

**LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST  
PUBLIC MEETING OF THE BOARD OF DIRECTORS  
will be held at 9.30 am on Thursday 27 January 2022  
This meeting will be held virtually**

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**A G E N D A**

		<b>LEAD</b>
<b>1</b>	<b>Sharing stories – Connor Davidson training for staff to support contacts with neuro diverse patients. (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 25 November 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 (verbal)</b>	<b>SM</b>
<b>8</b>	<b>Report from the Chair of the Quality Committee for the meetings held on 14 December 2021 and 11 January 2022 (enclosure)</b>	<b>JB</b>
	<b>8.1 Ratification of the Quality Committee Terms of Reference (enclosure)</b>	<b>JB</b>
<b>9</b>	<b>Report from the Chair of the Audit Committee for the meeting held on 18 January 2022 (enclosure)</b>	<b>MW</b>
<b>10</b>	<b>Report from the Chair of the Workforce Committee for the meeting held on 2 December 2021 (enclosure)</b>	<b>HG</b>
<b>11</b>	<b>Report from the Chair of the Finance and Performance Committee for the discussion held on 25 January 2022 (verbal)</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>Safe staffing report (enclosure)</b>	<b>CW</b>
<b>15</b>	<b>Use of Trust Seal (verbal)</b>	<b>SP</b>

**16 Any other business**

The next meeting of the Board will held on Thursday 31 March 2022 at 9.30 am  
Details of where this meeting will be held will be released shortly

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

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
<b>EXECUTIVE DIRECTORS</b>								
<b>Sara Munro</b> Chief Executive	None.	None.	None.	<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>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	Partner: <b>Director</b> Per Call Ltd <i>Co-owner of the company that provides marketing and website services to self-employed builders, roofers, gardeners</i>

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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>Merran McRae</b> Non-executive Director	<b>Director</b> Finnbo Ltd <i>Management consultancy</i>	None.	None.	<b>Trustee</b> Hollybank Trust <i>Provider of teaching, residential care and a range of therapies and enrichment activities for children, young people and adults with disabilities.</i>  <b>Trustee</b> The Hepworth Gallery <i>Art Gallery</i>  <b>Trustee</b> Yorkshire Sculpture Park <i>Independent charitable trust and registered museum.</i>	None. .	None. .	None.	Partner: <b>Director</b> Finnbo Ltd <i>Management consultancy</i>

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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	MM	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 25 November 2021 at 9:30am. This meeting was held virtually

### 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
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)

All members of the Board have full voting rights

### In attendance

Mrs C Hill	Associate Director for Corporate Governance / Trust Board Secretary
Ms K McMann	Head of Corporate Governance / Deputy Trust Board Secretary
Mr J Verity	Freedom to Speak up Guardian (for minute 21/122)
Ms J Scott	Carer (for minute 21/123)
Ms H Thompson	Patient Engagement Co-ordinator (for minute 21/123)
Mr R Buchanan	Relationship Manager from the Care Quality Commission
Ms K Khan	Incoming Associate Non-executive Director
Two members of the public observed the meeting	

### Action

21/121

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

#### Chief Executive's report (agenda item 8)

Dr Munro presented her Chief Executive's report which set out the current challenges for the Trust's services in light of the increasing COVID-19 infection rates. She added that the Trust currently had no out-breaks and that this was as a result of the continued Infection Prevention Control measures that were in place.

Dr Munro then drew attention to the main points in the report, which were discussed by the Board. Mr Henry noted the information provided on the culture within the organisation, in particular that the first meeting of the Strategic Assurance Group for equality and inclusion was to take place in December and noted the importance of the Board being sighted on the work of that group.

Prof Proctor also drew attention to the work of the WREN, and the focus in their November meeting on Islamophobia Awareness Month and people's experience of Islamophobia. She added that the next phase of the Reciprocal Mentorship Programme was being shaped and suggested that these more explicit and focused themes could be used to inform the programme around equality, diversity and inclusion. Dr Munro advised that further evaluation of the first phase of the mentorship programme would be carried out in the coming months with an event taking place in March to report on the learning and impact, noting that this would be used to inform the next phase and the roll-out of the programme more widely across the Trust. Dr Munro agreed to bring a report to the March Board on the Trust's commitment for the next phase and how this would be rolled out.

SM

The Board **received** the Chief Executive's report and **noted** the content.

21/122

#### **Freedom to Speak up Guardian Report** (agenda item 7)

Mr Verity presented the Freedom to Speak up Guardian Report. Prof Baker observed that some of the information in the report was quite detailed and suggested that this level of detail might not be appropriate for a report that was presented in the public domain. Mr Verity accepted the comment and agreed to look at the level of detail in future reports to ensure there is a balance between advising the Board and maintaining confidentiality.

JV

Mrs White asked if he and the Freedom to Speak up Ambassadors would be involved in staff concerns about mandatory vaccinations. Mr Verity advised that this would be entirely possible and that he had routes through which any concerns such as these could be explored.

Mr Henry noted that the number of concerns raised through the Guardian had reduced significantly. He added that whilst this might be seen as a positive thing, he asked what more could be done to continue to raise awareness to ensure staff felt able to continue to contact the Guardian. Mr Verity outlined some of the actions he was looking at to encourage staff to continue to use the Guardian route.

Mr Wright reported that as the Senior Independent Director he met with Mr Verity on a regular basis. He added that in comparison to other organisations this Trust had well established and well-developed systems and processes around the Freedom to Speak up Guardian role and thanked Mr Verity for all his work in developing these processes.

Miss Grantham noted that the Trust's People Plan was being finalised and suggested that Mr Verity was linked into its development to ensure there was an opportunity for observations from his and the Ambassadors' perspective to be captured. She also suggested that Mr Verity ensured that he and the Ambassadors were appropriately linked into the People and Organisational Development governance structure.

JV

The Board **thanked** Mr Verity for his report and **noted** the content.

21/123

**Sharing Stories** (agenda item 1)

Prof Proctor welcomed Jackie Scott, who was a carer for someone who had used the Trust's services. She also welcomed Helen Thompson from the Patient Experience Team.

Ms Scott spoke to the Board in detail about her experience of caring for someone with a Serious Mental Illness and the difficult experiences she has had in trying to access help for them, including the approach of the various emergency services to dealing with someone experiencing episodes of severe illness and the distress this has caused.

She also spoke about the difficulties she had experienced of accessing appropriate care through the Crisis Service and her frustration at the triage questions, noting that the question around assessing risk and capacity presented a block to accessing appropriate emergency care. She also expressed frustration at the way in which other emergency and health care services assess risk and capacity and their reluctance to intervene if a person with serious illness won't accept or agree to care or intervention. She talked in detail about the distressing impact this has had on family members.

The Board was moved by the story and expressed concern at Ms Scott's experience of difficulty in accessing Trust and other emergency services. Mrs Forster Adams agreed to look at how Ms Scott's story could be used to inform staff in the Crisis Service and other services more widely, and for them to understand the impact some of the Trust's processes can have on individuals and their families. She added that this would allow them to look at how the pathway could be improved.

**JFA**

Mrs Forster Adams also agreed to speak to the Trust's Housing Officer so they could make contact with Ms Scott to provide an update on the position regarding the arrangements for transitional housing.

**JFA**

The Board **thanked** Ms Scott for sharing her powerful story and committed to following up on the actions agreed.

Dr Munro left the meeting.

21/124

**Apologies for absence** (agenda item 2)

It was noted that Dr Munro had attended the first part of the meeting but had then needed to leave. There were no other apologies received.

21/125	<p><b>Declaration of interests for directors and any declared conflicts of interest in respect of agenda items</b> (agenda item 3)</p> <p>Mr Henry advised that he had a conflict of interest in agenda item 22.1 and the Board agreed that he would leave the meeting for that item. No other member of the Board declared a change in interests or a conflict in any agenda item.</p>
21/126	<p><b>Minutes of the previous meeting held on 30 September 2021</b> (agenda item 4)</p> <p>The minutes of the meeting held on 30 September 2021 were <b>received</b> and <b>agreed</b> as an accurate record.</p>
21/127	<p><b>Matters arising</b> (agenda item 5)</p> <p>It was noted there were no matters arising.</p>
21/128	<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>
21/129	<p><b>Report from the Chair of the Quality Committee for the meetings held on 12 October and 9 November 2021</b> (agenda item 9)</p> <p>Prof Baker presented the Chair's reports from the Quality Committee meetings that had taken place on 12 October and 9 November 2021. In particular he drew attention to:</p> <ul style="list-style-type: none"> <li>• Matters in respect of the Trust's estate, in particular the issues faced by the ALPS team and them having to work between the Becklin Centre and the Emergency Department in the acute Trust; the issues experienced by the Psychological Medicine Team; and the current accommodation for the Perinatal service.</li> <li>• People with long COVID being referred to the Chronic Fatigue Service</li> <li>• The annual report for restrictive interventions, noting there had been a decrease in the use of these interventions in the first phase of COVID and a slight increase in the second.</li> <li>• Learning from deaths and assurances about the points of learning including safety planning; family involvement; risk assessment; and communication.</li> </ul>

- The work of the infection prevention and control team and the measures in place to protect staff and service users from infections related to COVID-19.

Mrs Hanwell spoke about the challenges related to the ALPS Team and their accommodation in Leeds Teaching Hospital NHS Trust's Accident and Emergency Department (A&E). She added that the situation remained difficult due to the current pressures in A&E, but that a solution was being sought to ensure the team had appropriate accommodation to allow them to provide services into the A&E Department.

With regard to the National Inpatient Centre for Psychological Medicine (NICPM), Mrs Hanwell noted that discussions were taking place to determine the appropriate number of beds for the service and whether it would be possible to make the necessary estates adaptations to its current location in order to ensure it provided an appropriate therapeutic environment.

Regarding the Psychological Medicine Service more widely, Mrs Hanwell reported that discussions were ongoing with commissioners to look in more detail at the pathway of care and how this works with other services to provide a more comprehensive level of care across West Yorkshire.

Mrs Hanwell then advised that in respect of the Perinatal Services she was meeting with senior staff to look at where it should be sited and when any changes might occur.

It was agreed that Mrs Hanwell would provide details of the actions being taken to address the issues regarding estates for the ALPS Team, NICPM and the Perinatal Service so this could be fed into the discussions around the Estates Strategy.

DH

Prof Proctor also asked for the issue of people with long-COVID being excluded from the Chronic Fatigue Service to be looked into. Mrs Forster Adams agreed to pick up locally how the Trust is involved in defining the pathway of care with partners and commissioners.

JFA

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

21/130

#### **Report from the Chair of the Audit Committee for the meeting held on 19 October 2021 (agenda item 10)**

Mr Wright presented the Chair's report from the Audit Committee meeting that had taken place on 19 October 2021. In particular he drew attention to:

- The Internal Audit Network (TIAN) report, noting that this provided a lot of useful information and that the committee had recommended this was circulated to all Board members.
- The draft Health and Safety Report, noting that the committee had reviewed the report and provided some feedback as to how this could

be amended. Mr Wright added that a revised report would be coming back to the committee in due course.

Mr Wright also advised that in January there would be a new Head of Internal Audit, Helen Higgs, and that members of the committee were expecting to have a one-to-one meeting with her in the coming weeks.

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

21/131

**Approval of the updated Terms of Reference for the Audit Committee**  
(agenda item 10.1)

Mrs Hill noted that the Terms of Reference had been updated to provide clarity around the dispute resolution process for Board sub-committees. She added that it was not expected that this would be used due to the collaborative working between the committees but noted that this had been included for good governance. She also asked that if the Board approved this amendment that it also agreed for this to be included in all other Board sub-committee Terms of Reference. This request was agreed by the Board.

The Board **received** and **approved** the revised Terms of Reference for the Audit Committee.

21/132

**Report from the Chair of the Workforce Committee for the meeting held on 5 October 2021** (agenda item 11)

Miss Grantham presented the Chair's report from the Workforce Committee meeting that had taken place on 5 October 2021. In particular she drew attention to:

- Compliance rates in relation to training for the Prevention and Management of Violence and Aggression (PMVA).
- The draft People Plan, noting this had been looked at in some detail and would be going to the December Board meeting for approval.
- The Psychological Professional Strategy which highlighted the priorities for the psychological professions over the coming years.
- Key areas of work around Wellbeing, including an update on the progress against the Wellbeing Framework. She added that the committee had also received an update on the West Yorkshire and Harrogate Mental Health and Wellbeing Hub from Dr Kerry Hinsby.

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

21/133

**Approval of the updated Terms of Reference for the Workforce Committee** (agenda item 11.1)

The Board **agreed** the updated Terms of Reference including the additional paragraph on dispute resolution as agreed in minute 21/131.

21/134

**Report from the Chair of the Mental Health Legislation Committee for the meeting held on 2 November 2021** (agenda item 12)

Mrs White presented the Chair's report from the Mental Health Legislation Committee meeting that had taken place on 2 November 2021. In particular she drew attention to:

- Plans to implement the new system of Liberty Protection Safeguards, noting the Trust would have new additional responsibilities and the Board would need assurance that staff had been appropriately trained and that systems and processes were in place to support this new requirement. Mrs White added that the Committee would be reviewing a more detailed implementation plan at its next meeting.
- Assurance on the audit carried out by the Mental Health Legislation Team to look at the completion of Mental Health Act documentation, noting there had been 100% of documents audited. Mrs White commended the team for the completion of this work.
- An agreement that Mental Health Act Managers would receive an additional payment of £10 per session for those managers who are chairing remote hearings. She noted that this was a temporary arrangement and that this would be looked at in the future.

Prof Proctor noted that in regard to Liberty Protection Safeguards, this was included on the future Board Strategic Discussion / Development programme for 2022 and would be included within the legal update session.

Mrs White then outlined an issue which had been received via feedback from Mental Health Act Managers (MHAMs) about recent hearings involving asylum seekers who it was reported had no recourse to public funds and therefore were potentially unable to pay for medication should they be discharged. However, Mrs White reported that on further scrutiny of the Mental Health Act it would appear that Section 117 of the Act allowed support to be provided and that service users, staff and Mental Health Act Managers should be made aware of this provision in order to support their decisions around detentions. Dr Hosker was clear that decisions around whether a person should be discharged from a Section would not be based on access to funds or ability to pay for medication. He added that Mr Wyatt from the Mental Health Legislation Team was working on raising awareness of this provision.

Prof Proctor asked Mr Skinner and Mr Hosker to liaise with the communications Team and the Mental Health Legislation Team to look at how awareness could be raised through a Trust-wide communication.

**DS / CHo**

Mrs White also noted that the Mental Health Act Managers had encountered problems with the interpreting service commissioned by the Trust adding that she had asked for more information on this matter. Mrs Forster Adams noted that Mr Verity (Freedom to Speak up Guardian) had alerted her to technological solutions that were being used within the local council and vaccination centres in the city. She added that this was being explored. It was agreed that Miss McMann would check to see if an action had been agreed by the Mental Health Legislation Committee for an update on interpreting services to go back to the committee and advise Mrs Forster Adams of this.

**KM**

The Board received a report from the Chair of the Mental Health Legislation Committee and noted the content.

**21/135**

**Approval of the updated Terms of Reference for the Mental Health Legislation Committee** (agenda item 12.1)

Mrs Woffendin asked if the Terms of Reference should state that the committee make decisions around the remuneration of Mental Health Act Managers as it currently does, or if the committee should make recommendations which were then referred to the Board for a final decision. It was agreed that this would be picked up and discussed outside of the meeting.

**CHill**

The Board **agreed** the updated Terms of Reference including the additional paragraph on dispute resolution as agreed in minute 21/131.

**21/136**

**Report from the Chair of the Finance and Performance Committee for the meetings held on 26 October and 23 November 2021** (agenda item 13)

Mrs White presented the Chair's reports from the Finance and Performance Committee meetings that had taken place on 26 October and 23 November 2021. In particular she drew attention to:

- The committee now receiving quarterly reports from the Clinical Environments Group and the Estates Steering Group where estates work had an impact on the quality of service provided to service users. She noted that this was a helpful report and that the committee looked forward to receiving further reports and updates in the future.
- The recent cyber security penetration test, noting that the committee had been advised of three key actions that had arisen from the testing. She added that these were to strengthen the arrangements already in place and that no major weaknesses had been identified. The committee had been assured on the steps being taken to address these actions.
- The Green Plan, noting that this would be received by the Board at its meeting in December.
- The impact of the additional investment in the Gender Identity Service, noting that alongside the Trust's own investment, NHS England had



also committed additional funding to the service. However, Mrs White noted there were still staffing challenges despite the extra money and that it would take time to recruit these extra staff.

Prof Proctor asked about the financial rebasing exercise across the ICS, when this would be completed and when the outputs from this work would be available. Mrs Hanwell advised the timeframe was for this to be completed by the end of the calendar year. Mrs White noted that an update on this would come to the committee in January.

Prof Baker asked about the consequences for breaching the agency cap. Mrs Hanwell reported that as a result of the staffing difficulties arising from the COVID-19 pandemic any consequences from breaching the cap had been paused.

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

21/137

#### **Report from the Chief Operating Officer (agenda item 14)**

Mrs Forster Adams presented the Chief Operating Officer's report and noted that the key points in the report had been discussed at the Finance and Performance Committee meeting and had already been highlighted by Mrs White.

In addition to the points raised earlier in the meeting, Mrs Forster Adams highlighted some of the other key points in the report. She advised of the risks around the provision of care in the social services sector and the impact this was having on discharging some people from hospital. However, she advised that work was ongoing with partners to look at how this might be addressed. Prof Baker observed that the links to social care provision affects not just older adults, but also people with learning disabilities and long-term mental health problems and asked if the Trust was sighted on that wider social care provision. Mrs Forster Adams advised the focus of the system flow-plan was on older adults with dementia but that there was a wider piece of work looking at social care provision more broadly.

With regard to the mandatory vaccination of NHS staff, Mrs Forster Adams noted that a more detailed update on the key risks and issues for the Trust would be provided at the December Board meeting. With regard to the COVID-19 booster programme, Mrs Forster Adams reported that 67% of staff had received their booster vaccine and work was ongoing to offer vaccines and boosters to inpatients and some service users in the community.

**JFA**

Miss Grantham asked that in light of the winter plan and the pressures being experienced by staff that the executive directors consider whether there was any more the Trust could do to support staff and for this to be fed back through the Workforce Committee within the wellbeing agenda item.

**Execs**

Mr Wright noted the high degree of narrative in the report and also in reports from other executive directors. He suggested that the 'triple A' style reports

used by the Chairs of the Board sub-committees could be adopted to reframe the executive summary to the directors' reports, noting this would allow them to set out the issues the Board needed to be sighted on. The executive directors agreed to consider how this style of reporting could be used.

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

21/138

#### **Chief Financial Officer's Report** (agenda item 15)

Mrs Hanwell presented the Chief Financial Officer's Report advising that the Trust remained in a strong financial position at Month 7. She added that the H2 plan had been submitted in the context of the wider system plan.

Mrs Hanwell added that work was ongoing across the organisation to understand revenue requirements for 2022/23 in the context of the financial framework which, she noted, was still to be fully clarified. She reported that it was anticipated that the 2022/23 planning guidance would be published in mid-December and a more detailed report would then be made to the Board on its requirements and impact.

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

Mr Wright left the meeting.

21/139

#### **Director of Nursing Quality and Professions Report** (agenda item 16)

Mrs Woffendin presented the report noting that this provided assurance on the work that was ongoing. She then drew attention to a number of key points including the changes in the professional leads structure, noting that this would strengthen the systems processes and procedures around the vision for how professional leads would link to other governance structures in the Trust.

She then reported on the work that had been achieved over the past 12 months in regard to patient experience and involvement with the reinstatement of the three subgroups for Experience, Carer and Involvement, noting that each had started to identify and achieve key priority areas for the forthcoming year.

Mrs Woffendin then highlighted the outcome from the Community Mental Health Service User Survey detailing the areas that had been improved on, noting there had been an action plan developed to address those areas that need further focus.

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

21/140

**Safe staffing report** (agenda item 17)

Mrs Woffendin presented the safe staffing report noting there were challenges with the levels of staffing, not just in the Trust but across the system and the report highlighted these pressures through August and September. She added there had been one breach which had been due to an issue with the eRostering system which had now been rectified.

Prof Baker noted that he was pleased the process for newly qualified nurses entering the Trust had been streamlined, however, he observed there was intelligence that the number of students in their second and third years were lower and there had been attrition in the numbers due to the COVID-19 pandemic, adding that this would need to be taken into account in terms of the intake of qualified nurses in the coming years. Mrs Woffendin indicated she was aware of this intelligence and outlined some of the steps being taken, noting there would be more information in the 6-monthly report that would come to the January Board.

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

21/141

**Medical Director's Report** (agenda item 18)

Dr Hosker presented the Medical Director's Report. He drew out two main points in the report. Firstly, in relation to the Pharmacy Team, noting the pressure the team had experienced throughout COVID-19 including the team's ongoing involvement with the vaccine programme. Secondly, Dr Hosker reported on medical staffing and a reduction in the number of psychiatrists nationally which was having an impact on the Trust, particularly in acute inpatient services, CONNECT and the forensic service. Dr Hosker gave a brief overview of these two areas and outlined the steps being taken to address the issues. Dr Hosker then gave a brief overview of the main functions within the directorate as outlined in the report.

Prof Baker referred to the Research and Development function and noted the potential adverse impact on funding that would be brought about by the retirement of one of the consultants. He asked what steps were being taken to rectify the situation. Dr Hosker advised that recruitment was underway, and the team was looking to appoint someone with a similar profile in R&D to try to maintain a similar level of funding.

Miss Grantham commended the work in regard to recruitment and acknowledged the challenges in the system. She referred to international recruitment and suggested that the Workforce Committee could look at how international recruits were supported. Dr Hosker advised that the package in place was not only about recruitment but also that it helped to support individuals with settlement.

Miss Grantham also referenced the Medical Workforce Strategy and asked what the timings were for its completion and presentation to the Workforce Committee. Dr Hosker advised that it was expected this would be going to the February meeting.

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

21/142

**Guardian of Safe Working Hours – quarterly report** (agenda item 19)

Dr Hosker presented the Guardian of Safe Working Hours quarterly report, noting there had been a small number of exception reports in the last quarter and advised that the Guardian had explored the reasons for these reports being made and that there were no specific areas of concern which needed to be advised to the Board.

The Board **received** and **noted** the Guardian of Safe Working Hours report.

21/143

**Board Assurance Framework** (agenda item 20)

The Board noted the Board Assurance Framework was scrutinised by the Board Sub-committees and had been brought to the Board for information.

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

21/144

**West Yorkshire and Harrogate Integrated Care System Mental Health, Learning Disability and Autism Committee-in-Common Assurance report for the meeting held 21 October 2021** (agenda item 21)

The Board **received** the minutes from the Committee in Common and **noted** the content.

Mr Henry left the meeting due to a conflict of interest in agenda item 22.1.

21/145

**Appointment of the Senior Independent Director** (agenda item 22.1)

The Board **considered** and **agreed** to appoint Cleveland Henry as the next Senior Independent Director with effect from 1 May 2022.

	Mr Henry re-joined the meeting.	
21/146	<p><b>Terms of Reference for the Board of Directors</b> (agenda item 22.2)</p> <p>Mrs Hill noted that the Terms of Reference had been reviewed and several changes made. She reported that the dispute resolution paragraph that was to be added to the Board Sub-committees' Terms of Reference would be referenced in the Board's own Terms of Reference, but that a full dispute resolution process specifically with the Council of Governors was set out in the Constitution.</p> <p>It was also agreed that the paragraph relating to Associate Non-executive Directors attending the Board would be added to the Board Sub-committees' Terms of Reference.</p> <p>The Board <b>received</b> and <b>approved</b> the revised Terms of Reference and noted that reference would be made to the dispute resolution processes.</p>	<p><b>CHill</b></p> <p><b>CHill</b></p>
21/147	<p><b>Future meeting dates and cycle of business</b> (agenda 22.3)</p> <p>It was noted that the date of the meeting at which the Annual Accounts and Report would be presented would be governed by the national year-end close-down timetable and that should this date move from May 2022, as anticipated in the cycle of business, members of the Board would be advised.</p> <p>Mrs Hill agreed to add in the Workforce Committee annual report to the cycle of business.</p> <p>The Board <b>received</b> and <b>approved</b> the future meeting dates for the Board of Directors and its cycle of business.</p>	<p><b>CHill</b></p>
21/148	<p><b>The use of the Trust seal</b> (agenda item 23)</p> <p>The Board <b>noted</b> that the seal had not been used since the last meeting.</p>	
21/149	<p><b>Any other business</b> (agenda item 24)</p> <p>There were no other items of business.</p>	

**21/150**

**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 12.30 pm and thanked members of the Board and members of the public for attending.

The Chair then resolved that members of the public would 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 COMPLETED BY	COMMENTS
<p><b>Report from the Chief Operating Officer</b> (minute 21/089 - agenda item 12 – July 2021)</p> <p>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>Freedom to Speak up Guardian Report</b> (minute 21/122 - agenda item 7 – November 2021)</p> <p><b>NEW</b> - It was suggested that Mr Verity was linked into the People Plan development to ensure there was an opportunity for observations from his and the Ambassadors' perspective to be captured.</p>	<p><b>John Verity</b></p>	<p>Management action</p>	

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>Freedom to Speak up Guardian Report</b> (minute 21/122 - agenda item 7 – November 2021)</p> <p><b>NEW</b> - It was suggested that Mr Verity ensured that he and the Ambassadors were appropriately linked into the People and Organisational Development governance structure.</p>	John Verity	Management action	
<p><b>Sharing Stories</b> (minute 21/123 - agenda item 1 – November 2021)</p> <p><b>NEW</b> - Mrs Forster Adams agreed to look at how Ms Scott's story could be used to inform staff in the Crisis Service and other services more widely, and for them to understand the impact some of the Trust's processes can have on individuals and their families. She added that this would allow them to look at how the pathway could be improved.</p>	Joanna Forster Adams	Management action	<p><b>ONGOING</b></p> <p>Consent has been received from Ms Scott and the person she cares for, for her recorded story to be used for training purposes.</p>
<p><b>Sharing Stories</b> (minute 21/123 - agenda item 1 – November 2021)</p> <p><b>NEW</b> - Mrs Forster Adams also agreed to speak to the Trust's Housing Officer so they could make contact with Ms Scott to provide an update on the position regarding the arrangements for transitional housing.</p>	Joanna Forster Adams	Management action	<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>Report from the Chair of the Quality Committee for the meetings held on 12 October and 9 November 2021</b> (minute 21/129 - agenda item 9 – November 2021)</p> <p><b>NEW</b> - It was agreed that Mrs Hanwell would provide details of the actions being taken to address the issues regarding estates for the ALPS Team, NICPM and the Perinatal Service so this could be fed into the discussions around the Estates Strategy.</p>	Dawn Hanwell	Management action	
<p><b>Report from the Chair of the Quality Committee for the meetings held on 12 October and 9 November 2021</b> (minute 21/129 - agenda item 9 – November 2021)</p> <p><b>NEW</b> - Prof Proctor also asked for the issue of people with long-COVID being excluded from the Chronic Fatigue Service to be looked into. Mrs Forster Adams agreed to pick up locally how the Trust is involved in defining the pathway of care with partners and commissioners.</p>	Joanna Forster Adams	Management action	
<p><b>Report from the Chair of the Mental Health Legislation Committee for the meeting held on 2 November 2021</b> (minute 21/134 - agenda item 12 – November 2021)</p> <p><b>NEW</b> - Prof Proctor asked Mr Skinner and Mr Hosker to liaise with the communications Team and the Mental Health Legislation Team to look at how awareness could be raised through a Trust-wide communication about the support available to asylum seekers being discharged from detention.</p>	Darren Skinner / Chris Hosker	Management action	<p><b>ONGOING</b></p> <p>Arrangements are being made for the communication to be issued</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 Chair of the Mental Health Legislation Committee for the meeting held on 2 November 2021</b> (minute 21/134 - agenda item 12 – November 2021)</p> <p><b>NEW</b> - It was agreed that Miss McMann would check to see if an action had been agreed by the Mental Health Legislation Committee for an update on interpreting services to go back to the committee and advise Mrs Forster Adams of this.</p>	<p><b>Kerry McMann</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p>
<p><b>Approval of the updated Terms of Reference for the Mental Health Legislation Committee</b> (minute 21/135 - agenda item 12.1 – November 2021)</p> <p><b>NEW</b> - It was agreed that the issue of where remuneration for Mental Health Act Managers was to be agreed would be picked up and discussed outside of the meeting.</p>	<p><b>Cath Hill</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p>
<p><b>Report from the Chief Operating Officer</b> (minute 21/137 - agenda item 14 – January 2021)</p> <p><b>NEW</b> - Mr Wright noted the high degree of narrative in the report and also in reports from other executive directors. He suggested that the 'triple A' style reports used by the Chairs of the Board sub-committees could be adopted to reframe the executive summary to the directors' reports, noting this would allow them to set out the issues the Board needed to be sighted on. The executive directors agreed to consider how this style of reporting could be used.</p>	<p><b>Executive Directors</b></p>	<p>Management action</p>	

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>Terms of Reference for the Board of Directors</b> (minute 21/146 - agenda item 22.2 – November 2021)</p> <p><b>NEW</b> - She reported that the dispute resolution paragraph that was to be added to the Board Sub-committees' Terms of Reference would be referenced in the Board's own Terms of Reference, but that a full dispute resolution process specifically with the Council of Governors was set out in the Constitution.</p>	Cath Hill	Management action	COMPLETED
<p><b>Terms of Reference for the Board of Directors</b> (minute 21/146 - agenda item 22.2 – November 2021)</p> <p><b>NEW</b> - It was also agreed that the paragraph relating to Associate Non-executive Directors attending the Board would be added to the Board Sub-committees' Terms of Reference.</p>	Cath Hill	Management action	COMPLETED
<p><b>Future meeting dates and cycle of business</b> (minute 21/147 - agenda 22.3 – November 2021)</p> <p><b>NEW</b> - Mrs Hill agreed to add in the Workforce Committee annual report to the cycle of business.</p>	Cath Hill	Management action	COMPLETED

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>Report from the Chair of the Workforce Committee for the meeting held on 5 August 2021</b> (minute 21/107 - agenda item 9 – September 2021)</p> <p>With regard to the Trust's People Plan the Board asked for this to come to the November Board meeting.</p>	<p><b>Darren Skinner</b></p>	<p>December Board of Directors' meeting</p>	<p><b>COMPLETED</b></p> <p>This was approved at the December extraordinary Board meeting</p>
<p><b>Report from the Chief Operating Officer</b> (minute 21/137 - agenda item 14 – January 2021)</p> <p><b>NEW</b> - With regard to the mandatory vaccination of NHS staff, Mrs Forster Adams noted that a more detailed update on the key risks and issues for the Trust would be provided at the December Board meeting.</p>	<p><b>Joanna Forster Adams</b></p>	<p>December Board of Directors' meeting</p>	<p><b>COMPLETED</b></p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>Chief Executive's report</b> (minute 21/121 - agenda item 8 – November 2021)</p> <p><b>NEW</b> - Dr Munro agreed to bring a report to the March Board on the Trust's commitment for the next phase of the Reciprocal Mentorship Programme and how this would be rolled out more widely in the organisation.</p>	<p><b>Sara Munro</b></p>	<p>March Board of Directors' meeting</p>	
<p><b>Report from the Chief Operating Officer</b> (minute 21/137 - agenda item 14 – January 2021)</p> <p><b>NEW</b> - Miss Grantham asked that in light of the winter plan and the pressures being experienced by staff that the executive directors consider whether there was any more the Trust could do to support staff and for this to be fed back through the Workforce Committee within the wellbeing agenda item.</p>	<p><b>Executive Directors</b></p>	<p>March Workforce Committee meeting</p>	
<p><b>Report from the Chair of the Finance and Performance Committee for the meeting held on 27 September 2021</b> (minute 21/109 - agenda item 11 – September 2021)</p> <p>A presentation on the emerging digital strategy, noting that the committee had suggested that this should be presented to the Board at a future Board strategic discussion session. Mrs Hill agreed to add this to the forward plan. Mrs Hanwell also suggested that a written report is presented to the Board to inform it of the direction for the strategy and microsite. Mrs Hanwell agreed to advise on a date for this coming to Board.</p>	<p><b>Mrs Hill</b></p>	<p>Board of Directors' Meeting March 2022</p>	<p><b>ONGOING</b></p> <p>The digital strategy will be brought to the Board to be signed off at the March 2022 Board meeting and the Digital Strategy will be discussed at the February Board Strategic Discussion session.</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 21/122 - agenda item 7 – November 2021)</p> <p><b>NEW</b> - Mr Verity agreed to look at the level of detail in future reports to ensure there is a balance between advising the Board and maintaining confidentiality.</p>	<p><b>John Verity</b></p>	<p>May Board of Directors' meeting</p>	

### CLOSED ACTIONS

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>Sharing stories – an audio story from Tula who has used our mental health services</b> (minute 21/078 - agenda item 1 – July 2021)</p> <p>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>COMPLETED</b></p> <p>The experiences of Tula have been shared with the Chief Nurse at Leeds Teaching Hospitals NHS Trust and THE Patient Experience Team continue to support Tula and ensure her story is used to make an impact on the way services are provided.</p>
<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>COMPLETED</b></p> <p>This has been included in the November report from the Freedom to Speak up Guardian</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 – Learning Disabilities Services</b> (minute 21/099 - agenda item 1 – September 2021)</p> <p>Prof Baker noted he was involved with a research project for very similar issues and suggested that this might be something that could help support Ms Hirst and Mr Webster's own research project. Prof Baker agreed to share his contact details outside of the meeting.</p>	John Baker	Management action	<b>COMPLETED</b>
<p><b>Sharing Stories – Learning Disabilities Services</b> (minute 21/099 - agenda item 1 – September 2021)</p> <p>Mrs Woffendin asked if there was anything else that could be done through the Patient Experience Team to support Mr Webster with concluding the project quickly and communicating the main findings and messages to GPs and pharmacies. Mrs Woffendin agreed to follow this up outside of the meeting.</p>	Mrs Woffendin	Management action	<p><b>COMPLETED</b></p> <p>An email was sent by Mrs Woffendin to the manager of the Patient Experience Team, Louisa Weeks, and to the lead within the Learning Disability Services to ensure that any ongoing support was offered from the team if required</p>
<p><b>Sharing Stories – Learning Disabilities Services</b> (minute 21/099 - agenda item 1 – September 2021)</p> <p>Prof Proctor suggested that Mr Webster returns to the Board once the project has been concluded to provide an update.</p>	Patient Experience Team	Management Action	<p><b>COMPLETED</b></p> <p>The Patient's Experience Team have programmed a return visit to the Board in May 2022 to report on the outcome of the project</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>Declaration of interests for directors and any declared conflicts of interest in respect of agenda items</b> (agenda item 3)</p> <p>Mrs Hill agreed to update the declarations of interest for Miss Grantham to reflect the changes she had reported.</p>	Cath Hill	Management action	<b>COMPLETED</b>
<p><b>Report from the Chair of the Quality Committee for the meeting held on 14 September 2021 minute 21/106</b> – (agenda item 8 – September 2021)</p> <p>Mrs Hanwell outlined some of the work being undertaken by Thrive by Design and suggested there was a presentation to the Board so it is sighted on this work and the steps being taken in regard to digital inclusion and transformation. Mrs Hill agreed to add this to the forward programme.</p>	Cath Hill	Management action	<p><b>THE BOARD IS ASKED TO CLOSE THIS ACTION</b></p> <p>This has been added to Board Strategic Discussion schedule</p>
<p><b>Report from the Chair of the Workforce Committee for the meeting held on 5 August 2021</b> (minute 21/107 - agenda item 9 – September 2021)</p> <p>A proposal for the adoption of the “social model of disability” and agreed that, whilst the committee supported the proposal, it should be presented to the Board of Directors for final approval.</p>	Darren Skinner	November Board of Directors meeting	<p><b>THE BOARD IS ASKED TO CLOSE THIS ACTION</b></p> <p>As a trust we already operate the ‘social model of disability’ through the two-tick disability scheme in recruitment. We also undertake reasonable adjustments in the workplace and have an employee support network etc. This means that we allow people to operate in a way that they choose to define themselves and any disability they may have. As we already operate the social model of disability the Board is asked to note there is no need to bring this to the Board for adoption.</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>WRES and WDES Annual Report</b> (minute 21/116 - agenda item 17 – September 2021)</p> <p>Dr Munro suggested that following on from the Reciprocal Mentorship Programme the Board should set aside some time to look at the cultural threads that need to run through the strategic priorities to ensure a safe and effective environment, not only for our service users but also for our staff. Mrs Hill agreed to look at how this could be added to the Board Development Programme.</p>	<p><b>Mrs Hill</b></p>	<p>Management action</p>	<p><b>THE BOARD IS ASKED TO CLOSE THIS ACTION</b></p> <p>This action has been considered in terms of the Board Strategic Discussion sessions</p>

**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 December 2021
<b>Name of meeting reporting to:</b>	Board of Directors – 27 January 2022
<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 the Veterans Service Annual Quality and Safety Report. It discussed the events that had taken place in Afghanistan in 2021 and how this had impacted the service, noting that there had been a higher number of referrals during this time. The Committee was informed that the service had submitted a business case to NHS England to increase staffing in order to deal with the predicted influx of both UK and Afghan veterans who will be relocated to the UK. It noted that the service would be working in partnership with other organisations to provide support to members of the Afghan population evacuated in 2021.</li> <li>The Committee discussed a proposal to extend the review date of the Quality Strategic Plan by one year. The Committee supported the proposal.</li> </ul>	
<b>Issues to advise the Board on:</b> <ul style="list-style-type: none"> <li>No issues to advise the Board on.</li> </ul>	
<b>Things on which the Board is to be assured</b> <ul style="list-style-type: none"> <li>The Committee received the Forward Leeds Annual Quality and Safety Report. It discussed the complexities of working across a number of different organisations and was assured that the service was receiving the support it needed from the Trust.</li> </ul> <p>The Committee was pleased to hear about the achievements of the service in 2020/21, which included: the service being successful in winning a Public Health England bid for a 12 month project to provide trauma informed mental health navigators for the homeless population in Leeds; one of its staff members gaining accreditation as a Cognitive Behavioural Therapist; and the development of a trauma informed training package for third sector organisations around substance use and homelessness.</p> <ul style="list-style-type: none"> <li>The Committee received the Veterans Service Annual Quality and Safety Report. The Committee was assured of the measures in place to manage staff wellbeing. It discussed</li> </ul>	

access to the service for members of the LGBTQ+ community and was assured that the service had good connections with Fighting with Pride and Salute Her UK. It was informed that one of the 2021/22 goals for the service was to understand any barriers to people coming forward to use the service and how these barriers could be removed.

