

**LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST
PUBLIC MEETING OF THE BOARD OF DIRECTORS
will be held at 9.30 am on Thursday 19 May 2022
in the Hemmingway Room, St George's, 60 Great George St, Leeds LS1 3DL**

A G E N D A

		LEAD
1	Sharing stories – A service user's experience of addiction and the support received from the gambling service (verbal)	
2	Apologies for absence (verbal)	SP
3	Declarations of interests and any declarations of conflicts of interest in any agenda item (enclosure)	SP
4	Minutes of the meeting held on 31 March 2022 (enclosure)	SP
5	Matters arising (verbal)	
6	Actions outstanding from the public meetings of the Board of Directors (enclosure)	SP
7	Chief Executive's report (enclosure)	SM
8	Report from the Chair of the Quality Committee for the meetings held on 12 April and 10 May 2022 (enclosure)	JB
9	Report from the Chair of the Workforce Committee for the meeting held on 14 April 2022 (enclosure)	HG
10	Report from the Chair of the Mental Health Legislation Committee for the meeting held on 3 May 2022 (enclosure)	SW
11	Report from the Chair of the Audit Committee for the meeting held on 19 April 2022 (enclosure)	MW
12	Report from the Chair of the Finance and Performance Committee for the meetings held on 26 April 2022 (enclosure / verbal)	CHe
13	Report from the Chief Operating Officer (enclosure)	JFA
14	Chief Financial Officer's Report (to follow)	DH
15	Safer staffing report (enclosure)	CW
16	Freedom to Speak Up update and annual report (enclosure)	John Verity

17	Guardian of Safe Working Hours – quarterly report (enclosure)	CHos
18	Approval of the final version of the Trust’s Green Plan (enclosure)	DH
19	Approval of the updated Constitution (enclosure)	CHill
20	Approval of the updated Scheme of Delegation (enclosure)	CHill
21	Ratification of the Terms of Reference for the Nominations Committee (enclosure)	CHill
22	Use of Trust Seal (verbal)	SP
23	Any other business	

The next meeting of the Board will held on Thursday 28 July 2022 at 9.30 am
Create@1 room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR

Declaration of Interests for members of the Board of Directors

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

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Cathy Woffendin Director of Nursing, Quality and Professions	None.	None.	None.	None.	None.	None.	None.	None.
Joanna Forster Adams Chief Operating Office	None.	None.	None.	None.	None.	None.	None.	Partner: Director of Public Health Middlesbrough Council and Redcar and Cleveland Borough Council Partner: Chair 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>
Darren Skinner Interim Director of Human Resources	Director Skinner Consulting Ltd.	None.	None.	None.	None.	None.	None.	None.

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NON-EXECUTIVE DIRECTORS								
Susan Proctor Non-executive Director	Director 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.	Chair Day One Charity <i>Holistic support for patients and families affected by major trauma.</i>	None.	None.	Chair Adult Safeguarding Board, North Yorkshire	None.
John Baker Non-executive Director	None.	None.	None.	None.	None.	Professor University of Leeds	None.	None
Helen Grantham Non-executive Director	Director, Entwyne Ltd <i>Provides HR and OD consultancy and services which include projects, advice, recruitment support</i>	Sole owner, Entwyne Ltd <i>Provides HR and OD consultancy and services which include projects, advice, recruitment support</i>	None	None	None	None	None	Partner: Director 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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Cleveland Henry Non-executive Director	Director 63 Argyle Road Ltd. <i>Property Management Company.</i>	None	None	Trustee 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	Group Delivery & Deployment Director EMIS Group (Digital Health sector) <i>Provider of healthcare software, information technology and related services in the UK.</i>	Partner: Lead Cancer Nurse Leeds Teaching Hospitals NHS Trust
Merran McRae Non-executive Director	Director Finnbo Ltd <i>Management consultancy</i>	None.	None.	Trustee 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> Trustee The Hepworth Gallery <i>Art Gallery</i> Trustee Yorkshire Sculpture Park <i>Independent charitable trust and registered museum.</i>	None. .	None. .	None.	Partner: Director Finnbo Ltd <i>Management consultancy</i>

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Susan White Non-executive Director	Non-executive Director 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.
Martin Wright Non-executive Director	None.	None.	None.	Trustee 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 31 March 2022 at 9:30 am. This meeting was held virtually

Board Members

Dr 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	
Miss M McRae	Non-executive Director	
Dr S Munro	Chief Executive	
Mr D Skinner	Interim Director for People and Organisational Development	
Mrs S White	Non-executive Director	
Mrs C Woffendin	Director of Nursing, Quality and Professions	
Mr M Wright	Non-executive Director (Senior Independent Director)	

Apologies

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 G Enright	Senior Finance Manager
Mrs R Pilling	Carer Coordinator, Patient and Carer Experience Team (for minute 22/019)
Ms A Khan	Service user (for minute 22/019)
Ms J Tiffen	Service user (for minute 22/019)
Four members of the public observed the meeting (including one governor)	

Action

22/019

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

Sharing Stories (agenda item 1)

Ms Aya Khan and Ms Jen Tiffen introduced themselves and advised that they had been involved in the Community Mental Health Transformation Project for a number of months; using their lived experience to inform the development of the service. Mrs Pilling first gave a short presentation setting out the background and context of the project and some of the risks and benefits and also the intended outcomes.

Ms Khan and Ms Tiffen then spoke about their reasons for getting involved and their experience of co-production and co-design within the project, adding that this had mostly been positive. However, they also spoke about some of their experiences of co-production which hadn't worked as well, where they felt their involvement was tokenistic and then explained the impact this could have on a person's mental health and self-esteem.

Ms Kahn and Ms Tiffen then outlined some of the things that would assist with mental health service transformation including: co-production genuinely involving and listening to service users; staff having an opportunity to share their lived experiences; respect for people involved rather than this being tokenistic; opportunities for career pathways into services for service users to increase the number of people providing care who have personal experience of mental ill health; and peer learning being provided in conjunction with people within the third sector.

Ms Tiffen then invited members of the Board to attend a weekly focus group. There was interest from a number of Board members, and it was agreed they would provide their contact details so attendance across a number of meetings could be facilitated.

All

The Board then discussed the issues raised. It noted that whilst there were pockets of good practice there were still some barriers to genuine service user involvement and that it would take a culture shift to address this. The Board also noted the importance of clinical training incorporating an element of understanding patients' personal experiences in order to inform the way they care for people with mental ill health in the future. Mrs Woffendin agreed to contact Ms Tiffen and Ms Khan to talk about how they might become involved in sharing their experiences with the nurse training programme.

CW

The Board **thanked** Ms Kahn and Ms Tiffin for their insightful presentation and discussion on co-production and on their experience of being involved in the Community Mental Health Transformation project.

22/020

Apologies for absence (agenda item 2)

Apologies were received from Prof John Baker, Non-executive Director; and Mrs Dawn Hanwell, Chief Financial Officer. It was noted that Mr Gerard Enright was attending the meeting in the absence of Mrs Hanwell.

22/021

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

It was noted that the Board's declaration of interests had been updated and provided in the agenda pack for information. It was also noted that no member of the Board declared a conflict in any agenda item.

22/022

Minutes of the previous meeting held on 27 January 2022 (agenda item 4)

The minutes of the meeting held on 27 January 2022 were **received** and **agreed** as an accurate record.

22/023

Matters arising (agenda item 5)

Mr Skinner provided an update on the proposed VCoD (Vaccination as a Condition of Deployment) legislation, noting that this had now been repealed. He noted that the proposed legislation had caused some level of distress within the workforce and that staff had been supported where needed.

Dr Proctor noted that in terms of the governors, and ahead of face-to-face meetings resuming, there was a piece of work to ask governors to self-declare they were fully vaccinated in order to protect people at the meeting and ensure a safe working environment. Mr Skinner assured the Board that he had been working with Mrs Hill on this matter.

Miss McRae asked if there had been any concerns raised in relation to people coming into contact with staff who were not vaccinated given it was not now a mandatory condition of employment. Mr Skinner advised that nothing had been raised with him by members of staff. He added there had been some national guidance that a person's vaccination status was personal and confidential information which the organisation could not disclose to a third party, and that information about individuals' vaccination status would not be made widely available.

22/024

Actions outstanding from the public meetings of the Board of Directors (agenda item 6)

Dr 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.

Dr Munro noted that the Terms of Reference for the National COVID Inquiry had been published and that predominantly the focus would be on national bodies. However, she noted that work was ongoing in the Trust to make preparations, should Mental Health Trusts be asked to provide information.

The Board **received** the cumulative action log and **noted** the content.

22/025

Report from the Chief Executive (agenda item 7)

Dr Munro presented her Chief Executive's report and drew particular attention to the COVID infection rates which she noted were rising in the city. She also noted that outbreaks and risks of infection within services were being closely managed.

Dr Munro reported that work in relation to reset and recovery was ongoing and that a new Hybrid Working Policy was due to be launched in May, which would sit alongside the COVID secure and Infection Prevention Control requirements across Trust sites.

With regard to the rising cost of living and increasing fuel costs, Dr Munro noted that this had been discussed in terms of the support and information

that can be offered to staff; including the implementation of the higher living wage.

Dr Munro also advised that during the course of her visits to services, some of the concerns raised by staff were in relation to the number of vacancies and availability of staff. She noted that the conversations she was having with service leaders included what the areas of focus need to be; what innovations are available to make changes and work in a different way; and what can be done in partnership with other organisations. It was also noted that Executive Director/ Non-executive Director service visits would resume shortly and these would be face to face, but that the Non-executive Director / Governor visits would remain virtual for the present time until there was further guidance on keeping people safe.

The Board discussed the impact of rising living costs on the ability to recruit and retain staff. Dr Munro outlined the discussions that had taken place about the type of support that could be put in place to support staff. With regard to the reimbursement of staff travel costs, Mr Enright noted that the rates paid were set nationally but these were due to be reviewed in the coming weeks; adding that this might affect the amount that can be paid to staff for mileage.

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

22/026

Report from the Chair of the Quality Committee for the meetings held on 10 February and 8 March 2022 (agenda item 8)

The Board received the Chair's reports from the Quality Committee meetings that had taken place on 10 February and 8 March 2022. In particular it noted the pressures being faced by the Community Mental Health Teams and the risks this posed to the quality of care that can be provided. It was noted this was a theme throughout many services in the Trust and would feature in the various Executive Directors' reports.

Dr Proctor noted the report indicated that NHS England's non-recurrent autism recovery funding was due to end on 31 March 2022, and that this funding had been used to launch secondments for three nurses and two psychiatrists, which increased the clinical capacity of the service and allowed clinical staff from other areas to develop autism expertise. Dr proctor asked what was being done to secure further funding and protect these seconded posts. Mrs Forster Adams advised that a business case had been presented to the Financial Planning Group where it was agreed that the secondments would continue for the foreseeable future.

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

22/027

Report from the Chair of the Workforce Committee for the meeting held on 17 February 2022 (agenda item 9)

Miss Grantham presented the Chair's report from the Workforce Committee meeting that had taken place on 17 February 2022. In particular she drew attention to:

- The development of the Workforce performance report
- The Medical Strategy which had been received by the committee, noting this would be useful marketing tool to support medical recruitment

Mrs White asked whether the Workforce Committee had agreed how often it would meet and whether it would increase the number of meetings. Miss Grantham advised that the forward plan would be considered at the April meeting which would inform how often it might need to meet. However, she added the committee should remain strategic and that it had a high degree of assurance on the new governance structure within the People and OD Directorate, noting that the level of assurance this provided would inform the regularity of committee meetings.

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

22/028

Report from the Chair of the Mental Health Legislation Committee for the discussion held on 1 February 2022 (agenda item 10)

Mrs White noted the committee did not meet formally on 1 February, but that as a result of the updates provided it had received significant assurance on the progression of work and the way in which operational pressures were being managed during the recent surge of COVID.

Mrs Woffendin noted that the CQC would be interested in the level of Human Rights Training that had been provided to staff and asked if there was a date for this training taking place. Mrs White agreed to follow this up with the Mental Health Legislation Team.

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

22/029

Report from the Chair of the Finance and Performance Committee for the meetings held on 21 February and 29 March 2022 (agenda item 11)

Mrs White presented the Chair's report from the Finance and Performance Committee meetings that had taken place on 21 February and 29 March 2022. In particular she drew attention to:

SW

- The challenging circumstances which were having an impact on service delivery, including: lack of staff capacity, higher levels of acuity, rising service user demand, and financial pressures for the year ahead, noting that these factors were impacting on the implementation of some of the actions relating to the reset and recovery programme.
- Indicative capital funding allocations for next year being less than the Trust's requirements, leading to a prioritisation of schemes
- A review of the Cyber Security Dashboard and assurance there were no unmitigated risks in this area. Mrs White added that the Trust had recently invested in additional products to enhance cyber protection, which were being rolled out in a phased way.

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

22/030

Report from the Chief Operating Officer (agenda item 12)

Mrs Forster Adams presented her Chief Operating Officer's report, noting that this had been scrutinised by the Board sub-committees. She then drew attention to the key points in the report including system pressures and recovery planning, outlining the four key themes that had been identified as part of that work; and the level of demand for Trust services, noting the amount of work carried out to look at how this can be managed.

Mrs Forster Adams then detailed those services that were experiencing an increased amount of pressure, namely the Community Mental Health Teams, the Older Adult Service and the Forensic Inpatient Service. She then explained some of the specific issues leading to pressures within services including staffing vacancies and staff absences, then detailed the plans to address these issues.

Dr Proctor noted the multi-agency event that had taken place and asked about the level of involvement of primary care. Mrs Forster Adams assured the Board that primary care was linked into the work. Mrs Forster Adams also provided assurance on how partners would be held to account in terms of the outcomes of this work.

Miss Grantham noted the guidance in relation to *Living with COVID*, she sought to understand the impact this would have on capacity and asked whether this had been built into plans for the delivery of services. She also recognised the pressures around recruitment of clinical staff and asked if there was sufficient change improvement capacity. The Board recognised that it needed to have further discussions about what future service provision might be, in light of the pressures in the system. Mrs Forster Adams agreed to bring a report back to the private Board that set out some of the thoughts around future plans for service provision within the most challenged services so the Board could consider these.

JFA

Mr Wright noted that the report identified risks and what actions were being taken to address these, noting the assurance this report provided. He then drew attention to system working and observed this seemed to be focused on

the acute trusts, noting the need to ensure that mental health was brought to the fore in discussions wherever possible.

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

22/031

Chief Financial Officer's Report (agenda item 13)

Mr Enright presented the Chief Financial Officer's Report advising that 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. He added that whilst the Trust was not being monitored against the usual external metrics for cash and liquidity, the cash position remained strong with a cash balance of £119.8m, and liquidity was strong with cover for 132 days operating expenses. He then explained the main areas in the report.

Dr Proctor suggested that it might be helpful for Non-executive Directors, in particular, to have an understanding of what was going to be included in the financial plan for 2022/23; and in due course it might be helpful for there to be a workshop for governors as well. The Board supported this suggestion and it was agreed that this would be picked up with Mrs Hanwell to look at the timing of sessions for the Board and the Council of Governors.

DH

Dr Proctor also noted that the Finance and Performance Committee had looked at the financial report in detail and invited members to comment. Mrs White noted that the committee had been advised the financial rebasing exercise had been designed to put the Trust in a realistic position going forward. However, she noted that the exercise had not yet delivered the expected outcomes and this had contributed to some of the issues highlighted in the paper. The Board noted the difficulties that rebasing budgets can pose and the culture shift that was needed for this practice to be embedded.

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

22/032

Director of Nursing Quality and Professions Report (agenda item 14)

Mrs Woffendin presented the Nursing, Quality and Professions report and highlighted: the ongoing progress in regard to Clinical Governance; the Mental Health Units (Use of Force) Act 2018 and the work related to the reduction of restraint; the Triangle of Care in particular the meeting for the second part of the 2-star accreditation process; the COVID vaccination and booster plan; and activity related to safeguarding practice and the request to support and contribute to the Local Authority Ofsted ILACS inspection.

Dr Proctor drew attention to the trauma informed training and levels of uptake and asked if it would be possible to provide this training for Board members. Board members were asked to indicate if they would be interested in receiving such training.

All

With regard to the Ockenden Report, Dr Proctor asked if the learning set out in the report had been reviewed to look at where this might be applied in the Trust. Mrs Woffendin explained that points of learning in the draft report, which had been released earlier, had been reviewed and any points of learning had been shared with the Perinatal Service. She also agreed to share this report with the Quality Committee.

Mrs White asked about the practice of restraint and how this was monitored in relation to organisations the Trust contracts with, for example private transport providers. Mrs Woffendin agreed to look into this further.

CW

The Board **received** the Director of Nursing Quality and Professions Report and **noted** the content. It also **agreed** to sign up to the Restraint Reduction Pledge.

22/033

Safer staffing report (agenda item 15)

Mrs Woffendin reported there had been 10 breaches within the reporting period, explaining that this was where a registered nurse had not been on duty at the time. She added that these occurrences had happened at a time when the Trust was dealing with the impact of the pandemic, including a high level of staff sickness, annual leave absences, vacancies and staff being deployed into other services. However, she noted that she fully supported the decisions of the operational managers in how these breaches were managed.

In regard to these breaches, Mrs Woffendin reported that seven were at Asket Croft / Asket House, noting these were rehabilitation units and as such low risk in terms of the impact from this type of breach, adding there were no patient safety issues caused as a result of these. She then explained that two were at the Mount and a nursing associate provided cover during this period which was the safest way to have managed this. Mrs Woffendin reported that the breach at the Riverfields Unit was due to illness at short notice and staff on the unit stayed for an extended shift to ensure this breach did not impact on the safety of patients.

Mrs Woffendin provided assurance that she, Mr Skinner and Mrs Forster Adams had convened a task and finish group to look at vacancies and what actions were being taken to recruit to these and what innovative ways these might be addressed. The Board noted the assurances provided by the report on the actions being taken.

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

22/034

Medical Director's report (agenda item 16)

Dr Hosker presented the Medical Director's Report and drew out some of the main points. He talked about the challenges within the workforce in terms of the recruitment and retention of doctors. He then reported on the high number

of locum doctors that were being used as a result of these challenges. Dr Hosker then reported that the Medical Strategy had been received at the Workforce Committee which set out the future plans for the medical workforce, including plans to ensure there was diversity within the medics.

Miss Grantham asked if the Trust offered opportunities for locum staff to convert to substantive staff. Dr Hosker confirmed that the Trust offers opportunities to be employed substantively, but the conversion rate was not high because agency doctors have often made a lifestyle choice to work on an agency basis.

Mr Wright drew attention to the forensic medical staff at the Clifton Unit being wholly agency and asked if this was a matter of concern and what had led to this position. Dr Hosker indicated that this was a reflection of a national issue and the shortage of not only psychiatrists, but forensic psychiatrists adding this was not a new issue.

Dr Proctor drew attention to the change in the Specialty Doctors' Contract, noting that some doctors were opting out or were not being assimilated. She asked if this was something that was being raised at an ICS level with the newly appointed Medical Director. Dr Hosker commented that this was a personal choice for the doctors and that from an organisational perspective did not pose a particular risk as the majority of the Trust's doctors had transferred over. However, Dr Proctor suggested that this might become a problem if members of the medical workforce were working across a number of partners in the ICS. Mr Skinner suggested that this was something that could be explored with partners.

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

22/035

Guardian of Safe Working Hours – quarterly report (agenda item 17)

Dr Hosker then presented the Guardian of Safe Working Hours quarterly report, noting that within the reporting period there had been three exception reports but that these had generated no patient safety issues, adding that these exceptions were as a result of a single incident.

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

22/036

Non-executive Director Champions (agenda item 18)

Dr Proctor reported that in December 2021, NHS England / Improvement released a guidance document entitled '*Enhancing board oversight: a new approach to NED champion roles*'. She explained that the guidance set out a new approach to ensuring Board oversight of important issues by discharging the activities and responsibilities previously held by NED champions through committee structures.

	Mr Wright noted that the Chair of the Quality Committee was most impacted by the proposed changes. Dr Proctor agreed to pick this up with Prof Baker and also Frances Healey (Associate Non-executive Director) who would be chairing the Quality Committee from September onwards once she transitions to a substantive NED.	
	The Board received and supported this approach and agreed that it would be reviewed on an annual basis. Mrs Hill agreed to add this to the Board's cycle of Business.	CHill
22/037	<p>Board Assurance Framework (BAF) (agenda item 19)</p> <p>Dr Munro presented the Board Assurance Framework noting this had been updated and represented the most up to date position. She also noted that some of the dates in the paper and in the BAF were incorrect, which Mrs Hill agreed to change.</p> <p>Miss Grantham advised that it had been agreed at the Workforce Committee to split Strategic Risk 2 into two risks which would be reflected in the future versions of the BAF. Dr Munro noted there was a Board workshop scheduled for June where all the Strategic Risks would be revisited and this could be further discussed at that session.</p> <p>The Board received the Board Assurance Framework and noted the content.</p>	CHill
22/038	<p>Ratification of the Terms of Reference for the Remuneration Committee (agenda item 20)</p> <p>The Board received and considered the Terms of Reference for the Remuneration Committee. It also agreed one further amendment which was that the approval of the VSM Pay Policy should be delegated to the Remuneration Committee. Mrs Hill agreed to make this change to the Terms of Reference.</p> <p>The Board ratified the amended Terms of Reference and agreed delegated authority for the approval of the VSM Pay Policy.</p>	
22/039	<p>Chair's report from the West Yorkshire Mental Health, Learning Disability and Autism (MHLDA) Committee-in-Common meeting 26 January 2022 (agenda item 21)</p> <p>It was agreed that the Children and Young People's Mental Health Strategic Plan would be circulated to members of the Board.</p>	SM

The Board **received** and **noted** the Chair's report from the WYMHLDA Committee in Common meeting.

22/040

The use of the Trust seal (agenda item 22)

The Board noted the Trust seal had not been applied since the last meeting.

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

22/041

Any other business (agenda item 23)

There were no other items of business.

22/042

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 12:45 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.

Cumulative Actions Report for the Public Board of Directors' Meeting

OPEN ACTIONS

**AGENDA
ITEM**

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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>Report from the Chief Operating Officer (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>Sara Munro / Cath Hill</p>	<p>Date to be confirmed</p>	<p>ONGOING</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>Sharing Stories (minute 22/019 - agenda item 1 – March 2022)</p> <p>NEW - Ms Tiffen then invited members of the Board to attend the weekly focus group. There was interest from a number of Board members, and it was agreed they would provide their contact details so attendance across a number of meetings could be facilitated.</p>	<p>All</p>	<p>Management action</p>	<p>COMPLETED</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
Sharing Stories (minute 22/019 - agenda item 1 – March 2022) NEW - Mrs Woffendin agreed to contact Ms Tiffen and Ms Khan to talk about how they might become involved in sharing their experiences with the nurse training programme.	Cathy Woffendin	Management action	COMPLETED The Patient Experience Team has been asked to obtain contact details to progress. Also contact made with colleagues at Health Education England to ask for this to be progressed so it can be added to the curriculum
Report from the Chair of the Mental Health Legislation Committee for the discussion held 1 February 2022 (minute 22/028 - agenda item 10 – March 2022) NEW - It was noted that the CQC would be interested in the level of Human Rights Training that had been provided to staff and asked if there was a date for this training taking place. Mrs White agreed to follow this up with the Mental Health Legislation Team.	Sue White	Management action	COMPLETED This was raised at the MHLC meeting
Director of Nursing Quality and Professions Report (minute 22/032 - agenda item 14 – March 2022) NEW - With regard to trauma informed training Board members were asked to indicate if they would be interested in receiving such training so a session could be arranged.	All / Cathy Woffendin	Management action	No requests received to date

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>Director of Nursing Quality and Professions Report (minute 22/032 - agenda item 14 – March 2022)</p> <p>NEW - Mrs White asked about the practice of restraint and how this was monitored in relation to organisations the Trust contracts with, for example private transport providers. Mrs Woffendin agreed to look into this further.</p>	<p>Cathy Woffendin</p>	<p>Management action</p>	<p>COMPLETED</p> <p>Emma Oldham Fox is taking this forward</p>
<p>Non-executive Director Champions (minute 22/036 - agenda item 18 – March 2022)</p> <p>NEW - The Board agreed that the list of NED Champions would be reviewed on an annual basis. Mrs Hill agreed to add this to the Board's cycle of Business.</p>	<p>Cath Hill</p>	<p>Management actions</p>	<p>COMPLETED</p>
<p>Chair's report from the West Yorkshire Mental Health, Learning Disability and Autism (MHLDA) Committee-in-Common meeting 26 January 2022 (minute 22/039 - agenda item 21 – March 2022)</p> <p>NEW - It was agreed that the Children and Young People's Mental Health Strategic Plan would be circulated to members of the Board.</p>	<p>Sara Munro</p>	<p>Management action</p>	<p>COMPLETED</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>Report from the Chief Operating Officer (minute 22/030 - agenda item 12 – March 2022)</p> <p>NEW - Mrs Forster Adams agreed to bring a report back to the private Board that set out the some of the thoughts around future plans for service provision within the most challenged services for the Board to consider.</p>	<p>Joanna Forster Adams</p>	<p>July and September Board of Directors' Board meetings</p>	<p>Older Adult's Services will be presented to the July Board meeting and all others will be presented to the September Board meeting</p>
<p>Chief Financial Officer's Report (minute 22/031 - agenda item 13 – March 2022)</p> <p>NEW - The Board agreed that Mrs Hanwell would look at the timing of sessions for the Board (including the Associate NEDs and individuals who were with the Trust on the Insight Programme) and the Council of Governors in regard to a workshop to look at the detail in the financial plan.</p>	<p>Dawn Hanwell</p>	<p>Dates to be confirmed</p>	<p>Work is ongoing to look at when these sessions can be scheduled</p>
<p>Chief Executive's report (minute 21/121 - agenda item 8 – November 2021)</p> <p>Dr Munro agreed to bring a report to the 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>Sara Munro</p>	<p>May Board of Directors' meeting</p>	<p>COMPLETED</p>
<p>Freedom to Speak up Guardian Report (minute 21/122 - agenda item 7 – November 2021)</p> <p>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>John Verity</p>	<p>May Board of Directors' meeting</p>	<p>COMPLETED</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>Report from the Chair of the Finance and Performance Committee for the meeting held on 27 September 2021 (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.</p>	<p>Cath Hill (Dawn Hanwell)</p>	<p>July Board of Directors' meeting</p>	
<p>Safe staffing report (22/015 - minute agenda item 14 – January 2022)</p> <p>Mrs Woffendin advised safe staffing levels in community teams was something that the Safer Staffing Team could look at for the next 6-monthly report.</p>	<p>Cathy Woffendin</p>	<p>July 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>Sharing Stories (minute 22/001 - agenda item 1 – January 2022)</p> <p>It was noted that a number of questions had been put into the Zoom chat function and it was agreed these would be shared with Dr Davidson and responses circulated to members of the Board.</p>	<p>Kerry McMann</p>	<p>Management action</p>	<p>COMPLETED</p>
<p>Report from the Chair of the Finance and Performance Committee for the discussion held on 25 January 2022 (minute 22/012 - agenda item 11 – January 2022)</p> <p>Prof Proctor noted that guidance had been received on NED Champions and that a paper on this would be presented at the March private Board meeting to show how the Trust meet this guidance.</p>	<p>Sue Proctor / Kerry McMann</p>	<p>March Board of Directors’ meeting</p>	<p>COMPLETED</p>
<p>Report from the Chair of the Quality Committee for the meetings held on 12 October and 9 November 2021 (minute 21/129 - agenda item 9 – November 2021)</p> <p>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>	<p>Joanna Forster Adams</p>	<p>Management action</p>	<p>COMPLETED</p>

**AGENDA
ITEM**

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MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Chief Executive's Report
DATE OF MEETING:	19 th May 2022
PRESENTED BY: (name and title)	Dr Sara Munro – Chief Executive
PREPARED BY: (name and title)	Dr Sara Munro – Chief Executive

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

EXECUTIVE SUMMARY

The purpose of this paper is to inform the Board of Directors on some of the activities of the Chief Executive which are undertaken to support the delivery of the Trusts strategic objectives and other important matters for the Board to be apprised of.

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 note the content of the report.

MEETING OF THE BOARD OF DIRECTORS

19th May 2022

Chief Executive's Report

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

1. Our Services and Our People

Over the last two months we have seen increasing stability across our clinical services as rates of covid have diminished. With the easing of the national restrictions for our community and outpatient care teams combined with our new hybrid working policy all teams are being encouraged to work together to develop the best ways of working for themselves and those they are providing services too.

Our community mental health service for adults remains in business continuity and a detailed presentation was provided to the Council of Governors earlier this month setting out how that is being managed coupled with the community transformation plans. Another service to note in terms of ongoing challenges is our older adult inpatient services at The Mount. We met with the leadership team earlier this month to discuss the plans they are proposing to ensure they can deliver a better and more sustainable service which ensures a much more robust skill mix to meet patient needs. As these plans are still being worked up in detail more will be shared with the board in the private meeting.

Board members will have seen the latest CEO blog which focused on the ongoing service visits. Since the last board meeting, I have been to Red Kite View which is now fully operational across the acute ward and the PICU. The team are making significant progress in their collective development as a new service and networking with other units to share learning and learn from others. I also visited the Mother and Baby Unit which has been operating from Parkside Lodge for 2 years now. The team are looking forward to returning to their original ward at The Mount which is expected later this year. The team shared the impact of covid on the women and families they are supporting and how they are managing this. The easing of the community restrictions will help them resume some of the vital face to face work to support the mums and their wider families. As with previous service visits – feedback regarding redeployment was consistent and teams are being encouraged to find time to reconnect especially as we have a period of relative stability over the next few months.

From June our gold command meeting will reduce to monthly, and the primary focus will be on our reset and recovery work to ensure we are all sighted on the progress as well as issues and challenges. A clear and consistent message from NHSE is that true reset and recovery can only be achieved if there is a genuine focus on tackling the inequity in access to health and care services. Ring fenced monies are being allocated to Integrated Care Systems to focus on the 5

key areas of health inequalities – important for us is this includes addressing the mortality gap for people with Learning Disability and Serious Mental Illness

The next phase of the Organisational Development work we are doing on creating a culture of collective leadership is now moving into its next phase. A wide selection of leaders have so far taken part in focus groups and one to one coaching sessions. We will be holding workshops in June to go through the learning to date and our aim is to hold this face to face. It is recognised that across individual and in teams there are differences in knowledge and skills so the next phase will be about tailoring the interventions, developments, and opportunity. The work is being jointly led by our Organisational Development and Continuous Improvement team.

2. Our Partnerships

Leeds Place Based Partnership

Interviews take place on the 12th May to appoint an independent chair for our place-based partnership. A verbal update will be provided at the board meeting.

The Board received an update from Tim Ryley at the strategic session in May on the work to date in Leeds as we establish a different way of working/collective accountability as health and care partners. Chief Executives and accountable officers from NHS organisations and the local authority took time out on the 10th May to do detailed work on the ambitions for the place-based partnership for the next 5 years. We agreed we needed a plan that is informed by the needs of our local populations, tackles inequity in access, improves early identification and demonstrates improved outcomes and service transformation. Further time out is planned to agree how we will work together so we can ensure we have the right working arrangements in place and allocation of skills/people/resources.

Outstanding Children's Services in Leeds

Children's services in Leeds have retained their outstanding rating with Ofsted following a comprehensive inspection that took place in February this year. The results could not be published until after the local elections and the council have paid particular thanks to all partners who help make children's services outstanding.

Election Results

We thought it would be helpful to update the board on the outcomes of the May local elections.

Leeds

All 33 wards in the city were contested and one councillor elected per ward (except Horsforth and Roundhay wards where two seats were contested and two councillors subsequently elected in each), the new make-up of the city council is as follows:

Overall political composition (99 seats in total):

Labour: **58** seats

Conservative: **21** seats

Liberal Democrats: **7** seats

Morley Borough Independents: **6** seats

Garforth and Swillington Independents Party: **3** seats

Green: **3** seats

Social Democratic Party: **1** seat

Following the election, Labour remains in control of Leeds City Council.

York

The next local elections for **York** are not due to be held until May 2023.

Overall political composition (47 seats in total):

Liberal Democrats: **21** seats

Labour: **17** seats

Conservative: **2** seats

Green: **4** seats

Independent: **3** seats

North Yorkshire

North Yorkshire residents voted for who they want to represent them among the 90 councillors who will be elected to 89 new divisions. In July 2021, the Government announced that a new single council would be formed to deliver all services across North Yorkshire on the footprint of the current county council. This single council replaces the eight current authorities. The 90 councillors voted in this May will serve the final year of the county council and will then be the voice of the people for the first four years of the new single council. District and borough councils will remain until 1 April 2023, and the councillors serving those organisations will continue in their roles until that date.

Overall political composition (90 seats in total):

Conservative: **47** seats – takes majority control

Labour: **12** seats

Liberal Democrats: **12** seats

Independent: **13** seats

Green: **5** seats

Other: **1** seat

3. Queens Speech – Health Related Announcements

The Queens speech contained a number of announcements related to health and care. For our sector, the most important one is the **Draft Mental Health Act Reform Bill**. In January 2021, the Department of Health and Social Care published a white paper on Reforming the Mental Health Act. The paper set out reforms which build on recommendations made by an independent review in December 2018: Modernising the Mental Health Act: Increasing choice, reducing compulsion. The government consulted on the white paper's proposals from January to April 2021 and published a consultation response in July 2021.

The purpose of this draft Bill is to ensure patients suffering from mental health conditions have greater control over their treatment and receive the dignity and respect they deserve. It will also make it easier for people with learning disabilities and autism to be discharged from hospital. The main elements of the draft Bill are:

- Amending the definition of mental disorder so that people can no longer be detained solely because they have a learning disability or because they are autistic.
- Changing the criteria needed to detain people, so that the Act is only used where strictly necessary: where the person is a genuine risk to their own safety or that of others, and where there is a clear therapeutic benefit.
- Giving patients better support, including offering everyone the option of an independent mental health advocate, and allowing patients to choose their own 'nominated person', rather than have a 'nearest relative' assigned for them.
- Introducing a 28-day time-limit for transfers from prison to hospital for acutely ill prisoners and ending the temporary use of prison for those awaiting assessment or treatment.
- Introducing a new form of supervised community discharge. This will allow the discharge of restricted patients into the community, with the necessary care and supervision to adequately and appropriately manage their risk.
- Increasing the frequency with which patients can make appeals to Tribunals on their detention and provide Tribunals with a power to recommend that aftercare services are put in place.
- Introducing a statutory care and treatment plan for all patients in detention. This will be written with the patient and will set out a clear pathway to discharge.

Further policies of interest include Women's Health Strategy, an update on the Health and Care Levy, Conversion Therapy Bill, Social Care, Procurement Bill, and Housing. A briefing produced by NHS providers will be circulated to Board Members for additional information.

Reasons to be Proud

Team of the Month - Learning Disability Intensive Support Team

"The team was established in 2020 and were immediately hit with a pandemic. We have found new ways of working to support our service users, their families, and carers - even when visiting

face to face wasn't possible and now, we are supporting people to adjust back to a normal life again.

We are a small team of 11 staff who have always been supportive and conscious of each other's wellbeing. We have recently welcomed a new CTM to the team who is fantastic.

"- Nominator





"This was such a lovely entry where throughout Covid, and with the difficulties of setting up as a new team, they have constantly delivered to a high professional standard. Despite this they have been so supportive of each other, focusing on their wellbeing. So, encouraging to read – what a brilliant team!"

Starting a new service in 2020 must have been so challenging but also so critical for those using the service. It is great to hear about the level of support and training in this flexible and adaptable team."

- Judges

Reasons to be proud



 <p>Ben is proud to be selected as a Batonbearer</p> <p>Ben Green, who worked for the Trust as Clinical Team Manager for the Gender ID service, has been selected to be a Batonbearer in the Yorkshire and Humber leg of the Queen's Baton Relay for the Commonwealth Games.</p> <p>Ben medically retired from the Trust in 2020 with terminal cancer. He has since raised over £35,000 for Cancer Research and Macmillan Cancer Support charities.</p> <p>Sending Ben our very best wishes!</p>	<p>A massive thank you to WREN Chair Wendy</p> <p>Wendy Tangen, Clinical Services Inclusion Lead, has recently stepped down after 5 dedicated years building up the Workforce Race Equality Network (WREN).</p> <p>Wendy comments: "It has been a pleasure leading and developing the WREN to its current status. I am most proud of members' confidence to share their lived experiences. I will remain a member of the WREN and will continue to champion its work to meet the trust goals, thank you again for this opportunity."</p> 
<p>Praise for our support services</p> <p>I was heartened to receive some very positive feedback from the clinical teams I have met with about the support they'd been getting from the hundreds of staff who rarely get the spotlight such as those in IT, human resources, estates, logistics – all working together and doing a great job putting solutions in place quickly. So many times, having to move at pace with no set plan, taking risks and adapting over and over again.</p>  <p>Our hashtag #lypfttogether has never been more pertinent.</p>	<p>Lord Mayor gives recognition to colleagues across Health and Social Care</p> <p>Joanna Forster Adams and Wendy Tangen both received awards at the ceremony on Monday for their leadership during the pandemic.</p> <p>Joanna said: "Humbled and touched and very, very appreciated."</p> <p>"Well done Wendy. Much deserved for your commitment and authenticity and determination throughout the pandemic."</p> 

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Dr Sara Munro

Chief Executive

12th May 2022

**AGENDA
ITEM**

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Chair's Report

Name of the meeting being reported on:	Quality Committee
Date your meeting took place:	12 April 2022
Name of meeting reporting to:	Board of Directors – 19 May 2022
Key discussion points and matters to be escalated:	
Issues to which the Board needs to be alerted <ul style="list-style-type: none"> The committee received the ADHD Services Annual Quality Report. It was pleased to hear that, following a discussion at the quality committee meeting on 8 March 2022, non-recurrent funding had been granted for 2022/23 to increase clinical capacity. It acknowledged that this would support the service for one year but would not resolve the significant issues being faced by the service. It questioned whether anything could be done to improve resource for the service at a place level and agreed that a further conversation was needed about the ongoing demand and capacity issues. 	
Issues to advise the Board on: <ul style="list-style-type: none"> No issues to advise the Board on. 	
Things on which the Board is to be assured <ul style="list-style-type: none"> The committee received the Acute Services Annual Quality Report. It noted the vast amount of work carried out by the service during 2021/22, alongside responding to the pandemic. This included: the development of progression routes within the services; progress made with the Acute Care Excellence project; and the implementation of safe wards and safety huddles to reduce violence and aggression. <p>It was also informed that the services had been working with third sector partners through the peer support worker role, noting that the peer support workers had been acting as discharge co-ordinators to support service users to attend benefits and housing meetings. It was pleased to hear that these roles had proven to be successful and noted that a report was due be produced on this. The committee asked that the Board receive an opportunity to review this report once it had been produced.</p> <ul style="list-style-type: none"> The committee received an update from the Professions and Nursing Council which had its first meeting on 11 March 2022. It noted that the council had: agreed its terms of reference; agreed its cycle of business; agreed the priority areas for each professional group; and reviewed the Trust's Nursing Strategy and the progress made with the action plan. 	

