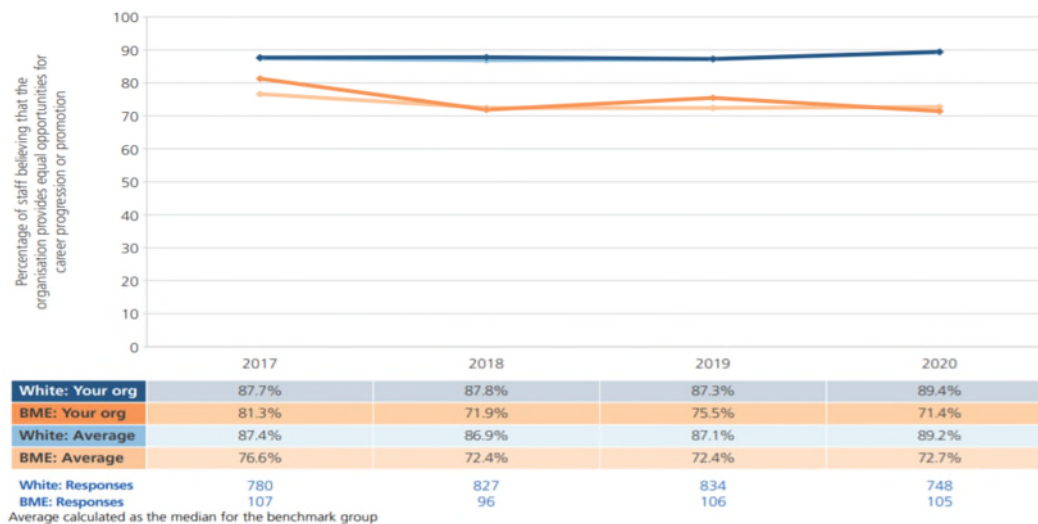
WRES Indicator	Summary Data	2021 Key Findings																														
<div>5 Percentage of staff experiencing harassment, bullying/abuse from patients, relatives/public</div> <div></div>	<div></div> <table><tr><td>White: Your org</td><td>28.9%</td><td>29.5%</td><td>27.6%</td><td>25.2%</td></tr><tr><td>BME: Your org</td><td>36.0%</td><td>36.9%</td><td>35.0%</td><td>31.5%</td></tr><tr><td>White: Average</td><td>28.1%</td><td>27.8%</td><td>27.6%</td><td>25.4%</td></tr><tr><td>BME: Average</td><td>33.4%</td><td>33.3%</td><td>35.5%</td><td>32.1%</td></tr><tr><td>White: Responses</td><td>1,136</td><td>1,190</td><td>1,173</td><td>1,089</td></tr><tr><td>BME: Responses</td><td>172</td><td>168</td><td>183</td><td>178</td></tr></table> <div>Average calculated as the median for the benchmark group</div>	White: Your org	28.9%	29.5%	27.6%	25.2%	BME: Your org	36.0%	36.9%	35.0%	31.5%	White: Average	28.1%	27.8%	27.6%	25.4%	BME: Average	33.4%	33.3%	35.5%	32.1%	White: Responses	1,136	1,190	1,173	1,089	BME: Responses	172	168	183	178	<div>Staff survey results show a decrease in BAME staff experiencing harassment bullying/abuse from patients, relatives/public (31.5%) compared to 35% last year). However, BAME staff are still more likely to experience harassment, bullying/abuse from patients, relatives/public than white staff (25.4%).</div>
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BME: Your org	36.0%	36.9%	35.0%	31.5%																												
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White: Your org	19.4%	19.5%	17.5%	17.2%																												
BME: Your org	18.2%	21.6%	17.5%	19.0%																												
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## WRES Indicator