- The Committee received the Northern Gambling Service Annual Quality and Safety Report. It noted the work that had taken place to implement and operate a new service during the pandemic. The Committee explored how the Trust could influence commercial organisations that offer promotional bets. It also discussed access to the service, noting that the services development plans for 2022 included the development of a bespoke website to improve access to the service and to stimulate referrals.
- The Committee received a report which captured the feedback and experiences from placement students. It was assured that positive feedback had been received. The Committee discussed online simulation placements and suggested that this work could be showcased in The Nursing Press.
- The Committee received the Improvement and Knowledge Service Annual Report. The Committee recognised the work of the service and thanked the service for the work carried out in 2020/21.
- The Committee received an update on the work carried out by the Infection Prevention and Control Team since the last meeting. The Committee was assured 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.

**Items to be referred to other Board sub-committees:**

- Item for the Workforce Committee – The Committee questioned whether quality was considered when approving secondment opportunities, noting that the Trust would lose talent and expertise with each secondment. It acknowledged that more secondment opportunities would arise with the development of ICS's. The Committee agreed that the Workforce Committee should look further into this.

**Report completed by:**

Prof John Baker, December 2021

## Chair's Report

### AGENDA ITEM

8

<b>Name of the meeting being reported on:</b>	Quality Committee
<b>Date your meeting took place:</b>	11 January 2022
<b>Name of meeting reporting to:</b>	Board of Directors – 27 January 2022
<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 detailed update on the management of Covid-19 across the Trust. The Committee was informed of significant staffing challenges faced throughout December 2021 and January 2022 and it acknowledged that there may have been some impact on the quality of care provided during this time.</li> </ul>	
<b>Issues to advise the Board on:</b>	
<ul style="list-style-type: none"> <li>No issues to advise the Board on.</li> </ul>	
<b>Things on which the Board is to be assured</b>	
<ul style="list-style-type: none"> <li>The Committee received a detailed update on the management of Covid-19 across the Trust. It received assurance on the management of outbreaks. It discussed the Trust's preparedness for the 1 April 2022 when it would become mandatory for NHS staff to be vaccinated. It was assured to hear that the Trust was working with other mental health trusts in West Yorkshire to establish a consistent position for the scope of the mandate.</li> <li>The Committee received the Safer Staffing Six Monthly Update Report. It was assured that safer staffing levels had been maintained during the six month period with the exception of one breach. The Committee acknowledged that while safer staffing levels had been maintained, there may have been some impact on the quality of care provided during this time as a result of the pandemic. The Committee agreed that future thinking was needed, potentially at a Board development session, around how the Trust could develop rich, vibrant multidisciplinary teams within inpatient settings.</li> <li>The Committee received an update on the work carried out by the Infection Prevention and Control Team since the last meeting. The Committee was assured 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>	
<b>Items to be referred to other Board sub-committees:</b>	
<ul style="list-style-type: none"> <li>No items to refer to other Board sub-committees.</li> </ul>	

**Report completed by:**

Prof John Baker, January 2022

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**MEETING OF THE BOARD OF DIRECTORS**

**AGENDA  
ITEM**

**8.1**

<b>PAPER TITLE:</b>	Terms of Reference for the Quality Committee
<b>DATE OF MEETING:</b>	27 January 2022
<b>PRESENTED BY:</b> (name and title)	John Baker, Non-executive Director and Chair of the Quality Committee
<b>PREPARED BY:</b> (name and title)	Kerry McMann, Head of Corporate Governance

<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"/>

### EXECUTIVE SUMMARY

The Board is asked to note that each Board Sub-committee is required to review its terms of reference annually to ensure they are up to date and reflect the work of the committee.

The Quality Committee reviewed and approved its terms of reference on 14 December 2021. The following amendments were made (all amendments highlighted in yellow in the attached document):

- Page one – amendments made to directors' titles and roles in the committee (as requested by committee members)
- Page two - Professional and Clinical Leads added to list of attendees (as requested by Cathy Woffendin, Director of Nursing, Professions and Quality & DIPC)
- Page three - addition of the paragraph regarding Associate NEDs observing Board sub-committees as part of their induction (as agreed at the Board of Directors' meeting in November 2021)
- Page five – duties amended to include the committees oversight of relevant data and specific initiatives in relation to the Equality and Inclusion Agenda (as agreed at the Board of Directors' meeting in January 2021).
- Page five - duties amended to include the committees role as the Perinatal Champion (as agreed at the Board of Directors' meeting in January 2021).
- Page seven – clarity around the dispute resolution process and which 'groups' this refers to (as agreed at the Board of Directors' meeting in November 2021)

- Page eight – amendments made to the list of deputies (as requested by committee members)

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'**  
**No**

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

## **RECOMMENDATION**

The Board is asked to review the changes made and ratify the revised Terms of Reference.



## Quality Committee

### Terms of Reference

(Approved by the Committee in December 2021  
To be ratified by the Board of Directors in January 2022)

#### 1 NAME OF GROUP

The name of this committee is the Quality Committee.

#### 2 COMPOSITION OF THE COMMITTEE

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

##### Members

Title	Role in the committee
Non-executive Director	Committee Chair
Non-executive Director	Deputy Chair
Director of Nursing, Professions and Quality and Director of Infection Prevention and Control	Executive Director lead for quality. Chair of the: Patient Experience Group; Trustwide Safeguarding Group; Professional and Nursing Council; and Infection Prevention Control and Medical Devices Group. Assurance and escalation provider to the Quality Committee.
Chief Operating Officer	Executive Director with responsibility for oversight and delivery and development of Care Services. Assurance and escalation provider to the Quality Committee.
Medical Director	Joint executive lead for quality. Medical input and Chair of the Trustwide Clinical Governance Group. Assurance and escalation provider to the Quality Committee.
Director of People and Organisational Development	Staff training and development issues related to quality. Assurance and escalation provider to the Quality Committee.

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

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

### **Attendees**

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

These could include, but are not exhaustive to, the following individuals:

Clinical Directors

Deputy Director of Nursing

Head of Nursing and Patient Experience

Associate Director for Corporate Governance

**Professional and Clinical Leads**

## **2.1 Governor Observers**

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

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

## 2.2 Associate Non-executive Directors

Associate Non-executive Directors will be invited to attend Board Sub-committee meetings as part of their induction. They will be in attendance at the meeting, in the capacity of observer only, unless invited to contribute (in exceptional circumstances) by the Chair. This is so the accountability of the substantive members of the committee is maintained.

Associate NEDs will be invited to meetings by the Corporate Governance Team and will be sent copies of the meeting papers.

## 3 QUORACY

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

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

## 4 MEETINGS OF THE GROUP

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

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

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

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

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

## 5 AUTHORITY

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

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

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

## **6 ROLE OF THE GROUP**

### **6.1 Purpose of the Group**

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

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

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

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

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

### **6.3 Duties of the Quality Committee**

The Quality Committee is seeking assurance that:

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

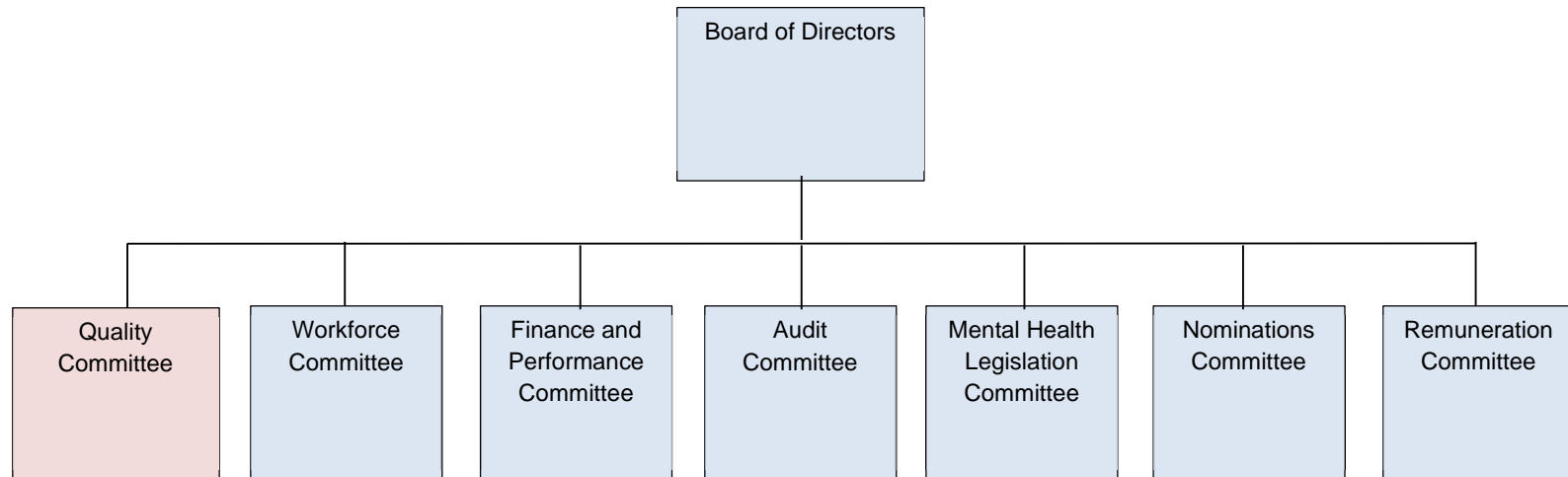
It carries out its duties to provide assurance to the Board of Directors. In addition to this, it is authorised to seek information that will allow it carry out its purpose. It will:

- Seek assurance on systems and processes to ensure monitoring and assessment of the quality and improvements in services
- Seek assurance on the mechanisms to involve service users, carers, the public and partner organisations in improving services
- Seek assurance on the systems for identifying, reporting, mitigating and managing quality and safety related risks including the monitoring of incidents, investigations and deaths; and complaints, claims, and compliments

- Review the Board Assurance Framework to ensure that the Board of Directors receives assurances that effective controls are in place to manage strategic risks related to any area of the Quality Committees' responsibilities relating to key quality and safety indicators
- Seek assurance on the quality impact assessments for key strategic programs of work
- Receive assurance on the work carried out and reported to the Trustwide Clinical Governance Group, including: Quality Plan; Quality Report; Infection Prevention and Control; Safeguarding; Research and Development; Clinical Audit and NICE; Continuous Improvements; and Measuring outcomes across Trust services
- Receive assurance on activity within operational services that contributes to the understanding and improvement of quality and safety within the Trust.
- Review the draft Internal Audit Annual work plan so it can be assured on the sufficiency of the work the Auditors will carry out in respect of clinical matters. Assurance on this sufficiency (or comments on any matters that should be included) will be provided to the Audit Committee to allow it to approve the overall plan.
- Have oversight of relevant data and specific initiatives in relation to the Equality and Inclusion Agenda as requested by the Board of Directors, recognising the importance of inclusion and accessibility in delivering quality services
- Carry out the role of Perinatal Safety Champion and have assurance oversight of the Trust's Perinatal Service

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

## 7 Links with Other Committees



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

## **8 DUTIES OF THE CHAIR**

The Chair of the Committee shall be responsible for:

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

In the event of there being a dispute between any 'groups' in the hierarchy (in the case of this Board sub-committee, this would be between the Board and the Quality Committee and, in recognition of the nature of matrix working between the work of all Board sub-committees, the Quality Committee and any other Board sub-committee) it will be for the chairs of those groups to ensure there is an agreed process for resolution; that the dispute is reported back to the 'groups' concerned; and that when a resolution is proposed regarding the outcome this is also reported back to the 'groups' concerned for agreement.

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

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

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

## **Schedule of Deputies**

Committee Member	Deputy
NED Chair	Second NED
NED member	None
Director of Nursing, Professions and Quality / Director of Infection Prevention and Control	Deputy Director of Nursing
Chief Operating Officer	Deputy Chief Operating Officer
Director of People and Organisational Development	Associate Director
Medical Director	Clinical Director



## Chair's Report

AGENDA  
ITEM

9

<b>Name of the meeting being reported on:</b>	Audit Committee
<b>Date your meeting took place:</b>	18 January 2022
<b>Name of meeting reporting to:</b>	Board of Directors (27 January 2022)
<b>Key discussion points and matters to be escalated:</b>	
<b>Issues to which the Board needs to be alerted:</b>	
None to report	
<b>Issues to advise the Board on:</b>	
<ul style="list-style-type: none"> <li>• <b>Counter fraud training and awareness sessions</b> – the committee noted that the training and awareness sessions were predominantly offered by the Counter Fraud Specialist on a self-referral basis. However, it was suggested that invitations to the sessions could be targeted at those people who had been identified as needing further support with awareness. It was agreed that this would be something that would be explored by the Information Governance Group and the Counter Fraud Specialist.</li> <li>• <b>Deferral of Internal Audit reports</b> – the committee received and supported the reasons for the deferral of five audits relating to: Workforce Governance; Health Inequalities; Estates Escalation; Staff Wellbeing; and Equality and Diversity.</li> </ul> <p>With regard to the audit of Health Inequalities the committee noted this had been merged with the Covid-19 Recovery audit and as such had been deferred into 2022/23. The committee sought assurance that the health inequalities element of the audit would not be lost within the COVID-19 Recovery audit. Internal audit confirmed that health inequalities had been identified as a separate control objective within the scope of the audit and that focus on this would be retained.</p> <ul style="list-style-type: none"> <li>• <b>Limited assurance reports</b> – there had been two limited assurance reports advised to the committee (Physical Health Monitoring and Disciplinary and Grievance Procedures). It was noted that due to competing priorities related to the pandemic,</li> </ul>	

the reports from executive director leads on the actions being taken to address the recommendations within these audit reports, had been deferred to the next committee meeting. However, assurance had been received by NEDs via other routes that the actions were being addressed and so the committee was happy to defer the updates.

- **Health and Safety update report** – the committee received a presentation on the Health and Safety Report, which was in the process of being introduced, and which would be presented to future Audit Committee meetings. The committee commended the content noting it contained internal data and external benchmarking information. The committee also discussed other governance groups and Board sub-committees that would be receiving or would benefit from receiving the report or a sub-section of the report.
- **Care Director: IT Security & Housekeeping and Data Quality audit report** – the committee noted this audit had been assessed as having ‘Significant Assurance’. However, the committee noted a comment in the executive summary that the Trust recognises there was still work to do to embed a culture whereby clinicians and local teams take more responsibility for the quality of data. It was noted this was a standalone comment which wasn’t expanded on in the report and the committee asked Internal Audit to look at anything specific that had led to this comment being included in the report. It was also suggested that the report be presented to the Finance and Performance Committee so it can be assured on the recommendations and actions and other steps that need to be taken more widely in respect of cultures and behaviours in relation to this system.
- **Register of Management Consultants** – the committee has asked to receive a definition of what constitutes a ‘management consultant’ so the committee can be assured on the context in which entries have (or have not) been made to the register.

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

- **External Audit Plan and Fees** – the committee received a report on the plan for the audit of the financial statements of the Trust for the year ending 31 March 2022. The committee was assured on the progress on risk assessment and the planned audit approach. It was also advised of the fees for carrying out this work, which were in line with those previously advised.

#### **Items to be referred to other Board sub-committees:**

- The committee noted that it had been asked by the Quality Committee to look at adding to the Internal Audit Plan a review of the processes for the management of controlled drugs held on wards. The Quality Committee is assured that Internal Audit will link with the Chief Pharmacist to look at what support can be offered to the work being carried out by the Pharmacy Team to review these processes.
- It was suggested the Audit Report on Out of Area Placements was presented to the Quality Committee for it to be assured on the recommendations and actions as it was this committee that requested an audit take place in relation to placements.

- It was suggested that the Care Director: IT Security & Housekeeping and Data Quality audit report was presented to the Finance and Performance Committee so it can be assured on the recommendations and actions and other steps that need to be taken more widely in respect of cultures and behaviours in relation to this system (see comment in the 'advise' section above).

**Report completed by:**

Martin Wright – 18 January 2022



## Chair's Report

AGENDA  
ITEM

10

<b>Name of the meeting being reported on:</b>	Workforce Committee
<b>Date your meeting took place:</b>	2 December 2021
<b>Name of meeting reporting to:</b>	Board of Directors – 27 January 2022
<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>No issues to which the Board needs to be alerted.</li> </ul>	
<b>Issues to advise the Board on:</b> <ul style="list-style-type: none"> <li>The Committee agreed to review and develop the workforce performance reporting and align the metrics (both qualitative and quantitative) to the Trust's new People Plan.</li> <li>The Committee approved a new strategic risk relating to wellbeing which would sit alongside the existing workforce risk around recruitment and retention.</li> <li>The Committee received an update on mandatory vaccinations which was likely to apply to most Trust staff. The Committee noted the tight timelines for those still needing their first jab.</li> </ul>	
<b>Things on which the Board is to be assured:</b> <ul style="list-style-type: none"> <li>The Committee reviewed and supported the Trust's People Plan and accompanying roadmaps for 2021-2024 and agreed to recommend that it was approved by the Board of Directors.</li> <li>The Committee received a briefing paper on training placement capacity in the Trust's medical workforce and heard about some of the challenges associated with postgraduate medical training in psychiatry through to consultant psychiatrist level. The Committee discussed some potential solutions and was assured by the update provided. The Committee agreed that the key points from this report needed to be included in the People Plan action plan.</li> </ul>	

- The Committee endorsed the actions and progress undertaken within the Wellbeing Guardian Report and continued to be assured across all nine aspects of the Wellbeing Guardian Framework.
- The Committee received an update on Trust-wide strategic workforce planning, including current progress, ongoing work, and future planning, monitoring and cycles. The Committee discussed the proposed approach and received significant assurance on the ongoing strategic workforce planning for both clinical and corporate services.
- The Committee received a paper which outlined the Human Resources and Organisational Development support provided to the Executive Management Team, senior colleagues and individual leaders impacted by the recent review and changes to the Clinical Leadership and Professional Leadership structures in collaboration with the Clinical Governance review and improvements. An agenda item was scheduled to come back to a future Committee meeting around support for managers as a profession.

**Items to be referred to other Board sub-committees:**

- The Committee suggested that the briefing paper on training placement capacity in the Trust's medical workforce was sent to the Board for information.

<b>Report completed by:</b>	Helen Grantham January 2022
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**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>	27 January 2022
<b>PRESENTED BY:</b>	Joanna Forster Adams: Chief Operating Officer
<b>PREPARED BY:</b>	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"/>

<b>EXECUTIVE SUMMARY</b>		
<p>The report is set out in an amended and abridged format this month due to the current issues faced as a consequence of the service delivery impacts of the latest surge in Covid19 infections. It aims to provide an overview of these impacts and a summary of how this has affected staff and service users.</p> <p>This report includes:</p> <ul style="list-style-type: none"> <li>• LYPFT Covid19 Vaccination programme update</li> <li>• Incident response and EPRR arrangements</li> <li>• Service Delivery in the context of business continuity arrangements</li> <li>• Service Development in the context of business continuity arrangements.</li> </ul>		
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> <input type="text"/>	If yes please set out what action has been taken to address this in your paper

<b>RECOMMENDATION</b>
<p>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.</p>





## Chief Operating Officer: Trust Board Report January 2022

### 1. Introduction

The report is set out in an amended and abridged format this month due to the current issues faced as a consequence of the service delivery impacts of the latest surge in Covid19 infections. It aims to provide an overview of these impacts and a summary of how this has affected staff and service users. The principles of alert, advise and assurance underpin the format of the report, but sections reflect components of the Chief Operating Officer portfolio so are ordered in this way.

It is anticipated that normal reporting will restart in March 2022 when a detailed analysis of performance and other intelligence will enable us to understand with a high degree of confidence the consequences of the business continuity arrangements, we have established in recent weeks to enable delivery of core mental Health and Learning Disability services.

This report therefore includes:

- LYPFT Covid19 Vaccination programme update
- Incident response and EPRR arrangements
- Service Delivery in the context of business continuity arrangements
- Service Development in the context of business continuity arrangements

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

We have continued to deliver vaccinations in our Mount vaccination hub, in our inpatient wards, in our community services (and in people's homes). Importantly we have continued to vaccinate service users and staff and are currently providing booster vaccinations in addition to first and second doses.

As of 19<sup>th</sup> January 2022, the LYPFT team have delivered nearly 17,000 vaccines. Specifically, this equates to:

			(First Dose)	Vaccinated (First Dose)	(Second Dose)	Vaccinated (Second Dose)	(Booster Dose)	(Booster Dose)	Eligible	Vaccinated (Booster Dose)
Staff		3,869	3,749	96.9%	3,637	94.0%	2,938	75.9%	3,593	81.8%
Clinically Extremely Vulnerable		62	61	98.4%	61	98.4%	57	91.9%	61	93.4%
Not CEV		3,807	3,688	96.9%	3,576	93.9%	2,881	75.7%	3,532	81.6%
Non patient facing roles		926	886	95.7%	865	93.4%	773	83.5%	857	90.2%
Patient facing roles		2,943	2,803	95.2%	2,720	92.4%	2,147	73.0%	2,683	80.0%
Unidentified		0	64	/0	54	/0	19	/0	54	35.2%
Age Group	80+	7	7	100.0%	7	100.0%	7	100.0%	7	100.0%
	70-79	29	27	93.1%	27	93.1%	25	86.2%	27	92.6%
	50-69	1,267	1,256	99.1%	1,229	97.0%	1,071	84.5%	1,225	87.4%
	16-49	2,566	2,459	95.8%	2,374	92.5%	1,835	71.5%	2,334	78.6%

Of note is the high level of booster vaccination the team have achieved for the expanded cohort of staff we have aimed to protect. At 82% this is a significant achievement.

In addition it is to the credit of the vaccination team that we have been central to advocating for and working in partnership with other providers of the vaccine in Leeds to ensure that over 76% of people on the SMI register have been vaccinated and over 85% of people on the LD register have been vaccinated.

With effect from the 1st of February responsibility for Executive leadership of the vaccination of the LYPFT vaccination programme will transfer to the Executive Director of Nursing and Professions. The transfer of portfolio is due to the need to ensure that appropriate and aligned decisions are made about the future configuration of the Leeds Covid vaccination programme alongside other vital programmes of vaccination (such as influenza) for our staff and service users.

In November we reported the emerging intelligence we had on the impact of the vaccination of a condition of deployment legislation. At that point we had incomplete information about the

vaccination status of 547 staff providing a high degree of uncertainty and potential risk. The work undertaken to date has taken us to a position where we now have 177 employed staff we are working with to:

- assure ourselves of their vaccination status
- support easy and tailored access to the vaccination
- provide additional information and advice to encourage uptake of the vaccine
- validate exemption (where appropriate)
- determine fit with the scope of the legislation.

109 of these staff are employed in Care Services. We have confirmation that 32 Care Services staff have decided to refuse the vaccine. Additionally, we have 17 staff who are medically exempt. We are actively working with the remaining group of Care Services staff to determine their plans and to support them individually. We have a spread of unvaccinated staff across our Care Services. Heads of Operations are working in close collaboration with Human Resource colleagues to support staff vaccination and additionally to put staffing contingencies in place where possible.

More detail of the process we are following and legislative and employment impact will be provided in the Director of Human Resources report.

With effect from 19<sup>th</sup> January 2022, Executive responsibility for the vaccination of a condition of deployment (VCOD) oversight and implementation will transfer to the Director of Human Resources – this consistent with other NHS Organisations and the channel of communication from central NHSE.

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

The NHS is operating under a level 4 national incident and has been doing so since 13 December 2021. What this means is:

Level 4	<p>An incident that requires NHS England National Command and Control to support the NHS response.</p> <p>NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.</p>
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Specifically NHSE issued response requirements on the 13 December 2021. This has informed our objectives through this latest surge in Covid19 infections and the impacts on our service delivery. These objectives are consistent with the previously briefed LYPFT winter plan operating objectives and include:

- Wherever possible aim to provide a full range of community services for people with Serious Mental Illness (SMI) and/or those with a Learning Disability (LD)
- Work with other providers to maximise discharges – maintain flow and ability to admit
- Promote and maintain the physical health of people with SMI and LD
- Maintain staff welfare, mental health support and address any inequalities faced by staff
- Ensure IPC (Infection, prevention, and control) practices monitored via board framework and resources in place to implement and monitor adherence to good practice.

The Trust formally declared an organisational Business Continuity Incident on 4 January 2022.

This was due to:

- Staff absence meant that staffing wards at even minimum level was becoming a major operational challenge and could not be achieved in a safe way without considering additional resources
- The increasing level of outbreaks began affecting the Trust's ability to accept admissions both from community referrals and also from other providers.

The Trust's decision to declare a business continuity incident and the ongoing level 4 incident are being managed in one coordination process given the underlying disruption is the reason for both positions. This involves a three times weekly Incident Response Team (Trust silver) which takes tactical charge of managing the incident and a once weekly Coronavirus Coordination Group (Trust gold) that has strategic oversight and coordination responsibilities. Supporting the incident management structure are director lead operational groups covering:

- Physical health – IPC
- Operational care services
- Workforce and staff welfare
- Logistics, Estates, and IT (Information technology).

## 4. Service Delivery (in the context of business continuity).

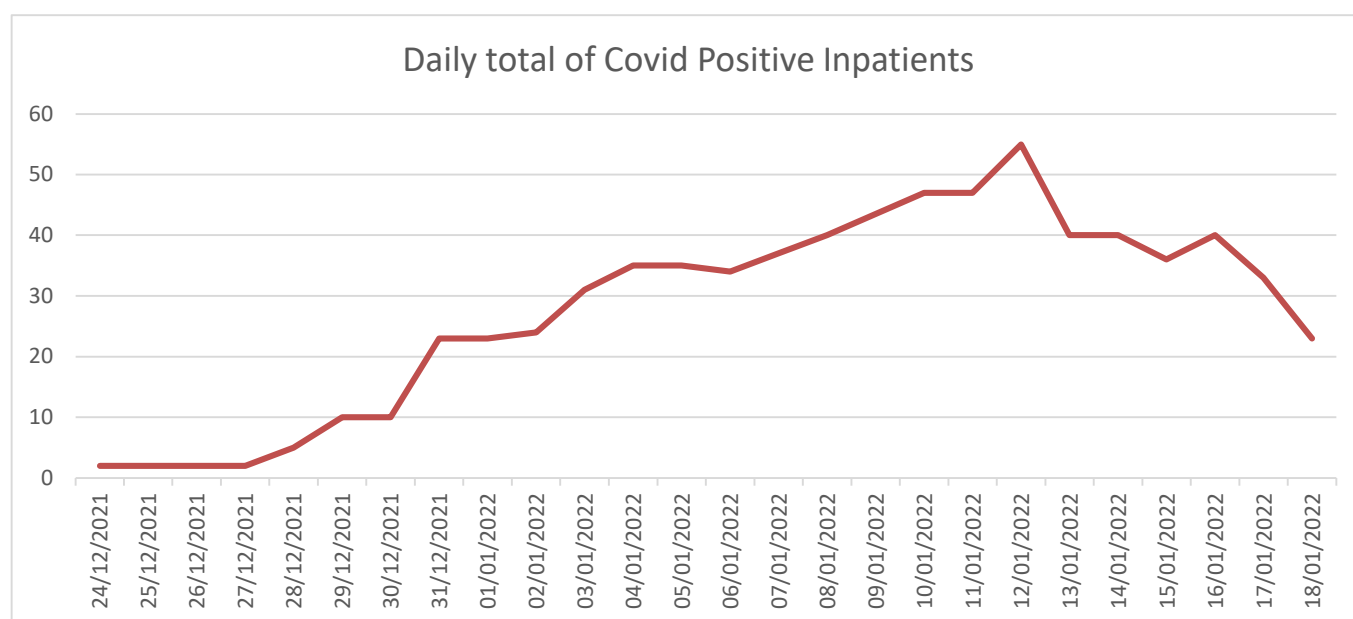
### 4.1 The winter surge in Covid infection

As reported in November 2021 our winter planning was enacted with a view to continuing to aim to provide across all our services, minimising disruption for service users and staff wherever possible and focussing particular attention on ensuring our urgent and emergency care in all services was prioritised.

Over the course of early December, we planned and prepared for sustained pressures over the prolonged holiday period and responded accordingly to the increasingly understood potential impacts of the Omicron variant of Covid19. Based on national and regional intelligence we anticipated and prepared organisationally for a surge in infection in the early New Year.

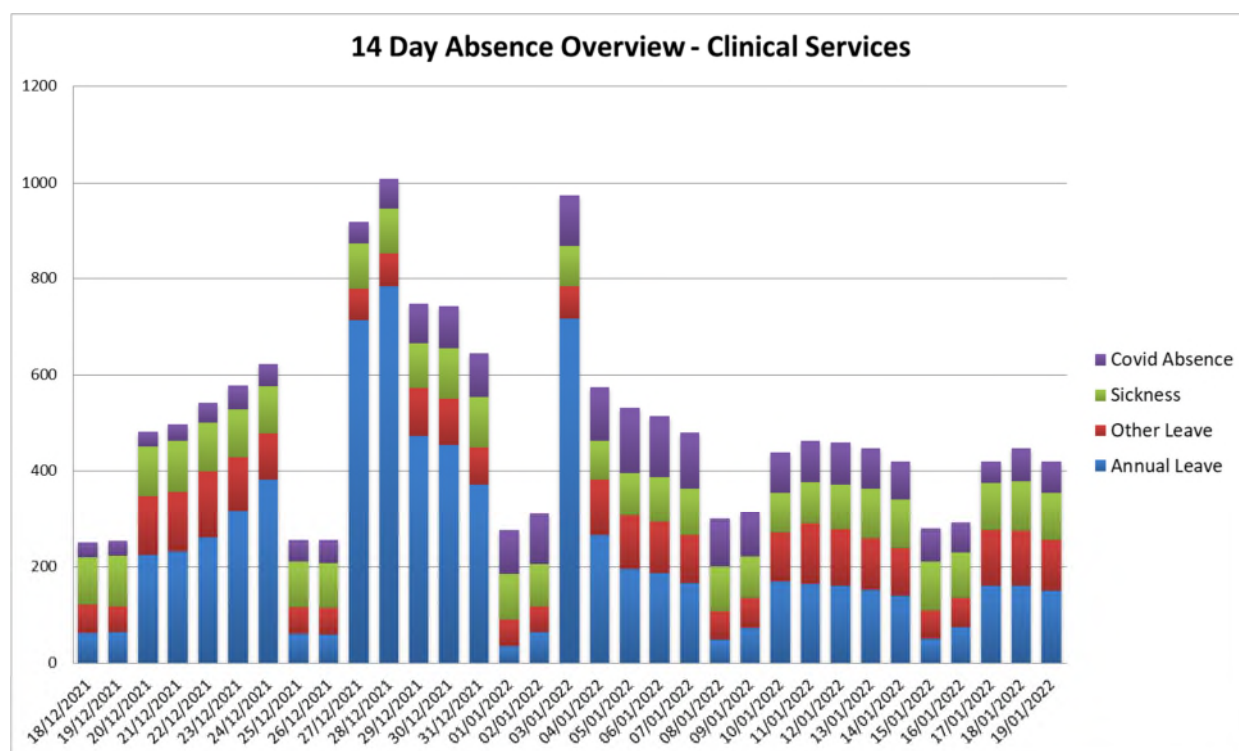
In our Trust the surge in infection manifested in outbreaks and staff absence sooner than other neighbouring organisations as escalated significantly day by day before stabilising in the last few days.