- The committee reviewed the Clinical Audit Priority Plan 2022/23. It noted the individuals and governance groups that had been involved in the development of the plan and agreed that it was assured on the priority topics for 2022/23.
- The committee received the Patient Experience and Involvement Progress Report and was assured that despite the challenges faced over the last six months, the Trust had continued to effectively involve, engage and listen meaningfully to service users and carers whilst making progress on the priorities identified in the Patient and Carer Experience and Involvement Strategy. It noted that the three main achievements of the last six months had been: the introduction of the 'Have Your Say' measure; the involvement of service users and carers in the development of a new clinical governance structure; and the work of the Service User Network (SUN).
- The committee received an update on the management of Covid-19 outbreaks across the Trust. It 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.
- The committee reviewed the results of the committee effectiveness questionnaire and was assured that it remained effective. It also reviewed and approved its annual report for 2021/22.

Items to be referred to other Board sub-committees:

- Workforce Committee – Following a discussion on the Patient Experience and Involvement Progress Report, the committee agreed that the workforce committee should have a discussion around recruitment and career pathways for those with lived experience of using mental health and learning disability services.

Report completed by:

Helen Grantham, April 2022

Chair's Report

AGENDA ITEM

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Name of the meeting being reported on:	Quality Committee
Date your meeting took place:	10 May 2022
Name of meeting reporting to:	Board of Directors – 19 May 2022
Key discussion points and matters to be escalated:	
Issues to which the Board needs to be alerted <ul style="list-style-type: none"> No issues to which the Board needs to be alerted. 	
Issues to advise the Board on: <ul style="list-style-type: none"> One issue which is included in the private chairs report. 	
Things on which the Board is to be assured <ul style="list-style-type: none"> The committee received the Working Age Adult Community Mental Health Service Annual Quality Report. It received assurance on the work of the service. Topics of discussion included: care coordination; case load; and community safe staffing. The committee received the Learning Disability Service Annual Quality Report. It received assurance on the work of the service and that the service was embracing the STEEEP criteria. It thanked the service for the work carried out to provide the Covid-19 vaccination to its service users. The committee received an update on the management of Covid-19 across the Trust. It 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. The committee reviewed the Board Assurance Framework and was assured that strategic risks one and two were being adequately controlled. 	
Items to be referred to other Board sub-committees: <ul style="list-style-type: none"> No items to be referred to other Board sub-committees. 	
Report completed by:	John Baker, May 2022

Chair's Report

AGENDA
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Name of the meeting being reported on:	Workforce Committee
Date your meeting took place:	14 April 2022
Name of meeting reporting to:	Board of Directors – 19 May 2022
Key discussion points and matters to be escalated:	
Issues to which the Board needs to be alerted: <ul style="list-style-type: none"> No issues to which the Board needs to be alerted. 	
Issues to advise the Board on: <ul style="list-style-type: none"> The Committee received the Workforce Performance Report which covered data from January 2022. In order to provide the most useful information to the Committee it was agreed that consideration would be given to having a real time performance dashboard presented at future meetings. The Committee agreed topics for its future strategic discussion sessions. One of which would look at managing change in the organisation and would cover cultural aspects relating to digital innovation and staff working environments linked to agile working and the redesign of services. 	
Things on which the Board is to be assured: <ul style="list-style-type: none"> The Committee received a summary of the year one progress with the Trust's People Plan and further detail on the engagement work which was taking place across the organisation since the launch of the Plan. Themes from this engagement work and a summary of the outcomes following the intention setting exercise with managers would come back to the Committee in August. The Committee also received an update on the People Plan Performance Dashboard which was underpinned by metrics in the Staff Survey and received assurance around the monitoring of targets and staff accountability. The Committee received an update on the implementation of the new Learning Management System and received assurance around some of the functionality that would support the delivery of the key themes from the NHS People Promise and the Trust's 	

People Plan. The Committee noted that it was an extension of an existing product which should deliver a more person-centred approach to learning management with improved reporting.

- The Committee received information in relation to the current management development offer and the review that was underway and considered several options to address the professional development of the Trust's managers. The Committee discussed the importance of ensuring staff had the time available to be able to focus on their training and development.
- 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 was pleased to note the success of the Menopause Festival and the national interest it had received. The Committee also discussed the importance of financially supporting the wellbeing agenda as an 'investment to save' using things like the Trust's charitable funds. This could be considered further at the upcoming Trustees meeting.
- The Committee reviewed the Board Assurance Framework and agreed to revisit some of the controls outside of the meeting to see if they could be streamlined.
- The Committee reviewed and approved the Workforce Committee Annual Report ahead of it being submitted to the Board of Directors in June 2022.

Items to be referred to other Board sub-committees:

- No items to be referred to other Board sub-committees

Report completed by:

Helen Grantham
May 2022

Chair's Report

AGENDA
ITEM

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Name of the meeting being reported on:	Mental Health Legislation Committee
Date your meeting took place:	3 May 2022
Name of meeting reporting to:	Board of Directors (19 May 2022)
Key discussion points and matters to be escalated:	
Issues to which the Board needs to be alerted: <p>Unfortunately, the meeting was not quorate following unanticipated absence of members. The meeting went ahead, and decisions made will be formally ratified at the next meeting on Tuesday 9 August.</p>	
Issues to advise the Board on: <ul style="list-style-type: none"> The Committee had been asked to look at the reasons for detaining service users for a long period – for example over 5 years, in order to ensure that meaningful therapeutic treatment was continuing to be provided and that adequate safeguards were in place. This includes service users who are being cared for out of area. It was agreed that the MHL Team will devise a plan for providing assurance on this front, incorporating existing relevant policies and procedures, and identifying whether referral to internal audit might be appropriate. The Committee will review the plan at its August meeting. The Committee requested a report covering CQC readiness in respect of Mental Health Legislation issues generally which will include any lessons learned following the inadequate rating at Norfolk and Suffolk Mental Health Trust. This will be prepared for the next meeting in August. The Mental Health Operational Steering Group is working with the patient experience team to review arrangements for ensuring meaningful service user voice and representation, something which has been lacking in the past. The Committee noted feedback from Mental Health Act Managers about specific equality and diversity challenges involving interpretation and translation, support for deaf and illiterate service users, and those with no recourse to public funds. The Mental Health Legislation Team is ensuring that these concerns are addressed. 	

Things on which the Board is to be assured:

- The MHL Team is preparing LYPFT's response to the Government consultation on the recently published draft Code of Practice for Liberty Protection Safeguarding. Some serious concerns relating to its legality in the context of case law have been identified. In addition, partners at Leeds Place will be responding (LYPFT is involved with this response), as well as individual clinicians and citizens and other interested parties will be encouraged to respond. The consultation ends on 9 July. There is no timetable for implementation of the new arrangements.
- Recent changes to the Use of Force Act are being implemented and information for service users is being co-produced.
- Mandatory MHL training compliance is improving with an 82% compliance rate overall. A first tranche of Human Rights training has been very well received and plans for wider roll-out including to Mental Health Act Managers are being formulated.
- A number of fundamentally defective detentions were identified in the last quarter of 2021/22. They are all related to administrative mistakes by Approved Mental Health Act Practitioners (AMPs). Feedback has been given to Leeds City Council Adult Social Care Team (who employ AMPs). The Committee will be seeking assurance about improvements at its next meeting.

Items to be referred to other Board sub-committees:

None.

Report completed by:

Sue White – 3 May 2022

Chair's Report

AGENDA
ITEM

11

Name of the meeting being reported on:	Audit Committee
Date your meeting took place:	19 April 2022
Name of meeting reporting to:	Board of Directors (19 May 2022)
Key discussion points and matters to be escalated:	
Issues to which the Board needs to be alerted: <ul style="list-style-type: none"> Nothing to alert the Board to 	
Issues to advise the Board on: <ul style="list-style-type: none"> Annual spend on drugs – the committee received a report on the process for monitoring the spend on drugs. It noted that work was ongoing to strengthen that process and agreed a further update report would come back to the committee in July. The audit of Risk Management – the committee noted there was a disconnect between what level of information the Risk Management Policy stated should be presented to the Board and Audit Committee and what the Board and Audit Committee currently receives. The committee will be receiving further advice on this matter at the July meeting. Outstanding Audit Actions – the committee was pleased to note there were only one action that was showing as outstanding, which was partially completed, and commended the work of staff to address the actions. Deferral of audits – the committee approved the deferral of three audits into the 2022/23 plan which were: Staff Wellbeing; Equality (Race and Disability); and Management of Contracts. The committee confirmed that it was satisfied as to the reasons these deferrals had been requested and supported these being made. Health and Safety – it was noted that the Health and Safety Annual Report and the Health and Safety Update Report had been deferred and would be received at the July meeting. 	

Things on which the Board is to be assured:

- **Internal Audit Progress Report** – the committee received assurance from executive directors in respect of two limited assurance reports, namely: Physical Health Monitoring and Disciplinary Grievance Procedures. The committee discussed the actions being taken to address the recommendations and was assured on this. The committee was also assured that Internal Audit would be looking again at these areas to ensure these actions had been implemented.
- **Internal audit annual plan for 2022/23** – the committee received and approved the Internal Audit Plan and the Internal Audit Charter. It noted the Plan for 2022/23 was year three of the Strategic Internal Audit Plan. It also noted that as a Board sub-committee structure, there was a mechanism for committees to highlight and request areas that needed to be added to the Internal Audit Plan as issues arise through the year.
- **Draft Head of Internal Audit Opinion** – the committee received the draft Head of Internal Audit Opinion noting that, based on the work completed so far, a rating of “significant assurance” had been given. The committee also noted that work was on track, and there was a strong indication that the final opinion would also be rated as “significant assurance” and this final report would be received at the June Audit Committee meeting.
- **VFM audit summary** – the committee noted the Trust had completed a risk-assessment questionnaire and had provided the necessary supporting evidence. It was advised that based on this, an initial risk assessment had been carried out by the auditors to identify any areas of risk that need to be focused on. It was also assured that based on that assessment no significant risks had been identified and no recommendations were necessary at this point in time.
- **External audit update report** – an update report was received from the External Auditors and the committee noted that the audit of the annual accounts and annual report was taking place and there was nothing of significance to report at this stage.
- **Registers** – the committee received and reviewed: the Tender and Quotation Exception Report; the Losses and Special Payments Report; the Sponsorship Register; the Hospitality Register and the Gifts Register. The committee was assured on the entries.
- **Board Assurance Framework** – the committee reviewed that BAF and did not make any suggestion for any amendments to the content.

Items to be referred to other Board sub-committees:

- Nothing to refer to other Board sub-committees.

Report completed by:

Martin Wright – 11 May 2022

Chair's Report

**AGENDA
ITEM**

12

Name of the meeting being reported on:	Finance and Performance Committee
Date your meeting took place:	26 April 2022
Name of meeting reporting to:	Board of Directors – 19 May 2022
Key discussion points and matters to be escalated:	
Issues to which the Board needs to be alerted: <ul style="list-style-type: none"> The Committee received an update on the 2022/23 Financial Plan Submission to NHS England / Improvement and noted that the Trust remained reliant on non-recurrent measures and mitigations to deliver a balanced income and expenditure plan for 2022/23. Robust recurrent savings plans would need to be developed in order to propose realistic and affordable budgets to stabilise the financial position beyond 2022/23, when funding would be further reduced, and efficiency expectations would rise. The Committee acknowledged the significant challenges related to this and understood the need for a medium-term financial plan which articulated how the Trust's revenue position would be achieved over time. The Committee also discussed the implications of the Health and Care Bill which would have a significant impact on the Trust's future strategic capital planning assumptions. The Committee agreed that a Board-level discussion on these key areas was needed given the challenging year ahead. As part of the Digital Plan update the Committee discussed some of the cultural and behavioural challenges associated with digital change and it was agreed these issues needed to be considered in more detail at a Board development session. 	
Issues to advise the Board on: <ul style="list-style-type: none"> The Committee received an update on contract development and noted the West Yorkshire Mental Health Learning Disabilities and Autism (MHLDA) Committees in Common had formally agreed the Trust as the lead provider for the Complex Rehabilitation pathway. The new pathway would include the development of a long-term complex needs unit at the preferred location of Parkside Lodge in Leeds with a significant element of the pathway linked to repatriation back into community services supported by the Community Rehabilitation Enhanced Support Team (CREST). The Complex Rehabilitation capital 	

business case was expected to come to the Finance and Performance Committee and the Board in July.

Things on which the Board is to be assured:

- The Committee reviewed the financial position at month 12, noted the achievement of both the capital and revenue target positions for 2021/22 and noted the positive income and expenditure surplus for 2021/22 which was still subject to audit.
- The Committee supported the top three priorities for the Digital Plan which focused on optimising, investing, and integrating. The Committee discussed the importance of having integrated systems which allowed real-time data to be shared between partner organisations, particularly in respect of the community redesign project.
- The Committee reviewed the Thrive by Design business plan and budget for 2022/23 and was assured that good progress was being made. A new Managing Director was in post and the focus for the coming months was on continuing to deliver the Inclusive Digital Transformation programme alongside evaluating the changing priorities in health and care to ensure Thrive by Design was meeting important needs across the country and within the Trust.

Items to be referred to other Board sub-committees:

- No items to be referred to other Board sub-committees.

Report completed by:

Name of Chair and date: Cleveland Henry – 26 April 2022

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

**AGENDA
ITEM**

13

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Report from the Chief Operating Officer
DATE OF MEETING:	19 May 2022
PRESENTED BY:	Joanna Forster Adams: Chief Operating Officer
PREPARED BY:	Joanna Forster Adams : Chief Operating Officer Mark Dodd : Deputy Director of Service Delivery Andrew Jackson : EPRR Lead Alison Kenyon : Deputy Director of Service Development

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		
SO1	We deliver great care that is high quality and improves lives.	<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 type="checkbox"/>

EXECUTIVE SUMMARY
<p>The report sets out the key management, development, and delivery issues across LYPFT Care Services. It is a summary of activity and aims to provide information that is supported by detailed information reports, intelligence, and operational governance arrangements. On a scheduled basis this report will set out a range of updates including those that are regular or standard, periodic or “one off” together with escalations for information or alert. This month, due to the early in the month scheduling of Trust Board and supporting sub committees, the information provided is less detailed, but alerts are included where there are issues emerging that are concerns. This month the report includes:</p> <ul style="list-style-type: none"> • System pressures and recovery planning (update on March COO report) • Update on: Our EPRR position

- Key Service Delivery issues
- Service development update.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

**State below
'Yes' or 'No'**

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

RECOMMENDATION

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

Chief Operating Officer: Trust Board Report May 2022

1. Introduction

The report sets out the key management, development, and delivery issues across LYPFT Care Services. It is a summary of activity and aims to provide information that is supported by detailed information reports, intelligence, and operational governance arrangements. On a scheduled basis this report will set out a range of updates including those that are regular or standard, periodic or “one off” together with escalations for information or alert. This month, due to the early in the month scheduling of Trust Board and supporting sub committees, the information provided is less detailed, but alerts are included where there are issues emerging that are concerns.

This month the report includes:

- System pressures and recovery planning (update on March COO report)
- Update on: Our EPRR position
- Key Service Delivery issues
- Service development update

2. Health and Care System Pressures

2.1. Leeds

As previously reported, we are actively working with health and care system partners as a matter of ongoing urgency to manage demand and support the population of Leeds to receive high quality, responsive, accessible, and timely healthcare.

Our staff and members of the LYPFT Leadership team participated in two events (late March) aimed at determining the key areas of improvement and focus where we can make significant impact in the system response to the sustained level of pressure in the health and care sector. The two improvement and planning events were:

- A MADE (Multi agency discharge event)
- A Care Home partnership event.

The resultant system flow improvement plan was approved in April at the System Resilience and Recovery Assurance Board (SRaRB), whose membership includes city health and care partners Chief officers.

The plan includes system led actions to specifically improve discharges from, primarily, Leeds Teaching Hospitals (LTHT) where:

- Patients have an identified need to go home from hospital (Pathway 1)
- People need support in intermediate care beds to enable their discharge from hospital (Pathway 2)
- People whose discharge from hospital is likely to be a care home as a permanent placement and those waiting for housing (Pathway 3).

In addition, there are breakthrough work programmes established in two key areas. They include:

- Establishing joint bed brokerage service to help improve timeliness of placements (led by the Director of Adult Social Care).
- Improving the way in which we meet the needs of people with dementia with acute/hospital needs (led by LYPFT – specifically the Chief Operating Officer). This work programme is made of in four key parts and includes:
 - The identification and understanding of the needs of people with dementia whose care breaks down at home and they are admitted to LTHT as emergencies. The aim will be to identify the gaps in their care at home or in placements which results in hospital admission. Building services and support which enables people to stay at home where at all possible.

- To develop the Mental Health expertise in (or connected to) the Transfer of Care Hub to facilitate a better, more supported discharge for people with dementia (who are otherwise delayed in LTHT).
- Understand and address the barriers to admission in dementia residential and nursing beds where appropriate for the individual.
- Extend the amount of specialist dementia beds in the city building on the success of The Willows model.
- Progress is overseen by the ICB Accountable Officer, Tim Ryley and by SRaRB. Regular updates will be provided to the LYPFT Trust Board through the Chief Operating Officer report.

3. Emergency Preparedness, Resilience and Response (EPRR) and Incident Management Update

The annual report of our activities related to EPRR will be presented to the Finance and Performance Committee in June 2022 with a full report presented to Trust Board in July 2022. The following therefore provides a brief update on the current Covid19 incident status and current key focus areas within our EPRR arrangements.

3.1. Covid19 Incident Status

At the date of this report the NHS is still in a level 4 national incident. Intense pressure in acute hospitals and delays with ambulance handovers being two of the main drivers for retaining level 4 status.

The Trust has retained an incident management arrangement based on:

- A Strategic (Gold) meeting chaired every two weeks
- A Tactical (Silver) meeting held every Friday
- Operational meetings covering held weekly covering the issues below:
 - Care services
 - Physical health/ Infection Prevention and Control
 - Workforce

- Procurement, Estates and Health Informatics

An announcement, by NHS England, of a move to a level 3 incident would precipitate a review of the arrangements above, and potentially a shift of emphasis to reset and recovery work rather than solely incident response.

3.2 Business Continuity

Business continuity arrangements have been tested several times during the pandemic. This has given the opportunity to evaluate all aspects of the Trust's Business Continuity Management System and make improvements where this is warranted.

Improvements made include:

- A new business impact and risk assessment process that is simpler and quicker for services to conduct.
- A redesigned template for producing plans that concentrates on action cards, flowcharts, and checklists.
- More consideration of triggers in business continuity plans those services need to be aware of as indicators that plan activation may be required.
- From learning from the pandemic, a greater focus on staffing threats to business continuity – consideration of minimum staffing levels and single points of failure within teams.

Some services have already started to use the new documentation to produce revised plans. Feedback so far has been positive.

3.3 Chemical, Biological, Radiological and Nuclear (CBRN) preparedness

All NHS providers have an obligation to aid anyone attending a site who may have come into contact with non-caustic chemicals. While acute hospitals have further obligations around full decontamination facilities, mental health and other community providers including primary care must be able to conduct improvised decontamination.

Improvised decontamination involves facilitating self-decontamination of affected self-presenting members of the public – usually achieved by asking them to disrobe and use paper towel or “blue2 roll to gently wipe any areas of skin and hair free of contaminant.

Training is due to commence in May 2022 for reception staff who will have responsibility for raising the alert that people who may require assistance are attending our premises and for band seven nurses who will be responsible for starting the decontamination process.

3.4 Evacuation and Decant arrangements

The ability to safely evacuate a mental health or Learning disability ward and resettle patients to another safe environment is one of the most challenging aspects of EPRR across all mental health services. Very few Trusts have spare capacity such as decant wards to be able to withstand the loss of a ward to fire or flood damage.

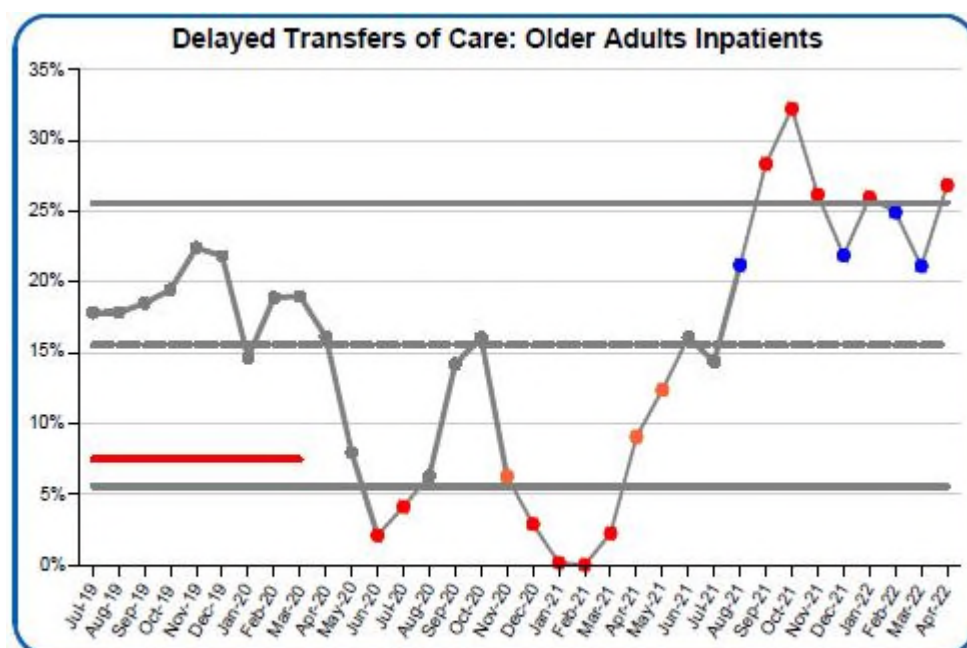
There has been a mutual aid agreement covering Low and Medium Secure services for many years involving all NHS and independent providers in the Yorkshire and Humber region. This agreement is being worked on by EPRR leads from mental health trusts in consultation with NHS England and the provider collaboratives to develop a more comprehensive plan that would be used in any evacuation from Clifton House of the forensic services at the Newsam Centre.

The picture regarding non forensic services is more challenging given that there is no agreement around mutual aid in place. An ICS wide discussion occurred in April 2022 about this issue and the feasibility of a jointly funded decant facility, prompted by a substantial risk on the Trust's risk register. However, the view was that this was not feasible given the current financial climate and an alternative method of managing the risk was needed based on mutual aid.

4. Service Delivery and Performance Key Escalations

Please note that due to the scheduling of the Trust Board this month there are parts of our normal range of data and performance information which are limited in relation to completeness and analysis. The performance report is appended to the main report complete as of 11th May 2022.

4.1. Older Adults (OPS) Delayed Transfers of Care



Local tracking measure: April 26.9%

We continue to collaborate closely with local authority colleagues and have a twice weekly escalation and oversight meeting to monitor all aspects of hospital discharge. In addition to this, the OPS discharge team continue to attend all the ward multi-disciplinary teams (MDT's) which helps to identify potential issues early and act accordingly.

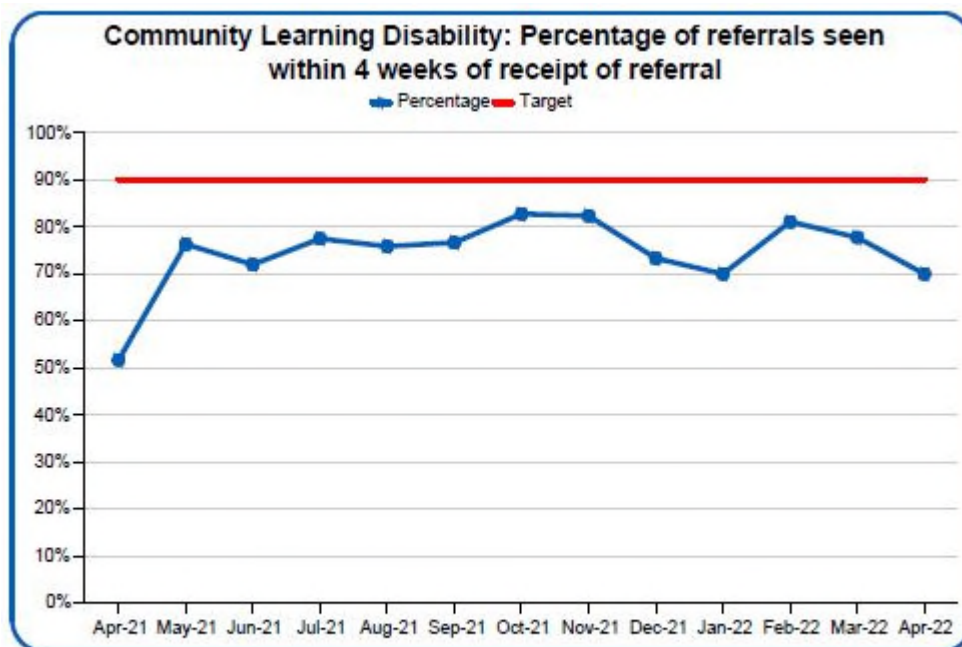
We have seen a slight increase in the numbers of people delayed in hospital recently. This is due to ongoing availability challenges in the care homes sector (as previously reported) and in fewer cases, access to packages of care. We continue to experience delays for very specialist placements for a small number of individuals.

More recently we have started working with the Leeds Teaching Hospitals (LTH) team of Trusted Assessors to further support the transition to care homes in some cases. This is a positive and beneficial development as it was not something we had access to previously.

4.2. Inpatient staffing in Older Adults Services

The sustained level of registered nursing vacancies in this service together with the need for additional staff to support our patients has resulted in longstanding issues of staffing challenges across our Older Adult wards. To continue to provide high quality care we are working together to determine how we might configure and deliver the service in the medium term. We are working with stakeholders, staff, and partners to explore options and are aiming to have an agreed plan in place towards the end of June/early July.

4.3. Access to Learning Disability Community Services (CLDT)

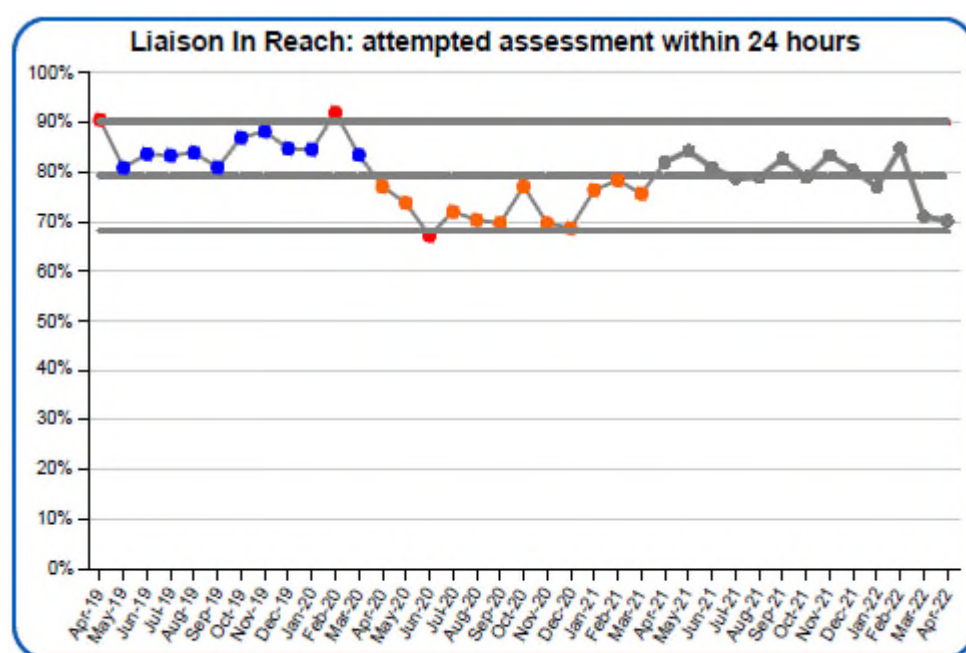


Contractual Target 90%: April 70.0%

Variation in the percentage achievement of the access standard to our CLDT is common due to the small numbers of referrals monthly. However, the wait to assessment target was not met in April, with 69.0% of referrals (against a 90% target), seen within the 4-week timeframe. This equates to referrals of nine people. We have an established way of working which aims to ensure that service users are seen quickly following referral and, in this instance, this proved more complicated due to additional information needed regarding needs and eligibility. We have, in addition, identified a specific issue relating to IQ assessment recording which has now been resolved such that access for five people would have had quicker access well within our standard.

A more problematic issue relates to access to Speech and Language Therapy (SLT) specifically. As previously reported, this team is operated by Leeds Community Trust who operate a different access standard of 6 weeks. We still aspire to and report against the 4-week standard, so this contributed to the non-achievement of the standard this month. We are engaged with our colleagues in LCH to increase the resources available in SLT and are hopeful that we will see improvements soon.

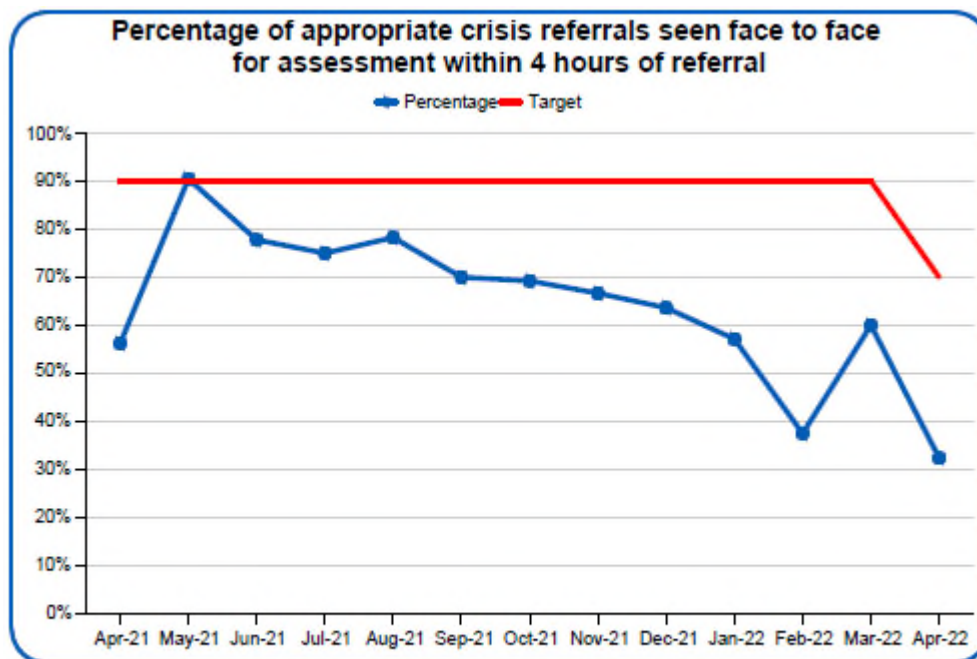
4.4. Older Adults Liaison Team Responsiveness (OPS Liaison)



Contractual Target 90%: April **70.1%**

There has been a further decline in the performance of the Liaison In-reach Service with 70.1% of people seen in LTHT within 24 hrs. Response times for OPS Liaison has been particularly challenging in April due to increased clinical contacts for patients with complex needs. Patient across the Leeds System has also impacted on some patient's length of stay in LTHT and therefore requiring further contacts from the service. (System level improvement actions reported in March and earlier in this report). Additionally, the service prioritises based on clinical need achieving the response standard. When demand for contact is high this will contribute to responsiveness of all referrals (where clearly it will be appropriate to prioritise based on need). We expect that there will be continued variation (dependent upon case mix and demand) which we will keep under review to ensure that the level of capacity in the service is appropriate.

4.5. Acute Crisis Services



Contactual Target 70%: April 32.4%

The percentage of appropriate crisis referrals seen face-to-face for assessment within 4 hours of referral has decreased. The ability to meet this target is dependent upon how quickly referrals can be processed by the Clinical Triage Team in the Single Point of Access. We have carried some staff absence and vacancies in the team but will be fully recruited in June when we are anticipating an improvement in the way we are able to work and respond to people we know need our support most.

We also continue to receive a very high number of calls to our single point of access which we are in the process of ensuring are recorded as routine referrals so that we can more accurately measure our responsiveness to those in crisis. We had anticipated that we would have a solution in place at this point, but it has proved more complicated than first thought. As a result, our Clinical Operations Managers are working with the Informatics Team to accelerate and prioritise this in our schedule of work on Care Director recording.

The percentage of service users seen at least five times in the first week of receiving Crisis Resolution and Intensive Support Service (CRISS) support is a measure of the intensity and active support we are offering to people in a crisis. We are below target this month due to short-term

sickness so are expecting (and now seeing) an improvement in our ability to fully support people from the team delivering intensive support.

4.6. Adult Community and Wellbeing Services

Board members and Governors Council have recently met with the leadership team from our Adult Community and Wellbeing Services. The team shared their plans, support, and approach to service delivery, maintaining quality of care, supporting service users on an individualised basis, and supporting our staff in this extended period of business continuity. As reported since late 2021, we have seen the vacancy level in our staff across this service increase and this has caused challenges which we are actively managing and aiming to stabilise and improve upon.

Encouragingly we are now able to report that we have successfully recruited to a number of roles and are pleased to expand our partnerships to collaborate with Community Links in employing Care Coordinators.

Our leadership team have also shared the work they are doing alongside a broad partnership in Leeds aiming to transform community mental health – in line with the national plan.

The CMH Transformation Programme is making considerable progress toward finalising the delivery model that will be evaluated from July 2022 in three Local Care Partnerships. The process to develop the model is in its last month of development. The models being developed by the broad partnership but internally is anchored in our Trust Wide Clinical Governance Group within LYPFT. The engagement of staff, service users and other stakeholders has commenced, and feedback is being used to further refine the programme.

It is difficult to separate the current operating challenges from the transformation of community services. It is anticipated that the transformation programme will deliver a sustainable long-term model to address the workforce and service delivery challenges we face. There is a risk that due to the current service delivery challenges the community mental health workforce do not engage fully in the development and implementation of the revised service model. To mitigate this the programme team are exploring all options to ensure the level of engagement is optimal and to ensure there are flexible approaches to communication and dissemination of information.

5. Service Development Update

5.1. Service Development

There are a range of service developments underway. The Board has previously received detailed reports and therefore summary updates are provided this month.

5.2. Care Service Strategic Plan

The initial draft of the new strategic clinical plan has been produced and is currently being reviewed. The process has engaged clinical and operational leads, service users and system partners in the development, testing and description of our ambitions and service models for the future. Further development and refinement of the final plan is underway and will be presented to the board at the end of the summer.

5.3. Improving Access to Crisis Services

One of the priorities workstreams within the Leeds Mental Health Strategy is to ensure there is timely access to Crisis services. The Mental Health Collaborative have developed a revised integrated pathway that has been supported by the Mental Health Partnership Board and is proceeding to implementation. The aim is to provide easier access to appropriate assessment and timely interventions from the range of partner organisations that provide services across health social care and third sector partners. There has been strong engagement from LYPFT, service users and other stakeholders within the programme. The ambition is to create integrated care, share information utilising agreed assessment tools and clinical risk management frameworks, providing a consistent compassionate experience for service users and aiding swifter recovery, and improving outcomes for service users. Further updates on the progress of this programme will be brought to the board.

5.4. Service Contract Tenders

There are a number of existing service contracts provided by LYPFT that are due to be retendered, these include the Veterans Services. It is expected that the invitation to tender will be issued at the end of June for the three elements of Operation Courage, these are the Transition & Liaison Service (CNTW are the lead provider, LYPFT are not involved in the delivery of this service), the Complex Treatment Service and the High Intensity Service (for both of which LYPFT

is lead provider). These services will be moved into a single contracting process by NHSE. LYPFT is working with partners on the proposals for this service moving forward.

At the writing of this report, LYPFT was awaiting a decision on the Northern School of Child and Adolescent Psychotherapy contract.

Further updates will be provided to the Board.

6. Summary

The focus of services continues to be responding to the level of need and demand of people needing our services, at the same time as planning for future changes in demand and changes in population need. We are actively working on our plans to address health equity as part of our reset and recovery programme which will be reported comprehensively in late June and in the Trust Board meeting in July.

In terms of service delivery our areas of focus continue to be in our Community and Wellbeing Services and Older Adults inpatient services. Members of Trust Board have met with and discussed plans for Community Services in our Governors Council and more recently at our Quality Committee so that there is awareness, oversight, and assurance on managing the challenges we face – and the impact for our service users and staff.

The plans for sustaining and stabilising our Older Adult inpatient service will be shared in due course as these are currently being developed with internal and external stakeholder and staff. In the meantime, we are focusing on provision high quality care in this service ensuring that staffing levels and additional support is always in place.

The area of concern in month that is highlighted in this report which was not predicted is the challenges in our Adult Crisis provision. The leadership team are working on actions which will ensure that we can confidently and consistently respond and provide support for people in Crisis. This is being managed operationally and escalations and assurance will be provided through our clinical governance arrangements.