## Summary Data

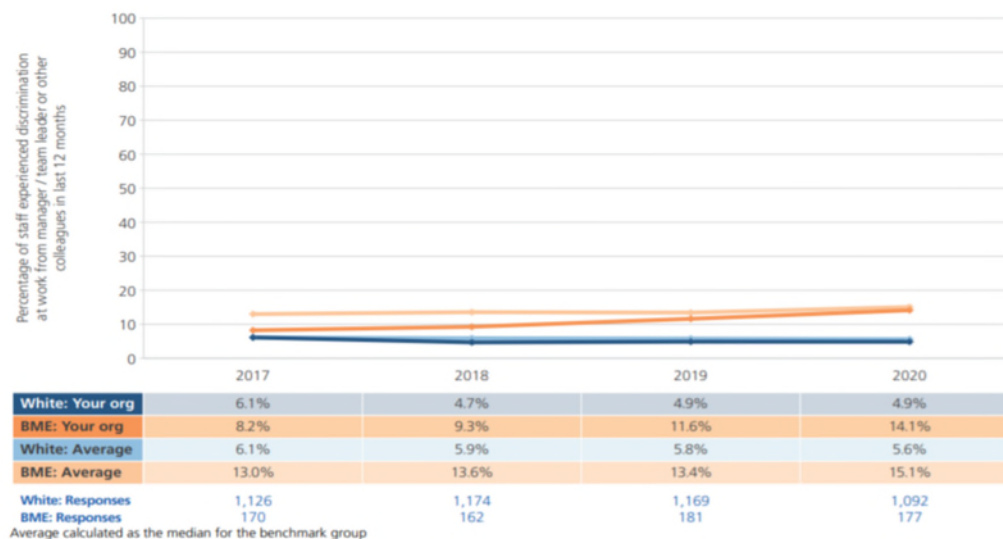
## 2021 Key Findings

**7** Percentage of staff believing Trust provides equal opportunities for career progression or promotion



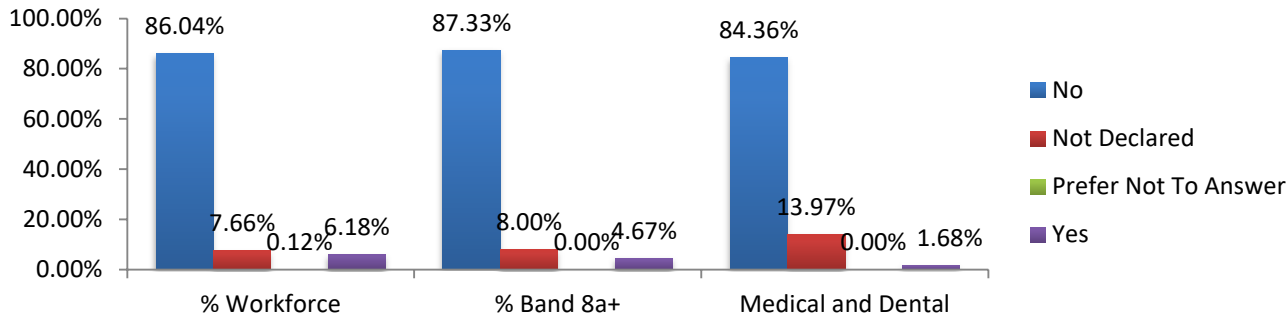
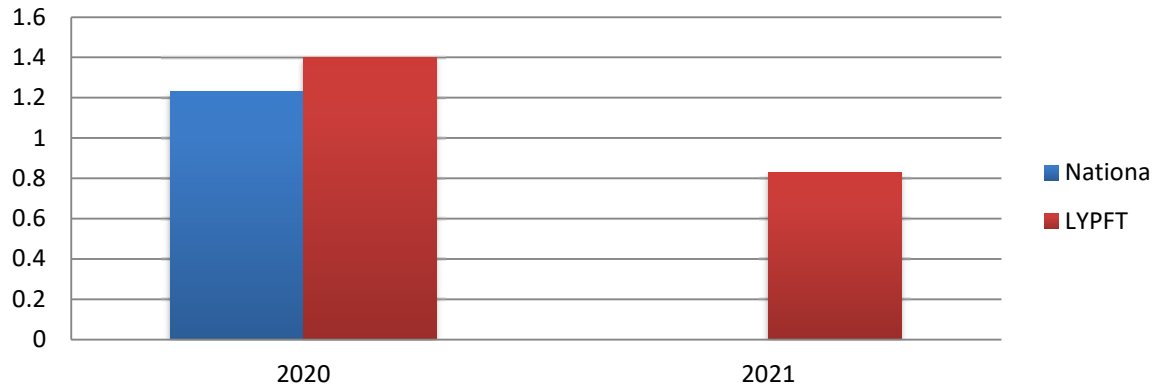
There is a negative decrease in BAME staff (75.5% to 71.4%) believing the Trust provides equal opportunities for career progression/promotion. The gap in experience of white compared to BAME staff has widened to an 18% difference.


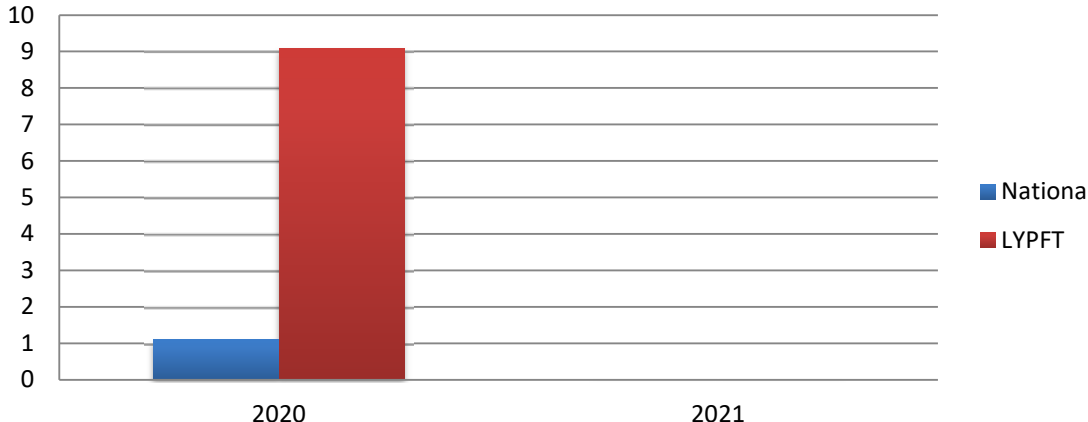

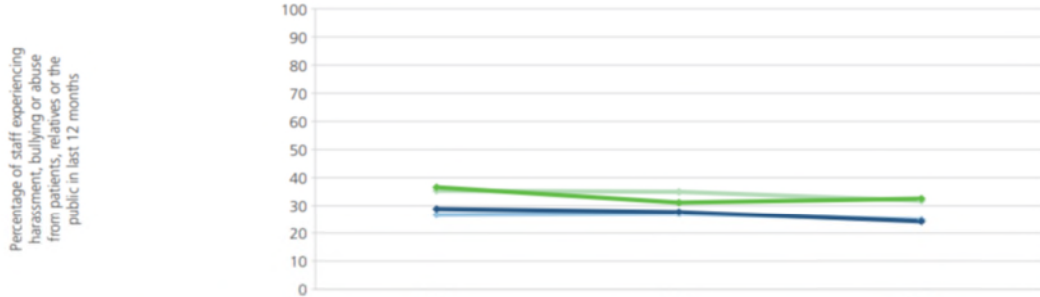
**8** Percentage of staff experiencing discrimination at work from their manager, team leader or other colleagues