The table above shows the daily total of positive inpatients per day from 24 December to 18 January. The table shows the increase between Christmas and new year and then the rapid escalation in cases during the second week in January. The subsequent decline is largely due to patients coming out of isolation in groups stemming from the fact they all were identified as positive 14 days earlier.



An important issue to highlight is that with the increase in patient and staff outbreaks, ward closures resulted in considerable challenges in providing admission capacity (which was mirrored at a national level restricting access to out of area beds). This was managed through a combination of increasing staffing wherever possible in our Criss and Older Adult IHTT services so that service users could be supported more intensively out of hospital. In addition, we saw additional demand for our LTHT Older Adult liaison Inreach team where patients needed additional mental health expertise and support, together with a small number of long waits in A and E for patients who needed acute MH admission for treatment.

An added issue in the cohorting arrangements we needed to put in place to support minimising the spread of infection, was the requirement of additional staffing needed for these areas, set against a context of increasing covid related staff absence across the clinical workforce.



#### Tracker of Covid related staff absence in Care Services

	Covid Absences
20/12/2021	36
22/12/2021	46
24/12/2021	51

29/12/2021	88
31/12/2021	101
04/01/2022	112
05/01/2022	141
07/01/2022	124
10/01/2022	92
12/01/2022	96
14/01/2022	87
17/01/2022	52
19/01/2022	73
21/01/2022	69

Our routine 14-day absence reporting chart has been expanded above to show the period from the 18 December 2021 when we started to see a rise in absence as a result of Covid. At that point, Public Health intelligence continued to indicate a significant increase in infection in early New Year so we took the decision to continue to support annual leave commitments in the period between Christmas and New Year. The marked increase in Covid related absence emerged in the bank holiday period and this resulted in the need for active measures to provide staffing in key areas of our services that were operating in that period. Primarily these were Inpatient services, Crisis, Intensive support, Acute and Inreach liaison. We also took the decision in response to the growing number of staff absences to:

- Incentivise people to work additional hours or volunteer to work during their planned annual leave. Specific arrangements were made in response to the immediate pressure over Christmas and New Year and ongoing incentivisation has now been considered and appropriate arrangements agreed through IRT for the coming weeks.
- Seek to redeploy a number of experienced staff for a short period of time from other more specialist and community services. A total of 36 staff have been redeployed and the continued need for these staff will be reviewed week commencing 24<sup>th</sup> January through our IRT arrangements.
- Provide additional onsite support from managers and corporate staff to support breaks and to (where appropriate) undertake clinical duties.

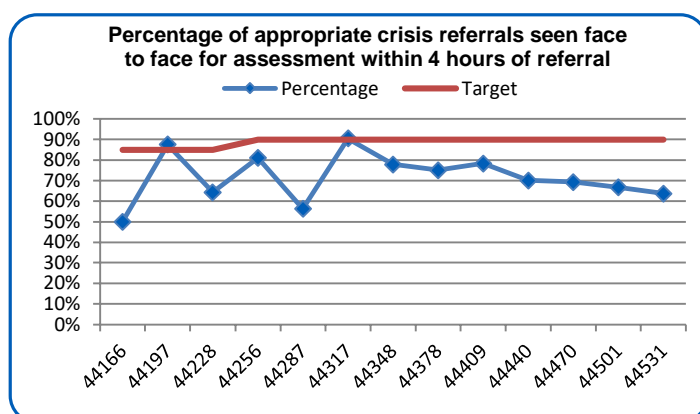
These steps were taken with the aim of providing safe care and more detail of the impact of staffing across our core services will be reported by the Director of HR and the Director of Nursing and Professions in due course.

#### 4.2 The immediate impact of the winter surge in Covid infection

Undoubtedly the late December 2021 and January 2022 surge in Covid infection has impacted significantly in our services. Whilst we are reporting minimal service led cancellations of appointments and clinics, an improved (but levelled out at a higher unplanned absence rate), staffing and outbreak position, the period has seen considerable disruption and impact in our Core services.

It has been vital not only to support and manage the response but pay careful attention to surfacing the risks and limitations in the support we have been able to provide in the last few weeks so that these are central to our immediate recovery in this coming period.

The attached performance report (Appendix A) starts to show the impact of staffing challenges in services and how this affected our normal standards of responsiveness and access. The challenges faced by our inpatient services in meeting demand with extremely limited admission capacity in LYPFT and at a national level was of particular concern. As a mitigating contingency our focus on supporting staffing in Criss and IHTT was key although, as seen in our performance reporting, our ability to provide face to face activity was stretched.



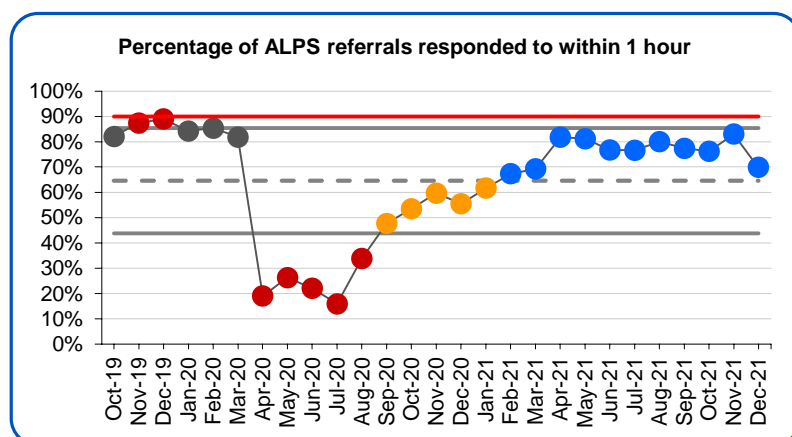
We experienced sustained challenges in early January but given the stabilisation of staff absence in this service and the additionality of newly recruited staff we are anticipating recovery and improvement through February and March.

Contractual target 90% December **63.6%**

In our ALPs service we experienced a combination of increased demand (because of rising attendances in A and E and bed pressures in LTHT) and staffing pressures. We did see a reduced ability to respond within the 1 hour standard. However, we maintained close and



integrated clinical and operational working arrangements with our Acute hospital colleagues so that we could provide the best support possible in the period.



An example and illustration of the immediate impact of Covid is set out from our Head of Operations for Acute Services Maureen Cushley in her Operational Delivery Group report as:

*Within the Acute service Covid related absence increased from 5 cases on 22<sup>nd</sup> December to reaching a peak of 34 week commencing 5<sup>th</sup> January 2022 before tailing off to 8 on 17<sup>th</sup> January(Today). Other types of non Covid sickness hover around 20-22 members of staff and other absences include Carers leave, maternity leave as well as mandatory study leave.*

*Until 31.12.21 CAU was the identified cohort area as there was a Covid outbreak on ward 5 Becklin however at that point Covid cases increased in women and an outbreak was also declared on ward 3 Becklin and ward 4 Newsam(both male wards). A decision was made to transfer all female service users who had tested negative out of w5B to CAU and to a small 5 bed space in ward 4 Newsam thus creating a mixed gender area in Newsam. Service users from W4 Newsam/Ward 3 Becklin and Ward 5 Becklin who tested positive for Covid were cohorted together in gender seperated areas on ward 5 Becklin. This involved the transfer of 21 service users on New Years Eve.*

*This was during the Christmas holiday season, clinical, operational and facilities staff across the Becklin worked together in order to transfer service users within the Becklin and to the Newsam centre, support the deep cleaning and preparation of each of the areas, pack and unpack belongings whilst caring for service users who were acutely unwell and in varying states of distress.*

Our Clinical Directors are involved in highlighting areas of concern where clinical quality and safety are compromised and in our mitigating plans. Alongside them our Heads of Operations are highlighting concerns that have been experienced over the course of the last 3 weeks so that these can be prioritised in our immediate recovery. These result from the level of disruption in staffing and the necessity to support patients in different ways as a result of the spread of infection and are expected to be short term (with improvements already underway as staff absence and disruption reducing day by day).

They include:

- Impact of transfers of patients between wards (in order to create safe cohorting and containment of infection)
- Level of therapeutic and activity-based support in inpatient areas (with all clinical staff stretched to maintaining safe staffing levels)
- Impact of mixed gender wards (although significantly few incidents are reported in these areas to date)
- Lack of continuity in therapeutic relationships and team continuity in all services
- Impact on service users of restrictions to leave and visiting
- Higher level of acuity and risk being managed by our Crisis Service
- Reduced level of support for less experienced staff (in extremis staffing situations)
- Ongoing uncertainty of further disruption
- Morale and wellbeing of staff due to acute pressure and changes in area of work.

Our Heads of Operations are reporting complaints and feedback from Service Users throughout this period where there are reports of concerns relating to the negative impact of additional restrictions.

#### 4.3 Current Service Delivery Position by Service Line

Please note that this information is summarised at a high level and correct as at 19<sup>th</sup> January 2022 but any material changes will be shared verbally through Trust Board on 27<sup>th</sup> January 2022.

#### **Forensic Services**

- All clinics operating with no cancellations.
- 8 staff currently isolating unable to work with 5 staff redeployed into Forensic services.
- 2 wards currently closed to admissions (with 1 vacant bed)
- Cohorting area in operation.

### **Adult Acute Services**

- 13 staff isolating unable to work – 6 staff redeployed to the service
- 3 wards closed
- 1 ward partially closed
- Criss service operating.

### **Adult Community and Wellbeing Services**

- Operating in business continuity due to staff vacancies and absence which predates pandemic
- Mitigation plans in place with clinical and operational oversight to manage high caseloads and maintain input and support for most at risk service users
- Medium term plan being finalised whilst further recruitment progressed
- 8 staff isolating and unable to work.

### **Older Adult Services**

- 6 staff isolating unable to work
- 1 ward closed (with cohorting ward open but due to close)
- Delayed transfers of care 22%.

### **Children and Young People Services**

- Red Kite View operational and service users transferred (occupancy plan enacted in collaboration with provider collaborative)
- Short term staff absence impact in Deaf Camhs service resulting in reduced appointments.

- 6 staff isolating unable to work
- 11 staff from red Kite View redeployed to other services (in the short term).

### **Learning Disabilities**

- 16 staff isolating unable to work (particular issues in SSLS)
- 4 staff redeployed into LD service with further redeployment internal to the service line to cover short term absence in SSLS.
- Other services operating as normal.

### **Liaison and Perinatal**

- Operating as normal
- 6 staff isolating and unable to work
- Planned reduced occupancy in NICPM
- Increased demand in LTHT In reach liaison
- Providing short notice emergency cover in acute inpatient services where necessary.

### **Regional services**

- 1 member of staff from LADS redeployed on a short-term basis
- 1 member of staff from veterans redeployed in the short term
- 1 member of staff from the Gambling service seconded
- (All has impact on some short-term restrictions in access).
- In January 6 appointments in LADS cancelled by the service due to staffing
- 2 appointments in the veterans High Intensity Service cancelled due to staffing.

### **Eating Disorders/Rehabilitation and Gender Services**

- 2 staff from Gender service redeployed in short term
- 1 staff from Connect Service redeployed
- 1 staff member deployed to Askets

- 1 staff member deployed to Complex Rehabilitation
- Gender - moved most Out-patient activity online
- CONNECT – reduced face to face activity prioritised by clinical need.

In summary all services are operating. Our Core 24 hour urgent and emergency care service continue to work in very challenging conditions because of the ongoing impact of the surge in Covid19 infections. However, the position has improved in the last week and stabilised. This is consistent with Public Health intelligence where at a Leeds level colleagues have indicated that we have reached a peak and are now seeing improvements. The uncertainty is at what level the infection rate will stabilise.

We do still have levels of staff absence and outbreaks in our wards that necessitate the need to work in Organisational business continuity. This is reviewed actively, and any change will be reported verbally at Trust Board.

## **5. Service Development (Impact of Business Continuity)**

Because of the recent surge in the incidence of COVID, a decision to pause the reset programme was taken at the beginning of January, to allow those involved to focus on the maintenance of essential services within the trust. A reflection on the impact of the surge on the reset programme will be completed in the next two weeks and it is hoped this can recommence at the beginning of February. The latest iterations of the reset plans from each service expected at the end of December have been delayed because of the surge, submission is anticipated by the end of January where these plans will be reviewed and feed into the learning event that will be rearranged.

There has been a pause in most development programmes across the trust, Leeds, West Yorkshire and Humber Coast and Vale ICS' to ensure clinical staff are not overburdened at this time, however some projects deemed to be an urgent priority are continuing these include

- The opening and continued development of new CMAHs inpatient Unit (Red Kite View).
- The preparations for the implementation of the new NHS structures (Integrated Care Systems and place based partnerships)
- Development of the effectiveness of the provider collaboratives, particularly West Yorkshire CAMHs.

- Same Day response and System Flow initiatives (such as the implementation of admiral nurses and repurposing care home beds for people with complex dementia)

Timetables for the delivery of programmes that have been paused are being reconsidered for example the Community Mental health Transformation, and the revision of the Strategic Clinical Plan.

## **6. Summary**

It is difficult to articulate (and sufficiently thank) in a report the amazing extent to which our staff have responded again to the disruption and risks to our service users because of the Covid19 winter 2021/22 surge. All services have continued to operate throughout and, over the festive period and into January where 24 hour, urgent and emergency services operated fully, staff at every level across the Organisation worked without exception above and beyond to maintain the safety of our patients.

Undoubtedly the impact of this surge has created challenges which we know cause negative consequences and disruption in care and will in some cases impact on the wellbeing of staff. Nevertheless, we are focused on these are already in immediate recovery phase to provide a sustained high quality of care and plan to minimise any further disruption in care, support, teams, and services.

**Joanna Forster Adams**  
**Chief Operating Officer**  
**January 2022.**

# Introduction

## Key themes to consider this month:

Unless otherwise specified, all data is for December 2021

### Consistency and improvement:

A number of services have consistently achieved their access standard / contractual targets this month/quarter. These included the percentage of service users who stayed on CRISS caseload for less than 6 weeks, the percentage of service users who were seen or visited at least 5 times within the first week of receiving CRISS support, the percentage of service users starting treatment within 2 weeks of referral to the Early Intervention in Psychosis (EIP) or At Risk Mental State (ARMS) service, the percentage of inpatients followed up within 3 days of discharge from CCG commissioned services, the percentage of referrals to memory services with a diagnosis recorded within 12 weeks and the percentage of referrals to Community Mental Health Teams (CMHT) that were seen within 15 days of referral. Some services have seen some reduced performance against targets, predominantly as a result of staffing pressures and sickness; these are identified throughout, and are being monitored and managed within the service lines.

### Workforce:

Both the flu vaccination and Covid booster vaccination programmes are well underway across the Trust. As of 19th December, 96.9% of staff had received their first Covid vaccination dose (3,749 people), and 94.0% (3,637 people) their second dose. As of the date above, 75.9% of eligible staff (2,938 people) had received a booster vaccination. 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.

### Work in Progress:

Support continues to be provided to services using the various operational dashboards in CareDirector and the Quality, Delivery and Performance reporting structures. Detailed work (supported by our information and performance teams) is being undertaken by our Community Mental Health services to better understand and manage internal waiting lists, and work is also being finalised on an improvement plan to increase the completion of physical health checks for our community based service users. Our CRISS team are currently working on analysing information relating to the 4 hour access / assessment target for urgent and emergency referrals, and work is ongoing across all service lines – following a workshop in October - to better quantify, understand and address waiting time compliance and trajectories.

## Service Performance – Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Oct-21	Nov-21	Dec-21
Percentage of crisis calls (via the single point of access) answered within 1 minute *	-	70.6%	75.1%	73.2%
Percentage of ALPS referrals responded to within 1 hour	90.0%	76.2%	83.0%	69.9%
Percentage of S136 referrals assessed within 3 hours of arrival	-	12.0%	19.6%	12.5%
Number of S136 referrals assessed	-	50	51	48
Number of S136 detentions over 24 hours	-	8	10	3
Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral	90.0%	69.2%	66.7%	63.6%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70%	91.4%	88.9%	88.4%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50%	47.1%	53.1%	56.1%
Percentage of CRISS caseload where source of referral was acute inpatients	tba	21.1%	24.7%	19.6%
Services: Access & Responsiveness to Learning Disabilities, Regional and Specialist Services	Target	Oct-21	Nov-21	Dec-21
Gender Identity Service: Number on waiting list	-	3133	3142	3227
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	95%	-	-	54.3%
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100%	-	-	71.4%
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	-	-	-	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	-	-	100.0%
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for bio psychosocial assessment (quarterly)	85%	-	-	31.9%
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	tbc	-	-	620
Perinatal Community: Face to Face DNA Rate (quarterly)	-	-	-	10.3%
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90%	82.8%	82.4%	73.3%
Services: Our acute patient journey	Target	Oct-21	Nov-21	Dec-21
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	80.6%	86.7%	69.4%
Crisis Assessment Unit (CAU) length of stay at discharge	-	16.7	19.3	14.92
Liaison In-Reach: attempted assessment within 24 hours	90%	79.0%	83.4%	80.4%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94-98%	99.6%	96.5%	98.3%
• Becklin – ward 1 (female)	-	101.6%	100.0%	100.0%
• Becklin – ward 3 (male)	-	98.0%	98.5%	95.2%
• Becklin – ward 4 (male)	-	99.3%	96.2%	99.1%
• Becklin – ward 5 (female)	-	101.8%	98.9%	102.8%
• Newsam – ward 4 (male)	-	97.4%	88.6%	94.5%
• Older adult (total)	-	89.6%	86.8%	80.3%
• The Mount – ward 1 (male dementia)	-	84.1%	79.8%	60.5%
• The Mount – ward 2 (female dementia)	-	95.5%	89.3%	89.0%
• The Mount – ward 3 (male)	-	91.9%	86.9%	74.3%
• The Mount – ward 4 (female)	-	87.7%	89.9%	94.1%

\* 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.



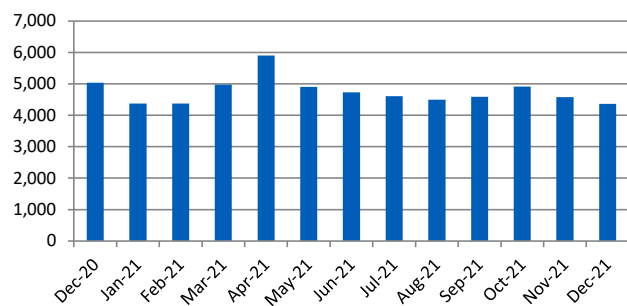
## Service Performance – Chief Operating Officer

Services: Our acute patient journey	Target	Oct-21	Nov-21	Dec-21
Percentage of delayed transfers of care	-	11.9%	10.7%	8.9%
Total: Number of out of area placements beginning in month	-	16	8	12
Total: Total number of bed days out of area (new and existing placements from previous months)	tbc	497	495	290
Acute: Number of out of area placements beginning in month	-	13	5	9
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	334	284	148
PICU: Number of out of area placements beginning in month	-	3	3	3
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	39	91	18
Older people: Number of out of area placements beginning in month	-	0	0	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	124	120	124
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90%	-	-	67.1%
Services: Our community care	Target	Oct-21	Nov-21	Dec-21
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	-	80.0%	88.8%	82.7%
Percentage of inpatients followed up within 3 days of discharge (CCG commissioned services only)	80%	82.4%	87.6%	81.4%
Number of service users in community mental health team care (caseload)	-	4,302	4,232	4,216
Percentage of referrals seen within 15 days by a community mental health team	80%	81.1%	79.1%	84.1%
Percentage of referrals to memory services seen within 8 weeks (quarter to date) *	90%	70.1%	74.7%	76.6%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date) *	50%	53.0%	60.0%	55.9%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60%	63.2%	60.9%	100.0%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	tbc	-	-	65.2%
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90%	-	-	39.3%
Services: Clinical Record Keeping	Target	Oct-21	Nov-21	Dec-21
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	JUL 90.8%	AUG 91.4%	SEP 91.8%
Percentage of service users with NHS Number recorded	-	99.1%	98.9%	99.1%
Percentage of service users with ethnicity recorded	-	77.3%	77.4%	77.4%
Percentage of service users with sexual orientation recorded	-	27.0%	28.7%	29.6%
Percentage of in scope patients assigned to a mental health cluster	-	69.1%	68.2%	68.3%

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

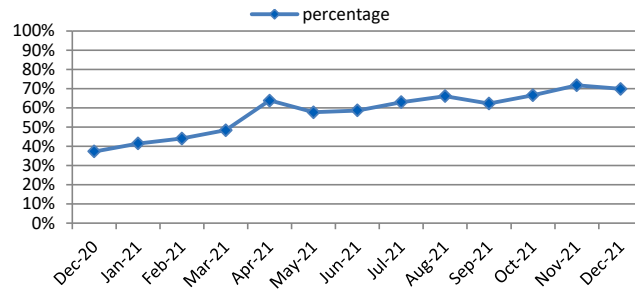
## Services: Access & Responsiveness: Our response in a crisis

Number of calls (attempted) to SPA by Month \*



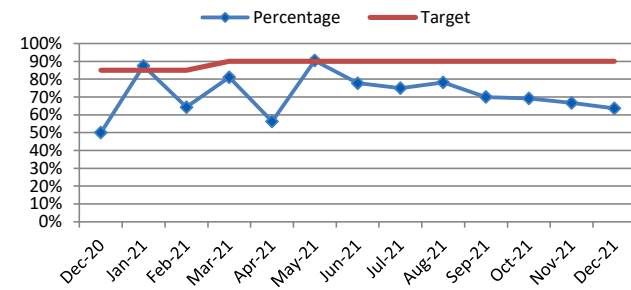
December calls: 4,361

Percentage of crisis calls (via the single point of access) answered within 1 minute \*



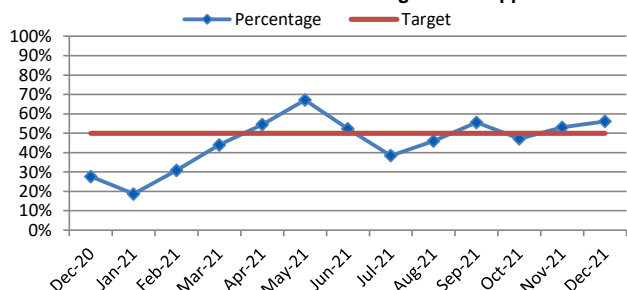
Local target: within 1 minute: December 69.9%

Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral



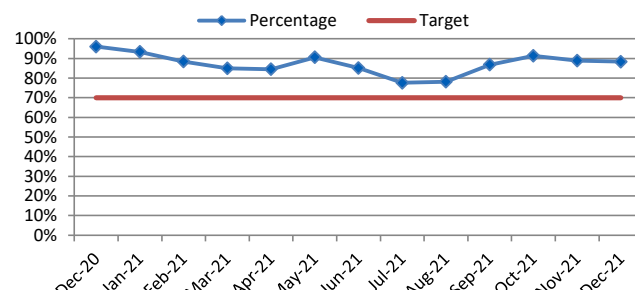
Contractual target 90% December 63.6%

Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support



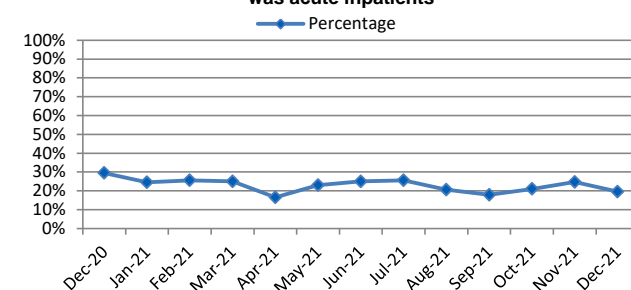
Contractual target 50%: December 56.1%

Percentage of service users who stayed on CRISS caseload for less than 6 weeks



Contractual target 70%: December 88.4%

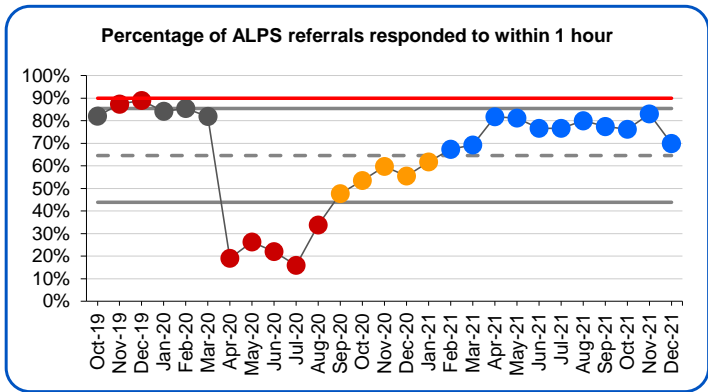
Percentage of CRISS caseload where source of referral was acute inpatients



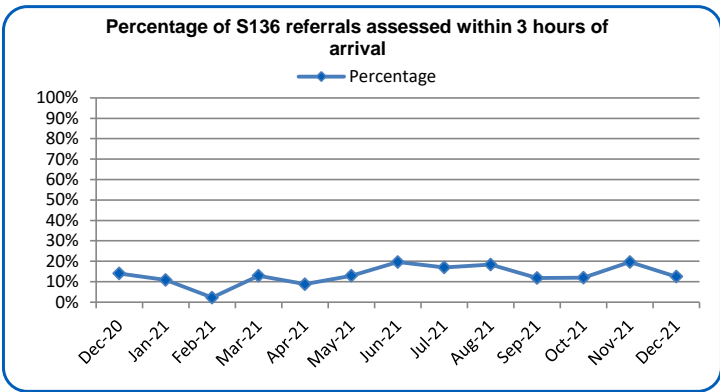
Contractual target tba: December 19.6%

\* 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.

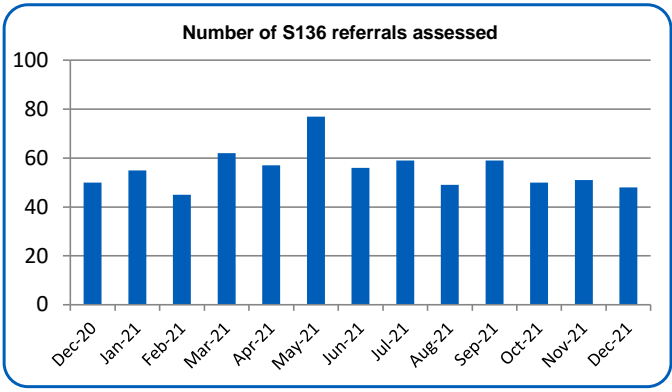
# Services: Access & Responsiveness: Our response in a crisis continued



Contractual target 90%: December 69.9%



Contractual measure: December 12.5%



Total referrals assessed: December 48

**SPC Chart Key**

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

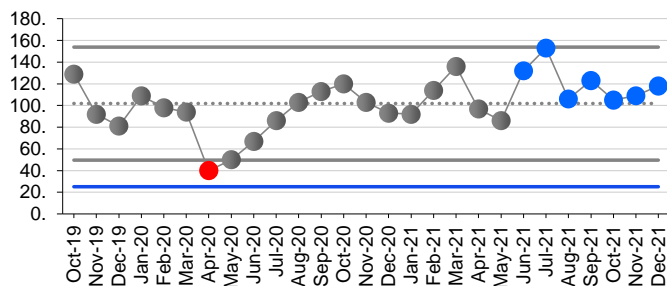
## Services: Access & Responsiveness: Our response in a crisis

Within the Crisis Resolution and Intensive Support Service (CRISS), demand and capacity in the Single Point of Access (SPA) clinical team has been a challenge with staffing levels needed to quickly determine the need for an urgent assessment being insufficient. This issue is being addressed in January with all posts having been fully recruited into with the use of non-recurrent winter monies funding resulting in new staff starting in the SPA team. The new staff will provide much needed capacity to receive and triage referrals more promptly and therefore it is hoped an improved position will be seen towards the end of January 2022.

Within the Acute Liaison Psychiatry Service (ALPS), the percentage of referrals seen within 1 hour, has fallen to 69.9% (against a target of 90%). Covid related absences have affected the team's ability to meet a 1-hour response to Leeds Teaching Hospitals Trust (LTHT) Emergency Departments. Additionally, there have been occasions where the team has been reduced to minimal numbers to support inpatient services across the Trust.

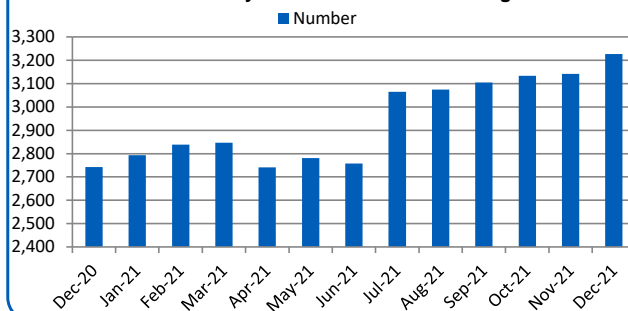
# Services: Access & Responsiveness to Learning Disabilities, Regional and Specialist Services

Gender Identity Service: Number on waiting list



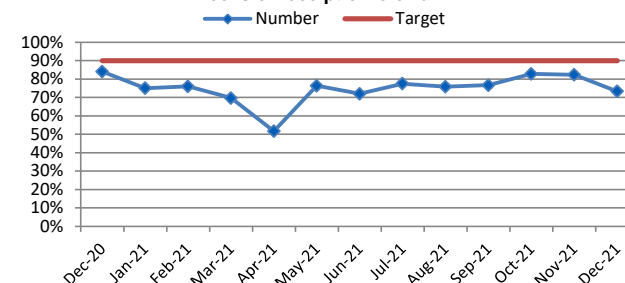
Total referrals: December 118

Gender Identity Service: Number on waiting list



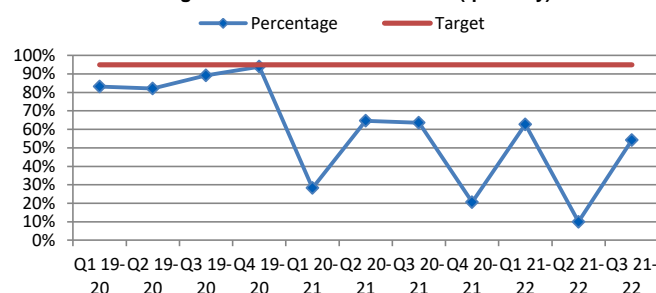
Number on waiting list: December 3,227

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



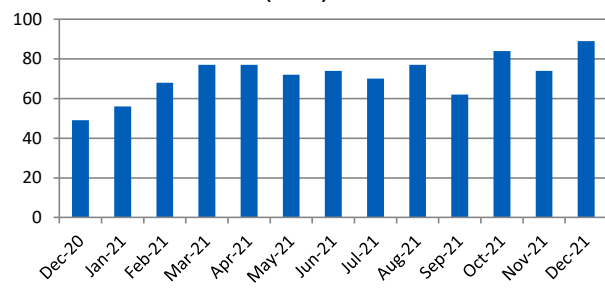
Contractual target 90%: December 73.3%

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



Contractual target 95% Q3: 54.3%

Referrals to the Leeds Autism Diagnostic Service (LADS)



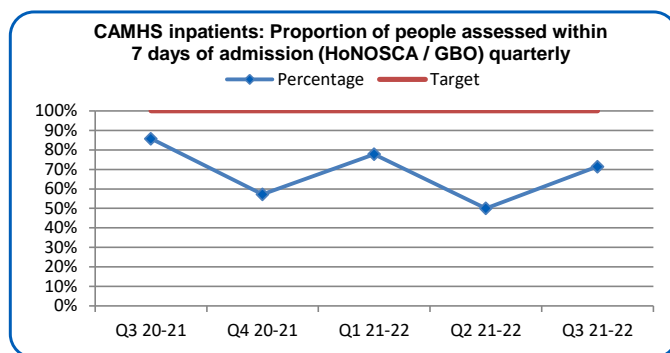
Local measure: December 89

SPC Chart Key

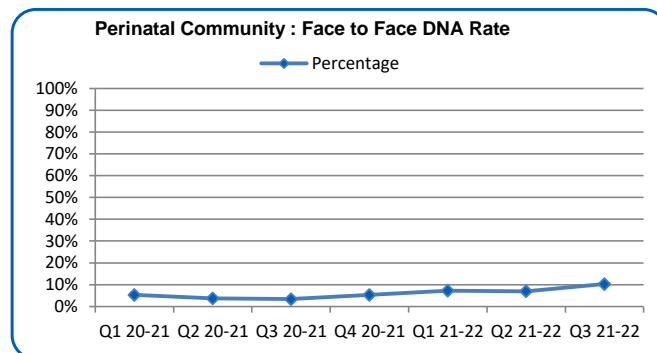
--- Average  
--- Lower process limit  
--- Target

--- Upper process limit  
● Actual

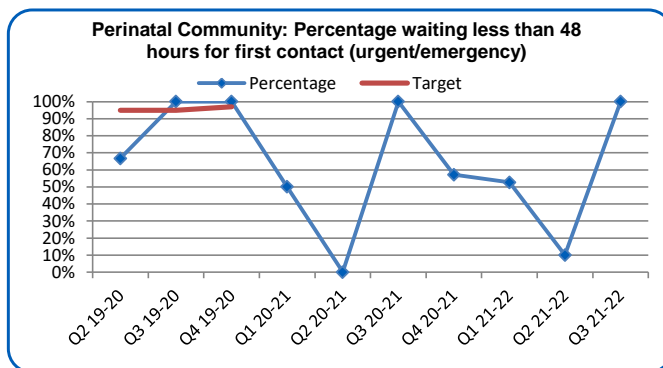
## Services: Access & Responsiveness to Learning Disabilities, Regional and Specialist Services (continued)



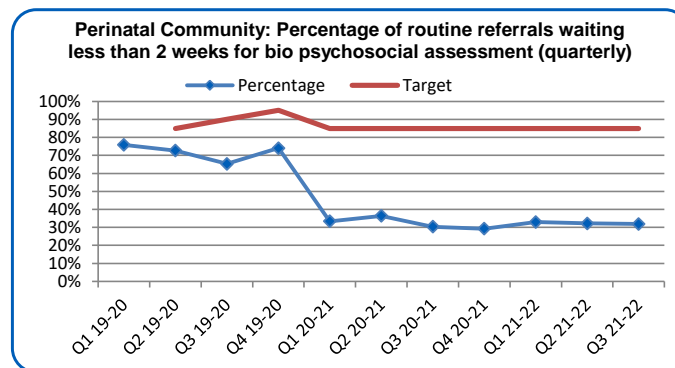
Contractual Target 100% Q3 **71.4%**



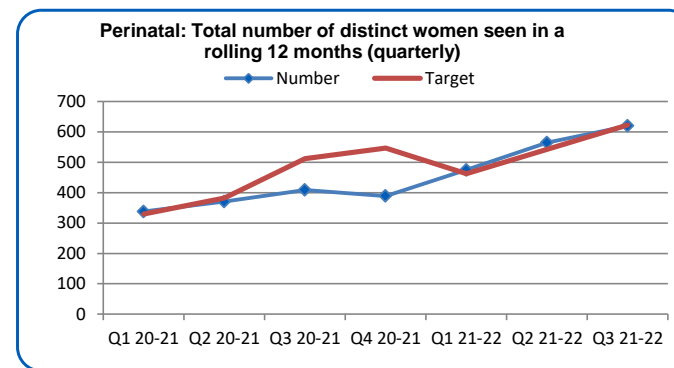
Contractual measure: Q3 **10.3%**



Contractual Target: tba Q3 **100.0%**



Contractual Target 85% Q3: **32.0%**



Local measure and target Q3 623: Q3 **620**

## Services: Our Regional and Specialist Services

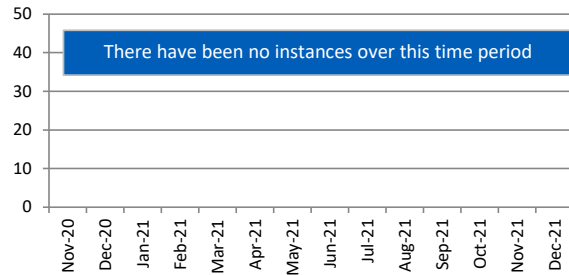
Recording of contacts remains an issue within the Community Learning Disability Service as the waiting time for the majority of referrals was affected by the absence of a first contact on the system. This is being addressed within the service to ensure contacts are recorded correctly. Recording of initial contacts is set to improve from January. Several referrals for Speech and Language Therapy (SALT), employed by Leeds Community Healthcare (LCH) and working to a different assessment waiting time target for their service, have long waits which are being addressed through the business continuity plan.