Joanna Forster Adams
Chief Operating Officer

Andrew Jackson
EPRR Lead

Mark Dodd
Deputy Director of Service Delivery

Alison Kenyon
Deputy Director of Service Development
May 2022.

Introduction

Key themes to consider this month:

Unless otherwise specified, all data is for April 2022

Consistency and improvement:

Services have continued to be challenged during April with the effects of the pandemic and the associated backlogs being compounded by the business continuity measures instigated across all services in January. The Trust remained in business continuity arrangements with the accompanying incident response structures in place until the second week of February. As anticipated, this has impacted on consistency and performance across the Trust as staff were redeployed and services worked to maintain safe, reliable and effective care with a focus on critical and essential services. In some instances, services are not expecting to see improvement or consistency in terms of performance against key performance indicators into April, and possibly beyond.

Areas where performance has been impacted/are below target are the percentage of appropriate crisis referrals seen face-to-face for assessment within 4 hours of referral, the percentage of service users seen at least 5 times in the first week of receiving Crisis Resolution and Intensive Support Service (CRISS) support, the percentage of assessments attempted by Liaison In-Reach within 24 hours, the percentage of referrals to Community Learning Disability Teams seen within 4 weeks, and the percentage of referrals to the Memory Assessment Service (MAS) seen within 8 weeks.

However, there are some measures that have remained above target despite the circumstances in which teams are operating such as the percentage of referrals to Community Mental Health Teams seen within 15 days, the percentage of referrals to MAS with a diagnosis recorded within 12 weeks and the percentage of inpatient discharges followed up within 3 days.

Workforce:

Both the flu vaccination and COVID booster vaccination programmes are well underway across the Trust. As of 5th May, 93.8% of staff had received their first COVID vaccination dose (3,651 people), and 90.9% (3,535 people) their second dose. As of the date above, 81.3% of eligible staff (2,867 people) had received a booster vaccination. Whilst restrictions at the national level have been 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:

As part of the reset and recovery work, services have been using some of the available national demand and capacity modelling tools. Around a half a dozen services have already started this work and it is providing good insight into the management of waiting lists, the resources required to bring them back to sustainable levels, the length of time it will take to reach a position of recovery to business as usual and has highlighted where more focus is needed on recording of information. Updates on this work are currently being compiled for a presentation to Heads of Operations with plans for the next steps also being proposed. These next steps are likely to include a small number of tracking measures to help services identify when things may be going off plan.

Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Feb 2022	Mar 2022	Apr 2022
Percentage of crisis calls (via the single point of access) answered within 1 minute *	-	69.4%	66.8%	56.7%
Percentage of ALPS referrals responded to within 1 hour	-	68.9%	72.8%	73.9%
Percentage of S136 referrals assessed within 3 hours of arrival	-	14.6%	10.0%	6.5%
Number of S136 referrals assessed	-	48	50	46
Number of S136 detentions over 24 hours	0	5	16	1
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	70.0%	37.5%	60.0%	32.4%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	91.4%	84.7%	93.7%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	50.8%	47.1%	31.7%
Percentage of CRISS caseload where source of referral was acute inpatients	-	17.6%	16.7%	24.8%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Feb 2022	Mar 2022	Apr 2022
Gender Identity Service: Number on waiting list	-	3,358	3,513	3,584
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days **	-	-	-	39.85
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	81.1%	77.8%	70.0%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	95.0%	-	68.8%	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	-	26.7%	-
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)	85.0%	-	69.5%	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	710	-	712	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	-	6.7%	-
Services: Our acute patient journey	Target	Feb 2022	Mar 2022	Apr 2022
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	81.0%	68.8%	80.0%
Crisis Assessment Unit (CAU) length of stay at discharge	-	12.23	15.36	10.54
Liaison In-Reach: attempted assessment within 24 hours	90.0%	84.7%	71.1%	70.1%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	97.3%	99.8%	100.2%
Becklin Ward 1 (Female)	-	101.5%	101.5%	98.9%
Becklin Ward 3 (Male)	-	102.3%	98.5%	100.0%
Becklin Ward 4 (Male)	-	97.7%	100.0%	100.0%
Becklin Ward 5 (Female)	-	95.5%	99.0%	98.5%
Newsam Ward 4 (Male)	-	89.5%	100.2%	104.0%
Older adult (total)	-	83.2%	83.0%	85.5%
The Mount Ward 1 (Male Dementia)	-	67.6%	58.1%	55.3%
The Mount Ward 2 (Female Dementia)	-	82.1%	84.7%	90.9%

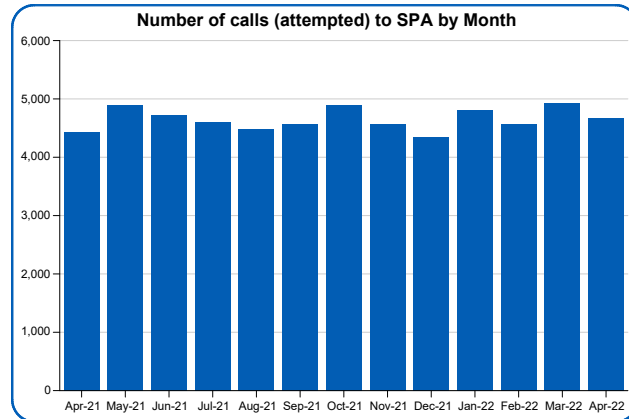
Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Feb 2022	Mar 2022	Apr 2022
The Mount Ward 3 (Male)	-	85.6%	86.4%	92.6%
The Mount Ward 4 (Female)	-	92.0%	95.5%	96.0%
Percentage of delayed transfers of care	-	10.7%	10.0%	12.1%
Total: Number of out of area placements beginning in month	-	5	11	7
Total: Total number of bed days out of area (new and existing placements from previous months)	-	370	430	442
Acute: Number of out of area placements beginning in month	-	3	8	6
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	192	209	245
PICU: Number of out of area placements beginning in month	-	2	3	1
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	94	128	111
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)	-	84	93	86
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90.0%	-	64.7%	-
Services: Our Community Care	Target	Feb 2022	Mar 2022	Apr 2022
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	75.3%	84.2%	85.5%
Percentage of inpatients followed up within 3 days of discharge (CCG commissioned services only)	80.0%	75.6%	86.6%	83.8%
Number of service users in community mental health team care (caseload)	-	4,090	4,010	4,006
Percentage of referrals seen within 15 days by a community mental health team	80.0%	80.9%	76.5%	81.7%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	73.2%	73.4%	77.3%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	67.1%	68.2%	68.3%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	46.2%	55.6%	100.0%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	-	62.6%	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	-	37.9%	-
Services: Clinical Record Keeping	Target	Feb 2022	Mar 2022	Apr 2022
Percentage of service users with NHS Number recorded	-	99.3%	99.2%	99.1%
Percentage of service users with ethnicity recorded	-	77.8%	77.1%	76.8%
Percentage of service users with sexual orientation recorded	-	30.9%	31.0%	31.6%
Percentage of in scope patients assigned to a mental health cluster	-	70.0%	69.5%	69.5%
Services: Clinical Record Keeping	Target	Nov 2021	Dec 2021	Jan 2022
DQMI (MHSDS) % Quality %	95.0%	91.4%	91.2%	90.6%

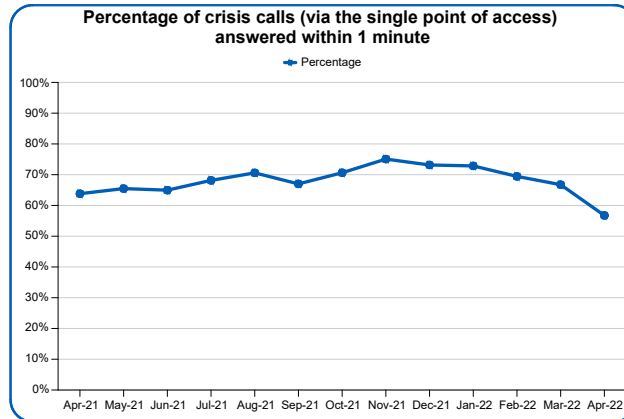
* SPA calls answered within 1 minute includes calls to the 0800 number only from April 2022.

** Reporting of the Deaf CAMHS time to first contact measure has recommenced as of April 2022 following work by the service to resolve some recording issues affecting this indicator.

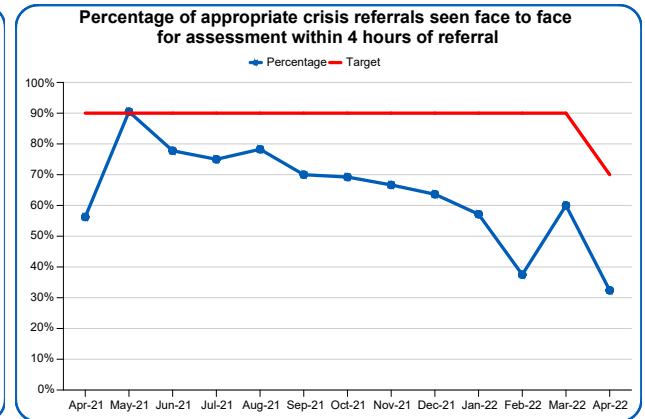
Services: Access & Responsiveness: Our Response in a crisis



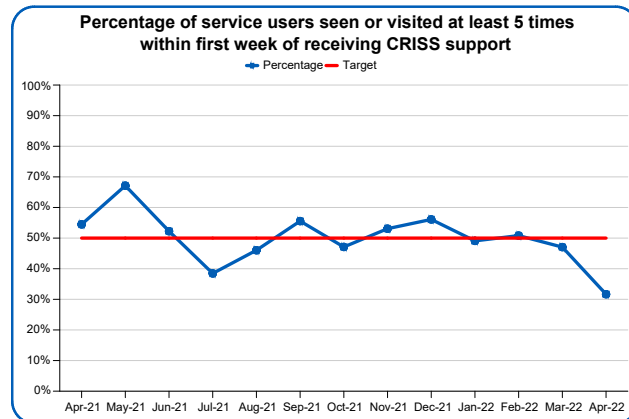
Number of calls : April 4,678



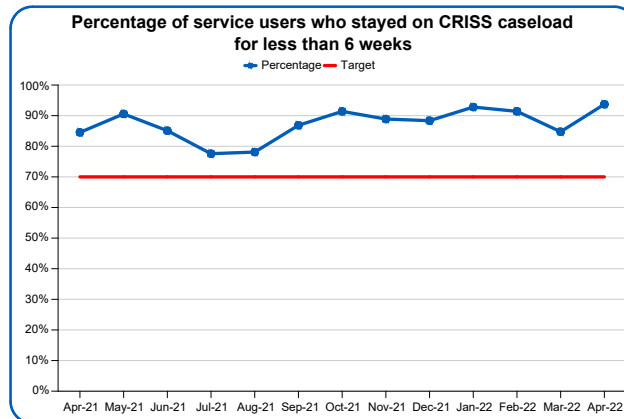
Local target - within 1 minute: April 56.7%



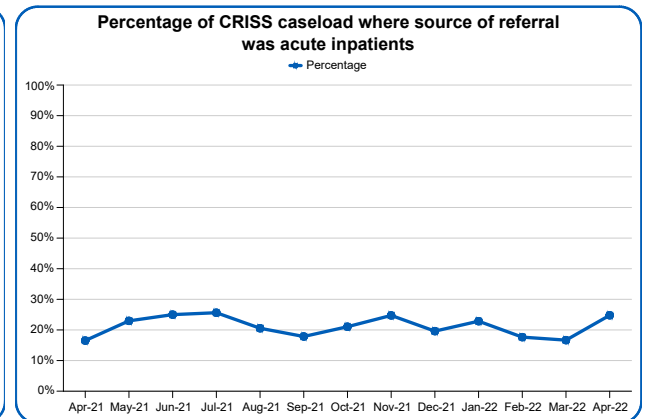
Contactual Target 70%: April 32.4%



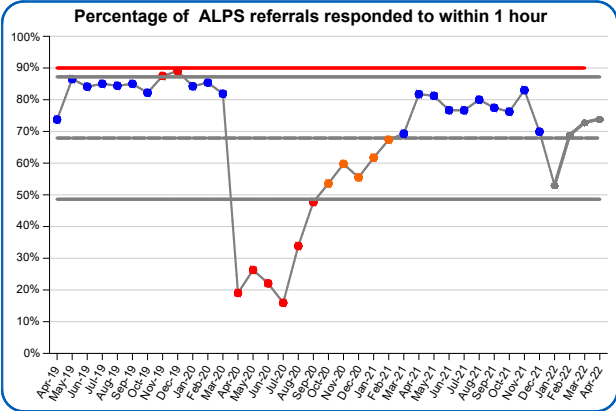
Contractual Target 50%: April 31.7%



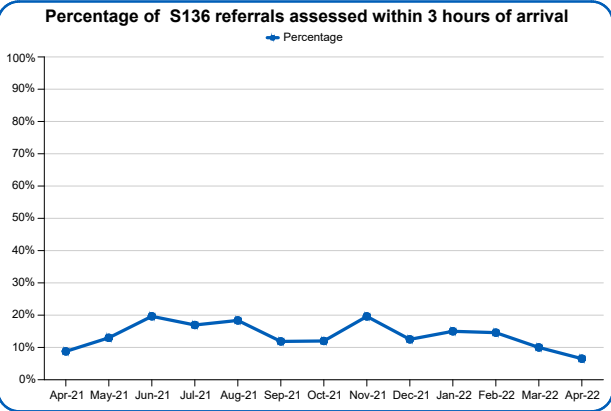
Contractual Target 70%: April 93.7%



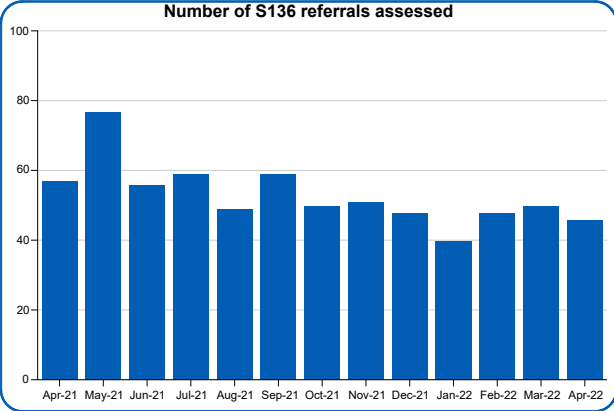
Contractual Target tba: April 24.8%



Contractual Target : April 73.9%



Contractual Target : April 6.5%



Total referrals assessed: April 46

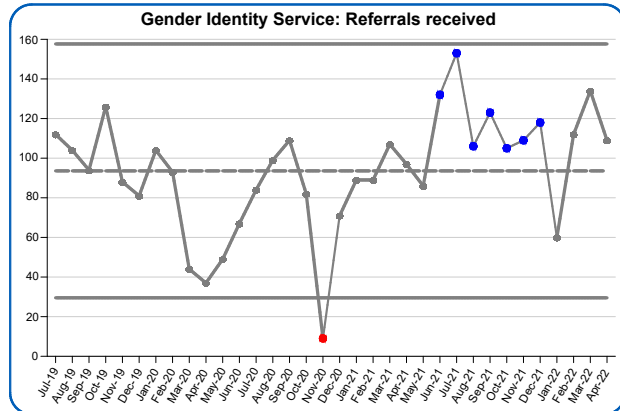
Services: Access & Responsiveness: Our Response in a crisis

There has been a further decline in the performance of the Liaison In-reach Service with 70.1% of people seen in LTHT within 24 hrs. Response times for OPS Liaison has been particularly challenging in April due to increased clinical contacts for patients with complex needs. Patient across the Leeds System has also impacted on some patient's length of stay in LTHT and therefore requiring further contacts from the service. Additionally, the service prioritises based on clinical need achieving the response standard. When demand for contact is high this will contribute to responsiveness of all referrals (where clearly it will be appropriate to prioritise based on need). We expect that there will be continued variation (dependent upon case mix and demand) which we will keep under review to ensure that the level of capacity in the service is appropriate.

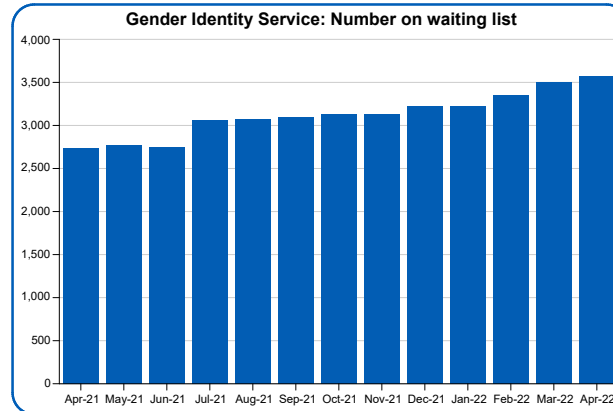
The percentage of appropriate crisis referrals seen face-to-face for assessment within 4 hours of referral has decreased. The ability to meet this target is dependent upon how quickly referrals can be processed by the Clinical Triage Team in the Single Point of Access. We have carried some staff absence and vacancies in the team but will be fully recruited in June when we are anticipating an improvement in the way we are able to work and respond to people we know need our support most.

We also continue to receive a very high number of calls to our single point of access which we are in the process of ensuring are recorded as routine referrals so that we can more accurately measure our responsiveness to those in crisis. We had anticipated that we would have a solution in place at this point, but it has proved more complicated than first thought. As a result, our Clinical Operations Managers are working with the Informatics Team to accelerate and prioritise this in our schedule of work on Care Director recording.

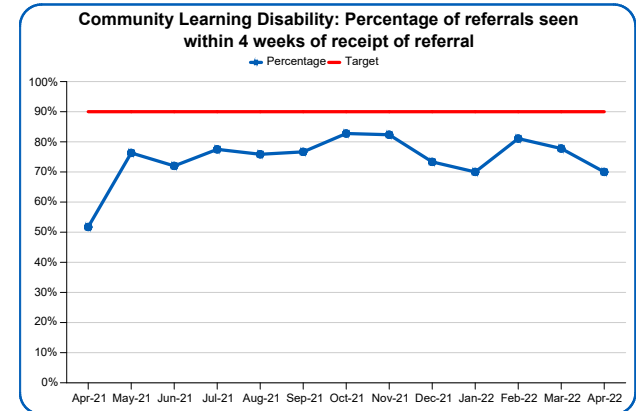
The percentage of service users seen at least five times in the first week of receiving Crisis Resolution and Intensive Support Service (CRISS) support is a measure of the intensity and active support we are offering to people in a crisis. We are below target this month due to short-term sickness so are expecting (and now seeing) an improvement in our ability to fully support people from the team delivering intensive support.



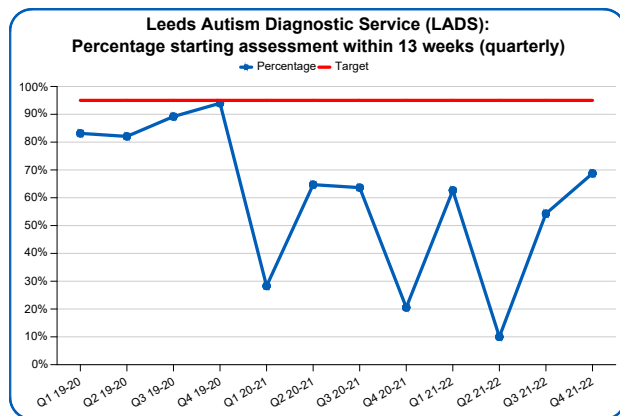
Total referrals: April 109



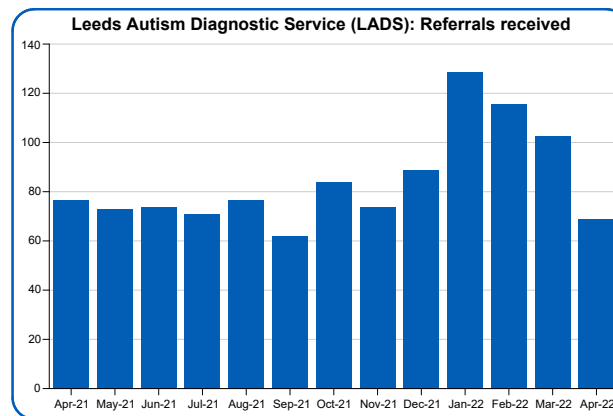
Number on waiting list: April 3,584



Contractual Target 90%: April 70.0%



Contractual Target 95%: Q4 68.8%

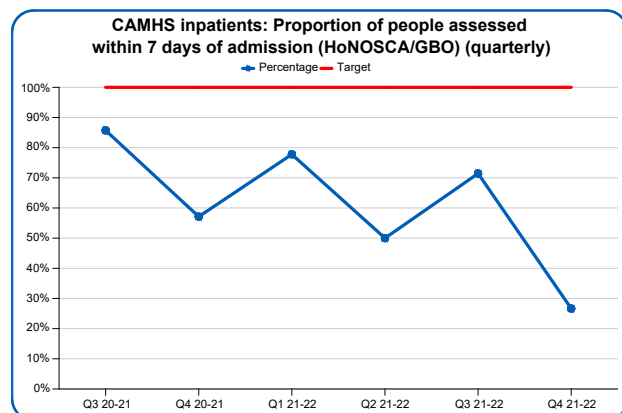


Local measure: April 69

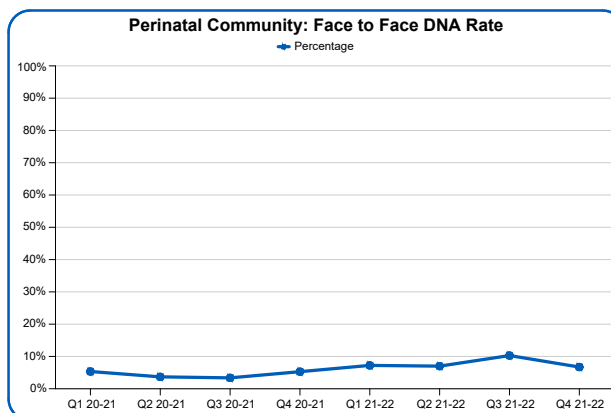
SPC Chart Key

- - - Average
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 - - - Target
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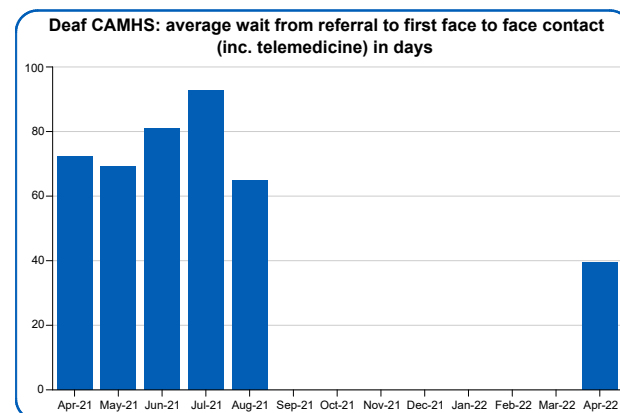
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services (continued)



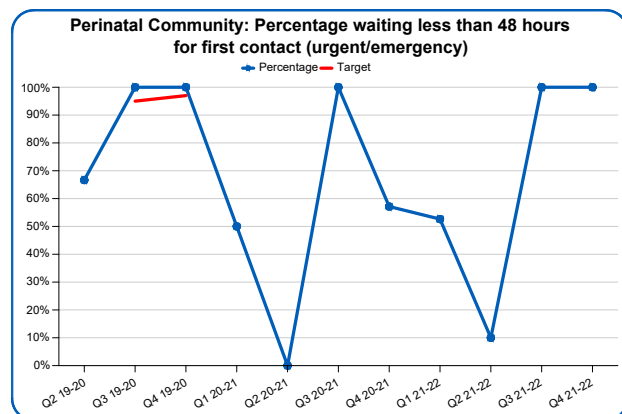
Contractual Target 100%: Q4 **26.7%**



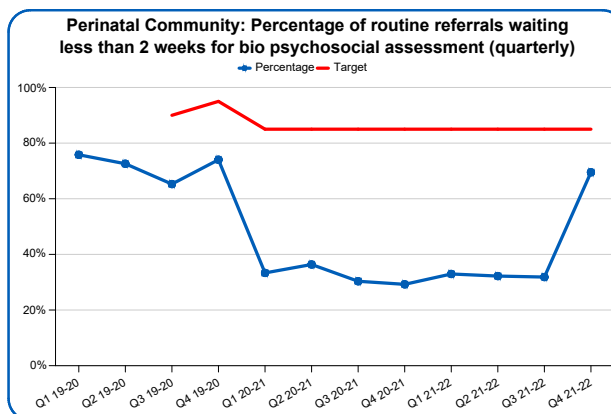
Contractual measure: Q4 **6.7%**



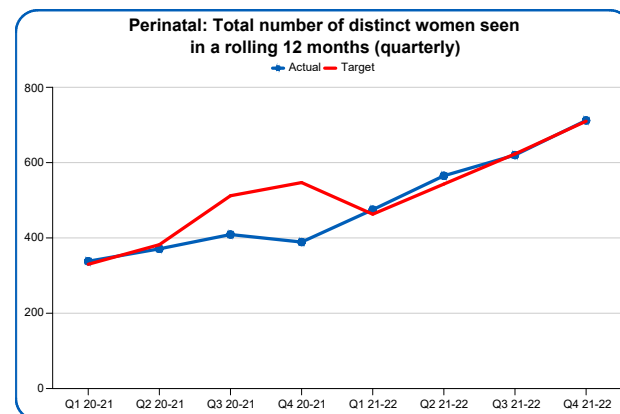
Local measure: April **40**



Contractual Target tba: Q4 **100.0%**



Contractual Target 85%: Q4 **69.5%**



Local measure 710: Q4 **712**

Services: Our Regional and Specialist Services

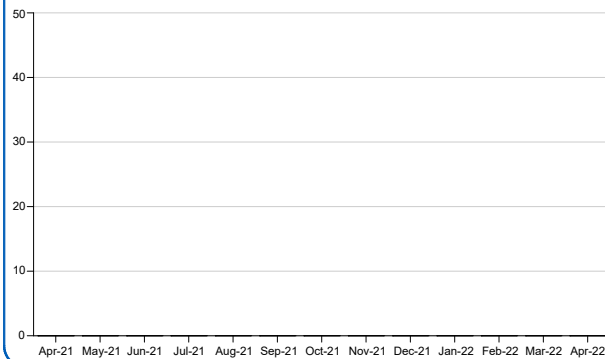
Variation in the percentage achievement of the access standard to our CLDT is common due to the small numbers of referrals monthly. However, the wait to assessment target was not met in April, with 69.0% of referrals (against a 90% target), seen within the 4-week timeframe. This equates to referrals of nine people. We have an established way of working which aims to ensure that service users are seen quickly following referral and, in this instance, this proved more complicated due to additional information needed regarding needs and eligibility.

We have, in addition, identified a specific issue relating to IQ assessment recording which has now been resolved such that access for five people would have had quicker access well within our standard.

A more problematic issue relates to access to Speech and Language Therapy (SLT) specifically. As previously reported, this team is operated by Leeds Community Trust who operate a different access standard of 6 weeks. We still aspire to and report against the 4-week standard, so this contributed to the non-achievement of the standard this month. We are engaged with our colleagues in LCH to increase the resources available in SLT and are hopeful that we will see improvements soon.

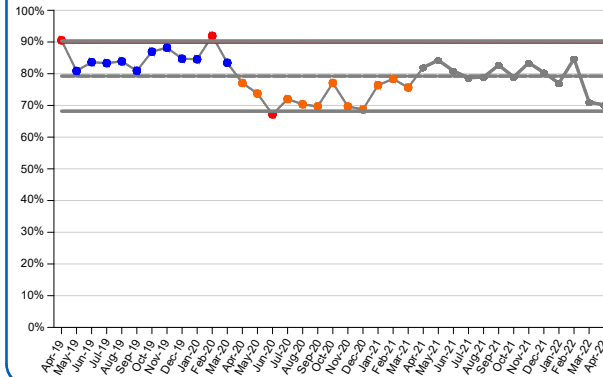
Services: Our acute patient journey

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



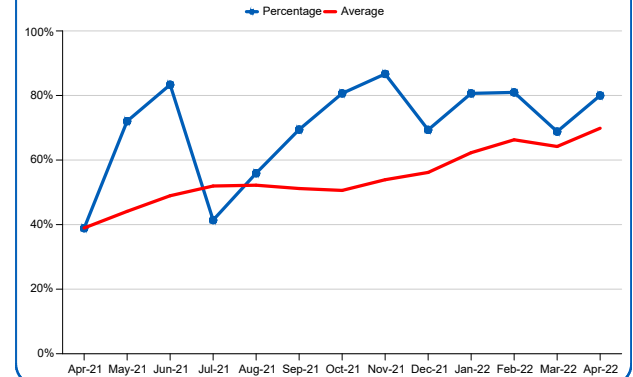
National (NOF) No target : April 0

Liaison In Reach: attempted assessment within 24 hours



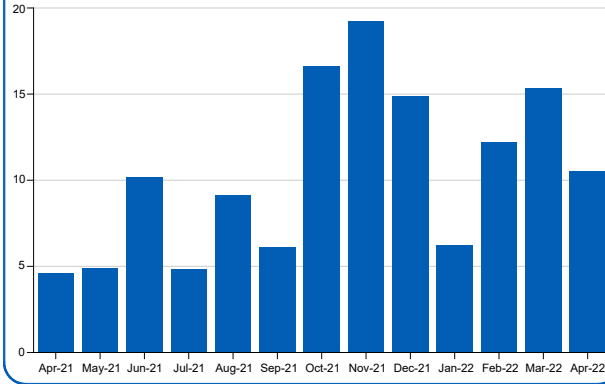
Contractual Target 90%: April 70.1%

Bed Occupancy: Crisis Assessment Unit (CAU)



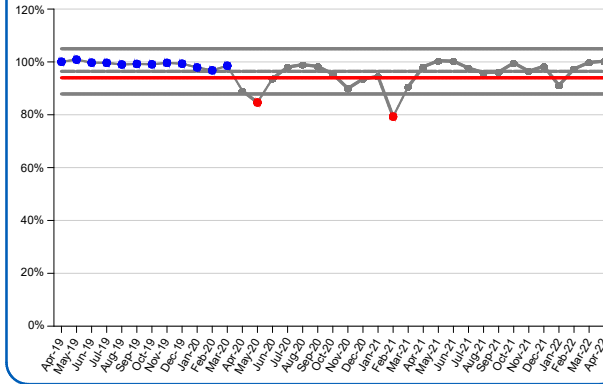
Local measure: April 80.0%

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



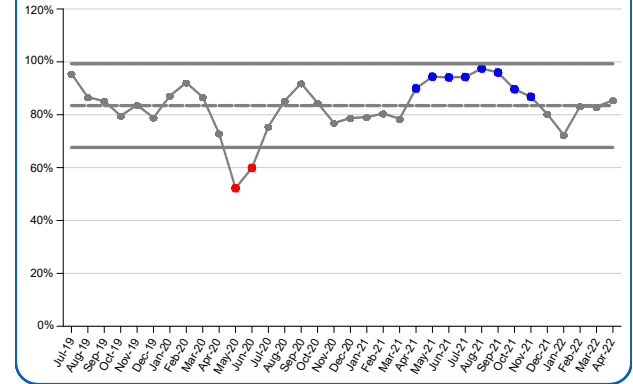
Local measure: April 11 days

Bed Occupancy: Adult Acute Inpatients



Contractual Target 94%: April 100.2%

Bed Occupancy: Older Peoples Inpatients

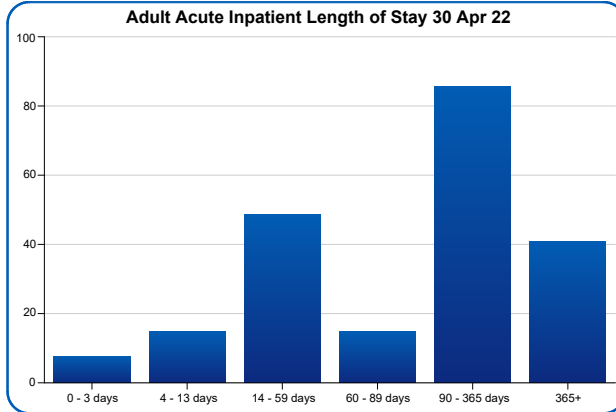


Local measure and target : April 85.5%

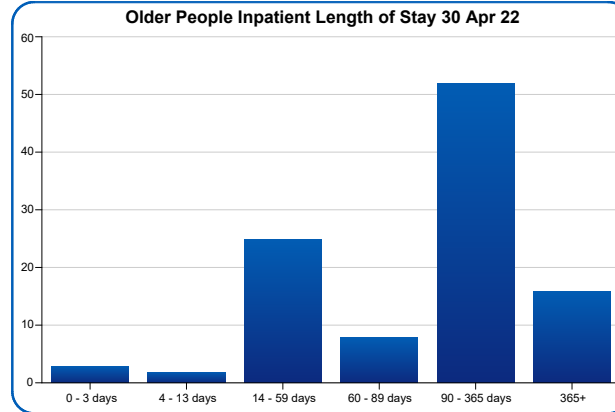
SPC Chart Key

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- Lower process limit
- Actual
- Target

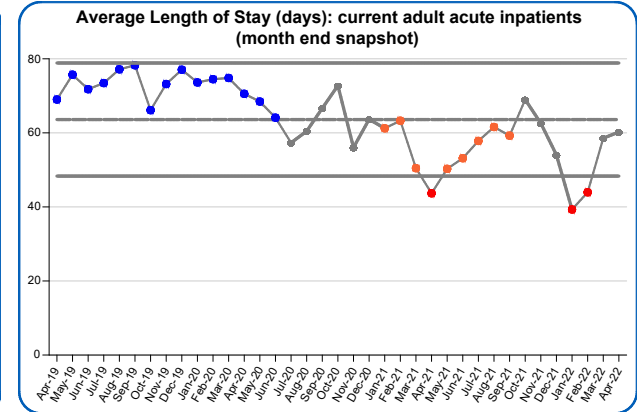
Services: Our acute patient journey (continued)



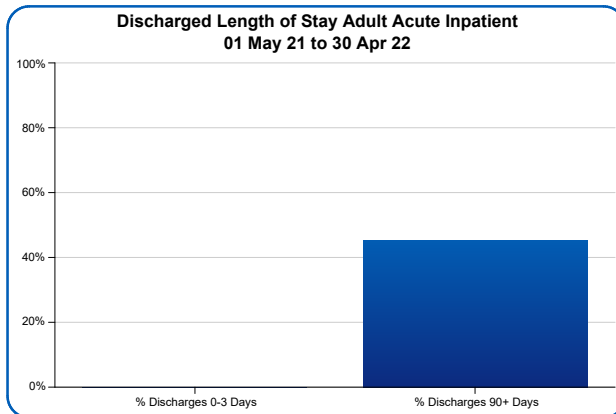
Local activity: 127 people with LOS 90+ days



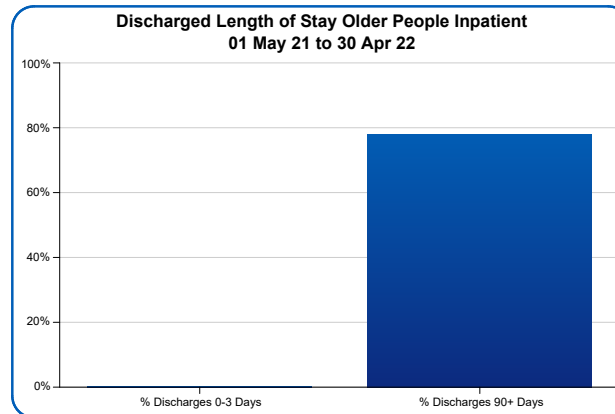
Local activity: 68 people with LOS 90+ days



Local tracking measure: April 60 days



Local activity: % discharged LOS 90+ days = 45.6%

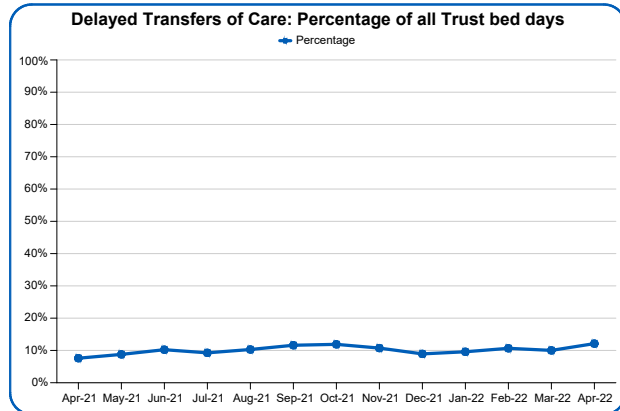


Local activity: % discharged LOS 90+ days = 78.2%

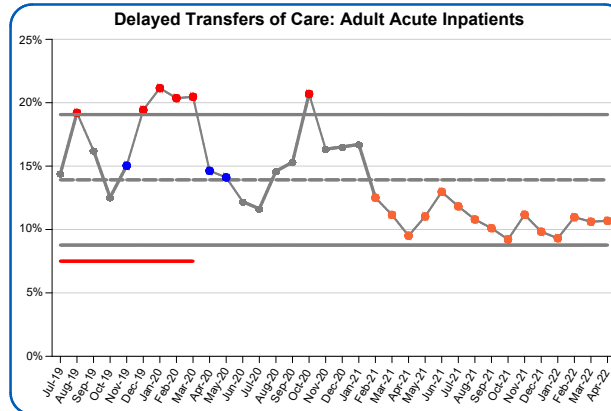
SPC Chart Key

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 — Target
 — Upper process limit
 ● Actual

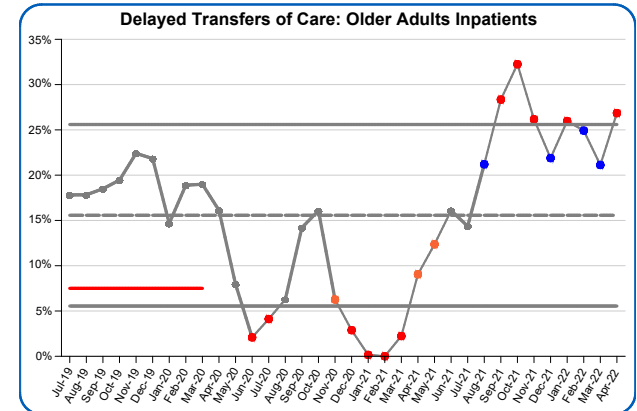
Services: Our acute patient journey (continued)