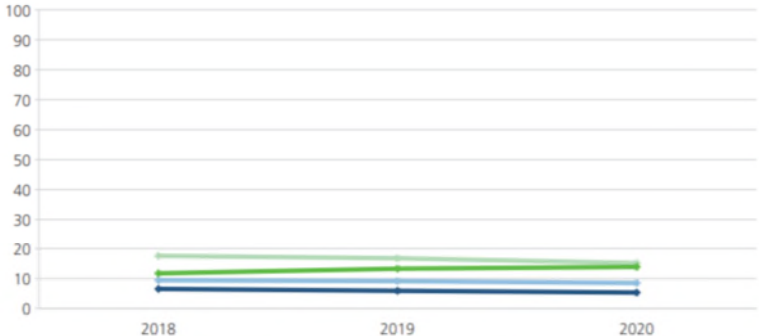

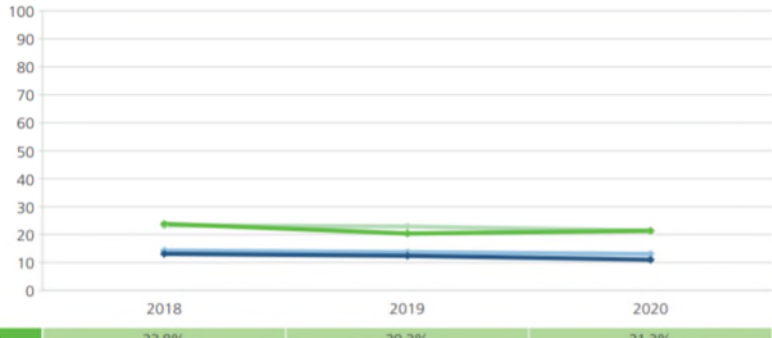



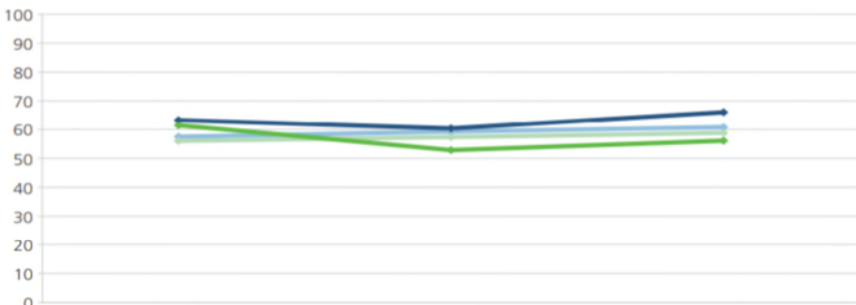

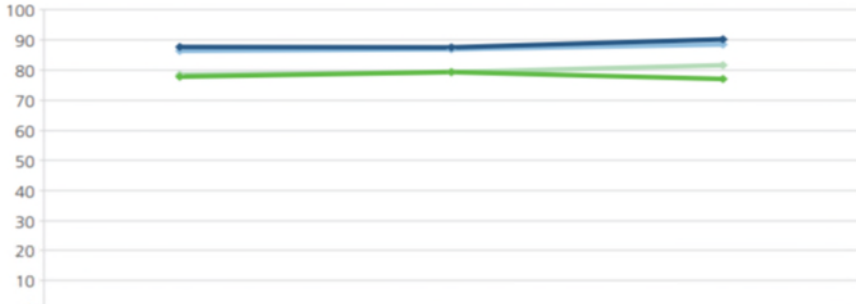
There is a negative increase in BAME staff (11.6% to 14.1%) experiencing discrimination at work along with a widening in the gap in experience. However this is below the BAME national average at 15.1%

# LYPFT Workforce Disability Equality Report 2021


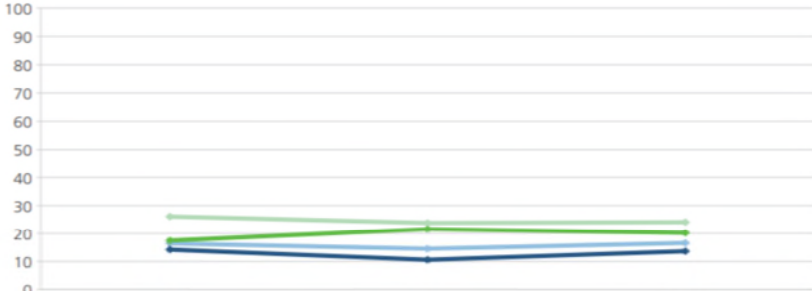

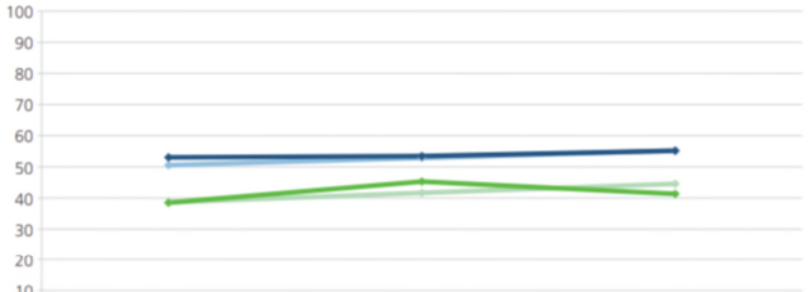
WDES Indicator	Summary Data	Key Findings																				
1 Representation across the organisation	<p><b>Workforce by disability March 2021</b></p>  <table><thead><tr><th>Category</th><th>No</th><th>Not Declared</th><th>Prefer Not To Answer</th><th>Yes</th></tr></thead><tbody><tr><td>% Workforce</td><td>86.04%</td><td>7.66%</td><td>0.12%</td><td>6.18%</td></tr><tr><td>% Band 8a+</td><td>87.33%</td><td>8.00%</td><td>0.00%</td><td>4.67%</td></tr><tr><td>Medical and Dental</td><td>84.36%</td><td>13.97%</td><td>0.00%</td><td>1.68%</td></tr></tbody></table>	Category	No	Not Declared	Prefer Not To Answer	Yes	% Workforce	86.04%	7.66%	0.12%	6.18%	% Band 8a+	87.33%	8.00%	0.00%	4.67%	Medical and Dental	84.36%	13.97%	0.00%	1.68%	<p><b>Workforce Representation</b> Not declared remains significant. However there has been a 0.4% increase in information recorded in ESR in respect of disability compared to last year.</p>
Category	No	Not Declared	Prefer Not To Answer	Yes																		
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2 Likelihood of staff being appointed from shortlisted	<p><b>Likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting .</b></p>  <table><thead><tr><th>Year</th><th>National</th><th>LYPFT</th></tr></thead><tbody><tr><td>2020</td><td>1.23</td><td>1.40</td></tr><tr><td>2021</td><td></td><td>0.83</td></tr></tbody></table>	Year	National	LYPFT	2020	1.23	1.40	2021		0.83	<p>The likelihood of non-disabled staff being appointed from shortlisting has reduced to 0.83, evidencing increased equity.</p>											
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2021		0.83																				

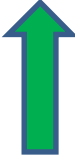
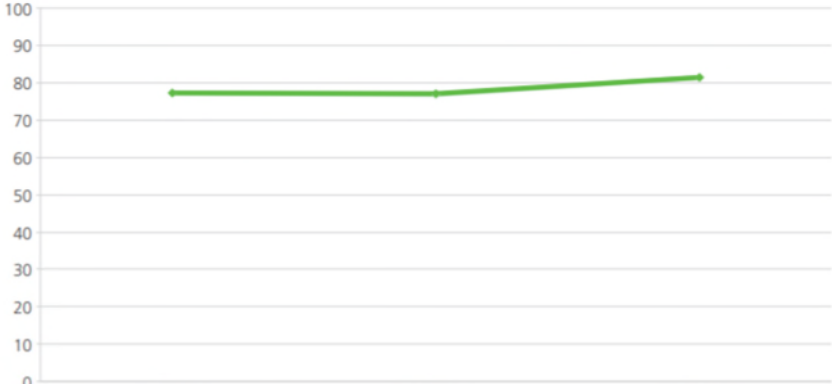