Compliance has increased in Quarter 3 as a result of additional non-recurrent investment. However referral rates are still high and the additional resource is no longer sufficient to meet demand. The additional resource is also impacted into Quarter 4 with the Covid pressures as some of the additional resource will now support Priority 1 services. The team has recruited to two out of three clinical roles as part of the recurrent service development plans, the focus of the roles is on the enhanced consultancy as well as the diagnostic pathway.

Within the Perinatal Community Service, 100% of urgent and emergency referrals had a first contact within 48 hours of referral in Quarter 3. The percentage of routine referrals seen for a Biopsychosocial Assessment within 2 weeks was 32% against a target of 85%. Contributing factors include the Did Not Attend (DNA) rate and delays when managing opt-in letters. A new admin process has been introduced and the team are to pilot a SMS reminders system which aims to reduce DNAs.

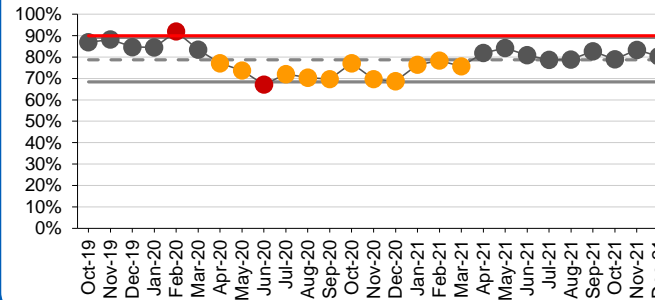
# Services: Our acute patient journey

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



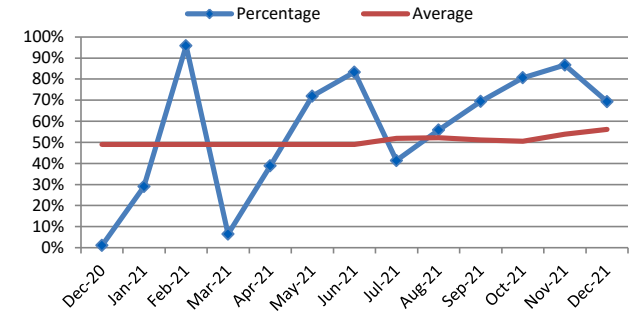
National (NOF): No target: December 0

LP inreach attempted assessment within 24hrs



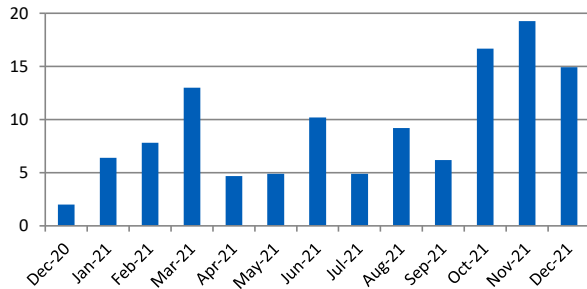
Contractual target: 90%: December 80.4%

Crisis Assessment Unit (CAU) bed occupancy



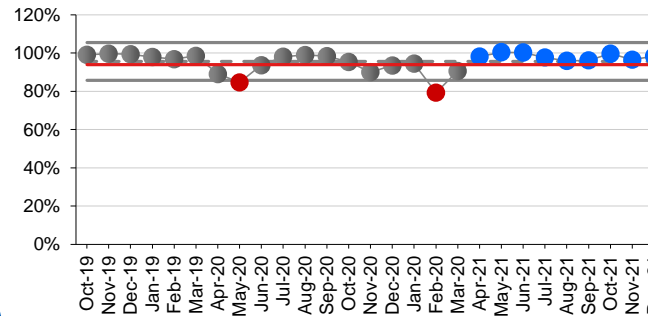
Local measure: December 69.4%

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



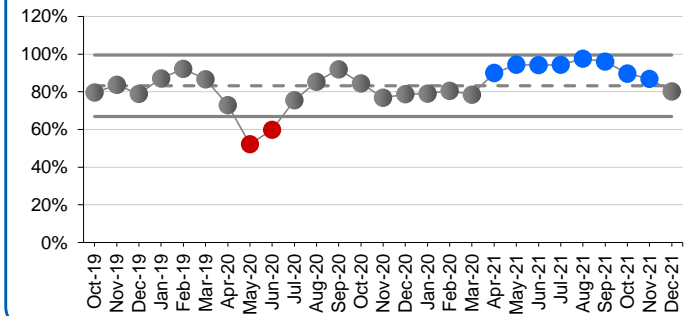
Local measure: December 15 days

Bed Occupancy Adult Acute Inpatients



Contractual target 94-98%: December 98.3%

Bed Occupancy Older Peoples Inpatients



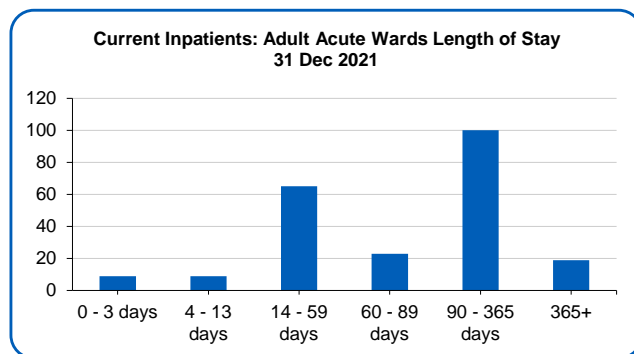
Local measure and target 85% : December 80.2%

## SPC Chart Key

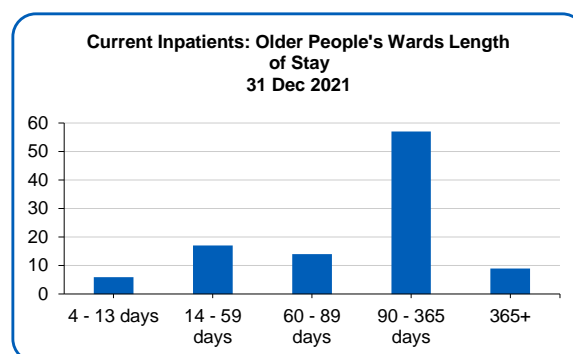




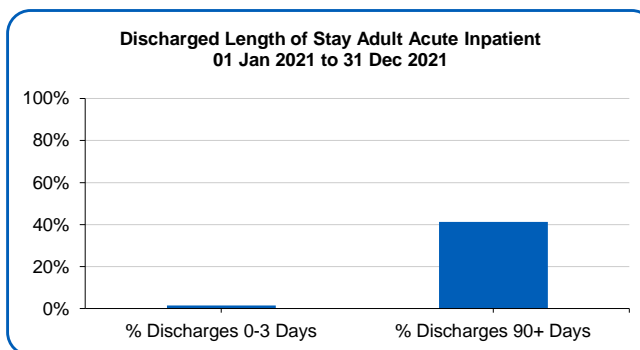
## Services: Our acute patient journey (continued)



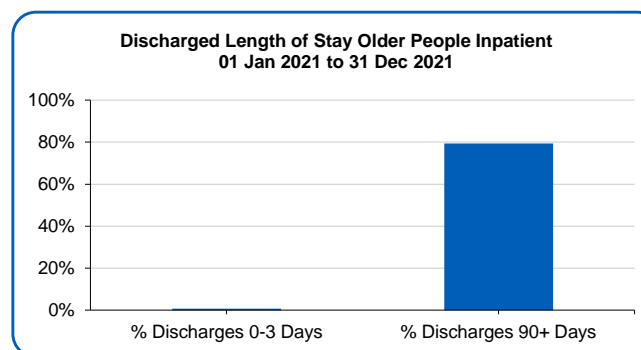
Local activity : 119 people with LOS 90+ days



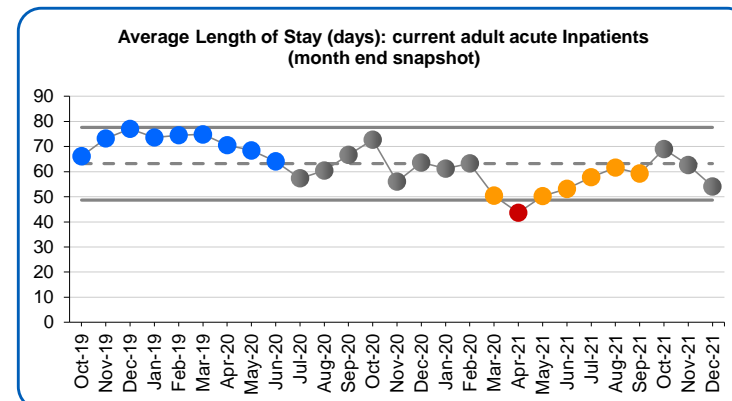
Local activity: 66 people with LOS 90+ days



Local activity : % discharged LOS 90+ days = 41.2%



Local activity: % discharged LOS 90+ days = 79.4%

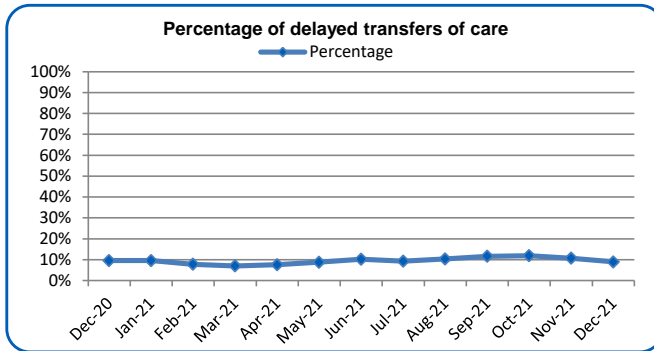


Local tracking measure: December 54 days

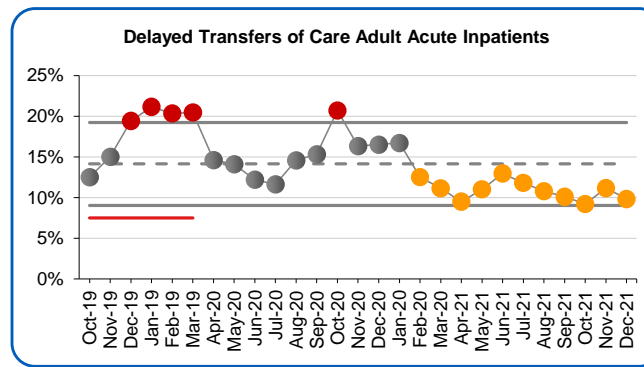
### SPC Chart Key



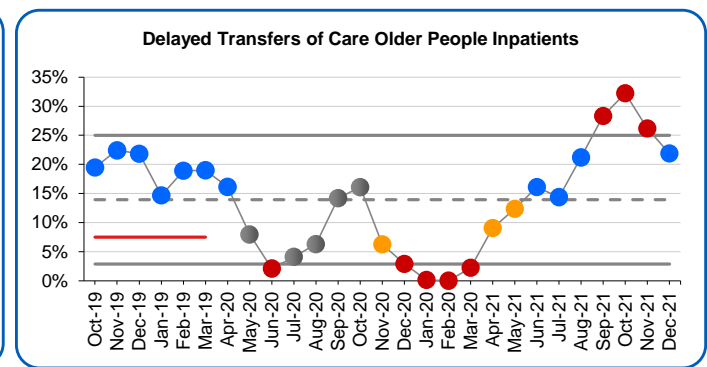
## Services: Our acute patient journey (continued)



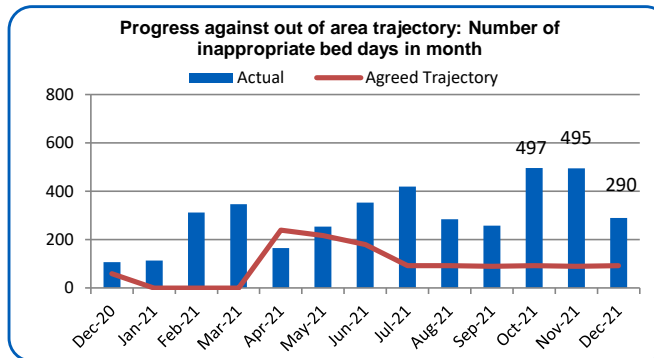
Local tracking measure: December 8.9%



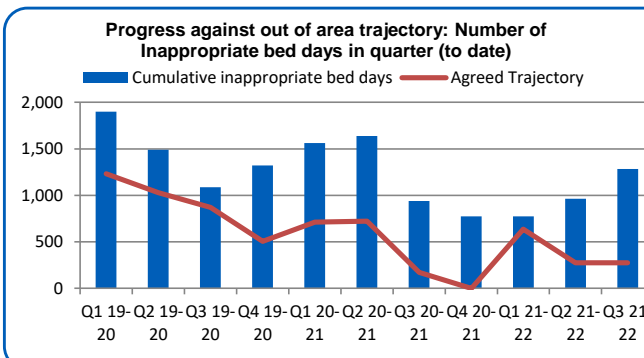
Local tracking measure: December 9.8%



Local tracking measure: December 21.9%

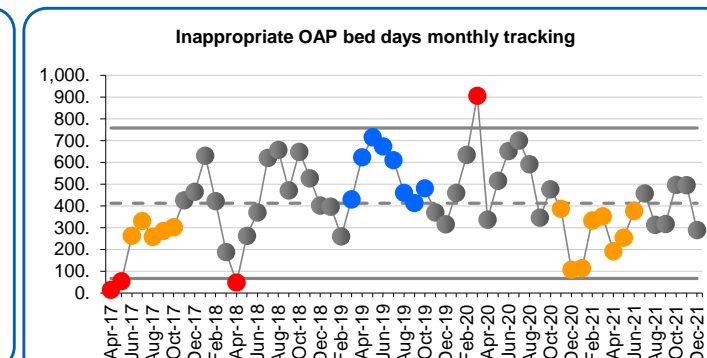


Nationally agreed trajectory (93) December 290 bed days



Nationally agreed trajectory (Q3: 276):

Q3: 1,282 bed days



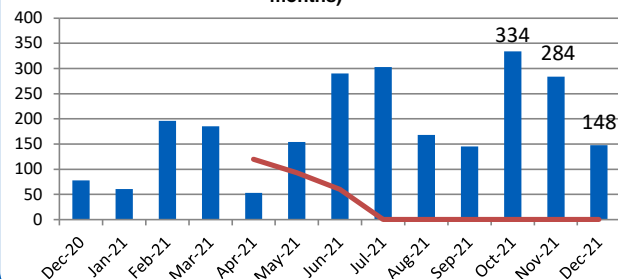
Local tracking measure: December 290 bed days

SPC Chart Key



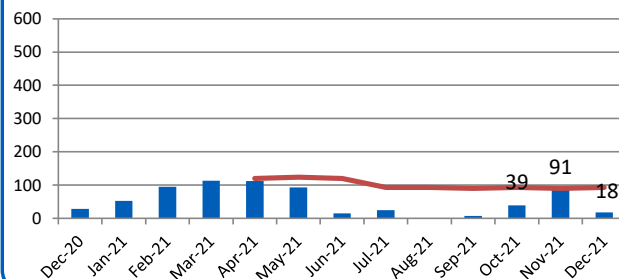
## Services: Our acute patient journey (continued)

**Acute: Total number of inappropriate bed days out of area (new and existing placements from previous months)**



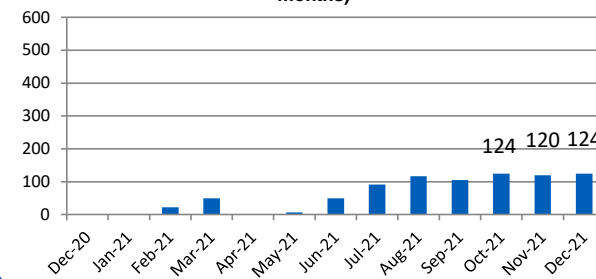
Nationally agreed trajectory (0) : December 148 days

**PICU: Total number of inappropriate bed days out of area (new and existing placements from previous months)**



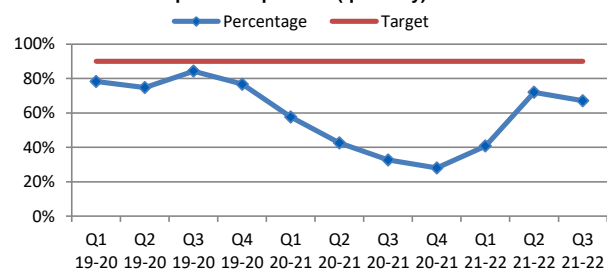
Nationally agreed trajectory (90) : December 18 days

**Older people: Total number of inappropriate bed days out of area (new and existing placements from previous months)**



Local measure: December 124 days

**Cardiometabolic (physical health) assessments completed : Inpatients (quarterly)**



Contractual target: 90%: Q3 67.1%

## Services: Our acute patient journey

There has been a slight increase in bed occupancy taking the service just above the aspirant occupancy target range of 94-98%. Occupancy for older adult services is significantly lower and has reduced over recent months to 80.3% in December.

Bed occupancy and length of stay both show a notable decrease from previous months.

There continues to be significant demand for out of area beds with an increase in new placements starting in December (12 up from 8) for Acute and PICU. Conversely, a notable reduction in the number of bed days for new and existing placements is evident with a decrease of around 58% from November.

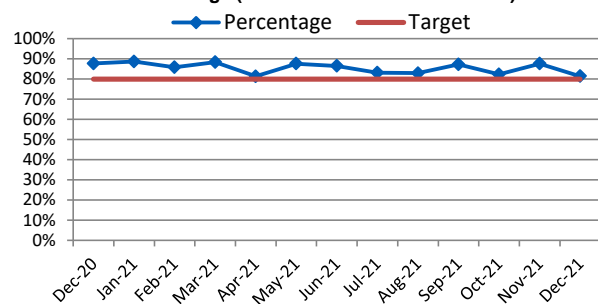
Delayed transfers of care for the Trust are showing a positive reduction in December to 8.9%. Within older adult inpatient services, delayed transfers of care have also reduced to 21.9% following several months of being at 26% or higher.

80.4% of assessments were attempted within 24 hours by the Liaison In-Reach team, below the 90% target. This is within normal levels of variation. Similarly, to ALPS, the team has been affected by Covid related absences and the pressures across LYPFT's inpatient services has seen delays in transferring patients from LTHT to Mental Health beds. This has impacted on the team's ability to respond to new referrals within 24 hours due to the need to support those patients remaining with LTHT.

In Adult Acute inpatient services, despite the staffing pressures over the last few months, performance for completion of Cardio-Metabolic (physical health checks) has been consistent but remains below target. In older adult inpatient services, due to ward pressures, one of the wards has struggled to meet the target but the other has been consistent with its performance in this area.

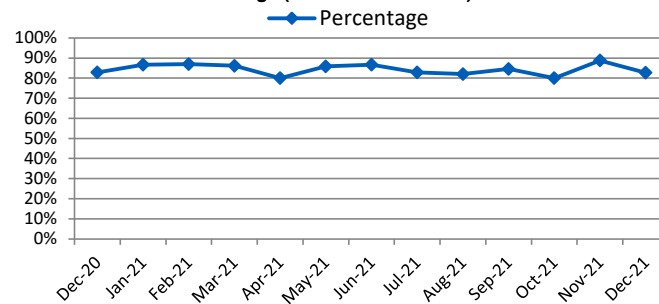
## Services: Our community care

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



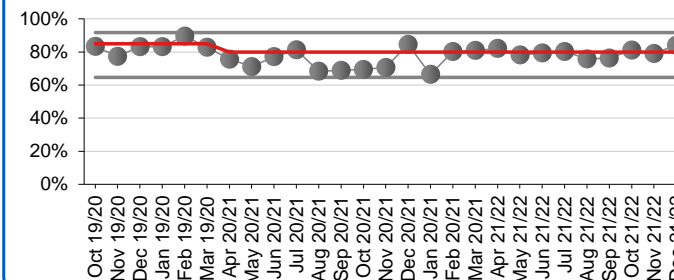
Contractual Target 80% December **80.3%**

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



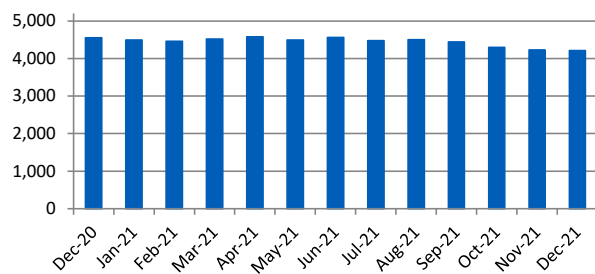
Local Tracking Measure: December **81.7%**

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



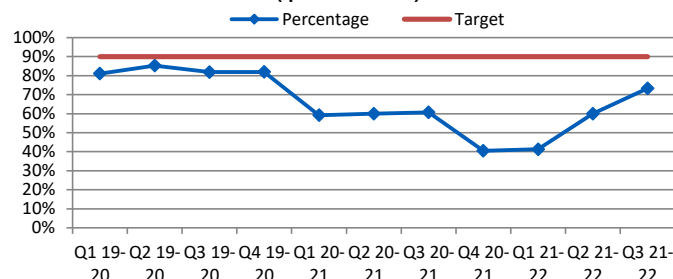
Contractual target: 80%: December **84.1%**

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



Local measure: December **4,216**

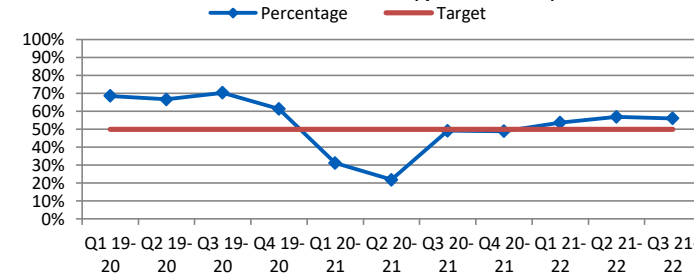
Percentage of referrals to memory services seen within 8 weeks (quarter to date) \*



Contractual target: 90% Q3 **73.4%**

\* 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) \*



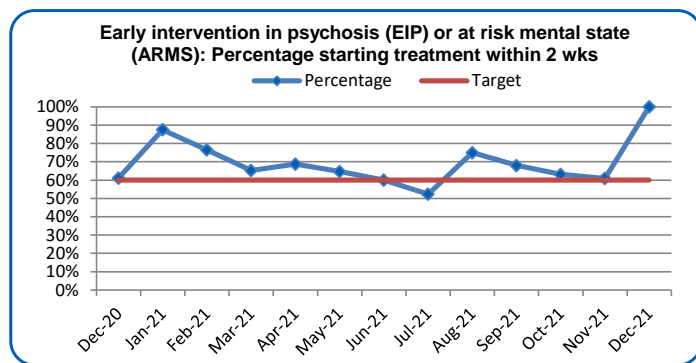
Contractual target: 50% Q3 **56.1%**

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

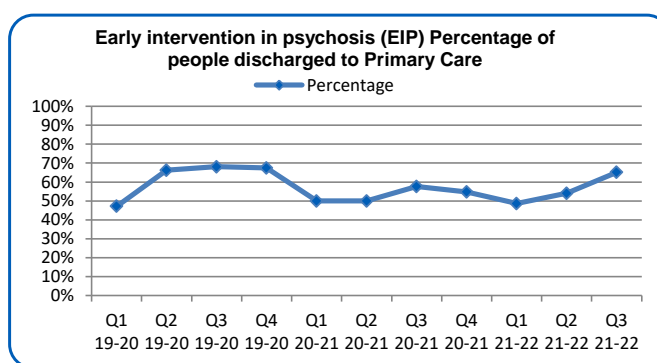
### SPC Chart Key



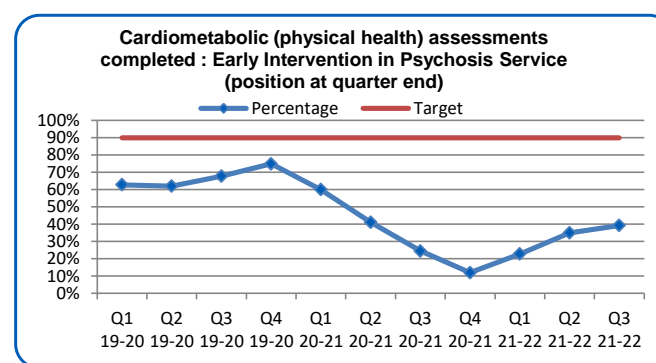
## Services: Our community care (continued)



Contractual target: 60%: December **100.0%**



Contractual target: tbc: Q3 **65.2%**



Contractual target: 90%: Q3 **39.3%**

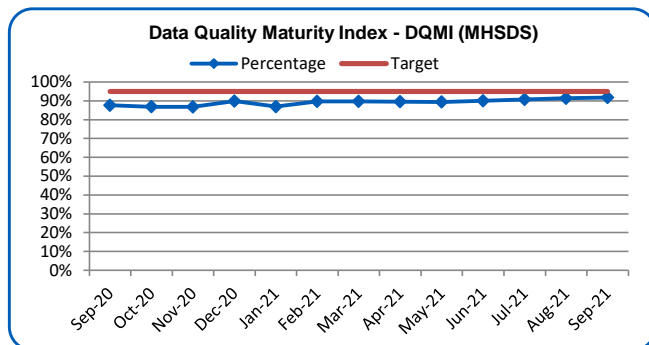
## Services: Our community care

Inpatients followed up within 3 days: We continue to consistently achieve our 80% target for follow-up within 3 days, achieving 81.4 % for CCG commissioned services and 82.7% Trust wide. We continue to routinely follow up all breaches of the standard during the month.

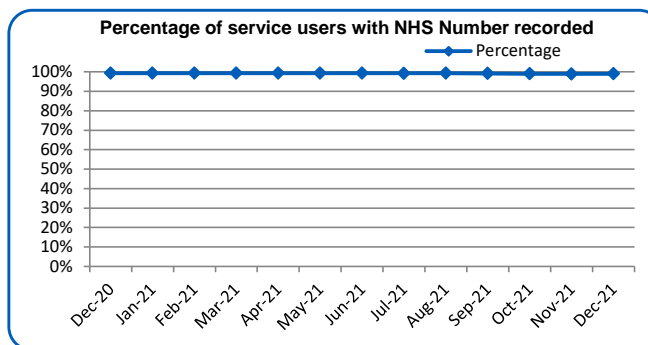
Within the month of December, the West North West (WNW) and East North East (ENE) Localities both saw a slight increase in referrals and caseload size in comparison to November. Caseload in the ENE went up from 259 to 274 and in the WNW from 708 to 716. Across all three localities there are contributing factors such as sickness absence amongst the Multi-Disciplinary Team (MDT), and vacant posts. The South South East (SSE) Locality is currently working with reduced consultant capacity due to sickness absence and maternity leave. Whilst there is input from a Locum Consultant this does come with some challenges due to minimal knowledge of electronic systems, pathway, and processes, all of which impact upon clinical activity. There are also pressures due to vacant posts which is a further contributing factor mostly impacting upon the SSE and WNW localities. All posts are out to advert. Recruitment was successful for one of the two 1.0 Whole Time Equivalent (WTE) Band 6 posts funded with the winter pressure money but despite several attempts to recruit, one of these posts remains unfilled. Some staff from the WNW Locality have recently been redeployed which has the potential to impact upon performance in the future.

Aspire has made some progress towards increasing achievement against this target (39.3% vs 35% at end Quarter 2) although this is slow. Continued issues with Covid have been challenging, however we have implemented other measures (outlined below) to build on progress and will continue to monitor and adapt the service's response accordingly: (1) Rewording initial 'on caseload' Physical Health Check (PHC) invitation letter to include much greater detail about the importance of this and an explanation of what will happen, to increase take-up (2) Encouraging 'opportunistic' completion of PHC during face-to-face meetings at Aspire offices (i.e. meetings arranged by care co-ordinators, medics or therapists) (3) Training of the STR team to follow up specifically on DNAs and encourage engagement (4) Monitoring use of the Becklin Centre Clinic as this typically has a much lower attendance rate than that offered at Aspire which there are plans to move if uptake does not increase.

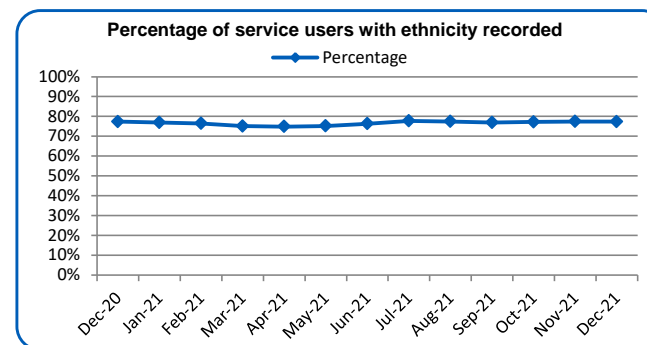
# Services: Clinical Record Keeping



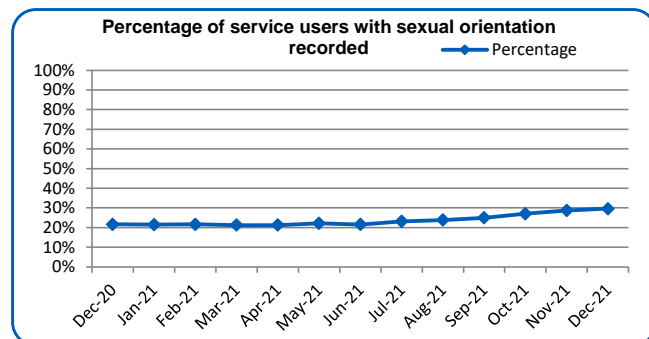
CQUIN / NHSOF Target - September: 91.8%



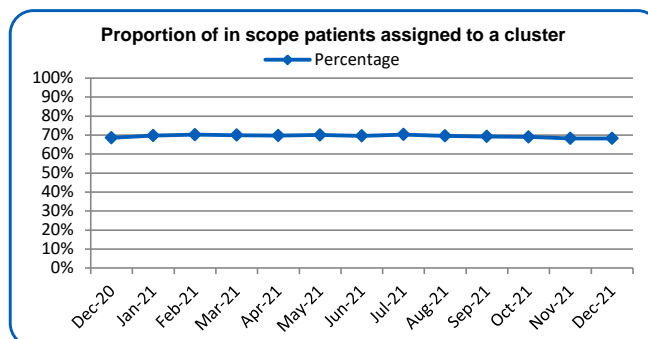
Local measure: December 99.1%



Local measure: December 77.4%



Local measure: December 29.6%



Local measure: December 68.3%



## Services: Clinical Record Keeping

Our Informatics team continue to support staff in achieving expected standards of data quality and further support and training on our CareDirector Electronic Patient Record system. At the end of December 99.1% of care records had an NHS number recorded (a slight increase), 77.4% ethnicity (maintained position) and 29.6% sexual orientation (again a slight increase). Much of the challenge around ethnicity and sexual orientation reporting relates to service users who are 'open' on our CareDirector system but have not yet been assessed by the service. Despite this – and despite seeing a slight increase in recording in recent months – we recognise that further improvement is required in these areas, and services are being asked to provide additional focus on this.



**AGENDA  
ITEM**

**13.**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Chief Financial Officer Report - Month 9
<b>DATE OF MEETING:</b>	27 January 2022
<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 update of key finance related issues.

The Trust's financial position remains robust in the context of the current operational conditions and in the context of the wider system risks and opportunities. Whilst we are not being monitored against the usual external metrics for cash and liquidity, our cash position remains strong with a cash balance of £118.3m, and liquidity is strong with cover for 134 days operating expenses.

The key focus in the next quarter is to develop the financial plan for the next 12 months, set in the context of planning guidance, draft ICS system allocations and changes to the financial framework.

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 year to date income and expenditure surplus of £1.1m, with a forecast outturn range up to £4m.
- the capital expenditure position and forecast of c£9m subject to potential additional funding.
- the Trust remains in an overall good financial position.
- that we continue to work with partners across Leeds and the wider ICS to manage the overall financial position and plans for 2022/23.