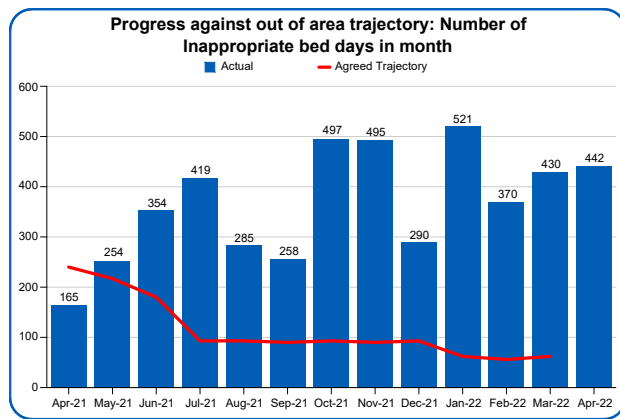
Local tracking measure: April 12.1%



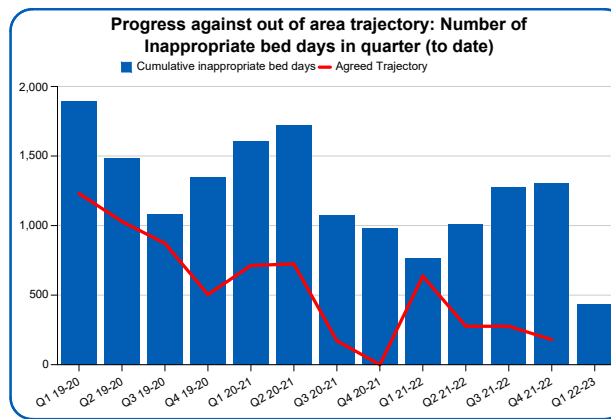
Local tracking measure: April 10.7%



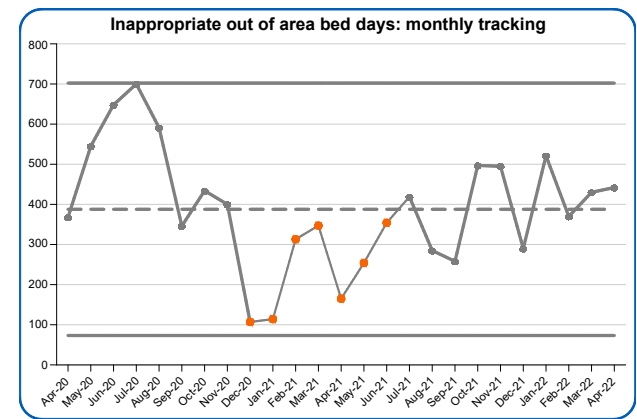
Local tracking measure: April 26.9%



Nationally agreed trajectory (): April 442 bed days



Nationally agreed trajectory (Q1:): Q1 442 bed days

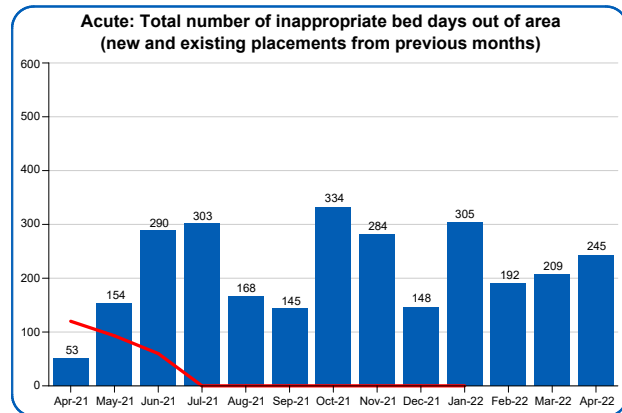


Local tracking measure: April 442 bed days

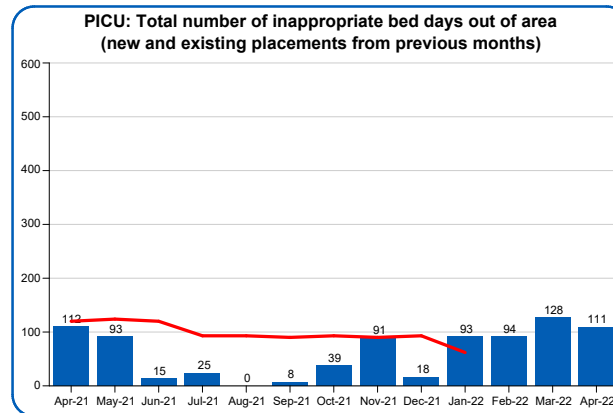
SPC Chart Key

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

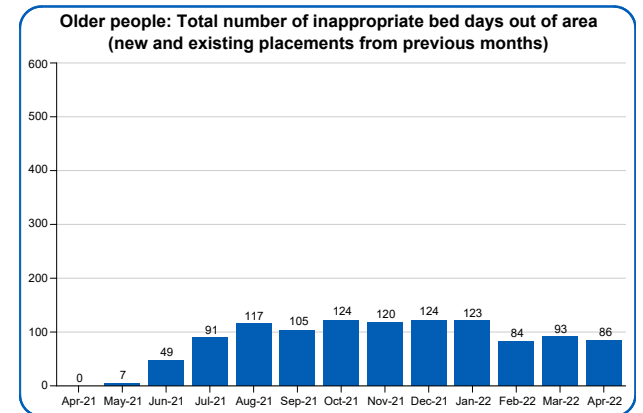
Services: Our acute patient journey (continued)



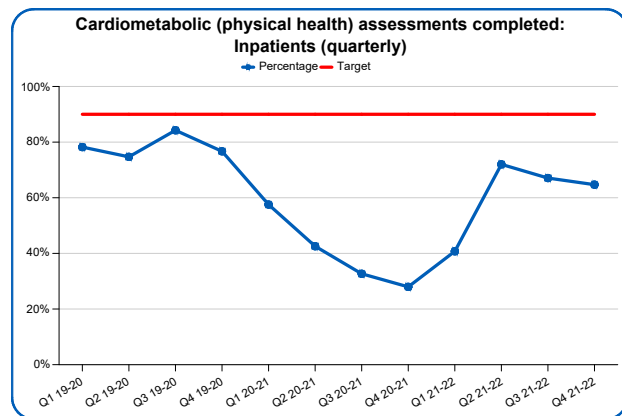
Nationally agreed trajectory (): April **245 days**



Nationally agreed trajectory (): April **111 days**



Local measure : April **86 days**



Contractual target 90%: Q4 **64.7%**

Services: Our acute patient journey

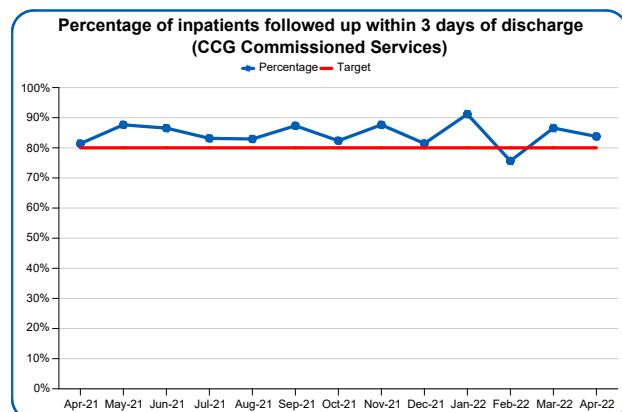
There has been an increase in bed occupancy in April (100.2%) within the Adult Acute inpatient service which has exceeded the target range of 94-98%. Length of stay in Adult Acute services is continuing to increase following a noticeable drop in January. The Adult Acute service is going to be working with the Acute Care Excellence workstream to better understand length of stay in the service. The service has seen increased levels of observations, and service users being significantly unwell for longer. Occupancy for Older Adult services has been increased slightly from March but has not returned to levels seen prior to business continuity measures being introduced in January.

There continues to be a high level of demand for out of area beds with 7 new placements starting in April across Acute and PICU services. The number of bed days in-month has increased, despite a decrease in the number of placements starting in April; this reflects the high number of placements that started in March.

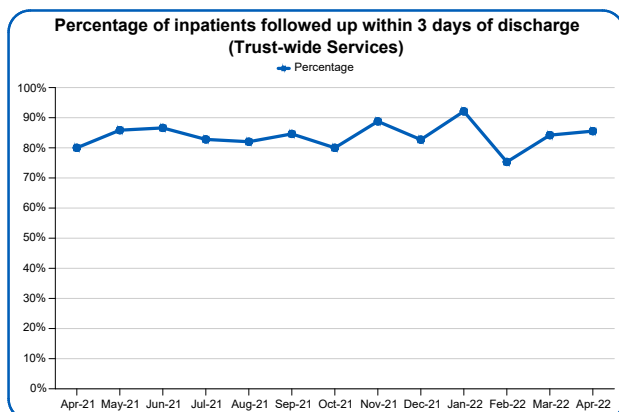
The percentage of inpatient bed days where the service user's transfer is delayed has increased slightly in April, which is particularly noticeable in Older Adult services.

The Trust is currently in the process of finalising a revised 22/23 trajectory for Out of Area Placements, which has been amended to take account of the national shift to eliminate Out of Area Placements by 2024. Reporting against the trajectory will be updated within this report once this has been finalised.

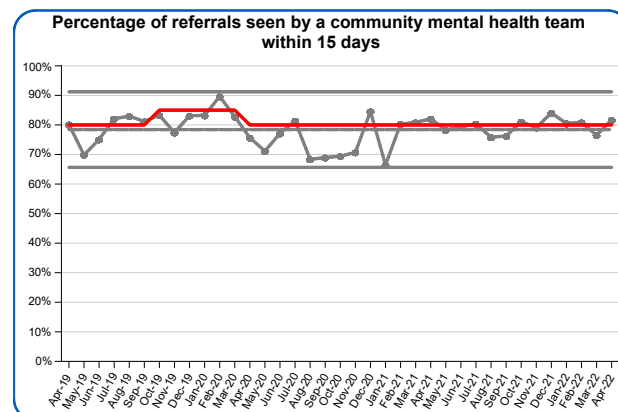
Services: Our community care



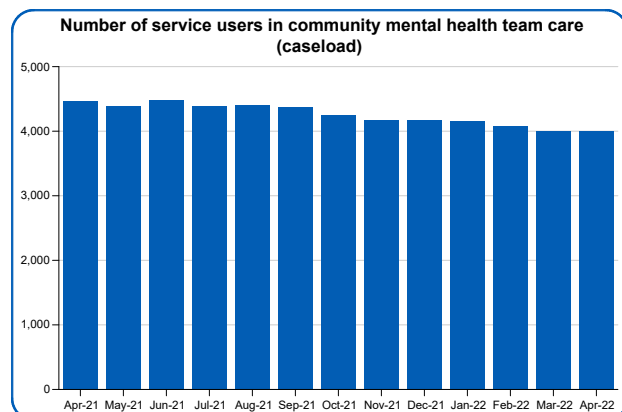
Contractual target 80%: April **83.8%**



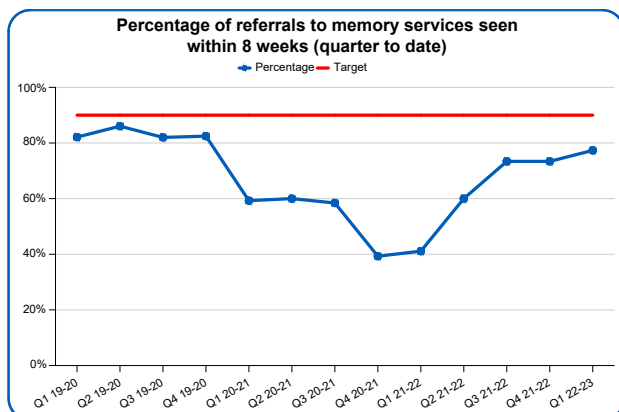
Local Tracking Measure 80%: April **85.5%**



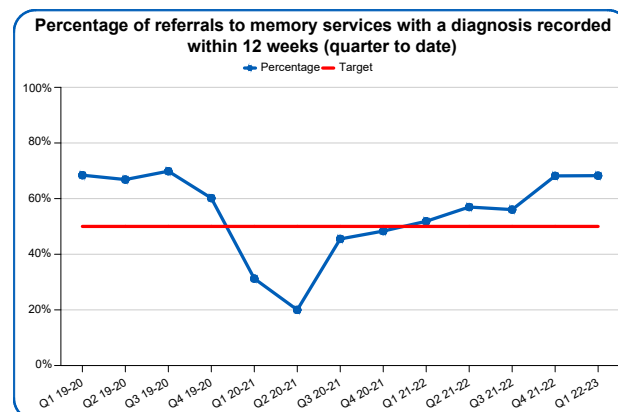
Contractual target 80%: April **81.7%**



Local measure : April **4,006**



Contractual target 90%: Q1 22-23 **77.3%**

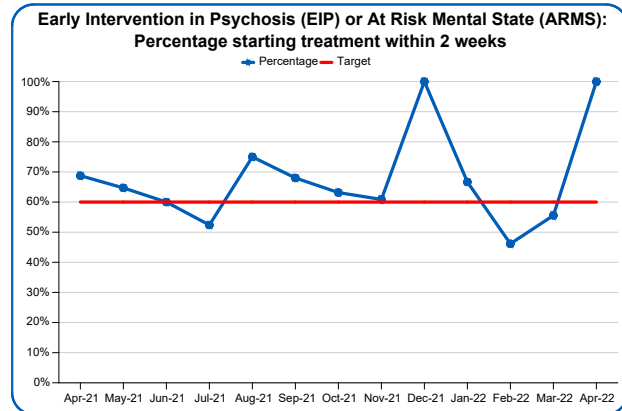


Contractual target 50%: Q1 22-23 **68.3%**

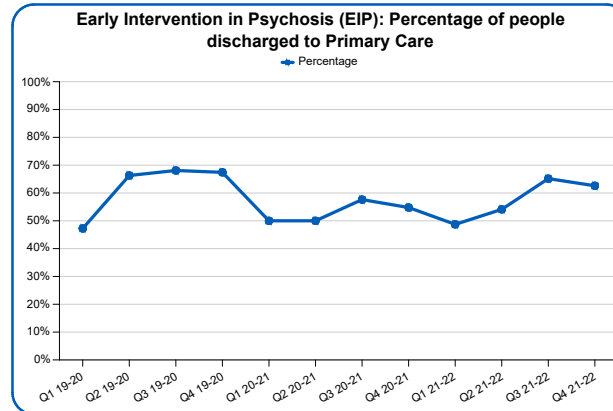
SPC Chart Key

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

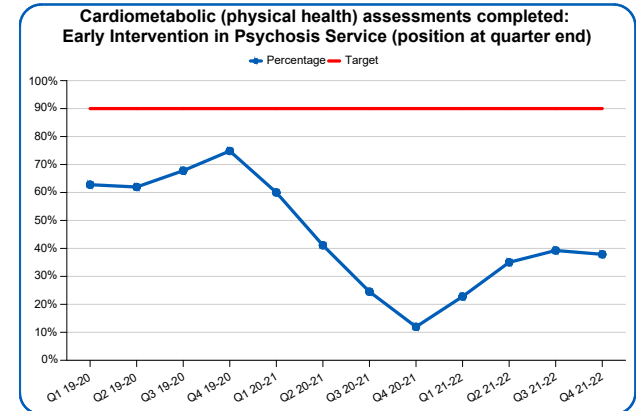
Services: Our community care (continued)



Contractual target 60%: April **100.0%**



Contractual target tbc: Q4 **62.6%**



Contractual target 90%: Q4 **37.9%**

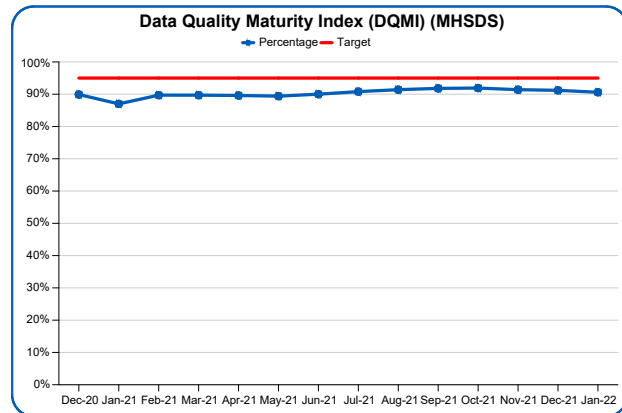
Services: Our community care

Inpatients followed up within 3 days: The Trust has achieved the 80% target for follow-up within 3 days, achieving 83.8% for CCG commissioned services and 85.5% Trust wide. We continue to routinely follow up all breaches of the standard during the month.

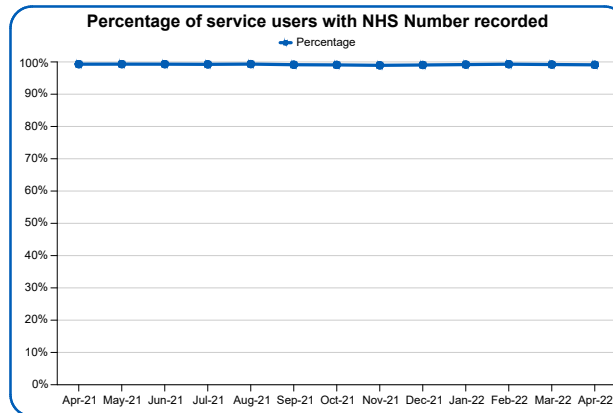
The percentage of referrals seen for assessment within the Memory Assessment Service (MAS) was under target in April, with 77.3% of referrals seen within 8 weeks, (against a 90% target). Both the East North East (ENE) and South South East (SSE) teams are carrying one Whole Time Equivalent vacant band 5 post each. Currently there are no vacant posts within the West North West (WNW) MAS locality. However, both the WNW and SSE have been experiencing sickness absence which has increased over the last few months. Sickness absence has been a mix of short and long-term absence, some of which has been Covid related. The ENE locality has seen its sickness absence rate improve during recent months. Medical sickness absence and recent changes to the medical model within the MAS pathway, could also have impacted performance.

Action to be taken: The service plan to review the recent change in process, referred to above, with the support of the Continuous Improvement Team.

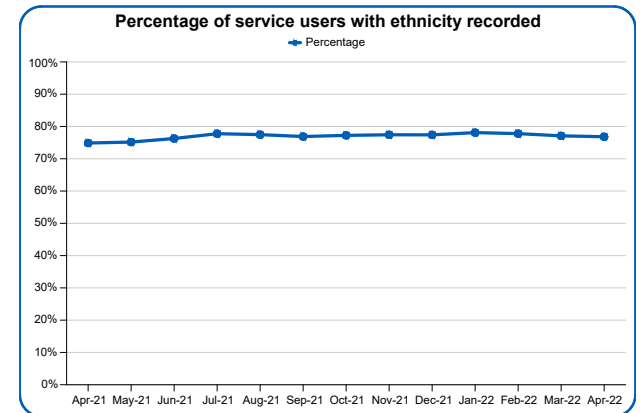
Services: Clinical Record Keeping



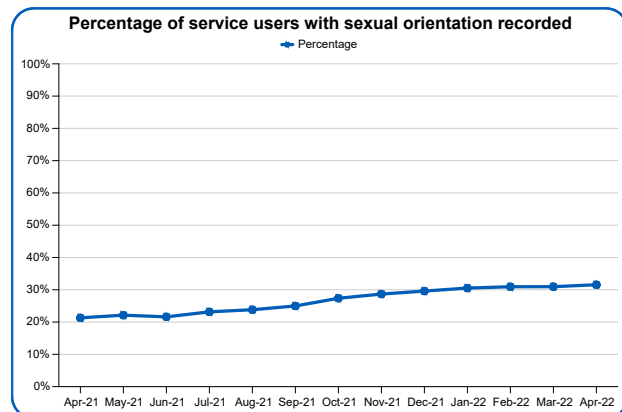
CQUIN / NHSOF Target 95%: January **90.6%**



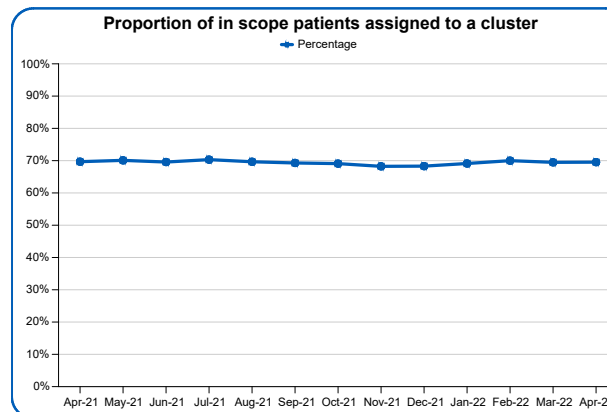
Local measure: April **99.1%**



Local measure: April **76.8%**



Local measure: April **31.6%**



Local measure: April **69.5%**

Services: Clinical Record Keeping

Our Informatics team continue to support staff in achieving expected standards of data quality with further support and training on our CareDirector Electronic Patient Record system. At the end of April 99.1% of care records had an NHS number recorded (very slight decrease), 76.8% ethnicity (very slight decrease) and 31.5% sexual orientation (slight increase).

Action to be taken: As part of the performance discussion at the April Operational Delivery Group, it was agreed that as per the national guidance, service users aged under 16 should be removed from the sexual orientation completeness measure. Informatics have updated this measure for reporting on April 2022's data.

LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST

AGENDA
ITEM

15

BOARD OF DIRECTORS

PAPER TITLE:	Safer staffing
DATE OF MEETING:	19 May 2022
PRESENTED BY: (name and title)	Cathy Woffendin, Executive Director of Nursing, Professions and Quality / Director of Infection Prevention
PREPARED BY: (name and title)	Linda Rose, Head of Nursing Alison Quarry, Professional Lead Nurse Adele Sowden, E-Rostering Team Manager

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

EXECUTIVE SUMMARY

Leeds and York Partnership NHS Foundation Trust (LYPFT) provides inpatient care across 27 wards. This report is the two monthly update and draws on the requirements of the National Quality Board's (NQB) Safer Staffing expectations. It contains a high-level overview of data and analysis providing Trust Board members with information on the position of all wards staffing against safer staffing levels for the retrospective periods from the 1st February 2022 to the 31st March 2022.

There was x1 Registered Nurse breach during this period.

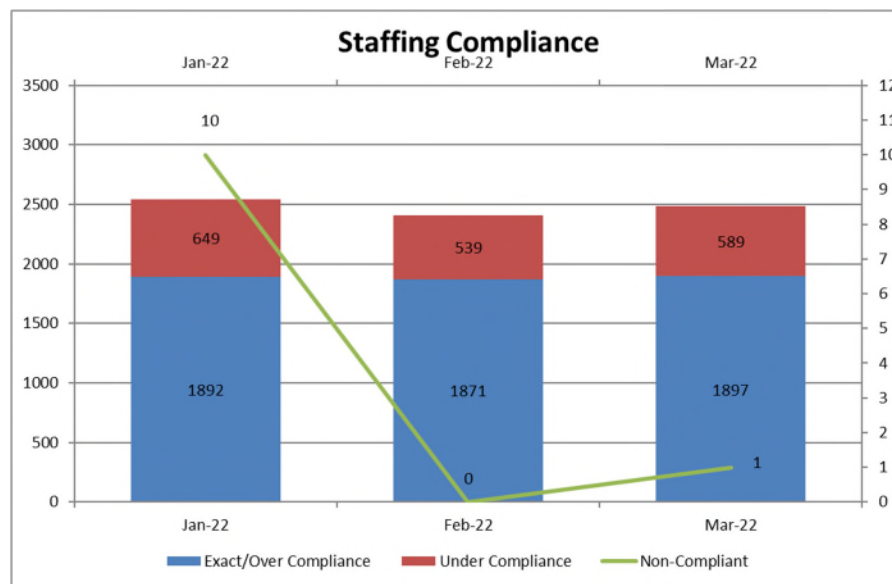
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
	No	

RECOMMENDATION

The Board is asked to:

- Note and discuss the content of this report.
- Be assured that there is clear governance in place to mitigate challenges remaining in the system.

Safer Staffing: Inpatient Services – Feb and March 2022



	Number of Shifts		
	January	February	March
Exact/Over Compliance	1892	1871	1897
Under Compliance	649	539	589
Non-Compliant	10	0	1

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

Mitigating Factors:

Reduced RN fill rates are being mitigated in the majority of our units by increasing Healthcare Support Worker bookings through Bank and Agency

and ongoing improvements to the recruitment strategy. There is a robust escalation process in place to manage unplanned variance in shifts.

Narrative on Data Extracts Regarding LYPFT Staffing Levels on x27 Wards during February and March 2022

Exact or Over Compliant shifts:

During February the compliance data showed a decrease in the number of shifts which were staffed exactly as planned or staffed above the planned number of Registered Nurse (RN) and Health support worker (HSW) staff. In March, the compliance data showed an increase in the number of shifts which were staffed exactly as planned or staffed above the planned number of Registered Nurse (RN) and Health support worker (HSW) staff.

Under Compliant Shifts:

During February there was a decrease in the number of shifts that had fewer than the planned number of RN and HSW staff on each shift, and this increased during March (this differs from the unify report below which shows the total hours over the month rather than on a shift-by-shift basis). Where there are fewer than planned RN staff on shift it is usual for one or more extra HSWs to back fill the vacant duty and ensure safe staffing levels, where a RN is not available to fill the shift.

Non-Compliant Shifts:

This metric represents the number of shifts where no Registered Nurses were on duty. This metric was not breached in February but was breached once on the 31st March 2022 at Asket House.

Due to staffing challenges across the system, a decision was made by the on call CTM that the RN from Asket House would cover Ward 4 The Mount and a HSW would be sent from Ward 4 Newsam to cover Asket House. The Medicine keys were held for both wards by the RN at Asket Croft throughout the night. The issue was logged as an incident on DATIX due to the staffing breach. The Askets are regularly asked to provide cover to other units and this will be raised by senior staff at the next duty manager meeting; as providing cover to other units raises additional challenges for Asket House and Croft in trying to cover two units with x1 RN.

Safer staffing exception reports for February and March 2022

The Acute Inpatient Service

The acute inpatient service continues to work with high levels of acuity where complex presentations have required the support of additional staff above the planned establishment to provide within eyesight and within arm's length observations. This has included two CAMHS patients who were supported in their transition from CAMHS PICU to adult PICU.

A high demand for acute inpatient treatment resulted in some service users waiting to be admitted. This group remained under the care of the Intensive Support Service to ensure that any risks of remaining in the community are mitigated with a system in place that ensures daily review of safety by the MDT. The introduction of the daily MDT review has proven effective with a reduction in the number of service users requiring inpatient admission and in turn improved the impact on bed capacity.

There are limited numbers of experienced Band 5 staff available across the service and higher numbers of less experienced Preceptee nurses in Band 5 posts. This has presented the service with challenges relating to leadership and therefore targeted recruitment has taken place to attract experienced nurses to the service. New leadership posts have also been developed alongside the role of the Practice Development Team to focus on the development and provision of improved standards within the service. The Band 5 vacancies continue to remain high with over 20 vacancies across the service. However, of these vacancies following the completion of career conversations, the service have secured ten newly qualified nurses who will take up post in September/October. In addition, the HSW posts have been fully recruited to including converting 2 HSW bank staff posts to substantive posts.

The first internationally recruited nurse has now commenced in post within the service and will be based at the Becklin Centre.

The Mount

The number of RNs on duty as a result of vacancies and absences across this period has continued to challenge staffing at the Mount. This has amounted to up to 35% of the Registered Nurse positions being unfilled with wards 3 and 4, being particularly affected. The service will do further analysis of this as Wards 1&2 have a good complement of staff.

Mitigation has included the deployment of RNs across the service to ensure all wards were staffed to deliver safe care; however, a COVID outbreak on two of the Mount's wards during this reporting period, added to the challenge and the service needed increased staffing to support the cohorting of service users.

Business continuity was subsequently declared on the 17th of March 2022.

As Part of our ongoing international nurse recruitment plans additional outside agencies have been engaged with a focus to support our older peoples service areas. It is anticipated that this will convert into 4-5 nurses joining the OPS inpatient service. In addition, x4 Preceptees will join the team in September/October.

CAU/136 suite, Becklin

The CAU have recruited to the vacant CTM post and the post holder will commence imminently. In addition, the service has successfully recruited x4 Band 5 RN's (two of whom are currently student nurses with start dates of September / October). The service also has a Band 4 who is currently completing their RN training and due to qualify in summer 2023.

Staff absences have reduced over this period, and it is felt that there is a potential link to the return of CAU to its primary and intended function as an assessment unit and not as a cohorting area or additional acute

admissions area. This has in addition offered a positive impact on bed capacity through offering an alternative to inpatient admission.

Forensic Services

Clifton House

Recruitment at Clifton House remains a challenge and the leadership team are currently working closely with the universities to gain early access to career conversations with trainees. The service has already been able to successfully recruit a RN through these conversations.

However, Band 5 Registered Nurse vacancies continue to remain high and currently stands at 0.9 WTE B6 vacancy and 12.8 WTE B5 vacancies.

The vacancy factor does mean that the York services have a high dependency on bank staff and have been working with the bank staffing department to promote encouraging Bank staff to move to substantive employment.

The Newsam Centre

There are currently x11 Band 5 vacancies on the wards, with x6 Preceptees due to start in September 2022. In addition, the service has completed a skill mix paper that suggests an increase of OT's and HSW's on Ward 3N and how this can positively impact the delivery of care which will be presented to the next Safer staffing meeting.

The Forensic Night Co-ordinator which offers senior Nursing cover remains unfilled (since November 2021) due to staffing pressures, with the resource flexed to maintain safe staffing numbers across the service.

Funding for an additional x21 staff was approved until March 2022 as a temporary measure and this has now been extended until October 2022. However, the service is struggling to recruit into these temporary contracts as whilst authority has been given to overspend, there is no recurrent funding for the posts as applicants are seeking permanent posts. Currently the temporary contracts accepted is 7.6 WTE. The remaining vacant posts

are out to advert and interviews will be held shortly. Conversations will take place at the Provider Collaborative around addressing the long-term underfunding of this service area.

The service has continued to experience a continued high level of acuity impacted by delayed discharges requiring 1:1 observations until the transfer takes place. In addition, there has been a number of other patients during this period requiring 1:1 observations to manage their clinical presentation.

Whilst the temporary additional staff are in the process of being recruited, there continues to be a heavy reliance on bank and agency staff; however, this has not consistently been met and Ward 2 male and Ward 2 female are currently closed to admissions due to the challenges of meeting the planned demand in safe staffing numbers to enable the service to deliver safe care. The ability to take admissions is being reviewed regularly.

Newsam Ward 5

Ward 5 Newsam has experienced high levels of long-term sickness absence during this period. There are also high levels of short-term absence, some covid-related. High RN vacancies include x2 B6 RN's and x5 B5 RN's. One HSW is also on maternity leave.

There have been a number of Clinical challenges which also have impacted on the staffing and the need to increase resource, such as admissions to LTH hospitals requiring escort and episodes of enhanced observations. In addition, the service has been impacted by Trustwide inpatient challenges, with staff being deployed from Ward 5 to support other services. Although this has resulted in working below planned numbers this has remained within safe staffing numbers,

The service has now recruited to the Operational Manager post.

CAMHS York

Mill Lodge currently has x4 Band 5 nurses in post, two of whom are still Preceptees and require an experienced nurse to support them. The service reports this having a significant impact on their band 6 workload. Recent interviews saw x2 Band 5 candidates drop out of the interview process, but they were able to recruit a nurse who will qualify in September. In March, x1 band 4 Registered nurse associate returned from maternity leave, but staffing was further affected by 2 OTs and 3 HSW's being absent c/o covid.

One member of staff is leaving, and the service has appointed a new psychologist, who will begin working in September. Mill Lodge also have a band 4 psychology assistant in addition to a band 4 family liaison worker who is primarily responsible for family therapy and other relationships with family and carers. Both band 4 positions were formerly band 3 HSWs, however, the Band 3 gaps are likely to be filled quickly by other HSWs currently on temporary contracts.

The service's biggest clinical workload continues to be Naso Gastric (NG) feeding. There are currently 6-7 NG feeds per day, with the capacity to increase. Each NG feed takes an hour, and staff must schedule time to complete the NG feed. Restraints are required for 4-5 of the NG feeds, which needs three staff. The service has been able to provide NG training to their bank staff, to support service delivery.

Red Kite View

Skylark has been split into 2 separate wards; Skylark East and Skylark West, which have separate staff teams and young people. The ward itself can flex in size and configuration across two areas which can enable specialised care spaces to be created to support young people in a more targeted way which may be required due to clinical presentation, risk management or safeguarding concerns.

Staffing numbers are 8-8-6 which is in line with overall RKV occupancy plan and this includes at times enhanced observations for NG feeding, meal support and rest periods for the young people with eating disorders.

Perinatal service

The Mother and Baby Unit currently has high unavailability of staff, due to sickness levels related to mental wellbeing, covid and maternity leave. Acuity on the unit is currently affected by a number of mothers who are too ill to look after their babies, but this situation is improving.

2 and 3 Woodland Square

The wards work closely together, and share staff where needed across the two houses. There are 3 nurse vacancies which they will be interviewing for shortly and a health support worker position for 3 Woodland square has been recruited into.

2 Woodland Square had an outbreak of Covid amongst staff so the ward was closed for 10 days at the end of March to the beginning of April, as they couldn't staff the ward safely as a small staff group.

The Matron for this service has submitted a proposal following review of the skills mix at Woodlands Square Health Respite Service introducing an Occupational Therapist post into the staffing model. The post will provide specific occupational therapy assessment and intervention to meet the needs of this client group using the respite service. This will be reviewed at the next Safer staffing meeting.

NICPM

The service experienced a high number of sickness absence during this period, however maintained safe staffing levels with x1 Registered nurse on duty at all times. Staff do occasionally pick up additional shifts as the second nurse and this has improved since the requests to deploy staff elsewhere has reduced. This has contributed to improving team morale.

Staffing is expected to improve as a bank RN, who had taken a fixed term temporary contract with the service has agreed to remain and take up a permanent position. In addition, a student nurse is due to start as a HSW until her NMC Pin comes through. Two other student nurses have also

been offered positions once their course finishes in September. There is currently a Band 5 Nurse advert out and interviewing will take place on the 23rd May.

Asket House and Asket Croft

The safer staffing breach is as earlier described in this report. The service does not have any recruitment issues at the moment having put x1 RN post out to recruitment, this has been successfully recruited to.

Updates and summary:

The services continue to experience a number of staffing difficulties which has resulted in a number of deployed staff moves in attempts to make wards safe across the organisation. This has included a number of wards working with a RN who is not familiar with that area and acting as Nurse in Charge; a number of areas escalating the need for additional staff where shifts were unable to be filled and clinical issues that occurred as a result of staffing difficulties. This has included ECT treatment being cancelled for a patient as there was no available qualified recovery practitioner. There have been several attempts to recruit to the recovery practitioner role over an extensive period which requires a level of skill and competency additional to core RN skills. These attempts have to date been unsuccessful with applicants not fulfilling the skills criteria and therefore a number of alternative options are being considered including the upskilling and training of LYPFT RNs and a joint post with LTHT.

The vacant post is currently covered through a regular bank RN and 2 further applications are being pursued. In the absence of a recovery practitioner covering the duties, LTHT provide a reduced number of hours to the ECT service and on these occasions the number of patients receiving ECT is reduced and in turn treatment may be delayed.

Occupational therapy

The retention figures for Occupational therapists have been poor. This is attributed to professional dissatisfaction in relation to being unable to plan and carry out specific assessments and interventions as part of their core skill base by working in the numbers to cover vacancies and sickness absence. It has been agreed that the profession will have protected time for 3 days per week outside of any requirement to be in the safer staffing numbers. The 3 days only applies for inpatient services and those services that are in business continuity will stick to the 2 days. This is being overseen by the Staffing and redeployment group.

Preceptees

Moving Preceptees through preceptorship is a challenge identified across all services and impacts on the ability to take charge when they are the only registrant on duty. As part of an action from the Safer staffing group, the Professional Lead Nurse has used the Professional conduct workshop to facilitate a discussion with Preceptees to define what would help them further in terms of supportive systems when placed in this position. This discussion will also sit alongside a piece of work being progressed to obtain a clear picture of the impact of staff movement in terms of staff and patient experience. The Practice learning and development team also remind Preceptees about the additional support provided by this team and of the escalation process and training sessions available to them to support practice.

Community mental health teams

Both the OPS and WAA Community services are affected by staffing and workload pressures. There is a Business Continuity Plan in place across WAA CMHT and continued high demand for WAA Inpatient beds leading to delays in admission from partners and from the community. A recovery plan for business continuity in the CMHT is in place and a meeting is being progressed to ensure timescales are clear.

In addition, the next 6-month Safer staffing paper going to Board in July 2022 will include an update of staffing capacity in the CMHT's.