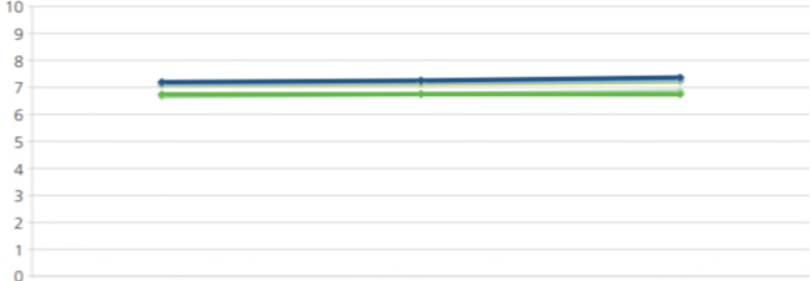
WDES Indicator	Summary Data	Key Findings																												
<div>3</div> <div>Likelihood of staff entering formal Capability process</div> <div></div>	<div>Likelihood of disabled staff entering the formal capability process compared to non-disabled staff</div> <div></div> <table><tr><th>Year</th><th>National</th><th>LYPFT</th></tr><tr><td>2020</td><td>1.1</td><td>9.0</td></tr><tr><td>2021</td><td>0.0</td><td>0.0</td></tr></table>	Year	National	LYPFT	2020	1.1	9.0	2021	0.0	0.0	<div>In 2021 no disabled colleagues entered the formal capability process and therefore a ratio figure is not displayed. It should be noted that actual numbers entering the process are very small at fewer than five cases.</div>																			
Year	National	LYPFT																												
2020	1.1	9.0																												
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<div>4a</div> <div>Percentage of staff experiencing harassment, bullying/abuse from patients, relatives/public</div> <div></div>	<div></div> <table><tr><th></th><th>2018</th><th>2019</th><th>2020</th></tr><tr><td>Staff with a LTC or illness: Your org</td><td>36.6%</td><td>31.1%</td><td>32.6%</td></tr><tr><td>Staff without a LTC or illness: Your org</td><td>28.8%</td><td>27.7%</td><td>24.2%</td></tr><tr><td>Staff with a LTC or illness: Average</td><td>35.4%</td><td>35.0%</td><td>31.8%</td></tr><tr><td>Staff without a LTC or illness: Average</td><td>26.6%</td><td>27.0%</td><td>24.7%</td></tr><tr><td>Staff with a LTC or illness: Responses</td><td>287</td><td>318</td><td>298</td></tr><tr><td>Staff without a LTC or illness: Responses</td><td>1,092</td><td>1,054</td><td>981</td></tr></table> <div>Average calculated as the median for the benchmark group</div>		2018	2019	2020	Staff with a LTC or illness: Your org	36.6%	31.1%	32.6%	Staff without a LTC or illness: Your org	28.8%	27.7%	24.2%	Staff with a LTC or illness: Average	35.4%	35.0%	31.8%	Staff without a LTC or illness: Average	26.6%	27.0%	24.7%	Staff with a LTC or illness: Responses	287	318	298	Staff without a LTC or illness: Responses	1,092	1,054	981	<div>Bullying and harassment from patients has slightly increased for disabled colleagues from 31.1% to 32.6%. This is slightly above the national average for disabled staff (at 31.8%).</div>
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<div>4a Percentage of staff experiencing harassment, bullying/abuse from Managers</div> <div></div>	<div><div>Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months</div><table><tr><td>Staff with a LTC or illness: Your org</td><td>11.7%</td><td>13.3%</td><td>13.9%</td></tr><tr><td>Staff without a LTC or illness: Your org</td><td>6.5%</td><td>5.9%</td><td>5.3%</td></tr><tr><td>Staff with a LTC or illness: Average</td><td>17.6%</td><td>16.8%</td><td>15.2%</td></tr><tr><td>Staff without a LTC or illness: Average</td><td>9.4%</td><td>9.1%</td><td>8.5%</td></tr><tr><td>Staff with a LTC or illness: Responses</td><td>281</td><td>316</td><td>295</td></tr><tr><td>Staff without a LTC or illness: Responses</td><td>1,085</td><td>1,048</td><td>975</td></tr></table><div>Average calculated as the median for the benchmark group</div></div>	Staff with a LTC or illness: Your org	11.7%	13.3%	13.9%	Staff without a LTC or illness: Your org	6.5%	5.9%	5.3%	Staff with a LTC or illness: Average	17.6%	16.8%	15.2%	Staff without a LTC or illness: Average	9.4%	9.1%	8.5%	Staff with a LTC or illness: Responses	281	316	295	Staff without a LTC or illness: Responses	1,085	1,048	975	<div>Bullying, harassment and abuse from both managers and colleagues has slightly increased for disabled staff but by less than 1%. There is a gap in experience between disabled and non-disabled staff for both questions. The gap has not significantly changed and is similar to the gap in other MH Trusts.</div>
Staff with a LTC or illness: Your org	11.7%	13.3%	13.9%																							
Staff without a LTC or illness: Your org	6.5%	5.9%	5.3%																							
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<div>4a Percentage of staff experiencing harassment, bullying/abuse from Colleagues</div> <div></div>	<div><div>Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months</div><table><tr><td>Staff with a LTC or illness: Your org</td><td>23.8%</td><td>20.3%</td><td>21.3%</td></tr><tr><td>Staff without a LTC or illness: Your org</td><td>13.0%</td><td>12.4%</td><td>11.0%</td></tr><tr><td>Staff with a LTC or illness: Average</td><td>23.2%</td><td>22.8%</td><td>21.3%</td></tr><tr><td>Staff without a LTC or illness: Average</td><td>14.2%</td><td>13.7%</td><td>13.0%</td></tr><tr><td>Staff with a LTC or illness: Responses</td><td>286</td><td>315</td><td>296</td></tr><tr><td>Staff without a LTC or illness: Responses</td><td>1,073</td><td>1,036</td><td>976</td></tr></table><div>Average calculated as the median for the benchmark group</div></div>	Staff with a LTC or illness: Your org	23.8%	20.3%	21.3%	Staff without a LTC or illness: Your org	13.0%	12.4%	11.0%	Staff with a LTC or illness: Average	23.2%	22.8%	21.3%	Staff without a LTC or illness: Average	14.2%	13.7%	13.0%	Staff with a LTC or illness: Responses	286	315	296	Staff without a LTC or illness: Responses	1,073	1,036	976	
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Staff without a LTC or illness: Responses	1,073	1,036	976																							