**MEETING OF THE BOARD OF DIRECTORS  
27 JANUARY 2022**

**CHIEF FINANCIAL OFFICER REPORT - MONTH 9**

**1 Introduction**

This report provides an update of key finance related issues.

**2 Month 9 Financial Performance 2021/22**

**2.1 Month 9 I&E Position 2021/22**

At month 9 the Trust reported an income and expenditure surplus of £1.1m against a £34k surplus plan position. Month 9 income and expenditure surplus of £1.1m is detailed in table 1 below.

**Table 1**

<b>Income &amp; Expenditure Position</b>	<b>Actual £000s</b>
Pay	(108,895)
Non Pay	(49,553)
<b>Total Expenditure</b>	<b>(158,448)</b>
<b>Income: System allocations</b>	
COVID	6,895
Top up - Prospective	2,882
Block contracts	118,797
Growth	1,098
<b>Sub Total System Allocations</b>	<b>129,672</b>
<b>Other Income</b>	<b>29,876</b>
<b>Total Income</b>	<b>159,548</b>
<b>Reported Total Surplus/ (Deficit)</b>	<b>1,100</b>

The reported position at month 9 reflects a general improvement compared to previous expenditure run rates for out of area placements. The release of mental health funding and additional non-recurrent income from commercial activities is also contributing to the increased surplus position.

## **2.2 Forecast I&E Position 2021/22**

The Trust's income and expenditure position is considered in the context of the wider system risks and opportunities to ensure overall system financial balance is achieved as a minimum. We continue to work with partners across Leeds and the wider ICS to manage the overall financial position. Our range forecasting indicates that as a minimum we will achieve a balanced financial position, and subject to clarifying the impact of a range of variables we are likely to generate up to a £4m. The key factors which may contribute to a higher surplus position include:

- additional non-recurrent unplanned income, including income generated from commercial activities,
- additional funding from NHSEI to support Provider Collaborative pressures,
- a one off reduction to expenditure resulting from a review of financial provisions.

The increased surplus will enable LYPFT to build up cash reserves to support future capital requirements.

## **2.3 Capital Expenditure**

Cumulative year to date capital expenditure is reported as £7.46m.

We have undertaken a review of our capital plans set in the context of the ICS overall position and we are now forecasting £9.4m full year capital expenditure. As noted, we have deferred some ward upgrade work but continue to deliver all other works. There is some delivery risk due to supply chain/contractor availability, but this should be manageable

We have recently been given the opportunity to bid for some national capital slippage to offset the cost of some of our current schemes. If successful, this will reduce our internal cash contribution by c£1m.

## **3 Financial Planning 2022/23**

The main planning guidance (priorities and operational planning guidance for 2022/23) was published on 24 December 2021 along with draft technical guidance. The timescale for the draft financial planning submissions is 17 April 2022, followed by a final financial planning submissions on 28 April 2022.

Planning guidance confirms that systems will continue to be the key unit for the purposes of allocations and financial planning. Whilst a three year revenue and capital settlement has been agreed for the NHS through the spending review period to 2024/25, next year will still be a one year revenue allocation approach. The remaining two-year revenue allocations to 2024/25 will be issued in the first half of 2022/23. Technical planning guidance includes draft three-year capital allocations to 2024/25.

For 2022/23 the financial and contracting frameworks will evolve, building on the COVID arrangements but reinstating population-based funding allocations and NHS contracting. National planning priorities are based on a scenario assumption where COVID-19 returns to a low level and significant progress in restoring services and reducing the COVID backlogs is made in the first part of 2022/23.

System revenue allocations will be based on H2 2021/22 block levels adjusted for:

- Growth to cover inflation and Mental Health Investment Standard.
- A significant reduction in support cost for COVID assumed in 2022/23 (but funding is expected to almost be entirely removed over the review period).
- A proportion of the COVID funding reduction will be redirected to provide additional elective recovery funding for acute Trusts.
- 1.1% general efficiency.
- System funding allocations will be set on a population basis, with convergence over time towards a fair share of the national budget. Transitional adjustments to move ICS allocations closer to 'fair share' pre pandemic allocations, may result in a further 0.6% efficiency requirements in 2022/23.

NHS contracting will be re-introduced in 2022/23, supported by a simplified system to recover income for low volume transactions. Initially NHS contracts will be agreed with CCGs in quarter 1 and will novate to the ICS from Q2. To support the NHS to achieve its recovery priorities, CQUIN is being reintroduced from 2022/23 (1.25% of fixed block allocations).

#### **4 Budget Rebasing Update**

A detailed budget rebasing exercise commenced in September 2021. This was in response to the acknowledged need to reassess our budget structure and "normalised" position as part of the wider reset. There has been wide ranging engagement with budget holders from across the organisation to understand revenue requirements for 2022/23, in the context of the changing financial framework and recently published planning guidance.

The rebasing model provides a detailed analysis of income and expenditure run rates, allowing a direct comparison of:

- 2021/22 Existing budget.
- 2021/22 Actual year to date and forecast position.
- 2022/23 Forecast run rates.
- 2022/23 Proposed rebased recurrent budget.

An updated rebasing model will be presented to the Financial Planning Group in February 2022. From the analysis to date it is clear the financial position will be much more challenged as we emerge from the current financial regime.

## **5 Healthcare planning work**

Given the Trust's business continuity measures we have taken the decision to temporarily pause the work underway with our healthcare planners Price Waterhouse Coopers (PWC). It has been agreed that PWC will provide light support for a period of 4-6 weeks, given our operational pressures and resume from week commencing 14 February.

Prior to Christmas PWC completed the work with our clinical teams on the current state and we had planned service line sessions on the future state to commence in January/early February. These are currently being rescheduled for after 14<sup>th</sup> February. In addition, PWC have completed the 'do nothing' capacity and demand modelling work across both inpatients and community services. The 'do something' modelling will be undertaken alongside the future state work.

The estates elements of the process continue with data refinement and collation.

We are continuing to have fortnightly check-in sessions with the core panel and PWC, so we remain connected and are working with colleagues at PWC to recalibrate the overall timeline for this work.

## **6 Conclusion**

The Trust's financial position remains robust in the context of the current operational conditions and in the context of the wider system risks and opportunities. Whilst we are not being monitored against the usual external metrics for cash and liquidity, our cash position remains strong with a cash balance of £118.3m, and liquidity is strong with cover for 134 days operating expenses.

The key focus in the next quarter is to develop the financial plan for the next 12 months, set in the context of planning guidance, draft ICS system allocations and changes to the financial framework.

## **7 Recommendation**

The Board of Directors is asked to note:

- Note the year to date income and expenditure surplus of £1.1m, with a forecast outturn range up to £4m.
- Note the capital expenditure position and forecast of c£9m subject to potential additional funding.
- Note the Trust remains in an overall good financial position.
- Note that we continue to work with partners across Leeds and the wider ICS to manage the overall financial position and plans for 2022/23.

Dawn Hanwell

**Chief Financial Officer and Deputy Chief Executive**

21 January 2022



**AGENDA  
ITEM**

**14**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Safer staffing six monthly update report
<b>DATE OF MEETING:</b>	27 January 2022
<b>PRESENTED BY:</b> (name and title)	Cathy Woffendin, Director of Nursing Professions and Quality/ Director of Infection Prevention and Control
<b>PREPARED BY:</b> (name and title)	Linda Rose, Head of Nursing and Patient Experience Alison Quarry, Professional Lead for Nursing

<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 paper draws on the NHS National Quality Board (2016) reporting requirements to ensure that nursing and care staffing, capacity and capability is enabled to deliver high quality care and the best possible outcomes for patients whilst balancing quality and financial objectives.

**Part A** of this paper contains a high-level overview of data and analysis to provide the Quality Committee, the Board of Directors and the public with information on the position of Leeds and York Partnership Trust wards staffing against safer staffing levels for the 6-month period from the **1<sup>st</sup> May 2021 to the 31<sup>st</sup> October 2021**.

**PART B** of this paper explores MHOST data and other intelligence to focus on the Older people's services based at The Mount inpatient unit. This area is commissioned through the CCG and continues to have overall significant cost and staffing pressures.

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 is asked to:**

- Note and discuss the content of this 6 monthly report in Part A and Part B.
- Discuss and agree the recommendations from March 2022 for all inpatient services to introduce patient safety quality indicators into the Board report and protected time for Nurses clinical supervision.
- Be assured that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.



# **Meeting of the Board of Directors**

**27 January 2022**

## **LYPFT 6 Month Mental Health Optimal Staffing Tool (MHOST) data analysis for the data period**

**1<sup>st</sup> May 2021 to the 31<sup>st</sup> October 2021**

### **1.0 Introduction**

The purpose of this report is to inform the Trust Board and the public of the latest position in relation to staffing LYPFT inpatient services in line with the NHS England and NHS Improvement expectations.

Ensuring that NHS organisations have the right staff, with the right skills in place, has been a key trust board requirement since the NHS National Quality Board issued guidance in 2016 emphasising the need for evidence-based patient need driven, staffing levels in all mental health care settings. Determining the number, skill mix and professional make up of our staffing requirements is not just about nursing but is part of a wider workforce plan to provide assurance that the standards required to deliver safe and effective care are being met.

The covid-19 pandemic has impacted on staffing and resource across the whole organisation to varying levels of degree and effect.

The introduction of a daily operational and clinical call to enable the effective deployment and management of staffing across 27 wards remains in place. It is clear that resources are being stretched. The implementation of business continuity has intermittently seen the stepping down of a number of work streams and services, to refocus resource which has rightly been placed on prioritising patients' immediate care and treatment needs.

Whilst the pandemic has created an additional component to the staffing crisis, this paper will explore a number of other determinants that when triangulated provide further evidence of the organisations duty to ensure further mitigation is put in place to support staffing capacity and improve the quality of care received by patients across Leeds and York Partnership NHS Foundation Trust.

This is the safe staffing position for the period 1st May 2021 to October 31st, 2021.

### **2.0 The Mental Health Optimal Staffing Tool (MHOST)**

The Mental Health Optimal Staffing Tool (MHOST) was created, with the support of Health Education England, in recognition that there was no published, evidenced based mental health workforce tool which could be used in mental health hospitals. It has been developed alongside clinical leaders and workforce staff in mental health trusts and rigorously tested and validated. The tool is free of charge to all NHS trusts in England and LYPFT started to test its use in 2019 when we became licensed to use it.

The tool (which cannot be used in isolation as professional judgement has to be applied to make it viable) describes how fluctuating patient acuity can affect the number of nursing staff required to provide patient care. It uses a set of care level indicators on a scale of 1-5 which measure the dependency/acuity of patients in different settings. These are routinely used by ward leads at LYPFT to record patient acuity on a daily basis.

Once the data has been recorded, the toolkit incorporates the skill mix (derived from the budgeted establishment) and the financial headroom (24%) applicable to the ward and then issues a recommended nursing and healthcare support worker staffing level per ward measured as Care Hours per Patient Day (CHPPD) and Full-time equivalents (FTE).

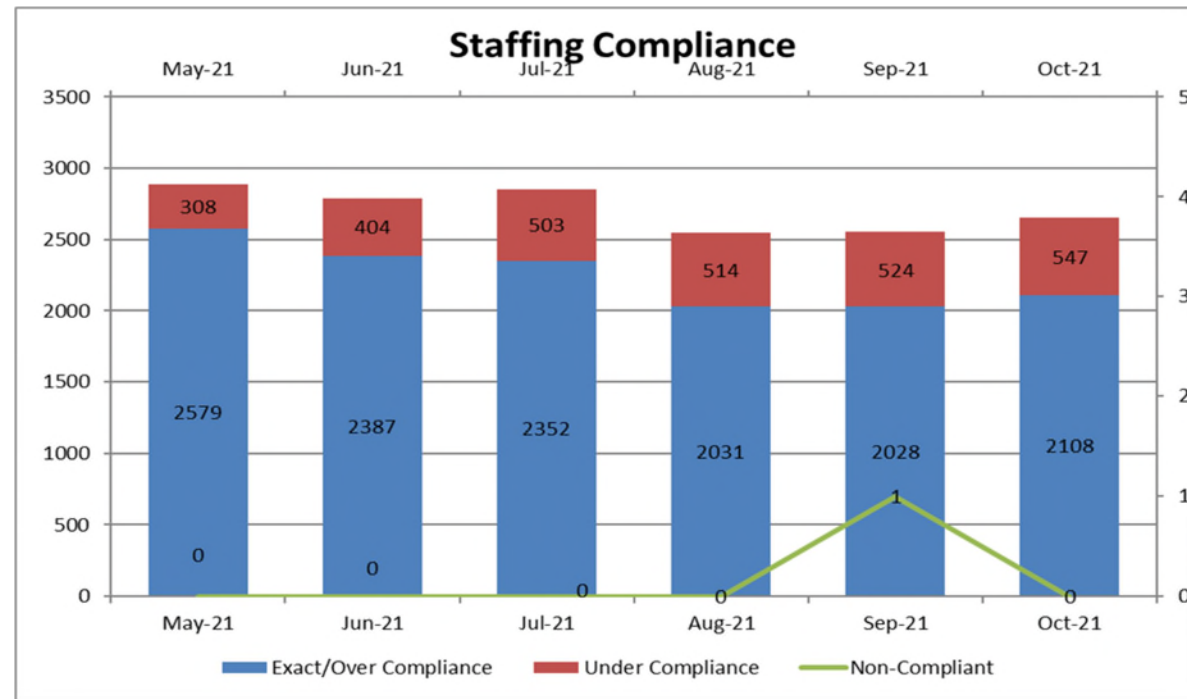
Part A of this paper will provide a general overview of all inpatient areas across the period 1<sup>st</sup> May 2021 to the 31<sup>st</sup> October 2021.

Part B of this paper explores MHOST data and other intelligence to focus on the older people's services based at The Mount inpatient unit. This area is commissioned through the CCG and continues to have overall significant cost and staffing pressures.

Though the design of the MHOST toolkits are specific to different types of care settings including older people, we learnt in a previous focussed 6 month review of the older peoples service (December 2019) that the tool is not sophisticated enough to address the specific care requirements in older people's mental health care settings where physical healthcare interventions are as prominent as mental health care provision. Data, professional judgement and other sources of intelligence have been used to contextualise this care and treatment area in further depth.

In doing so, this paper in addition to exploring the numbers of staff on duty, will also provide an additional level of detail which highlights patient experience and challenges to the delivery of quality care.

### 3.0 Review of staffing activity from 1<sup>st</sup> May 2021 to 31<sup>st</sup> October 2021



Across this 6-month period, a total of **16,285** shifts were requested to ensure safer staffing in inpatient areas.

This is approximately a **5.9%** decrease from the total number of shifts requested in the preceding six months (1<sup>st</sup> November 2020 to 30<sup>th</sup> April 2021 where 17,315 shifts were requested).

Though there was a decrease in the number of shifts requested over this six-month period:

↓ **13,485 (82.8%)** shifts met / exceeded planned staffing numbers. The preceding 6-month report had a compliance rate of 89%.

↓ 2,800 (**17.1%**) of the required shifts did not meet planned staffing numbers. The preceding 6-month report had a compliance rate of 10.9%.

→ 1 shift (0.006%) breached safer staffing numbers. This is the same as the preceding 6-month report. The breach occurred at Mill Lodge in September. On this occasion a Band 4 Registered Nursing Associate was on duty, but it is out of the scope of their practice to work as the sole registered nurse. Remote support was available from the on call CTM and no patient safety incidents were identified or reported; however, the nursing leadership team worked with the service and the registrant to learn from the lessons which led to the breach and as an interim measure, shared early learning with the Mill Lodge team, Matrons and Ward managers through the Safer staffing steering group.

#### 4.0 Safer Staffing: Ward establishments

The below table identifies each ward, their bed base and the number of whole time equivalent Registered nurses and health support worker posts funded to work on each ward by shift duty. It does not include Matrons, Operational managers, Practice development staff or Allied health professionals who as part of multidisciplinary working make a key contribution in delivering safe staffing levels.

Ward	No. of Beds	E		L		N		Mid/Day/9-5		LD		Twi		Comments
		RN	HCA	RN	HCA	RN	HCA	RN	HCA	RN	HCA	RN	HCA	
2 Woodland Square	5	2	1	2	1	1	1							
3 Woodland Square	4	1	2	2	2	1	1							
Asket Croft	20	1	2	2	2	1	2							Only 1 RN on L on the weekend Numbers do not include OT staff
Asket House	16	1	2	1	2	1	1							Only 1 HCA on E & L at weekends

Becklin Ward 1	22	3	1	3	1	2	2		1		1			
Becklin Ward 3	22	3	2	3	2	2	2							1.0 Registered Nursing Associate
Becklin Ward 4	22	3	2	3	2	2	2							1.0 Registered Nursing Associate
Becklin Ward 5	22	2	1	2	1	2	2		1	1	1			1.0 Registered Nursing Associate
Mother & Baby Parkside Lodge	8	3	2	3	2	3	3							1.0 Registered Nursing Associate 1.0 Associate Practitioner
Newsam Ward 1 PICU	10	3	5	3	4	2	3							2 RN E & L at Weekends, 4 HSW E & L at Weekends
Newsam Ward 2 Forensic	12	2	2	2	3	1	2							
Newsam Ward 2 Women's Services	11	2	2	2	2	1	2							
Newsam Ward 3	14	2	2	2	2	1	2							
Newsam Ward 4	21	2	1	2	1	2	2			1	1			
Newsam Ward 5	18	2	3	2	3	2	2							
Newsam Ward 6 EDU	19	2	2	2	2	1	2							
NICPM LGI	7	3	1	3	1	2	1		1					

The Mount Ward 1 New (Male)	17	2	4	2	3	2	3						1	1.0 Registered Nursing Associate 2.0 Associate practitioners
The Mount Ward 2 New (Female)	15	2	4	2	3	2	3						1	2.0 Registered Nursing Associates 1.0 Associate Practitioner
The Mount Ward 3a	24	2	3	1	2	1	2					1	1	1.0 Registered Nursing Associate 2.0 Associate Practitioners
The Mount Ward 4a	24	2	3	1	2	1	2					1	1	2.0 Associate Practitioners
York - Bluebell	12	2	4	2	4	1	3							1.0 Registered Nursing associate 1.0 Associate Practitioner
York - Mill Lodge	16	3	3	3	2	2	2		1				1	Extra Mid shift for RN on a weekend 1.0 Registered Nursing associate
York - Riverfields	14	2	2	2	2	1	1							
York - Westerdale	12	1	0	1	0	1	3			3	3			1.0 Associate Practitioner
Becklin Ward 2 CR (CAU only)	6					2	3			2	3			RN numbers include registered other staff (e.g., Social Workers) Staff work Long Days rather than E/L 1.0 Registered Nursing Associate

The factors used to determine staffing are based on a number of variables such as speciality, acuity, voluntary or compulsory stays, comorbid conditions, medication use, treatment, risk of crisis including self-harm, risk of violence, turnover, level of dependency on nursing care and other environmental contributory factors such as ward type, size and physical layout.

Inpatient bed occupancy has a national recommended target of 85% and ward occupancy across this period for all services combined, averaged at 75.5%. However, over half (x14 wards) exceeded the national occupancy target and x9 of those wards (The Acute inpatient wards and PICU, Bluebell, Riverfields and Newsam 2(A+T), had mental health act detention rates ranging from 80.1% to 99.9%.



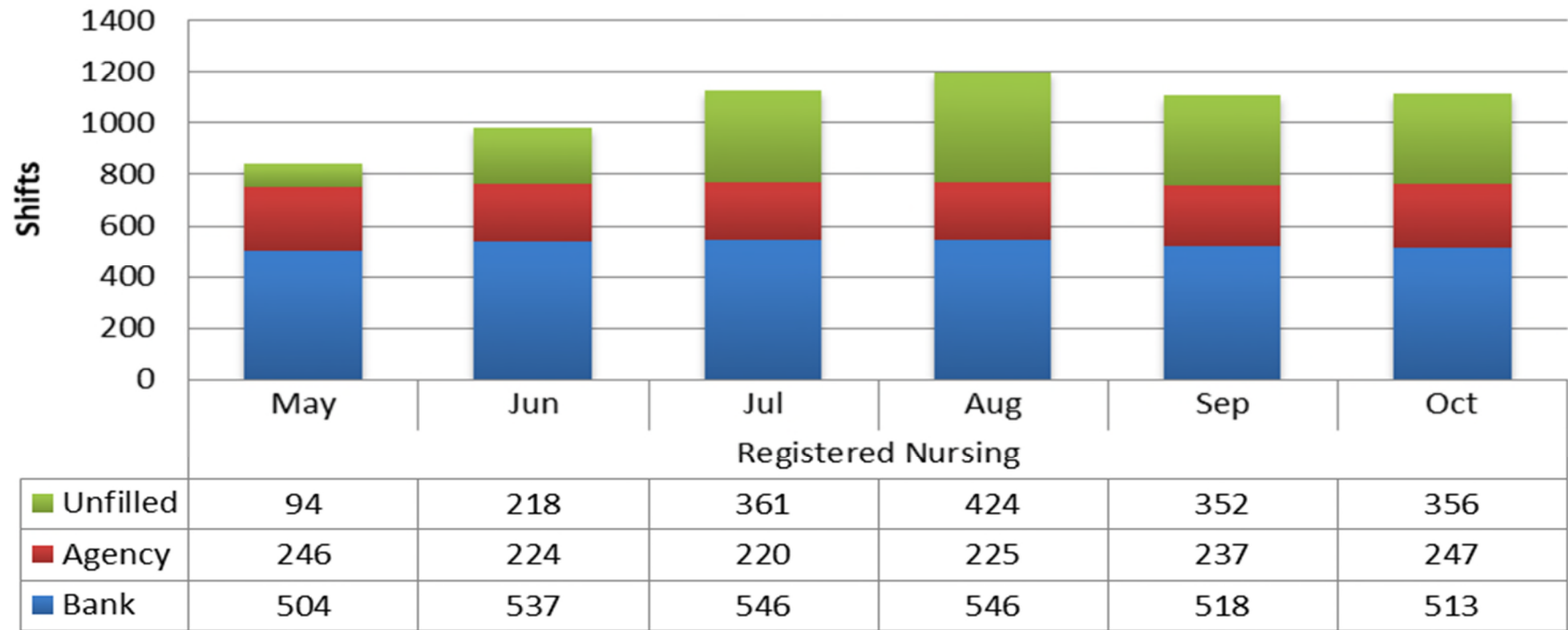
The funded for posts (establishments) provide differing registered nurse to service user ratios and whilst there is no nationally agreed mental health nurse to service user ratio, we mitigate management of the variables described, with additional duties for substantive staff, temporary bank and agency staff, deployment and redeployment. Where service user acuity requires additional care, this has contributed to a number of services consistently using staffing in excess of the funded for posts.

Additional funding for Band 4 posts were agreed at the last review. These were new posts that did not have the available registered applicants at the time. The funding was initially used to backfill substantive health support workers to get them through the training and we are now seeing an increase in the number of experienced band 4 staff with clearer professional pathways across the organisation. The table above includes an overview of where the Registered nursing associates and Associate Practitioners are based in the inpatient units. There are a further x25 Nursing associates and x2 Associate practitioners in training across the organisation who will register by March 2023 with an additional x2 staff to start training in February 2022.

## **5.0 Bank and agency staffing**

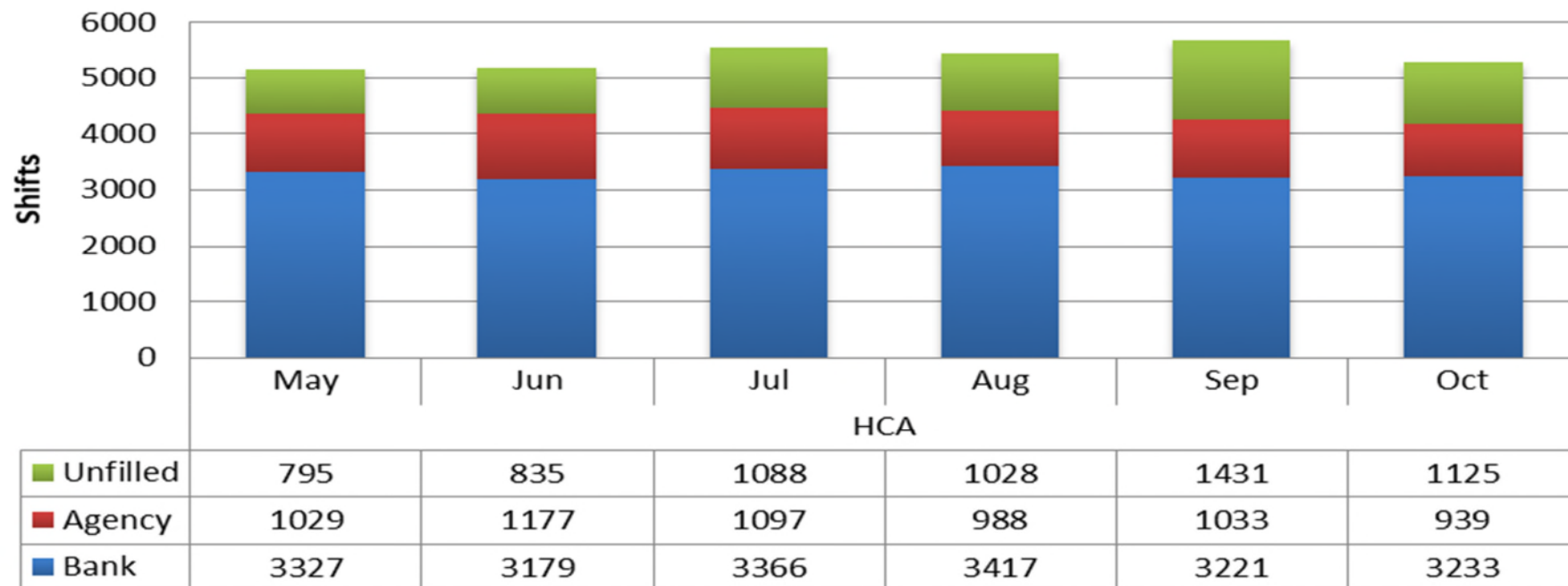
The below table identifies the number of Registered Nurse Bank and Agency shifts requested across all inpatient services from May to October 2021. Unfilled Registered nurse duties across this period ranged from 11% in May to a peak of 35% in August 2021. The peak is related to school holidays and childcare.

## Nursing Fill Rates May - Oct 21



The below table identifies the number of Bank and Agency healthcare support worker shifts requested across all inpatient services from May to October 2021. Unfilled Health support worker duties across this period ranged from 15% in May to a peak of 25% in October 2021.

## Healthcare Fill Rates May - Oct 21



### 5.1 Unfilled duties

Sickness absence, vacancies, maternity leave, study leave and staff isolation are some of the contributory factors that create unfilled duties. When this occurs, the duties are put out to Bank and Agency, but a proportion of these duties remain unfilled.

Where the data tells us that we were unable to fill up to 35% of Registered Nurse duties and up to 25% of Health support worker duties over this period, we must consider the body of evidence that supports the hypothesis that lower levels of registered nurses on duty increase the likelihood of the risk of many aspects of care being either delayed or left undone (missed). Whilst high proportions of RN gaps are often filled by health support workers to enable care to be delivered, the direct consequence of missed care -particularly by the RN remains unclear and requires further exploration. We currently explain the potential for missed care / reduced quality of care through the operational and professional forums available to our staff, in addition to incident reporting mechanisms; whilst patient and carer feedback is collated and responded to through the

complaints system, national satisfaction surveys and nationally driven but locally responsive have your say feedback mechanisms. Patient quality and safety indicators require further exploration and Part B of this paper will begin to explore this in the older people's service.

## 6.0 General recruitment and vacancy management

During 2020/2021 we have seen a significant increase in recruitment activity over the whole period to 31<sup>st</sup> October 2021. Generally speaking, recruitment volumes have increased on average some 44% with the largest increases in the last quarter of 2021. Despite this significant increase in recruitment volumes, the Recruitment Team have worked closely with clinical operations and Recruiting Managers to ensure that there has been no adverse impact on the time to hire. The increased volumes equate to on average an extra 90 rolling recruitment episodes per month for clinical roles (227 per month in 2021 compared with 137 in 2020). Despite this increase, SLA's are being maintained with time to hire (conditional to unconditional) currently at 24.8 days well below the SLA of 27 days and in terms of the national picture we sit in the Top 20 Trusts for this time to hire.

There are currently recruitment incentives being applied to our hardest to fill roles, which presently and consistently throughout the year has been non-preceptee Band 5 Nursing roles. We are currently applying the "golden hello" recruitment incentive to CAMHS, OPS and Forensic Services for these roles.

It is evident that many of our Band 5 vacancies are being created as a result of the current Band 5 Nursing Workforce moving into Band 6 opportunities within the Trust, as can be seen from the table below and data which supports that many of these moves are internal to LYPFT. There are however, a number of Band 5 staff that move to other organisations to gain promotion where internal applications fail.

We have worked consistently and proactively to reduce our overall Health Support Worker vacancy levels as members of the NHSE HCSW expansion programme and via regular recruitment campaigns across the majority of services. We have also been working closely with the Supported Living Service with targeted campaigns. This focussed effort has directly contributed to a core reduction in our overall Health Support Worker vacancy levels from **104** FTE vacancies in May 2020 to **44** FTE vacancies in October 2021.

### Nursing, AHP and HSW Recruitment Data

Role	Advertised	Resulting Recruitment Episodes and Staff Moving into New Post
Band 5 Staff Nurse (Non Preceptee)	112	79
Band 5 Staff Nurse (Preceptee 2020/2021 cohorts)	n/a**	94
Band 6 Charge Nurse	95	92
Band 5 Practitioners/AHP Roles*	51	16

Band 6 Practitioners/AHP Roles*	125	75
Health Support Workers	102	165
<b>Total:</b>	<b>485</b>	<b>501</b>

\*Denotes roles where Multi-Disciplinary Registration is acceptable in a post

\*\*Preceptee roles are not advertised due to automatic conditional offer process for local 3<sup>rd</sup> Year Students

Average Monthly Advertising Volumes 2019/2020	Average Monthly Advertising Volumes 2020/2021	Average Monthly Advertising Increase
43.1	76.3	44%

Average Monthly Rolling <b>Clinical</b> Recruitment Pipeline 2019/2020	Average Monthly Rolling <b>Clinical</b> Recruitment Pipeline 2020/2021	% Increase
137	227	40%

## 6.1 International nurses

In response to LYPFT's commitment to International Nurse Recruitment, we have now recruited a Band 7 Nurse into the International Nurse Recruitment (INR) Lead role. This post has been embedded into the Practice and Learning Development Team. The INR lead is working with internal and external stakeholders to establish systems and processes which will help the international recruits' transition into the country. We have been working closely with our mental health collaborative partners from the Yorkshire and Humber region together with colleagues from NHS England in looking at national INR priorities, measuring the collaborative progress against plans and timescales, identifying risks and formulating plans to mitigate/avoid risks. This has enabled good decision making whilst maintaining consistency and equity across the regional providers. The collaborative partnership has also enabled learning, sharing of practice, resources and support which has been invaluable as we learn and progress in an area that is new to all of us; and as an organisation, we have made a commitment to adhere to the Code of Practice for ethical recruitment and will therefore not be accepting any candidates from the protected countries. We have committed to recruiting 5 international nurses to join the Trust before the end of the financial year and we have placed a further funding bid for a further 5 nurses for the next financial year. We are expecting our first nurse recruit to arrive in the UK early January 2022 and if we manage to fulfil our current commitment, we will be recruiting 3x for the Adult acute service and 2x for OPS.

In preparation for the international nurses joining us, we have developed a Welcome Pack to help them prepare for their transition into life in the UK. The INR lead has been working with the clinical leads in devising a comprehensive induction and transition framework to help the nurses' transition into clinical practice. There is also a lot of preparatory work being done on providing pastoral care for the nurses and the INR lead is

working collaboratively with People Engagement colleagues, WREN chair and Chaplaincy service along with clinical colleagues to support the nurses into social environments which they might not be accustomed to.

## 6.2 Student nurses

The below table shows nursing cohorts for LYPFT's 5 local universities. York St John's University has only just started its nursing programs and there is a plan in place to increase the intake of students each year.

	Branch	2016 -2019	2017 - 2020	2018 - 2021	2019 - 2022	2020 - 2023	2021-2024
University of York	MH			25	45	33	41
York St Johns (new) course 2021	MH						20
University of Huddersfield	LD				12	12	12
University of Leeds	MH	42	26	35	22	28	38
Leeds Beckett University	MH	34	11	27	26	30	39
<b>Total</b>		<b>76</b>	<b>37</b>	<b>87</b>	<b>93</b>	<b>91</b>	<b>118</b>

The subtotal of the Leeds figures for 2022 is a total of x48 3<sup>rd</sup> year nursing students whom are expected to complete the course. It is anticipated that this number will reduce further in 2022, due to students either needing to repeat a year, or students that leave the course before completion. The Practice, learning and development lead and the Professional Lead Nurse have already met with this group of students to inform them of LYPFT's recruitment initiative. The PLDT also continues to build relationships with Universities within Yorkshire and Humber, e.g. attending the recruitment event at the University of Bradford and a Student Recruitment webinar planned for January 2022.

## 7.0 General safer staffing service area updates (May 1<sup>st</sup> 2021- October 31<sup>st</sup> 2021)

### Acute inpatient service

The service has struggled to meet the acuity needs of patients meeting the criteria for PICU and due to lack of PICU beds both internally and out of area, had to be managed locally on the acute inpatient wards. A contributory factor to delays in the use of our own PICU beds, were those patients waiting to be transferred to either low or medium secure facilities. Staffing pressures created by acuity, sickness absence and vacancies

has been mitigated with the redeployment of the Practice development team; OTs working within the safe staffing numbers; Band 6 staff working clinical shifts instead of having management days and ward managers going into the clinical numbers. This impacted on other duties that senior staff are expected to undertake such as clinical and managerial supervision. The service saw a reduction in the staffing deficit when the majority of their Preceptees started in September 2021 and Registered nursing associates were able to support their teams.

## **CAU**

This service continues to struggle with RN vacancies and the beginning of January 2022 will see the RN compliment reduce to x4 wte. CAU will therefore close for a period of six months to allow for recruitment, and staff currently in post will cover the S136 suite. CAU will be stepped up as required to care for service users who test positive for Covid and staffing for this area will be deployed from the responsive workforce, temporary staffing and from across the Trust.