APPENDIX A

Safer Staffing: Inpatient Services – February 2022

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	78	10.6	11.8	0.0	0.0	0.1	0.0	22.5	76%	144%	-	-	104%	114%	-	-	100%	-
3 WOODLAND SQUARE	69	12.9	25.2	0.2	2.1	0.3	0.0	40.7	119%	146%	100%	100%	102%	367%	-	100%	100%	-
ASKET CROFT	474	1.9	2.6	0.0	0.0	0.6	0.0	5.0	117%	76%	-	-	107%	100%	-	-	100%	-
ASKET HOUSE	263	2.6	2.3	0.0	0.0	1.0	0.0	5.9	101%	42%	-	-	100%	100%	-	-	100%	-
BECKLIN CAU	136	7.3	18.8	0.9	0.0	3.2	0.0	30.3	88%	130%	100%	-	87%	167%	100%	-	100%	-
BECKLIN WARD 1	625	2.3	4.0	0.0	0.0	0.2	0.0	6.6	82%	176%	-	-	88%	182%	-	-	100%	-
BECKLIN WARD 3	630	2.1	3.7	0.1	0.0	0.2	0.2	6.4	75%	234%	100%	100%	90%	174%	100%	-	100%	100%
BECKLIN WARD 4	602	2.5	3.8	0.0	0.0	0.2	0.1	6.7	86%	156%	-	-	93%	196%	-	-	100%	100%
BECKLIN WARD 5	588	2.0	3.4	0.0	0.0	0.3	0.1	5.8	62%	145%	-	-	86%	129%	-	-	100%	100%
LWH AT RED KITE VIEW	140	6.2	10.0	1.0	0.0	5.9	3.0	26.0	115%	86%	100%	-	63%	80%	-	-	100%	100%
MOTHER AND BABY AT PARKSIDE	176	8.4	11.4	0.6	0.0	0.2	0.0	20.6	80%	99%	100%	-	68%	129%	100%	-	100%	-
NEWSAM WARD 1 PICU	311	3.8	11.8	0.0	0.3	0.0	0.0	15.8	76%	133%	-	100%	59%	193%	-	-	-	-
NEWSAM WARD 2 FORENSIC	310	3.0	11.8	0.0	0.0	0.5	0.3	15.5	82%	169%	-	-	100%	198%	-	-	100%	100%
NEWSAM WARD 2 WOMENS SERV	217	4.0	11.3	0.0	0.0	0.5	0.0	15.9	73%	114%	-	-	108%	136%	-	-	100%	-
NEWSAM WARD 3	250	3.5	5.5	0.0	0.0	0.6	0.5	10.1	79%	106%	-	-	102%	107%	-	-	100%	100%
NEWSAM WARD 4	526	2.5	5.6	0.2	0.2	0.0	0.0	8.5	75%	320%	100%	100%	82%	286%	100%	100%	-	-
NEWSAM WARD 5	477	2.4	3.7	0.0	0.0	0.3	0.0	6.3	79%	93%	-	-	85%	118%	-	-	100%	-
NEWSAM WARD 6 EDU	237	4.4	11.1	0.0	0.0	1.0	0.7	17.2	96%	232%	-	-	61%	215%	-	-	100%	100%
NICPM LGI	127	8.2	5.2	0.0	0.0	2.1	0.0	15.5	56%	54%	-	-	74%	118%	-	-	100%	-
THE MOUNT WARD 1 NEW (MALE)	322	4.0	15.1	0.0	0.0	0.0	0.0	19.1	132%	203%	-	-	71%	258%	-	-	-	-
THE MOUNT WARD 2 NEW (FEMALE)	345	3.5	15.2	0.3	0.4	0.0	0.0	19.3	105%	235%	100%	100%	70%	301%	100%	100%	-	-
THE MOUNT WARD 3A	575	1.6	4.1	0.2	0.2	0.0	0.0	6.1	79%	134%	100%	100%	100%	196%	100%	100%	-	-
THE MOUNT WARD 4A	644	1.5	5.9	0.0	0.0	0.0	0.0	7.4	94%	191%	-	-	99%	277%	-	-	-	-
YORK - BLUEBELL	196	4.8	9.3	0.4	0.2	0.6	0.6	15.9	93%	68%	100%	100%	104%	101%	-	-	100%	100%
YORK - MILL LODGE	220	7.3	9.3	0.0	0.3	2.4	0.3	19.5	111%	110%	-	100%	75%	130%	-	-	100%	100%
YORK - RIVERFIELDS	182	3.8	5.7	0.0	0.0	0.8	0.5	10.9	52%	108%	-	-	109%	100%	-	-	100%	100%
YORK - WESTERDALE	277	4.0	7.6	0.0	0.3	0.2	0.5	12.6	51%	140%	-	100%	132%	107%	-	-	100%	100%

APPENDIX A

Safer Staffing: Inpatient Services – March 2022

Fill rate indicator return

Staffing: Nursing, Care Staff and AHPs

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2 WOODLAND SQUARE	72	12.2	12.0	0.0	0.0	0.0	0.0	24.2	86%	142%	-	-	100%	119%	-	-	-	-
3 WOODLAND SQUARE	85	10.9	22.8	0.1	1.0	0.1	0.0	34.9	107%	147%	100%	100%	100%	212%	-	100%	100%	-
ASKET CROFT	493	1.9	2.7	0.0	0.0	0.6	0.0	5.2	106%	73%	-	-	101%	104%	-	-	100%	-
ASKET HOUSE	296	2.8	3.5	0.0	0.0	1.4	0.0	7.7	112%	63%	-	-	100%	166%	-	100%	100%	-
BECKLIN CAU	128	8.1	20.4	1.0	0.0	4.0	0.0	33.5	78%	130%	100%	-	80%	139%	100%	-	100%	-
BECKLIN WARD 1	692	2.0	4.4	0.0	0.0	0.1	0.0	6.5	67%	179%	-	-	94%	207%	-	-	100%	100%
BECKLIN WARD 3	672	2.1	3.3	0.2	0.1	0.2	0.1	6.0	70%	209%	100%	100%	82%	158%	100%	100%	100%	100%
BECKLIN WARD 4	682	2.0	3.5	0.1	0.0	0.2	0.1	5.9	67%	155%	100%	-	82%	180%	100%	-	100%	100%
BECKLIN WARD 5	675	1.9	6.3	0.1	0.0	0.2	0.1	8.5	60%	261%	100%	-	77%	319%	-	-	100%	100%
LWH AT RED KITE VIEW	280	0.2	0.2	0.2	0.0	0.0	0.1	0.6	5%	2%	100%	-	0%	1%	100%	-	-	100%
MOTHER AND BABY AT PARKSIDE LODGE	197	7.8	11.1	0.1	0.0	0.2	0.0	19.2	73%	115%	100%	-	65%	126%	-	-	100%	100%
NEWSAM WARD 1 PICU	367	3.7	9.8	0.0	0.4	0.2	0.0	14.1	76%	121%	-	100%	72%	159%	-	-	100%	-
NEWSAM WARD 2 FORENSIC	340	2.9	14.5	0.0	0.0	0.4	0.3	18.0	81%	232%	-	-	97%	288%	-	-	100%	100%
NEWSAM WARD 2 WOMENS SERVICES	241	4.2	10.5	0.0	0.0	0.4	0.0	15.1	83%	167%	-	-	100%	183%	-	-	100%	-
NEWSAM WARD 3	310	2.8	4.9	0.0	0.0	0.5	0.3	8.6	65%	104%	-	-	103%	113%	-	-	100%	100%
NEWSAM WARD 4	652	2.2	4.2	0.0	0.2	0.2	0.0	6.8	65%	268%	100%	100%	95%	200%	-	100%	100%	-
NEWSAM WARD 5	526	2.1	3.8	0.0	0.0	0.3	0.0	6.1	81%	91%	-	-	74%	128%	-	-	100%	-
NEWSAM WARD 6 EDU	249	4.6	9.4	0.0	0.0	1.1	0.6	15.7	102%	151%	-	-	54%	189%	-	-	100%	100%
NICPM LGI	166	6.4	5.9	0.0	0.0	2.1	0.0	14.3	52%	68%	-	-	61%	168%	-	-	100%	-
THE MOUNT WARD 1 NEW (MALE)	306	3.8	12.6	0.0	0.0	0.0	0.0	16.4	106%	128%	-	-	67%	199%	-	-	-	-
THE MOUNT WARD 2 NEW (FEMALE)	394	3.3	16.9	0.3	0.5	0.0	0.0	21.0	99%	292%	100%	100%	72%	375%	100%	100%	-	-
THE MOUNT WARD 3A	643	1.4	4.5	0.2	0.0	0.0	0.0	6.2	68%	152%	100%	100%	97%	208%	100%	100%	-	-
THE MOUNT WARD 4A	740	1.3	5.2	0.0	0.0	0.0	0.0	6.6	75%	197%	-	100%	103%	234%	-	-	-	-
YORK - BLUEBELL	193	4.7	9.8	0.7	0.5	0.7	0.7	17.2	77%	64%	100%	100%	97%	100%	-	-	100%	100%
YORK - MILL LODGE	217	7.2	9.5	0.2	0.5	2.4	0.8	20.7	94%	102%	100%	100%	62%	138%	-	100%	100%	100%
YORK - RIVERFIELDS	228	3.0	4.3	0.0	0.0	0.8	0.5	8.6	46%	79%	-	-	85%	100%	-	-	100%	100%
YORK - WESTERDALE	332	4.2	6.8	0.0	0.2	0.4	0.1	11.7	68%	107%	-	100%	107%	122%	-	-	100%	100%

**AGENDA
ITEM**

16

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Report from the Freedom To Speak Up Guardian	
DATE OF MEETING:	May 19 th 2022	
PRESENTED BY: (name and title)	John Verity - Freedom To Speak Up Guardian	
PREPARED BY: (name and title)	John Verity - Freedom To Speak Up Guardian	

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

EXECUTIVE SUMMARY

This is the tenth report from the Freedom to Speak Up Guardian which provides an update on the work of the Guardian over the previous 6 months.

The report provides the board with assurance that the FTSUG continues to be effective and fulfils the role as set out in National policy.

There are no matters to escalate to the Board from this report.

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

RECOMMENDATION

The Board is asked to:

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

MEETING OF THE BOARD OF DIRECTORS
Freedom to Speak up Guardian Annual Report May 2022

1. Introduction and background

The purpose of this report is to provide assurance to the Board that the Trusts Freedom to Speak up Guardian (FTSUG) continues to fulfil their role in accordance with the principles set out in the Francis report, National and Trust policy and guidance and to share the latest data, themes and lessons learnt from concerns raised through the FTSUG team.

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

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

2. Freedom to Speak Up Ambassadors

The Freedom to Speak up Ambassadors (FTSUAs) make an important contribution to a culture of speaking up where all staff feel safe and confident to raise concerns. They work alongside the Guardian, promoting, listening, supporting and providing an impartial view to staff when speaking up. The Ambassadors will have been in post for 2 years in August at which point we planned a review of the role. Pleasingly FTSUAs are being contacted directly and through the team email address. Ambassadors are provided with individual and group supervision to support them with any concerns raised.

As we now have our Cultural Inclusion Ambassadors (CIAs) within LYPFT, and other Champions and Ambassadors discussions are taking place between the Equality, Diversity and Inclusion (EDI) Lead and the FTSUG about potentially aligning the ambassador/champion roles. The CEO will have oversight and inclusion with any decision making.

3. National E-Learning Roll Out

The National Guardians Office (NGO) have launched the Three modules (Speak Up/Listen Up/Follow Up) of an e-learning package, developed in association with Health Education England, for all workers. The third module (Follow Up) developed for senior leaders was launched on 12th April 2022.

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

The first module ‘Speak Up’ is Core Training for all workers including volunteers, students and those in training, regardless of their contract terms. Workers’ voices form a key pillar of the People Plan. This e-learning gives all workers the tools to speak up, particularly vulnerable groups who may feel they are unable to, like trainees, bank staff, or volunteers.

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

A third module is for senior leaders – including Executive and Non-Executive Directors, lay members and governors.

All 3 e learning packages are now available via our [iLearn](#) Platform and a soft launch has taken place to begin to roll out this important training.

4. Regional and national networking

The Guardian attends frequent regional meetings, attended the Virtual NGO Conference 29th March 2022 and regularly attends Lunch and Learn session via the NGO

5. Freedom to speak up Guardian Survey

The Freedom to Speak Up Guardian Survey has been published on the NGO website. The NGO thanked everyone who took the time to participate in the survey, particularly given the additional pressures on the healthcare system.

The survey shows the experience of guardians amid the continued pressure of the pandemic on the healthcare sector. While the majority of guardians who responded were positive about the speaking up culture in their organisation, there are warning signs that more action is needed. The proportion of guardians who reported a positive speaking up culture in their organisation has dropped, in line with the NHS Staff Survey results (published March 30).

Although the majority believed that their senior leaders understand the role of Freedom to Speak Up Guardian, 1-in-10 of respondents say that senior leaders do not. In her foreword to the report,

Jayne urges leaders in your organisations to discuss these findings with you.

6. NHS Staff Survey Results

The results of the latest Freedom to Speak Up Guardian survey correlate with the findings of the 2021 NHS Staff Survey. The proportion of staff who say they feel safe to speak up about anything which concerns them in their organisation has fallen by more than three percentage points to 62%. The proportion of staff who disagreed with the question was 14.5% (up from 13.3% in 2020). Only half of respondents (49.8%) were confident that their organisation would address their concern

The Guardian submits Quarterly reports to the National Guardians office with Q4 submitted portal closing on 9th May 2022. The FTSUG submitted as requested and as is Q4 will await the annual report and if available will include in the November 2022 Annual Board report

7. FTSU concerns reporting period November 2021 – April 2022

The total number of concerns raised were 16. If this rate continues for the whole year this would mean a 20% decrease in concerns raised. Colleagues from our Culturally Diverse Communities were a higher representation accounting for 6 of the 16 concerns reported.

As with previous board reports and during the present times it is hard to speculate any reasons for a lull at this moment in time in concerns received. It is hypothesised by the Guardian that through development and confidence within his role and that of the ambassadors and more frequent recourse to signposting there is less demand for issues to be raised formally. Links have strengthened with our HR, Staffside and Safeguarding teams who are very responsive straightforward signposting with the offer of further support from the Guardian kept open.

The NGO training E Learning packages have a strong message of Speaking Up becoming business as usual and adding to our colleagues psychological safety. If Speaking Up is becoming Business as usual at our Trust this may account for the reduction in cases. Our updated posters reflect if you have a concern, or if something is troubling you then you should raise it with your line manager, clinical supervisor, or union representative in the first instance, alternatively you can contact the Freedom to Speak Up Team.

The Guardian understands a Managers Toolkit is being revisited and strengthened which will shortly be available through People Employment Team. This should also allow confidence to raise and accept concerns through the above route mentioned.

Through April and July Diarised drop in visits have happened or being arranged. These dates were published on our Staffnet page and through the Guardians use of Twitter as a reminder. This may increase people accessing the FTSU team with posters and business cards checked and refreshed as required and personalised, safe visits.

April 12 th	Clifton House
	Mill Lodge
13 th	Woodlands Square Site
	Linden House
	Red Kite View
19 th	Asket Site
	St Marys House
	Red Kite View
22 nd	Newsam Centre
	Becklin Centre
26 th	The Mount site
27 th	Aire Court site
	Parkside Lodge
May 11 th	Newsam -Distribution of Publications- WREN-Stories to inspire on behalf of CB/WREN
	Beckin- Distribution of Publications- WREN-Stories to inspire on behalf of CB/WREN
	Roseville Rd- Distribution of Publications-WREN-Stories to inspire on behalf of CB/WREN
	The Mount Distribution of Publications- WREN-Stories to inspire on behalf of CB/WREN
	Parkside Distribution of Publications- WREN-Stories to inspire on behalf of CB/WREN
	RKV Distribution of Publications- WREN-Stories to inspire on behalf of CB/WREN
	Woodlands Distribution of Publications- WREN-Stories to inspire on behalf of CB/WREN
17 th	THQ
	The Mount CIF etc
June 1 st	Red kite View 1000-1300
	Woodland Square Jubilee Party 1300-1600
14 th	Newsam Centre Rm 5 1030-1230
	Becklin Centre TR1 1300-1500
28 th	Aire Court CMHT office 0930-1200
	Parkside lodge 1300-1500
12 th July	Clifton House 0900-1100 room 2
	Mill Lodge 1230-1430
26 th July	St Marys House and IT 0900 -1200
	Asket Site 1300-1500
TBA	Newcastle and Manchester Deaf CAMHS Team visit with the Operational Manager

8. Raising Concerns – Professional groupings

The professional Groupings are slightly different for this report. Previous reports have seen Nurses and our Admin Colleagues most likely to raise concerns. 2 Nurses, 2 medics, 2 AHPs and 2 Admin Colleagues raised concerns within this period, with the remaining 8 coming from our Health Support Work (HSW) Colleagues. The Guardian can offer no rationale or hypothesise why there is an increase in HSW concerns

9. Whistleblowing Cases

There have been no cases of whistleblowing reported since the last report via the FTSU route. Any potential whistleblowing or items of public interest are directly discussed with our CEO and NED/SID responsible for Whistleblowing

10. Themes for the Concerns Raised

There were 7 process issues raised which included mileage payment issues (1), Staffing and recruitment concerns (3), Late cancelling of shifts (1), perceived unpaid wages (1) and a generic ward query (1).

A summary of the remainder can be seen below

- 1 potential Bullying and Harassment query, now considering formal route.
- 2 re PPE issues
- 1 re Physical requirements and role
- 1 generic concern raised that the board is aware of that the FTSU team supported.
- 4 re potential Implementation of a mandatory vaccine

11. Outcomes

Most concerns are able to be closed soon after being raised. Concerns that remain 'open' are those that are currently being signposted or where the individual is deciding on their next steps. Individuals who raise concerns are kept informed of progress and concerns are only closed when the process has been completed, where the individual concludes the process, or where it is agreed that the Guardian cannot help with the matter any further. There are currently 6 ongoing of concerns still open and the Guardian is working with these staff to bring about a satisfactory conclusion. Feedback forms and Equality Opportunities Monitoring returns are very low with the feedback forms indicating no opportunities for improvement noted.

With the low return of the forms the FTSUG is planning to resend out the request for feedback. Colleagues who have raised concerns since Mid-February will also be asked for feedback on the new Raising Concerns and Whistleblowing: Public Interest disclosure policies. It was agreed at our regional meeting an initial engagement form be forwarded as soon as contact is made as our regional colleagues are experiencing low return numbers. Often if an amicable outcome is not received this is only reflected within the closing feedback request. A full annual report on feedback and demographic/ Equality Monitoring will be contained within the November 2022 board paper

12. Learning from External Reports/Gap Analysis

In order to ensure that we promote a learning culture and have in place best practice we have benchmarked ourselves against the key findings and recommendations for any case reviews carried out by the National Guardian's Office (NGO). In October 2021 a case review of speaking up culture and arrangements by the National Guardian's Office at Blackpool Teaching Hospitals NHS Foundation Trust was published.

The Guardian can give assurance to the board that the 37 recommendations from the review benchmarked very favourably and there are no apparent actions that we needed to take to strengthen our governance processes.

Other reports benchmarked are:

- Northwest Ambulance Services NHS Trust
- Whittington Health NHS Trust
- Brighton and Sussex University Hospitals NHS Trust
- Royal Cornwall Hospitals NHS Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- Derbyshire Community Health Services NHS Trust
- Northern Lincolnshire and Goole NHS Foundation Trust
- Southport and Ormskirk Hospital NHS Trust

The Guardian is pleased to announce further benchmarking has taken place utilising the Freedom To Speak Up Guardian Survey 2020.

Regional Guardians (LYPFT/ LCH, LTHT, SWYFT) have collated all the GAP recommendations from previous reviews and shared this within the regional network.

The Guardian can give assurance to the board from the survey that the benchmarking was very favourable and there are no actions that we needed to take to strengthen our governance processes around speaking up. The Freedom To Speak Up Guardian Survey was shared with both our Non-Executive Director for Whistleblowing and Our Chair, both had requested a sighting of the benchmarking.

13.Freedom to Speak Up Action Plan

The Freedom to Speak Up Action Plan Was reviewed in May 2022 by the Guardian and is now complete, this is a yearly review this forms part of our internal audit plan and is very helpful with CQC 1:1s that the Guardian is requested attend.

14.FTSU Policies

The Guardian is pleased to report that the simplified Raising Concerns and Whistleblowing: Public interest Disclosure Policy have now been through ratification and accepted. Colleagues who had previously raised concerns were asked to comment on the draft and feedback incorporated into the final versions. The new policy went live in February 2022

15.FTSU Vision and Strategic Policy

The Guardian is pleased to report the above has now been reviewed and is now live on our Raising Concerns staffnet page. This was completed with the input of our Associate Director for Corporate Governance and CEO

16. Lessons Learned

There are no overt Lessons Learned presently, and Lessons Learned through the FTSU Route, can be viewed within the Lessons Learned page on the Raising Concerns Staffnet page

The Guardian has taken on a lead role to formulate a central repository for all Lessons Learned within the Trust with a strong indication these could be safely stored, under Information Governance guidelines in the Raising Concerns Lesson Learned page on Staffnet.

The Guardian has directly involved, at this initial stage, the Chief Information Officer, the Head of Information Governance, Head of Communications and Digital Communications Officer, Head of HR Operations and Library and Knowledge Services Manager, Deputy Chief Pharmacist and Medicines Safety Officer and our Head of Safeguarding. This work is presently at an embryonic stage and update will be given within the annual FTSU board paper in November 2022.

17. Conclusion

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

John Verity

Freedom to Speak Up Guardian

9th May 2022

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

**AGENDA
ITEM**

17

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Guardian of Safe Working Quarterly Report Quarter 4: 1 January 2022 to 31 March 2022
DATE OF MEETING:	19 May 2022
PRESENTED BY: (name and title)	Dr Chris Hosker, Medical Director
PREPARED BY: (name and title)	Dr Ben Alderson, Guardian of Safe Working Hours

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

EXECUTIVE SUMMARY		
<p>The purpose of this report is to give assurance to the board that doctors in training are safely rostered and that their working hours are compliant with the Junior doctors contract 2016 and in accordance with Junior doctors terms and conditions of service (TCS). Key points to note are</p> <ul style="list-style-type: none"> • There have been 3 exception reports and 0 patient safety issues recorded in this period • Junior Doctors Forum met in May 2022. Trainees report the middle-tier Red Kite View rota is working well. HT's wish to review the possibility of switching sides of the rota from East to West (and vice-versa) midway through their 6 month rotation 		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
	No	

RECOMMENDATION	
<p>The Board of Directors are asked:</p> <ol style="list-style-type: none"> To agree that this reports provides an assurance level for the systems in place to support the working arrangements of the 2016 Contract and TCS for the junior doctors working in the Trust and that they are meeting their objective of maintaining safe services To provide constructive challenge where improvement could be identified within this system. 	

MEETING OF THE BOARD OF DIRECTORS

DATE 19.05.2022

Guardian of Safe Working Hours Report

Quarter 4 January 2022 to March 2022

1 Executive Summary

The purpose of this quarterly report is to give assurance to the board that doctors in training are safely rostered and that their working hours are compliant with the [Junior doctors contract 2016](#) and in accordance with [Junior doctors terms and conditions of service \(TCS\)](#). The report includes the data from 01.01.2022 to 31.03.2022.

2 Quarter 4 Overview

Vacancies		There are 39 Core trainees and 2 NIHR posts					
		There are 5 vacancies in the Higher Trainee establishment					
Rota Gaps		January		February		March	
		CT	HT	CT	HT	CT	HT
	Gaps	25	19	6	14	21	13
	Internal Cover	21	19	5	13	16	12
	Agency cover	0	0	0	1	0	1
	Unfilled	4	0	1	0	5	0
Fill Rate		84%	100%	83%	100%	76%	100%
Exception reports (ER)		1	0	0	0	2	0
		There were 3 ERs raised during this reporting period. No ERs related to patient safety issues.					
Fines		None					
Patient Safety Issues		None					

Junior Doctor Forum (JDF)	<p>Meeting held in May 2022.</p> <ul style="list-style-type: none"> • The high numbers of rota gaps in the CT rota for January and February relate to increased cases of COVID and the impact of Infection Prevention guidelines at those times. During this reporting period a trial of the bleep-holder (1A) working from home was initiated. This is an ongoing project. • The 3 exception report all related to different posts and occurred when junior doctors stayed late to ensure documentation was completed. There were no patient safety issues relating to these events. 2 ER's were resolved with TOIL and 1 with payment for the Doctor. • Red Kite View had opened in this quarter and at JDF the RKV HT representative stated there were no concerns with the middle-tier rota or the staffing of RKV from their perspective. • The Guardian had met with the HT's after the previous JDF and explored the options of rota changes that they had put forward. Dr Hall (HT representative) will take the proposal for HT's working in Leeds to spend 6 months of each 'side' of the rota (alternate from West to East, and vice-versa, at the 6 months mid-point of their October-October rotation) to the HTC to clarify if this is the solution that they collectively wish to proceed with.
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3 Conclusion

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

4 Recommendations

The Board of Directors are asked:

- i. To agree that this reports provides an assurance level for the systems in place to support the working arrangements of the 2016 TCS for the junior doctors are working in the Trust and that they are meeting their objective of maintaining safe services
- ii. To provide constructive challenge where improvement could be identified within this system

Dr John Benjamin Alderson
GMC 6166755, Guardian of Safe Working Hours

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

**AGENDA
ITEM**

18

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Trust Green Plan
DATE OF MEETING:	19 May 2022
PRESENTED BY: (name and title)	Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive
PREPARED BY: (name and title)	Dave Sanderson, Transformation Director Estates & Facilities

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

EXECUTIVE SUMMARY

This is the Trust's first Green Plan developed in line with national requirements to meet the NHS ambition to deliver the world's first net zero health service and respond to climate change, improving health now and for future generations.

The plan has been developed through workshops and discussions with key stakeholders across the organisation, and best practice from other mental health trusts based on a bottom up approach.

The Green Plan also incorporates a top down approach with the ambitions, and requirements set by the West Yorkshire Health & Care Partnership Green Plan to ensure we are aligned to the regional expectations and target dates.

Appointments have been made to the roles which will take forward and ensure the delivery of the Green Plan. Ongoing progress will be monitored through the Finance and Performance Committee.

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

RECOMMENDATION

The Board of Directors is asked to approve the Trust's Green Plan



Leeds & York Partnership NHS Foundation Trust Green Plan 2021-2025

Executive summary

The NHS ambition to be the first Net Zero health system in the world and the NHS 2040 & 2045 targets set by Government has provided greater focus on Sustainability.

The impacts of global warming are being felt worldwide and the scientific community agrees that unless immediate action is taken, the negative effects of rising global temperatures will worsen. Inevitably the most vulnerable groups within society, who are least able to cope, will be most affected. It is therefore vital that action is taken at all levels to develop and implement effective strategies, not only to reduce carbon emissions, but to also apply the broader principles of sustainable development.

The aim of this green plan is to ensure that we are best placed to adapt to the future challenges of healthcare delivery brought about by the effects of climate change. In planning for the future, we will consider and balance the environmental, economic, and social impacts of our actions.

An awareness of the three core principles of sustainable development (financial, social, and environmental) will influence key actions within this plan and help the Trust to deliver positive benefits to the environment, reduce long term expenditure and build a supportive base in our communities, and wider society.

Our goal is to deliver efficient care services that meet the needs of the present but don't compromise the ability of future generations to meet their own needs.

The Trust already incorporates sustainability in many aspects of its activities. However, we also recognise that more can be done.

Realising the potential for sustainable development will help the Trust meet the objectives of its Clinical Strategy. and the financial benefits accruing from increasingly sustainable activities will allow the Trust to invest further in its clinical services.

We are confident that we can work with our partners in the local health and care system to achieve a more sustainable way of working, and I am pleased to endorse the findings and proposals set out in this document.



Dr Sarah Munroe

Chief Executive



Dawn Hanwell

Chief Financial Officer
Board Level Sustainability Representative



Sue White

Non – Executive Director



Our Role

Leeds and York Partnership NHS Foundation Trust is the main provider of specialist mental health and learning disability services in Leeds. We also provide specialist services across York, the Yorkshire and Humber region, and some highly specialised national services.

Our vision is to provide outstanding mental health and learning disability services as an employer of choice. This means supporting our service users and carers, our staff, and the communities we serve to live healthy and fulfilling lives where we can all achieve our personal and professional goals, and live free from stigma and discrimination.

We are an NHS foundation trust. That means:

- we have some freedoms to decide locally how to meet our obligations
- we are accountable to local people, who can become members and governors
- we are authorised and monitored by NHS Improvement, who support us and hold us to account

We provide services for people experiencing a mental health crisis that requires urgent assessment and treatment. This may be someone's first experience of mental health distress or a relapse of an existing mental illness.

We offer services to people who need support and treatment for a wide range of mental health conditions, from depression, anxiety, and obsessive compulsive disorder, to dementia, bipolar disorder, learning disabilities, schizophrenia, and personality disorders.

Green Plan

This Green Plan sets out our action plan over the next five years.

It also identifies the benefits of embedding sustainable practices within the Trust's operations and describes the governance arrangements to keep the plan on track.

The Trust has previously implemented many successful sustainability initiatives and it is the Trust's intention to continue to build on this considerable success.

The Green plan will be adapted over the period of the plan as we develop and learn from others and identify new technologies and working practices.

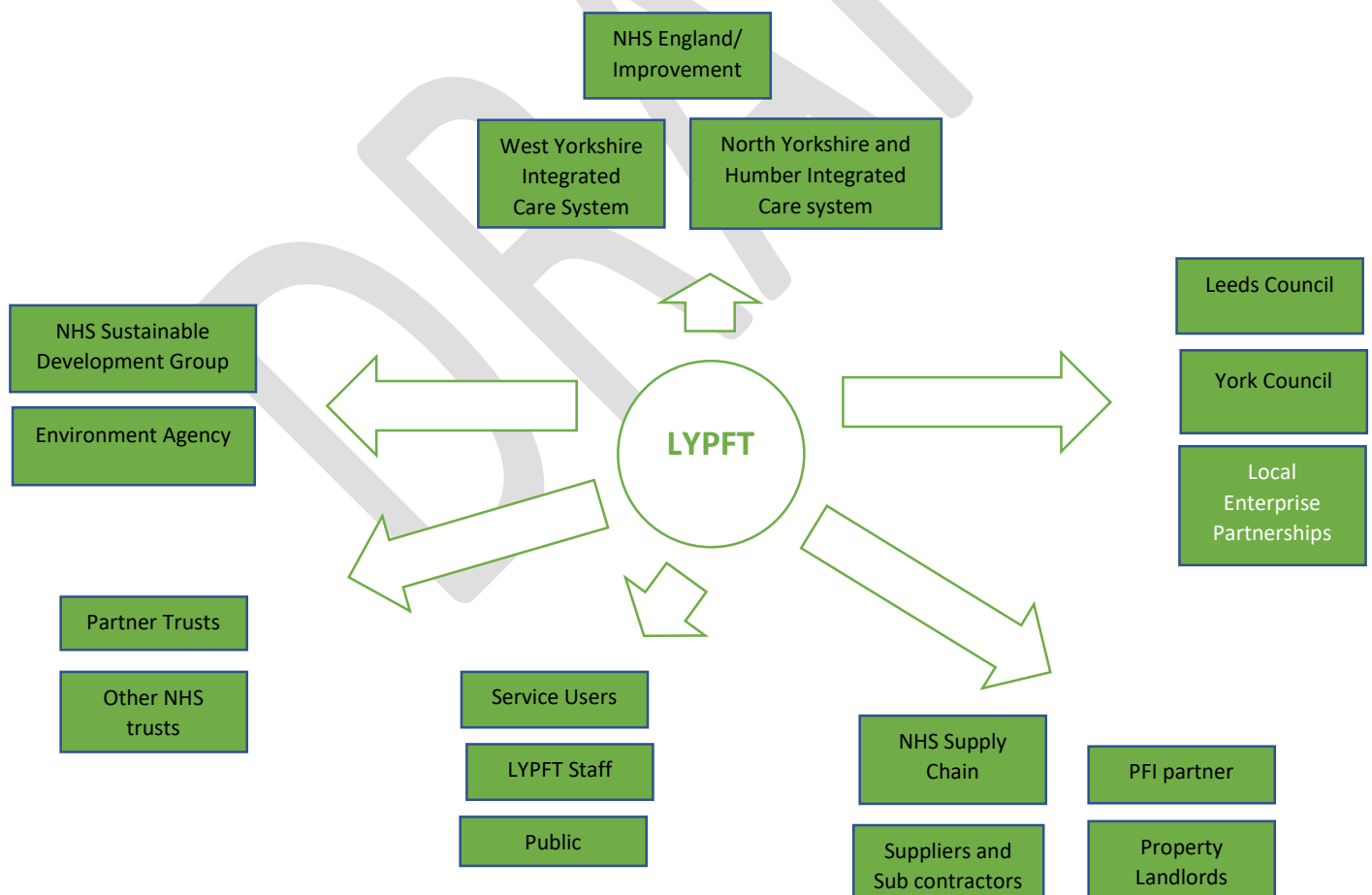
It is linked strategically to the West Yorkshire Health and Care Partnership Green Plan, and we will contribute to the Humber Coast & Vale green plans for our York Services.

In line with the West Yorkshire Health and Care Green plan (Context Page 5), the definition of net zero carbon emissions, we mean decarbonising all our activity as far as possible and accounting for any remainder by taking equivalent carbon out of the atmosphere. It is important that we do everything we can before we consider the carbon removal option because, whilst technically possible, it is extremely expensive, and that money would be better used on providing high quality health and social care.

Working with Partners & Stakeholders

To implement and roll out many of our sustainable plans, we need to work collaboratively with others including NHSI/E, councils, hospitals, and our healthcare partners, it is proven that working with anchor institutes we can make direct impacts within the cities that we operate.

The stakeholders that we will involve as part of our work will include:





OUR VISION

The vision of LYPFT is

- We achieve Carbon Zero ahead of schedule and are seen as an exemplar.
- We collaborate between organisations to achieve our best potential.
- All staff feel passionate about helping the trust to become carbon neutral.
- All staff and service users will feel involved and valued in the process.
- LYPFT can embed environmental commitments as a thread throughout all its business
- LYPFT can become Carbon Neutral and generate its own energy and recycle its waste in a sustainable manner.
- We reach out to our local partners and work collaboratively together.
- We can be at the forefront of supporting our communities to be prepared for the future ahead.
- We adopt a collaborative approach throughout the organisation, to supporting education and therapeutic involvement with our environment, creating informed networks.



DRIVERS FOR CHANGE

Legislation

There is a wide range of legislation that covers a Green Plan: **Legislative** List of the key legislative drivers

Civil Contingencies Act 2004

Public Services (Social Values) Act 2012

Climate Change Act 2008

Climate Change Act 2008 (2050 Target Amendment) Order 2019 enacting a Net Zero target by 2050

UN Sustainable Development Goals

The 2030 Agenda for Sustainable Development², adopted by all United Nations Member States in 2015, provides a shared blueprint for peace and prosperity for people and the planet, now and into the future.

At its heart are the 17 Sustainable Development Goals (SDGs), which are an urgent call for action by all countries - developed and developing - in a global partnership. They recognize that ending poverty and other deprivations must go together with strategies that improve health and education, reduce inequality, and spur economic growth whilst tackling climate change and working to preserve our oceans and forests.



Greener NHS



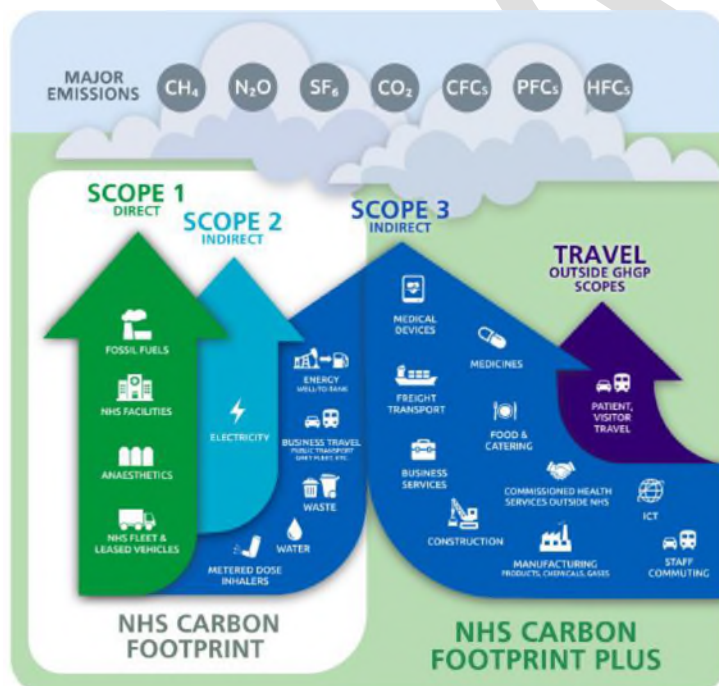
The Greener NHS¹ was launched in February 2020 to ask the NHS to tackle climate change and come up with solutions to resolve the challenges.

<https://www.england.nhs.uk/greenernhs/>

This bold vision report lays out targets for decarbonising the NHS by 2045 at the latest:

For the emissions controlled directly by the NHS (the 'NHS carbon footprint'): net-zero by 2040, with an ambition to reach an 80% reduction by 2028–32.

For an extended set of emissions including those that can be influenced in the supply chain (the 'NHS carbon footprint plus'): net-zero by 2045, with an ambition to reach an 80% reduction by 2036–39



For further details of all Legislation, guidance & Best practice please refer to [LYPFT Green Plan \(google.com\)](#)



SUSTAINABLE PRIORITIES

The Trust through staff engagement and subject matter leads have identified the following areas as priorities for this initial green plan.

Ambitious Targets

The Plan will set some ambitious targets, following initial works on the baseline data, and sharing of the plan across all stakeholders.

Leadership

The trust board and executive team are fully behind the implementation of the green plan and have provided funding for new resources in the form of a Head of Sustainability role, and project support to lead and develop the plans over the period of this plan.

There is also an agreed governance route that will ensure the Trust Board and other stakeholders receive assurance that we are meeting our targets and acting in an ethical way when delivering our services

Behaviour/ Engagement

The trust believes that engagement across all staff, service users and other stakeholders will be the key to success of the plan, and we welcome feedback and input.

The trust also recognises that for us to be a sustainable organisation, staff at all levels need to be trained and provided with ownership and accountability for carbon reduction

Operational Practice

The way we operate may have changed forever following COVID19, and we are all more open to new ways of working/ buying goods and services, we are more technology savvy and increasingly more concerned about our mental health than ever before.

These changes along with the NHS focus on the right care in the right place and preventative Healthcare, means we are continually looking to adapt working practice and how we operate our services, and care for our service users.