WDES Indicator	Summary Data	Key Findings																								
<div>4b Reporting harassment, bullying or abuse</div> <div></div>	<div><div><div>Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it</div></div><table><tr><td>Staff with a LTC or illness: Your org</td><td>61.5%</td><td>52.8%</td><td>56.1%</td></tr><tr><td>Staff without a LTC or illness: Your org</td><td>63.3%</td><td>60.4%</td><td>66.1%</td></tr><tr><td>Staff with a LTC or illness: Average</td><td>56.1%</td><td>57.4%</td><td>58.8%</td></tr><tr><td>Staff without a LTC or illness: Average</td><td>57.5%</td><td>59.3%</td><td>60.8%</td></tr><tr><td>Staff with a LTC or illness: Responses</td><td>122</td><td>123</td><td>123</td></tr><tr><td>Staff without a LTC or illness: Responses</td><td>327</td><td>338</td><td>286</td></tr></table><div>Average calculated as the median for the benchmark group</div></div>	Staff with a LTC or illness: Your org	61.5%	52.8%	56.1%	Staff without a LTC or illness: Your org	63.3%	60.4%	66.1%	Staff with a LTC or illness: Average	56.1%	57.4%	58.8%	Staff without a LTC or illness: Average	57.5%	59.3%	60.8%	Staff with a LTC or illness: Responses	122	123	123	Staff without a LTC or illness: Responses	327	338	286	<div>Both the % of disabled and non-disabled staff who said they reported incidents when they experienced bullying and harassment has increased.</div>
Staff with a LTC or illness: Your org	61.5%	52.8%	56.1%																							
Staff without a LTC or illness: Your org	63.3%	60.4%	66.1%																							
Staff with a LTC or illness: Average	56.1%	57.4%	58.8%																							
Staff without a LTC or illness: Average	57.5%	59.3%	60.8%																							
Staff with a LTC or illness: Responses	122	123	123																							
Staff without a LTC or illness: Responses	327	338	286																							
<div>5 Percentage of staff believing Trust provides equal opportunities for career progression or promotion</div> <div></div>	<div><div><div>Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion</div></div><table><tr><td>Staff with a LTC or illness: Your org</td><td>77.8%</td><td>79.3%</td><td>77.1%</td></tr><tr><td>Staff without a LTC or illness: Your org</td><td>87.7%</td><td>87.5%</td><td>90.2%</td></tr><tr><td>Staff with a LTC or illness: Average</td><td>78.5%</td><td>79.3%</td><td>81.6%</td></tr><tr><td>Staff without a LTC or illness: Average</td><td>86.4%</td><td>86.9%</td><td>88.5%</td></tr><tr><td>Staff with a LTC or illness: Responses</td><td>194</td><td>213</td><td>192</td></tr><tr><td>Staff without a LTC or illness: Responses</td><td>737</td><td>737</td><td>662</td></tr></table><div>Average calculated as the median for the benchmark group</div></div>	Staff with a LTC or illness: Your org	77.8%	79.3%	77.1%	Staff without a LTC or illness: Your org	87.7%	87.5%	90.2%	Staff with a LTC or illness: Average	78.5%	79.3%	81.6%	Staff without a LTC or illness: Average	86.4%	86.9%	88.5%	Staff with a LTC or illness: Responses	194	213	192	Staff without a LTC or illness: Responses	737	737	662	<div>The % of disabled staff reporting that the trust provides equal opportunities for career progression has reduced from 79.3% to 77.1%. There is an increasing gap in experience between disabled and non-disabled colleagues.</div>
Staff with a LTC or illness: Your org	77.8%	79.3%	77.1%																							
Staff without a LTC or illness: Your org	87.7%	87.5%	90.2%																							
Staff with a LTC or illness: Average	78.5%	79.3%	81.6%																							
Staff without a LTC or illness: Average	86.4%	86.9%	88.5%																							
Staff with a LTC or illness: Responses	194	213	192																							
Staff without a LTC or illness: Responses	737	737	662																							