## **Perinatal**

The Mother and baby unit currently remains at Parkside Lodge operating on minimum staffing numbers of six staff per shift, ideally made up of x3 registered mental health nurses and a mix of health support workers and nursery nurses. During this period, staffing pressures were related to sickness absence, isolating staff and x4 pregnant staff, one of whom had to shield. The service recruited for maternity cover and used bank staff to cover staffing gaps which mainly occurred on night shifts and occasional weekends. Whilst this service is relatively easy to recruit to, applications for vacant posts have unusually been lower than usual. For the latter part of this period all band 6 nurses and occupational therapists have been counted in the numbers in order to support other inpatient areas across the trust. As the service continues to be delivered from a standalone unit at Parkside Lodge, they have also over recruited HSW's to improve the capacity to manage layout issues (line of sight / blind spot observation).

## **NICPM**

In May 2021 NICPM reopened to admissions but with a reduction in beds from 8 to 6. This was in response to staffing challenges and the pending retirement of the unit's consultant with no medical cover identified in the interim. The service continues to function using 6 beds and will do so for the coming months. Over this reporting period, the staffing establishment has significantly changed on NICPM due to staff leaving for other roles in the trust and external posts. Recruitment has proved challenging during this period, with applicants not meeting shortlisting criteria or not performing at interview; combined with two recruits giving backward after being appointed. The service continues to actively work with the recruitment team to look at successfully filling vacancies of 5.91 RN and 1.0 band 4.

### **Forensic Inpatient Services (Ward 5 Newsam)**

Ward 5 has experienced significant challenges in relation to safer staffing that has included high levels of sickness absence and a high number of vacancies at all bands. Band 5 RN's like other areas has been particularly difficult to recruit to. There are currently 4 Band 5 vacancies and 3 staff on long term sick leave. The posts have been incentivised and plans are in place to recruit to these posts over the next month. The final staff member who was redeployed to the ward from community services returned to their substantive area within this period, and there have been two staff on maternity leave, with one returned and one ongoing. Clinical challenges continue to impact on staffing, such as admissions to LTHT hospitals requiring escort, episodes of seclusion and enhanced observations. In addition, the service has been impacted by Trustwide challenges, where approximately twice per week, staff are redeployed from Ward 5 to maintain safety in other areas. This has meant working below established numbers of 4, 4 on the early and late instead of 5, 5. This is manageable when the ward is settled, and acuity is assessed before the moves occur.

### **Forensic Inpatient Services (Newsam Centre)**

The service continues to struggle with vacant registered nurse posts even with monetary incentives and the block booking of bank and agency nurses where possible. Currently there is x1 Band 6 vacancy, x5 band 5 vacancies, and a x2 band 3 vacancies coming up due to retirement. Many of the band 5's gained promotions into band 6 positions though not always internally with some staff relocating.

Additional health support worker temporary contracts until March have been a great resource and allowed the service to staff the wards in much more proactive and safe way. This will need to be reviewed prior to March to agree next steps as this was a planned overspend for the rest of this financial year and as part of the Provider Collaborative this will need agreement to extend.

In terms of leadership posts there is currently only x1 substantive CTM in post and a CTM from Clifton House has been deployed to support. This will improve when a new CTM starts in January and another CTM whom has been on long term sick leave will also be returning shortly. The supernumery Forensic night coordinator post has had to be suspended in Leeds as there are not enough RN's in the service to resource this but aim to stand this back up again in the coming months when they are in a better position with staffing. In addition the service is in the planning stages of reviewing the staffing compliment to increase the number of occupational therapists to support the rehabilitation direction on the ward.

### **Forensic Inpatient Services (Clifton House)**

Clifton House continues to struggle to recruit registered nurses and this remains a huge concern for the service. Recruitment drives have gleaned very little response. They are currently holding 12.8 wte vacancies some of which has been mitigated with an agreement to over recruit to Band 3 HSW roles (x 6 wte over three wards) to increase available staff across the building. Band 3 staff will also be supported into Nursing associate programmes as this is a popular role with their staff and will enable them to see the benefits of 'growing their own'. The service is



considering alternative skill mixes to increase numbers of B5 posts on the wards including basing psychology and or OT posts on wards, for fixed term contracts until the pool of nurses has increased. Clifton House staff are also supporting the staffing shortfall in the forensic wards at the Newsam Centre. The service reports that the impact of reduced staffing affects the ability to provide staff escorts and facilitate patient leave. The service has noted an increase in patient complaints regarding treatment interventions being delayed or stopped.

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

This service has been challenged with RN sickness during this time period and a number of duties where the CTM has been required to drop into numbers to support a preceptee nurse. There have also been a number of occasions where bank and agency staff have cancelled shifts at short notice resulting in staffing gaps. A number of vacancies have now been successfully recruited to with only x1 outstanding OT post currently being recruited to. This service has in addition, worked below numbers to support other inpatient wards across the trust. Whilst this has created an excellent opportunity for staff to learn about other areas and expand skills, this has impacted on the delivery of rehabilitation across the units.

### **2 and 3 Woodlands Square (Learning Disability)**

As a result of the transformation of care review for regional learning disability inpatient provision, the Assessment and Treatment unit closed, and the inpatient service is now made up of 2 and 3 Woodland Square. There were 2 incidents where block booked agency staff cancelled duties at the last-minute leading to the night CTM having to base themselves on 3 Woodlands Square to provide cover. This was escalated through to bank staffing who have created a system to alert the service by ringing them so that they can begin contingency planning in a timely manner. There have been pockets of staff isolating either being positive with covid or being in close contact and required to isolate, which has led to some shortages in HSW's on duty, but these have been managed between both respite units flexing staff between them.

### **CAMHS (Mill Lodge)**

The service describes major staffing challenges across this period. June to October saw vacancies of 4.0wte band 5 nurses which was compounded by unprecedented levels of sickness absence. At one point this meant that there were no band 5 nurses available to work and all shifts were being covered by x3 band 6 nurses with others supporting whenever they could for around 2-3 weeks. Plans are being put in place for significant shortfalls which will occur in the new year as x1 band 6 and x1 band 5 nurses are leaving the service.

One of the key changes at Mill Lodge has been the introduction of a band 7 ward manager in addition to the operational management post. This was on an interim basis whilst the operational manager was released to support the day-to-day operations at Little Woodhouse Hall. This has been extremely successful, and a business case is being written to articulate why the service should make this position permanent.

In terms of other disciplines, the AHP team has expanded, and the OT team are fully recruited into, in addition they secured a full time band 7 dietician to work in the service. The service reports how proud they are of their AHP team who have provided invaluable support for the nursing team as well as the young people in their care.

### **CAMHS (Littlewoodhouse Hall)**

Little Woodhouse Hall has had a significant influx of staff in preparation for the move to Red Kite View in addition to several changes to the leadership team which has now been established. A number of the new staff are new to CAMHS or to LYPFT and have been spending induction time shadowing, attending training, and engaging in supernumerary tasks. The move to Red Kite View was initially planned for the 6<sup>th</sup> December but has been delayed until January 2022. Though the service experienced a significant amount of isolation and sickness periods from September to current, they have been able to utilise supernumerary staff when necessary to provide cover in addition to supporting Mill Lodge. x4 senior nurses internal to LYPFT, had delayed start dates due to service demand. This included x1 senior nurse temporarily redeployed to Mill Lodge for approximately 2 months and 1 preceptee staff nurse currently redeployed to Adult PICU. More recently the Band 2 and 3 Health support workers have come into post on a 3-week induction programme.

## **8.0 Summary**

The above narrative talks us through the shortfall in staffing across all inpatient services and a reliance on Bank and agency staffing to fill duties in addition to deployment and redeployment. Though we have good relationships with our training partners, the pipeline to new registrants over the next few years remains insufficient.

Up to 35% of Registered nurse duties remained unfilled and 25% of Health support worker duties remained unfilled and we know that this creates pressure in terms of delivering safe and quality clinical care.

Staffing pressures have additionally been mitigated with roles that usually sit outside of safer staffing numbers taking up position to deliver or support clinical care - Practice development nurses; Occupational therapists; Band 6 staff working clinical shifts instead of having management days, non-clinical staff training as assistant support workers and Ward managers going into the clinical numbers.

The workforce is continuing to work more creatively to fill the gaps to ensure patient need is met and consideration to new and additional roles is governed in the New Roles group where funding streams will need to be identified to support such roles. This will help us to create additional capacity that allows time to offer direct professionally led patient care and increase the ability for staff to engage in clinical supervision alongside training/development.

Recommendations for more robust systems which allow for greater oversight as to service user allocation to a RN's when working with high numbers of staff and/or bank and agency staffing which ensures all service users have RN allocation as a minimum of one duty every 24hrs will also be supported.

**All recommendations for Part A and Part B are summarised in Part B of this paper.**

## **PART B**

### **The Mount Older people's inpatient service**

#### **1.0 Introduction**

As noted in Part A of this paper having the right staff with the right skills in place has remained a significant challenge across the organisation. It is however, in the older people's service that the severity of this continues to be experienced to a larger scale in terms of staffing numbers. The following report examines information and data including the application of the MHOST tool between 1<sup>st</sup> May 2021 to 31<sup>st</sup> October 2021 to demonstrate the sustained impact on the older adult inpatient services and the continued pressure services are under, to ensure effective delivery of quality care. All the Older peoples wards routinely exceeded the 85% occupancy recommended target and this paper will describe the interventions taken to maintain safe patient care including the use of proactive roster management, deployment, redeployment and bank and agency use.

This paper will also discuss the impact unfilled registered nurse duties have on professional nursing oversight of the care and treatment of patients in addition to direct patient experience.

#### **2.0 Overview of the Mount wards**

The Older Adult Service consists of 4 inpatient wards based at The Mount site.

Ward 1	17 Bedded Male Dementia Ward
Ward 2	15 Bedded Female Dementia Ward
Ward 3	24 Bedded Mixed Acute Ward
Ward 4	24 Bedded Female Acute Ward

**The Assessment and Enhanced Care Unit (AECU)** is an additional ward based within the Mount which is used as a cohorting area when required in response to Covid-19. This allows patients with a Covid+ status to be cared for away from the main ward areas to support the containment of cross infection and meet Infection prevention and control guidelines. This therefore necessitates that a separate staff team is required to work within the unit when stood up and is staffed from the existing establishment from the 4 wards at The Mount. The unit has a maximum of 12 beds and is staffed to reflect the number of patients admitted at any one time to deliver and meet their care needs; however, there would always be a minimum number of x2 staff, one of them being a Registered Nurse. Consequently, this requirement has the potential to impact on staffing levels and experience in the remaining wards.

Nursing covid+ patients raised understandable concern from some staff who were asked to work in the cohorting area. Learning from earlier experience and attempts to staff this area effectively, it was felt necessary to draw from the pool of experienced and substantive staff from the service user's home wards to staff the cohorting area. In response to staff concerns the cohorting areas were largely resourced by staff who had volunteered to work there.

ACUE was opened on x 1 occasion during the data period on the 14<sup>th</sup> October -22<sup>nd</sup> October 2021. One patient was admitted for this period and care was delivered by a staffing compliment of x 1 RN and x 2 HSW for the duration of this time, predominantly with staff from Ward 2, the Mount to enable continuity of care along with the Practice Development Nurse (PD Nurse) who was redeployed into the staffing numbers.

Each of the four wards within the service has an established staff team. There are a number of additional roles which span across all 4 of the inpatient wards to provide leadership and support. The role of the PD Nurse is to focus on training, development and improving clinical standards across the service. A further Practice Development Nurse has been appointed to a secondment for a 12-month period and will commence imminently. The role of Senior Nurse on Duty was developed as part of the Covid- 19 response and is provided by Band 6 and Band 7 clinicians within the service covering the 24-hour period. The function of the role is to support teams operationally with daily staffing challenges and to respond to capacity and flow matters along with providing senior clinical expertise when required. It has been agreed that this role will continue beyond the pandemic and will become a substantive B6 post across the inpatient service and recruitment to this post has commenced.

The service has a Trainee Nurse Consultant (Approved Clinician) in post within the dementia wards. On completion of training this will allow the individual to take responsibility for the care and treatment of a specified patient group. The role offers Nursing Leadership and enhances the Multi-Disciplinary Team approach. Although this role is yet to be formally evaluated positive feedback has been received in clinical services by both service users and the clinical team.

The service also has in reach from Allied Health Professionals and the Healthy Living Service to support the care needs of this patient user group.

Healthy Living Service	Band 4	X 3 sessions
Speech and Language Therapist	Band 6	0.5WTE
Dietitian	Band 5	1 WTE
Physiotherapist	Band 7	0.58 WTE
Associate Practitioner (physio)	Band 4	1 WTE

The older people's service continues to describe this period as one of the most challenging if not the most challenging period of our colleagues' careers and it is anticipated that the upcoming winter months which are a predictable challenge year on year will also be equally if not even more difficult due to the pandemic. The continuous pressure faced by the service has resulted in staff expressing feelings of fatigue and burn out. As the service moves into the winter months, historical experience tells us that the length of stay will increase as will the numbers of patients requiring physical care at LTHT; often for a period of days, thereby necessitating an increase in care needs and resource. Higher than usual levels of enhanced observations, was initially attributed to the requirement to isolate patients on admission until a negative covid-19 swab result was received. Whilst this was a clear contributory factor for some patients there is also evidence of an increased number of patients presenting as more complex both in their mental health and physical health presentation requiring additional staff support.

Professions within the service have been required to work differently during the pandemic to ensure that patient care and treatment remains prioritised. In practice this has also impacted on the role of Occupational Therapists and Occupational Therapy Assistants across the wards who have been required to work as part of safer staffing numbers. A consequence of this group of professionals working within the numbers has impacted on their availability to deliver profession specific interventions such as screening, assessments and activities in a timely way, all of which impact on delivery and flow.

The Practice Development Nurse role supports staff to improve clinical standards at the point of care, but the urgency of redeployment dilutes the impact and ability to do this in a meaningful way when working as part of the safer staffing numbers. In addition, senior Charge nurses working within the numbers may support the confidence and competence of junior colleagues, but it is at the cost of being afforded the time and space to work on management, leadership and development of the service. Additional support into these areas have also been provided by staff deployed from other service areas to the older peoples wards when staffing would have fallen below safe numbers had this intervention not been enacted.

Although the service did not have any staff member formally re-deployed from outside of the Older People's service during the data period there have been instances where deployment of staff has been necessary on a shift basis where other options such as bank and agency had been

exhausted. This included staff being deployed from within the unit and external to the unit. This was directed from the daily operational and delivery call and included deployment of RN's and HSW's from other clinical services. Although this allowed the Mount inpatient wards to reach safe staffing numbers it did not necessarily provide the skills and experience required of staff to work confidently in this specialist area (specifically dementia care) which in turn may have impacted on the consistency and therefore potentially affecting the quality of care delivered.

A period of business continuity commencing on 30<sup>th</sup> September 2021-8<sup>th</sup> October 2021 also noted Ward Managers working within staffing numbers in addition to 2 x RNs from the Intensive Home Treatment Service who had experience of working in inpatients. Clinical staff who ordinarily worked surplus to safe staffing numbers contributed to the delivery of care to ensure safe care could be delivered.

### 3.0 All OPS Inpatient recruitment activity 1<sup>st</sup> May 2021 to 31st October 2021

Ward	ASW	HSW	Band 4 NA	Band 5 Nurse	Band 5 (Preceptees)	Band 6 Nurse	CTM/PD Nurse	Band 5 AHP	Band 6 AHP
Ward 1 The Mount	2	0	2	1	2 (1 as HSW till Jan 22)	1	1	0	0
Ward 2 The Mount	0	14(allocated across the service)	0	4	2	0	0	0	0
Ward3 The Mount	3	2	0	0	0	0	0	0	0
Ward 4 The Mount	0	0	0	0	3(1 as HSW till Jan 22)	6	1	1	1
Total:-	5	16	2	5	7	7	2	1	1

The Mount have engaged with a number of recruitment and retention initiatives which have had some success in supporting the reduction of vacancies in this service. This has included successfully offering a number of bank staff substantive posts and more flexible contracts (reported as the main reason for working on the bank rather than taking a substantive contract). A total of 4 bank staff have been converted to substantive staff including 1 x RN and 3 x HSW's. This has helped to improve continuity of care and patient experience. In addition, 2 domiciliary care workers who had initially been supplied through the CCG and mutual aid have been appointed.

The offer of a guaranteed position to all student nurses was again successful in recruiting 7 students to a post in the Mount. 5 of these students commenced as Newly Qualified Nurses in September/October and the remaining 2 will commence in January 2022. There have been 2 further newly qualified Nurses appointed from outside of Leeds who will commence imminently.

In relation to developing new pathways into the organisation, The Mount have successfully secured 2 RN's to join the Ward 1 and Ward 3 from the first cohort of international nurses who are due to commence in January 2022. The service has also been able to engage 3 Assistant support workers (ASW's) through the work with the Department of work and pensions Kickstart scheme and those that successfully complete the programme will be supported to access the apprenticeship pathway to become health support workers. The recruitment of experienced Band 5 Nurse roles at The Mount have had a £1K joining bonus for some time, however, this has had little impact on the recruitment numbers previously for this post and is a reflection of the national workforce challenges with this group.

The Mount have supported a number of HSWs to move into trainee Band 4 posts including a Trainee Nursing Associate who is due to qualify in February 2022 who will join the existing x3 Registered Nursing Associates already in the service. The role offers additional skills particularly around physical health care and medicines management. The role can offer support to the RN on duty with shift coordination under supervision, however, Nursing Associates cannot act as the Nurse in charge. 6 formal expressions of interest have been received for the next cohort.

#### **4.0 Analysis of Individual Ward Information**

**Part A of this paper describes additional duties created for substantive, bank and agency staff in response to managing patient acuity where additional care needs have been identified. At the Mount, those additional duties consistently show as what may be considered excessively high numbers of staff (See appendix C). The next part of this report will attempt to explain the reasons behind severe deviation from the planned establishment through focus on analysis of individual ward information, data and application of the MHOST tool.**

## 4.1 The Mount Ward 1

### The Mount Ward 1 establishment

Mount W1 Male Dementia	Nurse band 7	1.00
Mount W1 Male Dementia	Nurse band 6	4.00
Mount W1 Male Dementia	Nurse band 5	8.04
Mount W1 Male Dementia	Nursing Associate	3.00
Mount W1 Male Dementia	Approved Practitioner	0.60
Mount W1 Male Dementia	Healthcare Asst Band 3	20.51
Mount W1 Male Dementia	Occ Therapist band 6	0.50
Mount W1 Male Dementia	Occ Therapist band 5	1.00
Mount W1 Male Dementia	Occ Therapist band 3	0.50
Mount W1 Male Dementia	Admin & Clerical band 2	1.00
Mount W1 Male Dementia	Ancillary band 2	1.00
<b>Mount W1 Male Dementia Total</b>		<b>41.15</b>

There are four identified shift patterns on Ward 1 across the 24-hour period which are planned as below.

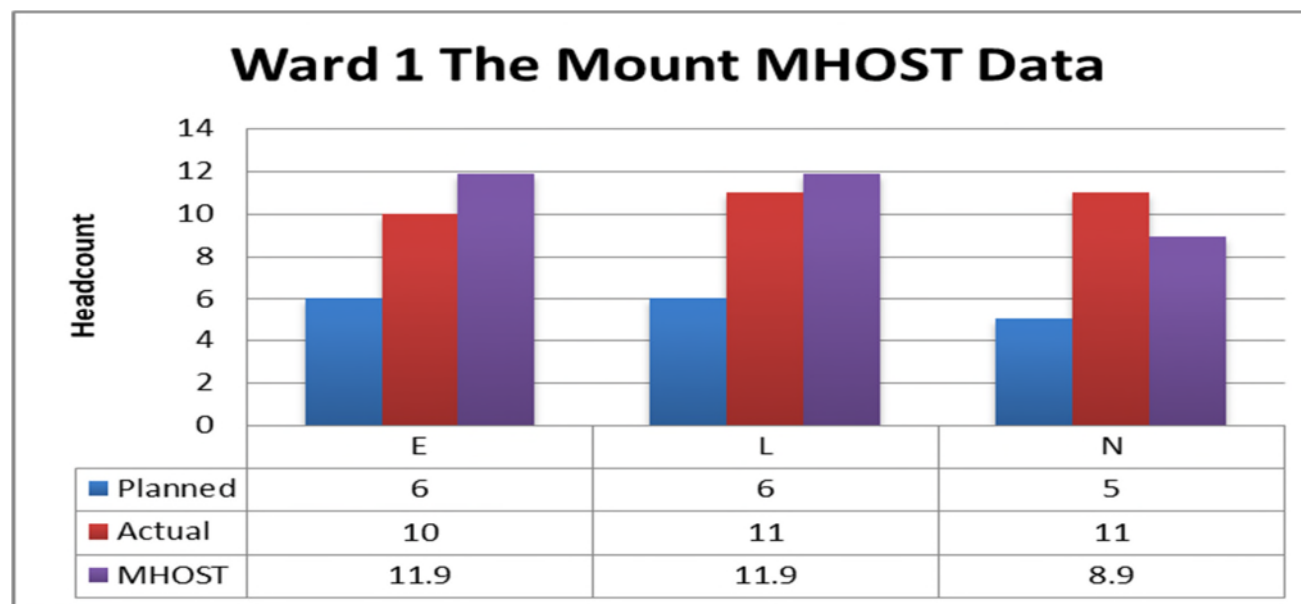
Early	2 RN and 4 HSW
Late	2 RN and 3 HSW
Twilight	1 HW
Night	2 RN and 3 HSW

The Mount Ward 1, leadership team have continued to state during the data period that the acuity level of those admitted to the ward remains high with patients being admitted with complex care needs including co-morbidity and highly challenging behavioural symptoms of dementia.

During the data period there has been an average of 50% of patients requiring 2 or more staff members to support personal care. In addition, there has been an average of 3 service users at any one-time requiring 1-2 staff members to support the observations required to manage the challenging behaviours associated with dementia. In October x 3 referrals were made to the Psychiatric Intensive Care Unit (PICU) however the patients were not accepted due to their level of perceived vulnerability and the potential risk of harm from others in this environment who present with high levels of disturbed behaviour along with the potential for further deterioration in mental state due to unfamiliar surroundings.



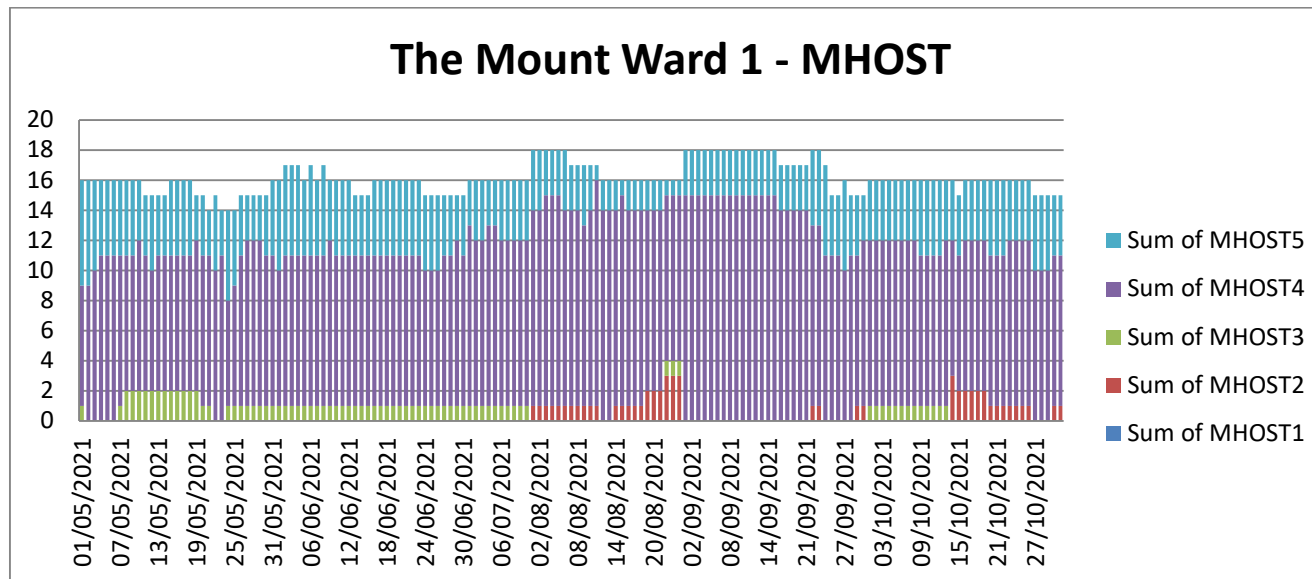
## The Mount Ward 1 Mhost data



The application of the MHOST tool and recommended staffing levels tell us that by **headcount**, this ward required x 2 more staff members during the early shift and 1 more staff member during the late shift and x2 less staff during the night shift than actual. Professional judgment would suggest that reducing the headcount particularly during the night shift where a high level of activity occurs would breach the standards required to deliver safe and effective care.

The level of acuity on Ward 1 has shown to be significant over the data period when using the Mhost tool which is reflected in the number of actual staff utilised above the planned staffing. The application of the Mhost tool has demonstrated that the majority of patients have consistently fallen into dependency levels 4-5 requiring an increased number of care hours afforded. This has resulted in additional staff being required above the planned establishment to deliver safe and effective care.

The data would therefore suggest that the current establishment is unlikely to meet the demand of the service given the continuation of acuity that predates the pandemic.



There remains some concern in relation to the use of the tool for the OPS care settings particularly in the dementia services as the tool is not specific to dementia care and the suggested staffing is clearly not appropriate in terms of picking up real ward activity, particularly during a night shift. One of the common symptoms of dementia is day/night reversal. The levels of care required can be similar and at times greater than during the day. The suggested staffing levels would breach the standards required to provide safe and effective care and for those patients requiring enhanced observation and engagement or multiple staff to deliver care should additional staff not be considered. The calculation of daily staffing therefore must be applied using the Mhost tool alongside professional judgement and quality indicators.

The importance of inclusion of professional judgment alongside use of the tool is made explicitly clear for this service in terms of ensuring that the data collection tool considers the numbers alongside the skill mix (and not just the numbers in isolation). For example, a richer registered skill mix could have a positive impact on a reduction in incidents. We know that the skills and competencies our bank and agency nurses bring to service provision are greatly valued but they do not necessarily consistently bring the specialist skill and experience required in dementia care.

### The Mount Ward 1 Vacancy Factor During Data Collection Period

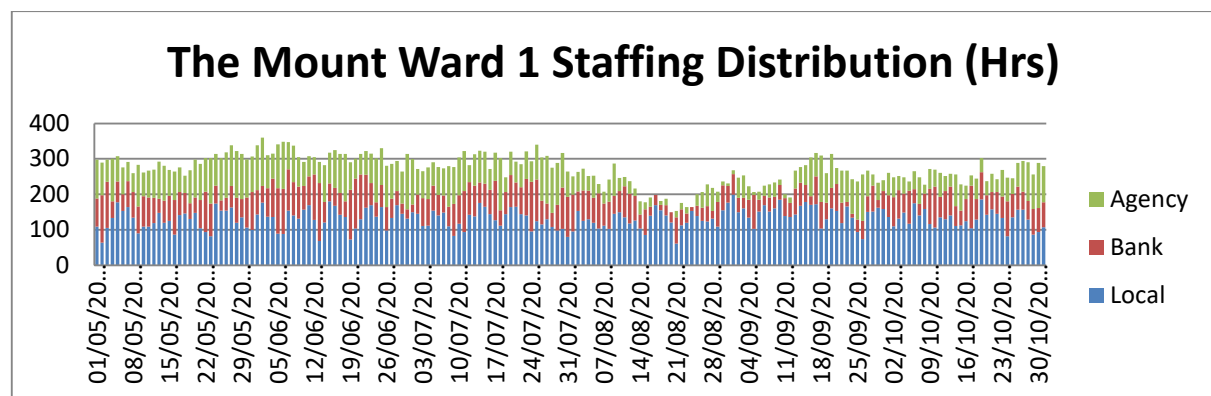
	Funded WTE	Current Vacancies	Most Vacancies	Least Vacancies	Average Vacancies
Mount W1 Male Dementia (RN and HSW combined)	36.15	4.35	4.95	4.35	4.75
Mount W1 Male Dementia (RN)	12.04	2.44	3.04	2.44	2.84

The vacancies on Ward 1 have varied during the data collection period with an average of 2.84 Registered Nurse vacancies and an average of 4.75 vacancies of RN and HSW combined.

In addition to vacancy factors, other unavailability factors such as staff isolating, sickness and parenting leave impacted on the unavailability of staff. Sickness remained within the Trust target with the exception of May and June where it exceeded the Trust target of 5% ranging between 10%-14%. Non- Working days which are days whereby a staff member is not counted as contributing toward safe staffing numbers however is likely to be present in the clinical area also accounted for periods of unavailability above the trust target. This is explained through supernumerary periods following staff returning from sickness and also for periods of induction for new starters.

### **The Mount Ward 1 Bank and Agency staffing**

The below table sets out the distribution of staff who are substantive staff, bank staff and agency staff across the data collection period.



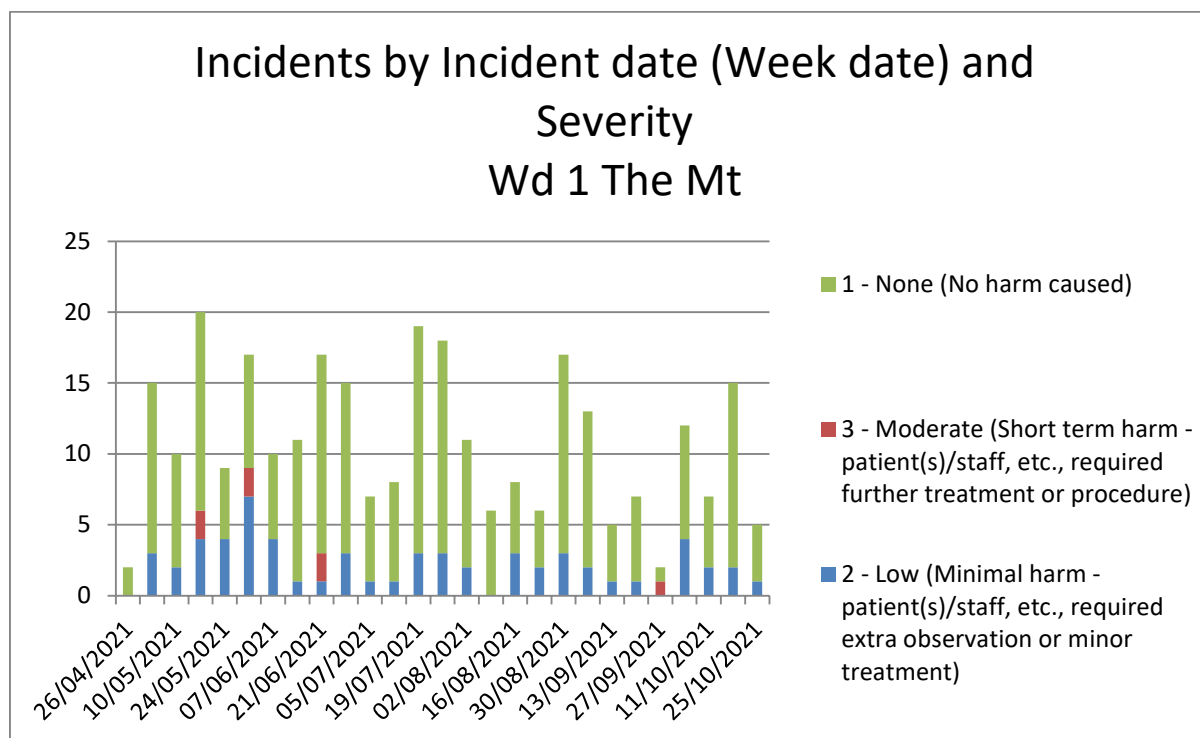
Ward 1 has operated on a significant number of bank and agency staff which has made up approximately 40-50% of the total staff and at times higher on night duties. A number of the bank and agency staff regularly work in this area and therefore as a result of this are familiar with the

ward and patient group, assuring some consistency of care. The total number of shifts covered on Ward 1 by the temporary staffing department was 2525 duties which were made up of RN and HSW duties.

The vacancy data demonstrates that Ward 1 has a lower percentage of vacancies than other wards in this service and although non-availability data as discussed above such as sickness and working days accounts for a small increase in demand on bank staffing, the Mhost data has evidenced that the increased demand is predominantly due to acuity. Figures of over 300% HSW's against planned establishment have not been uncommon during the data period. An adjustment to skill mix may be made when no RN can be identified in order to reach safe staffing levels however this has remained on or above the 80% target.

Where bank and agency have been unable to fill these duties then deployment of staff from within the service and within the trust has been actioned to maintain safe staffing levels.

### The Mount Ward 1 Incident data



The incident data for Ward 1 Mount demonstrates predominantly no harm or low harm. The highest reported categories of incidents were violence and aggression which was significantly higher than any other incidents reported with a total of 170 incidents being reported over the data period. This was followed by slips, trips and falls with 31 incidents being recorded. Incidents are reported to occur most frequently in the afternoon. There were a small number of severity 3 incidents over the data period, 4 incidents in total, with 2 relating to physical health concerns and 2 relating to communication issues which had in turn impacted on patient care.

## 4.2 The Mount Ward 2

### The Mount Ward 2 Establishment

Mount W2 Fem Dementia	Nurse band 7	1.00
Mount W2 Fem Dementia	Nurse band 6	4.00
Mount W2 Fem Dementia	Nurse band 5	8.04
Mount W2 Fem Dementia	Nursing Associate	3.00
Mount W2 Fem Dementia	MH Practitioners	0.60
Mount W2 Fem Dementia	Healthcare Asst Band 3	20.52
Mount W2 Fem Dementia	Occ Therapist band 6	0.50
Mount W2 Fem Dementia	Occ Therapist band 5	1.00
Mount W2 Fem Dementia	Occ Therapist band 3	0.50
Mount W2 Fem Dementia	Admin & Clerical band 2	1.00
Mount W2 Fem Dementia	Ancillary band 2	1.00
<b>Mount W2 Fem Dementia Total</b>		<b>41.16</b>

There are four identified shift patterns on Ward 2 across the 24 hour period which are planned to be staffed as below.