All these developments will need to consider their sustainability in the long term and their impact on the carbon footprint

Energy Use

The cost of Energy continues to rise for everyone, and as an organisation this impacts us being able to give funding directly to our front line services, so the trust is looking to firstly reduce the amount of energy used, ensure it is from a renewable source then move to look at self-generation of electricity and decarbonised heating.

The trust already operates several solar arrays, but we want to expand this, include battery storage, and identify new technology to reduce our carbon.

The use of LED lighting and associated control, good insulation of buildings, the use of natural ventilation and building control systems will all feature significantly as part of this plan.

Green IT

IT has made a significant impact on our ability to work from anywhere, to meet with colleagues and service users through various media, and to create new ways of working. Development of our IT credentials will form part of this plan, providing Education, reducing travel through online meetings, contact with service users and clinical record keeping, but will also consider the impact of data storage, IT equipment and recycling and a reduction in carbon emitted from data centres

Estates

Our Estate, comprises of several owned, leased and privately funded buildings and facilities, and the estate and its operation contribute considerably to the Trusts carbon footprint.

We will be aiming for industry standard BREEAM outstanding status for all new Buildings and will be undertaking sustainable assessments for all refurbishment projects, including decarbonising of heating and hot water to renewable sources such as solar and ground and air source heat pumps reducing our reliance on Gas.

Lighting, heating, ventilation, cooling, cooling and the general management of our buildings will all be assessed as part of the plan

Procurement

Procurement has a big impact on carbon reduction, so we will be seeking to implement best practice guidance as issued from DHSC, NHS E/I and will review the structure and processes of the Procurement team to ensure sustainability of our suppliers and how we procure and deliver goods and services

Reducing packaging, transport and waste, whole life costing of products, using local suppliers to keep money and jobs in the local area and how we use SME organisations more effectively whilst still ensuring we meet the legislative aspects will be a focus for us throughout this plan.

Food & Beverage

The trust recognises the importance of good nutrition and hydration and the impact on the physical and mental health of our service users, so the trust has been developing our offer to

our users over several months, which will see a new Cook Fresh service introduced at our new CYPMHS unit, which will then be rolled out across the organisation.

Using Fresh local products reduce transportation and carbon footprint, cooking fresh and adapting seasonal produce, and meat free products also reduces food waste, it is our intention to start to grow our own produce and with the help of service users develop our own food supply whilst providing education.

Waste

Recycling has been part of the trust for many years, and will continue to be developed, however now the focus has turned towards reducing waste at source, the trust will be looking at reusable items and reduced packaging particularly concerning non-recyclable plastics, PPE, and the continued reduction in the use of paper

Adaption

The issues brought about by climate change, such as extreme temperatures, increased flooding risk, Biodiversity will all impact on us as an organisation, so we must consider these impacts on our staff and our service users to ensure our environments are adapted to ensure they remain fit for purpose.

Travel

Travel accounts for a significant amount of carbon generated by the trust from staff coming into work, to service users attending appointments, suppliers delivering goods and visitors.

Whilst we understand some of this is necessary travel to enable us to provide the clinical services and care to our service users, we are looking where possible to reduce the number and frequency of journeys and where they need to be made, they are made in a way that reduces impact on carbon emissions, this could be electric vehicles, public transport, cycling or walking.

Transport

The diverse nature of our service means we operate from several premises all of which require services and supplies to operate, our internal transport team, Estates services teams will be moving to a more sustainable fleet across the duration of the plan.

The trust has already invested heavily in Electric Vans to date, and this will progress further during the plan

Hybrid Working

The trust is introducing a new Hybrid Working policy which will help staff identify and make the right choice of a place and a time to undertake their roles in an effective and efficient manner, Covid 19 forced us to implement agile workplaces and technology has enabled us to work differently which has already seen an impact on our carbon footprint.



ACTION PLANS

Sustainable Road Map

To reduce carbon emissions and be an environmentally responsible organisation, Leeds & York Partnership NHS Foundation Trust has identified a Sustainable Road Map, creating SMART targets within the 2021-2025 period.

Longer term goals to dramatically reduce carbon footprints are laid out, highlighting the Trust ambitious goals to eliminate their carbon emissions beyond this timeframe.

Carbon Targets	2022/23	2023/2024	2024/2025	Beyond 2025
Sustainable Targets	Reduce LYPFT's overall carbon footprint by 5% through the implementation of the green plan by 2025 Identify New Carbon reduction Projects	Develop a reporting dashboard for internal use	Set a 2030 target in line with the Carbon Budget Set a 2040 target in line with the Carbon Budget and the Greener NHS agenda	
SDAT Assessment	Undertake a Sustainable Development Assessment Tool) classification	Compare LYPFT against other organisations of a similar nature to identify areas of improvement		
Engagement	2022/23	2023/2024	2024/2025	Beyond 2025
Networking	Set up a cross functional group of clinical, ICS, and other specialists to discuss ongoing efforts to decarbonise LYPFT. Link with other, wider networks – (Association of Clinical Psychologists environmental group/ Hefma/ IHEEM)	Build links with 3rd sector organisations working within the decarbonisation/green sector.		LYPFT becomes a hub for learning about personal carbon footprints and the need to decarbonise.

Newsletter	Create a newsletter and strengthen staff & service user engagement on the issue of decarbonisation.			
Forums	<p>Set up a forum/feedback group for LYPFT staff and service users to share their thoughts and views</p> <p>Gather, and utilise staff and service user stories in engaging staff and stakeholders on the decarbonisation agenda.</p>	Create annual awards within the Trust to recognise individual, and department efforts to Decarbonise	Spaces are created for LYPFT staff and stakeholders to learn and work together on reducing their carbon footprint	
Sustainability Champions	Develop Sustainability champions across the organisation			
Sustainability Groups	Convene a quarterly sustainability group with representatives from patient, clinical, corporate, community, and estates groups	Set up an incentive scheme and reward staff for tracking and reducing their own carbon footprint.	Add a Sustainability Award category to the Trust Staff Awards	
Wellbeing	Signpost staff to support and resources around climate awareness and anxiety			
Volunteering	Invite staff to tell us what they are currently involved with	Trial some organised volunteering opportunities within the organisation	Trial some organised volunteering opportunities outer of the organisation.	Create 'volunteering' days providing staff with 1/5 days per year to volunteer at external charities.
Appraisals & Staff Development	<p>Introduce carbon literacy training</p> <p>Introduce Delivering a NZ NHS "e-Learning for Healthcare" module</p>	30% of staff have undertaken carbon literacy training	Mandate carbon literacy training for all staff.	Weigh appraisals more heavily towards sustainability credentials
Business Cases	Sustainable impact assessments to be introduced for all capital projects over £200k	Update business case template to consider negative and positive assessment of sustainability factors in relation to strategic decision making & future investments		

Operational Practice	2022/23	2023/2024	2024/2025	Beyond 2025
Reduced Use of Paper	Continue Paperlite initiative		Paper Use is reduced to below 10% of current levels	
Hybrid Working	Implement a hybrid working policy from April 2022.	Prepare a rapid-response framework for online working in the event of another pandemic.		
Single Use Plastic	Undertake an audit of the trust own recycling facilities for PPE & Plastic items Work with others institutes and trusts to identify Innovation in plastic substitutes Staff and service user awareness sessions	Create a strategy to phase out throw-away items. I.e., Infection control: all plastic tubs, waste plastics from Covid vaccinations, etc Trial at single use clinical plastic replacements	Elimination of non-clinical single use plastic from LYPFT identified in the Single Use Plastics directive and NHS Plastics Pledge	Elimination of all single use plastic products
Reuseable PPE	Research opportunities for PPE reuse and recycle. Trial potential options			End the use of single-use PPE and Biodegradable workwear is made standard and single-use plastics entirely phased out.
Staffing	Concentrate on substantive recruitment, and less agency			Set the objective that every staff member is 'fully engaged' in carbon literacy by 2030.
Social Prescribing	Identify opportunities for green social prescribing	Trial opportunities for Green social prescribing	Provide all teams with access to green social prescribing.	
Service Users		Work directly with patients to educate them on how they can be responsible citizens through the patient experience team.	Ensure every service user has access to a green space for therapeutic use.	Service user feedback is sought on what is, and is not working for them in relation to the ongoing decarbonisation of LYPFT
Care		Support inclusive economic growth with regional partners and maximising the impact of health and care organisations as anchor institutions.	Therapeutic interventions include green initiatives	Treat more patients at home to reduce carbon emissions because of their travel.

Medicines		Plan for the reduction of all nutritional products such as enteral feeds/ nutritional supplements oral waste	Reduce medical waste, i.e., overprescribing medications	
Leadership	2022/23	2023/2024	2024/2025	Beyond 2025
Sustainability Lead	Appoint a Trust Head of Sustainability			
Governance	Set up a trust Governance Structure Ensure sustainability becomes a broad agenda item at every meeting.			
Data Collection	Gather baseline data for emissions within each department.	Gather baseline data for emissions within each department.	Gather baseline data for emissions within each department.	
Inequality	Start to join up the decarbonisation effort with the inequality agenda and understand how these impact each other.			
Policy	Review Sustainability and associated policies to incorporate Green Plan actions & targets Incorporation of sustainability onto meeting agendas	Implement a mandatory environmental/sustainability impact assessment framework on every policy/procedure document that is produced	implement a policy of engaging with patients to not only address their own wellbeing, but also, to be responsible citizens in protecting the environment & reducing emissions	Implement an ISO management standard for Environmental Management (EMS) and/or Sustainability/Social Value standard.
Partner Engagement	Connect with Leeds City Climate Declaration	Identify more flexible workforce arrangements with partners. Better utilising NHS assets.	Link with schools and youth groups to engage wider community in decarbonisation initiatives.	
Sustainability effect on wider communities	Create an ongoing environmental impact assessment	Auditing all carbon sources and sinks.		Develop a framework which considers the 'downstream' effects of healthcare in Leeds & York
Data Gathering	Collecting baseline data for carbon emissions.	Develop Dashboard for intranet on carbon emissions	Ahead of the final year of the Green Plan evaluate achievements and targets.	

Food & Beverages	2022/23	2023/2024	2024/2025	Beyond 2025
Bottled Water	End all disposable cups and moving towards recycled / reuse cups	End the sale of bottled water at all LYPFT sites, including within vending machines	Reduce / stop soft drinks / fruit juice as the 3rd biggest GHG contributor	
Cooking	Begin to transfer all inpatient food suppliers to Cook Fresh (where we operate catering)	Finalise transfer of all services to Cook Fresh. (Where we operate catering)	Develop a strategy for all sites to become cook fresh.	Aim for all trust sites to be cook fresh
Food Sources	To switch to local providers whenever possible starting with fresh products such as milk and fruit /veg. Also link this with seasonal produce	Implement a policy of LYPFT growing its own produce. Engage service users as part of therapeutic prescribing.	Offer healthier catering options, review, and adapt menus to offer healthier lower carbon options for patients, staff and visitors and demonstrate plans to change menu four times a year by 2025 to maximise the use of seasonal ingredients	
Waste	Develop Food Waste segregation and processing options Identify single use plastic products i.e yoghurt pots and recycling/ elimination	Identify best practice with regards to the donation of any wasted food to local charities at the end of each day Implement Food waste and segregation process	Define and implement approaches to measure and reduce food waste by December 2024	Waste bio-digesters – used to harvest methane, which can then produce electricity
Food Serving	Link to staff training for both clinical & catering staff as all involved e.g. food portions / clear guidance with dietetic support.	Reduction of take aways on the wards Introduction of staff food options		
Menus	Reduction of red meat and dairy on the menu (part of the new menu roll out with Mitie) and addition of more plant based alternatives	Increase the number of plant-based menu items	Reduction of Palm oil use – link with Mitie (deforestation link) e.g. ready pizzas / margarine / chocolate / biscuits / protein	Change to plant based options becoming the norm/ default on Menus

Transport	2022/23	2023/2024	2024/2025	Beyond 2025
Trust Vehicles	50% of trust fleet ZEV or ULEV	75% of trust fleet ZEV or ULEV	90% of the total Trust fleet ZEV or ULEV	All trust vehicles are electric/ alternative fuel
Pool Cars		Investigate Opportunities to influence/aid upgrades to current community fleet of vehicles (approximately x30 minibus type vehicles)	Consider the Purchase of a fleet of shared eCars for teams to use on community visits	
Travel	2022/23	2023/2024	2024/2025	Beyond 2025
Cycling	Support active transport (i.e., bicycle) through grants and schemes.	sign up to Bike Friendly Business accreditation with an ambition to get at least Bronze by December 2023.	All LYPFT sites begin to create changing facilities and safe storage for those who commute by bike.	
Walking		Health & Wellbeing led active travel programmes to promote health benefits for staff, patients and visitors (improved air quality, regular exercise)	Develop exercise walks for staff around every site	
Electric Vehicle	Promote zero-carbon lease schemes for vehicles	EV infrastructure is fully in place at every Trust site	Consider the use of Battery storage to aid EV Charging	
Personal Travel Carbon Footprints	Review best practice across the NHS	Complete comprehensive staff commute & business travel survey to better understand staff behaviors & to aid targeted carbon reduction solutions	Set maximum travel parameters for staff for their travel	
Lease Cars / Salary Sacrifice Cars	All cars purchased must be below 100g Rating	All cars purchased must be below 50g Rating	All cars purchased must be zero emission vehicles	
Clean Air	Raise awareness of the implementation of clean air Zones (Leeds & York) with no idling areas	Assess the impact of clean air zones on the organisation and LYPFT operations	Annually complete the clean air hospital framework and improve the annual position by 10% per annum	

Adaption	2022/23	2023/2024	2024/2025	Beyond 2025
Heatwave	Begin to prepare all buildings for heatwaves	Undertake works to improve cooling & Ventilation	Undertake works to improve cooling & Ventilation	
Flooding		Undertake a full flood survey of all trust sites	Undertake works to mitigate flood risks	
Climate change	Climate Change Adaptation Risk Assessments to be completed	<p>A comprehensive Climate Change Risk Assessment to be completed by April 2024.</p> <p>A Climate Change Adaptation Lead and a climate change adaption action plan which is annually updated and approved by the Board from 2024.</p>	Works towards local adaptation strategies to be implemented	
Green IT	2022/23	2023/2024	2024/2025	Beyond 2025
IT Equipment	Audit the impact of data storage on LYPFT carbon emissions.	Procure energy efficient laptops and other technology for staff members.		
Printers	Reduce the number of printers within sites to promote the use of paperless technology		All printers have been removed from non-essential locations/departments. Offices are largely paper-free	
Training		Staff training to ensure they become a digitally confident workforce		
Green IT Strategy	Develop a Green ICT strategy looking at all procurement processes and the full life cycle analysis of ICT products with energy consumption			
Energy	2022/23	2023/2024	2024/2025	Beyond 2025
Monitoring & Managment	Begin to introduce AI to automate energy efficiency within the Trust estates			
Energy Production		PFI Provider moves to 100% renewal energy		100% of energy is produced on-site

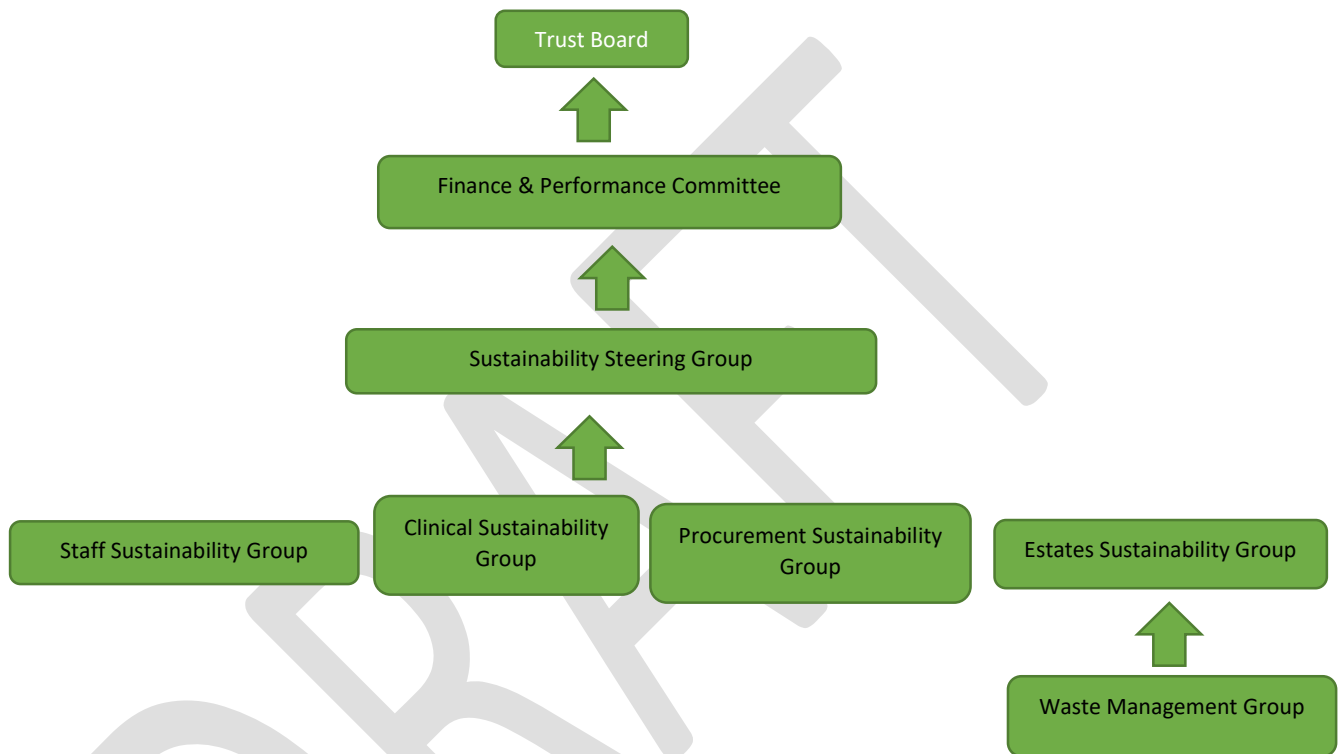
Our Estate	2022/23	2023/2024	2024/2025	Beyond 2025
Electrical Use	Rolling LED replacement programme with motion sensors and timers for lighting Owned Estates fully LED (Internal)	Reduce Electricity use by a further 10% based on 2009 figures	Consider Implement voltage optimisation across the estate Solar systems to St Marys House North & South Wing	
Automated Buildings	Improvements to BMS systems	Increased automated controls linked to BMS systems	Automated systems developed self testing/ robot cleaning	A fully automated workplace is implemented that can be controlled remotely by estates.
Office Facilities				NHS Hubs are opened, where staff can work from any region without having to travel
Woodland	Assess the biodiversity across the estate i.e., green spaces, trees, outside areas - Assess capability of tree planting on the estate Identify how the woodland could be used for service user therapy	Tree planting in the estate for offsetting and shade Assess the shading capacity from trees		A KPI of one tree per staff member on trust owned properties
Lighting	Continued role out of LED lighting	Automated control of all lighting is implemented (owned properties)		
Heating	Undertake building heating audit in line with technological advances. Implement a gas optimisation on boilers across the estate Summer heating shut down Create a heat decarbonisation plan	Trial Air- and ground-source heat pumps Production of a heat decarbonisation plans per site in compliance with the relevant guidance by March 2024	Investigate how hydrogen can be part of our larger infrastructure Phase out gas boilers at new sites	Consider the use of green hydrogen for large scale buildings.
New Builds	All New Builds to BREEAM Outstanding All new building work will comply with the Net Zero Carbon Hospital	All capital expenditure above £200k in the region should be assessed against the green plan and the project leads/ business case owner must	All new Building to be have fully decarbonised heating	

	Standard when available. (Delivering net zero NHS 2020). As part of this action The Yorkshire Environment and Sustainability Group will develop a Green Plan Impact assessment by September 2022	address any negative impact of the proposed scheme. National Greener NHS Infrastructure Guidance is currently being developed with targets for new builds and future developments.		
Refurbishment projects	All Refurbishment projects to have a sustainability impact assessment	All refurbishments to have heating decarbonisation installed All major and minor capital schemes shall be assessed for their operational carbon emissions and their impact on the WYHCP and local Trusts Green Plan. All capital funding requests shall have weighting for carbon reduction and sustainability.	All refurbishment projects to identify embedded carbons within the refurbishment process	When designing new or conducting major refurbishments of facilities the principles of 'Sustainable Travel Hierarchy' will be considered in the business case for all new developments. This puts the private car at the bottom with 'walking and cycling' at the top.
Insulation		Undertake a survey of building insulation across LYPFT		
Water			Start the Implementation of rainwater collection	
General	Specify low energy equipment / appliances Launch a turn off at end of day campaign	Upskill Estates workforce in Net Zero technology introduce hand dryers across the estate to reduce paper towel waste from general waste stream		
Cooling	Assess air conditioning requirements across the estate -Assess potential for free cooling	implement free cooling options where possible		

Waste	2022/23	2023/2024	2024/2025	Beyond 2025
Toxic Release	Refresh Battery waste service across the estate			A toxic release inventory is created and waste materials/by-products actively managed
Recycling	<p>Work with LTHFT around Plastic and PPE recycling on LTH site</p> <p>Continue with NHS Plastics Pledge work to eliminate the procurement and use of selected single-use plastic</p>	<p>Introduce a glass waste collection across the estate</p> <p>Replacement of single use plastic sharps containers with either reusable or cardboard alternatives</p>		On-site recycling of waste reaches 50%.
Waste reduction	Training/motivation sessions to improve segregation – Motivator being net-zero (better segregation helps us to understand our volumes and types of waste better)		Target of 0% to landfill	Set an objective of achieving virtually zero waste by 2040.
Furniture	Recycle furniture within the estate and with external organisations through Warp It			
Procurement	2022/23	2023/2024	2024/2025	Beyond 2025
Contracts	Review procurement contracts and actively begin to remove/replace unsustainable items or suppliers			
Suppliers	<p>Identify where supply chains could be procured just from local suppliers</p> <p>Ensure all tenders include a minimum of a 10% weighting for social value and sustainability credentials</p>	Ensure Suppliers Meet Minimum Standards Expected on Net Zero and Social Value - tendering process to consider sustainability credentials and carbon costs of suppliers, either separately or in relation to quality aspects of assessment for contractual awards, alongside financial cost.	Create an ordinance that LYPFT prioritises green suppliers for all areas of procurement, develop an assessment framework to accompany this.	



GOVERNANCE



The Sustainability Steering group will have oversight of all sustainable projects and targets, and monitor the trusts performance providing assurance to the Trust Board through the Finance & Performance Committee.

Sustainable reporting will be undertaken on a 6 monthly basis, with an annual report produced each year for the trust.

The Sustainability Steering Group shall initially consist of

- ❖ Chief Finance Officers(Board Level Sustainability Lead)
- ❖ Non Executive Director
- ❖ Head of Sustainability
- ❖ Consultant Clinical Psychologist
- ❖ Director of Estates
- ❖ Finance Lead
- ❖ Communications Lead

(Others may be added as required)



COMMUNICATION

Delivering the LYPFT Green Plan will require a mixture of changes to policy, procedures, working practices and behaviors.

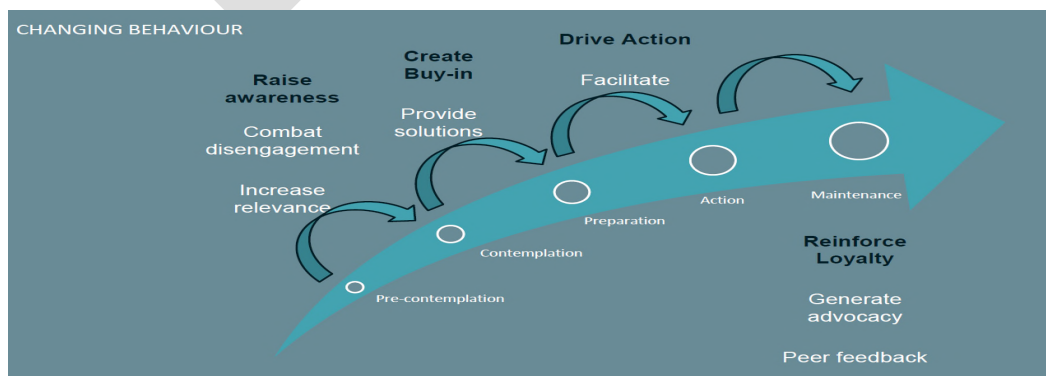
The Trust's Communications and Staff Engagement colleagues will aim to support successful outcomes by using the transtheoretical model of behavior change (below) to:

1. Raise awareness - of the issues and need for change
2. Create buy in – through engagement, education, involvement and establishing trust/loyalty
3. Drive action – to follow new procedures, change behaviors and habits, and ultimately change culture

Communications and staff engagement are key enablers of success and are crucial in helping to ensure that the Green Plan delivers successful outcomes within our Trust.

Our approach is to work with Theme Leads to identify where strategic communications and engagement support can add value and enable successful outcomes across the priority areas identified above using the Government Communications Service's OASIS model as a framework.

Objectives
Audience insight
Strategy
Implementation
Scoring / evaluation



The transtheoretical model of behaviour change

For Further information about our Green Plan please visit our webpage or contact our Sustainability team

LYPFT Sustainability Team

Poplar House

St Marys Hospital

Greenhills's road

Leeds

LS12 3QE

Email – estatesandfacilities.lypft@nhs.net

Telephone - 0113 85 52444

Media Enquiries - communications.lypft@nhs.net

Conclusion

The Trust is committed to sustainable development and recognises the significance of tackling a range of environmental, economic, and social issues.

The Trust has already made significant progress in the core areas of sustainability (such as energy reduction and sustainable transport) but recognises that a broader approach to sustainability is now required and a wider range of improvement measures are necessary, as detailed in this Green Plan document.

This Board approved Green Plan provides a comprehensive and structured framework for the Trust to meet its commitment to conducting all aspects of its activities with due consideration to sustainability whilst providing high quality patient care.

At corporate and operational levels this requires the cooperation, insight, and practical delivery to ensure that sustainability is embedded in all Trust activities. Additionally, it is important to note that the delivery of this Green Plan is not wholly driven by the Trust but may require collaboration with partners, external organisations, and integrated care systems.



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**AGENDA
ITEM**

19

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Approval of changes to the Constitution
DATE OF MEETING:	19 May 2022
PRESENTED BY: (name and title)	Cath Hill, Associate Director for Corporate Governance
PREPARED BY: (name and title)	Cath Hill, Associate Director for Corporate Governance

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

EXECUTIVE SUMMARY

The Board is asked to note that in order to make any changes to the Trust's Constitution this must first be approved by the Board of Directors, the Council of Governors and then presented at the Annual Members Meeting at which point the changes are final.

Since its last major update in February 2021, it has been necessary to make the following changes for the reasons set out below:

- The address of our Trust Headquarters has been changed to St Mary's House, St Mary's Road, Potternewton, Leeds, LS7 3JX. This has been reflected in the Foreword to Annex 7, the Foreword to Annex 8, and Section 2.1 of Annex 10 relating to governor elections.
- The age at which people can become members has been changed from 16 to 13 to reflect the lower age at which service users can be treated in our CAMHS units. The age at which a person can become a governor remains at 16 which is in line with the model core constitution, but Trust's are able to determine the age at which a person can become a member. It is proposed that this is lowered to 13 and that this is reflected in Section 3.1.1 of Annex 9.

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

RECOMMENDATION
<p>The Board is asked to consider and approve the proposed changes to the Constitution and note that if agreed these will then be proposed to the July Council of Governors' meeting and then the July Annual Members' meeting.</p>

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

**AGENDA
ITEM**

20

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Approval of changes to the Reservation of Powers to the Board of Directors and Council of Governors and Schedule of Decisions/Duties Delegated by the Board of Directors (known as The Scheme of Delegation)
DATE OF MEETING:	19 May 2022
PRESENTED BY: (name and title)	Cath Hill, Associate Director for Corporate Governance
PREPARED BY: (name and title)	Cath Hill, Associate Director for Corporate Governance

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

EXECUTIVE SUMMARY

The Board is required to review and agree changes to the document *Reservation of Powers to the Board of Directors and Council of Governors and Schedule of Decisions/Duties Delegated by the Board of Directors* (known as The Scheme of Delegation).

The Scheme of Delegation has been reviewed by the Associate Director for Corporate Governance on behalf of the Board and the proposed changes are set out below for consideration and approval.

- Directors' portfolios have been updated
- Inclusion of a new section 11; schedule of responsibilities delegated to the Accountable Emergency Officer (AEO)
- Clarification of where strategies are agreed:
 - Section 3, line 3.2 includes clarification that those strategies that sit beneath the five supporting strategies are approved by EMT
 - Section 10 now includes clarification that those strategies that sit beneath the five supporting strategies are presented to Board sub-committees so they are sighted on the detail, but are not presented for approval
- Section 10 now includes the role of NED Champions as these relate to Board sub-committees.

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

RECOMMENDATION
The Board is asked to review and approve the proposed changes to the Scheme of Delegation.



Leeds and York Partnership
NHS Foundation Trust

Reservation of Powers to the Board of Directors and Council of Governors

and

Schedule of Decisions/Duties Delegated by the Board of Directors

Responsible: Chief Executive
Prepared by: Associate Director for Corporate Governance
Ratified by: Board of Directors
Date: May 2022
Next review: May 2024

CONTENTS

1. Introduction
2. Portfolios of Executive Directors
3. Matters reserved to the Board of Directors
4. Matters reserved to the Council of Governors
5. Schedule of decisions/duties delegated in respect of the Council of Governors as set out in Annex 7 of the Constitution (Standing Order of the Council of Governors)
6. Schedule of decisions/duties delegated in respect of the Board of Directors as set out in Annex 8 of the Constitution (Standing Orders of the Board of Directors)
7. Schedule of decisions/duties delegated as set out in the Accounting Officer's Memorandum
8. Schedule of decisions/duties delegated by the Board of Directors implied by Standing Financial Instructions
9. Schedule of decisions/duties delegated by the powers of the Mental Health Act 1983 or any of its subsequent amendments
10. Responsibilities delegated to the sub-committees of the Board of Directors, including NED Champions
11. Schedule of responsibilities delegated to the Accountable Emergency Officer (AEO)

SECTION 1 – INTRODUCTION

The 'NHS Foundation Trust Code of Governance' (January 2014) requires there to be a formal document setting out the Reservation of Powers to the Board of Directors and a Schedule of Decisions/Duties Delegated by the Board of Directors.

The purpose of this document is to define those powers specifically reserved to the Board of Directors, while at the same time detailing those delegated to the appropriate level. However, the Board of Directors remains accountable for all of its functions, including those delegated to the Chair of the Trust, individual directors or officers in the Trust, and will establish ways in which it will receive information about the exercise of those delegated functions to enable it to maintain a monitoring role.

All matters which are not reserved for the Board of Directors or delegated to its committees shall be exercised by the Chief Executive. In turn, the Chief Executive will delegate as he/she sees fit to members of the Executive Management Team. All powers delegated by the Chief Executive can be reassumed by him/her should the need arise.

It should be noted (in accordance with the provisions of the emergency Powers Section of Annex 8 paragraph 4.2 of the Constitution that in an emergency the powers that the Board of Directors has retained to itself may be exercised by the Chief Executive and the Chair of the Trust after having consulted at least two non-executive directors. The exercise of such powers by the Chief Executive and the Chair of the Trust shall be reported to the next formal meeting of the Board of Directors for approval.

For clarity and completeness this document also includes a schedule of Reservation of Powers to the Council of Governors which is set out in Section 4; and these include those matters for which it has responsibility set out in the NHS Act 2006 (as amended by the Health and Social Care Act 2012).

ABBREVIATIONS USED IN SECTIONS OF THIS DOCUMENT:

- BoD = Board of Directors
- Code of G = Code of Governance
- CoG = Council of Governors
- Const = Constitution
- FP = Financial Procedures
- MHA = Mental Health Act
- SFIs = Standing Financial Instructions
- SO = Standing Orders

SECTION 2 – PORTFOLIOS OF EXECUTIVE DIRECTORS

All the powers of the Trust that have not been retained by the Trust Board or delegated to a committee will be exercised on behalf of the Board by the Chief Executive. They will in turn delegate some of these duties to the executive directors. Below is a high-level list of the duties that fall into each of the portfolios of the executive directors (greater detail of individual responsibilities is set out in directors' job descriptions).

	Directorate functions
Chief Financial Officer and Deputy Chief Executive	<ul style="list-style-type: none"> • Financial leadership, standards and governance with expert professional advice to the Board of Directors and the Council of Governors • Financial performance delivery • Contracting • Estates and facilities including security management • Commercial activities including the North of England Commercial Procurement Collaborative (NoE CPC). • Supplies and procurement • Internal audit and counter fraud • Health and safety • Informatics and Information Management and Technology • Capital development • Management of the Programme Management Office which oversees the delivery of the Trust's strategic programmes
Director of Nursing, Quality and Professions / Director of Infection and prevention and control (DIPC)	<ul style="list-style-type: none"> • Nursing, social work and AHP leadership, standards, governance and revalidation with expert professional advice to the Board of Directors and Council of Governors • Quality review and assurance • Professional leadership and strategies • Clinical governance • Safer staffing and practice placement facilitation, new professional roles • Risk management including oversight of risk registers and Datix reporting • Serious incident reporting and learning from incidents • Safeguarding children and adults • Infection prevention and control • Physical health • Patient experience and carer involvement • Smoking cessation • Complaints/PALs and claims • CQC compliance • Chaplaincy

	Directorate functions
Medical Director	<ul style="list-style-type: none"> • Medical leadership, standards and governance, including revalidation with expert professional advice to the Board of Directors and Council of Governors • Research and development • Medicines management • Caldicott guardian • Mortality review • Quality review • Compliance with NICE / national clinical standards • Andrew Sims Centre and events management • Accountable for clinical leadership (clinical directors / clinical leads) • Clinical quality supported by others • Mental Health Legislation
Chief Operating Officer	<ul style="list-style-type: none"> • Management and leadership across Care Services • Service Delivery • Resource deployment • Care services financial management • Emergency Preparedness, Response and Resilience • Clinical Services Strategic Plan and delivery of service developments • Performance management and delivery of performance standards • Partnership development • Service Integration • Service development • Quality delivery
Director of People and Organisational Development	<ul style="list-style-type: none"> • Organisational development and HR function, leadership standards and governance with expert professional advice to the Board of Directors and Council of Governors • Workforce planning and workforce information/systems • Recruitment • Staff learning and training • Internal Temporary clinical and non-clinical staffing bank • Diversity and inclusion including equality and diversity, voluntary services • Communications (internal and external) • Staff Engagement • Occupational health services and staff health and wellbeing

SECTION 3 - RESERVATION OF POWERS TO THE BOARD OF DIRECTORS

The Board of Directors must determine those matters on which decision are reserved unto itself. These reserved matters are set out below:

MATTERS RESERVED TO THE BOARD OF DIRECTORS	
General Enabling Provision The Board of Directors shall exercise all powers of the Trust as set out in the NHS Act 2006 (as amended by the Health and Social Care Act 2012), subject to any restrictions by its license, or as delegated in accordance with this Scheme. The Board at a full session may determine any matter it wishes in within its statutory powers.	
1. Regulations and Control	
1.1	Approve the Reservation of Powers to the Board of Directors and Council of Governors, Schedule of Decisions/Duties Delegated by the Board of Directors (BoD SO 4.5).
1.2	Approve the Standing Financial Instructions which set out the responsibilities of individuals (BoD SO 2.5)
1.3	Approve the Standing Orders for the Board of Directors as set out in the Constitution (BoD SO 15.1).
1.4	Suspend Standing Orders pertaining to the Board of Directors BoD SO 3.10).
1.5	Approve variations or amendments to the Constitution (including the Standing Orders) in conjunction with the Council of Governors (Const 44.1.2).

MATTERS RESERVED TO THE BOARD OF DIRECTORS	
1.6	At the next formal meeting of the Board of Directors ratify any urgent decisions taken by the Chair of the Trust and Chief Executive (BoD SO 4.2)
1.7	At any point during discussions at a Board of Directors' meeting require and receive the declaration of interests of any member of the Board of Directors that may conflict with those of the Trust; and determining the extent to which that Board member may remain involved with the matter under consideration (BoD SO 6.6).
1.8	Approval of the format for the Declaration of Interests' form (BoD SO 7.2).
1.9	Determine the independence of the non-executive directors. (Code of G. A.3.1)
1.10	Regularly review and at all times maintain and ensure the capacity and capability of the Trust to provide the mandatory goods and services as per the Provider Licence. (SFIs para 7.1)
1.11	Establish and disband the sub-committees that are directly accountable to the Board of Directors (BoD SO 5.1.1)
1.12	Receive reports from its sub-committees including those that the Trust is required to establish and take appropriate action.
1.13	Confirm the recommendations of the Trust's sub-committees where they do not have the power to make such a decision. (Where sub-committees made a decision which is within their delegated power this will be regarded as having been made by the Board of Directors)
1.14	Ratify the terms of reference and reporting arrangements of all sub-committees that are formally established by the Board of Directors (BoD SO 4.3).