WDES Indicator	Summary Data	Key Findings																												
<div>6 Percentage of staff who have felt pressure to come to work, despite not feeling well enough to perform their duties</div> <div></div>	<div><div><div>Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties</div></div><table><tr><td></td><td>2018</td><td>2019</td><td>2020</td></tr><tr><td>Staff with a LTC or illness: Your org</td><td>17.4%</td><td>21.6%</td><td>20.2%</td></tr><tr><td>Staff without a LTC or illness: Your org</td><td>14.2%</td><td>10.6%</td><td>13.6%</td></tr><tr><td>Staff with a LTC or illness: Average</td><td>26.2%</td><td>23.9%</td><td>24.1%</td></tr><tr><td>Staff without a LTC or illness: Average</td><td>16.4%</td><td>14.5%</td><td>16.6%</td></tr><tr><td>Staff with a LTC or illness: Responses</td><td>195</td><td>213</td><td>183</td></tr><tr><td>Staff without a LTC or illness: Responses</td><td>493</td><td>482</td><td>352</td></tr></table><div>Average calculated as the median for the benchmark group</div></div>		2018	2019	2020	Staff with a LTC or illness: Your org	17.4%	21.6%	20.2%	Staff without a LTC or illness: Your org	14.2%	10.6%	13.6%	Staff with a LTC or illness: Average	26.2%	23.9%	24.1%	Staff without a LTC or illness: Average	16.4%	14.5%	16.6%	Staff with a LTC or illness: Responses	195	213	183	Staff without a LTC or illness: Responses	493	482	352	<div>There has been a positive 1.4% decrease in the % of disabled staff reporting that they have felt pressure to come to work despite not feeling well enough.</div>
	2018	2019	2020																											
Staff with a LTC or illness: Your org	17.4%	21.6%	20.2%																											
Staff without a LTC or illness: Your org	14.2%	10.6%	13.6%																											
Staff with a LTC or illness: Average	26.2%	23.9%	24.1%																											
Staff without a LTC or illness: Average	16.4%	14.5%	16.6%																											
Staff with a LTC or illness: Responses	195	213	183																											
Staff without a LTC or illness: Responses	493	482	352																											
<div>7 Percentage of staff satisfied with the extent to which the Trust values their work</div> <div></div>	<div><div><div>Percentage of staff satisfied with the extent to which their organisation values their work</div></div><table><tr><td></td><td>2018</td><td>2019</td><td>2020</td></tr><tr><td>Staff with a LTC or illness: Your org</td><td>38.5%</td><td>45.3%</td><td>41.3%</td></tr><tr><td>Staff without a LTC or illness: Your org</td><td>53.1%</td><td>53.5%</td><td>55.2%</td></tr><tr><td>Staff with a LTC or illness: Average</td><td>38.6%</td><td>41.7%</td><td>44.6%</td></tr><tr><td>Staff without a LTC or illness: Average</td><td>50.6%</td><td>52.9%</td><td>55.2%</td></tr><tr><td>Staff with a LTC or illness: Responses</td><td>283</td><td>318</td><td>300</td></tr><tr><td>Staff without a LTC or illness: Responses</td><td>1,080</td><td>1,051</td><td>986</td></tr></table><div>Average calculated as the median for the benchmark group</div></div>		2018	2019	2020	Staff with a LTC or illness: Your org	38.5%	45.3%	41.3%	Staff without a LTC or illness: Your org	53.1%	53.5%	55.2%	Staff with a LTC or illness: Average	38.6%	41.7%	44.6%	Staff without a LTC or illness: Average	50.6%	52.9%	55.2%	Staff with a LTC or illness: Responses	283	318	300	Staff without a LTC or illness: Responses	1,080	1,051	986	<div>There has been a 4% decrease in the % of disabled staff who reported they are satisfied with extent to which the trust values their work. This is below the national average for mental health trusts.</div>
	2018	2019	2020																											
Staff with a LTC or illness: Your org	38.5%	45.3%	41.3%																											
Staff without a LTC or illness: Your org	53.1%	53.5%	55.2%																											
Staff with a LTC or illness: Average	38.6%	41.7%	44.6%																											
Staff without a LTC or illness: Average	50.6%	52.9%	55.2%																											
Staff with a LTC or illness: Responses	283	318	300																											
Staff without a LTC or illness: Responses	1,080	1,051	986																											

WDES Indicator	Summary Data	Key Findings																																				
<div>8</div> <div>Percentage of disabled staff saying that their employer has made adjustments to enable them to carry out their work</div> <div></div>	<div><div>Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work</div><div></div><table><thead><tr><th></th><th>2018</th><th>2019</th><th>2020</th></tr></thead><tbody><tr><td>Staff with a LTC or illness: Your org</td><td>77.3%</td><td>77.1%</td><td>81.5%</td></tr><tr><td>Staff with a LTC or illness: Average</td><td>77.3%</td><td>76.9%</td><td>81.4%</td></tr><tr><td>Staff with a LTC or illness: Responses</td><td>172</td><td>210</td><td>189</td></tr></tbody></table><div>Average calculated as the median for the benchmark group</div></div>		2018	2019	2020	Staff with a LTC or illness: Your org	77.3%	77.1%	81.5%	Staff with a LTC or illness: Average	77.3%	76.9%	81.4%	Staff with a LTC or illness: Responses	172	210	189	<div>There has been a positive 4.4% increase in the % of disabled staff who report that the trust has made adequate adjustments to enable them to carry out their work.</div>																				
	2018	2019	2020																																			
Staff with a LTC or illness: Your org	77.3%	77.1%	81.5%																																			
Staff with a LTC or illness: Average	77.3%	76.9%	81.4%																																			
Staff with a LTC or illness: Responses	172	210	189																																			
<div>9</div> <div>Staff Engagement</div> <div></div>	<div><div>Staff engagement score (0-10)</div><div></div><table><thead><tr><th></th><th>2018</th><th>2019</th><th>2020</th></tr></thead><tbody><tr><td>Organisation average</td><td>7.1</td><td>7.1</td><td>7.2</td></tr><tr><td>Staff with a LTC or illness: Your org</td><td>6.7</td><td>6.8</td><td>6.7</td></tr><tr><td>Staff without a LTC or illness: Your org</td><td>7.2</td><td>7.3</td><td>7.4</td></tr><tr><td>Staff with a LTC or illness: Average</td><td>6.7</td><td>6.8</td><td>6.8</td></tr><tr><td>Staff without a LTC or illness: Average</td><td>7.1</td><td>7.2</td><td>7.3</td></tr><tr><td>Organisation Responses</td><td>1,416</td><td>1,408</td><td>1,307</td></tr><tr><td>Staff with a LTC or illness: Responses</td><td>287</td><td>320</td><td>301</td></tr><tr><td>Staff without a LTC or illness: Responses</td><td>1,096</td><td>1,063</td><td>988</td></tr></tbody></table><div>Average calculated as the median for the benchmark group</div></div>		2018	2019	2020	Organisation average	7.1	7.1	7.2	Staff with a LTC or illness: Your org	6.7	6.8	6.7	Staff without a LTC or illness: Your org	7.2	7.3	7.4	Staff with a LTC or illness: Average	6.7	6.8	6.8	Staff without a LTC or illness: Average	7.1	7.2	7.3	Organisation Responses	1,416	1,408	1,307	Staff with a LTC or illness: Responses	287	320	301	Staff without a LTC or illness: Responses	1,096	1,063	988	<div>There has been a slight reduction in the staff engagement score for disabled colleagues from 6.8 to 6.7. This is below our trust average staff engagement score at 7.2.</div>
	2018	2019	2020																																			
Organisation average	7.1	7.1	7.2																																			
Staff with a LTC or illness: Your org	6.7	6.8	6.7																																			
Staff without a LTC or illness: Your org	7.2	7.3	7.4																																			
Staff with a LTC or illness: Average	6.7	6.8	6.8																																			
Staff without a LTC or illness: Average	7.1	7.2	7.3																																			
Organisation Responses	1,416	1,408	1,307																																			
Staff with a LTC or illness: Responses	287	320	301																																			
Staff without a LTC or illness: Responses	1,096	1,063	988																																			



**AGENDA  
ITEM**

**18**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	2021/22 NHS England EPRR Standard Assurance
<b>DATE OF MEETING:</b>	30 September 2021
<b>PRESENTED BY:</b> (name and title)	Joanna Forster Adams, Chief Operating Officer and Accountable Emergency Officer
<b>PREPARED BY:</b> (name and title)	Andrew Jackson, Resilience Lead and Corporate Business Manager