Early	2 RN and 4 HSW
Late	2 RN and 3 HSW
Twilight	1 HSW
Night	2 RN and 3 HSW

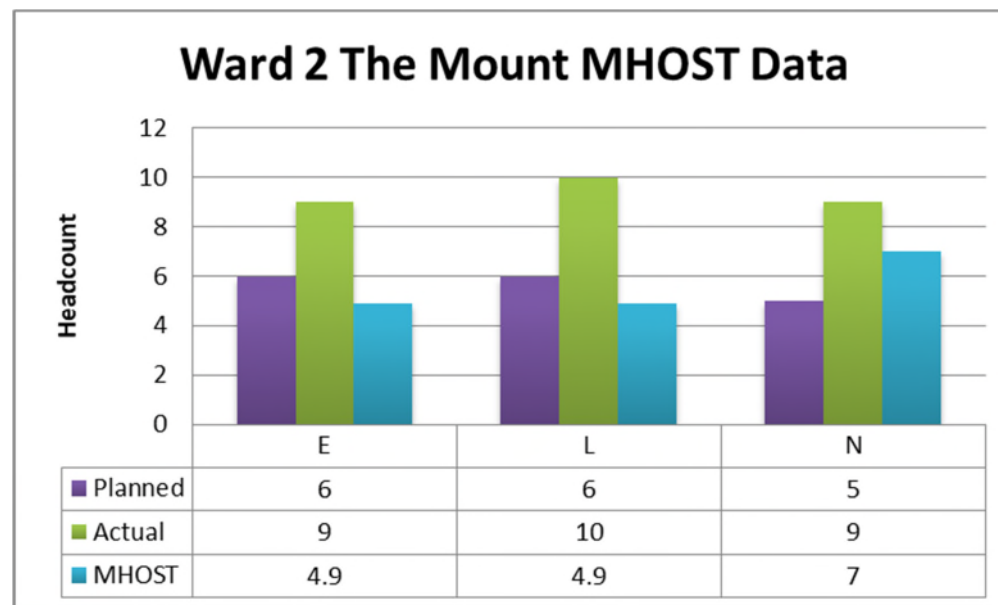
The acuity level on Ward 2 has been described comparably to that of Ward 1 during the data period with patients being admitted with complex care needs including that of co-morbidity alongside highly challenging behavioural symptoms of dementia. Patients have also required intervention at LTHT which has necessitated a member of staff being present with the patient at all times.

A high level of patients had required enhanced observations and engagement with a significant proportion of the ward at any one time needing 1:1 care. This has been as a result of risks associated with dementia care such as violence and aggression toward others, risk of falls and risk of choking. In addition, patients have been required to isolate on admission until a negative covid swab result is returned which has required a staff member to remain with them at all times to support the implementation of this guidance.

Further to this, throughout the data period 2 - 3 members of staff have been required to carry out personal care interventions, with some patients requiring 4 staff to carry this out safely due to the risk of aggression. Mealtimes have required staff to offer extra support to ensure adequate food and fluid intake and manage any risk of choking.

Sickness has been high throughout the data collection period with staff reporting experiencing fatigue and burnout resulting in time absent from work.

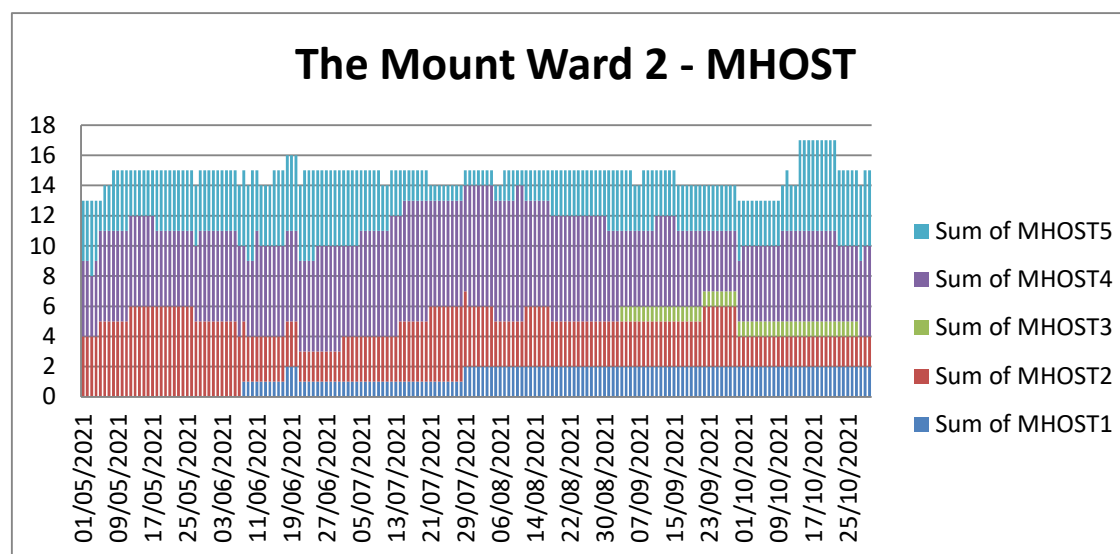
#### The Mount Ward 2 Mhost Data



The application of the MHOST tool and recommended staffing levels tell us that by **headcount**, this ward required x 4 less staff members during the early shift and 5 less staff members during the late shift and x2 less staff during the night shift than actual. Professional judgment would suggest that reducing the headcount where a high level of activity occurs would breach the standards required to deliver safe and effective care.

The level of acuity on Ward 2 has shown to be significant over the data period. Application of the Mhost tool demonstrated that the majority of patients consistently fell into dependency levels 4 and 5 which require an increased number of care hours. This has resulted in additional staff being required above the planned establishment to deliver safe and effective care.

The data would therefore suggest that the current establishment is unlikely to meet the demand of the service given the continuation of acuity that predates the pandemic.



The outcome of the data collection is not reflective of the needs of the patient group particularly on the dayshift. As described in Ward1M's summary, Ward 2 is equally concerned that the tool does not pick up dementia specific issues such as day/night reversal/ personal cares in its data collection which would reflect levels of care required at night being similar to that required during the day.

The suggested staffing levels would breach the standards required to provide safe and effective care and for those patients requiring enhanced levels of observation and engagement, particularly during the day and in turn care could not be delivered. Given that activity during the night can

be similar to a day shift and the majority of admissions are found to be late afternoon or late evening the view of the team is that staffing levels across the 24 hour period should closely equate. The calculation of daily staffing therefore must be applied using the Mhost tool alongside professional judgement and quality indicators.

### The Mount Ward 2 Vacancy Factor During Data Collection Period

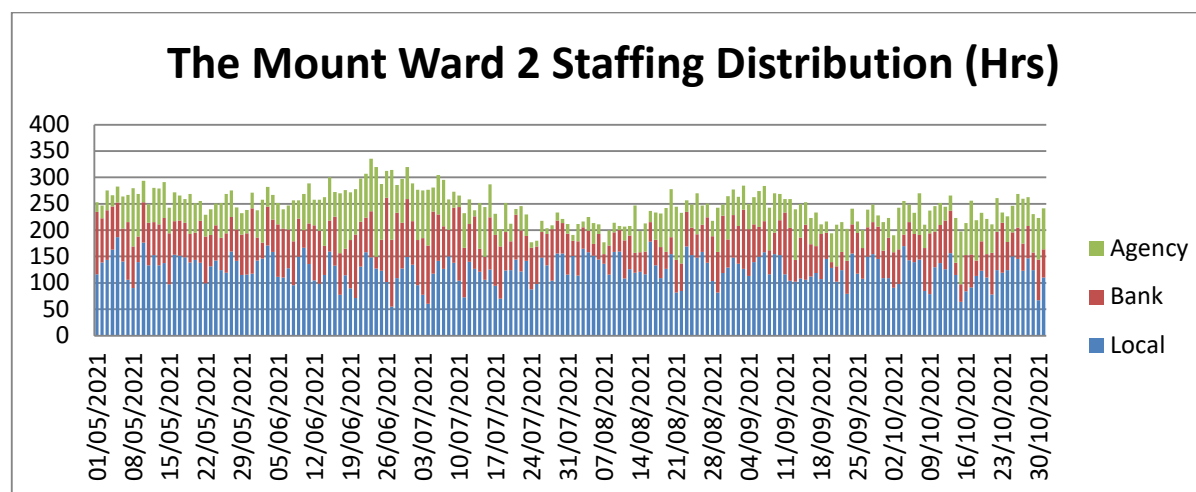
	Funded WTE	Current Vacancies	Most Vacancies	Least Vacancies	Average Vacancies
Mount W2 female Dementia (RN and HSW combined)	36.11	4.88	5.88	3.72	5.00
Mount W2 female Dementia (RN)	12.04	0.44	2.44	0.44	1.54

The vacancies on Ward 2 have varied during the data collection period with an average of 1.54 Registered Nurse vacancies and an average of 4.75 vacancies of RN and HSW combined.

In addition to vacancy factors, other unavailability factors such as annual leave, parenting leave, study leave and sickness all contributed toward the total unavailability. However, all aspects were within the set parameters of effective rota management with the exception of sickness which exceeded the trust target in June and October where it peaked at 12%.

### The Mount Ward 2 Bank and Agency staffing

The below table sets out the distribution of staff who are substantive staff, bank staff and agency staff across the data collection period.

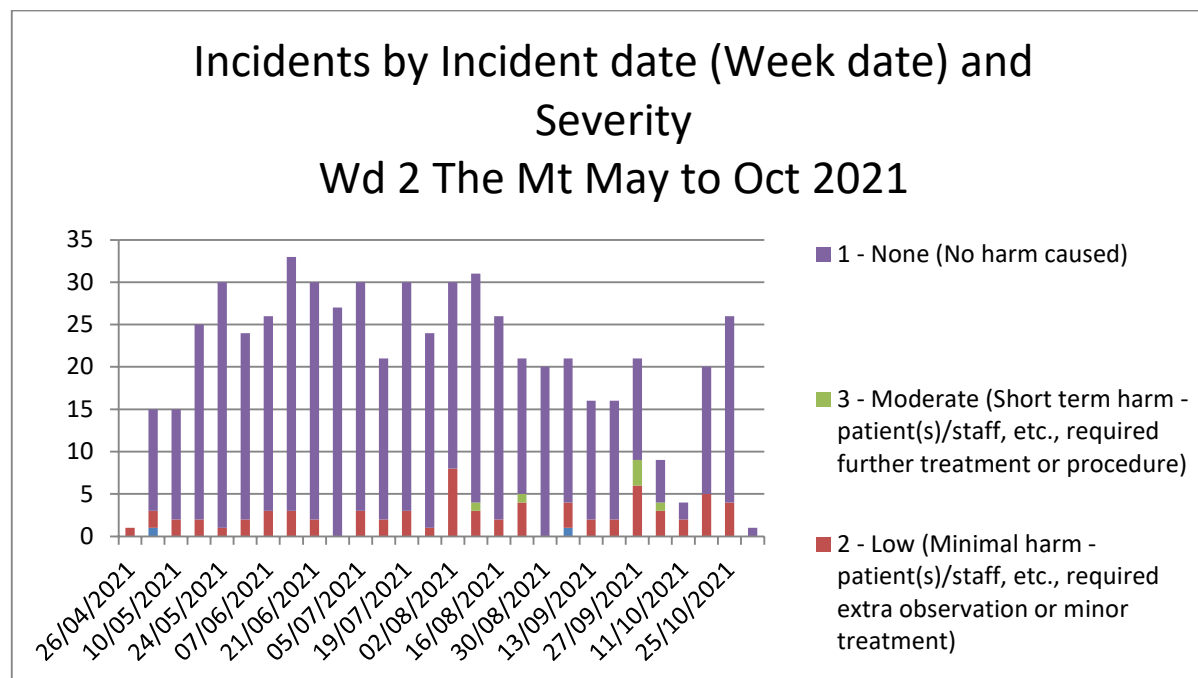




Ward 2 has operated on a significant number of bank and agency staff comparable to that of Ward 1 and approximately 40%-50% staff are made up of this group. The total number of shifts covered by the temporary staffing department was 2292 duties. Although vacancies account for a small part of this as demonstrated in the vacancy data, all other unavailability with the exception of sickness fell within trust parameters. The high use of bank and agency staff is therefore as a result of an increase in demand for staff against the planned establishment as a result of acuity. Again, comparable to ward 1 data, figures have exceeded 300% above planned staffing for HSW's. An adjustment to skill mix has been evident where there has been unavailability of a RN, which is particularly evident in summer months/school holidays and RN duties are therefore replaced by a HSW to enable safe staffing levels to be achieved. It is known that many bank and agency staff chose to remain as temporary staff to support flexible working hours and often the availability of this group also reduces during school holidays.

Where bank and agency have been unable to fill these duties then deployment of staff from within the service and within the trust has been actioned through the on call clinical and operational delivery group.

### The Mount Ward 2 Incidents



The incident data for Ward 2 Mount demonstrates predominantly no harm or low harm. The highest reported categories of incidents were in relation to patient care whereby staff had been required to intervene to deliver personal care and had required some level of restraint, for example, when a patient had been incontinent. This was followed by incidents specifically relating to violence and aggression and together these were significantly higher than any other incidents reported totally 597. This was followed by slips, trips and falls with 51 incidents being recorded. Incidents are reported, as Ward 1, to occur most frequently in the afternoon. There had been x2 severity 3 incident reports relating to staffing on this ward to escalate and highlight staffing shortages. It was and also reflected that staffing shortages existed across the unit at that time. Business continuity was implemented as a result for a period of 9 days in October. A learning review was also conducted in relation to one incident where an over reliance of bank staff across all 4 wards during the night duty was highlighted. This resulted in putting a system in place to ensure adequate substantive staff with the knowledge and skills for this particular patient group were available and on duty. 4 further severity 3 incidents have been reported which related to physical health and slips, trips and falls.

### 4.3 The Mount Ward 3

Ward 3 Mount is a 24 bedded mixed OPS Acute inpatient ward.

#### Ward 3 Establishment

Mount Ward 3	Nurse band 7	1.00
Mount Ward 3	Nurse band 6	4.00
Mount Ward 3	Nurse band 5	7.20
Mount Ward 3	Nursing Associate	2.00
Mount Ward 3	MH Practitioners	2.00
Mount Ward 3	Healthcare Asst Band 3	11.88
Mount Ward 3	Occ Therapist band 6	0.40
Mount Ward 3	Occ Therapist band 5	1.00
Mount Ward 3	Occ Therapist band 3	1.00
Mount Ward 3	Admin & Clerical band 2	1.00
Mount Ward 3	Ancillary band 2	1.00
<b>Mount Ward 3 Total</b>		<b>32.48</b>

There are four identified shift patterns on Ward 3 across the 24 hour period which are planned to be staffed as below.

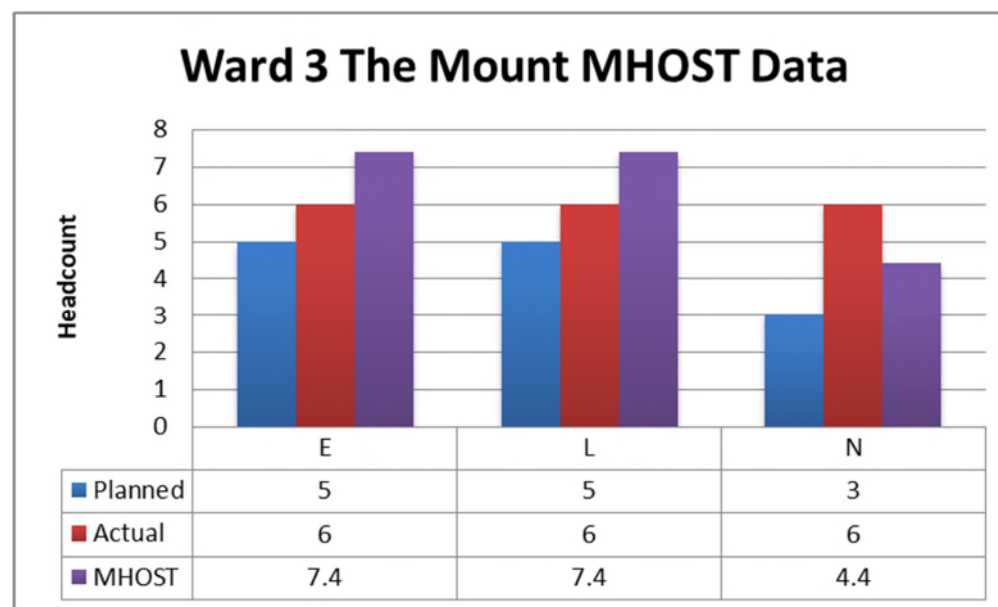
Early	2 RN and 3 HSW
Late	1 RN and 2 HSW
Twilight	1 RN and 1HCW
Night	1 RN and 2 HSW

Throughout the period of data collection, the ward was operating at an average of 94.4% occupancy which exceeds the Trusts 85% target. This ward has the ability to flex the number of female/male beds depending on user need and does admit patients with a primary diagnosis of dementia to temporarily accommodate until a dementia ward bed becomes available. This therefore impacts on staffing demands which again, the tool does not take into account.

As noted with the dementia wards, this data collection period does not cover the winter months and therefore does not take into account increased winter occupancy and the increase in numbers of patients requiring physical care at LTHT which place additional pressure on resource. The staffing increase during this data collection period reflect responding to clinical need. Within eyesight observations have been used to manage a number of care needs which have included 2 male patients who were admitted with a diagnosis of dementia and had been placed on 2:1 within eye sight as a result of attempts to enter the female corridor which would have breached CQC mixed sex accommodation standards in addition to managing the behavioural symptoms of dementia. There has also been a number of patients with complex physical health conditions requiring 3 staff to manage personal care with the use of a hoist and 2 patients requiring within eyesight observations prior to ECT treatment.

In addition to the above, there were 2 patients on admission who required within eyesight observations to support isolation and adhere to IPC procedures prior to covid swab results returning.

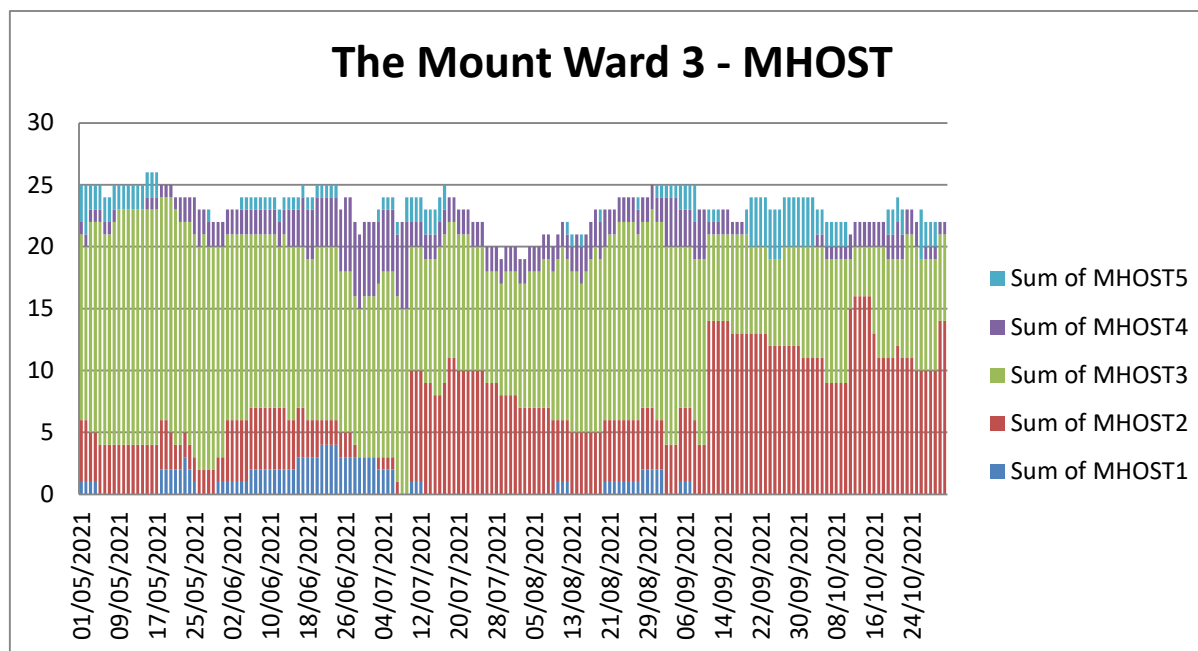
### The Mount Ward 3 Mhost Data



The application of the MHOST tool and recommended staffing levels tell us that by **headcount**, this ward required x 1.4 additional staff members during the early and late shift and 1.6 less staff member during the night shift actual. Professional judgment would suggest that reducing the headcount during the night shift where levels of activity occur would breach the standards required to deliver safe and effective care.

The MHOST data tells us that patients fall into predominantly dependency levels 2 and 3 which is consistent through the data collection period. There has been some evidence of a small number of patients with dependency level 4 and 5 which is consistent with the enhanced observations and engagement required to manage violence and aggression and complex physical health along with a small number of dementia patients being admitted awaiting a bed on a dementia specific ward.

The data would therefore suggest that the current establishment is unlikely to meet the demand of the service given the continuation of acuity that predates the pandemic.



An issue noted with the actual, planned and MHOST suggested numbers data is that it does not recognise the twilight shift which is 2 members of staff (documented above as the late shift) working 2pm until 10pm. This shift supports the night medicine round and providing personal care for patients retiring to bed so this activity would need factoring into the suggested numbers.

## The Mount Ward 3 Vacancy Factor During Data Collection Period

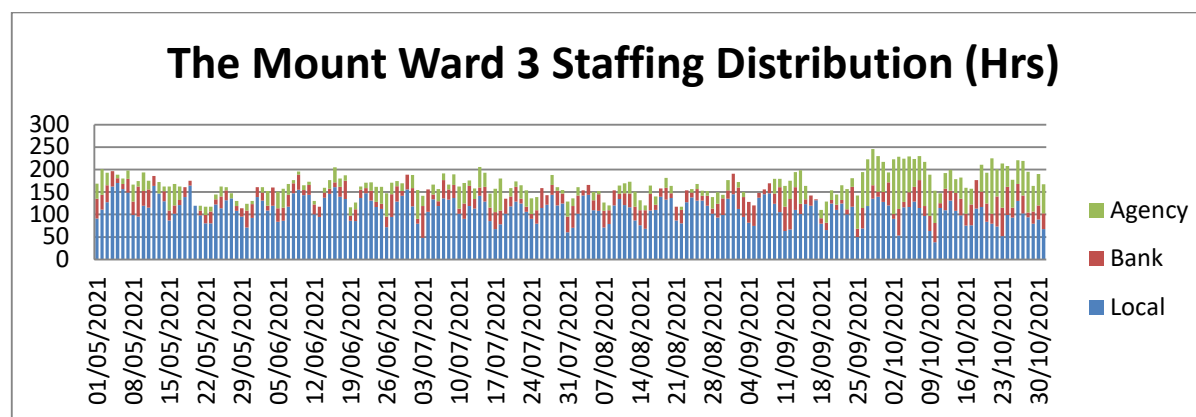
	Funded WTE	Current Vacancies	Most Vacancies	Least Vacancies	Average Vacancies
Mount W3 Mixed Acute (RN and HSW combined)	27.08	5.48	7.48	3.48	5.68
Mount W3 Mixed Acute (RN)	11.02	5.2	5.2	3.2	3.87

There were significant vacancy factors through the data period with the highest number across the service held which averaged at 5.68 for RN and HSW combined. To maintain safer staffing numbers vacant RN duties were predominantly backfilled by HSW. RN vacancy deficits were further compounded by periods of sickness and staff being instructed to isolate through the track and trace system. May and October saw the highest level of sickness with 14% and 11%. All other factors of unavailability was managed effectively within the rota and remained within trust target.

The RN fill rate reduced to 63% during the month of July. Ward 3 has regularly operated on x 1 RN working across the Early and Late shift. However, the fill rate remained at 100% for the night duty with 0 duties recorded where there was no RN on duty. This ward did not benefit from the conditional offer for Nursing Students who had trained within the trust following 2 nursing students given backward due to personal circumstances; however it did recruit 2 external Newly Qualified Nurses. Additional resource through the Practice Development Nurse has been identified to enhance the student experience in the service.

## The Mount Ward 3 Bank and Agency staffing

The below table sets out the distribution of staff who are substantive staff, bank staff and agency staff across the data collection period.

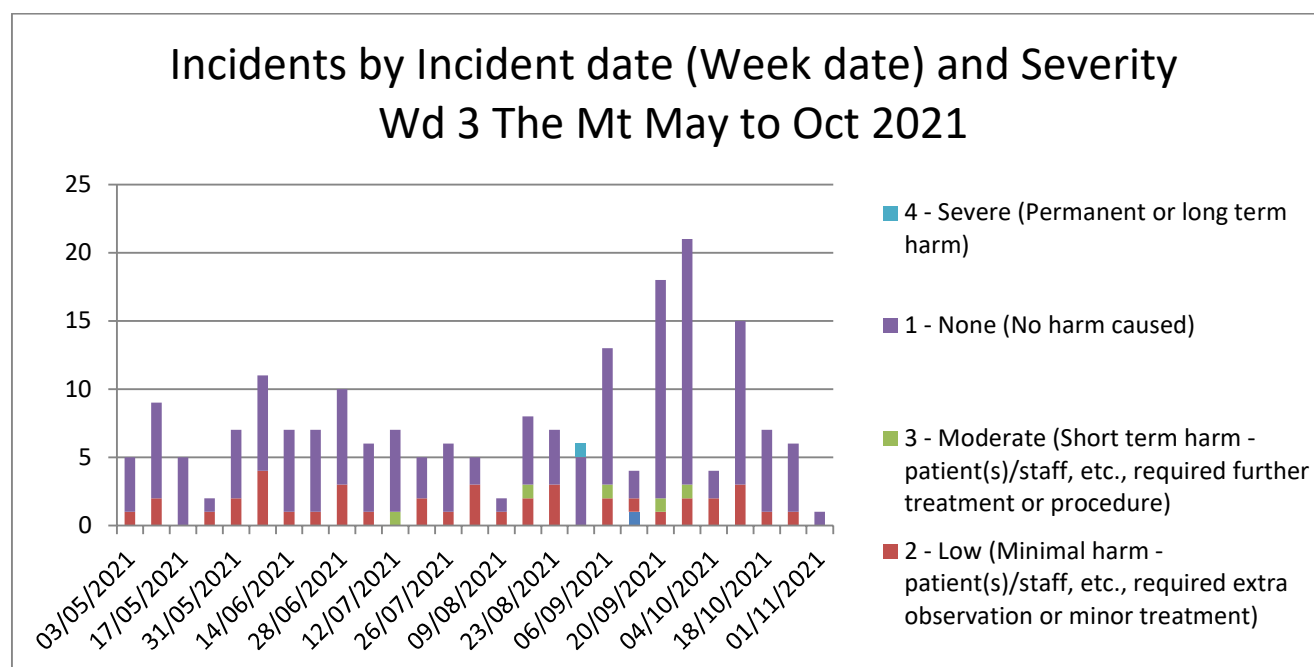


The distribution of staff demonstrates a less significant reliance on bank and agency as we have seen with the 2 dementia wards. The total number of shifts covered by the temporary staffing department was 1046 duties, the lowest across the service and more than 50% less than the dementia wards. Ward 3 has the highest percentage of RN vacancies than other wards in this service and the sickness rate has exceeded the trust target during 2 months of the data collection period. This therefore suggests a reliance on bank and agency is not predominantly attributed to acuity and increased activity. However, where most dependency levels have included levels 4 and 5 this has resulted in the need for additional staff which is covered by bank and agency staff.

It is also of significance to note that the planned establishment for the night duty is 3 staff and therefore any increase in acuity will always result in the need for increased staffing levels to deliver safe and effective care.

HSW duties have been consistently above the planned establishment which has reflected a combination of acuity and the backfill of RN's with HSW's to reach safe staffing levels.

### The Mount Ward 3 Incident Data



The incident data for Ward 3 Mount are predominantly no harm or low harm. The 2 highest reported categories of incidents are slips, trips and falls followed by violence toward staff. Incidents are reported to occur most frequently in the afternoon. A small number of severity 3 incidents were reported. One incident report of severity 3 was completed to escalate staffing shortages and the inability to deliver safe care. Actions were taken on that duty and no harm was associated with patient safety. The other 4 incidents of severity 3 were relating to physical health concerns and slips, trips and falls. A severity 4 and 5 incident was reported following a physical health deterioration which related to the same individual.

#### 4.4 The Mount Ward 4

Ward 4 Mount is a 24 bedded Female OPS Acute inpatient ward.

##### Ward 4 Mount Establishment

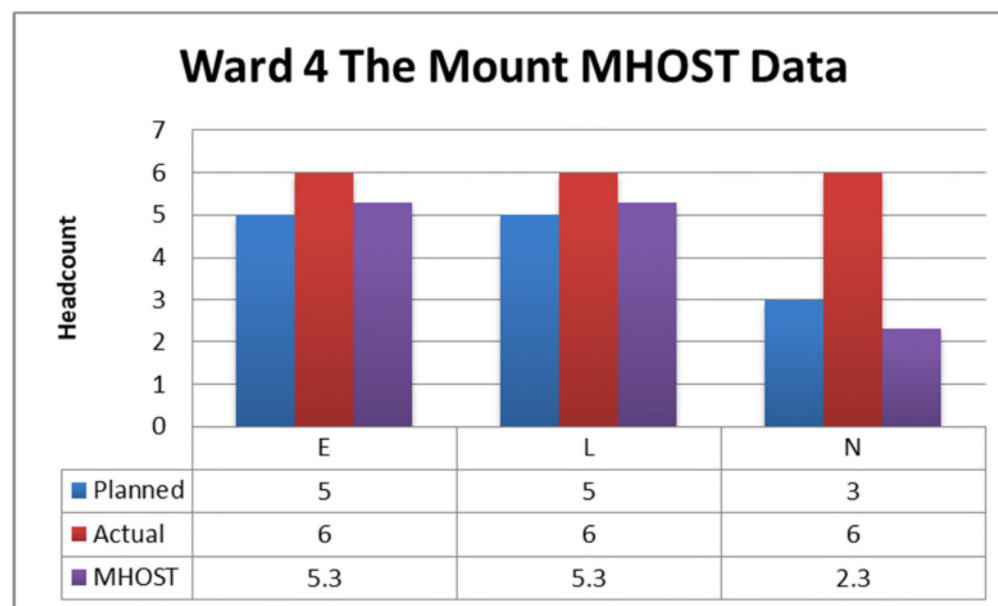
Mount Ward 4	Nurse band 7	1.00
Mount Ward 4	Nurse band 6	4.00
Mount Ward 4	Nurse band 5	7.20
Mount Ward 4	Nursing Associate	2.00
Mount Ward 4	MH Practitioners	2.00
Mount Ward 4	Healthcare Asst Band 3	11.88
Mount Ward 4	Occ Therapist band 6	0.40
Mount Ward 4	Occ Therapist band 5	1.00
Mount Ward 4	Occ Therapist band 3	1.00
Mount Ward 4	Admin & Clerical band 2	1.00
Mount Ward 4	Ancillary band 2	1.00
<b>Mount Ward 4 Total</b>		<b>32.48</b>

There are four identified shift patterns on Ward 4 across the 24 hour period which are planned to be staffed as below.

Early	2 RN and 3 HSW
Late	1 RN and 2 HSW
Twilight	1 RN and 1HCW
Night	1 RN and 2 HSW

Ward 4 has been operating at 93.6% occupancy and above which at times can be a challenge for the staff team. The ward reports that there has been a gradual increase in the acuity on the ward with patients presenting with a greater degree of complexity and higher level of risk. There is, however, a lesser need for enhanced observation than other wards and the increase in staffing demand is often as a result of patients requiring intermittent observations or a need for additional staff to support the number of personal care or physical health care.

#### The Mount Ward 4 Mhost Data



The application of the MHOST tool and recommended staffing levels tell us that by **headcount**, this ward required x 0.7 less staff members during the early and late shift and 3.7 less staff members during the night shift than actual. Professional judgment would suggest that reducing the headcount where a high level of activity occurs would breach the standards required to deliver safe and effective care.

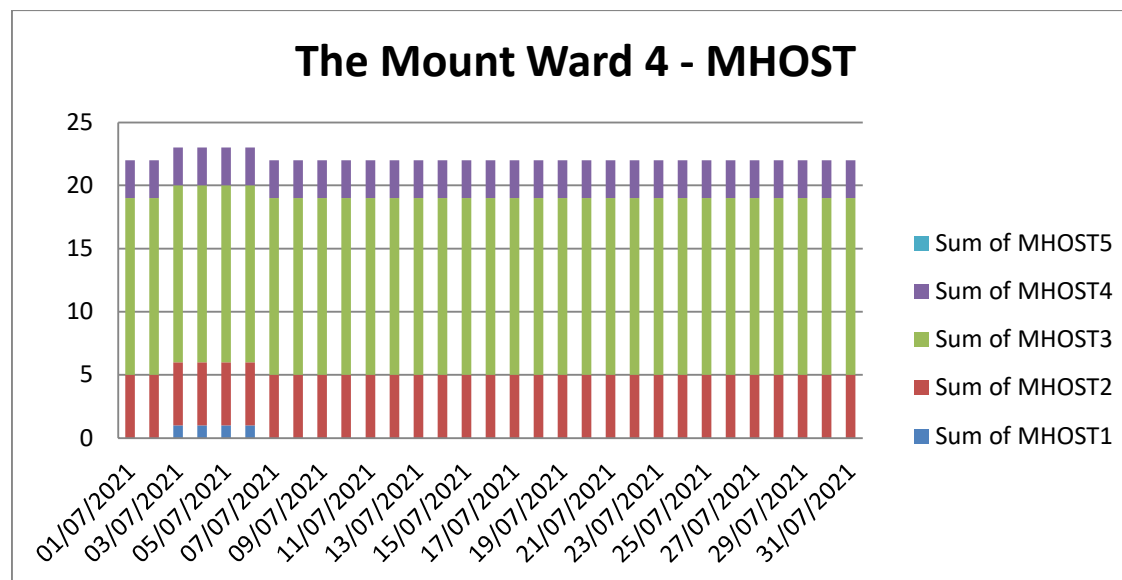
It should be noted that the Ward 4 data is a snapshot of data for the month of July as a full data set was not available for the data collection period. This was attributed to a number of changes and breaks in the ward's leadership team along with the Ward Manager and Band 6 Nurses working at times in safe staffing numbers during the pandemic. This resulted in a gap in submission of data, however, this is once again being regularly recorded and submitted. The application of the Mhost tool for the 1-month data has demonstrated during this period in time that the majority of patients have consistently fallen into dependency level 3 with no dependency level 5 being identified. This is therefore likely to



account for the planned, actual and MHOST data being comparable as this has not captured periods of increased acuity and enhanced observations. The team have however described periods of increased acuity and times when enhanced observations have been necessary such as pre/post ECT monitoring or when patients are escorted or transferred to LTHT.

Activity can vary from day to day dependent upon outpatient appointments that require staff escort, home visits and Multidisciplinary meetings and therefore the month data set may not be sufficient to provide a robust prediction of staffing levels required.

Ward 4 is also likely to experience an increase in pressure with regards to capacity during the winter months as previously described particularly given the recent occupancy.



As identified with Ward 3M, the actual, planned and MHOST suggested numbers data does not recognise the twilight shift which is 2 members of staff (documented above as the late shift) working 2pm until 10pm and this activity would therefore need factoring into the suggested numbers.

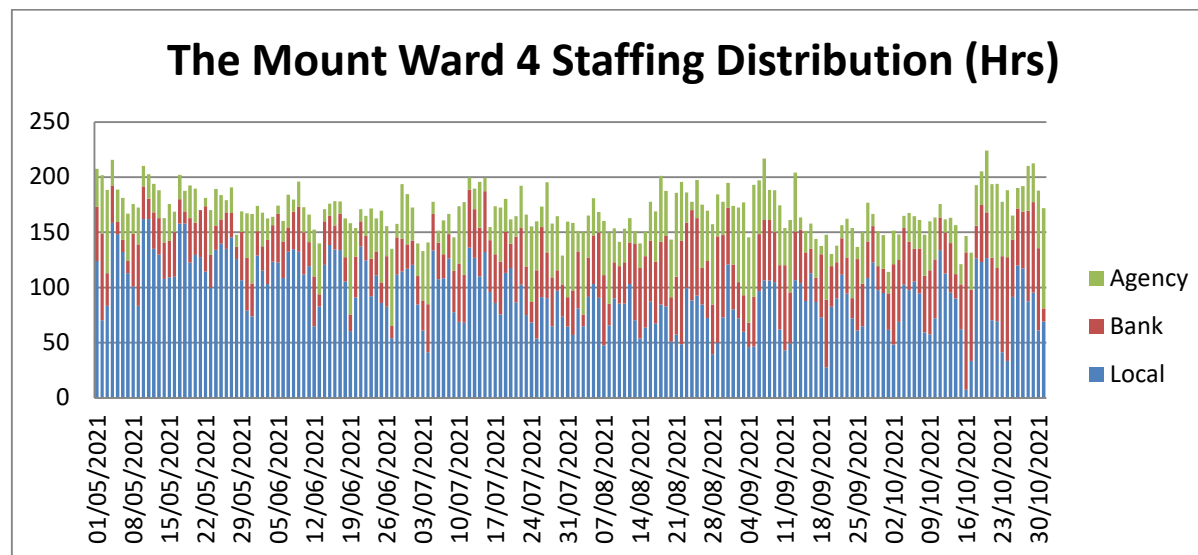
### The Mount Ward 4 Vacancy Factor During Data Collection Period

	Funded WTE	Current Vacancies	Most Vacancies	Least Vacancies	Average Vacancies
Mount W4 female Acute (RN and HSW combined)	27.08	3.28	5.28	3.28	4.51
Mount W4 female Acute (RN)	11.02	2	4	1.8	2.73

The average number of vacancies for this ward was 4.51 wte. Although significantly lower than other wards in the service the vacancies were compounded by a high sickness rate. June to October evidenced sickness exceeding the trust target with this reaching 27% in August and was made up of both long term and short-term absences. The reason for absences demonstrated 2 significant themes with x5 staff members absent due to stress/anxiety/mental health reasons and x3 staff members absent due to musculoskeletal concerns. All absent staff were being supported under the Employee Wellbeing and Managing Attendance Procedure. Despite the high levels of sickness, the RN fill rate did remain above 80% throughout the data collection period. All other unavailability duties remained within parameters with the exception of working days briefly exceeding the trust target which can be accounted for through supernumerary periods for new starters.

### The Mount Ward 4 Bank and Agency staffing

The below table sets out the distribution of staff who are substantive staff, bank staff and agency staff across the data collection period.



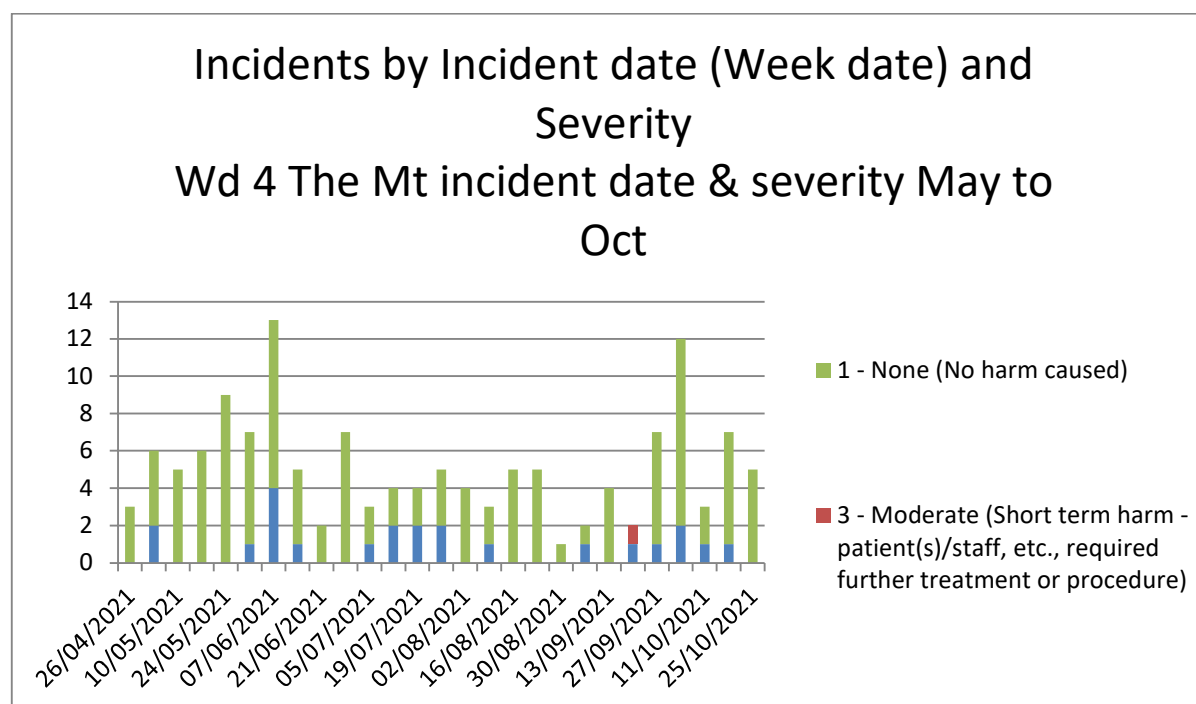
The ward has operated on a less significant number of bank and agency staff comparable to that of Ward 3M. The total number of shifts covered by the temporary staffing department was 1409 duties.

Annual Leave and other unavailability was managed effectively within the set parameters with the exception of sickness and working days. These both remained above trust target from June to October. The data therefore suggests the increase in demand for additional staff is predominantly as a result of both unavailability, vacancies and some increase in acuity as described by the team.

The planned establishment for the night duty is 3 staff and therefore any increase in activity or acuity would require an increase in staff to deliver safe and effective care.

HSW duties have been consistently above the planned establishment which has reflected a combination of acuity and the backfill of RN's with HSW's to reach safe staffing levels.

#### The Mount Ward 4 incident data



The incident data for Ward 4 Mount demonstrates that the majority of incidents are no harm or low harm in nature with only 1 incident reported of moderate harm. A higher number of incidents occur in the afternoon reflective of other ward in the service. The ward reports the lowest overall number of incidents in the service. The category with the highest number of incidents is slips, trips and falls with 49 incidents occurring followed by 19 incidents of violence and aggression. One incident report of severity 3 was completed to escalate staffing shortages and the inability to deliver safe care. Actions were taken on that duty to deploy staff from other clinical areas. In addition, staff who would not ordinarily work in safe staffing numbers were engaged to support the service and a number of staff stayed beyond their duty finish times. As a result of the additional support no harm was associated with the capacity to provide safe care.

## **5.0 The Mount wards summary**

All services are committed to ensuring that patients receive the highest quality care, however, to ensure that this is achievable there must be sufficient numbers of staff with the right levels of skills to meet patient needs. The increase in acuity and activity on the 2 dementia wards has driven the need for high numbers of staff above the planned staffing establishment resulting in an average of between 10-16 staff on each duty to deliver safe care. This has resulted in an average of 50% of the staffing establishment on each duty being made up of bank and/or agency staff with a high incidence of non-registered HSW's.

Early and late duties on Ward 1 and Ward 2 are established to have a minimum of 2 RN's which has been met for the majority of duties. It is however evident that night duties have been covered predominantly by 1 RN through the data period although some improvement during September has been noted following a number of newly qualified nurses joining the team. This has therefore seen at times, the ratio of RN's:Patients reach 1:17. A period of time was spent auditing patients care and treatment plans as part of this review and it was clear that a number of patients care, and treatment had occurred without RN oversight for a number of days. In addition to this, a number of the audited group of patient's care had also been allocated to a bank or agency member of staff who were unlikely to be familiar with the patient or their needs.

Wards 3 and Ward 4 have experienced less of a need to increase staffing numbers through the day although have experienced this on a night duty as the night duty offers little flex in terms of the allocated establishment. These wards have however experienced more duties being carried out with 1 RN across the 24-hour period due to vacancies and non-availability of the RN workforce. The inability to fill the twilight shift also impacts on the underfill as this duty would usually supplement the RN fill across that 24-hour period.

Working as the only RN on duty with a nurse-to-patient ratio of 1:24 impacts on the ability of the nurse in charge to focus on the quality of care being delivered by the colleagues they are on duty with. It is the RN's role to lead and supervise. The RN is responsible and accountable and must ensure that safe care is being coordinated for everyone. This is particularly difficult during the day when medication rounds can be lengthy and take in excess of 3 hours; MDT reviews are scheduled and potential MHA tribunals taking place all which require these tasks to involve or be

carried out by a RN. Ward Managers and the Practice Development Nurse have therefore supported where necessary to enable essential activity such as these to continue. This is however at the detriment of development work, leadership and other management responsibilities taking place. The additional impact can result in not being able to meet patients' basic needs in a timely way, a lack of structured activity, lack of continuity of care, not providing escorts or supporting leave, relational security issues and reduced one to one activity. Further to this, effects of fatigue and burn out are being experienced.

Newly qualified nurses and new team members are also struggling to gain the support and development required which in turn could impact on the recruitment and retention for this service. It has therefore been necessary for the Practice Learning and Development Team (PLDT) and Practice Development Nurse to place additional resource into the service to support with induction and training.

Specific work with the service has been carried out under the safer staffing framework to further explore the ongoing effects staffing pressures are having which we know have the ability to impact on the safety and quality of care. A series of initial recommendations have been identified as a result of this although it is recognised further work is still needed.

Some of those improvements which will allow the service to work more efficiently and effectively through changes to the current systems and processes have been initiated. This has included adjustments to current shift times and the handover process. In turn, this should allow the 4 wards to operate more effectively together as a service with greater efficiencies and less risk of errors occurring when staff are deployed between wards. This will be shared with Executive colleagues as part of the detailed report from the task and finish group and oversight will continue to be monitored through the safer staffing group around progress and impact of these changes.

## **6.0 Overview of Safer Staffing Summary**

Parts A and B of this paper set the scene of a shortfall in Registered nurses across the majority of inpatient services which are then reliant on high numbers of Bank and agency staffing to fill duties in addition to deployment and redeployment. This is not out with the continuing national picture.

There is little prospect of sufficient nurses coming out of training over the next 3 years to improve the national or local shortfall.

The Bank and agency staffing figures tell us that though high numbers of additional duties are requested, over this period up to 35% of Registered nurse duties remained unfilled and 25% of Health support worker duties remained unfilled.

Staffing pressures have additionally been mitigated with roles that usually sit outside of safer staffing numbers taking up position to deliver or support clinical care - Practice development nurses; Occupational therapists; Band 6 staff working clinical shifts instead of having management days, non-clinical staff training as assistant support workers and Ward managers going into the clinical numbers.

Through Safer staffing governance we routinely report updates on the above capacity and will progress additional work on quality indicators to improve patient experience as guided by the Safer staffing steering group.

Some of the quality indicators for consideration include being able to meet patients' basic needs in a timely way, ensuring one to one time with allocated nurse; the delivery of structured activity, ensuring continuity of care, the provision of escorts or being able to support leave and relational security issues that help to prevent / reduce challenging incidents before they occur.

For our staff, we know that low numbers of substantive staff translate into leadership challenges in the clinical areas as less experienced staff are faced with many challenging clinical scenarios and experienced staff have too little capacity to provide the standard of support we would aspire to provide. In turn for nurses, this can translate into a poor uptake of clinical supervision which is evidenced to improve patient care and staff experience and wellbeing.

For the Older People's Inpatient Service based at The Mount the acuity and dependency levels of patients has driven the need for high numbers of staff above the planned staffing establishment particularly across the two dementia wards and across the night duty for Wards 3 and 4. The data tells us that the reasons driving this are patients admitted to the dementia wards requiring enhanced observation and engagement or additional staff to respond to their physical health or personal care needs. The planned staffing establishment for the night duty on Ward 3 and 4 demonstrates that any increase in activity necessitates an additional staffing demand to deliver safe and effective care.

As discussed earlier, whilst the MHOST can provide valuable information to support the understanding of the staffing needs of the services, it does not appear able to address the specific care requirements in older people's mental health care settings and dementia services where physical healthcare interventions are as prominent as mental health care provision. It is therefore essential that other factors are addressed alongside it including quality data, workforce data and applying professional judgement to ensure an effective review.

All services are committed to ensuring that patients receive the highest quality care whilst in receipt of services. To ensure that this is achievable there must be sufficient numbers of staff who have the right levels of skills to meet service user needs. The data period examined in this report has highlighted the ongoing pressures and challenges for all services with a focus on the Mount wards not only in reaching safe staffing levels but also in ensuring that the right staff with right skills are in place to ensure that good quality patient care is not compromised.

High numbers of vacancies across all inpatient services and national vacancies sitting at over 40,000 registered nurses (one in nine posts) tells us that we will not be able to recruit a sufficient quantity of Registered nurses in the near future. Whilst our data tells us that the care, we provide is safe, there is still more that we need to do to ensure that patient experience is improved. This paper recognises that whilst high proportions of RN gaps are often filled by health support workers to enable care to be delivered, the direct consequence of missed or delayed care -particularly by the RN requires further exploration as the MHOST data tells us that a number of our patients require additional care time due to the complexity of their presentation. Response to these complexities should be professionally led.

This paper will continue to support our discussions with commissioners in relation to our current baseline budget costs versus our required costs based on acuity and demand. This should also be supported by more emphasis being placed on patient experience quality indicators and it is recommended that future Board safer staffing reviews reflect this.

## **7.0 Recommendations for all inpatient services:**

- For Board members to consider the introduction of Patient quality indicators into the Safer staffing board report from March 2022. The two monthly report would include a highlight of the indicators and the 6 monthly report would include full available data.
- The indicators will be agreed by the Safer staffing steering group and will need to be bespoke to the care and treatment area. They may include pressure ulcers, medication administration errors/omissions, incidents of violence or aggression, restraint/ restrictive practice, safeguarding referrals, serious Incidents, levels of 1-1 Observations and feedback from trainees. Any incident analysis which has identified staffing as a contributory factor or root cause should be given increased weight.
- Every areas indicators will include the requirement to ensure that a registered nurse / professional has had oversight of a patients care and treatment plan at a minimum of every 24 hours.
- The indicators will support the organisation to agree when safety is at risk of being compromised and the service is required to temporarily step down.
- Protected time for nursing should be mandated to embed regular clinical supervision and reflective practice to occur. This will help to address fatigue and burnout and supports the retention of substantive staff, student Nurses and Preceptees.

## Appendix A -October 2021 Unify report

### Safer Staffing: Inpatient Services – October 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	80	11.2	11.0	0.0	0.1	0.0	0.0	22.3	76%	89%	-	100%	93%	90%	-	-	-	-
3 WOODLAND SQUARE	94	9.3	20.0	0.0	1.5	0.0	0.0	30.8	102%	145%	-	100%	100%	291%	-	100%	-	-
ASKET CROFT	485	2.0	2.7	0.0	0.0	0.6	0.0	5.4	110%	77%	-	-	110%	95%	-	-	100%	-
ASKET HOUSE	365	2.1	2.7	0.0	0.0	0.7	0.0	5.5	101%	85%	-	-	100%	100%	-	-	100%	-
BECKLIN CAU	150	8.5	17.0	1.1	0.0	1.6	0.0	28.2	97%	121%	100%	-	87%	141%	100%	-	100%	-
BECKLIN WARD 1	693	2.4	3.9	0.0	0.0	0.4	0.0	6.7	81%	147%	-	-	102%	202%	-	-	100%	100%
BECKLIN WARD 3	668	2.2	3.6	0.2	0.1	0.1	0.2	6.6	74%	224%	100%	100%	95%	181%	100%	100%	100%	100%
BECKLIN WARD 4	677	2.2	3.2	0.2	0.0	0.2	0.1	5.9	75%	155%	100%	-	86%	160%	100%	-	100%	100%
BECKLIN WARD 5	694	2.4	3.9	0.1	0.0	0.3	0.2	6.8	84%	170%	100%	-	93%	189%	-	-	100%	100%
LITTLE WOODHOUSE HALL	186	6.7	12.2	0.0	0.0	1.6	1.7	22.3	117%	119%	100%	-	58%	101%	-	-	100%	100%
MOTHER AND BABY AT PARKSIDE	190	8.0	10.8	0.7	0.0	0.8	0.0	20.3	69%	77%	100%	-	58%	118%	100%	-	100%	100%
NEWSAM WARD 1 PICU	301	4.7	14.1	0.0	0.2	0.5	0.3	19.8	80%	140%	-	100%	69%	188%	-	-	100%	100%
NEWSAM WARD 2 FORENSIC	363	2.6	8.2	0.0	0.0	0.4	0.3	11.5	75%	125%	-	-	90%	140%	-	-	100%	100%
NEWSAM WARD 2 WOMENS SERV	217	4.4	11.5	0.0	0.0	0.8	0.7	17.4	77%	89%	-	-	100%	112%	-	-	100%	100%
NEWSAM WARD 3	310	2.9	5.7	0.0	0.0	0.4	0.4	9.4	65%	131%	-	-	110%	111%	-	-	100%	100%
NEWSAM WARD 4	634	2.4	3.6	0.2	0.2	0.3	0.0	6.7	80%	221%	100%	100%	81%	199%	100%	100%	100%	-
NEWSAM WARD 5	491	2.5	4.0	0.0	0.0	0.6	0.0	7.1	88%	92%	-	-	78%	121%	-	-	100%	-
NEWSAM WARD 6 EDU	298	4.1	8.0	0.0	0.0	0.9	0.0	13.0	107%	202%	-	-	120%	148%	-	-	100%	-
NICPM LGJ	196	5.6	4.8	0.0	0.0	1.8	0.0	12.2	79%	131%	-	-	61%	152%	-	-	100%	-
THE MOUNT WARD 1 NEW (MALE)	443	3.0	14.1	0.0	0.0	0.0	0.0	17.1	112%	244%	-	-	80%	318%	-	-	-	-
THE MOUNT WARD 2 NEW (FEMALE)	444	2.8	11.9	0.2	0.1	0.0	0.0	14.9	109%	190%	100%	100%	61%	296%	100%	-	-	-
THE MOUNT WARD 3A	684	1.5	6.6	0.2	0.1	0.0	0.0	8.3	75%	220%	100%	100%	100%	395%	100%	100%	-	-
THE MOUNT WARD 4A	680	1.5	5.4	0.0	0.0	0.0	0.0	6.9	82%	163%	-	-	93%	260%	-	-	-	-
YORK - BLUEBELL	267	5.0	7.5	0.5	0.1	0.0	0.6	13.7	140%	68%	100%	100%	101%	103%	-	-	-	100%
YORK - MILL LODGE	267	6.1	7.7	0.4	0.2	1.8	0.4	16.6	87%	104%	100%	100%	65%	128%	100%	-	100%	100%
YORK - RIVERFIELDS	276	3.0	4.5	0.0	0.0	0.4	0.5	8.5	57%	122%	-	-	100%	97%	-	-	100%	100%
YORK - WESTERDALE	303	3.9	8.8	0.0	0.3	0.2	0.4	13.5	55%	161%	-	100%	100%	122%	-	100%	100%	100%



## Appendix B- November 2021 Unify report

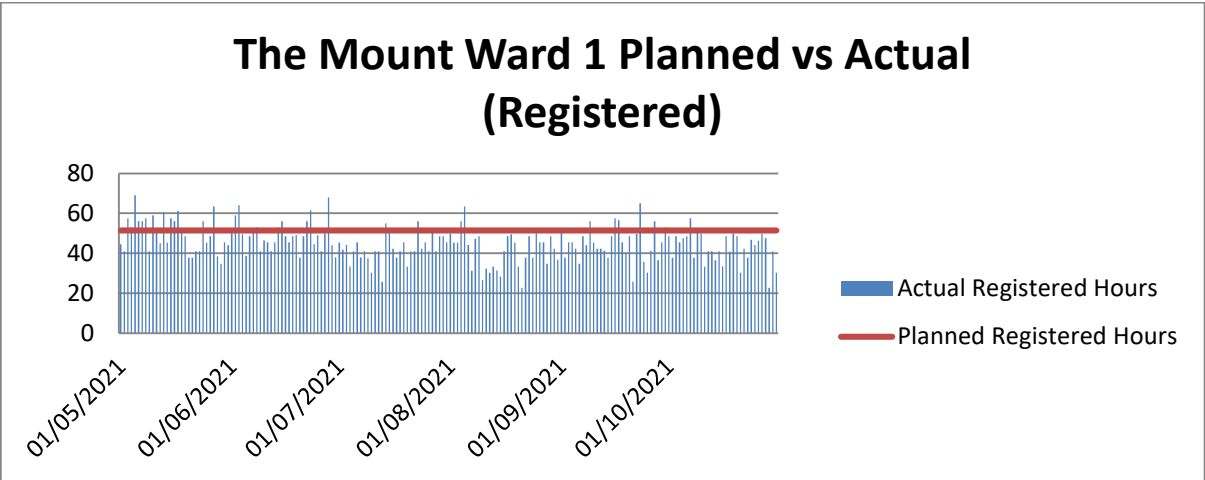
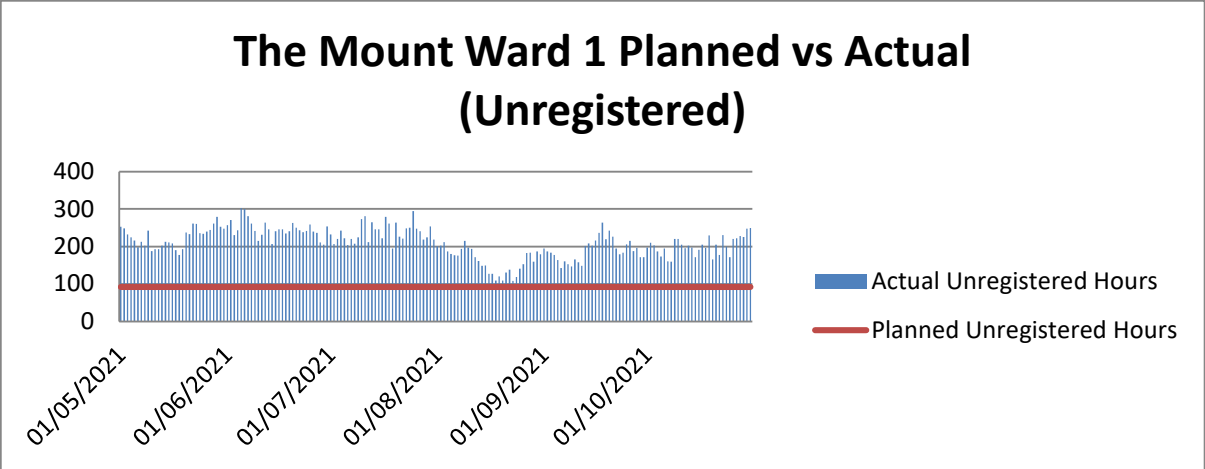
### Safer Staffing: Inpatient Services – November 2021

Fill rate indicator return

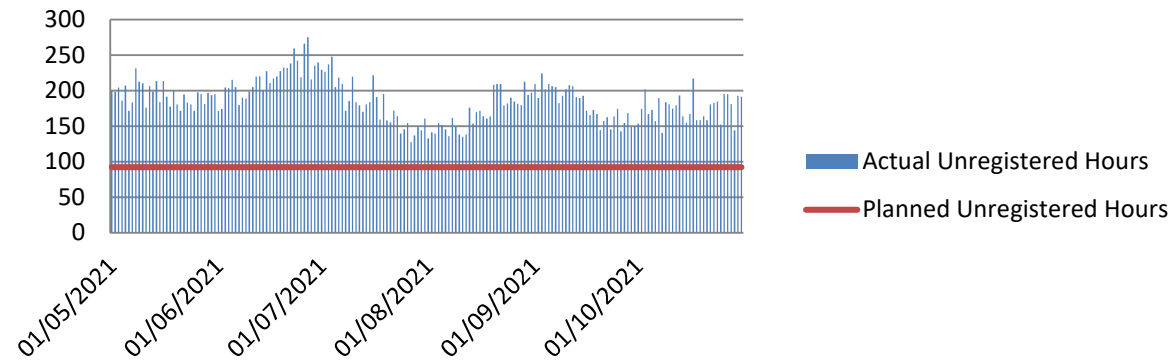
Staffing: Nursing, Care Staff and AHPs

Ward name	Cumulative count over the month of patients at 23:59 each day	Day				Night				Allied Health Professionals	
		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	82	62%	120%	-	-	103%	100%	-	-	-	-
3 WOODLAND SQUARE	97	91%	162%	-	100%	100%	319%	-	100%	-	-
ASKET CROFT	527	97%	80%	-	-	110%	100%	-	-	100%	-
ASKET HOUSE	381	103%	76%	-	-	99%	100%	-	-	100%	-
BECKLIN CAU	156	88%	118%	100%	-	100%	134%	100%	-	100%	-
BECKLIN WARD 1	660	93%	245%	-	-	101%	303%	-	-	100%	-
BECKLIN WARD 3	650	73%	202%	100%	100%	92%	166%	100%	100%	100%	100%
BECKLIN WARD 4	635	71%	173%	100%	-	106%	170%	100%	-	100%	100%
BECKLIN WARD 5	653	90%	154%	100%	-	100%	160%	-	-	100%	100%
LITTLE WOODHOUSE HALL	178	100%	98%	100%	-	87%	97%	100%	-	100%	100%
MOTHER AND BABY AT PARKSIDE	166	78%	73%	100%	-	64%	125%	100%	-	100%	-
NEWSAM WARD 1 PICU	283	72%	129%	-	100%	64%	171%	-	-	100%	100%
NEWSAM WARD 2 FORENSIC	344	79%	135%	-	-	131%	138%	-	-	100%	100%
NEWSAM WARD 2 WOMENS SERV	201	91%	73%	-	-	100%	100%	-	-	100%	100%
NEWSAM WARD 3	296	76%	122%	-	-	104%	105%	-	-	100%	100%
NEWSAM WARD 4	558	85%	169%	100%	100%	102%	163%	100%	100%	100%	-
NEWSAM WARD 5	504	85%	99%	-	-	85%	115%	-	-	100%	-
NEWSAM WARD 6 EDU	223	111%	219%	-	-	151%	155%	-	-	100%	-
NICPM LGI	210	86%	103%	-	-	55%	123%	-	-	100%	-
THE MOUNT WARD 1 NEW (MALE)	407	136%	238%	-	-	75%	324%	-	-	-	-
THE MOUNT WARD 2 NEW (FEMALE)	402	125%	203%	100%	100%	75%	285%	100%	100%	-	-
THE MOUNT WARD 3A	626	61%	174%	100%	100%	103%	234%	100%	-	-	-
THE MOUNT WARD 4A	674	105%	183%	-	-	100%	335%	-	-	-	-
YORK - BLUEBELL	247	109%	66%	100%	100%	97%	100%	-	-	-	100%
YORK - MILL LODGE	235	104%	120%	100%	100%	84%	122%	-	-	100%	100%
YORK - RIVERFIELDS	217	54%	103%	-	-	126%	120%	-	-	100%	100%
YORK - WESTERDALE	323	74%	136%	-	-	107%	146%	-	-	100%	100%

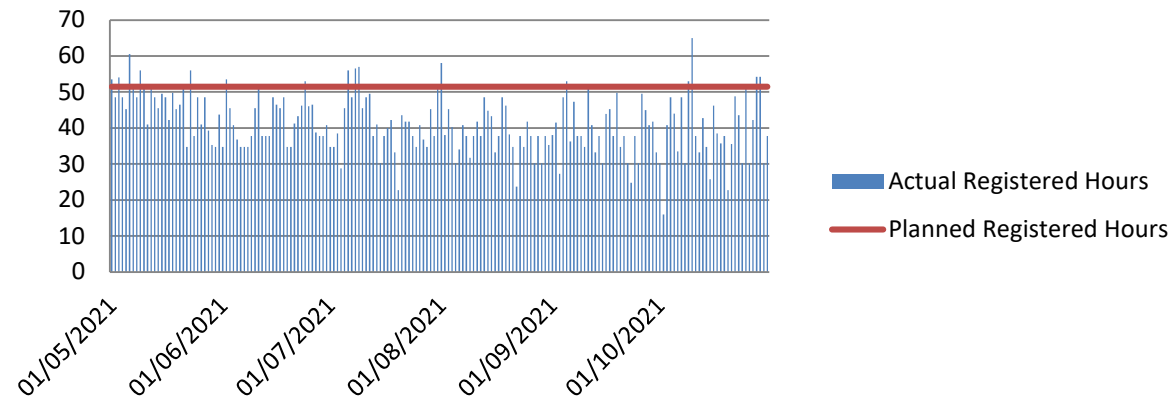
**Appendix C Data demonstrating the planned versus actual staffing hours for unregistered and Registered staff (RN).**



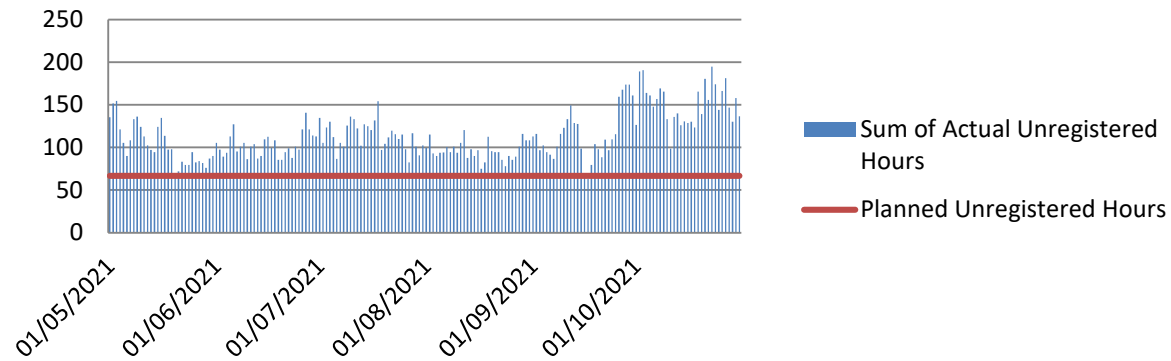
### The Mount Ward 2 Planned Vs Actual (Unregistered)



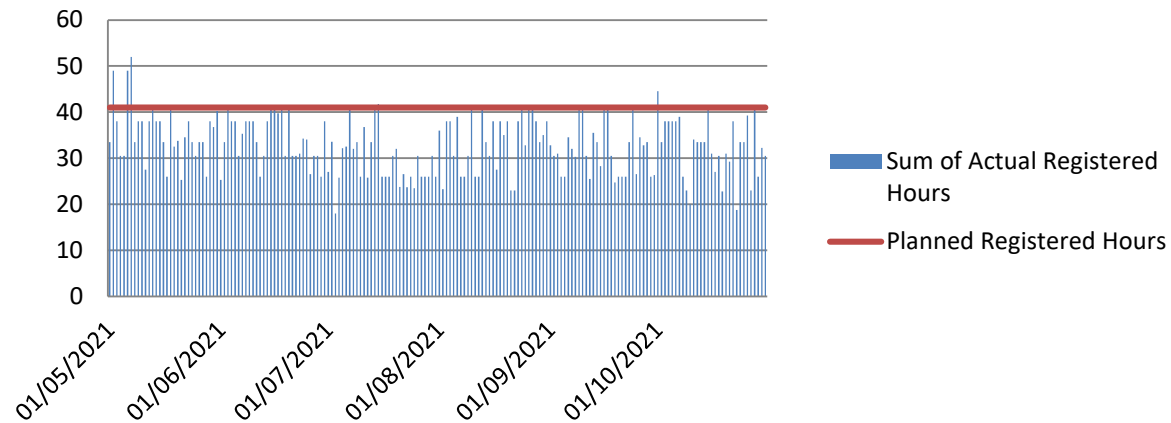
### The Mount Ward 2 Planned Vs Actual (Registered)



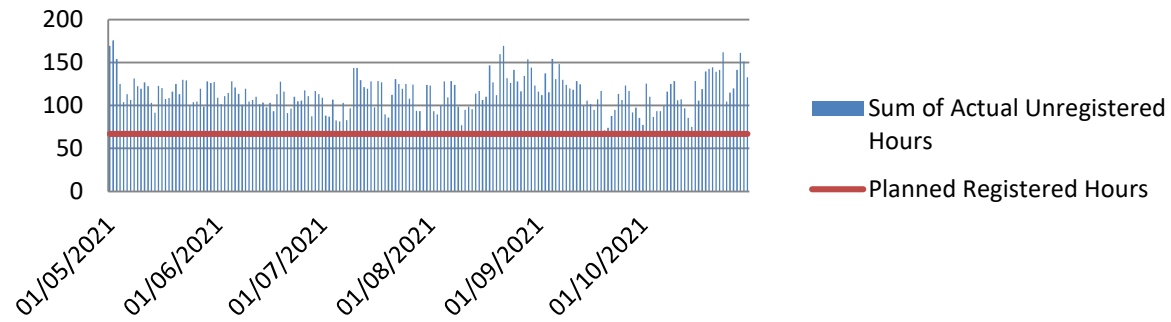
### The Mount Ward 3 Planneed Vs Actual (Unregistered)



### The Mount Ward 3 Planned Vs Actual (Registered)



### The Mount Ward 4 Planned Vs Actual (Unregistered)



### The Mount Ward 4 Planned Vs Actual (Registered)