MATTERS RESERVED TO THE BOARD OF DIRECTORS	
1.15	At its next formal meeting receive a report of the application of the Trust seal since the last report to the Board of Directors (BoD SO 11.3.1).
1.16	Ratify, or otherwise, instances of non-compliance with the Board of Directors' Standing Orders and the justification for such non-compliance (BoD SO 4.7)
1.17	Ratify a memorandum of understanding between the Chair of the Trust and the Chief Executive setting out a division of responsibilities, review any modifications to that memorandum (BoD SO 2.6)
1.18	Approve the wording of any statement of the Board of Directors pertaining to a dispute between the Council of Governors and the Board of Directors (BoD SO 10.3).
1.19	Decide on whether the Trust will insure through the risk pooling schemes administered by the NHS Litigation Authority. (SFIs para 20.2)
1.20	Make any arrangements it considers appropriate to the provision of indemnity insurance or similar arrangements for the benefit of the Trust or directors to meet all or any liability which are properly the liability of the Trust recognising the Public Benefit Corporation status (BoD SO 2.13.2) (SFIs para 20.4)
1.21	Approve any recording by members of the public of any public Board of Directors' meeting (BoD SO 3.2.5).
1.22	Resolve to exclude members of the public from any meeting or part of a meeting (BoD SO 3.1.2)
1.23	Determine that certain matters appear on each agenda of the Board of Directors' meeting (BoD SO 3.4.1)

MATTERS RESERVED TO THE BOARD OF DIRECTORS	
1.24	Provide permission that governors, directors, officers or any employee or representative of the Trust in attendance at a private meeting or private part of a meeting of the Board of Directors may disclose the contents of the papers or any discussion (BoD SO 3 1.9)
1.25	Send a copy of the agenda of the meeting of the Board of Directors to the Council of Governors (BoD SO 3.4.3)
1.26	Send a copy of the minutes of the public Board of Directors' meeting to the Council of Governors (BoD SO 3.9.5)
1.27	Determine the times and places for the meetings of the Board of Directors (BoD SO 3.2)
1.28	Approval of the Trust's banking arrangements. (SFIs para 5.1.2) (SFIs para 5.4.2)
1.29	Approve arrangements relating to the discharge of the Trust's responsibilities as a Corporate Trustee for funds held on Trust
1.30	Approve arrangements relating to the discharge of the Trust's responsibilities as Bailee for patient's monies
1.31	Grant delegated authority to the Chair or other directors to carry out actions on its behalf
2. Appointments / Dismissal / Terms and Conditions	
2.1	Ratify any changes to the overall number of non-executive directors and executive directors (BoD SO 2.8).
2.2	Appoint one of the independent non-executive directors as the Senior Independent Director (BoD SO 2.10.4).

MATTERS RESERVED TO THE BOARD OF DIRECTORS	
2.3	Advise a partner organisation of concerns regarding any individual that an organisation may appoint to the Council of Governors (i.e. an appointed governor) (Const para 11.5).
2.4	Approve the appointment of any advisor to assist or advise the Council of Governors. (Const para 11.6)
2.5	Appoint, discipline and dismiss the Trust Secretary (BoD SO 2.11)
2.6	Consider and approve proposals presented by the Chief Executive for setting remuneration and conditions of service for those employees and officers not covered by the Remuneration Committee. (SFIs 9.1.4)
2.7	Approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service etc for employees. (SFIs para 9.3.2)
2.8	Approve the directors' Code of Conduct
3. Strategy, Business Plans, Budgets and Statutory returns	
3.1	Define and set the aim, goals and strategic objectives of the Trust (i.e. the Trust Strategy).
3.2	Approve any supporting (underpinning) strategies (Clinical Services, Estates, IT, Quality, and People Plan). Note: for clarity the approval of all other strategies are delegated to the Executive Management Team to be approved.
3.3	Approve the capital programme (FP 4.3).

MATTERS RESERVED TO THE BOARD OF DIRECTORS

3.4	Approve any outline and final business cases for capital investments of £1m or more (or a linked series of projects for which the combined value would exceed £1m).
3.5	Approve any long-term borrowing and ensure this is consistent with the plans outlined in the annual plan (SFIs para 11.2.3)
3.6	Ratify proposals for acquisition, disposal or change of use of land and/or buildings of £1m or more (or a linked series of acquisitions, disposals or change of use of land for which the combined value would exceed £1m)
3.7	Approve any new PFI contract and / or significant changes to PFI contracts (for avoidance of doubt this would include any refinancing agreements).
3.8	Approve proposals in individual cases for the write-off of losses or making of special payments of £500k or more and all those of a novel or contentious nature. (SFIs para 14.2.8)
3.9	Approve the introduction or discontinuance of any significant activity or operation in relation to the Trust. An activity or operation shall be regarded as significant where it is of a novel or contentious nature, or if it has a gross annual income in excess of £1m per annum.
3.10	Approve the introduction or discontinuation of any significant activity or operation relating to the areas of responsibility for those Committees in Common established by the Board, where this has gross annual income or cost to the Trust in excess of £500k per annum.
3.11	Approve the level of non-pay on an annual basis (SFIs para 10.1.1)

MATTERS RESERVED TO THE BOARD OF DIRECTORS	
3.12	Approve orders for items of expenditure in respect of service directorate and corporate budgets where the value is for £1m or more. (FP 4.1)
3.13	Approve the Care Quality Commission Registration Declaration.
3.14	Approve the Trust's Quality Report prior to submission to NHS Improvement.
3.15	Approve any monitoring returns prior to submission to NHS Improvement, ensuring these are submitted at such frequency as is required (SFIs para 3.5.1)
3.16	Approve the Trust's forward plan prior to submission to NHS Improvement, ensuring that it has regard to the views of the Council of Governors
3.17	Receipt and adoption of the Trust's Annual Report and Annual Accounts.
3.18	Where applicable receive recommendations from the evaluation team on matters regarding in-house services that are subject to competitive tendering. (SFIs para 8.9.4)
3.19	Receive reports from the Chief Financial Officer on financial performance against budget and plans.
4. Audit	
4.1	Approve the annual Letter of Representation to the external auditors.

MATTERS RESERVED TO THE BOARD OF DIRECTORS

4.2	Receive from the External Auditor any Public Interest Report. (SFIs para 2.4.7)
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5. Monitoring

5.1	Receive such reports as the Board sees fit from sub-committees in respect of their exercise of delegated powers, including an annual report of activities undertaken by the sub-committees
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5.2	Continuous appraisal of the affairs of the Trust by means of reports to the Board, in whatever format the Board determines
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5.3	Receive performance reports against agreed internal, local, contractual and national targets and standards
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5.4	Receive and approve key reports as required including reports to and from NHS Improvement in regard to compliance
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SECTION 4 - RESERVATION OF POWERS TO THE COUNCIL OF GOVERNORS

MATTERS RESERVED TO THE COUNCIL OF GOVERNORS	
1.1	Approve changes to the Trust's Constitution in conjunction with the Board of Directors (Const para 44.1)
1.2	Appoint and/or disband the committees that are directly accountable to the Council of Governors and approve their Terms of Reference. (CoG SO 6.1)
1.3	Receive the annual report and accounts and any related auditors' reports. (Const para 41) (SFIs para 4.1.3)
1.4	Receive the auditor's opinion on the Quality Report
1.5	Appoint or remove the Chair of the Trust and other non-executive directors and decide their remuneration, allowances and other terms and conditions. (Const para 24.1) (SFIs para 9.1.5)
1.6	Approve the appointment of the Chief Executive. (Const para 27.2)
1.7	Appoint the Deputy Chair of the Trust. (Const para 26)
1.8	Appoint or remove the Trust's external auditors. (Const para 37.2) (SFIs para 2.4.2)
1.9	Hold the non-executives, individually and collectively, to account for the performance of the Board (Const para 15.1.1).
1.10	Receive from the External Auditor any Public Interest Report. (SFIs para 2.4.7)

MATTERS RESERVED TO THE COUNCIL OF GOVERNORS	
1.11	Require one or more of the directors to attend a meeting to obtain information about the Trust's performance, or information about how the directors have performed their duties in order to determine if there is a need to vote on issues concerning that performance. (CoG SO 4.1.9.2)
1.12	Resolve to exclude members of the public from any formal meeting or any part of a meeting of the Council of Governors (CoG SO 4.1.2)
1.13	Determine times and places of Council of Governors' meetings having regard for the accommodation of the public at those meetings (CoG SO 4.1.7 and 4.1.8)
1.14	Give permission for governors, directors or officers to disclose the content of a paper or discussion taken in a private meeting of the Council of Governors (CoG SO 4.2.2)
1.15	Determine that certain matters should appear on each Council of Governors' agenda (CoG SO 4.6.1)
1.16	Approve by majority vote the implementation of any proposals to increase by 5% or more the proportion of total income in any financial year derived from non-NHS activities. (Const para 40.7)
1.17	Approve by majority vote entering into a significant transaction (a significant transaction is defined in the Constitution). (Const para 46.1)
1.18	Approve by majority vote an application to NHS Improvement (one of our regulators) for a merger with or the acquisition of another foundation trust or NHS trust. (Const para 45)

MATTERS RESERVED TO THE COUNCIL OF GOVERNORS	
1.19	Approve by majority vote an application to NHS Improvement for the separation and dissolution of the foundation trust. (Const para 45)
1.20	Determine whether the provision of activities other than the provision of goods and services for the purpose of health services in England will to any significant extent interfere with the fulfillment of the Trust's principal purpose (Const para 40.6.1)
1.21	Be consulted on the appointment of the Senior Independent Director. (BoD SO 2.10.4)
1.22	Agree a clear process for the appointment of the Chair of the Trust and the other non-executive directors. (Code of G C.1.4)
1.23	Agree a process for the evaluation or appraisal of the Chair of the Trust and the other non-executives, including the outcomes of the evaluation of the Chair of the Trust and the non-executive directors. (Code of G D.2)
1.24	Receive a report on the outcome of the evaluation or appraisal of the Chair of the Trust or the other non-executive directors, particularly where this is linked to a re-appointment process. (ToR for CoG)
1.25	Represent the interests of the members of the Trust as a whole and the interests of the public. (Const para 15.1.2)
1.26	At the next formal meeting of the Council of Governors approve any urgent decisions taken by the Chair of the Trust on behalf of the Council of Governors. (CoG SO 5.1)
1.27	Suspend the Standing Orders pertaining to the Council of Governors. (CoG SO 4.13.1)

MATTERS RESERVED TO THE COUNCIL OF GOVERNORS	
1.28	Approve the wording of any statement of the Council of Governors pertaining to a dispute between the Council of Governors and the Board of Directors. (CoG SO 10.3)
1.29	Inform NHS Improvement that in the Council of Governors' opinion the Board of Directors has not responded constructively to concerns of the Council of Governors. (CoG SO 10.9)
1.30	Nominate the Lead Governor.
1.31	Approve any recording of a public Council of Governors' meeting by any member/s of the public. (CoG SO 4.1.5)
1.32	Agree the remit of any individual to whom the Council of Governors has delegated responsibility to that individual. (CoG SO 5.3)
1.33	Appoint or disband a sub-committee of the Council of Governors. Agree the Terms of Reference of any such sub-committee and agree the membership and determine the chair of the sub-committee (CoG SO 6.5)
1.34	Authorise the delegation of any powers of a sub-committee to any other committee (CoG SO 6.4)
1.35	Receive any report of non-compliance with Council of Governors Standing Orders at a formal meeting and determine action or ratification (CoG SO 11.1)

SECTION 5 – SCHEDULE OF DECISIONS/DUTIES DELEGATED BY THE COUNCIL OF GOVERNORS AS SET OUT IN ANNEX 7 OF THE CONSTITUTION (The Standing Orders of the Council of Governors)

STANDING ORDER REF	DELEGATED TO	DECISION / DUTY DELEGATED AS SET OUT IN THE STANDING ORDERS OF THE COUNCIL OF GOVERNORS
1.1	CHAIR OF THE TRUST	Final authority in the interpretation of Annex 7 of the Constitution (Council of Governors' Standing Orders) in respect of the Council of Governors.
3.3	CHAIR OF THE TRUST	Has responsibility for the leadership of the Council of Governors.
3.2 and 3.4	CHAIR OF THE TRUST	Has responsibility for chairing the Council of Governors' meetings.
4.1.4	CHAIR OF THE TRUST	May exclude any member of the public from a meeting of the Council of Governors if they are interfering with or preventing the proper or reasonable conduct of that meeting.
4.1.6 & 4.1.10	CHAIR OF THE TRUST	Invite members of the public to ask questions or otherwise participate in a meeting of the Council of Governors.
4.3.1	CHAIR OF THE TRUST	In exceptional circumstances call a meeting of the Council of Governors at any time.
4.3.3	CHAIR OF THE TRUST	Chair any meeting of the Council called by governors
4.3.3	TRUST SECRETARY	Attend any meeting of the Council called by governors
4.4.1	CHAIR OF THE TRUST OR AUTHORISED OFFICER	Sign a notice of business to be conducted at public meetings of the Council of Governors.
4.4.1	CHAIR OF THE TRUST	Agree any agenda papers that are to follow the main agenda and papers going out

STANDING ORDER REF	DELEGATED TO	DECISION / DUTY DELEGATED AS SET OUT IN THE STANDING ORDERS OF THE COUNCIL OF GOVERNORS
4.4.3	CHAIR OF THE TRUST	Waive notice of a meeting of the Council of Governors.
4.4.4	GOVERNORS	Those governors calling a meeting in default of the chair shall sign a notice of business to be transacted at that meeting.
4.5.2	GOVERNORS	Send apologies to the Trust Secretary should they not be able to attend a formal Council meeting
4.6.2	CHAIR OF THE TRUST	Decide if an agenda item received less than 12 days before a meeting will be included on the agenda
4.6.3	CHAIR	Decide those items that are to be on the agenda of the Council of Governors
4.7.1	DEPUTY CHAIR OF THE TRUST	In the absence of, incapacity of, or exclusion of the Chair of the Trust, chair the meetings of the Council of Governors.
4.8.1	CHAIR OF THE TRUST	Include on the agenda all notice of motions received
4.8.2	CHAIR OF THE TRUST	Give a final ruling for requests to permit emergency motions
4.7.3	GOVERNOR	In the absence of, incapacity of, or exclusion of the Chair of the Trust and the Deputy Chair of the Trust, chair the meetings of the Council of Governors.
4.9.1	CHAIR OF THE TRUST	Give a final ruling in questions of order, relevancy and regularity of matters pertaining to governors' statements
4.10.1	CHAIR OF THE TRUST	Have a second or casting vote.
4.11.1	CHAIR OF THE TRUST	Sign the minutes of the meetings of the Council of Governors.

STANDING ORDER REF	DELEGATED TO	DECISION / DUTY DELEGATED AS SET OUT IN THE STANDING ORDERS OF THE COUNCIL OF GOVERNORS
4.11.2	CHAIR OF THE TRUST	To agree where it is appropriate for discussions to take place in respect of the minutes of the meeting
4.13.5	AUDIT COMMITTEE	Review every decision to suspend Standing Orders of the Council of Governors.
5.1	CHAIR OF THE TRUST AND FIVE ELECTED GOVERNORS	The powers which the Council of Governors has retained to itself within these Standing Orders may in emergency be exercised by the Chair of the Trust after having consulted at least five elected Governors.
7.1 and 7.4	GOVERNORS	Declare relevant and material interests
7.7	GOVERNORS	Inform the Trust Secretary within 7 days of becoming aware of a relevant or material interest
8.1 & 8.2	TRUST SECRETARY	Establish and maintain a Register of Interests for Governors.
10.2	CHAIR OF THE TRUST	Endeavour to resolve any dispute between the Council of Governors and the Board of Directors through discussion in the initial stages.
10.4	CHAIR OF THE TRUST	Ensure any Dispute Statement is included on the next agenda of the formal meeting of either the Board of Directors or the Council of Governors as appropriate.
10.5	CHAIR OF THE TRUST	Communicate the outcome of any Dispute Statement to the other party and advise if there is no prospect of full or partial resolution.
11.2	ALL GOVERNORS AND STAFF	Duty to disclose any non-compliance with Annex 7 of the Constitution in respect of the Council of Governors.
13.2	ALL GOVERNORS	Disclose to the Board Secretary any relationship with a candidate who is applying for any staff appointment within the Trust, when the candidate makes the application. (For clarity "relationship" shall be defined as spouse or co-habiting partner, or close family member).

SECTION 6 – SCHEDULE OF DECISIONS/DUTIES DELEGATED BY THE BOARD OF DIRECTORS AS PER ANNEX 8 OF THE CONSTITUTION (the Standing Orders of the Board of Directors)

STANDING ORDER REF	DELEGATED TO	DECISION/ DUTY DELEGATED AS SET OUT IN THE STANDING ORDERS OF THE BOARD OF DIRECTORS
1.1	CHAIR OF THE TRUST	Final authority in the interpretation of Annex 8 of the Constitution (Standing Orders for the Board of Directors).
1.1	CHIEF EXECUTIVE OR TRUST SECRETARY	Advise the Chair on the interpretation of the Standing Order for the Board of Directors.
2.4.3	CHIEF EXECUTIVE	Overall performance of the executive functions of the Trust.
2.4.4	CHIEF FINANCIAL OFFICER	Provision of financial advice and for the supervision of financial control and accounting systems.
2.4.4	CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER	Ensuring the discharge of obligations under relevant Financial Directions.
2.4.6	CHAIR OF THE TRUST	Operation of the Board of Directors and will chair all Board meetings when present.
2.4.7	CHAIR OF THE TRUST	Have responsibility for the induction of the non-executive directors, their portfolios of interests and assignments and their performance.
2.4.8	CHAIR OF THE TRUST AND CHIEF EXECUTIVE	Ensure the Board of Directors discusses key and appropriate issues.
2.4.9	CHAIR OF THE TRUST	Leadership of the Board of Directors, ensuring the Board of Directors and Council of Governors work effectively together.

STANDING ORDER REF	DELEGATED TO	DECISION/ DUTY DELEGATED AS SET OUT IN THE STANDING ORDERS OF THE BOARD OF DIRECTORS
2.10	CHAIR OF THE TRUST AND THE NON-EXECUTIVE DIRECTORS	Appoint the Chief Executive.
2.10	COMMITTEE OF CHAIR OF THE TRUST, NON-EXECUTIVE DIRECTORS AND CHIEF EXECUTIVE	Appoint members of the Executive Team.
3.2.1	CHAIR OF THE TRUST	Call meetings of the Board of Directors
3.1.4	CHAIR OF THE TRUST	Exclude any member of the public from a public Board of Directors' meeting if they are interfering with or preventing the proper or reasonable conduct of the meeting.
3.1.6	CHAIR OF THE TRUST	Decide whether any question from a member of the public will be put to the Board of Directors at a public meeting.
3.3.1	CHAIR OF THE TRUST OR AUTHORISED OFFICER	Sign a notice of business to be conducted at public meetings of the Board of Directors.
3.3.1	CHAIR OF THE TRUST	Agree that papers may be sent out late as "to follow".
3.5.1	CHAIR OF THE TRUST	Chair all Board of Directors' meetings.
3.5.2	DEPUTY CHAIR OF THE TRUST	Carry out the role of the Chair of the Board of Directors in the absence of the Chair.
3.5.3	NON-EXECUTIVE DIRECTOR	Chair the Board of Directors' meeting in the absence of both the Chair of the Trust and the Deputy Chair of the Trust.
3.6.1	CHAIR OF THE TRUST	Include on the agenda all notices of motion received.

STANDING ORDER REF	DELEGATED TO	DECISION/ DUTY DELEGATED AS SET OUT IN THE STANDING ORDERS OF THE BOARD OF DIRECTORS
3.6.2	CHAIR OF THE TRUST	Give final ruling to requests to permit emergency motions.
3.7.1	CHAIR OF THE TRUST	Give final ruling in questions of order, relevancy and regularity of matters pertaining to directors' statements.
3.8.1	CHAIR OF THE TRUST	Have a second or casting vote
3.9.1	CHAIR OF THE TRUST	Sign the minutes of the meeting of the Board of Directors.
3.10.5	AUDIT COMMITTEE	Audit Committee to review every decision to suspend Standing Orders (power to suspend Standing Orders is reserved to the Board of Directors)
4.2	CHAIR OF THE TRUST AND CHIEF EXECUTIVE AND TWO NON-EXECUTIVE DIRECTORS	The powers which the Board of Directors has retained to itself within these Standing Orders may in emergency be exercised by the Chair of the Trust and Chief Executive after having consulted at least two non-executive directors.
4.4	CHIEF EXECUTIVE	Carry out any function that is not reserved to the Board of Directors or delegated to an executive committee or Board committee.
4.5	CHIEF EXECUTIVE	The Chief Executive shall prepare a Schedule of Decision/Duties Delegated by the Board of Directors and Council of Governors identifying his/her proposals that shall be considered and approved by the Board, subject to any amendment agreed during the discussion.
4.7	ALL	Disclosure of non-compliance with Standing Orders to the Chief Executive as soon as possible.
6.1 & 6.4	ALL DIRECTORS	Declare relevant and material interests and any pecuniary interest in any contract, proposed contract or other matter under discussion by the Board of Directors.
7.1	TRUST SECRETARY	Establish and maintain Registers of Interests in line with the Trust's Declaration of Interest Policy, and the Bribery Act 2010.

STANDING ORDER REF	DELEGATED TO	DECISION/ DUTY DELEGATED AS SET OUT IN THE STANDING ORDERS OF THE BOARD OF DIRECTORS
7.2	TRUST SECRETARY	Keep the Register of Interests up to date adding new information as received.
9.1	ALL STAFF	Comply with national guidance on standards of business conduct for NHS staff.
9.9	ALL DIRECTORS INCLUDING THE CHAIR OF THE TRUST	Disclose any relationship between themselves and a candidate for staff appointment in line with the Trust's Anti-Bribery Policy and the Bribery Act 2010. (CE or nominated director to report the disclosure to the Board of Directors.) (For clarity "relationship" shall be defined as spouse or co-habiting partner, or close family member).
10.2	CHAIR OF THE TRUST	Endeavour to resolve any dispute between the Board of Directors and the Council of Governors through discussion in the initial stages.
10.4	CHAIR OF THE TRUST	Ensure any Dispute Statement is included on the next agenda of the formal meeting of either the Board of Directors or the Council of Governors as appropriate.
10.5 & 10.6	CHAIR OF THE TRUST	Communicate the outcome of any Dispute Statement to the other party, and advise if there is no prospect of full or partial resolution.
11.1.1	CHIEF EXECUTIVE OR NOMINATED OFFICER	Keep the seal in a safe place and maintain a register of sealing.
11.2.1	CHAIR OF THE TRUST AND TRUST BOARD SECRETARY	The Board of Directors has delegated the witnessing of the application of the seal to the Chair of the Trust or in their absence the Deputy Chair and the Trust Board Secretary or in their absence their nominated officer.
11.2.2	CHIEF FINANCIAL OFFICER AND CHIEF EXECUTIVE	Approve any building, engineering, property or capital document prior to sealing.
12.1	CHIEF EXECUTIVE/ EXECUTIVE DIRECTOR	Approve and sign all documents which will be necessary in legal proceedings.

STANDING ORDER REF	DELEGATED TO	DECISION/ DUTY DELEGATED AS SET OUT IN THE STANDING ORDERS OF THE BOARD OF DIRECTORS
12.2	CHIEF EXECUTIVE	The Board of Directors may authorise the Chief Executive, to sign on behalf of the Trust any agreement or other document not required to be executed as a deed, the subject matter of which has been approved by the Board of Directors or committee or sub-committee to which the Board of Directors has delegated appropriate authority.
13.1	CHIEF EXECUTIVE	Ensure all existing and new Directors and officers are notified of and understand their responsibility within the Standing Orders, Standing Financial Instructions, Reservation of Powers and Schedule of Decision/Duties delegated to the Board of Directors.

SECTION 7 – SCHEDULE OF DECISIONS/DUTIES DELEGATED BY THE NHS FOUNDATION TRUST ACCOUNTING

OFFICER MEMORANDUM (Taken from the NHS Foundation Trust Accounting Officers' Memorandum August 2015) Note: the use of the term Monitor in the context of this section refers to the statutory body 'Monitor' the duties of which have been subsumed into the role of NHS Improvement.

PARA REF	DELEGATED TO	DECISION/ DUTY DELEGATED AS SET OUT IN THE ACCOUNTING OFFICERS MEMORANDUM
3	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Duty to prepare the accounts in accordance with the NHS Act 2006. Duty to personally sign the accounts. Witness before the Committee of Public Accounts to deal with questions arising from the accounts or from any report made to Parliament by the Comptroller and Auditor General under the National Audit Act 1983.
5	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Responsible to Parliament for resources under his/her control.
7	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Responsible for the overall organisation, management and staffing of the NHS foundation trust and for its procedures in financial and other matters. The accounting officer must ensure that: <ul style="list-style-type: none"> a) there is a high standard of financial management in the NHS foundation trust as a whole b) the NHS foundation trust delivers efficient and economical conduct of its business and safeguards financial propriety and regularity throughout the organisation c) financial considerations are fully taken into account in decisions by the NHS foundation trust.

PARA REF	DELEGATED TO	DECISION/ DUTY DELEGATED AS SET OUT IN THE ACCOUNTING OFFICERS MEMORANDUM
9	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	<p>Required to:</p> <ul style="list-style-type: none"> a) personally sign the accounts and, in doing, so accept personal responsibility for ensuring their proper form and content as prescribed by Monitor in accordance with the Act b) comply with the financial requirements of the NHS provider licence c) ensure that proper financial procedures are followed and that accounting records are maintained in a form suited to the requirements of management, as well as in the form prescribed for published accounts (so that they disclose with reasonable accuracy, at any time, the financial position of the NHS foundation trust) d) ensure that the resources for which you are responsible as accounting officer are properly and well managed and safeguarded, with independent and effective checks of cash balances in the hands of any official e) ensure that assets for which you are responsible such as land, buildings or other property, including stores and equipment, are controlled and safeguarded with similar care, and with checks as appropriate f) ensure that any protected property (or interest in) is not disposed of without the consent of Monitor g) ensure that conflicts of interest are avoided, whether in the proceedings of the board of directors, or council of governors or in the actions or advice of the NHS foundation trust's staff, including yourself h) ensure that, in the consideration of policy proposals relating to the expenditure for which you are responsible as accounting officer, all relevant financial considerations, including any issues of propriety, regularity or value for money, are taken into account, and brought to the attention of the board of directors.

PARA REF	DELEGATED TO	DECISION/ DUTY DELEGATED AS SET OUT IN THE ACCOUNTING OFFICERS MEMORANDUM
10	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	<p>Ensure that effective management systems appropriate for the achievement of the Trust's objectives, including financial monitoring and control systems, have been put in place. Ensure that managers at all levels:</p> <ul style="list-style-type: none"> a) have a clear view of their objectives, and the means to assess and, wherever possible, measure outputs or performance in relation to those objectives b) are assigned well-defined responsibilities for making the best use of resources (both those consumed by their own commands and any made available to organisations or individuals outside the NHS foundation trust), including a critical scrutiny of output and value for money c) have the information (particularly about costs), training and access to the expert advice which they need to exercise their responsibilities effectively.
11	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Ensure that their arrangements for delegation promote good management and that they are supported by the necessary staff with an appropriate balance of skills.
12	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Responsibility to see that appropriate advice is tendered to the Board of Directors and the Council of Governors on all matters of financial propriety and regularity, and more broadly, as to all considerations of prudent and economical administration, efficiency and effectiveness. Determine how and on what terms such advice should be tendered, and whether in a particular case to make reference to their own duty, as Accounting Officer, to justify to the Public Accounts Committee, transactions for which they are accountable.
13	BOARD OF DIRECTORS	Act in accordance with the requirements of propriety or regularity.
13	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Make written objections to proposals by the Board of Directors, Council of Governors or Chair which he considers to infringe the requirement to act with the requirements of propriety or regularity. If the Board of Directors, Council of Governors or Chair decides to proceed, seek a written instruction to take the action in question, and inform Monitor of the position (if possible, before the decision is implemented).

PARA REF	DELEGATED TO	DECISION/ DUTY DELEGATED AS SET OUT IN THE ACCOUNTING OFFICERS MEMORANDUM
14 and 15	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	If a course of action is contemplated which raises an issue relating to his wider responsibilities for economy, efficiency and effectiveness, draw the relevant factors to the attention of the Board of Directors or Council of Governors and advise them in whatever way he deems appropriate. If his decision is overruled, and the proposal is one which he would not feel able to defend to the Public Accounts Committee as representing value for money, seek a written instruction before proceeding. Inform Monitor of such an instruction, if possible, before the decision is implemented. If there is no time to submit advice in writing due to extreme urgency, ensure that if the advice is overruled, both the advice and the instructions are recorded in writing immediately afterwards.
16	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Appear before the Public Account Committee from time to time to give evidence on the reports arising from examinations undertaken by the Comptroller and Auditor General, and answer questions concerning expenditure and receipts for which he/she is Accounting Officer.
17	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Furnish the Public Accounts Committee with explanations of any weaknesses in the matters covered in paragraphs 8-15 of the NHS Foundation Trust Accounting Officer Memorandum, to which his/her attention has been drawn by the Comptroller and Auditor General or about which they may wish to question to Accounting Officer.
19	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Ensure that he/she is adequately and accurately briefed on matters which are likely to arise at any hearing of the Public Accounts Committee.
21	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Ensure that he/she is generally available for consultation, and that in any temporary period of unavailability, there will be a senior officer in the Foundation Trust who can act on his behalf if required.
22	BOARD OF DIRECTORS	Where it becomes clear that the Accounting Officer is so incapacitated that he/she will be unable to discharge his/her responsibilities over a period of four weeks or more, appoint an acting Accounting Officer (usually the Finance Director), until his/her return.
23	ACTING ACCOUNTING OFFICER	Sign accounts where the Accounting Officer is unable to sign in time for printing.

SECTION 8 - SCHEDULE OF DECISION/DUTIES DELEGATED BY THE BOARD OF DIRECTORS (AS PER THE STANDING FINANCIAL INSTRUCTIONS)

Standing Financial Instructions (SFIs) has within it details of duties that have been delegated to executive directors and other officers within the Trust. (As per the version dated April 2018). Please note that the duties reserved to the Board of Directors as set out in the SFIs are detailed in Section 3 of this document.

PARA REF	DELEGATED TO	DECISION/DUTY SET OUT IN THE STANDING FINANCIAL INSTRUCTIONS (SFIs)
1.1.5	CHIEF FINANCIAL OFFICER	Provide advice on matters regarding the interpretation or application of SFIs.
1.1.7	CHIEF FINANCIAL OFFICER	Receive notice of non-compliance with the SFIs from staff and members of the Board of Directors as soon as it is reasonably practicable.
1.3.5	CHIEF FINANCIAL OFFICER	<p>Is required to:</p> <ul style="list-style-type: none"> (a) implement the Foundation Trust's financial policies and co-coordinate any necessary amendments to the policies where appropriate (b) maintain an effective system of internal financial control (c) ensure that accurate financial records of financial transactions are regularly kept up to date and disclose the financial position of the Trust when required and within a reasonable time scale (d) <ul style="list-style-type: none"> (i) provide financial advice to the Board of Directors, Council of Governors and employees (ii) advise on the design, implementation and supervision of systems of internal financial control (iii) prepare and maintain the Trust Accounts, certificates, estimates records and reports.
1.3.7	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	To ensure any contractor or their employees are aware of their duties within the SFIs.

PARA REF	DELEGATED TO	DECISION/DUTY SET OUT IN THE STANDING FINANCIAL INSTRUCTIONS (SFIs)
1.3.8	CHIEF FINANCIAL OFFICER	Ensure that the manner by which the Board of Directors and employees carry out their financial function are of a satisfactory standard.
2.1.1	BOARD OF DIRECTORS	Establish the Audit Committee consisting of at least three non-executives in accordance with the Constitution, with clearly defined terms of reference.
2.1.3	CHIEF FINANCIAL OFFICER	Ensure an adequate Internal Audit service is provided.
2.1.3	AUDIT COMMITTEE	Monitor arrangements and be involved in the selection process when / if an Internal Audit service provider is changed.
2.2.1	CHIEF FINANCIAL OFFICER	<p>Is required to:</p> <ul style="list-style-type: none"> (a) ensure there are arrangements to review, evaluate and report on the effectiveness of internal control (b) ensure that the Internal Audit service is adequate and meets mandatory audit standards (c) provide advice on what stage to involve the police in cases of misappropriation of funds and other financial irregularities not involving fraud or corruption (d) ensure that the Annual Internal Audit Report is prepared for the consideration of the Audit Committee (e) ensure that at least every three years an internal audit plan a strategy plan for the forthcoming three years is submitted to the Audit Committee for consideration; and that an Internal Audit Annual Plan for the coming year is submitted to the Audit Committee for consideration.
2.3.2	STAFF	Where matters concerning Trust property or suspected irregularity in the exercise of any function of a pecuniary nature the Chief Financial Officer must be notified and must comply with the relevant financial procedures.
2.3.4	CHIEF FINANCIAL OFFICER	He / she must agree the reporting system for Internal Audit with the Internal Audit representative and the Audit Committee. The agreement should be in writing and comply with the guidance on reporting contained in the Internal Audit Standards. The CFO must also review the reporting system at least every three years.

PARA REF	DELEGATED TO	DECISION/DUTY SET OUT IN THE STANDING FINANCIAL INSTRUCTIONS (SFIs)
2.3.5	CHIEF FINANCIAL OFFICER	Identify a formal review process to monitor the extent to which staff comply with audit recommendations, and report any failure to implement the recommendations within a reasonable timescale to the Audit Committee.
2.5.1	CHIEF FINANCIAL OFFICER AND CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Monitor and ensure compliance with all relevant laws, codes and contractual obligations governing the conduct of countering fraud and corruption.
2.5.3	CHIEF FINANCIAL OFFICER	Receive reports from the Local Counter Fraud Specialist and work with the staff from NHS Counter Fraud Authority in accordance with the NHS Anti-crime Manual.
2.5.3	LOCAL COUNTER FRAUD SPECIALIST	Provide a report to the audit Committee at least annually.
2.6.2	CHIEF EXECUTIVE	Monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management
2.6.4	NOMINATED NON-EXECUTIVE DIRECTORS	Responsible to the Board for NHS security management.
2.6.5	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Overall responsibility for controlling and coordinating security.
3.1.1	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Compile and submit to the Board a Business Plan that takes into account financial targets and forecast limits of available resources.
3.1.2	CHIEF FINANCIAL OFFICER	Prepare and submit budgets for approval by the Board prior to the start of the financial year.
3.1.3	CHIEF FINANCIAL OFFICER	Monitor and review financial performance against the budget and business plan. Report the findings of the above review to the Board and Finance and Performance Committee, with any significant variances being reported to the Board of Directors as soon as possible.

PARA REF	DELEGATED TO	DECISION/DUTY SET OUT IN THE STANDING FINANCIAL INSTRUCTIONS (SFIs)
3.1.4	BUDGET HOLDERS	Provide the Chief Financial Officer with information as required to enable budgets to be compiled.
3.1.6	CHIEF FINANCIAL OFFICER	Ensure that budget holders are adequately trained on an ongoing basis.
3.2.1	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Delegate the management of a budget to permit the performance of a defined range of activities.
3.3.1	CHIEF FINANCIAL OFFICER	Devise and maintain systems of budgetary control.
3.3.2 (c)	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Other than those staff provided for within the available resources and manpower establishments the appointment of any permanent staff over and above this shall be approved by the Chief Executive.
3.3.3	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Ensure the best possible use of resources, both manpower and finances and for delivering value for money at all times.
3.3.4	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Identify and implement cost improvement plans and revenue generation initiatives in accordance with the requirements of the Annual Business Plan.
4.1.2	CHIEF FINANCIAL OFFICER	Ensure that the Foundation Trust prepares each financial year annual accounts in accordance with the Treasury and NHS Improvement requirements.
4.1.4	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Ensure the Trust sends copies of the annual accounts and any report of the External Auditor on them to NHS Improvement and once it has so done, lay a copy of those documents before Parliament

PARA REF	DELEGATED TO	DECISION/DUTY SET OUT IN THE STANDING FINANCIAL INSTRUCTIONS (SFIs)
4.1.5	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Responsible for complying with the requirements relating to the form, preparation and presentation of the accounts
4.2.1	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Ensure the Trust prepares annual reports in accordance with the accounting policies and guidance given by NHS Improvement and sends these to NHS Improvement
5.1.1	CHIEF FINANCIAL OFFICER	Manage the Foundation Trust's banking arrangements and advise on the provision of banking services and operation of accounts.
5.2.1	CHIEF FINANCIAL OFFICER	Is responsible for: (a) commercial bank accounts and Government Banking Service (GBS) accounts; (b) establish separate bank accounts for the Foundation Trust's non-exchequer funds; (c) ensure payments made from bank or GBS accounts do not exceed the amount credited to the account except where arrangements have been made; (d) reporting to the Board of Directors all arrangements made with the Foundation Trust's bankers for accounts to be overdrawn when utilising a working capital facility.
5.3.1	CHIEF FINANCIAL OFFICER	Prepare detailed instructions on the operation of bank and GBS accounts.
5.3.2	CHIEF FINANCIAL OFFICER	Advise the Trust's bankers in writing of the conditions under which each account will be operated.
5.3.3	CHIEF FINANCIAL OFFICER	Approve security procedures for any cheques issued without a hand-written signature e.g. lithographed.
5.4.1	CHIEF FINANCIAL OFFICER	Review the commercial banking arrangements of the Foundation Trust at regular intervals to ensure they reflect best practice.

PARA REF	DELEGATED TO	DECISION/DUTY SET OUT IN THE STANDING FINANCIAL INSTRUCTIONS (SFIs)
6.1.1	CHIEF FINANCIAL OFFICER	Design, maintain and ensure compliance with systems for the proper recording, invoicing, collection and coding of all monies due.
6.1.3	CHIEF FINANCIAL OFFICER	Responsible for the prompt banking of all monies received.
6.2.1	CHIEF FINANCIAL OFFICER	Approve and regularly review the level of all fees and charges (other than those determined by the Department of Health or by Statute).
6.2.2	ALL STAFF	Inform the Chief Financial Officer promptly of money due arising from transactions which they initiate / deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.
6.3.1	CHIEF FINANCIAL OFFICER	Ensure appropriate recovery of all outstanding debts, including formal follow up procedure for all debtor accounts and ensure overpayments are detected and prevented where possible and recovery initiated.
6.4.1	CHIEF FINANCIAL OFFICER	Is required to approve the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable, order and securely control stationery stocks, and provide adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines.
6.4.3	CHIEF FINANCIAL OFFICER	Approve any exceptional arrangements for disbursements to be made from any cash received.
6.4.5	CHIEF FINANCIAL OFFICER	Receive a report of any loss or significant trends of any loss or shortfall of cash, cheques or other negotiable instruments.
7.2	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Ensure the Foundation Trust enters into suitable Foundation Trust Contracts (FTC) with commissioners for the provision of NHS services.

PARA REF	DELEGATED TO	DECISION/DUTY SET OUT IN THE STANDING FINANCIAL INSTRUCTIONS (SFIs)
7.3	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Ensure that the Foundation Trust works with all partner agencies involved in both the delivery and the commissioning of the service required.
7.6	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Set out and agreed a written partnership agreement with other partner organisations as identified in the Regulations for section 75 partnership arrangements and demonstrate that the aim of any such agreement is to improve services for users by raising standards and improving the quality and responsiveness of services.
8.3.1	CHIEF FINANCIAL OFFICER	Approve procurement procedures where goods are not processed through NHS supply chain.
8.3.3	CHIEF FINANCIAL OFFICER	Where tender processes have been waived in respect of the provision of legal advice or services the Chief Financial Officer will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work.
8.3.3	CHIEF FINANCIAL OFFICER	Report to the Auditors where the Head of Procurement has approved an extension to an existing contract rather than carrying out a competitive exercise.
8.3.5	CHIEF FINANCIAL OFFICER	Where it is decided that competitive tendering is not applicable and should be waived, the reasons should be documented in an appropriate record and he/she is required to report it to the Audit Committee in a formal meeting.
8.3.8	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Receive a report on those goods or services procured which were originally estimated to be below the limits for tender / quotation as set in the Standing Financial Instruction which subsequently are found to have a value above those limits.
8.4.3 (i)	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Approve the awarding of any contract where this may appear not to be strictly competitive
8.4.3 (ii)	CHIEF FINANCIAL OFFICER / CHIEF EXECUTIVE	Where only one tender is sought and/or received, the Chief Financial Officer along with the Chief Executive, as far practicable, shall ensure that the price to be paid is fair and reasonable and will ensure value for money for the Trust.

PARA REF	DELEGATED TO	DECISION/DUTY SET OUT IN THE STANDING FINANCIAL INSTRUCTIONS (SFIs)
8.4.4	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Consider if any tenders received after the due time and date, but prior to opening of other tenders should be included in the tendering process.
8.4.5 (iii)	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Authorise the acceptance of tenders which will commit expenditure in excess of that which is allocated by the Trust.
8.4.7	CHIEF FINANCIAL OFFICER	Make or instigate any enquiries deemed appropriate concerning the financial standing and financial suitability of approved contractors.
8.4.11	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER) / CHIEF FINANCIAL OFFICER	One of either the Chief Executive or Chief Financial Officer shall approve any quotation which commits expenses in excess of that allocated.
8.5.1	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER) / CHIEF FINANCIAL OFFICER	Demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.
8.9.1	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Ensure that best value for money can be demonstrated for all services provided on an in-house basis and may also determine from time to time that in-house services should be market tested by competitive tendering.
9.2.2	CHIEF FINANCIAL OFFICER	Have authority to vary or amend funded establishments.
9.4.1	CHIEF FINANCIAL OFFICER	In respect of processing the payroll the CFO is required to: specify timetables for submission of properly authorised time records and other notifications; ensure the final determination of pay and allowances (including verification that the rates of pay and relevant conditions of service) are in accordance with current agreements; make payment on agreed dates; and agree method of payment.

PARA REF	DELEGATED TO	DECISION/DUTY SET OUT IN THE STANDING FINANCIAL INSTRUCTIONS (SFIs)
9.4.2	CHIEF FINANCIAL OFFICER	Ensure there is a contract with the payroll provider which sets out in detail how payroll payments will be administered.
9.4.4	CHIEF FINANCIAL OFFICER	Ensure that the chosen method for arranging the payroll service is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.
10.1.1	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Determine the level of delegation for non-pay expenditure to budget managers.
10.1.2	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Required to set out the list of managers who are authorised to place requisitions for the supply of goods and services which should be updated and reviewed on an on-going basis and annually by the Finance/Supplies Department; the maximum level of each requisition and the system for authorisation above that level.
10.1.3	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Set out procedures on the seeking of professional advice regarding the supply of goods and services.
10.2.1/ 10.2.2	CHIEF FINANCIAL OFFICER OR CHIEF EXECUTIVE	Provide advice when appropriate to the requisitioner (person issuing the purchase order) in respect of an item to be supplied where the advice of the Head of Procurement is not considered to be acceptable to the requisitioner.
10.2.2	CHIEF FINANCIAL OFFICER	Responsible for the prompt payment of accounts and claims in accordance with the Better Payment Practice Code.
10.2.4	CHIEF FINANCIAL OFFICER	For prepayments outside of normal commercial arrangements the Chief Financial Officer is to be satisfied with the proposed arrangements before contractual arrangements proceed.
10.2.5	CHIEF FINANCIAL OFFICER	Approve the official orders form.

PARA REF	DELEGATED TO	DECISION/DUTY SET OUT IN THE STANDING FINANCIAL INSTRUCTIONS (SFIs)
10.2.6 (a)	CHIEF FINANCIAL OFFICER	Receive notice of all contracts (except as otherwise provided for in the Schedule of Decision/Duties Delegated by the Board of Directors), including leases, tenancy agreements and other commitments which may result in a liability in advance of any commitment being made.
10.2.6 (e)	CHIEF FINANCIAL OFFICER	Authorise a requisition / order for an item or items for which there is no budget provision.
10.2.6 (j)	CHIEF FINANCIAL OFFICER	Maintain a list of employees and officers authorise to certify invoices.
10.2.6 (l)	CHIEF FINANCIAL OFFICER	Determine the format of the petty cash records
10.2.7	CHIEF FINANCIAL OFFICER	Ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE and ESTATECODE.
10.2.8	CHIEF FINANCIAL OFFICER	Determine the procedures for payments to local authority and voluntary organization under Section 75 arrangements.

PARA REF	DELEGATED TO	DECISION/DUTY SET OUT IN THE STANDING FINANCIAL INSTRUCTIONS (SFIs)
11.2.2	CHIEF FINANCIAL OFFICER	Advise the Board of Directors of any utilization of a working capital facility at the next appropriate Board meeting.
11.3.3	CHIEF FINANCIAL OFFICER	Provide advice to the Finance and Performance Committee on investments and report periodically to the Finance and Performance Committee concerning the performance of investments held.
11.3.4	CHIEF FINANCIAL OFFICER	Prepare detailed procedural instructions on investment operations on the records to be maintained.
12.1	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Is responsible for ensuring that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans; the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost; and ensuring that the capital investment is not undertaken without the availability of resources to finance all revenue consequences, including capital charges.
12.2 (a)	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	For every major capital expenditure proposal the Chief Executive will ensure (in accordance with the limits outlined in the scheme of delegation) that a business case is produced.
12.2 (b)	CHIEF FINANCIAL OFFICER	Certify professionally to the costs and revenue consequences detailed in the business case.
12.3	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Where capital scheme contracts stipulate stage payments issue procedures for their management incorporate recommendations of ESTATECODE/CONCODE
12.4	CHIEF FINANCIAL OFFICER	On an annual basis the Chief Financial Officer should assess the requirement for the operation of the construction industry tax deduction scheme in accordance with Inland Revenue guidance.
12.5	CHIEF FINANCIAL OFFICER	Issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.
12.6	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	For the capital programme the Chief Executive will issue to the manager responsible for any scheme specific authority to commit expenditure; authority to proceed to tender; and approval to accept a successful tender.

PARA REF	DELEGATED TO	DECISION/DUTY SET OUT IN THE STANDING FINANCIAL INSTRUCTIONS (SFIs)
12.6	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Issue a scheme of delegation for capital investment management in accordance with "ESTATECODE" / "CONCODE"
12.7	CHIEF FINANCIAL OFFICER	Issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.
12.8	CHIEF FINANCIAL OFFICER	Agree any finance or operating lease entered into.
12.9.1	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Maintain the registers of assets, taking account of the advice of the Chief Financial Officer concerning the form of any register and the method of updating and arranging for a physical check of assets against the asset register to be conducted once a year.
12.9.5	CHIEF FINANCIAL OFFICER	Approve procedures for reconciling balances on non-current assets accounts in ledgers against balances on non-current asset registers
12.9.7	CHIEF FINANCIAL OFFICER	Calculate and pay capital charges as specified.
12.11.1	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Has overall control for non-current assets
12.11.1	CHIEF FINANCIAL OFFICER	Advise the Chief Executive on the overall control of non-current assets.
12.11.2	CHIEF FINANCIAL OFFICER	Approve the asset control procedures (including non-current assets, cash, cheques and negotiable instruments, and also including donated assets).
12.11.3	CHIEF FINANCIAL OFFICER	Receive notification of all significant discrepancies revealed by the verification of physical assets to non-current asset register.

PARA REF	DELEGATED TO	DECISION/DUTY SET OUT IN THE STANDING FINANCIAL INSTRUCTIONS (SFIs)
13.2.3	CHIEF FINANCIAL OFFICER	Set out procedures and systems to regulate the stores including records for receipt of goods, issues from and returns to stores, and losses.
13.2.4	CHIEF FINANCIAL OFFICER	Agree the stocktaking arrangements and if a physical checking of the stock is required determine the extent to which this would be done.
13.2.5	CHIEF FINANCIAL OFFICER	Approve alternative arrangements where it is found that a complete system of stores control is not justified.
12.2.6	CHIEF FINANCIAL OFFICER	Approval of a system for the review of slow moving and obsolete items and those for condemnation, disposal and replacement of unserviceable items
13.2.6	CHIEF FINANCIAL OFFICER	Receive a report from the designated manager/pharmaceutical officer on any evidence of significant overstocking and of any negligence of malpractice.
13.3	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	For goods supplied via the central warehouses Identify those authorised to requisition and accept goods from the store.
13.3	CHIEF FINANCIAL OFFICER	Receive copies of delivery notes once goods received have been checked against this.
13.4	CHIEF FINANCIAL OFFICER	Approve all transactions and returns recorded on a system or form.
14.1.1	CHIEF FINANCIAL OFFICER	Prepare detailed procedures for the disposal of assets and condemnations and ensure that these are notified to staff.
14.1.1	CHIEF FINANCIAL OFFICER	Responsible for the approval of material disposals.
14.1.3 (b)	CHIEF FINANCIAL OFFICER	Approve the form to be used in respect of converting, destroying or disposing of unserviceable items.

PARA REF	DELEGATED TO	DECISION/DUTY SET OUT IN THE STANDING FINANCIAL INSTRUCTIONS (SFIs)
14.1.4	CHIEF FINANCIAL OFFICER	Receive a report from the Condemning Officer of any evidence of negligence and take the appropriate action
14.2.1	CHIEF FINANCIAL OFFICER	Prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments.
14.2.2	CHIEF FINANCIAL OFFICER	Report suspected criminal acts immediately to the police such a theft or arson. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, he/she must inform the relevant LCFS.
14.2.2	CHIEF FINANCIAL OFFICER	Liaise appropriately with the Local Counter Fraud Specialist, NHS Counter Fraud Authority and the External Auditor regarding all frauds.
14.2.3	CHIEF FINANCIAL OFFICER	Any losses caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Chief Financial Officer must immediately notify the Board of Directors; the External Auditor; and NHS Protect.
14.2.5	CHIEF FINANCIAL OFFICER	Take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.
14.2.6	CHIEF FINANCIAL OFFICER	For any loss, he/she should consider whether any insurance claim can be made.
14.2.7	CHIEF FINANCIAL OFFICER	Maintain a Losses and Special Payments Register in which write-off action is recorded.
15.1.1	CHIEF FINANCIAL OFFICER	Responsible for the accuracy and security of the computerised financial data of the Foundation Trust and in conjunction with Information and Knowledge Services Department
15.1.2	CHIEF FINANCIAL OFFICER	Ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation.
15.1.3	CHIEF FINANCIAL OFFICER	Publish and maintain a FOI Publication Scheme.

PARA REF	DELEGATED TO	DECISION/DUTY SET OUT IN THE STANDING FINANCIAL INSTRUCTIONS (SFIs)
15.3	CHIEF FINANCIAL OFFICER	Ensure that contracts for computer services for financial applications with another health organisation or any other agency clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. Periodically seek assurances that adequate controls are in operation where personal data is processed on the Trust's behalf by another organisation.
16.3	CHIEF FINANCIAL OFFICER	Provide detailed written instructions on the collection, custody, investment, recording, safekeeping and disposal of patients' property.
16.4	CHIEF FINANCIAL OFFICER	Determine the form to be used to record patients' safety
16.5	CHIEF FINANCIAL OFFICER	The opening and operation of separate accounts for patients' monies as may be required by Department of Health guidelines.
17.1.3	CHIEF FINANCIAL OFFICER	Ensure that each charitable fund which the Trust is responsible for is managed appropriately with regard to its purpose and to its requirements.
17.4.1	CHIEF FINANCIAL OFFICER	Ensure that regular reports are made to the Board of Trustees with regard to the receipt of funds, investments and expenditure.
17.4.2	CHIEF FINANCIAL OFFICER	Prepare and submit annual accounts for the charitable funds in the required manner and within agreed timescales.
17.4.3	CHIEF FINANCIAL OFFICER	Prepare an annual trustees' report and the required returns to the Charity Commission for adoption by the Charitable Funds Committee.
17.5.2	CHIEF FINANCIAL OFFICER	Maintain all financial records for charitable funds to enable the production of reports and to the satisfaction of internal audit and the financial auditor.
17.5.3	CHIEF FINANCIAL OFFICER	Determine the basis on which the distribution of investment income to the charitable funds and the recovery of administration costs will be performed.

PARA REF	DELEGATED TO	DECISION/DUTY SET OUT IN THE STANDING FINANCIAL INSTRUCTIONS (SFIs)
17.5.4	CHIEF FINANCIAL OFFICER	For the charitable funds ensure that the records, accounts and returns receive adequate scrutiny by internal audit during the year, and liaise with the financial auditor and provide them with all necessary information, as required by the current legislation governing the administration of charities.
18	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER) VIA THE CHIEF FINANCIAL OFFICER	Ensure that all staff are made aware of the Trust's policy on acceptance of gifts and other benefits in kind by staff.
19.2	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Maintain archives for all documents required to be retained under the direction contained in Department of Health guidance; Records Management Code of Practice.
19.5	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Have authority to destroy records held in accordance with latest Department of Health guidance "Records Management Code of Practice"
20.1	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Ensure that the Foundation Trust has a risk management programme, in accordance with the current assurance framework requirements.
20.3	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed. Ensure documented procedures also cover the management of claims and payments.
20.5.3	CHIEF EXECUTIVE (AS ACCOUNTING OFFICER)	Manage clinical negligence claims and inform the Board of Directors of any major developments on claims related issues.

SECTION 9 – SCHEDULE OF DECISIONS/DUTIES DELEGATED BY THE POWERS OF THE MENTAL HEALTH ACT 1983 OR ANY OF ITS SUBSEQUENT AMENDMENTS

FUNCTIONS WHICH CANNOT BE DELEGATED TO OFFICERS OF THE TRUST

FUNCTION	STATUTORY REFERENCE	CODE OF PRACTICE REFERENCE	AUTHORISED PERSON/COMMITTEE
Review of patients' detention or Community Treatment Order	MHA S20(3) MHA S20A(5)	Chapter 38	Non-executive Directors and the committee of Mental Health Act Managers (MHAM)
Exercise of hospital managers' power to discharge unrestricted detained patients and patients subject to a Community Treatment Order	MHA S23(2)(a)	Chapter 38	Non-executive Directors and the committee of Mental Health Act Managers (MHAM)

FUNCTIONS WHICH CAN BE DELEGATED TO OFFICERS OF THE TRUST

FUNCTION	STATUTORY REFERENCE	CODE OF PRACTICE REFERENCE	AUTHORISED PERSONS
Formal receipt of statutory admission documents for detained patients	MHA S11(2) Regulation 4*	Chapter 35	Professional in charge of a ward/unit or deputy MH Legislation Officer MH Law Adviser MH Legislation Team Leader MH Legislation Manager

FUNCTION	STATUTORY REFERENCE	CODE OF PRACTICE REFERENCE	AUTHORISED PERSONS
Receipt of statutory documents in respect of section 5(2)	MHA S5(2) Regulation 4(1)(g)*	Chapter 18 paragraph 18.6	MH Legislation Officer MH Law Adviser MH Legislation Team Leader MH Legislation Manager
Receipt of record for purposes of section 5(4)	MHA S5(4) Regulation 4(1)(h)*	Chapter 18 Paragraph 18.26	MH Legislation Officer MH Law Adviser MH Legislation Team Leader MH Legislation Manager
Receipt of discharge notice/order by the patient's nearest relative	MHA S25(1) Regulation 25(1)*	Chapter 32 paragraphs 32.21, 32.22 & 32.24	Professional in clinical team MH Legislation Officer MH Law Adviser MH Legislation Team Leader MH Legislation Manager
Receipt of report barring discharge by nearest relative			MH Legislation Officer MH Law Adviser MH Legislation Team Leader MH Legislation Manager

FUNCTION	STATUTORY REFERENCE	CODE OF PRACTICE REFERENCE	AUTHORISED PERSONS
Scrutiny of statutory forms	MHA S15 Regulation 4(3)*	Chapter 35	<p>Administrative scrutiny: MH Legislation Officer MH Law Adviser MH Legislation Team Leader MH Legislation Manager</p> <p>Medical scrutiny: Consultant Psychiatrist (section 12 approved)</p>
Rectification of documentation	MHA S15 Regulation 4(3)*	Chapter 35	MH Legislation Officer MH Law Adviser MH Legislation Team Leader MH Legislation Manager
Recording of admission	Regulations 4 and 6*	Chapter 35	Professional in Charge of a ward/unit or deputy MH Legislation Officer MH Law Adviser MH Legislation Team Leader MH Legislation Manager

FUNCTION	STATUTORY REFERENCE	CODE OF PRACTICE REFERENCE	AUTHORISED PERSONS
Authorisation of the transfer of patients	MHA S19 Regulation 7*	Chapter 37 paragraphs 37.16 – 37.27	Decision to transfer is made by the Responsible Clinician Documentation is completed by: Professional in Charge of a ward/unit or deputy MH Legislation Officer MH Law Adviser MH Legislation Team Leader MH Legislation Manager
Formal receipt of renewal and extension documentation on behalf of the hospital managers	MHA S20(3)(b) MHA S20A(5) Regulation 13*	Chapter 32	MH Legislation Officer MH Law Adviser MH Legislation Team Leader MH Legislation Manager
Provision of information to patients and their nearest relatives	MHA S130d, 132, 132A & 133 Regulation 26*	Chapter 4 paragraphs 6.15 and 12.6	Multidisciplinary team MH Legislation Officer MH Law Adviser MH Legislation Team Leader MH Legislation Manager As prescribed in Trust s.132 protocol
Submission of statement of authority to the Tribunal	Tribunal Rule 32**	Chapter 12 paragraph 12.11	MH Legislation Officer MH Law Adviser MH Legislation Team Leader MH Legislation Manager

FUNCTION	STATUTORY REFERENCE	CODE OF PRACTICE REFERENCE	AUTHORISED PERSONS
Referral of cases to the Tribunal	MHA S68 Tribunal Rule 32**	Chapters 12 and 39 paragraphs 12.10 and 37.39	MH Legislation Officer MH Law Adviser MH Legislation Team Leader MH Legislation Manager
Referral of cases to the Secretary of State	MHA S67	Chapter 37 paragraphs 37.44 – 37.46	MH Legislation Officer MH Law Adviser MH Legislation Team Leader MH Legislation Manager
Return of patients who are absent without leave (AWOL)	MHA S18	Chapter 28 Paragraph 28.4, 28.8	Any member of staff of the Trust or Aspire, or any other person authorised by the Hospital Managers (for written authorisation purposes, the of Schedule of Decisions directs that this function can be exercised by a service manager, the patient's responsible clinician or anyone delegated by the service manager or responsible clinician).

*The Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008 (SI2008/1184)

**Health, Education and Social Care Chamber of the First-tier Tribunal

References

Mental Health Act 1983 Mental Health Act 1983 Code of Practice 2015

The Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008 (SI 2008/1184)

Tribunal Procedure (First Tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008 (SI 2008/2699)

Reference Guide to the Mental Health Act 1983, Department of Health 2015

SECTION 10 – SCHEDULE OF RESPONSIBILITIES DELEGATED TO THE SUB-COMMITTEES OF THE BOARD OF DIRECTORS

The table below sets out the responsibilities that have been delegated to the sub-committees of the Board of Directors (including Committee in Common). Further details of the individual duties can be found in their respective Terms of Reference.

NAME OF COMMITTEE	DELEGATED RESPONSIBILITY OF THE COMMITTEE
Audit Committee	<p>The purpose of the Audit Committee is to provide the Board of Directors with assurance that:</p> <ul style="list-style-type: none"> Clinical, financial reporting, compliance, risk management, health and safety and internal control principles and standards are being appropriately applied and are effective, reliable and robust An effective governance framework is in place for monitoring and continually improving the quality of health care provided to service users to enable the Trust's strategic objectives to be achieved.
Quality Committee	<p>The Quality Committee has responsibility for providing assurance to the Board of Directors on the effectiveness of the:</p> <ul style="list-style-type: none"> 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.
Finance and Performance Committee	<p>The principle purpose of Finance and Performance Committee is to provide the Board with Assurance on:</p> <ul style="list-style-type: none"> Financial governance and performance; Contractual performance Strategic matters in relation to procurement, estates, information technology and information management; Financial and clinical service performance including clinical activity and key performance indicators.

NAME OF COMMITTEE	DELEGATED RESPONSIBILITY OF THE COMMITTEE
Mental Health Legislation Committee	The MHL Committee provides assurance to the Board regarding compliance with all aspects of the Mental Health Act 1983 and subsequent amendments and on compliance with all aspects of mental health legislation including, but not limited to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
Workforce Committee	<p>The purpose of the committee is to provide the Board with assurance in relation to:</p> <ul style="list-style-type: none"> • All aspects of strategic workforce matters relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients and staff. • A positive working environment for staff which promotes an open culture that helps staff do their job to the best of their ability.
Nominations Committee	The purpose of the Nominations Committee is to regularly review the structure, size and composition of the Board of Directors and make recommendations for changes where appropriate. In particular, the committee should evaluate the balance of skills, knowledge and experience on the Board of Directors. It shall also have a role in ensuring appropriate succession plans are in place for members of the executive team. In relation to the appointment of executive and non-executive directors the committee shall prepare a description of the role and capabilities required for appointment of both executive and non-executive directors, including the Chair of the Trust.
Remuneration Committee	The purpose of the Remuneration Committee is to provide the Board of Directors with assurance that executive directors are rewarded appropriately for their contribution; that appropriate contractual arrangements are in place; and to be assured of the performance of individual executive directors against their agreed objectives, and that plans are in place to address any areas of development.
West Yorkshire Mental Health Services Collaborative Committees in Common	With our mental health partners in West Yorkshire (Bradford District Care Foundation Trust, Leeds Community Healthcare NHS Trust, and South West Yorkshire Partnership Foundation Trust) the Committees in Common will progress working together to improve acute and specialist mental health services for local communities, as part of the wider West Yorkshire & Harrogate Health and Care Partnership. It will work together as the lead organisations to deliver the Mental Health Five Year Forward View for local people in West Yorkshire, build on what's good and working well already across the region, sharing best practice and designing new service models together.

It should be noted that strategies that sit beneath the five supporting strategies are presented to Board sub-committees (Workforce Committee, Quality Committee, Finance and Performance Committee and Mental health Legislation Committee) so they are sighted on the detail, but are not presented for approval.

It has also been agreed by the Board that the following NED Champion roles will be carried out through the Board sub-committee structure:

NED champion role	NED / Sub-committee to oversee the NED Champion role
Maternity board safety champion	<ul style="list-style-type: none"> • Named champion to be the chair of the Quality Committee. • Requirements of the role to be discharged through the Quality Committee. <p>Please note - while LYPFT does not provide maternity services, it was agreed by the Board in January 2021 that the Quality Committee would carry out the NED Champion role for the Perinatal Service.</p>
Wellbeing guardian	<ul style="list-style-type: none"> • Named champion to be the chair of the Workforce Committee. • Requirements of the role to be discharged through the Workforce Committee.
Freedom to speak up	<ul style="list-style-type: none"> • Named champion to be the Senior Independent Director. • Requirements of the role to be discharged through the Board of Directors.
Doctors disciplinary	<ul style="list-style-type: none"> • Named champion to be the chair of the Quality Committee. • Requirements of the role to be discharged through the Quality Committee.
Hip fracture, falls and dementia	<ul style="list-style-type: none"> • Requirements of the role to be discharged through the Quality Committee.
Learning from deaths	<ul style="list-style-type: none"> • Requirements of the role to be discharged through the Quality Committee.
Safety and risk	<ul style="list-style-type: none"> • Requirements of the role to be discharged through the Audit Committee.

NED champion role	NED / Sub-committee to oversee the NED Champion role
Health and safety	<ul style="list-style-type: none"> Requirements of the role to be discharged through the Audit Committee.
Children and young people	<ul style="list-style-type: none"> Requirements of the role to be discharged through the Quality Committee.
Resuscitation	<ul style="list-style-type: none"> Requirements of the role to be discharged through the Quality Committee.
Cybersecurity	<ul style="list-style-type: none"> Requirements of the role to be discharged through the Finance and Performance Committee.
Emergency preparedness	<ul style="list-style-type: none"> Requirements of the role to be discharged through the Finance and Performance Committee.
Safeguarding	<ul style="list-style-type: none"> Named champion to be Chair of the Trust. Requirements of the role to be discharged through the Quality Committee.
Procurement	<ul style="list-style-type: none"> Requirements of the role to be discharged through the Finance and Performance Committee.
Security management – violence and aggression	<ul style="list-style-type: none"> Requirements of the role to be discharged through the Workforce Committee.

SECTION 11 – SCHEDULE OF RESPONSIBILITIES DELEGATED TO THE ACCOUNTABLE EMERGENCY OFFICER (AEO) (as set out in the NHS Commissioning Board’s (NHS England’s) The role of ‘Accountable Emergency Officers’ for Emergency Preparedness, Resilience and Response (EPRR))

Following the Health and Social Care Act 2012, organisations must have an appointed Accountable Emergency Officer (AEO) who is a Board-level director who is responsible for EPRR in their organisation; this person should be supported by a non-executive director (the Chair of the Finance and Performance Committee). The Accountable Emergency Officer has the appropriate authority, resources and budget to direct the EPRR portfolio and is responsible for:

- a. Ensuring that the organisation is compliant with the EPRR requirements as set out in the civil contingencies act (2004); the NHS planning framework and the NHS standard contract as applicable;
- b. Ensuring that the organisation is properly prepared and resourced for dealing with a major incident or civil contingency event;
- c. Ensuring their organisation, and any providers they commission, have robust business continuity planning arrangements in place which reflect standards set out in the Framework for Health Services Resilience (PAs 2015) and ISO 22301;
- d. Ensuring the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and parties in the local community(ies) served.
- e. Ensuring that the organisation complies with any requirements of NHS England, or agents thereof, in respect of the monitoring of compliance.
- f. Providing NHS England, or agents thereof, with such information as it may require for the purpose of discharging its functions; and
- g. Ensuring that the organisation is appropriately represented at any governance meetings, sub-groups or working groups of the local health resilience partnership (LHRP) or local resilience forum (LRF).

In this Trust the role of Accountable Emergency Officer has been delegated to the Chief Operating Officer by the Chief Executive. The day-to-day management of an incident will be carried out through the EPRR Lead under the management of the Accountable Emergency Officer.

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

MEETING OF THE BOARD OF DIRECTORS

**AGENDA
ITEM**

21

PAPER TITLE:	Approval of the Terms of Reference for the Nominations Committee
DATE OF MEETING:	19 May 2022
PRESENTED BY: (name and title)	Cath Hill, Associate Director for Corporate Governance
PREPARED BY: (name and title)	Cath Hill, Associate Director for Corporate Governance

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

EXECUTIVE SUMMARY

The Nominations Committee is required to review its Terms of Reference annually which it did at its meeting on 31 March 2022.

The Associate Director for Corporate Governance reviewed the Terms of Reference on behalf of the committee and made two minor changes to titles, which are highlighted in the attached. The committee approved these changes and the Terms of Reference are now presented to the Board for approval.

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

RECOMMENDATION

The Board is asked to review the Terms of Reference and agree the change highlighted and be assured they remain fit for purpose and in line with the duties of the committee.

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Nominations Committee

Terms of Reference

1 NAME OF GROUP

The name of this committee is the Nominations Committee.

2 COMPOSITION OF THE GROUP

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
Chair of the Trust	Committee chair and responsible for evaluating the assurance given and identifying if further consideration action is needed.
Two non-executive directors	Responsible for evaluating the assurance given and identifying if further consideration / action is needed. The Deputy Chair would normally chair the committee in the absence of the Chair of the Trust or another non-executive member may chair if the Deputy Chair is absent.
The Chief Executive	Responsible for evaluating the assurance given and identifying if further consideration / action is needed and providing further specific information and input in respect of executive director appointments
Director of People and Organisational Development	Responsible for evaluating the assurance given and identifying if further consideration / action is needed and providing further specific information and input in respect of employment law and practice.

Only members of the committee have the right to attend committee meetings. However, other individuals, including external advisors, may be invited to attend the meeting, at the discretion of the chair of the meeting.

In attendance

Title	Role in the committee	Attendance guide
Associate Director of Corporate Governance (acting as Trust Board Secretary)	Committee support and advice and Board of Directors' governance	Every meeting

A schedule of deputies for those in attendance is set out at appendix 1.

2.1 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 shall be three members. Attendees do not count towards this number. If the Chair of the Trust is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by another non-executive member.

Deputies: Attendees may nominate a deputy to attend in their absence. A schedule of deputies is attached at appendix 1.

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 Nominations Committee will meet as required.

Urgent meeting: Any committee member may, through the chair, request an urgent meeting. The chair will normally agree to call an urgent meeting to discuss the specific matter unless the opportunity exists to discuss this in a more expedient manner (for example at a Board meeting).

Minutes: The Associate Director of Corporate Governance will take minutes of the meeting.

Draft minutes will be circulated to the chair of the committee no later than two weeks after the meeting. Actions from the meeting will be circulated to relevant members within 10 working days from the day of the meeting taking place.

5 AUTHORITY

Establishment: In accordance with The Code of Governance for NHS Foundation Trusts and the Trust's Constitution.

Powers: The Nominations Committee is constituted as a standing committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. Its constitution and terms of reference are set out below and can only be amended with the approval of the Trust Board.

The committee is authorised by the Board to investigate and carry out any activity within its terms of reference. It is authorised to seek any information it requires from any employee of the Trust and all employees are directed to cooperate with any request made by the committee.

The committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for, or expedient to the exercise of its functions.

Cessation: The Nominations Committee is a standing committee in that its responsibilities and purpose are not time limited. While the functions of a Nominations Committee are required by NHS Improvement the exact format may be changed with the approval of the Board of Directors, but this will always include the core role as set out in the Code of Governance.

6 ROLE OF THE COMMITTEE

6.1 Purpose of the Committee

The purpose of the Nominations Committee is to regularly review the structure, size and composition of the board of directors and make recommendations for changes where appropriate. In particular, the committee should evaluate the balance of skills, knowledge and experience on the board of directors. It shall also have a role in ensuring appropriate

succession plans are in place for members of the executive team. In relation to the appointment of executive and non-executive directors the committee shall prepare a description of the role and capabilities required for appointment of both executive and non-executive directors, including the Chair of the Trust.

With regard to Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation: 5 Fit and Proper Persons Test: Directors the Nominations Committee shall be responsible for receiving and considering any information in relation to any current executive director who is reportedly not a 'fit and proper person' and decide on any action to be taken.

The committee shall execute its role by adding to the assurance around the Trust's goals:

- People achieve their agreed goals for improving health and improving lives
- People experience safe care
- People have a positive experience of their care and support.

The remit of the Nominations Committee enables it to seek assurance in the areas of the following strategic objectives:

Objective	Committee roles
Quality and outcomes	The Nominations Committee has a key role regarding the recruitment of appropriately qualified, experienced and 'fit and proper' members of the Board of Directors by looking at the balance of skills and knowledge required on the Board when a vacancy arises.
Governance and compliance	The Nominations Committee has a core responsibility to ensure compliance with all legal obligations, regulations, codes and recommendations of the Department of Health and NHS in terms of the appointment of directors and the balance of the Board.

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

In carrying out their duties members of the group 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 Nominations Committee

The following shall be those items which will form the duties of the committee:

Structure, size and composition of the Board of Directors

- Regularly review the structure, size and composition (including the skills knowledge, experience and diversity) of the Board, making use of the output of the Board evaluation process as appropriate and keep the leadership needs of the Trust under review to ensure continued ability of the Trust to operate in the health economy
- Prepare a description of the role and competencies (by way of a person specification) required for any vacancy that arises on the Board of Directors (executive or non-executive director)
- Review information received about any current ED who is reportedly not a 'fit and proper person', consider the matter, instigate any investigation (as necessary), review the outcome of the investigation and agree what course of action to take.

Non-executive director appointments

- Where the appointment is of a non-executive director prepare / approve a role description and a person specification setting out the competencies required and advise the Appointments and Remuneration Committee of the specific and generic skills etc to be appointed to (it shall be for that committee to oversee the process of appointment for non-executive director vacancies)
- For the appointment of a chair, the nominations committee should not only define the role and capabilities required but should also include an assessment of the time commitment expected, recognising the need for availability in the event of emergencies.

Executive director appointments

- Where the appointment is that of an executive director prepare / approve a job description for use in the recruitment and appointment process
- Approve the procedure and documentation for the appointment of any executive director or Chief Executive (the appointment process will be carried out by a panel as described in Schedule 7 paragraph 17(4) of the NHS Act 2006 as a minimum composition)
- Make a recommendation to the Council of Governors on the appointment of the Chief Executive (it shall be for the Council to

approve the appointment of any new Chief Executive as per Schedule 7 paragraph 17(5) of the NHS Act 2006)

Succession planning

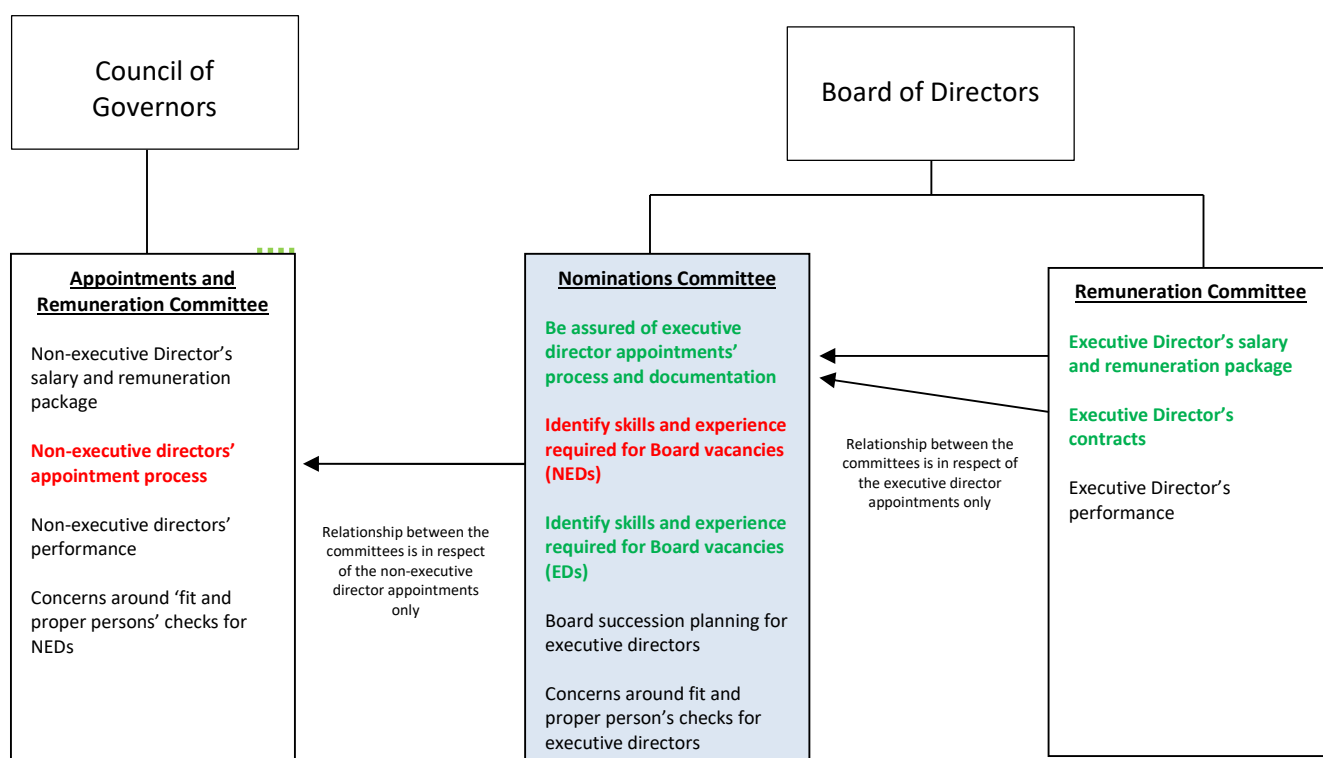
- Give full consideration to and make plans for succession planning for the Chief Executive and other executive directors taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future

Other

- To undertake any other duties as may be directed by the Board from time-to-time.

7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES

The Nominations Committee shall have a direct relationship with other committees as shown below:



8 DUTIES OF THE CHAIR

The chair of the group shall be responsible for:

- Agreeing the agenda with the Head of Corporate Governance
- Directing the conduct of the meeting ensuring it operates in accordance with the Trust's values
- Giving direction to the minute taker
- Ensuring all attendees 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 information or matters presented to the Nominations Committee need escalation to the Board of Directors
- Checking the minutes
- Ensuring sufficient information is presented to the Board of Directors in respect of the work of the committee.

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

In the event of there being a dispute between any 'groups' in the hierarchy (in the case of this Board sub-committee, this would be between the Board and the sub-committee committee and, in recognition of the nature of matrix working between the work this Board sub-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 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, where there has been a change.

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

Schedule of deputies

Attendee (by job title)	Deputy (by job title)
Chief Executive	Deputy Chief Executive
Director of People and Organisational Development	No deputy identified
Associate Director for Corporate Governance	Head of Corporate Governance