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

<b>EXECUTIVE SUMMARY</b>		
<p>The requirement to self-assess against NHS England's core standards for EPRR is an annual obligation for all NHS funded bodies. It is important to note that this is an assessment of organisational compliance rather than the narrow focus on the EPRR function. The attached paper describes the area of challenge and partial compliance with the standards and the assessment gives the Trust a partial compliance rating (81.1%). This is a decrease from the last year a full assessment was done in 2019 due to the pandemic taking almost all available EPRR and other staff's time.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

<b>RECOMMENDATION</b>
<p>The Board of Directors is asked to note the recommendation of the Trust's Finance and Performance Committee and approve the Trust's assessment position for 2021/22 and the attached action plan. This will enable the Chief Operating Officer acting as Accountable Emergency Officer to sign of the declaration (appendix 1)</p>

## **NHS ENGLAND EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR) ASSURANCE REPORT**

**2021-2022**

### **1. Introduction**

The requirement to self-assess against NHS England's core standards for EPRR is an annual obligation for all NHS funded bodies. It is important to note that this is an assessment of organisational compliance rather than the narrow focus on the EPRR function. The 2021-22 process is, as it was 2020-21, a different arrangement than earlier years. The standards have been reduced for 2021-22 to smaller number and 12 month's leeway has been given on revisions to plans and procedures.

The ongoing pandemic has had a profound impact on NHS EPRR functions as can be appreciated and naturally managing the incident response has been a principal duty for EPRR staff – often to the detriment of other duties such as training, exercising, plans and procedural development.

In addition, the Trust has conducted an internal debrief and an NHS England requested lesson learned paper. Both processes have identified significant learning that needs considering in plans and procedures going forward.

A deep dive regarding medical gases was required in 2021-22. This was in relation to medical gas supply installations and hence was not deemed applicable to our Trust which does not have a fixed medical gas supply system.

### **2. Summary of the Main Issues**

#### **2.1. Planning and Multi-Disciplinary Authoring of Plans**

There is an urgent need to review the following sets of plans in the context of the pandemic:

- The Trust's Incident Response plan
- The Trust's Pandemic Influenza Plan – this needs to become a generalised pandemic plan given the impact of Covid
- The Trust's Business Continuity Plans

Historically EPRR plans have been authored by the EPRR lead and comments then sought as part of the approval process. However, given the expectations that plans are effective and contain appropriate guidance this way of working is not the most reliable way of ensuring plans are fit for purpose. The need to re-write the pandemic flu plan working with IPC colleagues is an obvious case in point. There are several other plans that fall in the same category.

## **2.2. Chemical Biological Radiological and Nuclear (CBRN) Arrangements**

From a mental health perspective this area of the standards is about the initial response to self-presenting contaminated patients (from an external incident). The process is sometimes shortened to dry decontamination and there is a requirement for the Trust to assist those who may have been contaminated with chemicals before these are transferred by the ambulance service for specialist decontamination and treatment.

Training has not been possible for two years in this area and ensuring competency in techniques of dry decontamination has likewise not been assessed. The staffing pressures on ward-based staff due to Covid is also an obvious factor in any face to face or virtual training.

## **2.3. Evacuation and Shelter**

Ward based evacuation is covered in plans but the ability to fully evacuate a whole site e.g., Becklin, has not been planned. Mainly because of the fundamental problem of where to decant the volume of patients for more than a short period given the acute lack of beds across the country. This issue also ties into the role of the Special Purpose Vehicle in providing a suitable alternative building in the event of a catastrophic loss of inpatient facilities. New guidance is expected around this issue from NHS England and there is a regional group looking at the matter.

## **2.4. Training**

The pandemic's most profound impact on the EPRR work programme has been on training. A programme of training had just commenced in January 2019

bringing EPRR training to band 7 and some band 6 staff and refresher training was due to start in later 2019. No significant training has been done in 2020 or 2021 and hence, as revealed in the debrief work done in July 2021, there is a huge unmet need for training.

The EPRR lead is planning an interim series of digital training session to roll out in the autumn. However, this will be a stop gap measure until face-to-face full day courses can be established again both facilitated by the EPRR lead or delivered by specialist external providers such as Public Health England.

### 3. Impact on the Standard's Declaration

The reduced portfolio of standards for 2021-2 applicable to MH Trusts numbers 37 individual standards. In 2020 no process of assessment was carried out and hence the last full assessment was presented to the Trust in Autumn 2019 where the Trust declared substantially compliant. For 2021-2 it is prosed to declare partially compliant.

The assessment of compliance for 2021-22 is:

Fully compliant with standards	30	81.1%	94.6%
Partially compliant with standards	7	18.9%	5.4%
Non-compliant with standards	0	0%	0%

This is a significant deterioration on 2021-21's declaration (given in red as percentage comparators above) and was not unexpected given the pandemic's impact on time to progress the EPRR plans in both 2020 and more significantly in 2021. The standards scored as partially compliant are:

Standard	Description	Notes
Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed).	While response to a mass casualty event would be an acute/ ambulance priority other NHS bodies have to plan to assist. A draft plan was being worked on in 2019 but was not progressed due to the pandemic. The incident response plan covers mass casualty response to a degree also.
Shelter and evacuation	In line with current guidance and legislation, the organisation has	Although business continuity plans held by services consider loss of a

Standard	Description	Notes
	effective arrangements in place to shelter and/or evacuate patients, staff, and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	ward/ base there is no plan for a whole site evacuation. This position is shared by many other local MH trusts. National guidance is expected later this year that may clarify planning expectations by NHS England.
Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	ICT carry out the DSP toolkit annually. However, the latest assessment did not meet the penetration testing requirement and hence this EPRR standard is similarly affected.
Business Continuity Plans	"The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover, and manage its services during disruptions.	There was some progress in the last 12 months in developing plans but several, mainly corporate services, still require their plans finalising.
HAZMAT/ CBRN risk assessments	"HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation.	The CBRN plan covers parts of this requirement, but the waste management of decontaminated materials has not been covered.
Equipment and supplies	"The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontaminating patients.	The decontamination boxes that have been distributed in 2019/20 have not been checked to ensure complete in 2021.
Staff training - decontamination	"Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	No training was possible since mid-2019 and given staff turnover, particularly of reception staff this requirement cannot be described as fully met.

#### 4. Conclusions

It is disappointing that the progress the Trust had maintained in the EPRR standard compliance has fallen back this year. The Trust is not unique in this – most colleagues are indicating poorer attainment in this year's assessment. NHS England is likewise expecting a deterioration in standards' compliance and is developing a recovery plan for all providers to progress in 2022.

The Trust's internal action plan is at appendix 2.

## **5. Recommendations**

The Board is asked to review this assessment and approve the Trust's assessment position for 2021-2 and the attached action plan. This will enable the Chief Operating Officer acting as Accountable Emergency Officer to sign of the declaration (appendix 1)

**Yorkshire and the Humber Local Health Resilience Partnership (LHRP)  
Emergency Preparedness, Resilience and Response (EPRR) assurance 2021-2022**

**STATEMENT OF COMPLIANCE**

Leeds and York Partnership NHS Foundation Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, Leeds and York Partnership NHS Foundation Trust will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Partial (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
<b>Fully</b>	<p>The organisation is 100% compliant with all core standards they are expected to achieve.</p> <p>The organisation's Board has agreed with this position statement.</p>
<b>Substantial</b>	<p>The organisation is 89-99% compliant with the core standards they are expected to achieve.</p> <p>For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.</p>
<b>Partial</b>	<p>The organisation is 77-88% compliant with the core standards they are expected to achieve.</p> <p>For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.</p>
<b>Non-compliant</b>	<p>The organisation compliant with 76% or less of the core standards the organisation is expected to achieve.</p> <p>For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.</p> <p>The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.</p>

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

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## Appendix 1

Signed by the organisation's Accountable Emergency Officer

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Date signed

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Date of Board/governing body  
meeting

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Date presented at Public Board

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Date published in organisations  
Annual Report



## 2021-22 EPRR Standards Compliance Action Plan

Standard	Required action	Designated responsibility	Due date
<b>Mass Casualty</b> In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed).	The draft plan begun in 2019 will be completed, approved, and ratified.	Andrew Jackson, EPRR lead	30/3/22
<b>Shelter and evacuation</b> In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff, and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	The EPRR lead is a member of the regional evacuation and shelter task group. NHS E&I's national guidance is due to be released imminently and will guide how full site evacuation plans are developed.	Andrew Jackson, EPRR lead	31/5/2022
<b>Data Protection and Security Toolkit</b> Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	ICT will carry out next year's assessment by June 2022.	Bill Fawcett, Chief Information Officer	30/6/2022
<b>Business Continuity Plans</b> The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover, and manage its services during disruptions.	A recent process has started taking an inventory of all plans as a basis of ensuring these are completed in draft format by December 2021. Review and testing will then take place between January and March 2022.	Andrew Jackson, EPRR lead	30/3/22
<b>HAZMAT/ CBRN risk assessments</b> HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation.	The EPRR lead will work with the waste manager and IPC staff to develop an addendum to the CBRN plan to describe decontamination risk assessments.	Andrew Jackson, EPRR lead Michelle Higgins, Physical Health Lead Chris Hayes, Environment & Sustainability Manager	31/12/2021

## Appendix 2

Standard	Required action	Designated responsibility	Due date
<b>Equipment and supplies</b> The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontaminating patients.	Stock take and re-supply of decontamination boxes to be carried out	Andrew Jackson, EPRR lead	30/11/2021
<b>Staff training - decontamination</b> Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	Develop a short online training product to update skills for admin staff and nursing staff around immediate care self-presenting people who may be contaminated with chemical	Andrew Jackson, EPRR Lead	30/3/22

## Escalation and Assurance Report

**Report from:** West Yorkshire & Harrogate (WY&H) Integrated Care System (ICS)  
 Mental Health, Learning Disability & Autism (MHLDA) Committee-in-Common  
**Date of the meeting:** 22/07/2021

<b>Key discussion points and matters to be escalated from the discussion at the meeting:</b>
<b>Alert/Action:</b>
<ul style="list-style-type: none"> <li>No items to alert/for action</li> </ul>
<b>Advise:</b>
<ul style="list-style-type: none"> <li>How Foundation Trust governor roles can have more involvement in the future ICS is going to be explored by the ICS Core Team</li> <li>Workshops will take place over August to support the development of the ICS operating model. In addition to this Ian Holmes (Director, West Yorkshire and Harrogate Health and Care Partnership) is available on request to speak to individual Boards</li> <li>There continues to be significant national, regional and local pressures on Children &amp; Young People's Mental Health beds, with coordination and support provided through NHSE regionally and our WY&amp;H CYPM Partnership Board.</li> </ul>
<b>Assure:</b>
<ul style="list-style-type: none"> <li>Through representatives of the MHLDA collaborative at chair, CEO and officer level we are continuing to influence the shape of the future ICS and ways of working to ensure that Mental Health, Learning Disability and Autism remains high on the agenda and has a strong voice</li> <li>Following delays to NHSE financial envelopes we are expecting to 'go live' with lead provider collaboration arrangements for CYPMH and Adult Secure in October, alongside agreed arrangements for the ATU centre of excellence model.</li> <li>The West Yorkshire and Harrogate Integrated Care System (ICS) is in a strong position to take on responsibilities from 1 April and will continue to engage all partners and maintain the focus on the principle of subsidiarity and taking decisions as locally as possible</li> <li>Investment from the Transforming Care Partnership (TCP) is being put into place to help improve data and reporting in relation to learning disabilities, as part of the WY&amp;H Learning Disabilities Health Inequalities challenge</li> <li>The Staff Mental Health and Wellbeing Hub has seen a 73% increase in referrals since its inception, but currently is operating without any waiting list</li> <li>All four partners in the collaborative have undertaken an initial response as to which 'functions' should be discharged at geographic levels across West Yorkshire. This will now form the basis of some developmental and consensus building work with executive teams.</li> <li>The MHLDA programme continues to progress all core workstreams and following the functions mapping exercise will be seeking to confirm recurrent arrangements as part of the establishment of the formal ICS and clarity regarding the role of the MHLDA provider collaborative within this.</li> </ul>

**Report completed by:** WY&H MHLDA Programme Director

**Date:** 27/07/21

**Distribution:** Chairs and Company Secretaries of Bradford District Care NHS Foundation Trust, Leeds Community Healthcare NHS Trust, Leeds & York Partnership NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust.