

**LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST
PUBLIC MEETING OF THE BOARD OF DIRECTORS**
will be held at 9.30 am on Thursday 28 July 2022
in Create@1 room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR

A G E N D A

		LEAD
1	Sharing stories – Service users’ experience of medication and the pharmacy 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 19 May 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 13 June and 11 July 2022 (enclosure)	JB
9	Report from the Chair of the Workforce Committee for the meeting held on 16 June 2022 (enclosure)	HG
10	Report from the Chair of the Finance and Performance Committee for the meetings held on 28 June and 25 July 2022 (enclosure / verbal)	CHe
11	Report from the Chief Operating Officer (enclosure)	JFA
12	Chief Financial Officer’s Report (enclosure)	DH
13	Report from the Director of Nursing, Quality and Professions (enclosure)	CW
14	Safer staffing report (enclosure)	CW
15	Medical Director’s report (enclosure)	CHo
16	Annual RO and Medical Revalidation report (enclosure)	Wendy Neil

17	Director of People and Organisational Development report (to follow)	DS
18	Bank staffing survey (enclosure) – Tracey Needham, Andrew McNichol and Saj Mathadil will be in attendance for this item	DS
19	Emergency Preparedness Resilience and Response Annual Report (enclosure)	JFA
20	Cyber security dashboard (enclosure)	DH
21	Use of Trust Seal (verbal)	SP
22	Any other business	

The next meeting of the Board will held on Thursday 29 September 2022 at 9.30 am
Meeting Room, Red Kite View, Green Hill Road, Leeds, LS12 3BY

AGENDA ITEM

3

Declaration of Interests for members of the Board of Directors

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
EXECUTIVE DIRECTORS								
Sara Munro Chief Executive	None.	None.	None.	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 19 May 2022 at 9:30 am. This meeting was held virtually

Board Members

Apologies

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)	

All members of the Board have full voting rights

In attendance

Mrs C Hill	Associate Director for Corporate Governance / Trust Board Secretary
Ms R Cooper	Corporate Governance Officer
Dr Frances Healey	Associate Non-executive Director
Mrs K Khan MBE	Associate non-executive Director
Mr J Verity	Freedom to Speak Up Guardian (for minute 22/049)
Mr D Hall	Specialist Lead Practitioner, Gambling Service (for minute 22/043)
Ms P Jackson	Service user
Four members of the public observed the meeting (including one governor)	

Action

22/043

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

Sharing Stories (agenda item 1)

Dr Proctor introduced Dan Hall, Specialist Lead Practitioner for the Northern Gambling Service and Philippa Jackson who had received care and support from the service. Ms Jackson firstly explained how her addiction to gambling had come about and the effect it had on her life and her mental health. She then explained how the service had supported her to be gambling free and described the continuing support she was receiving.

The Board thanked Ms Jackson for sharing her story. Mrs Woffendin asked about the wider support within the health and social care sectors that service users could be signposted to by the service to deal with other issues which might impact on their mental wellbeing and recovery. Mr Hall explained the type of support that was provided to Ms Jackson on a more holistic basis to

help with the difficulties she was experiencing and also described the type of support that could be offered to other service users.

Dr Munro asked about the ease with which services could be accessed, particularly before the Trust's Gambling Service was set up. Ms Jackson explained some of the difficulties she had experienced in the past and the focus there had been on the other issues she was experiencing rather than specifically the gambling addiction. She added that it wasn't until she was referred to the Trust's Gambling Service that the addiction was addressed along with the other issues contributing to the problem with gambling.

Mrs White asked what opportunities there were for people who have successfully addressed and controlled their addiction to share their stories with others. Mr Hall explained the way in which people with lived experience were invited to some of the Cognitive Behavioural Therapy meetings to share their stories.

The Board **thanked** Ms Jackson for her openness in sharing her story and for explaining the impact gambling had on her mental wellbeing.

22/044 Apologies for absence (agenda item 2)

Apologies were received from Mr Darren Skinner, Director of People and Organisational Development. It was noted that Mrs Holly Tetley, Associate Director for Employment was attending the meeting in the absence of Mr Skinner.

22/045 Declaration of interests for directors and any declared conflicts of interest in respect of the agenda items (agenda item 3)

It was noted there were no updates to directors' declared interests and no member of the Board declared a conflict in any agenda item.

22/046 Minutes of the previous meeting held on 31 March 2022 (agenda item 4)

The minutes of the meeting held on 31 March 2022 were **received** and **agreed** as an accurate record.

22/047 Matters arising (agenda item 5)

There were no matters arising.

22/048 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.

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

22/049

Freedom to Speak Up Guardian update and annual report (agenda item 16)

Mr Verity presented the Freedom to Speak Up Guardian progress and annual report. Mr Wright thanked Mr Verity for his work in raising the profile of speaking up. He also thanked Mr Verity for the way in which he had worked with him in his recent role as Senior Independent Director; keeping him informed of the key themes that had arisen. Mr Wright then noted the report made reference to the benchmarking work Mr Verity had carried out against reports from other organisations. He paid tribute to the arrangements in place in the Trust which meant it benchmarked favourably against findings with a high level of assurance.

Mr Wright asked about the Freedom to Speak Up Ambassadors and how these roles would be developed. Mr Verity explained how the ambassador role had come about, he added there were a number of different ambassador and champion roles in the Trust noting it had been suggested the Speak Up Ambassador role be aligned with the Clinical Inclusion Ambassadors. Mr Verity noted that considerations about how roles can be aligned were ongoing.

Mr Henry noted the decreasing number of contacts with the Freedom to Speak Up Guardian. He suggested it was possibly a sign that issues were being dealt with at a local level, but he sought assurance that people were aware of how to raise a concern and asked if there needed to be a refresh of communications. Mrs Tetley advised that she and Mr Verity meet on a monthly basis to look at where matters can be resolved informally in terms of people employment practices and that this was contributing to the decreasing numbers.

The Board **received** the Freedom to Speak Up Guardian update and annual report and **noted** the content.

22/050

Report from the Chief Executive (agenda item 7)

Dr Munro presented her Chief Executive's report and drew particular attention to the Community Mental Health transformation, noting there had been a presentation from the team at the last Council of Governors' meeting setting out the future plans for the service. Dr Munro also drew attention to the challenges within the older adult inpatient services at The Mount and discussions around providing a more sustainable service which would ensure a much more robust skill mix to meet service users' needs. Dr Munro then reported on Red Kite View, noting the service was fully open and that a number of enquiries had been received from organisations wanting to look at the service model.

With regard to national and local developments, Dr Munro reported that the NHS remains at incident level 4, but there was an expectation that this would

reduce to 3 in the coming weeks, adding that internally oversight of services would be maintained with a focus on reset and recovery. Dr Munro then advised the Board that within the Leeds Place based Partnership, Rebecca Charlwood had been appointed as the independent Chair.

The Board then discussed the report. Miss McRae welcomed further information on the changes to the Mental Health Act. It was noted that changes to the Act would be picked up as part of the June Board development session.

Mrs White welcomed the information about the election of local councillors and asked about the opportunities there were for the Trust to engage with them in order to raise awareness of mental health and learning disabilities. Dr Munro advised that councillors had been invited to become members of the Local Care Partnership which provides an opportunity for them to be involved in discussions about services. She also noted that within Leeds there was a strong Health and Wellbeing Board and also Scrutiny Board, which were again places where issues could be raised and discussed. Within West Yorkshire more widely, Dr Munro reported that meetings were set up on a regular basis with councillors, again providing an opportunity for engagement.

Mrs White then asked about the support the Trust could offer to staff and service users who were facing difficulties related to the increase in the cost of living. Dr Munro advised the Board of the way in which the Trust was supporting staff and service users. She explained the Trust had temporarily increased the mileage rate and there was also a large amount of information on Staffnet about where external help and support could be obtained. Mrs Forster Adams added that in terms of service users, staff in community teams are able to provide information as to where help can be accessed. She then explained that some targeted health inequalities work had been undertaken to identify any particular service users who might need extra support. The Board acknowledged that the impact of the rise in the cost of living would continue to increase and that this needed to be discussed further at some point. It was also noted that the work around health inequalities was something governors were interested in and that this should be added to the Board-to-Board agenda for the September meeting. Mrs Hill agreed to add this to the programme.

CHill

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

22/051

Report from the Chair of the Quality Committee for the meetings held on 12 April and 10 May 2022 (agenda item 8)

The Board received the Chair's reports from the Quality Committee meetings that had taken place on 12 April and 10 May 2022. Attention was drawn in particular to:

- The ADHD Service Annual Quality Report noting that non-recurrent funding had been granted for 2022/23 to increase clinical capacity.
- The Patient Experience and Involvement Progress Report and the assurances received 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.

- The Learning Disability Service Annual Quality Report, noting the service was embracing the STEEEP criteria (Safe, Timely, Effective, Efficient, Equitable and Patient-centred care).

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

22/052

Report from the Chair of the Workforce Committee for the meeting held on 14 April 2022 (agenda item 9)

The Board received the Chair's report from the Workforce Committee meeting that had taken place on 14 April 2022. Attention was drawn in particular to:

- The cultural aspects of digital innovation, staff working environments linked to agile working, and the redesign of services which it was noted would be picked up in a broader discussion session at the committee.
- A summary of the year one progress with the Trust's People Plan and further detail on the engagement work which had taken place across the organisation since the launch of the Plan.

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

22/053

Report from the Chair of the Mental Health Legislation Committee for the meeting held on 3 May 2022 (agenda item 10)

The Board received the Chair's report from the Mental Health Legislation Committee meeting that had taken place on 3 May 2022. Attention was drawn in particular to:

- Lessons learnt from the Norfolk and Suffolk NHS Foundation Trust that were outlined in a recent CQC report, noting that further assurance would be received at the August meeting in relation to the Trust's readiness for a CQC inspection. Mrs Woffendin provided assurance on the level of readiness and the work taking place through the peer reviews which included looking at the application of the Mental Health Act.
- 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.
- Liberty Protection Safeguards and concerns about how case law sits alongside the requirements and subsequent implementation of the Code of Practice and the possibility of legal challenge. It was agreed this matter would be added to the Board development session on 9

	<p>June so the Board could be advised on the level of risk around this. Mrs Hill agreed to add this to the programme.</p> <ul style="list-style-type: none"> An update on progress and uptake of training on the Human Rights Act. The Board agreed that Human Rights Act training for Board members would be added to the Board development programme. 	<p>CHill</p> <p>CHos / OW</p>
	<p>The Board received the report from the Chair of the Mental Health Legislation Committee and noted the matters reported on.</p>	
22/054	<p>Report from the Chair of the Audit Committee for the meeting held on 19 April 2022 (agenda item 11)</p> <p>The Board received the Chair's report from the Audit Committee meeting that had taken place on 19 April 2022. Attention was drawn in particular to:</p> <ul style="list-style-type: none"> The annual spend on drugs, noting the committee had received a report and had noted that some systems need to be strengthened and a further report would be presented to the committee. The assurances received from executive directors in relation to the actions being taken to address the findings from two limited assurance audit reports for Physical Health Monitoring, and Disciplinary Grievance Procedures. The agreement of the Internal Audit Annual Plan for 2022/23, noting this had been supplemented with items identified for inclusion from the chairs of other Board sub-committees. The progress with the audit of the annual accounts; the Value for Money audit summary; and the draft Head of Internal Audit Opinion. Mr Wright added that all of these were progressing satisfactorily with no significant issues to report on. 	
	<p>The Board received the report from the Chair of the Audit Committee and noted the matters reported on.</p>	
22/055	<p>Report from the Chair of the Finance and Performance Committee for the meeting held on 26 April 2022 (agenda item 12)</p> <p>The Board received the Chair's report from the Finance and Performance Committee meeting that had taken place on 26 April 2022. Attention was drawn in particular to:</p> <ul style="list-style-type: none"> An update on the 2022/23 Financial Plan Submission to NHS England/Improvement noting the Trust remained reliant on non-recurrent measures and mitigations to deliver a balanced income and expenditure plan for 2022/23. The Digital Plan update and the discussion by the committee on the cultural and behavioural challenges associated with digital change. <p>Mrs Khan noted there was a link between health inequalities and digital exclusion and acknowledged the challenges in moving to digitally enabled</p>	

solutions. She also described the difficulties with digital access which were experienced by some sections of society.

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

22/056

Report from the Chief Operating Officer (agenda item 13)

Mrs Forster Adams presented her Chief Operating Officer's report, noting this had been scrutinised by the Board sub-committees. She then drew attention to the key points in the report. Firstly, she spoke about system pressures and recovery planning, noting the report provided an update on the work being carried out in respect of system flow within Leeds, and in particular the work around dementia care. She then drew attention to service delivery and the key areas of focus, including: staffing consistency and the substantive staffing levels of registered nurses within the Older Adults Service; the Community and Wellbeing Service and the work being undertaken in respect of delivery and maintaining the quality of care; and lastly, crisis responsiveness and face to face activity within the service, noting there were a number of actions in place to address the issues.

The Board then discussed the performance report. Miss Grantham asked about the work within the Leeds system and what was being done to develop the care sector, in particular care and nursing homes and at-home care. Dr Munro advised on the three key actions being taken, noting there was a re-tendering exercise for home-care contracts, a re-modelling of intermediate care to look at what sits within health funding and what sits within social care funding, and a review of the levy payments for care homes to look at what the impact was of increasing the payments and what level of service was being provided as a result of these increased payments. The Board discussed the arrangements in Leeds for dementia care and adult social care.

With regard to Out of Area Placements (OAPs), Mrs Forster Adams noted there were currently no inappropriate OAPs and paid tribute to the work of the team in reaching this position.

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

22/057

Chief Financial Officer's Report (agenda item 14)

Mrs Hanwell presented her Financial Officer's Report noting the position at month one was as expected in the context of the ongoing work at a national and regional level to finalise the financial plans for 2022/23.

Mrs Hanwell then reported that since the report had been issued it had been confirmed by Julian Kelly (Chief Financial Officer for NHS England) that £1.5b funding would be made available nationally, with £1.1b being provided recurrently. She noted the additional money had been made available to the

NHS due to the inflationary pressures which had come about since the spending review was agreed. Mrs Hanwell then explained how this additional money would likely impact on the financial plans within West Yorkshire which the Board discussed.

With regard to capital, Mrs Hanwell reported that year-to-date expenditure was £230k against a plan of £145k, adding that spending was mainly focused on completing schemes that had started in 2021/22 and also on the decant facility at the Mount in preparation for transferring the Mother and Baby Unit back to the Mount over the summer period. Mrs Hanwell added this was important enabling work to facilitate the reuse of Parkside Lodge for the Complex Rehabilitation Quality of Life facility and that a business case for this development was in progress and would come to the Board in due course.

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

22/058

Safe staffing report (agenda item 15)

Mrs Woffendin presented the safe staffing report noting there had been one breach at Askett House during the period 1 February to 31 March 2022, adding this breach had been mitigated by a registered nurse from Askett Croft covering the shift. Mrs Woffendin assured the Board that no harm or incidents had been reported as a result of the breach.

Mrs Woffendin also reported on the ongoing oversight of the staffing of wards through the Safer Staffing Group to ensure safe levels were maintained, noting there was a programme of recruitment in place to fill vacancies.

Prof Baker noted in terms of recruitment of registered nurses, across the country the number of international nurses recruited had outstripped the number recruited from within the UK. He added this presented a challenge to mental health and learning disability services because international nurses don't normally specialise in these areas of nursing. Prof Baker asked what was being done to address this issue. Mrs Woffendin explained the plans to look at creative solutions which included up-skilling nurses who only had general nurse training and exploring ways of increasing the number of students the Trust takes on.

Mr Wright observed that Clifton House had the highest dependency on bank staff and asked if there was any specific problem with recruiting nurses to work within the York area. Mrs Woffendin noted that competition for recruiting nurses within the area was strong and that this presented some level of challenge in attracting staff to the service. The Board discussed some of the options available in terms of attracting staff to work within the Trust.

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

22/059

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

Dr Hosker presented the Guardian of Safe Working Hours quarterly report, noting that within the reporting period there had been three exception reports made. However, he added these had not generated any patient safety issues.

In terms of medical staffing levels, Mrs White observed that no concerns had been highlighted within Red Kite View, noting that when the unit was in the process of being established there had been some concerns raised and was pleased to note this had been successfully mitigated.

Miss Grantham noted that Higher Trainees working in Leeds were looking at a proposal to alternate from West to East, and East to West at the 6 months mid-point of their October to October rotation. She asked how this change in a multidisciplinary team would be managed to mitigate any adverse impact on the team. Dr Hosker noted this was just for out of hours provision and any impact would be highly unlikely.

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

22/060

Approval of the final version of the Trust's Green Plan (agenda item 18)

Mrs Hanwell presented the final version of the Trust's Green Plan noting this had been brought to the Board for approval. She added that in order to support and implement the initiatives outlined in the Plan, a team was being brought together and recruitment was nearing completion.

The Board considered the final version of the Plan. It was noted it was not cost neutral and there would need to be some level of investment in order to achieve the ambition to be carbon neutral. Dr Proctor asked where in terms of priority of funding the green initiatives would feature. Mrs Hanwell acknowledged there would need to be smart decision making in order to balance service needs with different ways of doing things to achieve the overall ambition in terms of the Trust's carbon footprint.

It was suggested that progress against the Plan would be monitored through the Finance and Performance Committee with an update to the Board. Mrs Hill agreed to clarify the reporting cycle and add this to the forward plan.

It was also noted that currently, Mrs White was the NED champion for sustainability and a successor would need to be identified to carry on this role. Dr Proctor agreed to pick this up in the NED appraisals which were currently taking place.

The Board **considered** and **approved** the final version of the Green Plan.

CHill

SP

22/061

Approval of the changes to the Trust's Constitution (agenda item 19)

Mrs Hill presented a paper which outlined the proposed changes to the Constitution. She reported it had been necessary to make two changes which were in respect of the new address for the Trust Headquarters and also lowering the age for membership to 13 to align this with the age range for the Children and Young People's services provided by the Trust.

Mrs Hill asked the Board to consider and agree the changes prior to these being proposed to the Council of Governors at the July meeting. The Board considered the changes and agreed there needed to be a communication plan put in place to ensure the change in age for members is communicated widely.

CHill

The Board **considered** and **approved** the changes to the Trust's Constitution.

22/062

Approval of the updated Scheme of Delegation (agenda item 20)

Mrs Hill presented a paper which detailed the changes proposed to the Board's Scheme of Delegation.

She explained the changes were in respect of internal arrangements only and that work was still being undertaken at an Integrated Care System and Integrated Care Partnership level to look at ways in which partner organisations' Schemes of Delegation might need to be changed to take account of the new arrangements.

The Board **considered** and **agreed** the changes to the Scheme of Delegation.

22/063

Approval of the Terms of Reference for the Nominations Committee (agenda item 21)

The Board **received** and **agreed** the revised Terms of Reference for the Nominations Committee.

22/064

Use of the Trust seal (agenda item 22)

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

22/065

Any other business (agenda item 23)

There were no other items of business.

22/066

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

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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 Executive (minute 22/050 - agenda item 7 – May 2022)</p> <p>NEW - It was agreed the work around health inequalities would be added to the Board-to-Board agenda for the September meeting. Mrs Hill agreed to add this to the programme.</p>	Cath Hill	Management action	COMPLETED
<p>Report from the Chair of the Mental Health Legislation Committee for the meeting held on 3 May 2022 (minute 22/053 - agenda item 10 – May 2022)</p> <p>NEW - It was agreed that Liberty Protection Safeguards and concerns about case-law would be added to the Board development session on 9 June so the Board could be advised on the level of risk around this. Mrs Hill agreed to add this to the programme.</p>	Cath Hill	Management action	COMPLETED

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Report from the Chair of the Mental Health Legislation Committee for the meeting held on 3 May 2022 (minute 22/053 - agenda item 10 – May 2022)</p> <p>NEW - The Board agreed that Human Rights Act training for Board members would be added to the Board development programme.</p>	<p>Chris Hosker / Oliver Wyatt</p>	<p>Management action</p>	<p>COMPLETED</p> <p>This has been added to the programme for the 13 October 2022</p>
<p>Approval of the final version of the Trust's Green Plan (minute 22/060 - agenda item 18 – May 2022)</p> <p>NEW - It was suggested that progress against the Plan would be monitored through the Finance and Performance Committee with an update to the Board. Mrs Hill agreed to clarify the reporting cycle and add this to the forward plan.</p>	<p>Cath Hill</p>	<p>Management action</p>	<p>ONGOING</p> <p>This will be discussed and agreed at the Finance and Performance Committee</p>
<p>Approval of the final version of the Trust's Green Plan (minute 22/060 - agenda item 18 – May 2022)</p> <p>NEW - It was noted that currently, Mrs White was the NED champion for sustainability and a successor would need to be identified to carry on this role. Dr Proctor agreed to pick this up in the NED appraisals which were currently taking place.</p>	<p>Sue Proctor</p>	<p>Management action</p>	
<p>Approval of the changes to the Trust's Constitution (minute 22/061 - agenda item 19 – May 2022)</p> <p>NEW - The Board asked for there to be a communication plan put in place to ensure the change in age for members is communicated widely.</p>	<p>Cath Hill</p>	<p>Management action</p>	<p>COMPLETED</p> <p>The Corporate Governance Team have agreed a plan for communication of the change in eligibility to be a member which will be implemented over the coming weeks</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 21/089 – agenda item 12 – July 2021)</p> <p>Dr Munro noted that once the details of the national inquiry into COVID-19 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 inquire are still awaited. Once these are known an update will be provided to the Board</p>
<p>Report from the Chief Operating Officer (minute 22/030 – agenda item 12 – March 2022)</p> <p>Mrs Forster Adams agreed to bring a report back to a private Board meeting that set out information 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 meeting</p>	<p>COMPLETED</p> <p>The draft Clinical Services Strategic Plan is on the agenda for the July private Board meeting</p>
<p>Chief Financial Officer's Report (minute 22/031 – agenda item 13 – March 2022)</p> <p>The Board agreed that Mrs Hanwell would look at the timing of sessions for the Board 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>COMPLETED</p> <p>This has been scheduled for the Board-to-Board meeting in September 2022</p>
<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>September Board of Directors' meeting</p>	<p>ONGOING</p> <p>This has been scheduled to be presented to the September private Board meeting</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>Safe Staffing Report (minute 22/015 – agenda item 14 – January 2022)</p> <p>Mrs Woffendin advised safe staffing levels in community teams would be included in the next 6-monthly report.</p>	<p>Cathy Woffendin</p>	<p>January 2023 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 22/019 - agenda item 1 – March 2022)</p> <p>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>	All	Management action	COMPLETED
<p>Sharing Stories (minute 22/019 - agenda item 1 – March 2022)</p> <p>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.</p>	Cathy Woffendin	Management action	<p>COMPLETED</p> <p>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</p>
<p>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)</p> <p>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.</p>	Sue White	Management action	<p>COMPLETED</p> <p>This was raised at the MHLC meeting</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>Director of Nursing Quality and Professions Report (minute 22/032 - agenda item 14 – March 2022)</p> <p>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.</p>	<p>All / Cathy Woffendin</p>	<p>Management action</p>	<p>COMPLETED</p> <p>No requests received to date</p>
<p>Director of Nursing Quality and Professions Report (minute 22/032 - agenda item 14 – March 2022)</p> <p>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>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>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>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>

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MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Chief Executive's Report
DATE OF MEETING:	28 th July 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'	If yes please set out what action has been taken to address this in your paper
	No	

RECOMMENDATION

The Board is asked to note the content of the report.

MEETING OF THE BOARD OF DIRECTORS

28th July 2022

Chief Executive's Report

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

1. Our Services and Our People

Current Incident Responses

The board is already aware that the pressure due to covid is ongoing with a recent increase in community rates of infection. There has been widespread disruption across health and care services reported nationally. As a Trust we have seen some further outbreaks, but these have been very well contained and managed. We have also seen minimal staff impact compared to neighbouring organisations thanks to the IPC standards we have maintained.

Pressure across the system remains high and additional silver and gold meetings have been held during the past two weeks to focus on immediate actions that partners can take to improve flow through the acute hospital in particular.

As I am writing this report we are coming to the end of the national heatwave incident. Joanna and her team activated our incident response plans and put in place a range of measures to mitigate the impact both for staff and service users. Whilst we have had some service disruption overall these have been well managed and minimised with no significant increase in service risks attributable to the heat. Joanna will provide a more detailed update in her COO report.

Service Visits

Over the past couple of months, I have continued visiting services and since my last report have had the pleasure of meeting staff and service users at;

- Specialist Supported Living Services
- Ward 6 Newsam which is our inpatient Adult Eating Disorder Service
- Red Kite View
- The Askets rehabilitation and recovery services

Whilst the visits do start off with reflecting on the impact of the past 2 years and what it has been like it was also an opportunity to discuss the current challenges and changes each of these services are making as they plan for the future.

Specialist Supported Living Service

I visited 2 of the bungalows and met with residents and staff which included some recent recruits who we are supporting through their training into more senior roles utilising apprenticeships. The diversity of the skills and roles in our SSLS is impressive. In one home the staff not only provide advanced clinical interventions they also accompany residents to family weddings, recruitment events, governance forums and many more. The service is refocusing on its co-production work with tenants now covid restrictions have been lifted but also shared what a stressful time it has been for tenants who are especially vulnerable.

It has been a very difficult period in one of the homes as they recently lost a resident. The feedback from the new manager is that whilst it has been very tough for all the residents and the staff they have found the support from Gill Galea, Peter Johnstone and Judith Barnes invaluable.

The Asks

In our rehabilitation services the level of collaboration with the recovery college was impressive and they were able to clearly share how they have been able to maintain a rehabilitation and recovery approach through some of the most challenging times in terms of covid restrictions. Nigel Whelan the service manager shared a very moving and inspiring story of the impact that employing people with lived experience is having on their future service and staff development plans.

Now community facilities and opportunities have reopened they have been able to widen the range of activities and interventions with service users and they are also piloting new technology to enable more effective remote MDT working.

Ward 6 Newsam

Ward 6 has seen a significant shift in the needs of patients coming into the unit. This is due to the expansion of the community Connect service and upskilling of the ward team and environment to manage people who would otherwise be on medical wards. Therefore, they have patients with much greater clinical risks and needs which does create significant challenges. They are also experiencing some significant workforce challenges. The team are now reviewing their current clinical models/thresholds and staffing establishments.

You will see in my reasons to be proud that Lou Burke the Clinical Lead has just qualified as a multi professional approved clinician (MPAC) – the first in Eating disorders in the country.

Red Kite View

We have hosted three visits to Red Kite View; Gillian Keegan the Minister for Mental Health & Social Care; the DHSC capital and finance team; West Yorkshire ICB Chief Nurse Bev Geary.

All visitors were incredibly impressed with both the environment and the briefing provided by Nik Lee – Service Manager and Ruth Sutherland. The team can already demonstrate a positive impact on the care for young people. Now operating at full capacity, they have significantly reduced length of stay, have had no readmissions and are receiving positive feedback from carers and young people. They are continuing to learn and adapt the way the service is being run and share best practice with fellow units.

2. The Big Thank You

Whilst we were unable to go ahead with our Big Bash Night, we are delighted that the tea parties, BBQ's, garden parties, cricket matches and many more have been taking place in our teams over the past couple of weeks. The feedback has been overwhelmingly positive, teams coming together face to face for the first time and the weather enabling them to take place outdoors, in hospital grounds, gardens and parks. The Covid Stars are being well received and will continue to be given out over the next couple of weeks.

It is with huge thanks to Darren and his team led by Frances Dodd that we have been able to show our appreciation and encourage our teams to take some time out and give one another thanks for all they have done over the past couple of years.

We will of course seek feedback from the events to inform our plans for next year.

3. Our Partnerships

Legislation Changes

At a national level the legislation changes that came into force on the 1st of July cement the changes in NHSE and merging of ALBs (HEE, NHSX, NHS Digital, NHSI) into one organisation. The CEO Of NHSE has communicated plans to reduce the overall size of the organisation by approximately 30%. How this will be implemented and the impact of this is not yet known. Work will be carried out over the summer to design the new operating model for the organisation.

At the recent NHS confederation/NHS Expo Amanda Pritchard NHSE CEO set out her priorities being;

Recovery – of the backlog and built-up demand over the past 2 years

Reform – utilising the benefits of the legislation to build deeper collaboration at place. Better use of data and intelligence to improve the models of care delivery especially in tackling health inequalities. Put in place the right operating model for the national team.

Resilience – to withstand the ongoing ‘shocks’ of the future. Right sizing our capacity and being realistic to enable better planning for winter. Key in this is workforce.

Respect – for our staff, for the tax paying public, for our patients so we tackle discrimination, give good value for money and improve quality of care and patient experience.

Integrated Care Systems and Boards

The legislation establishing Integrated Care Boards as statutory organisations came into force on the 1st of July. On the same day CCGs no longer existed as organisations.

The West Yorkshire Integrated Care Board held its first public Board meeting on the 1st July. The agenda was dominated by completing and approving the governance requirements to enable the ICB to operate. I have been nominated and approved as the sector representative on the board for Mental Health, learning disability and autism. The Board will meet in public every 2 months. A VCSE representative is still to be confirmed following a competitive recruitment process. All other roles have been appointed to including 4 lay members and Prof Proctor has been involved in the last round of recruitment to these posts.

There will continue to be a West Yorkshire Partnership Board – currently chaired by Councillor Swift - held in public every 3 months which is attended by a wide range of organisations including elected members from each place, chairs and VCSE organisations and it is held in public. A key test of the whole partnership way of working will be to ensure there is not duplication across the different board meetings from place through to ICB and partnership board.

The Leeds CCG has now been subsumed into the Leeds Office of the WY ICB and the first public board meeting was held on the 14th July. Like with the WY board much of the initial agenda was focused on confirming the governance arrangements, terms of reference and updating on the existing operational and financial plans.

Both boards did start with a patient/citizen story provided by Healthwatch to set the tone for the meetings and enable board members to keep in mind the people we serve during its business.

Mental Health Learning Disability and Autism Collaborative

The committee in common has developed a proposal setting out the relationship between the programme board and formal committee in common and the West Yorkshire ICB. Underpinning

this is the recognition and commitment to the ongoing work of the collaborative regardless of legal changes but a clear desire to maximise the benefits the legislation may bring. The proposal will be shared with board members for information.

At the July meeting the Committee in Common will be asked to approve a set of principles developed by the core team and CEOs of the NHS Trusts to help with decision making when we are required to nominate a 'lead provider'. The aim of this approach is to ensure we maintain a collaborative and partnership way of working as opposed to inadvertently adding a layer of competition when we are embarking on new models of commissioning/contracting/delivery. The first test of this approach will be for perinatal services which are in the next phase to be devolved from specialised commissioning by NHSE to provider collaboratives. This will be discussed further in the private board session.

We have offered to work with the national mental health team in NHSE both as a Trust and as a system as they are commencing a programme of transformation work focusing on inpatient care. We very much welcome this and there are potential benefits for us given our acute care excellence programme and as we take forward our longer-term strategic plans for inpatient provision.

Leeds Health and Care Hub

We have just launched the Leeds Health and Care Hub which aims to establish a new way of working and a new commitment to embed the Department of Health and Social Care in our region. A steering group chaired by Chris Wormald permanent secretary at the DHSC has been established and just published a document setting out the vision, ambition and priorities for all partners who have signed up to the hub. Please see attached document.

The vision is;

Working collaboratively between national and local partners, the Hub will help make the region a natural choice for people looking to pursue a career in health and care and for organisations in the sector seeking to establish or expand. It will also make the health and social care sectors a career of choice for local residents whilst reducing health inequalities and creating employment opportunities.

The Three Priorities for the Hub are

- **People and Talent** – providing good local jobs and supporting local people to access them.
- **The Health Economy** – Working together to continue to develop Leeds as a location of choice for health and social care businesses.
- **Policy and Delivery Collaboration** – Developing a new way of working that allows for the development of knowledge, service improvement and innovation in health and care.

This model will enable shared learning - producing outcomes and approaches that are nationally replicable, just as we in turn learn from other regions. The steering group will continue to meet to

oversee the work to realise the vision and delivery of the priorities. For People and Talent the Leeds Health and Care Academy will be central to the delivery of this.

3. Reasons to be Proud

There is a lot to capture in the reasons to be proud section most of which is captured in the infographic below.

In addition, I am delighted to share some more news...

Annual review of our Veterans Aware Accreditation.

Great feedback was provided from General Lord Dannatt and Professor Tim Briggs CBE;

It is our pleasure to congratulate Leeds and York Partnership NHS FT on your recently approved One Year Review as a Veteran Aware Trust. The trust's one year review was officially approved on 12 July 2022.

Following the trust's initial accreditation awarded in May 2021, it is evident there has been significant work undertaken by those responsible for this agenda in your organisation, through the delivery of the OPCourage services and raising awareness of the healthcare needs of the Armed Forces Community across wider teams and departments.

We thank you for your hard work demonstrating the NHS's commitment to the Armed Forces Covenant and look forward to following your continued progress. Thank you for your work to date, and for your continuing support to drive these improvements across the NHS.

Triangle of Care Accreditation






We have found out this past week that we have now progressed to 2 star accreditation for our work as part of triangle of care. I am sure Cathy will be sharing more details with you so I just want to say a huge thank you to all involved as we see real progress and impact being made in through our strategic plans to involve service users and carers in all we do.

Red Kite View – Double Awards

At the 'Constructing Excellence in Yorkshire and Humber Awards' on the 15th of July 2022 Red Kite View won Project of the year and the Integration and collaborative working award. This reflects the excellent working relationship with our construction partners Tilbury Douglas and the leadership and oversight throughout from our project manager Pat Young.

Reasons to be proud



 <p>Involving local people</p> <p>The Patient Experience Team continues to work collaboratively with Leeds health and care partners and we are active members of the Peoples Voices Partnership (PVP).</p> <p>We are included in "Involving You" a document which shows some of the ways local organisations have worked with different communities to hear what they think about services and how we're using their feedback to make changes based on what people need.</p>	<p>EMERGE Leeds colleagues win poster awards</p> <p>Two colleagues from EMERGE Leeds – our Complex Emotional Needs Service have won poster awards at the British Irish Study Personality Disorder Conference recently.</p> <p>Emily Cole and Mike Orwin both presented their posters at the conference for work they are involved in at the Trust.</p> 	<p>LYPFT features in NHS regional news bulletin</p> <p>Our recruitment case study on recruiting over 100 new NHS staff at the new Children and Young People's Mental Health unit has featured in the latest NHS Regional People News Bulletin. Great to be sharing best practice across the region!</p> <p>Workforce resourcing leads for the Red Kite View project, were Hannah Cressey and Sam Wragg.</p> 
<p>Gender Outreach Team shortlisted!</p> <p>Our Gender Outreach Team has been shortlisted in National Diversity Awards 2022 for a Community Organisation Award (LGBT category).</p> <p>The team supports transgender & non binary service users on our waiting list.</p> <p>Ceremony will be on ITV on Friday 16 September.</p> 	<p>Well done Lou!</p> <p>Lou Bourke on Ward 6 at the Newsam Centre has qualified as a multi-professional approved clinician.</p> <p>The first in the country in eating disorders.</p> <p>Fantastic news!</p>	<p>Sports volunteers shortlisted!</p> <p>A sports NHS volunteering project with the Trust and Leeds Uni was shortlisted for a British University and College Sport Award for 'Participation Programme of the Year 2022'.</p> <p>The project didn't win their category at the awards night (6 July) but being shortlisted is still great recognition for volunteers and staff!</p> 

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The NHS receives the George Cross – Tuesday 12 July 2022

NHS England Chief Exec Amanda Prichard and May Parsons, the nurse who delivered the world's first COVID-19 vaccination outside a clinical trial, proudly received the George Cross on behalf of our incredible 1.5 million NHS colleagues in England.

The award was presented at Windsor Castle by Her Majesty The Queen, accompanied by His Royal Highness The Prince of Wales.

The George Cross, the highest civilian award for gallantry, recognises the incredible dedication, courage, compassion and skill shown by NHS staff – from nurses and doctors to porters, cleaners, therapists and countless other roles – over more than seven decades, particularly in the face of the Covid pandemic.

This is only the third time the George Cross has been given to a collective body since its introduction in 1940, and it is granted in recognition of "acts of the greatest heroism or of the most courage in circumstances of extreme danger".



And Finally...Our Team of the Month Winners

Older People's Services, West CMHT/MAS

"The Older People's Team continue to demonstrate resilience in the face of staffing difficulties, several changes in structure, a pandemic, several office moves and changes in management. Despite this, they keep holding on, always show up, create innovative solutions, drive positive change, always look for simplicity, advocate for patients and their carers first and foremost, champion each other, laugh, protect, build and empower each other. We are not a team...but a tribe striving each day for each other and the people we care for."

3 Woodland Square Respite Centre

"The team at 3 Woodland Square recently supported a gentleman with a severe learning disability, autism and challenging behaviour access dental care at St Jame's Hospital, working with three hospital trusts to facilitate and plan his treatment ensuring all the reasonable adjustments were in place. In all of this their empathy and compassion was at the forefront. Their care ensured a good outcome and his family were extremely pleased with all their support."

Dr Sara Munro

Chief Executive

12th May 2022



LEEDS HEALTH AND SOCIAL CARE **HUB**

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Foreword

Leeds has long been an important part of the UK's health and care infrastructure. Alongside the thriving local health economy, one of the biggest local authorities in England, and a vibrant Voluntary, Community and Social Enterprise network, there is a strong national presence – the Department of Health and Social Care (DHSC), NHS England, NHS Digital and five other health-related bodies are all headquartered here.

Leeds and the wider region have become a key focus of the digital health, medical technology, and health data sectors.

We now have an exciting opportunity to build on this history, and strive to forge a new and diverse partnership between local and national parts of the health system – and beyond – focused on creating new and innovative opportunities in and around Leeds. We want to develop an effective model for central and local government to work together which ensures the Department becomes embedded in, and adds real value to, a place.

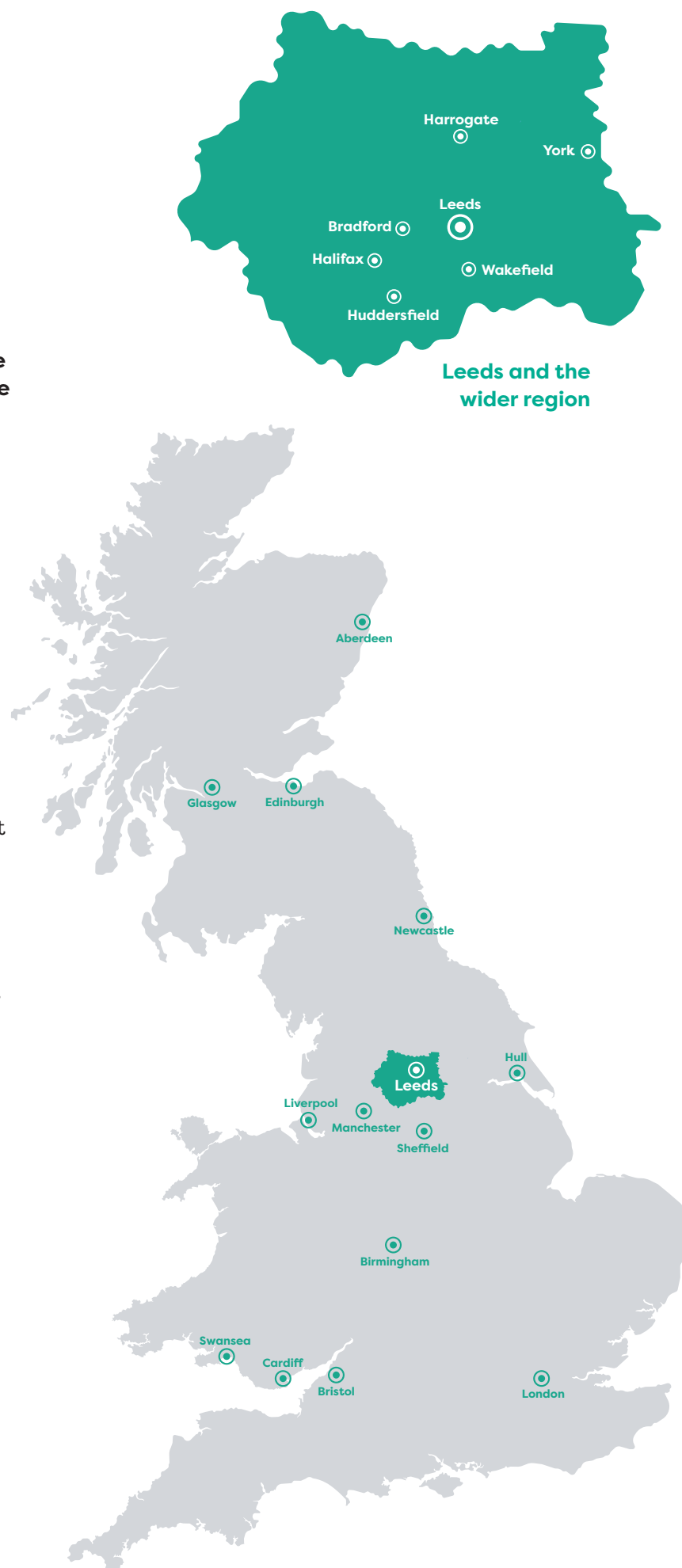
We call this the Leeds Health and Social Care Hub.

The Leeds Health and Social Care Hub is an acknowledgement of the wealth of talent and resources which makes Leeds and the surrounding region a great place to live and grow a career. It's also a new way for central and local government to work together to intervene early in the life of problems and to improve outcomes.

Our vision is for Leeds and the surrounding region to have a national and international hub for health, care and associated industries, harnessing the potential of the agglomeration of public, private and third sector organisations.

We want health and social care to be a career of choice for local residents and graduates from the region's excellent universities.

We want employers in the sector to know the region has the widest pool of talent and skills to draw from and to build on the work



of the Leeds Health and Care Academy.

In short, we want Leeds to be the place to be if you are an individual, business or organisation with a passion for excellence in health and social care.

The work of the Hub goes well beyond health and social care though. It encompasses broader health and wellbeing.

Leeds has a strong reputation for tackling health and economic inequality, with poverty having a very strong political lead, as set out in the 'Best City Ambition'. This track record of high-quality partnership working, excellence in health and social care, and local commitment to early intervention can be built on further to do even more.

We see Leeds as a place that can shape and embed local, regional, and national strategy, and somewhere that new initiatives which collectively address systemic inequalities succeed. Our work focussing on early intervention, prevention, and delivering excellent services has been recognised in the recent outstanding rating for Leeds City Council's children's services by Ofsted. By understanding current and emerging good practice, developing new approaches and tackling emerging challenges, the Hub

aims to build on what already exists in the area without duplicating or seeking to supplant other partnership initiatives.

We also recognise the importance of developing the wider health economy and will work together with the aim of creating the right environment for growth – for example, by building on the innovative work of the Leeds Anchors network and making the most of opportunities such as the new hospital and broader innovation arc.

The Health and Social Care Hub is a new and dynamic approach to working together – with the aim of opening up opportunities to facilitate social mobility and having a positive impact on diversity and inclusion, whilst building on the successful relationships already in place. We also hope that what we develop here can be replicated and learnt from across the UK and will always look for opportunities to share ideas and learn from others.

We look forward to our collaborative partnership and the exciting opportunities that will help support and sustain better health, careers, and economic growth across Leeds.

Signed on behalf of the Health and Social Care Hub partners by:

Sir Chris Wormald, Permanent Secretary, Department of Health and Social Care

Sir Julian Hartley, Chief Executive, Leeds Teaching Hospitals NHS Trust

Mark Cubbon, Chief Delivery Officer, NHS England

Tom Riordan, Chief Executive, Leeds City Council

Rob Webster, Chief Executive-Designate of West Yorkshire ICS

Professor Simone Buitendijk, Vice Chancellor, University of Leeds

Professor Peter Slee, Vice Chancellor, Leeds Beckett University

Thea Stein, Chief Executive, Leeds Community Healthcare NHS Trust

Dr Sara Munro, Chief Executive Officer, Leeds and York Partnerships NHS Foundation Trust

Richard Stubbs, Chief Executive Officer, Yorkshire and Humber Academic Health Science Network

Kate O'Connell, Director of Leeds Health and Care Academy and Strategic Workforce

Introduction

The Leeds Health and Social Care Hub provides a new way for national and local partners to work together; an exciting opportunity for us to bring our different perspectives and resources to jointly achieve our vision for the region.

It is also part of our desire to fully embed national government in the region where it is based and to use that presence to add real value to that place.

Leeds is the second Headquarters of DHSC, including the newly established Office for Health Improvement and Disparities (OHID), and a key location for other national health and social care organisations, hosting NHS Digital, NHS England, Skills for Care and others. Leeds also provides a clear link into the wider Leeds City Region.

In this document, when we reference Leeds we will mean the City of Leeds, within the Leeds City Region, which in turn is broadly coterminous with the West Yorkshire Health & Care Partnership. The work is starting in Leeds but we intend it to be clearly situated and to have a positive impact in the wider region too.

Leeds and the surrounding region is a centre of innovation and partnership working in health and social care, taking a collaborative approach to delivering high quality local services. The region's close partnership working has built the foundation for a strong and thriving local health and care system, and health economy, that sees diversity and inclusion as a strength.

The region also benefits from leading local universities developing future-skilled employees and contributing high-quality research and innovation, and a thriving and engaged third sector.

This track record of high-quality partnership working, excellence in health and social care and local commitment can be built on further to do even more.

This is the ethos of the Leeds Health and Social Care Hub.

Yorkshire Universities is an umbrella organisation representing around 12 universities across Leeds, Sheffield, York, Bradford, Hull and Huddersfield.



VISION

Working collaboratively between national and local partners, the Hub aims to make the region a natural choice for people looking to pursue a career in health and social care, and for organisations in the sector seeking to establish or expand. It also aims to make the health and social care sectors a career of choice for local residents, whilst reducing health inequalities and creating employment opportunities.

This vision aligns with the ambitions of the Levelling Up White Paper which aims to realise the potential of every place and every person across the UK, building on their unique strengths, spreading opportunities for individuals and businesses, and celebrating the culture of every single town, city and village. This will make the economy stronger, more equal, and more resilient, and lengthen and improve people's lives by making early intervention a stronger feature of policy and delivery.

All parties are committed to our shared vision and the aligned ambition of Levelling Up. We know that this can best be achieved by harnessing the full potential of the agglomeration of public, private and third sectors.

This document sets out our ambitions and approach.

Leeds and the wider region

The government is being proactive in moving more Civil Service roles out of London. We want this to be more than just moving roles to new offices; we want it to be about truly embedding the Department of Health and Social Care in the region.

This provides a clear opportunity for DHSC to look again at the role we play in the Leeds region and to join a conversation about how all the health and social care organisations can go further in our collective ambitions. Leeds has a firm foundation on which to situate this work – as an area with a strong history of highly successful partnership working.

It also has an established innovation ecosystem, from grassroots community-led events like Leeds Digital Festival to world-leading research and development support infrastructure like [Propel@YH](#), and is committed to supporting its diverse and talented entrepreneurs. It has a rich and deep talent pool, including six universities and digital and creative talent, as well as a commitment to innovation in the health sector through the Leeds Academic Health Partnership and Yorkshire and Humber Academic Health Science Network.

However, the Hub is not just about Leeds. This work will deliver across multiple geographies, recognising that the boundaries that surround the way we work are neither fixed nor consistent.

For example, the West Yorkshire Health and Care Partnership, an integrated care system, is made up of the NHS, councils, hospices, Healthwatch, and the voluntary, community and social enterprise sectors. Together they are working across Bradford District and Craven, Calderdale, Kirklees, Leeds, and Wakefield District.

There are already strong foundations to build upon and this connectivity will be key to the success of the Hub.

CASE STUDY

Propel@YH – [DigiBete](#)

Propel@YH is a Yorkshire & Humber Academic Health Science Network led digital accelerator programme that provides early stage innovative organisations who are developing digital health solutions with access to a structured course of support and advice. This is aimed at enabling accelerated company growth and increased market presence.

DigiBete required additional support from Propel@YH around real-world evaluation and clinical safety. Tailored guidance was provided to DigiBete, with focused and comprehensive sessions providing required information regarding procurement and NHS structures.

As a result of this collaboration, DigiBete has:

- Raised internal funding of £175,000 since the commencement of the programme in March 2019 and is a nationally recognised resource for children's diabetes care.
- Secured three new research collaborations since the start of the programme and directly attributed one of these collaborations to taking part in Propel@YH.
- Developed two new digital health products/services in that time with one of these directly as a result of Propel@YH.

Transforming for a digital future
The vision is that by 2025, the UK government will be a transformed, more efficient digital government that provides better outcomes for everyone.



There are nearly **60,000** people employed in the health and care sector across Leeds alone.

Working together in a different way

The Hub provides a new way of working between national government and local NHS organisations and partners including; local government, social care, voluntary organisations, education and industry.

This is not a relationship of commissioners and providers, of policy makers and policy implementers, or of funders and funded. Indeed, there is no government funding attached to this joint work nor any promise of preferential treatment for the region. Instead, it is an authentic partnership of people and organisations working for the mutual benefit of each other and more importantly to improve health and life outcomes for those in the area. In turn, this will lead to better national policy making and provide a way of working for others to learn from, as we learn from them.

We want the Hub, and the new way of working we envisage for it, to be the catalyst which integrates the efforts of local and central government, without being bound by our traditional working relationships. By doing this, the Hub will become an innovation driver and a testbed for forward thinking policy initiatives, including early intervention and prevention, and working with communities.

CASE STUDY

Enhance

Enhance is a partnership between Forum Central (with Leeds Older People's Forum) and [Leeds Community Healthcare NHS Trust](#). The partnership supports safe and sustainable discharge of people from hospital and neighbourhood teams into a secure home environment, avoiding delays in discharge and readmissions, and enhancing capacity in health and care sectors.

It has developed in response to system challenges related to both inpatient and community service capacity and uses our local third sector workforce, knowledge and approaches to increase system capacity.

The third sector organisations involved in Enhance will provide a range of home and community based services, which may include befriending, IT support, support with self-management, and undertaking joint visits with relevant health professionals, such as nurses or therapists.





CASE STUDY

Strength based social care – Street Support Programme

The Better Lives Strategy is Leeds City Council's strategy to enable people with care and support needs to live good quality lives. Over the last five years there has been considerable progress in delivering on the three key themes of the original Better Lives Strategy: Better Conversations, Better Connections and Better Living.

Working in partnership with health staff, housing staff and a range of community based supports such as Neighbourhood networks and other third sector providers, ensuring an holistic approach, Talking Points have been established in communities across the city. It gives people an opportunity to speak directly to a social worker to build understanding and, primarily, it has developed an innovative approach to managing risk in partnership with the person and the community service that provides support to them.

The Street Support Programme for homeless people is an example of how our strength-based approach is now embedded across adult social care. Social workers now reach out to marginalised groups through a Street Support Talking Point.

During the pandemic this model was developed to support the street-based community, with Talking Points set up in local homelessness services in partnership with housing, drugs and alcohol services. A number of Talking Points are also provided across the learning disability and mental health services.

A recently-agreed new Better Lives Strategy will further aim to deliver priority actions over the next five years that will contribute to people living good lives, with meaning, connection, and capability.

Inequalities, disparities, diversity and equalities

We recognise that to understand and address inequalities, diversity, and inclusion, we need to be more strategic and proactive in how we plan, mobilise, and implement system wide sustainable and relevant interventions. As the Health and Social Care Hub is developed, and each idea and initiative built, we intend for there to be a clear focus on how it can address inequalities and disparities.

We want workforces that reflect the communities that we serve, and to benefit from the perspectives and skills that staff from a diverse set of backgrounds bring. We want to develop them and ensure that our future leaders also reflect this diversity. Likewise, we want the innovators in the health economy to reflect the communities for whom they provide services.

We also want to address health disparities, ensuring that this work is consistent with the [Best City Ambition](#) and status of Leeds as a Marmot city; tackling inequalities of economic or employment opportunities, or the diversity of our workforces and leadership teams. The [Independent report on Leadership for a collaborative and inclusive future in health and social care](#) is clear that positive diversity and inclusion action is required to tackle workforce disparity. We agree.

The intention is that each partner will take ownership and responsibility for holding ourselves to account, and ensuring that specifically addressing diversity and inclusion is integral to all of our work and priorities as we build each theme.

Structure: How we are organised

Working in an integrated collaborative fashion, we have established a steering group, chaired by DHSC Permanent Secretary – with senior representation across the health and social care sector in Leeds and the West Yorkshire region. It will lead this work by providing strategic direction and oversight.

A working group with representatives from education, health, public health, local government and health science will own and oversee a plan of agreed activity, as directed by the steering group.

The work has been strategically aligned to focus on themes where the Hub will bring added value to the work of existing partnerships and established ways of working or will be able to do something new and not currently in place.

DHSC has a longstanding and major presence in Leeds, its second headquarters, with the core Department employing over 900 staff in the city, and many more across its Arm's Length Bodies, including NHS Digital, NHS England and Health Education England. The Department of Work and Pensions has also recently designated Leeds as its second headquarters.

OUR PRIORITY AREAS

The Health and Social Care Hub intends initially to focus on three areas:

- **PEOPLE AND TALENT**
Developing clearer career pathways between health and care organisations in Leeds, building our entry offer for local residents, improving our graduate entry and postgraduate development offers, and investigating what we can do with our excess apprenticeship levy to support skills development locally.
- **THE HEALTH AND SOCIAL CARE ECONOMY**
Working together to continue to develop Leeds as a location of choice for health and social care businesses, particularly innovative businesses and those in the digital health and medical technology sectors.
- **POLICY AND DELIVERY COLLABORATION**
Designing a new way of working that allows for the development of knowledge, service improvement and innovation in health and care. Also bringing together the knowledge, experience and insight of all partners to address health and care policy challenges. This work will initially be based around health disparities.

Priority Area 1: People and Talent

In the first phase of our work through the Hub, people and talent will be a priority area of focus.

A well-developed, diverse workforce provides a strong foundation for an inclusive economy, offering good employment opportunities for all. The Messenger Review makes clear the importance of diverse, inclusive and integrated leadership working collaboratively across systems to deliver the best health and social care outcomes. This, in turn, helps deliver good health and care as well as high-quality policy.

We plan to focus on staff development and career pathways. By providing good local jobs and supporting local people to access them, we aim to make the health and social care sector the employer of choice for many local people from all communities.

By working in partnership with local academic institutions to offer high-quality, sought-after qualifications and apprenticeships, we intend to attract and develop diverse future leaders. We want to develop clear career paths which facilitate experience in different roles in the Civil Service, local government, health, care, and innovation across public and private organisations. In doing so we will ensure that Leeds is the natural choice for a rounded career in health and social care, helping to retain and develop talent across the region.

CASE STUDY

Lincoln Green employment and skills project

Leeds Teaching Hospital NHS Trust is one of the biggest employers in Leeds with six hospitals across the city. An anchor institution – well placed to provide employment opportunities for people living in the area.

Leeds City Council collaborated with Leeds Teaching Hospitals NHS Trust and local charity, Learning Partnerships, to deliver information sessions and innovative employability courses, aimed at connecting residents living in Lincoln Green and other disadvantaged communities in Leeds with job opportunities. The project has been a great success:

- 49 people started the six-week employability programme and 29 people successfully secured employment at St James's Hospital.
- The learning from the Lincoln Green project has been taken and used to help the Narrowing Inequalities through Health and Care Careers Programme which expands the model across different partners, and different careers.
- Since the pilot in 2019 there are a number of individuals that have taken advantage of the development opportunities to progress from the initial facilities technician (ward housekeeper / porter) roles to clinical positions.
- Due to the success of the pilot programme, Leeds Teaching Hospitals NHS Trust has committed to support three programmes a year.



Leeds has a thriving voluntary, community and social enterprise sector with 1,180 registered charities contributing to the wider determinants of health. The Hub work will also tap into this diverse talent pool of 9,650 paid staff and 8,600 trustees with the aim of enriching the diversity and inclusion of leadership across the city's health and care workforce. Our initial focus includes the following aims:

- **Making career paths between organisations clearer** and the transition simpler for staff who want to make permanent moves as part of a varied career.
- **Making it easier for people to be seconded between organisations** – allowing all organisations to tap into collective talent from the wider system, and allowing individuals the chance to develop their careers in different contexts, both locally and in the Civil Service.
- Expanding and diversifying our talent pool by **making roles attractive and accessible to people with the aptitude to succeed.**
- As part of the Civil Service commitment to enhancing employment opportunities in diverse communities, we plan to explore the **Going Forward into Employment** initiative within the Leeds Hub catchment area as a way of helping to achieve inclusive employment.
- **Developing new apprenticeships** that can be accessed by a range of local organisations, alongside developing outreach that can help to attract more local residents into them. This would build on the work of the Leeds Health and Care Academy and West Yorkshire Health and Care Partnership's 'People Plan' which focuses on all the sectors, including carers and volunteers.
- Developing schemes that allow for the **apprenticeship levy held by partner organisations to be transferred to local organisations** to provide opportunities for local residents.
- Looking at our **development schemes to offer rotations between organisations** and joint outreach, as well as providing more opportunities for joint working, learning and sharing between individuals taking part in these schemes.
- Expanding learning opportunities across the partner organisations to improve the collective skills and knowledge base needed to **shift organisational culture** to achieve better systems thinking and ways of working.

CASE STUDY

Neighbourhood Networks

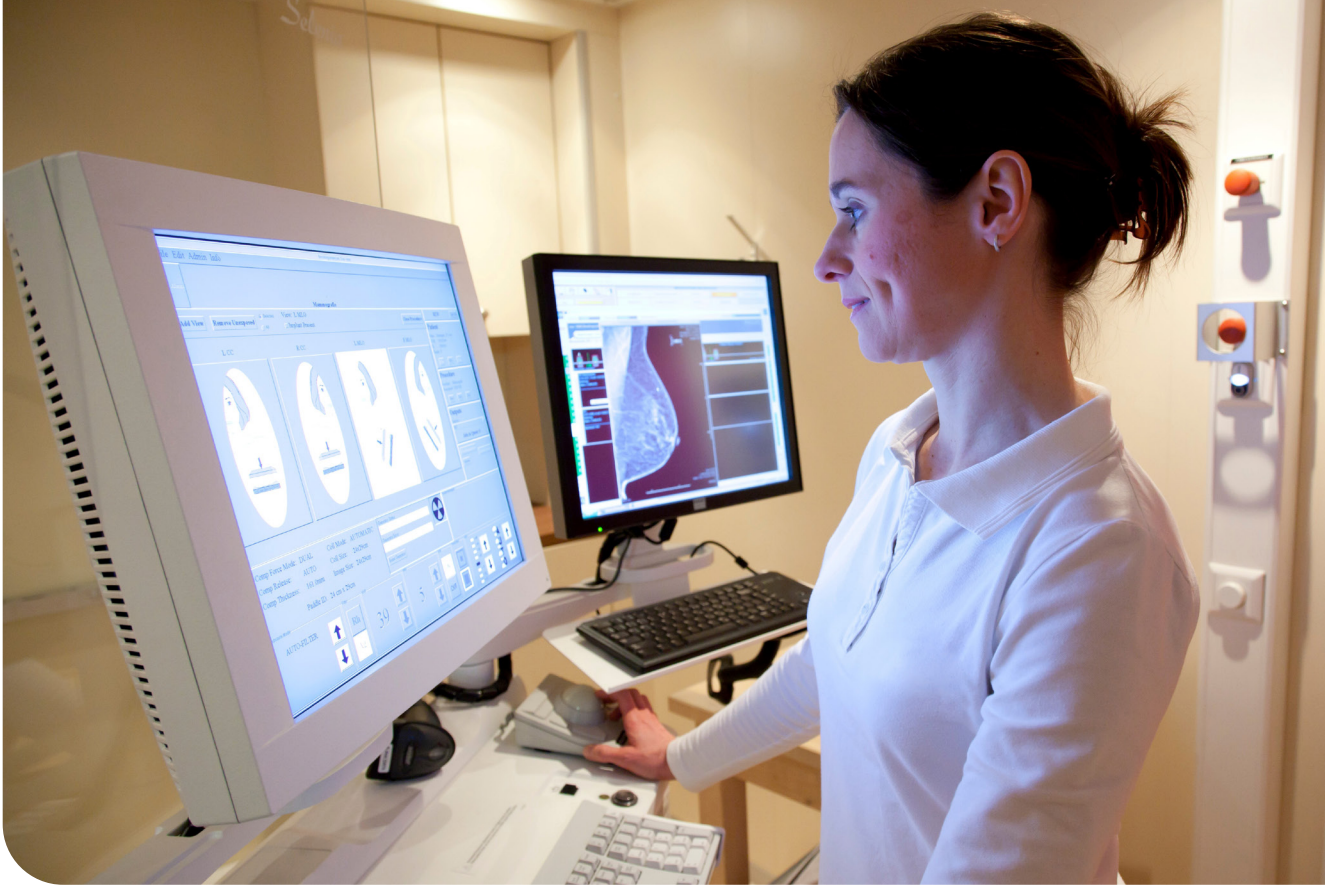
Neighbourhood Networks have developed across Leeds since 1980, focusing on preventing illness and social isolation and promoting health, wellbeing and independence through supporting older people in their local communities.

The networks have a national reputation for innovative new schemes tailored closely to the needs of local communities. Partially funded by Leeds City Council and the former NHS Leeds Clinical Commissioning Group, they collectively report a membership of 25,350 people and offer over 700 activities. This provides coverage to every part of the city – contributing to Leeds' key ambition of being the best city to grow old in.

Neighbourhood Network schemes are supported by a mixture of staff and volunteers and are governed by local people representing the communities they serve; with 91.9% of professionals including health, police and GPs reporting that engagement was good or very good.



DIGITAL FUTURE
23%
of digital work is based in Leeds.



- Building a **culture of collaboration and sharing** between our organisations including regular networking, knowledge sharing, collaborative ways of working, shared development and more.
- Working with local universities to **develop higher education offerings** for staff developing their careers in the city and wider region.
- **Developing our leadership offer** so that we are working together to develop our next generation of health and social care leaders, taking into account and building on the recent Messenger Review, to ensure a pipeline of diverse and talented future leaders. We also plan to explore further collaborations on skills frameworks, digital skills, and Learning & Development programmes.
- Working together to **develop and design the roles of the future** and how we can develop our leaders to meet the future need.

The intention is that our work in this theme will be closely aligned with the work of the Leeds Health and Care Academy. The Academy has a remit to design and deliver transformational shared learning for everyone working in Leeds health and social care, and to bring together health and care partners to address shared workforce priorities through collaborative projects.

CASE STUDY

Medicine+ Enterprise & Entrepreneurship

Medicine+ Enterprise & Entrepreneurship is a novel development at the University of Leeds allowing a small group of students to personalise their primary medical degree with dedicated enterprise training, and a MSc in Enterprise and Entrepreneurship with the Leeds University Business School. There are specific opportunities in each of the five years of the programme to focus on innovation, enterprise and entrepreneurship to benefit students, patients, the University, the NHS and the local economy.

The Leeds Inclusive Anchors Network

Brings together 13 major civic institutions including the council, NHS trusts and higher education, who collectively employ around 1 in 6 people in Leeds and work together to deliver an inclusive and healthy city economy.

Priority Area 2: Health and Social Care Economy

There is already significant innovation-led economic development underway in Leeds through delivery of the inclusive growth strategy and launch of the recent innovation prospectus.

We want to stimulate innovation which drives and delivers measurable impact towards a healthier, greener and more inclusive future for Leeds and the world.

For example, the [Leeds Innovation Arc](#) is a series of innovation neighbourhoods formed around the natural anchors of the universities, the proposed adult and children's hospitals, the public realm, and major private sector partners. Set across 150 hectares of the city centre, the Innovation Arc will stitch together some of the most significant innovation assets in the north of England.

There will be over 3,000 new homes in and around the Arc and the potential for up to 220,000 square metres of additional public space improvements, as well as space for two new city parks.

A significant opportunity to contribute to this innovation hub is presented by the New Hospital Programme: The Leeds Teaching Hospitals NHS Trust's Hospitals of the Future Project sets out investment plans for new healthcare facilities at the Leeds General Infirmary (LGI) site through the building of a new state-of-the-art acute specialist hospital that will expand the Trust's world-class adult healthcare services, and a new home for the Leeds Children's Hospital.

The proposed investment in these new cutting edge healthcare facilities, will free up five hectares of land and existing buildings to develop a world-class hub for research, innovation and technology in health and life sciences – bringing with it an estimated 3,000 new jobs plus a welcome £11bn boost to the economy.

**DIGITAL
FUTURE**
Leeds City
Region has
600
health and life
science firms.



Leeds City Council is developing a flagship District Heat Network (DHN) that will use energy generated by processing waste at the Recycling and Energy Recovery Facility (RERF), to convert steam to heat and hot water. This £35 million pound investment will play a key role in the City's plans to cut carbon emissions, reduce energy bills, and improve air quality. 1,983 properties are involved, and a number of businesses have already signed up to connect to the new Heat Network. There is significant capacity for the network to grow by adding new customers.

Key connections include Quarry House, Leeds City Council and buildings on the Leeds General Infirmary site as well as 1,983 local homes.

CASE STUDY

The Innovation Pop Up - Leeds Teaching Hospitals NHS Trust

The award-winning Innovation Pop Up is an agile initiative to develop a culture of innovation in healthcare to evaluate technologies for application in the planned new hospitals, and to build a track record of industry and academic collaboration. It provides support for clinicians to take forward ideas that solve healthcare problems and connects the Trust to companies with innovative products and services which address healthcare needs.

IMedis

Health tech company IMedis is working with the Innovation Pop Up to help scale up the world's first AI-powered quality assurance system for radiology computed tomography (CT) scans. The company selected Leeds Teaching Hospitals NHS Trust to partner with because it provides a framework for the development, adoption and spread of innovation within the NHS.

WarnerPatch

Health tech entrepreneur Melissa Berthelot, the founder and CEO of medical device company WarnerPatch, is working with the Innovation Pop Up to trial her continuous remote monitoring technology with patients and clinicians at Leeds Teaching Hospitals NHS Trust. It is non-invasive and powered with 5G connectivity, enabling the flow of critical information to clinicians.

We want to create a legacy of economic growth led by solid partnerships, such as the West Yorkshire and Leeds City Region Enterprise Partnerships, Leeds Academic Health Partnership, Health Education England, and universities.

This ecosystem approach is one that we know works – innovations and innovators are mutually reinforcing, especially when closely integrated with the local health system. We need all parts of the system to continue to work together and to make even more of the connections.

For example, capitalising on regional HealthTech strengths, the new West Yorkshire Innovation and Improvement Hub has been set up within the West Yorkshire Integrated Care System, to ensure that all our citizens can benefit from transformational innovation. The West Yorkshire Innovation and Improvement Hub provides a key link between the health and care system and innovation – hosting a two-year, digital primary care innovation hub with a focus on horizon scanning, implementation, and adoption of innovations in general practice, pharmacy, and other services.

The Leeds Health and Social Care Hub will look for further opportunities where the collaboration of a range of local and national partners can make a tangible difference in the region. The intention is for this to include:

- Working together to support the **Innovation Arc** as part of the work to develop the new hospital on the Leeds General Infirmary site, and a key part of the government's New Hospital Programme.

SeeAI is a MedTech company that develops solutions to address a shortage of radiologists. Through the development of image diagnostic technology, SeeAI's team of multidisciplinary experts are working towards a future where patients can get their medical imaging diagnosis within minutes, and expert radiologists working in high-pressure environments are supported in making confident diagnoses. Co-founders Saile Villegas and Reo Ogusu are both graduates of University of Leeds and the Propel@YH digital health accelerator programme.



CASE STUDY

Nexus

"Nexus has changed the way in which universities and industry work together".

Nexus is a key start-point and symbol for Leeds Innovation Arc: comprising an inclusive community for entrepreneurs, innovators and businesses of all sizes, and designed to foster meaningful collaboration and impactful innovation. It brings together the brightest minds from business, technology and academia.

It has its physical base in a state-of-the-art innovation hub on the University of Leeds campus – in a building designed to foster collaboration and accommodating up to 60 technology-led businesses.

The community of high growth businesses is located around the world, with members as far away as Israel and Canada. Members of the Nexus Community benefit from the tailored support of a dedicated expert team, access to opportunities and graduate talent, and a varied, year-round events programme.



**DIGITAL
FUTURE**
Leeds City
Region has
250
MedTech
companies.

- Supporting **inclusive, collaborative partnerships** between life sciences and innovation, businesses, academics, healthcare providers and policy makers – working to improve the environment and support for innovators.
- Working to continue to attract talent into the **emerging health technology and biotechnology hot spot** developing in Leeds and West Yorkshire.
- Signposting and **maximising business incubation opportunities**, supporting the business incubators based in the region's universities (including Nexus at University of Leeds, Leeds Beckett Business Centres, DHEZ in Bradford, and 3M Buckley Innovation Centre in Huddersfield).
- Investigating **specific outreach programmes locally** that would allow for the full range of local and national employment opportunities to be demonstrated to local children.
- Working with colleagues in the **Department of International Trade** to continue to market Leeds internationally and attract inward investment.
- Actively seeking out further **opportunities where we can work together jointly** to support and develop the already burgeoning local health economy.

We know that health and wealth are intrinsically linked. By developing the surrounding infrastructure and attracting investment, as well as attracting a high-quality and visibly diverse workforce, we aim to make Leeds the location of choice for companies in the health and care sector. Improving employment opportunities and building the local economy would help drive up health outcomes and reduce inequalities in the region.

CASE STUDY

The West Yorkshire Innovation and Improvement hub

The new West Yorkshire Innovation Hub has been set up to ensure that all West Yorkshire citizens can benefit from transformational innovation by leading a healthcare innovation system. Capitalising on the exceptional regional HealthTech to drive both future economic prosperity and improve health outcomes, and to spread this both across the system and beyond the region.

It will host a two-year digital primary care innovation hub with a focus on horizon scanning, implementation, and adoption of innovations in general practice, pharmacy, and other services.

Working with the Yorkshire and Humber AHSN, West Yorkshire Health and Care Partnership has launched ten innovation schemes. For example, in breast cancer surgery where innovations will include; improving screening uptake in minority communities, an onco-geriatric programme to support best care options for older people, and the adoption of TytoCare; a wireless, handheld device that allows clinicians to perform medical examinations anywhere, for the ear, throat, lungs, heart, temperature, skin, and abdomen.

Priority Area 3: Policy and Delivery Collaboration

The Health and Social Care Hub is a unique opportunity to develop something new and innovative in the way local, national and academic and community partners work together to address health and wellbeing policy challenges. We want our partnership to support the development of improvement, knowledge and innovation in health, care, and wellbeing.

Committed to being a Marmot city, Leeds is already a leader in early intervention with an integrated approach to a wide range of policies.

It has many strengths, such as neighbourhood networks, asset-based community development, a network of community hubs, and a wide range of early intervention work with children and families, older people, and people with disabilities.

For example, the YHealth for Growth partnership led by the Yorkshire and Humber Academic Health Science Network, Yorkshire Universities, and NHS Confederation is already bringing together local and national leaders to better recognise the linkages between health and the economy, with the aim of tackling deep-rooted inequalities which exist across the region.

By further building on the expertise and resources that already exist in Leeds and the surrounding region, the academic excellence of Yorkshire Universities as well as the presence of DHSC, including the Office for Health Improvement and Disparities, and other government departments, we aim to make Leeds one of the locations with the most interesting thinking and innovative practices in the country. This would involve developing initiatives and exploring how to leverage cross-government engagement and impact. In addition, we intend to trial and review policies, and provide an early test bed for key new thinking in the health and social care system.

CASE STUDY

The Synergi Leeds Partnership – a whole-systems approach to addressing ethnic inequalities in mental health

In Leeds there is a clear partnership commitment to promote good mental health, prevent mental illness and provide high quality care and treatment. This key agenda is supported by the Leeds Mental Health Partnership Board and Health and Wellbeing Board.

Recognising the significant national challenge of ethnic inequalities in mental health, the Synergi-Leeds Partnership provides a forum in which to inspire and engage system and community leaders to address all forms of racism, further develop work within acute mental health settings and develop community responses to increased risk of mental ill health via a community grants programme.

In 2020, senior leaders in Leeds signed the UK's first national pledge to reduce ethnic inequalities in mental health. This pledge and its seven key commitments are helping to embed the work across the whole system in the city.

CASE STUDY

Asset Based Community Development and supporting the community response to Covid-19

Leeds has pioneered the use of Asset Based Community Development (ABCD) – a neighbourhood-based community building approach; founded on the principle that given the tools and the opportunity, small groups of citizens can change the things they believe need changing.

In March 2020, the embedded principles of ABCD enabled Leeds to respond swiftly in coordinating the local community volunteering response to Covid-19. A range of other positive impacts include up to £14.02 of social value returned for every £1 invested, with ABCD supporting greater community cohesion by bridging differences in generations, and by supporting neighbourhoods to be more inclusive of people with disabilities.

It is proposed that the Community Care Hubs provide a model for how the city works with people and communities to tackle a range of strategic challenges at a local level – from food poverty to the impacts of climate change. As of January 2022, Leeds has five new Pathfinder sites, taking the total number to 14 including one with a focus on the Roma community.



We plan to do this by:

- Establishing **new ways of working** with Leeds and the surrounding region, recognising the different challenges and opportunities provided by rural and urban geographies, as an area where we can jointly test ideas, explore policy solutions and gather real-time insight.
- Linking in with existing strategic networks to **establish a specific working group to which we can refer the toughest challenges** we jointly face. The group would be there to collaboratively solve problems, identify risks, support linkages and transform the speed of policy making. Whilst this group would not have a long-term work programme or fixed set of objectives, it would be there to tackle important challenges as they arise.
- Ensuring this work is **underpinned by excellent academic input from the region's universities**, acting as a hub for the exchange and development of high-quality analysis, data and evidence of what works.
- Providing **an additional route back into other government departments** to help with the joining up of policy solutions and problem solving.
- Establishing a multi-directional ethos, under our joint collaboration, to share and challenge ideas, insights, research and **act as critical friends**.
- **Encouraging and facilitating the interchange of ideas, insight and research.**
- **Ensuring that the citizen and user voice** is integrated into our problem solving and delivery.



CASE STUDY

YHealth for Growth

YHealth for Growth is a partnership between Yorkshire and Humber Academic Health Science Network, Yorkshire Universities, and NHS Confederation. The partnership aims to recognise the intrinsic and unbreakable link between health and economic prosperity, whilst championing the role of health in driving economic and inclusive growth in the Yorkshire and Humber region. The partnership also believes that health should be a key factor in all policy and economic investment and decision making at both a local and national level.

Taking collaborative action to improve health, inclusive growth, and wellbeing is in the best interests of the region and should be a shared priority. Therefore, the partnership has been convening leaders from across the Yorkshire and Humber region and further afield to continue this important discussion.

- A conference was held in 2019 to bring together senior leaders and to raise the profile of links between health, the economy, and policy.
- A collaborative report was published in 2020, setting out recommendations aimed at local and national leaders to tackle increasing socio-economic inequalities and boost health outcomes by encouraging greater cross-sector working.
- The partnership continues to contribute to the ongoing local and national policy debate e.g. providing evidence to an inquiry on 'Levelling up' and Public Services led by the House of Lords Select Committee on Public Services.



As a first topic, we plan to focus on policy challenges around early intervention and health disparities, taking our lead from the commitment of Leeds to being a Marmot City.

We also plan to explore the opportunities accompanying the Social Care Reform Programme, particularly the People and Talent strand.

Developing these new ways of working will take time and engagement from all involved. It would also involve us testing, learning and developing the approach as we progress, with mutual understanding to share that learning with others to help improve outcomes and level up.

Propel@YH

Propel@YH is Yorkshire & Humber AHSN's digital accelerator programme. It provides innovative organisations who are developing digital health solutions with access to a structured course of support and advice, aimed at enabling accelerated company growth and increased market presence. The pioneering programme is open to all small-to-medium enterprises that can demonstrate innovative digital and patient solutions and have either an existing presence in the region or are willing to establish one.

CASE STUDY

Children's Healthy Weight - tackling childhood obesity

Leeds adopted a citywide child obesity strategy in 2008 with the national charity HENRY (Health Exercise Nutrition for the Really Young). Training and family programmes are a central component of the approach.

Research published in 2019 in the journal Paediatric Obesity, looking at national data collected through the National Child Measurement Programme from 2009-2017, showed that Leeds was challenging national trends at the time in two key areas - lower levels of child obesity overall and particularly among the most deprived children in the city.

Obesity levels fell from 9.4% to 8.8% in reception children overall and from 11.5% to 10.5% for those reception children living in our most deprived neighbourhoods.

HENRY Healthy Families Growing Up Parent Programme was introduced in 2021 and is now being delivered in local primary schools.

Get involved

The Leeds Health and Social Care Hub – a new space to raise our collective ambition – needs you!

If you are a member of staff working for one of the partners, we want you to think about how you can contribute to the success of the Hub. Whether you are a policy maker or practitioner, HR professional or clinician, an academic or a community leader, this is an exciting opportunity to get involved. This might be as simple as collaborating on a piece of work or building a professional network between organisations. It might be contributing to some of the priorities identified within this publication; helping to shape and deliver them. Or it might be your role in a large collaboration such as we see around the Innovation Arc.

In this work we see a wide role for many contributors. We want this new way of working to thrive, and to be underpinned by a principle of partnership working where it will contribute to our aims.

This can't just be about the public sector, or the partners who have committed to this publication.

If you are a business or innovator, we want to hear from you and to understand how we can help and support you and how you can contribute to the vision. We also want you to get involved with ideas or innovations that strengthen the further development of Leeds and put it on the international map. We plan to run some open-door events to make sure we are taking on board ideas and offers of help.

If you are a third sector organisation, or have an interest in the vision and how we can work together to achieve it, please get in touch.

Finally, if you are already part of one of the partnership forums in Leeds, such as the Health and Care Academy, Leeds City Region healthcare cluster, Innovation Arc, West Yorkshire Health and Care Partnership, Leeds Academic Health Partnership, Leeds Inclusive Anchors, or part of any others, as key parts of the Hub, we want you to be able to funnel your ideas, challenges and opportunities through them, ensuring that we build on and make use of what we already have.

Connecting national organisations to local systems completes a compelling picture for everyone working in the health and care system. Everyone in Leeds and the surrounding region should be able to see themselves in it.

We will continue to develop this approach and evolve our priorities to embed DHSC in Leeds and to improve the outcomes for those who need it most.

As we evolve, the vision will remain. All who share it are invited to join.

Contact: LeedsHealthandCareHub@dhsc.gov.uk

**DIGITAL
FUTURE**

Leeds City
Region has

62

dedicated digital
health firms.

CONCLUSION

The Leeds Health and Social Care Hub is a new way of working that supports the aim of embedding DHSC in the region. This model allows us to harness the full potential of the agglomeration of public, private and third sectors and to use this partnership to benefit the region. We want this to be an approach others can learn from – producing outcomes and approaches that are replicable nationally, just as we in turn learn from other regions.

This new way of working includes a fresh approach to developing inclusive careers, to innovating, and to working on improving health and care, which will create a place where people want to come to live, work and stay. It is based on the firm conviction that productive partnership working will produce a health and care sector where local people want to work and build their careers, a place where innovators know they can build great businesses, and where the approaches to health and wellbeing are seen as national and international exemplars.

The Leeds Health and Social Care Hub working in partnership:



Department
of Health &
Social Care

[www.gov.uk/government/
organisations/department-
of-health-and-social-care](http://www.gov.uk/government/organisations/department-of-health-and-social-care)



Leeds Health and
Care Academy

www.leedshealthandcareacademy.org



The Leeds
Teaching Hospitals
NHS Trust

www.leedsth.nhs.uk



Leeds Community
Healthcare
NHS Trust

www.leedscommunityhealthcare.nhs.uk



Leeds and York Partnership
NHS Foundation Trust

www.leedsandYorkpft.nhs.uk



NHS West Yorkshire
Integrated Care Board

www.westyorkshire.icb.nhs.uk

West Yorkshire
Health and Care Partnership

www.wypartnership.co.uk



www.england.nhs.uk



Forum
Central

www.forumcentral.org.uk



Yorkshire
& Humber
AHSN

www.yhahsn.org.uk



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This document, and the commitments made within it, are the product of contributions from a number of different organisations. This work could not have happened without the collective effort of all. Thank you to the organisations involved in shaping this document – we look forward to working with you in creating the Leeds Health and Social Care Hub.

Information correct as of July 2022.

**AGENDA
ITEM**

8.1

Chair's Report

Name of the meeting being reported on:	Quality Committee
Date your meeting took place:	13 June 2022
Name of meeting reporting to:	Board of Directors – 28 July 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 reviewed and supported the Research and Development Strategy. It also reviewed the resource requirements for the delivery of the strategy and agreed that it would escalate this item to the Board of Directors for it to consider how the model suggested would be financed. The committee acknowledged the importance of research and how it enabled the Trust to deliver a better quality of care and agreed that it should be embedded as part of the Trust's culture. 	
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 a report which summarised the recommendations of the Ockenden Report and outlined whether any of the immediate or essential actions (IEA's) were applicable to the Trust. It was informed that two IEA's were relevant to the Trust, which related to: bereavement care and referral to mental health services; and pathway referral into the perinatal service. The committee noted the Trust's response to the two relevant IEA's outlined within the report and agreed that it was assured by the information provided. The committee received the Older Peoples Service Annual Quality Report. The committee discussed access to the service for people from black and minority ethnic communities and members of the LGBTQ+ community, restrictive practice, and the use of volunteers. It received assurance that improving end of life care was a focus of the service. The committee reviewed the Infection Prevention and Control (IPC) of Medical Devices Annual Report. It discussed how learning was shared between different organisations, particularly around how IPC guidance could be adapted for mental health and learning disability services. It also discussed how suitable the Trust's estates were in relation to IPC. It thanked the Infection Prevention and Control Team for its work during the pandemic. The committee received the final Quality Report for 2021/22 and was assured on its production. 	

- The committee received the Learning from Deaths report which contained data from January 2022 to March 2022.
- The committee received an update on the management of Covid-19 across the Trust. It was assured that the Trust continued to follow all national IPC guidance and that the Director of IPC had daily oversight of all positive cases and outbreak management 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:

John Baker, June 2022

**AGENDA
ITEM**

8.2

Chair's Report

Name of the meeting being reported on:	Quality Committee
Date your meeting took place:	11 July 2022
Name of meeting reporting to:	Board of Directors – 28 July 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 Safer Staffing Report which provided information on the position of the Trust's wards against safer staffing levels between 1 November 2021 and 30 April 2022. It was informed that 11 shifts had breached safer staffing numbers during this time. The committee noted that 10 of these breaches occurred in January 2022 and acknowledged the pressures that the Trust was facing at this time due to the Covid-19. 	
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 reviewed the Rehabilitation and Recovery Service Annual Quality Report. It discussed the report and acknowledged the high employee retention rate for the service. It recognised the workforce activities carried out by the leadership team and agreed that the learning from this service could be shared across the Trust. The committee reviewed the Assertive Outreach Service Annual Quality Report. It was pleased to hear that the service had no vacancies and that the number of attended appointments was high. It noted a high number of referrals from a younger population and discussed the links between the service and the early intervention teams. The committee reviewed the Ward 5 Complex Rehabilitation Annual Quality Report. It was informed of changes due to take place within the senior leadership team and received assurance on the continuity of leadership. It acknowledged the difficulties faced by the service in previous years and received assurance on the progress made towards the action plan. It noted that the Trust was still using National Early Warning Score (NEWS) and asked Mrs Woffendin to look at whether the Trust could transition to NEWS 2. 	

- The committee reviewed the Safeguarding Annual Report 2021-22. It discussed allegations against staff and requested data on how the Trust benchmarked against other mental health and learning disability trusts. The committee also discussed sexual safety and PREVENT. It agreed that it was assured on the work of the Safeguarding Team.
- The committee reviewed the Combined Complaints, Concerns, PALS, Compliments and Patient Safety Annual Report and received assurance on the work carried out in 2021-22.
- The committee received an update on the management of Covid-19 across the Trust. It was assured that the Trust continued to follow all national infection prevention and control (IPC) guidance and that the Director of IPC had daily oversight of all positive cases and outbreak management within the Trust.
- The committee reviewed the Learning from Deaths and Serious Incidents Annual Report and received assurance on the work carried out in 2021-22.

Items to be referred to other Board sub-committees:

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

Report completed by:

John Baker, July 2022

Chair's Report

AGENDA
ITEM

9

Name of the meeting being reported on:	Workforce Committee
Date your meeting took place:	16 June 2022
Name of meeting reporting to:	Board of Directors – 28 July 2022
Key discussion points and matters to be escalated:	
Issues to which the Board needs to be alerted: <ul style="list-style-type: none"> Miss Grantham shared some of her observations from a recent visit to the Newsam Centre, in particular relating to the general working environment and the impact this could be having on staff wellbeing and stress. The Committee heard that some improvements had been made to the site recently but acknowledged that more may need to be done to refresh certain wards and areas. Mrs Woffendin agreed to ask the Infection Prevention Control Team to carry out a visit. The Committee also noted that workplace etiquette guidance was being developed which would provide staff with helpful reminders about maintaining appropriate working environments and practices. 	
Issues to advise the Board on: <ul style="list-style-type: none"> The Committee received the high-level report for the 2021 Bank Staff Survey results ahead of the Board of Directors and agreed to have more oversight of the data relating to bullying, harassment and abuse from managers as the position had increased by 7% over the last 12 months. The Committee felt there was a need for more oversight about staff turnover and the number of vacancies in the Trust, in particular relating to services in or on the edge of business continuity where additional wrap-around support was needed. It was agreed that Mr Skinner would consider the best way to approach this, possibly through a workshop. The Committee also discussed the pressure that expanding existing services could put on resources. The Committee was concerned to note that appraisal rates had dropped since March 2022 and was currently at 62% and was also concerned about clinical supervision performance and the long-term impact this could have on the quality of care provided. The Committee noted that a new appraisal system was due to be rolled out in August or October this year 	

which was expected to have a positive impact on both the quality and recording of appraisals and clinical supervision. The Committee also had a discussion around ways to reframe appraisals and create staff ownership by linking them to development and promotion opportunities. The Committee will continue to have a clear focus on appraisal and clinical supervision performance.

Things on which the Board is to be assured:

- The Committee was pleased to note that the People Engagement Team and the Bank Management Team had worked with the NHS England / Improvement Staff Experience and Engagement Team to introduce a mandatory NHS Bank Staff Survey as part of 2022 development plans.
- The Committee noted the positive impact being made by the new People Wellbeing Lead who was leading the Critical Incident Support Pathway (CrISSP).
- The Committee invited Kate O'Connell, Director of Leeds Strategic Workforce at the Leeds Health and Care Academy, to share the work of the Leeds Academy which led to a useful discussion on how we contribute and benefit from this work.

Items to be referred to other Board sub-committees:

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

Report completed by:

Helen Grantham
July 2022

Chair's Report

AGENDA
ITEM

10

Name of the meeting being reported on:	Finance and Performance Committee
Date your meeting took place:	28 June 2022
Name of meeting reporting to:	Board of Directors – 28 July 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 alert the Board on. 	
Issues to advise the Board on: <ul style="list-style-type: none"> The Committee received an update on physical health checks performance within the Trust's inpatient wards and noted that the team were actively working towards compliance of this key performance indicator. The Committee requested an update on physical health checks performance in both inpatient and community settings in three months' time. The Committee received an update on the impact of the additional investment to support the Gender Identity Service reset plans and waiting list management. The Committee noted that some improvements had been made to the waiting list position but there was still a significant way to go given the projected waiting list if referrals continued at the same rate. The Committee agreed some key points to take forward which were to regroup around NHS England's primary care model and to understand if this has progressed; to maintain the focus at a national level through the Mental Health Network and alongside other chief executives; and to discuss this as a Board in the context of which services the Trust was best placed to continue to provide. The Committee received an update on key finance related issues and noted that the Trust was achieving both capital and revenue plans as at month 2. The Committee noted the £3.5 million efficiency target and discussed the need to create a deliverable budget with clear governance arrangements and understood that choices needed to be made about where investment was made, and which services were prioritised. The Committee agreed to defer the Care Services Reset and Recovery agenda item to the July meeting to allow more time for a comprehensive paper to be prepared. 	

Things on which the Board is to be assured:

- The Committee reviewed the Emergency Preparedness, Resilience and Response (EPRR) Annual Report and agreed to recommend that it was approved by the Board of Directors.
- The Committee received the Annual Report from the Information Governance Group and requested a further update on progress with addressing a security management issue relating to CCTV systems in the Trust.

Items to be referred to other Board sub-committees:

- The Committee discussed the agency staff cost ceiling which was expected to be reintroduced from quarter 2 and noted that medical locums were a significant area of spend. The Committee heard that work was ongoing to address the agency overspend issue but acknowledged that there was still a long way to go. The Committee felt that the Workforce Committee should look at this in more detail.

Report completed by:

Name of Chair and date: Cleveland Henry – July 2022

Chair's Report

AGENDA
ITEM

10

Name of the meeting being reported on:	Finance and Performance Committee
Date your meeting took place:	25 July 2022
Name of meeting reporting to:	Board of Directors – 28 July 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 Care Director Closure Report for information and discussed some of the cultural and behavioural challenges associated with digital change and agreed that this needed to be considered further at Board level given that these issues spanned multiple subcommittees. 	
Issues to advise the Board on: <ul style="list-style-type: none"> The Committee received an update on key finance related issues and noted that the Trust was achieving both capital and revenue plans at month 3. A more detailed assurance piece on agency spending and the achievement of efficiency plans as per the new NHS System Oversight Framework was due to come to the September meeting. The Committee had previously referred an action to the Workforce Committee to look at medical agency spending in more detail given that there were significant costs associated with this. The Committee also received an update on the 2022 NHS Pay Award and would look at the financial implications of this in more detail at the September meeting. The Committee received the Chief Operating Officer Report and discussed the areas to be alerted to, including Crisis response face to face and Delayed Transfers of Care. The Committee also received assurance on the plans for the reset and recovery of Care Services and discussed the capacity to deliver these. 	
Things on which the Board is to be assured: <ul style="list-style-type: none"> The Committee noted that the Trust's bid in relation to the tender for Child and Adolescent Psychotherapist Training (currently delivered by the Northern School of Child and Adolescent Psychotherapy) was successful. 	

- The Committee received a briefing on the National Cost Collection; noted that the internal audit undertaken on the 2020/21 costing submission by Audit Yorkshire had resulted in a finding of substantial assurance; and received an update on the progress to date against the recommendations made as part of the costing assurance programme.
- The Committee received the Estates and Clinical Environments Report and noted that any lessons learnt around temporary cooling following the recent heatwave had been captured.
- The Committee reviewed the Data Security and Protection Toolkit return and noted that Internal Audit had given a finding of substantial assurance and on this basis the Trust had claimed a 'standards met' outcome on the Toolkit.
- The Committee reviewed its Terms of Reference; noted the addition of the new sections on the role of Associate Non-executive Directors and duties of the chair in the event of there being a dispute between any 'groups' in the hierarchy; and agreed that it still met the needs of the Committee.

Items to be referred to other Board sub-committees:

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

Report completed by:

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

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

**AGENDA
ITEM**

11.

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Report from the Chief Operating Officer
DATE OF MEETING:	28 July 2022
PRESENTED BY:	Joanna Forster Adams: Chief Operating Officer
PREPARED BY:	Joanna Forster Adams : Chief Operating Officer Contributions from: Mark Dodd: Deputy Director of Service Delivery Andrew Jackson: EPRR Lead Alison Kenyon: Deputy Director of Service Development Edward Nowell: Performance and Information 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.	<input checked="" type="checkbox"/>
SO2	We provide a rewarding and supportive place to work.	<input type="checkbox"/>
SO3	We use our resources to deliver effective and sustainable services.	<input type="checkbox"/>

EXECUTIVE SUMMARY

The 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 sets out a range of updates including those that are regular or standard, periodic or "one off" together with escalations for information or alert.

This month the report includes:

- System pressures and recovery planning (update)
- Update on: Our EPRR position
- Key service delivery and performance issues
- Reset and Recovery
 - Revised Older Adult Inpatient Model
 - Focus on waiting list recovery
 - Transition to normal planning arrangements
- Service development update
 - Highlights from the Community Transformation Programme to date

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>T he Trust Board are asked to consider the content of this report and highlight any concerns or additional assurance required.</p>

MEETING OF THE BOARD OF DIRECTORS
28 JULY 2022

Chief Operating Officer: Trust Board Report
July 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 sets out a range of updates including those that are regular or standard, periodic or “one off” together with escalations for information or alert.

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 - Revised Older Adult Inpatient Model
 - Focus on waiting list recovery
 - Transition to normal planning arrangements
- Service development update
 - Highlights from the Community Transformation Programme to date

Spotlight on Stars

In the last couple of months, I have been privileged to meet a number of people awarded our monthly Trust Star Recognition Awards from our Care Services. They are some of our amazing people and include:

Katrina McDermott and Hannah Barber work with some of the most complex and physically vulnerable people that the Trust provides care for in our Learning Disabilities respite service. They

are both committed to ensuring that the patients they care for enjoy fantastic opportunities and ensure they are not excluded because of their significant disabilities. They were specifically awarded their Star for their response to a serious incident involving a member of the public whilst they were simultaneously supporting a group of service users on a much valued (and brilliantly coordinated and organised) day trip.

Annie Brier from our Community Learning Disability Team who supported magnificently the urgently needed care of a service user through her pregnancy and drew in the resources and expertise she needed. This was an urgent case and Annie explained that she had to learn quickly how best to support the service user and adapt and interpret literature and clinical care to meet her needs.

Becky Wilson from our Older Adult Community Service, who was nominated by colleagues because she exhibits the epitome of care and compassion daily for service users and for colleagues in the team. A recent example was given where Becky responded to the desperate need of a service user who was removed from his home. Becky not only did all the professional things necessary to safeguard this vulnerable individual but packed his belongings, found him a safe place, and made sure he had something to eat. This though was just one example of the care she affords.

2. Health and Care System Pressures

2.1 System Flow Programme Update

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.

This work progresses through a programme board with a recently appointed Programme Director who reports direct to the System Resilience and Recovery Assurance Board (SRaRB), whose membership includes city health and care partners Chief officers.

The plan continues to crystalise with immediate actions now well underway. Part of this process has been the clarification of scope and the confirmation that the purpose is fundamentally to improve discharge and flow from Leeds Teaching Hospitals so that people are not delayed and receive their on-going care in a place most appropriate to their needs.

It has been concluded that three of the four key strands of work in respect of people with dementia will be managed outside the programme (primarily because there are well established governance routes for these to make progress independently) but that these will be overseen by SRaRB. LYPFT lead the workstream aimed at improving the experience and outcomes and discharge facilitation for people with dementia admitted to LTHT continues to be a key focussed workstream within the System Flow Programme. This is led, on behalf of the Leeds system, by the Head of Operations for Liaison and Perinatal Services, Laura McDonagh.

Separately, we have agreed that work to determine and deliver the future model of care for people with dementia will be taken forward through the Frailty population health management board where

we are well represented by our Clinical Lead (Lou Bergin) and Head of Operations for Older Adult Services (Eve Townsley).

2.2 Health and Care System Pressures – Operational Response

For some time, the Board has discussed the sustained pressure across our services and have paid close attention to the mitigating actions we take to minimise the impact of this on patient safety and quality of care. Examples of this are reported through our service delivery reports to the Board which include a focus on issues such as Acute and Older Adult Flow aiming to reduce the level of occupancy we operate within our inpatient services and support people in the best and most appropriate environment for them, how we respond and support people in a crisis, and how we support our teams in our community services to enable effective and high quality care for service users. More recently due to the ongoing challenges in our Community Mental Health Services we have agreed to prioritise consideration of the impact assessment and recovery plan at the Quality Committee in September 2022.

Across health and social care in Leeds throughout June and July we have been operating much of the time in “silver” command moving to “gold” command when system pressures are even more significant and require immediate action over and above those we operate in more regularly. In early July, colleagues in LTHT triggered an Opel level 4 incident because of the number of patients awaiting admission (without capacity to do so). A level 4 incident is defined as:

Pressure in the local health and social care system continues to escalate leaving organisations unable to deliver comprehensive care. There is increased potential for patient care and safety to be compromised. Decisive action must be taken by the local A and E Delivery Board (in Leeds this is SRaRB).

Our part in responding to this level of demand primarily relates to facilitating transfers swiftly between LTHT and LYPFT and optimising our liaison response. You will see the impact of directing our liaison resources to areas of need in LTHT in the performance section of this report. The level of incident was stepped back to 3 (escalating) within 48 hours.

Managing system flow is hard work for everyone involved and needs to continue to focus on how best we can enable people to get the treatment and care they need. System partners appreciate our response and are keen to support the sustained pressures in Mental Health care provision. Particular ongoing recognition to all our clinical and operational staff involved in this daily. Those working at the interface with colleagues in LTHT where we jointly care for many of the most poorly people in Leeds.

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

The annual report of our activities related to EPRR was presented to the Finance and Performance Committee in June 2022 and is included in papers today.

3.1 Heatwave

This month our EPRR function became critical in coordinating and preparing for the heatwave which provided for potential significant risk of harm. As a national emergency incident, we activated our heatwave plan and stepped up a team from across the Organisation to ensure that our service users and staff were protected as far as possible. In addition, we communicated broadly to support anything that people were saying would be helpful in addition and put in place numerous local arrangements to supplement our core response.

The biggest area of activity for us related to the rapid roll out of a significant number air cooling equipment across services and the collective work to enable us to safely use these in patient areas (strictly adhering to an enhanced standard operating procedure to minimise the risk of spread of infection).

Thanks to the collective of people led by Andrew Jackson, EPRR Lead, including our fantastic Procurement, Logistics, Estates, Communications, IPC, Heads of Operations, Estates, Operational Management teams who came together to ensure we were as prepared as possible.

The risk of repeated periods of heatwave continues and our EPRR Group are working to implement mitigating and management actions we have learnt over the course of the last 2 weeks to improve the comfort and safety of people working in and using our services.

3.2 Routine EPRR Activity

The main activities in the last few weeks, following the stand down of intensive Covid incident management arrangements, have been around two main areas:

- Business continuity plan revision. Using a new template, the EPRR team have been working with operational managers and corporate managers to update or in some cases create business continuity plans. The new templates factor in learning from the pandemic response and staff are asked to use their experience of the pandemic and its impacts when developing plans to mitigate any disruption to services as part of developing business continuity plans.
- Chemical decontamination training/ exercise Galvanise. One area that presented challenges in the previous EPRR standards was around training and exercising our chemical decontamination arrangements and the need to replace chemical decontamination equipment. Equipment has been procured and is being consolidated into decontamination boxes for distribution to reception areas across the Trust. Training is progressing well – both for nursing staff and reception staff. In addition, the Trust participated in a city-wide chemical incident exercise (Exercise galvanise) on 17 June. Feedback from the exercise has been positive with useful learning coming from the scenario.

3.3 Pandemic Update

The NHS de-escalated from a level 4 national incident on 18 May 2022. The Trust reviewed its own incident arrangements considering this and commenced a gradual reduction in both incident

coordination meetings at both Strategic (Gold) and tactical (Silver) levels. NHS England also stood down its weekly strategic meeting in May 2022.

However, the coronavirus situation is still one of concern and recently has been worsened by the new B4 and B5 sub-variants of the Omicron. As part of the standing down of incident arrangements an escalation plan was developed (based on one from 2021) to be used if any key triggers are breached and therefore the Trust needs to move back into formal incident arrangements. This plan has been circulated widely to all operational and clinical senior staff.

Additionally, a new Strategic Recovery Group tasked with the strategic management of the recovery process and maintaining service resilience acts as a natural point of escalation for any pressures caused by new variants and outbreaks. The meeting is chaired by the CEO.

4. Service Delivery and Performance Key Escalations

4.1 Service Lines

We continue to have a regular and established governance arrangements in place where we come together to understand the issues in each service line and highlight any hotspots requiring additional support or specific focussed actions. The services which continue to need priority focus and support include:

Older Adult inpatient services – a stabilisation plan has been developed which is summarised in the reset and recovery section of this report.

Forensic services – workforce availability and level of vacancies is the key challenge in this service. The Executive team met with the Forensic Services leadership team in July and agreed a set of actions and responses aimed to stabilise and support the service. The medium-term ambition is to undertake a West Yorkshire wide safer staffing benchmarking exercise which should enable investment and recruitment on a substantive basis into the Leeds based Forensic service. In the shorter term we continue to work with the leadership team and Matrons to stabilise staffing availability within the area.

It should be noted that a recent Covid outbreak in Leeds forensic services has created challenges, but these have been adeptly managed by the leadership team in collaboration with their IPC colleagues.

Of note in this service is the appointment of the Head of Operations, Steven Dilks, to the West Yorkshire Secure Provider Collaborative Clinical Lead post. Thanks to Steven for his leadership in the Service and his lead role in the improvement programme of the York based services over the last few years. Congratulations to Sarah Russo, who has been a Matron in our Learning Disabilities Services, has taken up the post of Head of Operations - Forensic.

Adult Community Mental Health Services – our service continues to operate in business continuity with a mitigation plan in place. The leadership team work closely with our staff across the

service to understand how to respond to and meet needs most appropriately. The flexibility and hard work of staff in the service is outstanding and they continue to use an approach which assesses the level of need our service users present with and manage by priority. Their work is being supplemented with the support of more specialised services teams who are providing care coordination and input for people as needed.

The quality committee will consider the impact of the ongoing significant workforce challenges in this service in September and will hear the additional mitigations to stabilise the service which are currently being put in place with the support of the Executive team.

4.2 Key Service Delivery and Performance Issues

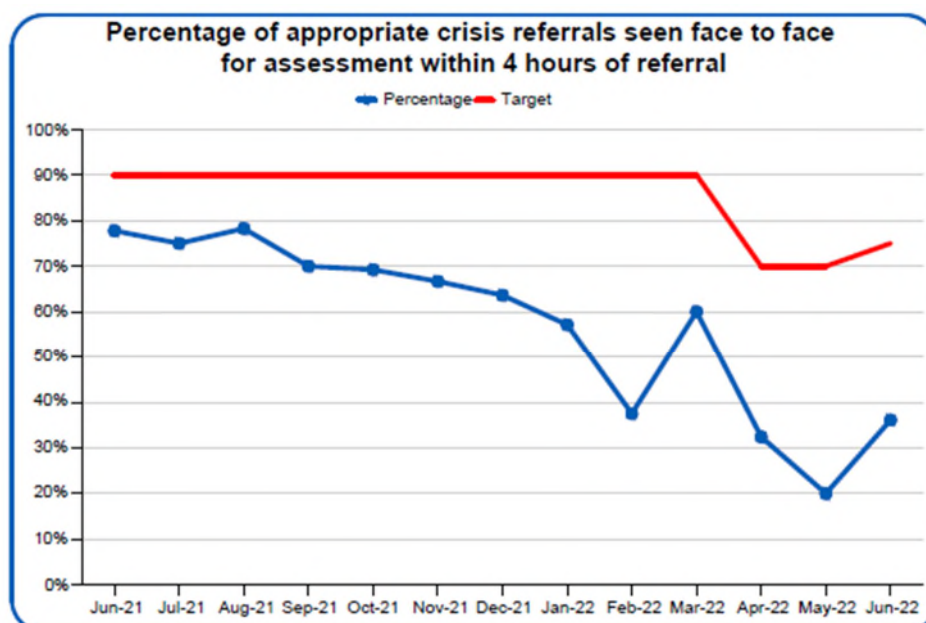
A comprehensive Service Delivery and Performance report is attached in Appendix A. There is significant detail included in this report, but issues of note include:

Alert

There are three key areas that the Board should be alerted to.

4.2.1 Crisis response face to face

This is a vital element of our work and one that is proving difficult to accurately record and report. The performance data this month continues to cause concern due to the ongoing low levels of recorded face to face response within 4 hours. We have been challenged with staffing availability issues, but these are slowly resolving. We have also recently improved our process of triage which enables the immediate and speedy response to those most in need. Unfortunately, the way we capture our performance on this is reported to be out of sync. As a result, our recorded performance is as follows.

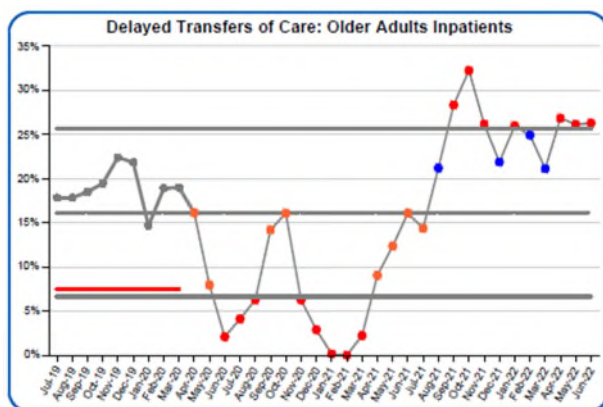


Contactual Target 75%: June 36.1%

This will continue to be an improvement priority throughout the summer and anticipated service delivery and performance reporting improvements are anticipated in September.

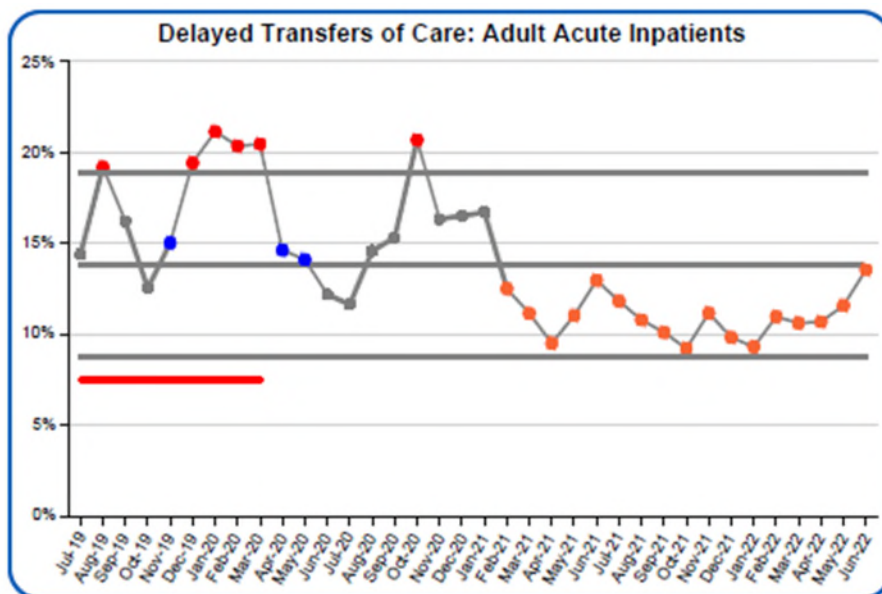
4.2.2 Delayed Transfers of Care

In both our Older Adult and Adult inpatient services, we continue to experience significant delayed transfers of care (similarly to colleagues in other hospital settings). In our Older Adult services this is compounded by outbreaks of Covid19 in Care Homes, which does not mean that care homes are closed, but is impacting adversely on an already very challenged ability to admit to longer term care. We continue to work proactively with our colleagues in social care and have recently refreshed our process to actively manage the discharge of patients from our inpatient care.

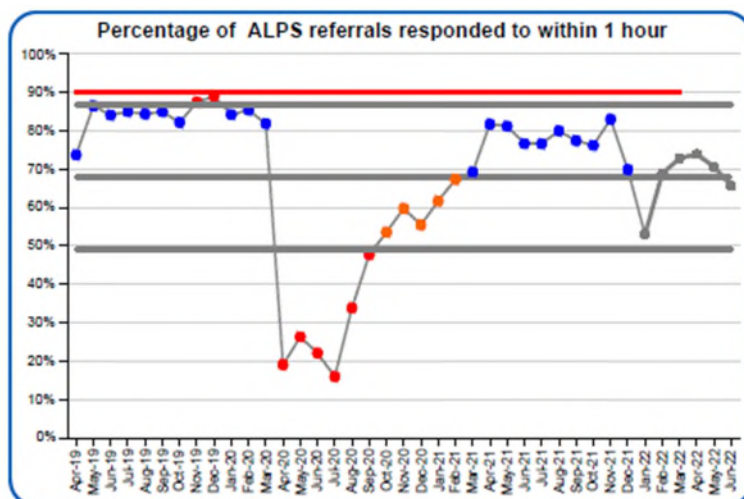


Local tracking measure: June 26.3%

In our Adult Acute inpatients, we had seen considerable improvement and stabilisation due to the work of a Housing Officer into the service. This excellent work continues although more recently we have seen a rise in service users with even more complex needs needing specific supported housing. We are working with colleagues in housing to understand where we can support this group of individuals into appropriately supported accommodation. Additionally, we are experiencing an increase in the time taken to access Forensic inpatient services. This is being worked through as part of the West Yorkshire Provider collaborative and will update Board members in the autumn.



4.2.3 Acute Liaison In reach response to A and E within 1 hour

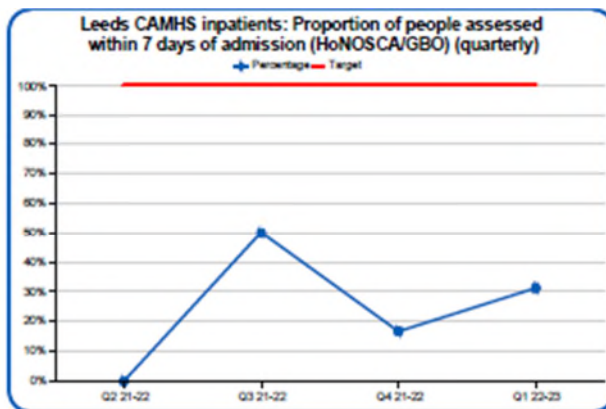


Contractual Target : June 65.7%

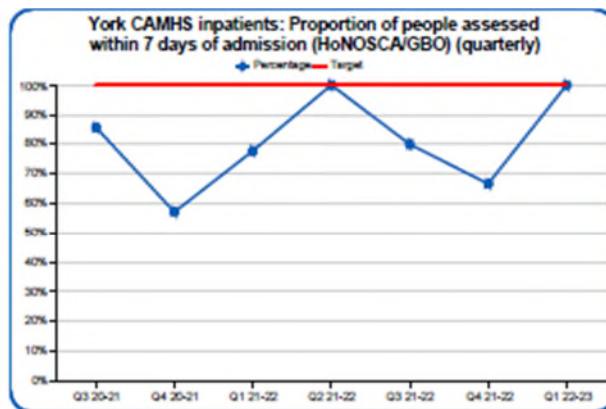
There has been a decline in the performance of the Acute Liaison Psychiatry Service with 65.7% of people seen within one hour of referral. Referrals have been consistently high and operational difficulties remain with the team not being permanently based within the Emergency Department. Of note, the team have been required to respond differently to the Acute Trust pressures and there has been a focus on creating capacity by discharging from inpatient wards rather than response times. We are working with system partners (as described in section 2 of this report) to determine the resources and expertise needed in the Acute hospital setting to enable swifter and better discharge of people with mental health issues.

Advise

4.2.4 Proportion of CYPMH people assessed within 7 days



Contractual Target 100%: Q1 31.2%

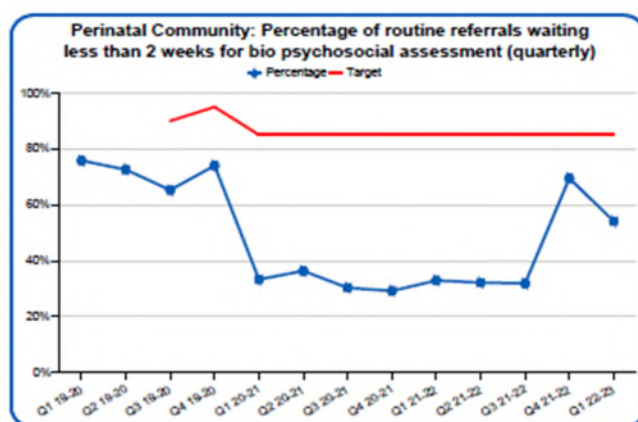


Contractual Target 100%: Q1 100.0%

The percentage of people admitted to Children and Younger People's inpatient services, with both a Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) and Goal Based Outcomes (GBO) assessment completed within 7 days of admission, fell below target in Quarter 1, with 38.9% of service users (against a 100% target) having the required assessments. In some cases, where service users had declined to participate in the GBO assessments, these were left in an incomplete state and could not be counted. Some administration errors also affected performance reported. In addition, this KPI has been affected by the service going through a period of change following the Leeds-based CYPMH service moving to the newly built Red Kite View, and a Children and Younger People's Psychiatric Intensive Care ward, within the unit being opened also. Now that the service is more settled and the PICU service is becoming embedded, it is anticipated that an improvement in performance will be seen in the future.

We are learning from Mill Lodge who consistently perform well in this measure.

4.2.5 Perinatal



Contractual Target 85%: Q1 54.1%

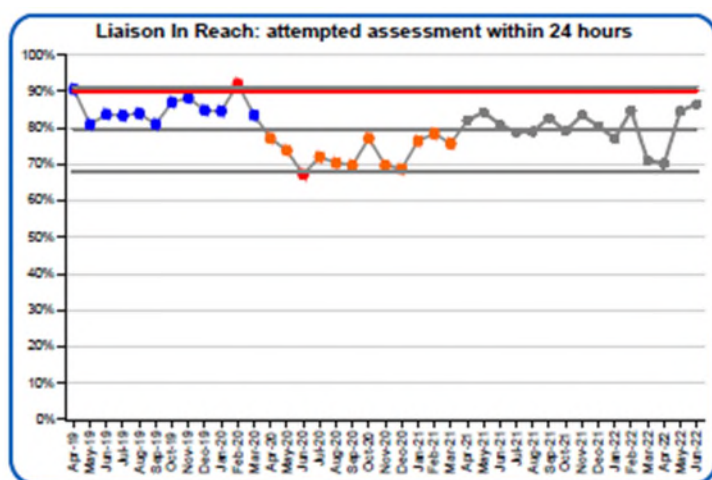
In Perinatal Services the percentage of women waiting less than 2 weeks for first contact (routine) in Q1 was 54.1%, this is below the 85% target. Increased sickness and other leave have impacted on

the service capacity to meet contractual targets in June. However, a new system has now been implemented to ensure that all women receive a triage assessment within the required response time and their access to the tailored treatment they require is prioritised. This will be closely monitored throughout the summer by the Clinical Lead and Head of Operations and additional steps taken to ensure that the access and response standard is achieved.

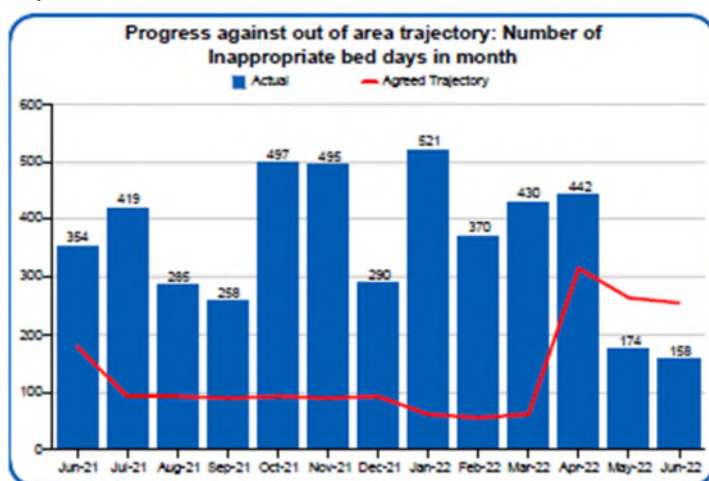
Assure

There are four areas to highlight for assurance. They include:

Liaison Inreach where, despite the rise in demand because of pressures in LTHT (particularly with the growing number of older adults with dementia and confusion), the service continues to respond consistently.

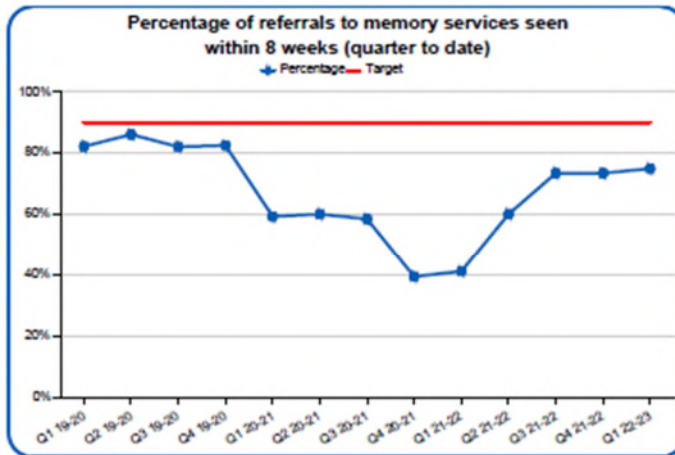


Adult Acute Services where out of area placements continue to be a low level. The ongoing work of the Capacity and Demand team together with clinicians and managers, continues to result in very few people being admitted out of area. This is sustained to this point in July despite ongoing disruption of Covid19 outbreaks in our adult acute wards.

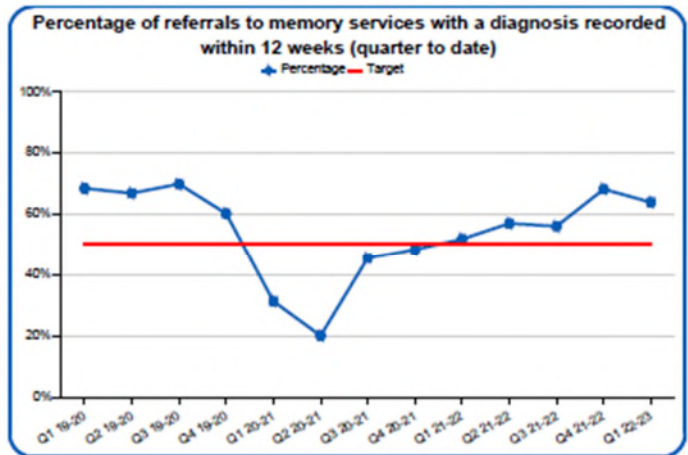


Nationally agreed trajectory (255): June 158 bed days

Memory Services



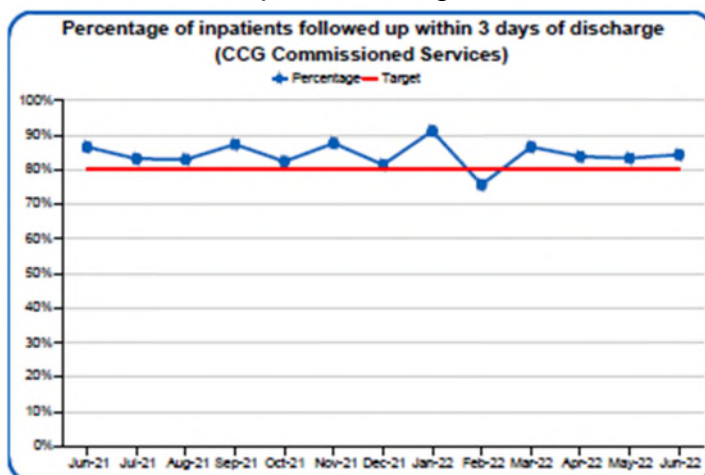
Contractual target 90%: Q1 22-23 74.9%



Contractual target 50%: Q1 22-23 63.9%

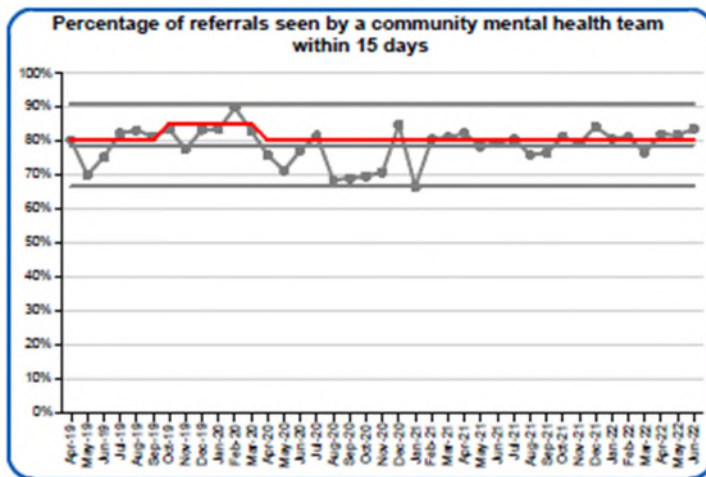
Whilst not yet at target we have seen sustained recovery in our Memory Assessment Service. Clinicians identified difficulty in accessing diagnostic appointments and reports from LTHT. We have been working with them to ensure that this work is prioritised as part of their elective recovery programme. We currently have 135 people waiting for diagnostic CT scans some with long waits back to March 2021. We are assured that our colleagues in LTHT have provided additional capacity to clear this backlog and this was implemented in late May. In addition, our clinical team have worked tirelessly to support diagnosis using alternative methods where at all possible meaning that 700 patients who would have previously been waiting for CT scans have now either been seen or appointed for further diagnostics. We are currently tracking the impact of this and will report progress to the September Board meeting.

People followed up within 72 hours of discharge is a key safety measure which we are consistently achieving. This is closely tracked and monitored to ensure that we support people in this transition time post discharge.



Contractual target 80%: June 84.3%

Despite the ongoing workforce challenges in our **Community Mental Health Services**, we continue to achieve high levels of access and response within 15 days of referral.



Contractual target 80%: June 83.4%

5 Reset and Recovery of Care Services

5.1 Approach and Methodology

In early 2021, a working group chaired by the Chief Operating Officer, supported by Deputy Director Service Development, Deputy Chief Operating Officer, representation from Head of Operations and Clinical Directors was established to lead Care Services Reset and Recovery. This followed an Executive level decision to include Organisational reset and recovery as part of our recently re-established normal governance processes. This meant that each Executive took lead responsibility for setting out how their services would operate.

In Care Services our aim to guide this work has been:

Putting health inequalities, inclusion, wellbeing, and sustainability at the heart of what we do, we will deliver clinically effective, patient centred care in the context of Covid19 safety, IPC standards and ongoing uncertainty and change.

Across Care Services we identified three pillars to frame our iterative work:

1. Staff physical and mental wellbeing
2. Service user access, experience and tackling health inequalities
3. Operating in a safe and sustainable environment for the longer term.

We identified a set of underlying principles which again have been used iteratively to describe how services would operate (acknowledging that due to ongoing service disruption it was important that we could at any point describe to people who need our services what they should expect and how best to access).

- Create **flexibility** in how we work in a way that works for staff and service users
- Improve health and wellbeing **outcomes**
- Create **choice** for service users
- Reimagine our estate and how we use it with purpose (collaborative space)
- Address **health inequalities**

- Lock in and create further **innovation**
- Ensure the people who need help get it (from somewhere)
- Maximise integration and partnerships
- Be a **great employer** who has fantastic facilities and opportunities
- **Engagement and communication** at the centre of what we do

A framework was developed to gather intelligence, guide thinking and aid planning across each of our services. This has been used periodically to inform our access and delivery models, with up-to-date information shared on our communication platforms.

- Knowing and understand the gaps/harms that the last years disruption has resulted in for people who use or would access each service. Focusing on how to reach these people and support them proactively.
- Understand and respond to the health inequalities of the people who use our service. Focus on Access, Experience and improving the physical health of our service users.
- Understand service user experience and put create a proactively flexible responsive service delivery model.
- Create flexibility for people based on access challenges and experience of people using our services.
- Address gaps, delays, issues with access, new demand.
- Ensure safety for staff, service users and the public.
- Learning, capturing, and locking in innovation
- Identifying what innovation in practice should be continued and what resources this would take.
- Be inclusive and engaged with the people we serve and our workforce
- Build in ongoing resilience (business continuity and flexibility).
- Reimagine our estates and our facilities
- Stay connected to and support the front line (those closest to the people we serve).

Over the course of the last 12 months, we have reset our standard operating procedures across all services considering our aim and principles of this work. At regular intervals, this exercise (using the Service reset Decision Making Framework) has been refreshed so that what we have learnt through experience is reflect in the way we deliver services. This work continues but has now been transitioned into our more normal business planning cycle.

We now have business plans priorities for each of our services which are in the process of being published through our Communications team. They are already being used in our services to support objective setting and importantly to aid discussions with staff in the appraisal process. It is also important to note that the iterative planning and service design process itself contributed significantly to our work to develop the Care Services Strategic Plan (which is scheduled for finalisation in September 2022).

We have been supported in making some supporting videos in our services which illustrate what we are aiming for in services. Again, a full suite of these will be available in September 2022 but a link

to a film about our work with Touchstone in our Adult Community and Wellbeing Mental Health Services is available now.

5.2 Stabilisation of Older Adult Inpatient Services

A key part of our ongoing work to rest Care Services, has been the identification of teams or services where the impact of Covid19 has meant that they have needed a more radical approach to stabilisation. A stabilisation plan in our Adult inpatient services was put in place in 2021 with the support and oversight of the Executive Team.

Our Older Adult inpatient services were at the forefront of responding to Covid19 throughout and their response, innovation and development of practice and care delivery has been outstanding. Nonetheless, the longevity of the pandemic and the sustained pressure on this service has resulted in material workforce availability challenges. The continued need for additional staff to meet the needs of service users together with an increase in turnover and the resultant level of vacancies. The leadership team have developed a stabilisation plan aimed to improve:

- consistency in staff teams providing care
- time to consistently deliver quality interventions and care
- ability to work as per professional role (in particular Occupational Therapists)
- time for clinical supervision, training and CPD, and audit
- staff wellbeing (indicated in staff survey)
- levels of sickness absence and turnover
- focus on capacity and flow
- burden placed on other LYPFT IP services to cover urgent staffing deficits.

The plan, approved by the Executive team is summarised as:

- Small reductions in bed numbers in specific areas where bed occupancy has been lower.
- A service improvement plan implemented which includes:
 - the implementation of the recommendations from Lead Nurse's evaluation of the Mount Inpatient Service in January 2022 (appendix 4).
 - The services recruitment and retention strategy along with the training, development, and wellbeing offer.
 - The service's ongoing active engagement with the Leeds system, particularly in relation to capacity and flow.
 - Further development of ICS partnerships to maximise collaboration
 - Include learning from the CHS and IHTT evaluations to develop a model of excellence in our acute alternative and that admission prevention approaches are maximised.
- Continued work with an external provider on a "critical friend" basis.

- A Project Lead with capacity to coordinate the improvement programme, with support from the PMO and Continuous Improvement team has been identified.

Project milestones are being finalised in the PID and demonstrate the critical pathway and Quality Impact Assessment (QIA) which will be shared through our Clinical Governance processes.

5.3 Focus on Waiting List and Backlog Recovery

A detailed section on waiting list recovery is included in the appended Service Performance report. It includes a summary of the actions in place and trajectories will be included in future reports. These are for information to the Board at this stage and further progress and assurance reporting will commence in the autumn through the Finance and Performance Committee.

6. Service Development Update

6.1 Third Sector Partnership Forum

LYPFT developed a partnership forum with the third sector some four years ago. The aim is to improve partnership working between LYPFT and the third sector organisations. Prior to the pandemic face to face networking meetings would undertake deep dives into specific areas to increase knowledge, shared understanding of issues and to identify actions to improve care and outcomes for service users and their carers. During the pandemic, these meetings became virtual and focussed on how support could be improved to service users and carers during this incredibly challenging time.

This last month saw a successful partnership forum focus on the challenges and issues for people and their families with neurodiverse conditions, in particular the long waits experienced for diagnosis and then a lack of post diagnostic care. Leeds Autism AIM is a third sector provider who provide a support hub in Leeds for people and their families with Autism. This thriving third sector partner is the only specialist third sector organisation in Leeds. There is little support for people with Attention Deficit Hyperactive Disorder available in Leeds and there is a small post diagnostic support group across West Yorkshire. After insightful discussions, a series of actions have been identified that will support the third sector to develop further their provision in these important areas.

Details of the outcomes of future meetings will be shared with the Board.

6.2 Veterans Service Development

NHSE have invited invitations to tender for Operation Courage, this involves the recommissioning of the transition, Intervention and Liaison Service (TILS), the Complex Treatment Service (CTS) and the High Intensity Service (HIS) into a single integrated service. LYPFT is working with all existing partners involved in the delivery of these services across the north of England to support a proposal for an integrated service. The Trust continue to have discussions with Cumbria, Northumbria, Tyne & Wear about the lead provider role. Submission of bids will be complete by 7th September. Progress reports will be provided to the Board.

6.3 Focus on Community Mental Health Transformation

The Community Mental Health Transformation Programme is a partnership of NHS organisations, Leeds City Council, the third sector and service users/people with lived experience coming together to transform how primary and community mental health services are currently organised and delivered for adults and older people with ongoing and complex mental health needs ('serious mental illness'). We want to ensure that people access the right care and support at their earliest point of need; and have wide ranging support closer to home, so they can live as healthy and fulfilling lives as possible in their community. The Trust Board and Council of Governors have been engaged in sessions specifically aimed to outline the purpose and ambitions of this programme of work.

As previously shared, we are developing integrated community mental health hubs which will be aligned to Local Care Partnerships (LCPs) across Leeds, bringing together staff from across primary care/Primary Care Networks (PCNs), Primary Care Mental Health, Community Mental Health teams, Leeds City Council and the third sector, along with colleagues from drug and alcohol service, housing and employment support to work as a single team offering care and support to populations of c. 50-70,000 people.

The programme is governed by a multi-agency Transformation Board with partner representation and is chaired by Dr Ali Best, who acts as an independent Chair. Its purpose is to provide oversight and assurance of delivery, with a direct reporting line into the Mental Health Care Delivery Board and 'dotted' reporting lines into the West Yorkshire ICS Oversight Group and the Leeds Mental Health Strategy Delivery Group. The Transformation Board's membership has recently been reviewed to ensure more senior representation from partner organisations and greater clarity in terms of reporting routes back into constituent organisations, including LYPFT. A Development Day is being held on 10 August to formally welcome new members and 're-contract' terms of reference.

There is a Transformation Delivery Group which tracks progress across a number of workstreams, reporting into the Transformation Board. This is co-chaired by LYPFT Heads of Operations for Community and Wellbeing and Older People's Services.

6.3.1 Engagement

We ran a series of staff information and discussion sessions during December and March. Write up of these sessions has been shared and the sessions are available on a Community Mental Health Transformation website. There is now a part-time Communications and Engagement Lead in post to support planning and delivery of further engagement work.

Work has been ongoing to design the 'community mental health hub' model. We experienced delays in this work because of:

- Programme resourcing during Q1 and 2 of 22/23 and being able to release people to come into post
- Impact of Omicron during Q4 21/22 when we paused the work for 2 months.

We have held several “model design” workshops during June and July and are expecting a first iteration of the clinical model by mid-August. Workshops have been well attended by partners from across all partners and feedback has been positive.

We have struggled to engage and involve medical colleagues in the design workshops, workload in teams. With the support of the Medical Director, we are hoping to engage more fully with medical colleagues during August and September 2022.

The programme funds additional time of a Clinical Lead (Debbie Thrush, Clinical Lead for Working Age Adults CMHT) and additional consultant psychiatrist time for Working Age Adult and Older Adult services.

6.3.2 Recruitment of new roles

Community mental health transformation comes with significant investment into Leeds for adult mental health services, with an additional recurrent investment of £3.9m by April 2024. It is important to note, though, that achieving the aims of community mental health transformation will require integration and optimisation of existing resource and contract values, as well as use of additional investment funding. To date, the investment into LYPFT comprises of the following:

- £900k Emerge pathway

Investment confirmed for recruitment of the following:

- Programme Manager – in post
- Comms Lead – in post
- Clinical leadership
- System Clinical Psychologist lead – in post
- Advanced Clinical Practitioner posts - recruitment underway
- Mental Wellbeing Practitioner training roles – planned recruitment
- Recruit to train psychological practitioner roles – training places requested
- Psychological practitioner roles
- Clinical Assistant Psychology roles
- (Pending approval) Specialist pharmacy role.

We have also recruited several third sector roles to support new ways of working and to support people’s ongoing wellbeing and recovery in the community as part of a new integrated model.

6.3.3 Mobilisation and delivery timescales

Key milestones for the mobilisation of ‘wave 1’ pilots are below, as are proposed milestones for scale up to other LCPs across Leeds.

Wave 1 LCPs (Harehills, Burmantofts and Chapeltown, Leeds Student Medical Practice and the Light, West Leeds)

- August – September 2022 finalises model ‘blueprint’, make small changes based on feedback, ensure alignment with crisis work, consider any variations required in skills mix and model for LCP pilot populations based on data and local insight.

- September 2022 – February 2023 mobilisation work (estates, systems, workforce mapping, staff engagement/consultation on any changes).
- February 2023 – proposed go live.

It is anticipated that all three waves of mobilisation will be complete by November 2023.

Achievement of the above milestones is contingent on the following conditions being in place

- Programme resource. We are due to go out to recruit for a mobilisation lead to work to the Programme Manager and manage mobilisation and scale up of the delivery model, working closely with operational and clinical leads and mobilisation subject matter expert leads.
- Staffing levels within Community Mental Health Services (CMHT) which remain in business continuity. Mobilisation of the hub model will require a re-alignment of CMHT staff which map to the pilot LCP areas. We will need to balance safe staffing of pilots, along with a requirement to safely staff CMHTs not in the scope of pilot sites. Mapping work will be done first to understand the gap and impact, before going through relevant governance groups (both within the programme and within LYPFT).
- Ability to prioritise time of people from across relevant corporate teams to lead on defined areas of mobilisation work as part of a cross-functional mobilisation group. This will include colleagues from across Information systems, Information Governance, Estates, Programme Management, Human Resources.

6.3.4 Next steps

- Conclude model design work and write up of first iteration of the hub design work.
- Form mobilisation group from September, working towards first wave 'go live' pilot hub sites from February 2023.

In addition, a comprehensive update report including risk mitigation will be shared with members of the Finance and Performance Committee in September/October 2022 and will be updated throughout the programme implementation phase. Escalations and summary updates will be reported to Trust Board.

6.4 Perinatal

The Specialist Community Perinatal Mental Health Service provides care and treatment for women during pregnancy and the postnatal period that have complex or moderate/ severe mental health problems. They also offer specialist psychiatric and psychological assessment and treatment and liaise closely with other mental health services, maternity services and Mother and Baby Units (MBUs). Key functions include:

- Assessing women with complex and severe mental health problems in the perinatal period
- Providing preconception advice to women with a history of severe mental illness who are considering pregnancy
- Providing care for women with complex or severe mental health problems

- Working closely with primary care, maternity, obstetric and secondary care mental health services (including children and young people's mental health services) and local authorities as appropriate, and advising on detecting, preventing, and managing perinatal mental health problems
- Referring and supporting admission to specialist inpatient services and providing care and support for the woman upon discharge.

The NHS Long Term Plan, set out several targets for perinatal services, along with associated funding for the achievement of these:-

- By 2023/24 at least 66,000 women with moderate/complex to severe PMH difficulties can access care and support in the community. For Leeds, this means 10% of the live birth rate which equates to 1000 women.
- Increase the availability of specialist PMH community care for women from 12 months after birth to 24 months
- Improving access to evidence-based psychological therapies for women and their partners, including family interventions
- Mental health checks for partners of those accessing specialist PMH community services and signposting to support as required.

There has been an expansion of the service over the last 2 years to enable the achievement of the NHS Long Term Plan Ambitions by 23/24. This has been achieved without the allocation of the additional funding by the CCG. However, to continue to improve and work towards the achievement of target for 23/24 the service now requires further investment to create additional and new capacity to deliver on the LTP by 23/24. A business case to increase funding into the service by £778,978 has been supported the service Development and Financial Planning Groups. Progress reports on implementation and activity will be provided to the Board.

6.5 Development of Children and Young Peoples Day Services

A proposal to develop day services providing nasogastric feeding in the Mill Lodge Children and Young Peoples Mental Health (CYPMH) unit has been supported by the Trust and the Humber and North Yorkshire Provider Collaborative. The development requires some building reconfiguration and expansion to the workforce. Mill Lodge is currently managing workforce availability issues and as a result admissions are currently being managed dependent on the level of clinical need. The Humber and North Yorkshire provider collaborative is keen to see the day unit open as soon as possible, and the inpatient service operate at maximum capacity due to the demand for young people requiring inpatient beds and those with disordered eating requiring nasogastric feeding support. LYPFT had proposed a delay to the scheme but following discussions with the provider collaborative the estates development work will commence (this will not disrupt the delivery of inpatient care) and an intensive recruitment drive considering different incentive packages will be developed and implemented. This development will be managed through a task and finish project group so that a balanced approach to implementation and go live will be maintained. The Board will be updated on progress in September 2022.

7. Summary

The main challenge across Care Services continues to be workforce availability with an ongoing focus on recruitment, retention, and wellbeing of staff. This is particularly evident in our Older Adult Inpatient Services, Forensic Services, and Adult Community Mental Health Teams. These are being managed and responded to actively and medium-term solutions being identified and put in place. Over the past two months we had seen a short period of minimal Covid levels across our inpatient wards, but in July this position has changed meaning that we are now experiencing outbreaks in our Acute, Older Adult, Forensic and Specialist Supported Living Services. Nonetheless, staff are responding well and working with colleagues in our IPC team to minimise the impact, keep people well and minimising the risk of further spread.

There are several service delivery challenges and we are working to understand and respond to backlogs and waits. This report details the approach we are taking to supporting services where they face complex issues and developing stabilisation and mitigating plans. In addition, the degree of pressure across the health and care sector is significant and again we are responding to this at the same time as being key players in solution finding and implementing plans in readiness for winter 2022/23.

Joanna Forster Adams
Chief Operating Officer
July 2022.

Contributors:

Andrew Jackson, EPRR Lead

Mark Dodd, Deputy Director of Service Delivery

Alison Kenyon, Deputy Director of Service Development

Introduction

Key themes to consider this month:

Unless otherwise specified, all data is for June 2022

Consistency and improvement:

Services have continued to face ongoing challenges during June with the effects of the pandemic and the associated backlogs still being felt, even with additional investment starting from April in some areas. The Trust's Community Mental Health Service continues to work in business continuity mode, with the Working Age Adult teams experiencing difficulties with staffing. More broadly across the Trust, staffing difficulties persist, which has been compounded by a rise in the number of COVID-19 cases, resulting in some wards and services needing to shut to new patients. Whilst some situation monitoring and escalation arrangements have been stood down, the Trust continues to remain vigilant and is monitoring staffing pressures and COVID-19 cases closely. The Trust is currently exploring the available options that will help address staffing pressures, and is actively making progress with these, including bringing staff in from outside the organisation with the necessary expertise to alleviate some of the pressure.

As a result of the continued challenges and pressure on services, performance is affected in some areas. Whilst some improvements against key performance indicators have been seen in some services, consistency, and improvement in other areas of the Trust is a fluctuating picture.

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, the percentage of referrals to the Memory Assessment Service (MAS) seen within 8 weeks, the percentage of referrals to the Perinatal Community service seen for assessment within 2 weeks of referral, the percentage of people assessed with HoNOSCA and Goal Based Outcomes, within 7 days of admission to a Children and Younger People's ward, and, the percentage of inpatients and early intervention in psychosis service users with a cardio-metabolic assessment.

However, there are some services where, despite significant challenges, access and response standards have been maintained. They include the percentage of referrals to the Early Intervention in Psychosis service seen within 2 weeks, 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.

Work in Progress:

As part of the reset and recovery of Care Services work, services have been using some of the available national demand and capacity modelling tools. Services have 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. A presentation with updates on this work was given to Heads of Operations, with an invitation to take up the offer of support in this area reiterated to services that have yet to participate. Initial contact has been made with a small number of services as a result.

Updates on action plans and progress against these, will be presented as part of the CQPR Appendix accompanying the Chief Operating Officer Report tabled at public board meetings. The June report is the first report to include this section, with Recovery reporting one month in arrears to allow services sufficient time to reflect on progress in order to provide high quality updates on work against plans to date.

Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Apr 2022	May 2022	Jun 2022
Percentage of crisis calls (via the single point of access) answered within 1 minute *	-	56.7%	58.0%	58.0%
Percentage of ALPS referrals responded to within 1 hour	-	73.9%	70.7%	65.7%
Percentage of S136 referrals assessed within 3 hours of arrival	-	6.5%	15.9%	26.7%
Number of S136 referrals assessed	-	46	44	45
Number of S136 detentions over 24 hours	0	1	0	1
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	75.0%	32.4%	20.0%	36.1%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	93.7%	88.6%	87.1%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	31.7%	37.4%	41.2%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Apr 2022	May 2022	Jun 2022
Gender Identity Service: Number on waiting list	-	3,584	3,593	3,626
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days **	-	39.85	26.31	34.34
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	70.0%	66.7%	78.9%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	-	-	16.9%
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	-	-	38.9%
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	-	-	50.0%
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for bio psychosocial assessment (quarterly)	85.0%	-	-	54.1%
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	766	-	-	727
Perinatal Community: Face to Face DNA Rate (quarterly)	-	-	-	17.6%
Services: Our acute patient journey	Target	Apr 2022	May 2022	Jun 2022
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	80.0%	60.2%	88.9%
Crisis Assessment Unit (CAU) length of stay at discharge	-	10.54	7.26	10.38
Liaison In-Reach: attempted assessment within 24 hours	90.0%	70.1%	84.6%	86.5%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	100.2%	99.0%	98.2%
Becklin Ward 1 (Female)	-	98.9%	100.4%	97.0%
Becklin Ward 3 (Male)	-	100.0%	98.1%	98.6%
Becklin Ward 4 (Male)	-	100.0%	100.6%	96.5%
Becklin Ward 5 (Female)	-	98.5%	100.3%	101.8%
Newsam Ward 4 (Male)	-	104.0%	95.5%	96.8%
Older adult (total)	-	85.5%	86.7%	85.1%
The Mount Ward 1 (Male Dementia)	-	55.3%	71.9%	90.6%
The Mount Ward 2 (Female Dementia)	-	90.9%	84.9%	79.6%

Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Apr 2022	May 2022	Jun 2022
The Mount Ward 3 (Male)	-	92.6%	93.0%	86.9%
The Mount Ward 4 (Female)	-	96.0%	91.7%	83.1%
Percentage of delayed transfers of care	-	12.1%	12.1%	12.3%
Total: Number of out of area placements beginning in month	-	7	2	2
Total: Total number of bed days out of area (new and existing placements from previous months)	255	442	174	158
Acute: Number of out of area placements beginning in month	-	6	1	0
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	245	70	11
PICU: Number of out of area placements beginning in month	-	1	1	2
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	111	42	87
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)	-	86	62	60
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90.0%	-	-	67.9%
Services: Our Community Care	Target	Apr 2022	May 2022	Jun 2022
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	85.5%	82.5%	83.3%
Percentage of inpatients followed up within 3 days of discharge (CCG commissioned services only)	80.0%	83.8%	83.3%	84.3%
Number of service users in community mental health team care (caseload)	-	4,006	4,026	3,992
Percentage of referrals seen within 15 days by a community mental health team	80.0%	81.7%	81.6%	83.4%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	77.3%	74.1%	74.9%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	68.3%	69.0%	63.9%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	100.0%	75.0%	69.2%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	-	-	58.3%
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	-	-	39.5%
Services: Clinical Record Keeping	Target	Apr 2022	May 2022	Jun 2022
Percentage of service users with NHS Number recorded	-	99.1%	99.1%	99.1%
Percentage of service users with ethnicity recorded	-	76.8%	76.5%	75.3%
Percentage of service users with sexual orientation recorded	-	31.6%	31.6%	30.9%
DQMI (MHSDS) % Quality %	95.0%	90.6%	91.4%	88.1%

* 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.

	Baseline Time to First Contact (Q3 19/20)	Avg. Time to First Contact (Days)			Waiting List Month End		
		Mar 2022	Apr 2022	May 2022	Mar 2022	Apr 2022	May 2022
ADHD	271.8	409.5	336.9	370.9	1,852	1,973	2,055
Chronic Fatigue Service	116.7	168.2	171.1	132.2	180	162	172
CMHT OPS	37.1	42.4	32.4	31.2	153	125	127
CMHTs Adult	48.6	52.2	63.4	50.1	514	513	509
DEAF CAMHS	42.4	63.4	39.9	26.3	18	15	21
Gambling Services		83.3	62.3	53.5	139	137	131
Gender Services	182.4	570.8	893.3	616.5	2,679	2,756	2,813
LADS	83	138.1	110.9	150.5	316	334	335
Leeds LD Community	47.5	32.8	48.5	45.7	188	153	153
Liaison Out Patients	70.1	73.1	69.5	50.6	126	104	102
Memory Assessment Service	52.5	52.2	51.8	52.8	370	387	410
Perinatal Community	16	14.6	13.6	15.0	59	54	78
Veterans	36.9	114.6	167.7	119.6	44	40	37

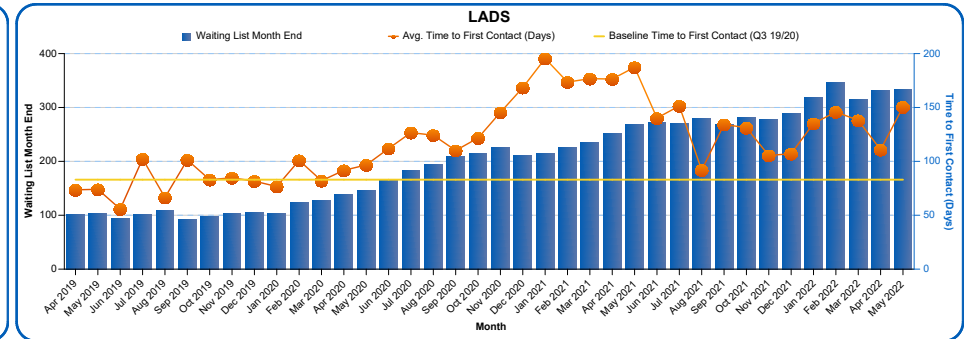
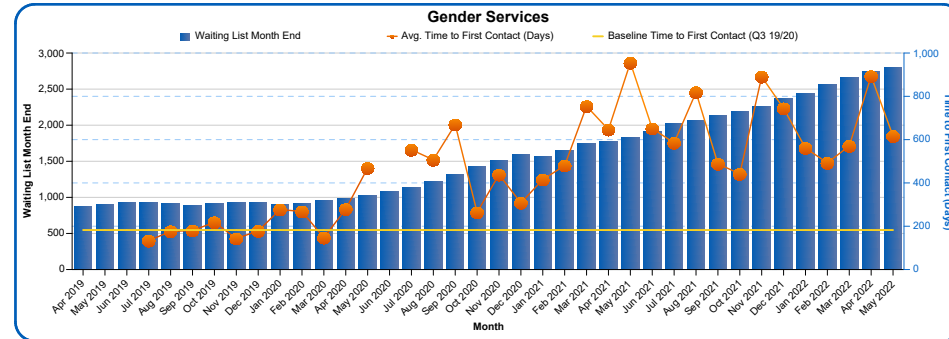
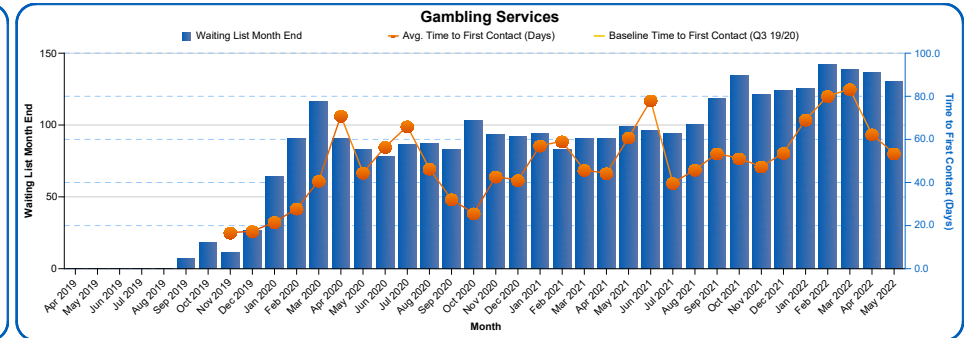
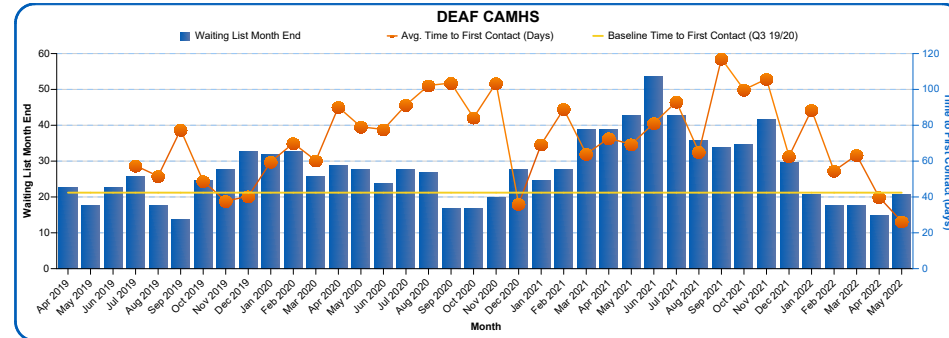
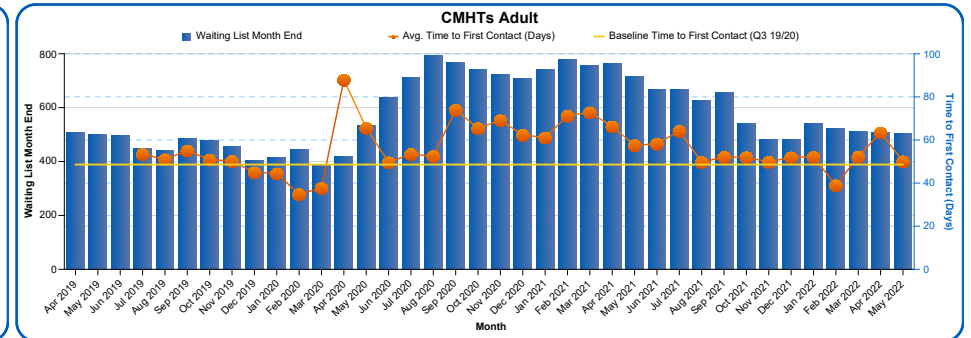
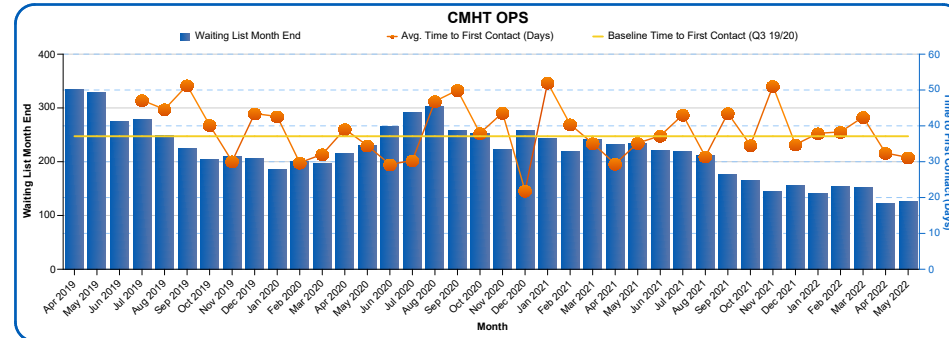
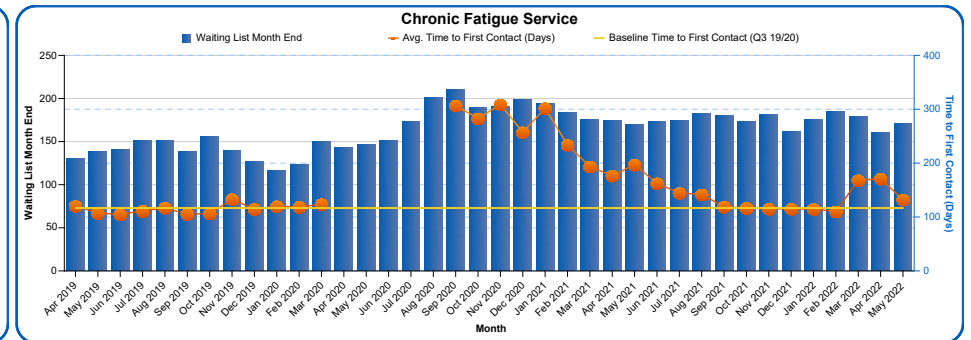
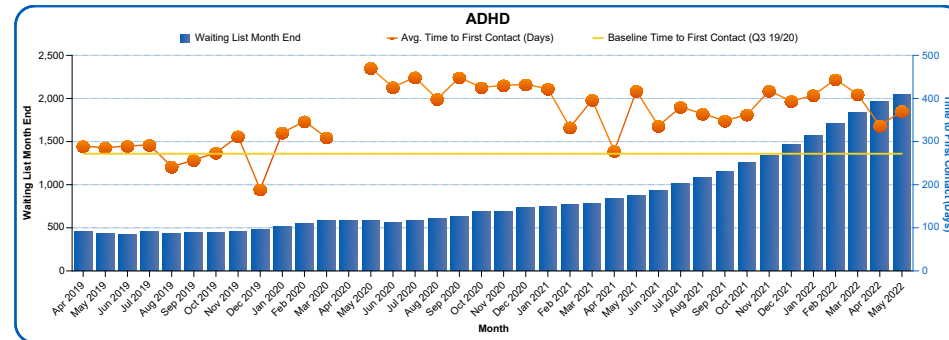
* The measure 'Baseline Time to First Contact (Q3 19/20)' relates to the average time (in days) from referral to first face to face contact only for referrals with a first contact between October and December 2020.

** The measure 'Avg. Time to First Contact (Days)' relates to the average time from referral to first face to face or telemedicine contact.

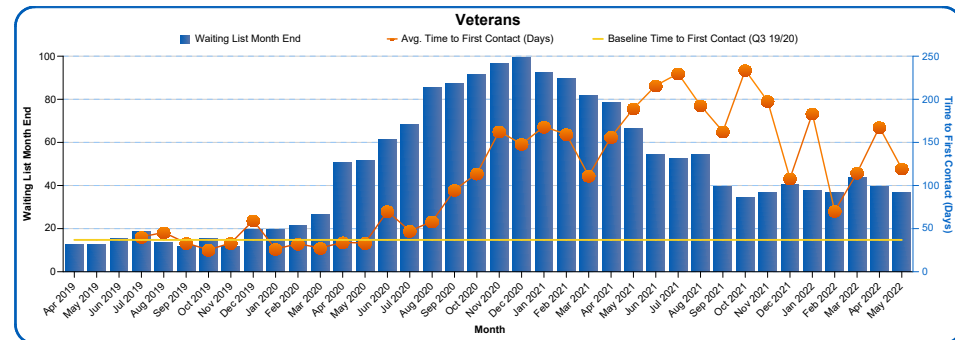
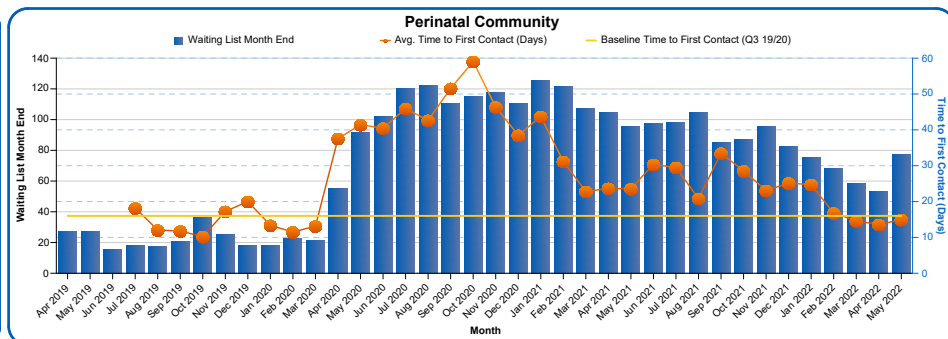
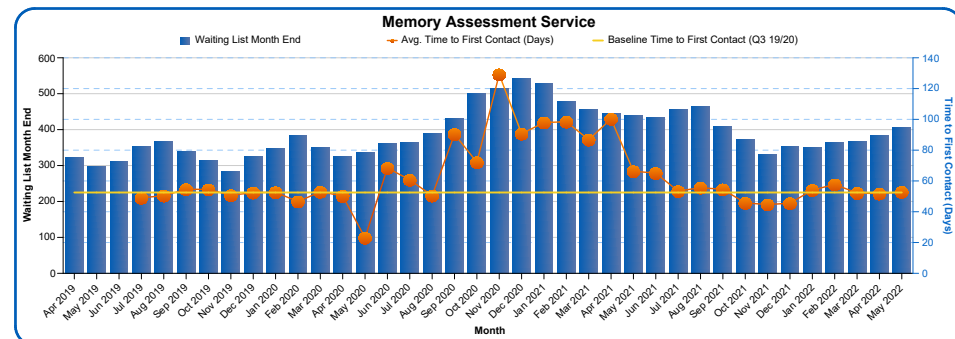
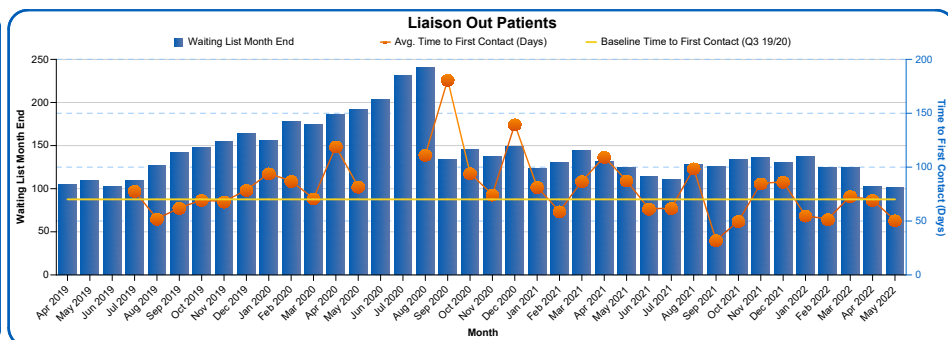
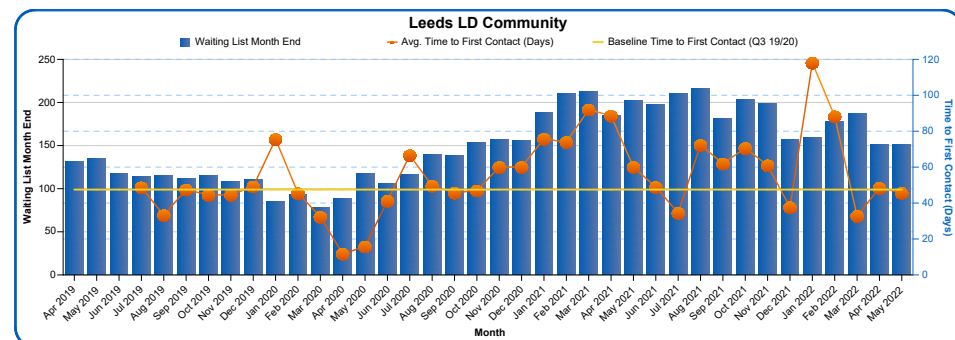
*** Where there is no data point for the measure 'Avg. Time to First Contact (Days)' this is because the service did not see any service users for a first contact in that month.

**** The baseline measure for the Gambling Service has been removed as this service was new in Q3 19/20 and therefore, the waiting time to be seen is not reflective of this service's time to first contact.

Services: Reset and Recovery (continued)



Services: Reset and Recovery (continued)



* The measure 'Baseline Time to First Contact (Q3 19/20)' relates to the average time (in days) from referral to first face to face contact only for referrals with a first contact between October and December 2020.

** The measure 'Avg. Time to First Contact (Days)' relates to the average time from referral to first face to face or telemedicine contact.

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**** The baseline measure for the Gambling Service has been removed as this service was new in Q3 19/20 and therefore, the waiting time to be seen is not reflective of this service's time to first contact.

Services: Reset and Recovery

ADHD: The waiting list continues to increase despite some non-recurrent investment. From Q2 to Q4 in 21/22 there was a 41% uplift in referrals (538 from 379). This has contributed to a minor slowing of the increase. The service is working with the Performance team on Capacity and Flow projections but to reduce the waiting list to acceptable levels, significant investment and system redesign is required. ICS Deep Dive and Leeds based work have both commenced, however with no time frame/resource commitment as yet.

CFS: The average time to first contact (assessment) has decreased this month although the waiting list remains high due to new referrals coming through the service and internal waiting list for 1-1 therapy. The service is fully recruited but sickness has impacted on capacity. There is ongoing work with Informatics to review the service demand and capacity planning.

CMHT OPS/MAS: 1) Modelling work with Informatics has recently commenced focusing on MAS waiting list/waiting times within the service and across the pathway. 2) Recent reset plans have been developed within MAS/CMHT and are on-going. 3) The pressures within Leeds Teaching Hospitals Trust (LTHT) in relation to CT Head Scans has had significant impact and pressure upon the MAS pathway contributing to amendments within the MAS (diagnostic) pathway been implemented temporarily to reduce the number of people requiring a CT Head Scan. 4) Direct liaison with Senior Management within LTHT and LYPFT has taken place and regular contact at locality level with Radiology is on-going, with weekly monitoring of the improving position of waiting times for CT Head Scans. 5) Work with procurement to source an alternative provider to alleviate such pressures across the pathway was explored, unfortunately those identified declined. 6) Whilst there are still some vacant posts within both MAS and CMHT, with variation across localities, there has been some recent successful recruitment across two of the four localities which, with time will have a positive impact upon service delivery.

CMHTs Adult: The numbers waiting is a mixture of those referred for care coordination are awaiting transfer, this includes those from specialist services (e.g. Aspire, Assertive Outreach) and out of area (none-acute Rehab, Medium Secure) and those waiting for assessment. The service can only support transfers for those from acute services due to business continuity, however they do remain with their 'referring' service/team. Assessments continued to be carried out within 4 to 6 weeks, with plans to introduce a Working Age Adult Community Mental Health Service city wide assessment & brief intervention team to help mitigate some of the staffing challenges.

Deaf CAMHS: The trajectory for Deaf CAMHS is that waiting times will decrease. This has been broadly evident since January 2022 with a slight rise in waiting times during May 2022. Staffing levels have been affected in all three Northern sites which has impacted on the ability to complete face to face assessments in a timely manner. The plan is to meet with the operational manager to discuss the waiting times and how these can be improved further.

Gambling Services: The waiting list has fluctuated over the last 2 years as a result of staff availability. Since w/c 25/05/22, extra resource has been committed to front end assessments which has successfully brought the waiting list down by half. Waiting time is currently 2-4 weeks (dependent on complexity).

Gender Services: Contacts across the whole service from March 2021 - May 2022 (not including DNAs and cancellations) are steadily rising in line with the re-establishment of the service post Covid and additional staffing resource. Referral numbers continue at a steady pace, averaging at approximately 120 referrals per month. This continues to be concerning as when the service does reach the target of seeing 47 new referrals per month, there will still be only a minimal impact upon the waiting list. The service received additional investment following data modelling of impact on waiting list against current waiting list data. The modelling assumed a continued month on month increase of 45 people being added to the waiting list, compared to an increase of 27 per month with the additional investment. By May 2022, the waiting list was forecast to reach 3803 and with additional investment for this to reach 3659 people waiting. The actual figure in May 2022 was 3568, despite a gradually increasing referral trend.

LADS: An overall increase in referrals 65% uplift (348 from 210) from Q2 to Q4 in 21/22. Non recurrent funds are helping, and the waiting list has reduced to 231 (w/c 27/06/22) from 338 at the end of May. Work has also been done with Performance regarding tracking, and continues.

LD Community: The CLDT waiting list has reduced over the past 12 months (from over 200 in May 2021 to 143 in May 2022). In addition there has been a 3 month consecutive reduction in the waiting list from 185 in March 2022 to 143 in May 2022. There are however also a further 57 people on the ART duty desk awaiting further information. This is the highest number that ART has ever had on the duty desk.

Some of the reasons behind these waiting lists include: vacancies / long term absence, particularly psychology (creating a backlog of people awaiting further assessment / IQ to establish eligibility), psychiatry, OT, nursing, CTM as well as the SLT reduction in capacity. In addition to this, the level of complexity and acuity of referrals, which has dramatically increased alongside some system and process concerns which have led to a lack of flow and discharge, has collectively meant that the waiting list has not reduced to fully manageable levels.

The CLDT plan for Management of the waiting list includes:

ART: 1) Currently undergoing a detailed review of the ART function of the CLDT process. From early May we temporarily moved 0.6 Band 4 into the ART function to assist with information gathering and from mid-June a Band 5 nurse is working remotely for 6 months to support process. 2) A new (12 month Fixed term post) Consultant Psychologist is providing consistent input from mid-May helping to get assessments up and running. 3) The Clinical Team Manager now chairing ART meetings has introduced an additional meeting on a weekly basis to address new referrals and prioritise decision making to avoid more being added to the lengthy list awaiting decision. 4) In order to provide guidance to new staff in ART, a Proforma (tool used to gather data to support diagnosis of Learning Disability (LD)) is to be streamlined and guidance notes added. 5) In order to reduce the time spent gathering additional information, the Operations Manager is planning to formally request that referrers (GPs, Social Workers (SW) / Care managers, LD and Autism service, LTHT, LADs, CMHT etc.) provide evidence of LD with referral (using information from revised proforma). This will include information like EHCPs, SW reports, school / academic history, milestones achieved etc.

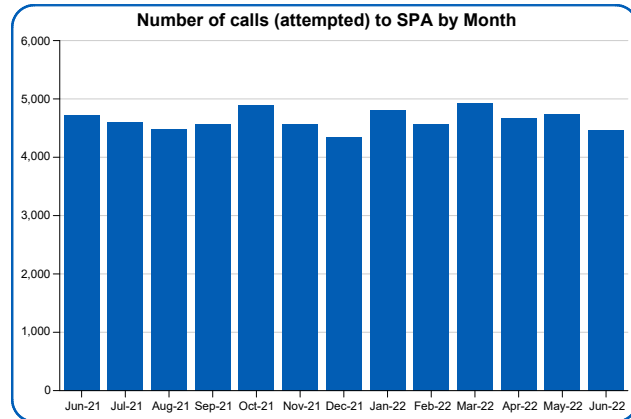
CLDT: 1) Caseload flow review. Using revised Management supervision tools to support clinicians to clearly think about service users on caseload and where they are in their input. Supervisors to challenge to decide "have we done enough? Is there any added value in continued input?" This will lead to creating increased discharge and therefore flow to pick up from the waiting list. 2) Need to support supervisors' confidence in challenging especially if from a different discipline. Considering a model of supervision where a senior clinician from the same discipline attends Management supervision at least whilst getting embedded. 3) We are also exploring a number of other initiatives to support flow and capacity including re-establishing clinics to bring people in for GATE and offering advice to address needs.

Liaison Outpatients: There has been a reduction in the average time to first contact that correlates with a reduction in waiting lists. Referrals to the service are consistent with shorter internal waiting times for therapy.

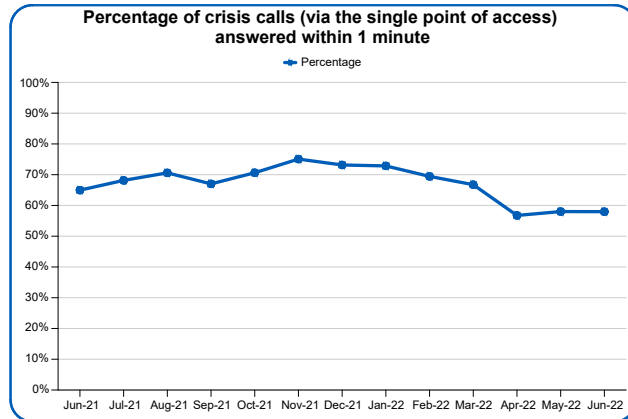
Perinatal Community: The waiting list for the Perinatal Community Service shows 78 service users waiting to be seen for a first contact as of the end of May. In reality, the service work to a quick turnaround when offering appointments, due to the need to see people quickly. Whilst there may be people still to be seen, all referrals are responded to within 2 working days, and the service user offered an appointment. Service users without an attended first face to face or video appointment, in reality have got a first appointment booked with the service, that they are yet to attend.

Veterans: CQPR shows a waiting list of 46 however the CTS waiting list w/c 25/05/22 was 29. The waiting list has reduced from 50 but plateaued to 20-30 for the last few months. This is due to staff availability and a concentration of referrals in the same region (North East). We have flexed staff across the region as much as possible and have tried to recruit multiple times. We now have some therapy provision starting in August. The target date for clearing the waiting list is March '23 as discussed with NHS England commissioners. HIS does not have a waiting list as the service contacts the referrer and makes the first visit within 2-5 days on average.

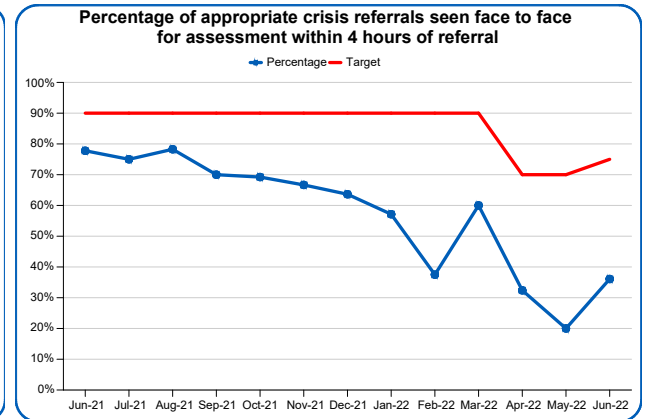
Services: Access & Responsiveness: Our Response in a crisis



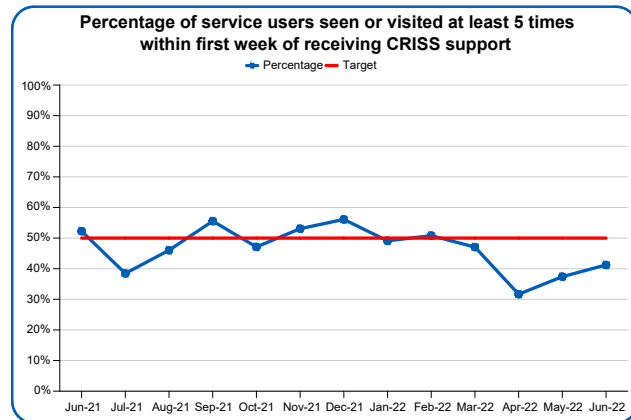
Number of calls : June 4,481



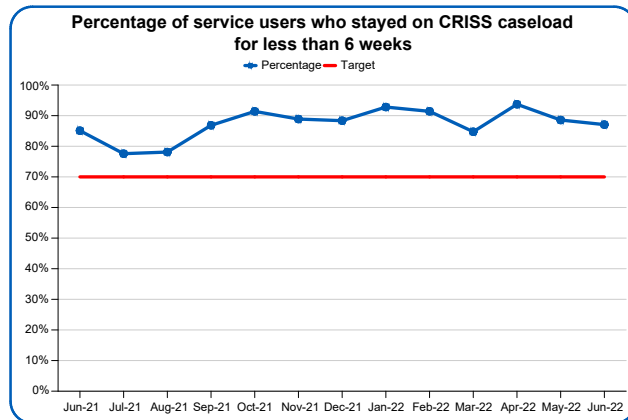
Local target - within 1 minute: June 58.0%



Contactual Target 75%: June 36.1%

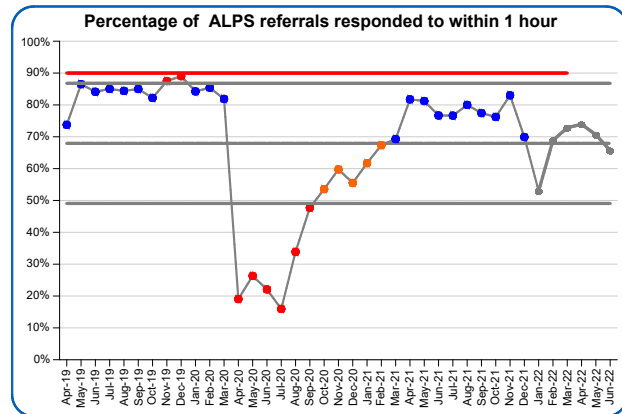


Contractual Target 50%: June 41.2%

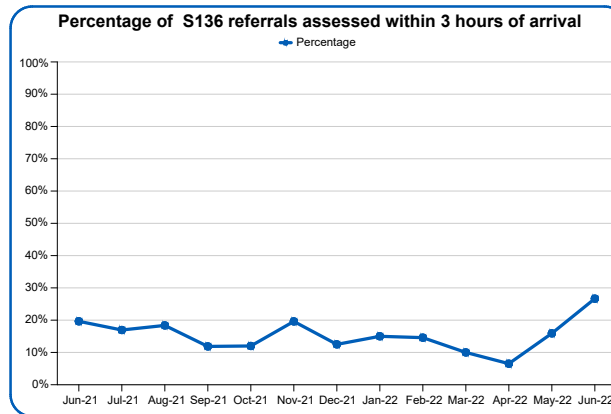


Contractual Target 70%: June 87.1%

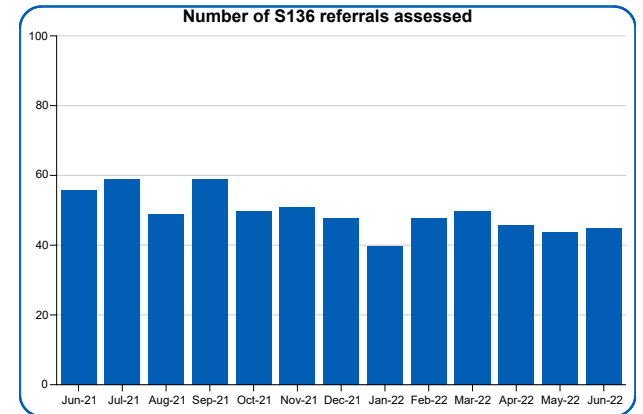
Services: Access & Responsiveness: Our Response in a crisis (continued)



Contractual Target : June 65.7%



Contractual Target : June 26.7%



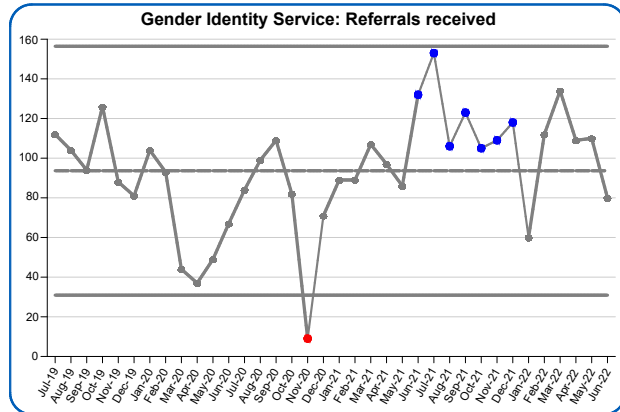
Total referrals assessed: June 45

Services: Access & Responsiveness: Our Response in a crisis

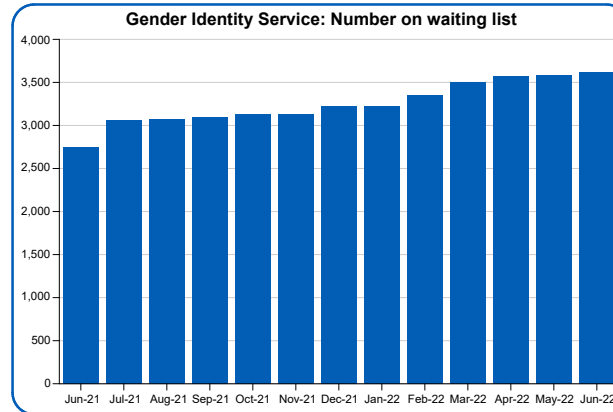
There has been a further decline in the performance of the Acute Liaison Psychiatry Service with 65.7% of people seen within one hour of referral. Referrals have been consistently high and operational difficulties remain with the team not being permanently based within the Emergency Department. Of note, the team have been required to respond differently to the Acute Trust pressures and there has been a focus on creating capacity by discharging from inpatient wards rather than response times.

Performance against the Crisis assessment within 4-hour response has increased in June to 36.1% but remains below target. A process issue has been identified within the service between Clinical Triage within SPA and the Crisis Assessment team. This is now being addressed and it is anticipated that this delay in the process will be resolved within the next two months at which point the service will reach the trajectory.

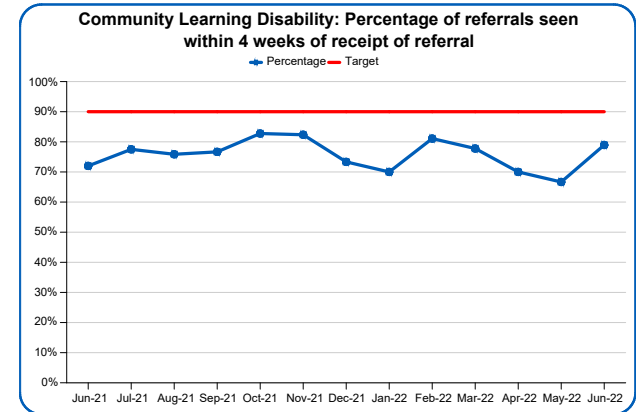
The percentage of service users seen at least 5 times during the first week of receiving Crisis Resolution and Intensive Support Service input, has improved in June with 41.2% of service users receiving the required level of input. On initial engagement some people are found not to require intensive support and are transferred to Community Mental Health Teams (CMHT) and therefore do not require 5 contacts. Some service users referred on to CMHTs from the Intensive Support Service (ISS), do not require the intensity of ISS as an alternative to admission, for example, wrap around care over the weekend for Clozapine titration.



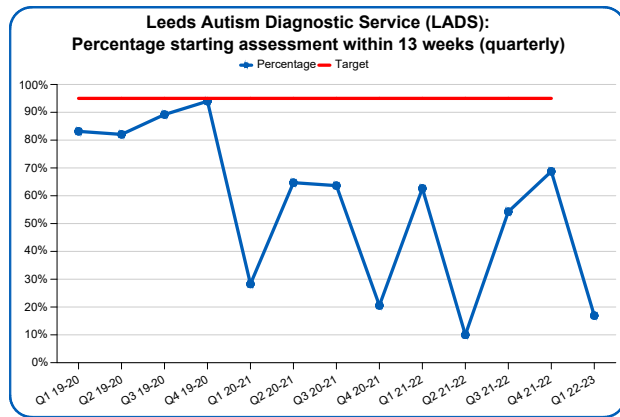
Total referrals: June 80



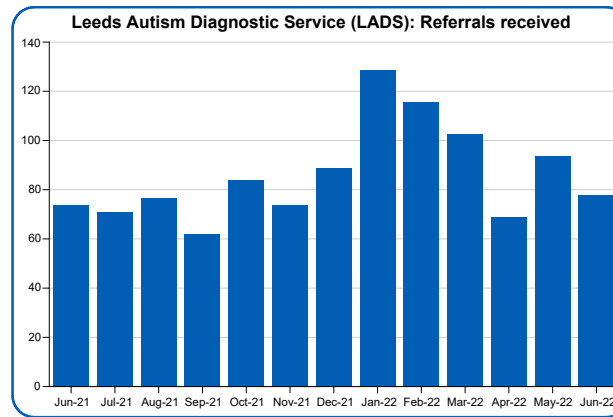
Number on waiting list: June 3,626



Contractual Target 90%: June 78.9%



Contractual Target : Q1 16.9%



Local measure: June 78

SPC Chart Key

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

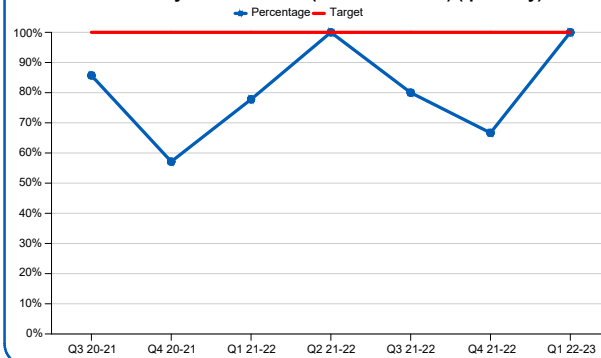
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services (continued)

Leeds CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA/GB0) (quarterly)



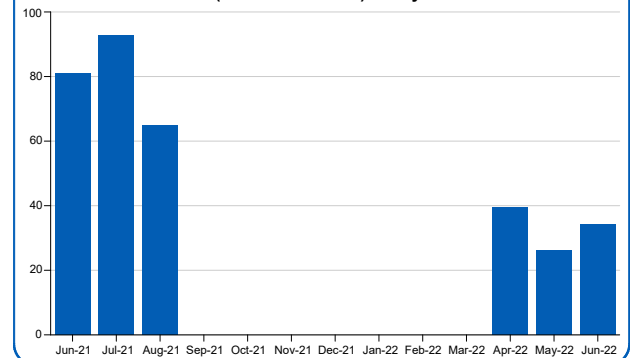
Contractual Target 100%: Q1 31.2%

York CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA/GB0) (quarterly)



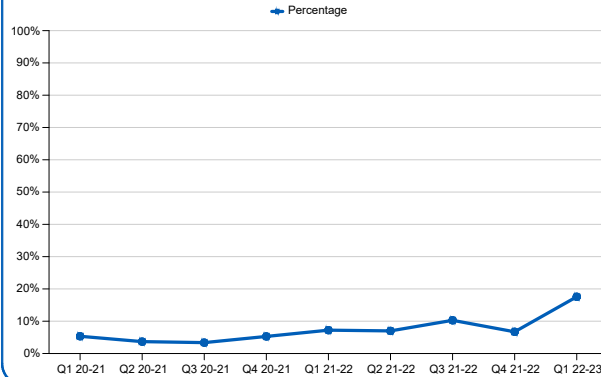
Contractual Target 100%: Q1 100.0%

Deaf CAMHS: average wait from referral to first face to face contact (inc. telemedicine) in days



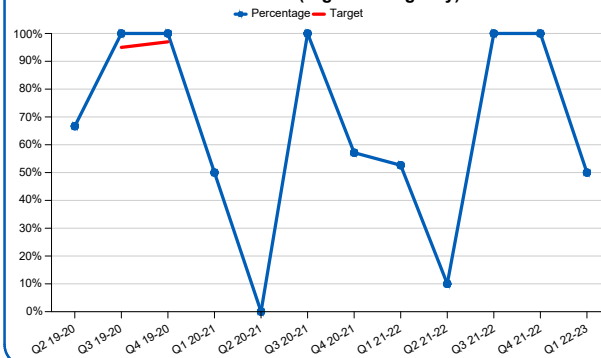
Local measure: June 34

Perinatal Community: Face to Face DNA Rate



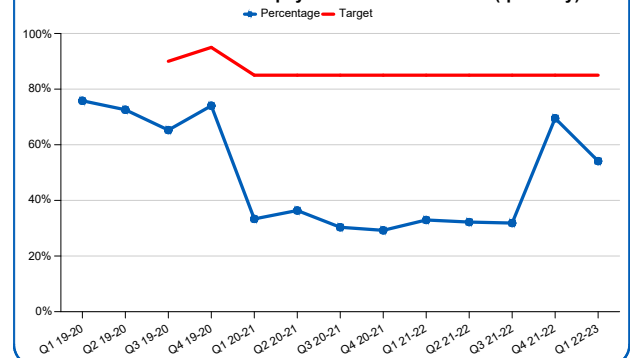
Contractual measure: Q1 17.6%

Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency)



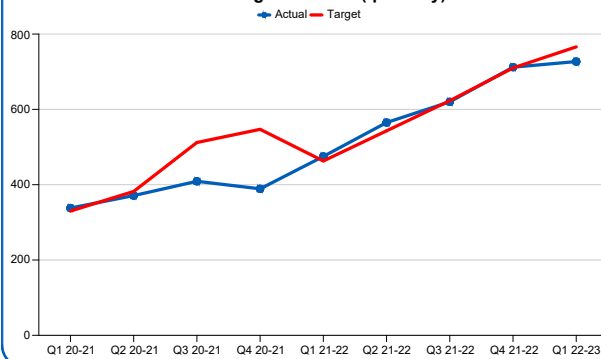
Contractual Target tba: Q1 50.0%

Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for bio psychosocial assessment (quarterly)



Contractual Target 85%: Q1 54.1%

Perinatal: Total number of distinct women seen in a rolling 12 months (quarterly)



Local measure 766: Q1 727

Services: Our Regional and Specialist Services

The percentage of people admitted to Children and Younger People's inpatient services, with both a Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) and Goal Based Outcomes (GBO) assessment completed within 7 days of admission, fell below target in Quarter 1, with 38.9% of service users (against a 100% target) having the required assessments. In some cases, where service users had declined to participate in the GBO assessments, these were left in an incomplete state and could not be counted. Some admin errors also affected performance reported. In addition, this KPI has been affected by the service going through a period of readjustment following the Leeds-based CAMHS service moving to the newly built Red Kite View, and a Children and Younger People's Psychiatric Intensive Care ward, within the unit being opened also. Now that the service is more settled and the PICU service is becoming embedded, it is anticipated that an improvement in performance will be seen in the future.

The wait to assessment target within Community Learning Disability Teams was not met in June, but has shown a significant increase with 78.9% of referrals (against a 90% target), seen within the 4-week timeframe. This measure was affected by standards of recording on the clinical system again this month with several referrals having been seen within the 4-week timeframe without the necessary recording in place. Service users waiting for face to face IQ assessments, which could not be progressed during the pandemic, did receive contact from the service but after the 4-week period. Other service users' first contact was delayed due to the time taken to gather more information about the referral or the service user was unavailable due to other health needs.

Reporting on the Deaf CAMHS service time to first face to face or video contact recommenced in April, following an internal piece of work led by the service to address issues with referrals waiting and recording of associated data. Following this piece of work, an improvement is clearly visible in the time to first contact throughout Quarter 1, compared to the period before September 2021, when reporting on this measure was paused.

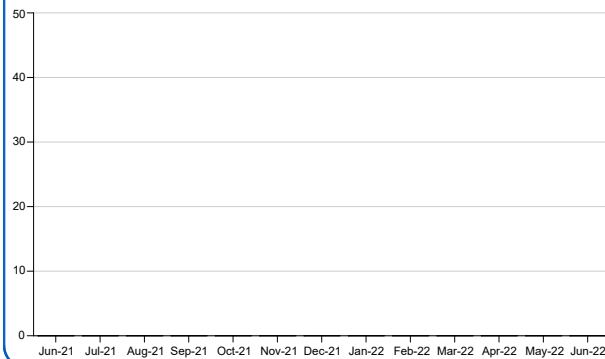
In the Leeds Autism Diagnostic Service, referral numbers hit a peak in January 22 and remain higher than pre-pandemic, although referral numbers have reduced since the peak in January. The additional non-recurrent resource via secondees in Quarter 3 and Quarter 4 21/22 has had an impact on capacity, however demand is still high. The service has also recruited to additional recurrent posts; Psychologist, Autism Practitioner and Speech & Language Therapist. In Quarter 1, the service has also retained some non-recurrent support via secondees and temporary posts including medic, nursing and Assistant Psychologist. The team have also worked with Informatics colleagues to improve data capture and recording, work which is ongoing. The service are linking in with the 3rd sector event at LYPFT to support system wide thinking and are contributing the Integrated Care Board Neuro-Developmental Service Deep Dive.

Following noticeable increases during the early part of 2022, the Gender Identity Service waiting list is not showing the same level of growth during Quarter 1. This is a positive sign, and possible indication that the additional investment in the service is having the desired effect. The number of referrals received by the service has been following a downward trend throughout Quarter 1, resulting in the service having better than expected waiting list levels.

In Perinatal Services the percentage of women waiting less than 2 weeks for first contact (routine) in Q1 was 54.1%, this is below the 85% target. 4 out of 8 women (50.0%) waited less than 48hrs following an urgent referral. Increased sickness and other leave have impacted on the service capacity to meet contractual targets in June. However, a new system has now been implemented to ensure that all women receive a telephone triage assessment within the required response time.

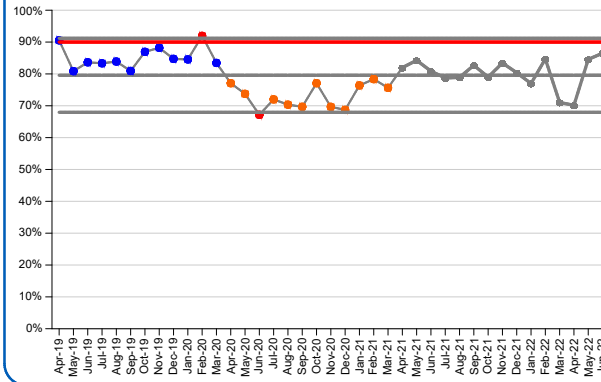
Services: Our acute patient journey

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



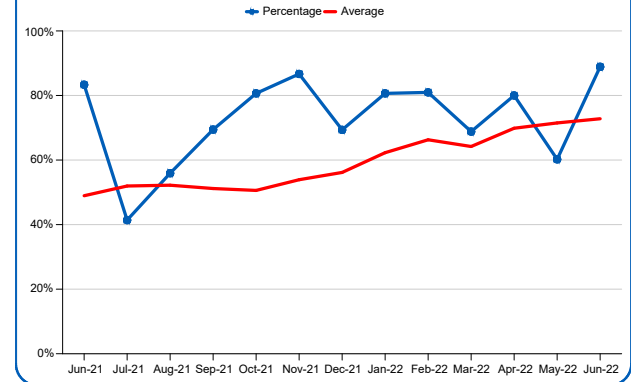
National (NOF) No target : June 0

Liaison In Reach: attempted assessment within 24 hours



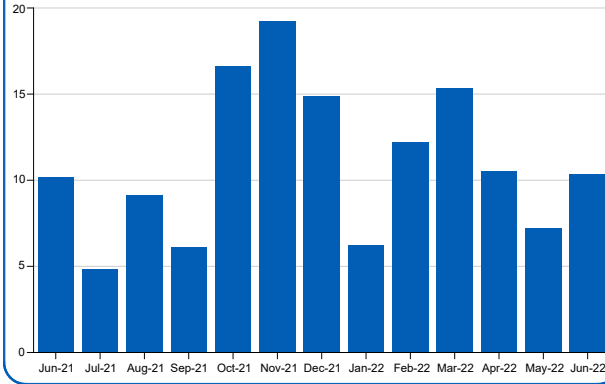
Contractual Target 90%: June 86.5%

Bed Occupancy: Crisis Assessment Unit (CAU)



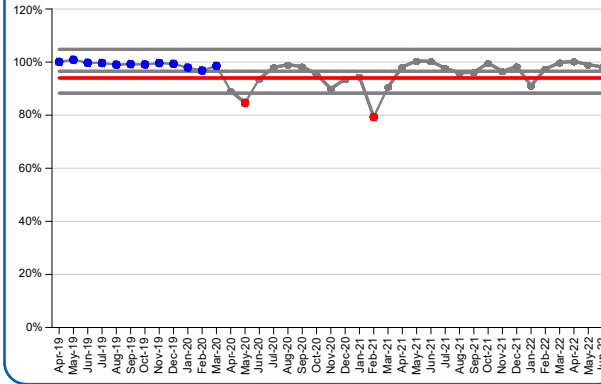
Local measure: June 88.9%

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



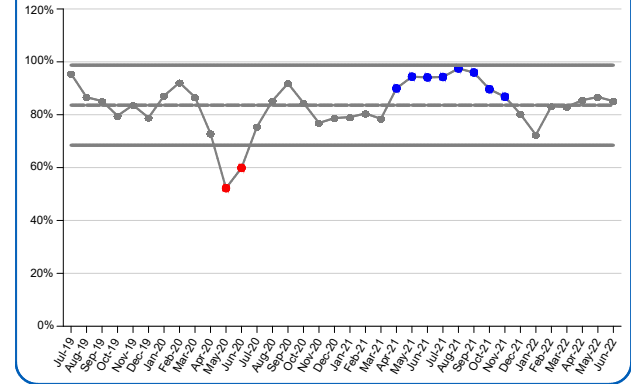
Local measure: June 10 days

Bed Occupancy: Adult Acute Inpatients



Contractual Target 94%: June 98.2%

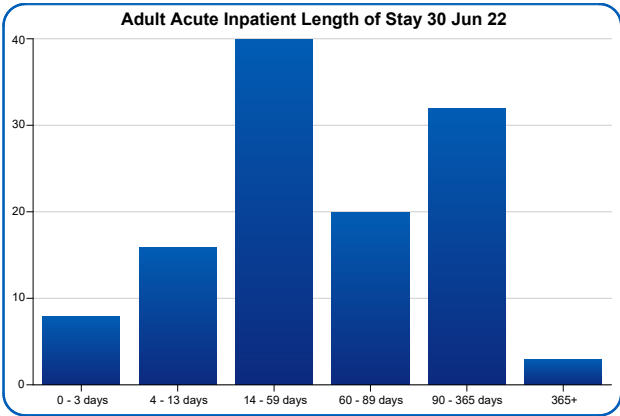
Bed Occupancy: Older Peoples Inpatients



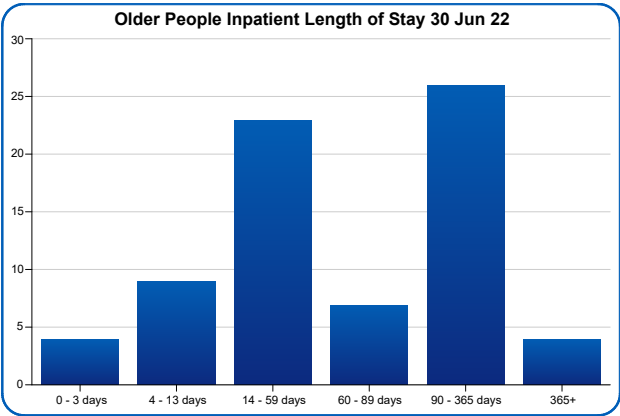
Local measure and target : June 85.1%

SPC Chart Key

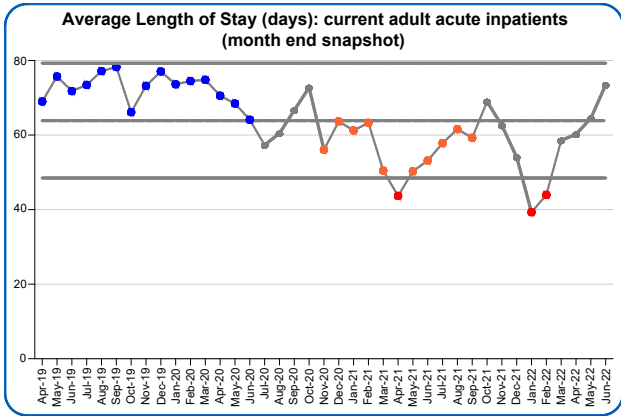
- Average
- Lower process limit
- Upper process limit
- Actual
- Target



Local activity: 35 people with LOS 90+ days



Local activity: 30 people with LOS 90+ days

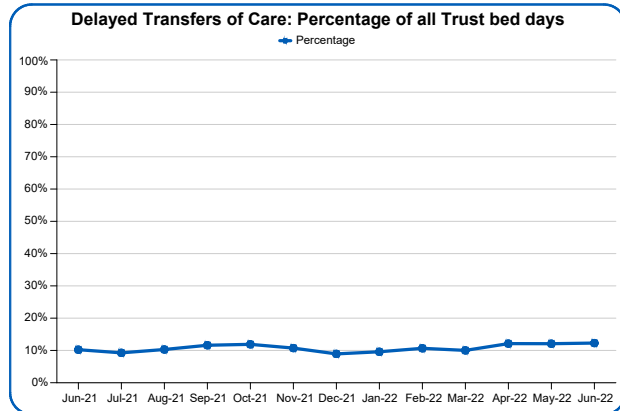


Local tracking measure: June 73 days

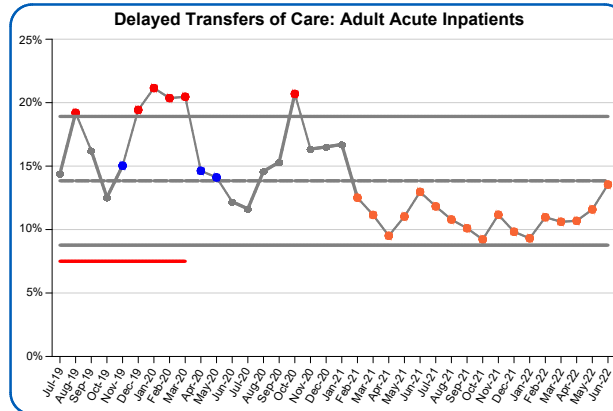
SPC Chart Key

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

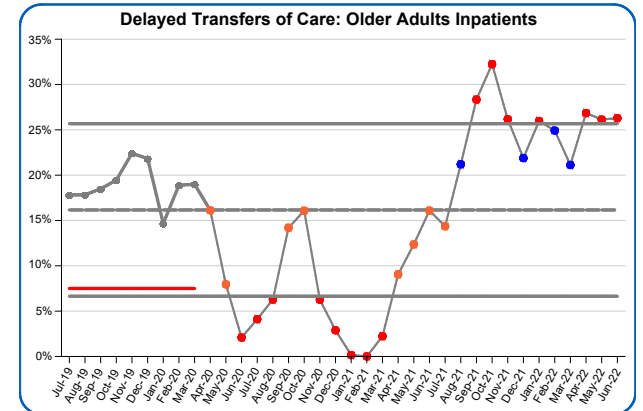
Services: Our acute patient journey (continued)



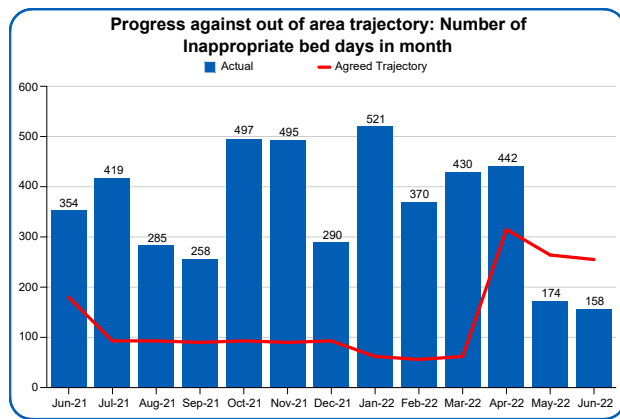
Local tracking measure: June 12.3%



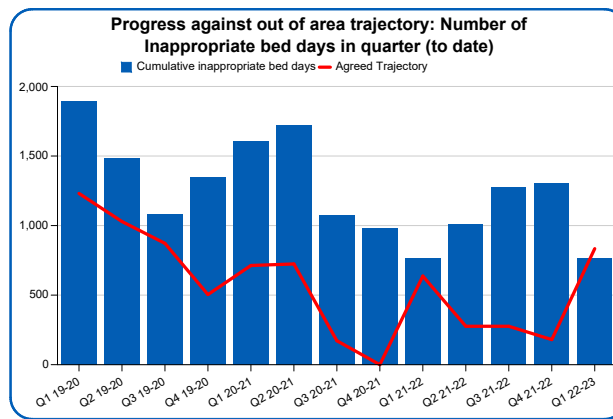
Local tracking measure: June 13.5%



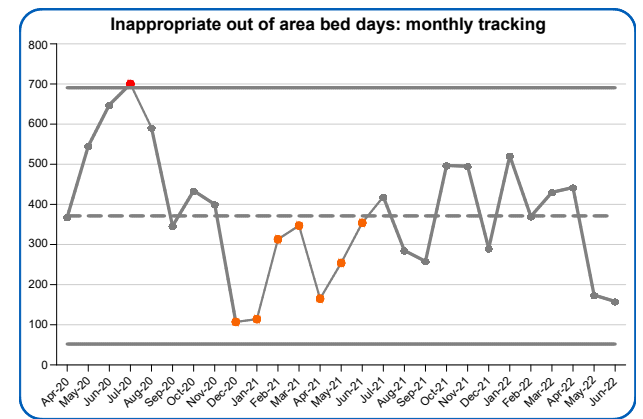
Local tracking measure: June 26.3%



Nationally agreed trajectory (255): June 158 bed days



Nationally agreed trajectory (Q1: 834): Q1 774 bed days

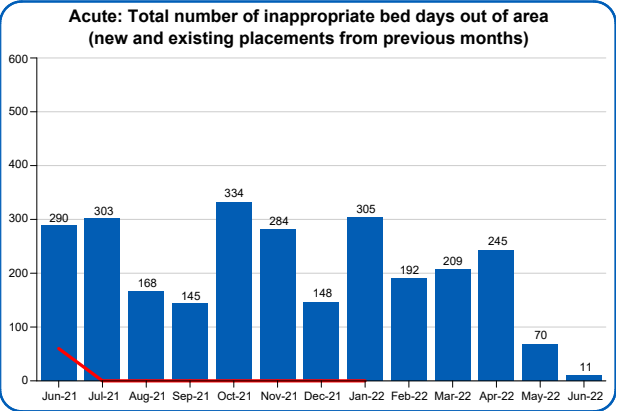


Local tracking measure: June 158 bed days

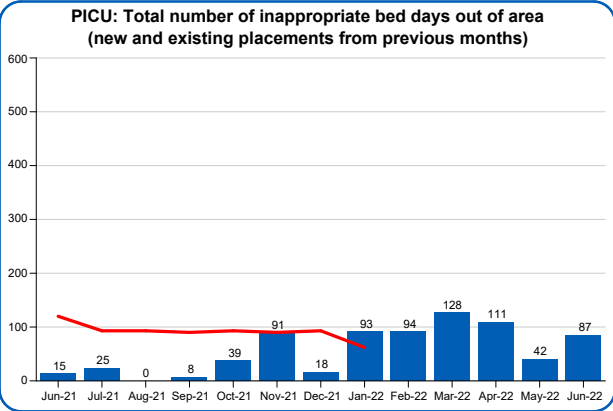
SPC Chart Key



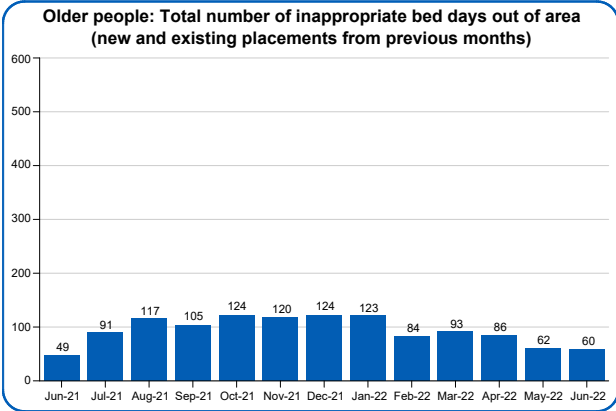
Services: Our acute patient journey (continued)



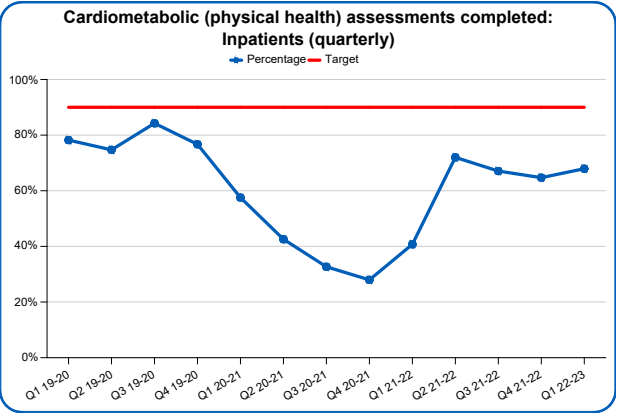
Nationally agreed trajectory (): June 11 days



Nationally agreed trajectory (): June 87 days



Local measure : June 60 days



Contractual target 90%: Q1 67.9%

Services: Our acute patient journey

Within the Liaison Inreach service, achievement of the 24-hour assessment target has improved again this month (to 86.5%), and is more in line with performance seen over the previous 12 months.

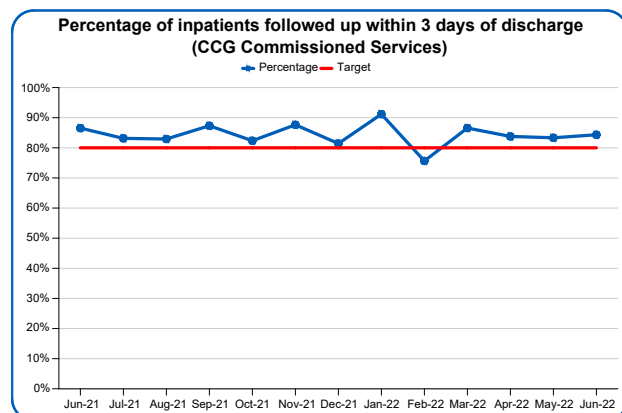
Bed occupancy within the Adult Acute inpatient service in June has decreased slightly to 98.2%, but continues to exceed the target range of 94-98%. Length of stay in Adult Acute services is continuing to increase which reflects the situation with delayed transfers of care in the service.

In June, there continues to be a low number of new Out of Area Placements (OAPs) starting in month. A decrease in the number of bed days, including those for placements starting before June, can also be seen. It is worth noting, that the OAP trajectory has been met in June. Both a reduction in new placements and bed days, are a positive indication of progress being made towards achieving the recently revised OAPs trajectory, which aims to eliminate OAPs by 2024. Within Older Adult services, there are currently three people in Out of Area beds; 1 service user will be repatriated to a bed at LYPFT when one becomes available, 1 service user will likely be discharged back to community care, and 1 service user is currently awaiting progress on referrals made to specialist care homes for people with Dementia.

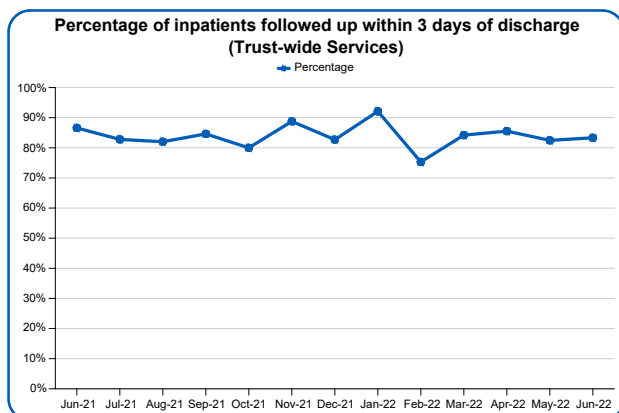
The percentage of inpatient bed days where the service user's transfer of care or discharge is delayed has been maintained. Long-standing delayed transfers of care within Adult Acute service are largely due to the need for supported accommodation. In Older Adult services, which carries the majority of the Trust's delays, these are related to sourcing residential or nursing placements.

The cardio-metabolic assessment target for inpatients was not met in Quarter 1, with 67.9% of service users having the required assessment in place (against a 90% target). A more comprehensive update on cardio-metabolic assessments will be presented to the next Finance & Performance Committee by the Head of Physical Health and Deputy Director for Service Delivery.

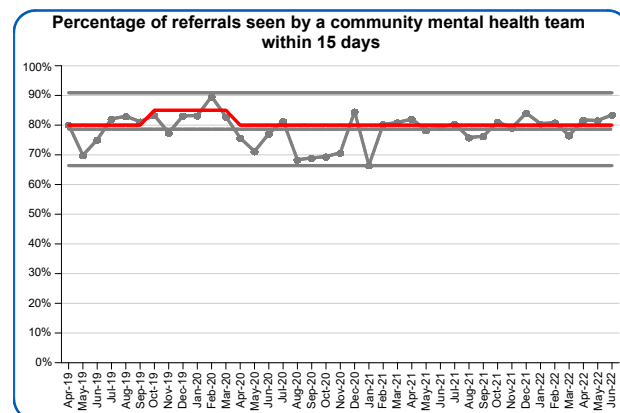
Services: Our community care



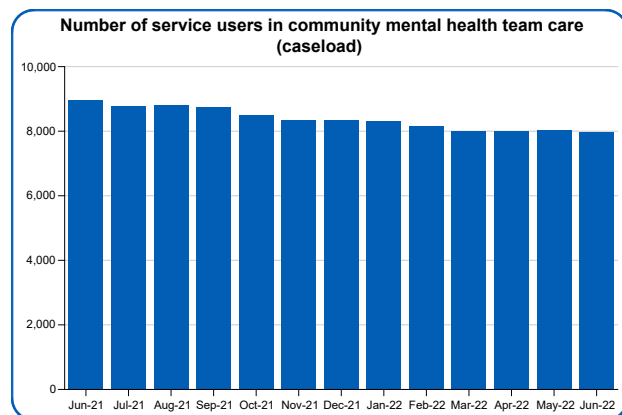
Contractual target 80%: June **84.3%**



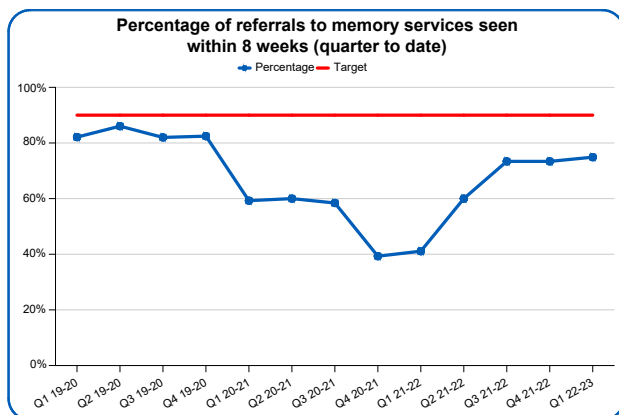
Local Tracking Measure 80%: June **83.3%**



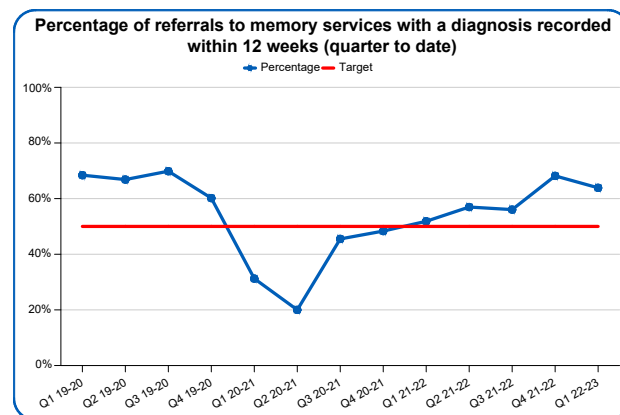
Contractual target 80%: June **83.4%**



Local measure : June **3,992**



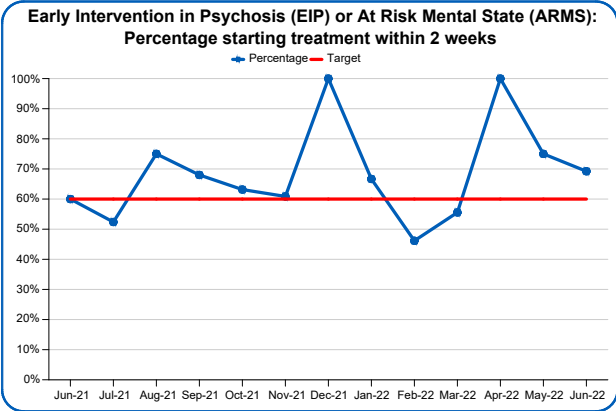
Contractual target 90%: Q1 22-23 **74.9%**



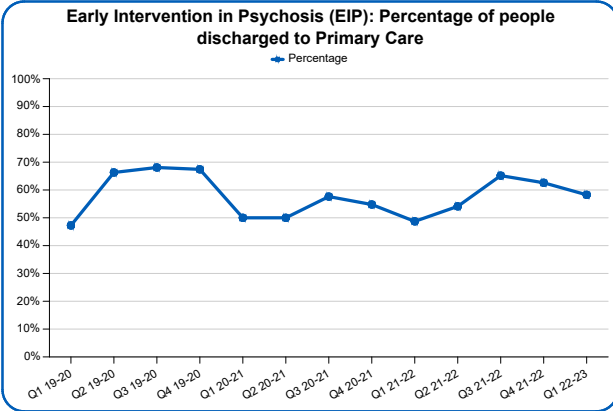
Contractual target 50%: Q1 22-23 **63.9%**

SPC Chart Key

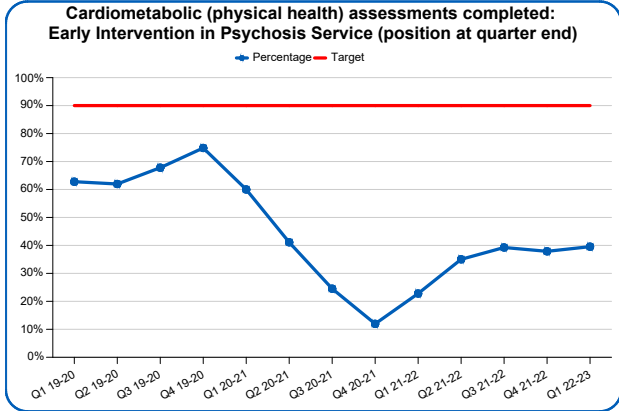
- - - Average
 - - - Lower process limit
 - - - Target
 - - - Upper process limit
 - - - Actual



Contractual target 60%: June 69.2%



Contractual target tbc: Q1 58.3%



Contractual target 90%: Q1 39.5%

Services: Our community care

The Trust has achieved the 80% target for follow-up within 3 days, achieving 84.3% for CCG commissioned services and 83.3% Trust wide. We continue to routinely follow up all breaches of the standard during the month.

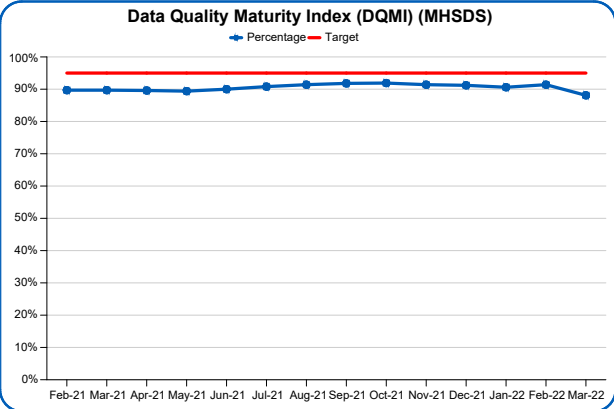
As of the end of Quarter 1, the percentage of referrals seen for assessment within the Memory Assessment Service (MAS) within 8 weeks, was 74.9% (against a 90% target). May saw a further increase in sickness across the service, rising to 7.8% from 7.7% in April. At the time of writing, no finalised sickness absence figures for June were available. However, in June the West Locality were experiencing pressures within the workforce, some of which was planned sickness on top of routine unplanned sickness, Maternity leave, annual leave, and vacant posts, which combined, produced significant challenge, and contributed to reductions in performance. Pressure because of medical staff capacity continued into June.

All localities saw a rise in caseload size, and an increase in referrals with some variation across the localities. The South South East (SSE) Locality experienced a small increase in the number of referrals received; from 90 in May to 94 in June. The North Locality experienced a significant increase in the number of referrals received; from 60 in May to 80 in June. Whilst the East North East (ENE) saw a decrease in referrals, they did see an increase in caseload size to 339 at the end of June from 315 at the end of May. Internal transfers from the Community Mental Health Teams can increase caseloads, in addition to the allocation of service users from new referrals.

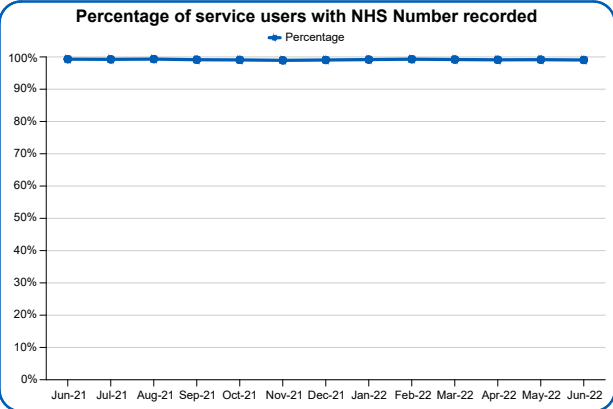
Two out of the four localities saw some recent, successful recruitment which, following a period of induction will have a positive impact upon service delivery. Other vacancies are currently out to advert.

Work is underway with the Continuous Improvement Team to look at the recent pathway changes within the MAS. Whilst this is very much in the early stages, the scoping work is taking place, and data/information is being collated to identify/support any change that is required.

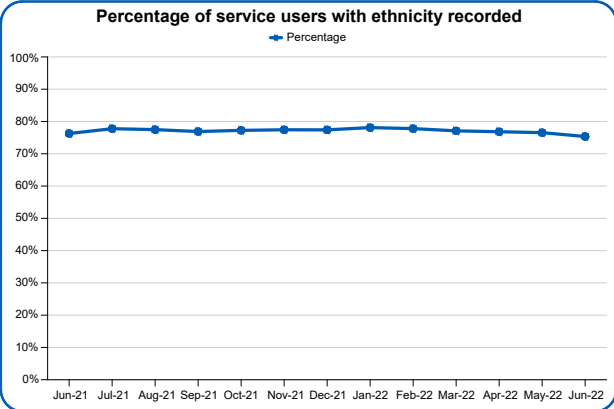
The cardio-metabolic assessment target for service users under the care of our Early Intervention in Psychosis Service was not met in Quarter 1, with 39.5% of service users having the required assessment in place (against a 90% target). A more comprehensive update on cardio-metabolic assessments will be presented to the next Finance & Performance Committee by the Head of Physical Health and Deputy Director for Service Delivery.



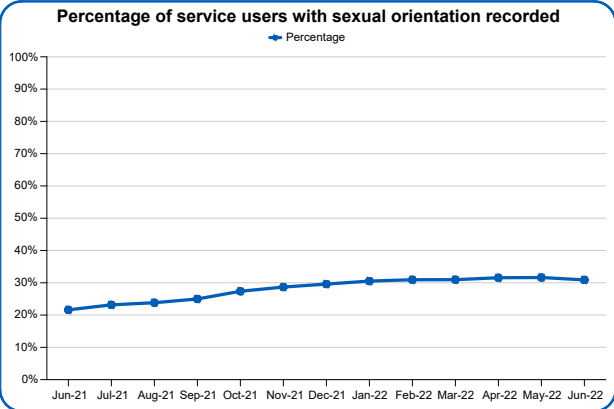
CQUIN / NHSOF Target 95%: March 88.1%



Local measure: June 99.1%



Local measure: June 75.3%



Local measure: June 30.9%

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 June 99.1% of care records had an NHS number recorded (no change), 75.3% ethnicity (slight decrease) and 30.9% sexual orientation (slight decrease).

**AGENDA
ITEM**

12

**MEETING OF THE
BOARD OF DIRECTORS**

PAPER TITLE:	Chief Financial Officer Report - Month 3
DATE OF MEETING:	28 July 2022
PRESENTED BY:	Dawn Hanwell, Chief Financial Officer, and Deputy Chief Executive
PREPARED BY:	David Brewin, Assistant Director of Finance

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

EXECUTIVE SUMMARY

This report provides an update of key finance related issues.

The Trust is achieving both capital and revenue plans as at month 3.

We anticipate that system financial metrics will be reintroduced during quarter 2, including agency spending limits and increased scrutiny of efficiency plans. Our immediate focus is to address the unidentified recurrent efficiency requirement and implement actions to mitigate cost pressures including agency spending.

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

RECOMMENDATION

The Board of Directors is asked to:

- Note achievement of the revenue plan position as at month 3.
- Note the capital expenditure position of £834k.
- Consider the implications of the new NHS Oversight Framework.

MEETING OF THE BOARD OF DIRECTORS

28 JULY 2022

CHIEF FINANCIAL OFFICER REPORT – MONTH 3

1 Introduction

This report provides an update of key finance related issues.

2 Financial Performance 2022/23

At month 3 the Trust reported an income and expenditure surplus of £763k compared to the planned £251k surplus position. Plan was constructed in line with NHSE guidance and is fixed for the full year, it is therefore not reflective of material new additional service developments and allocations including national Service Development Funding (SDF) that will be received in year.

The internal budget position is updated to reflect new developments and allocation changes throughout the year and therefore provides a more representative view of the Trusts financial performance. Internal budgets will be the key measure for assessing our financial performance and ensuring realignment of spend run rates within our available resources. In overall terms our 2022/23 internal budget surplus position is consistent with the surplus plan submitted to NHSE. Table 1 below provides a summary of our performance compared to internal budget at month 3.

Table 1

Income & Expenditure Budget Position	Annual Budget £'000	Month 3		
		Budget YTD £'000	Actual YTD £'000	YTD Variance £'000
Income:				
Patient Care Income	197,611	49,375	49,403	27
Non Operating Income	23,745	5,961	6,404	443
Total Income	221,356	55,336	55,807	471
Expenditure				
Pay Expenditure	159,995	39,941	38,553	(1,388)
Non Pay Expenditure	60,359	15,144	16,491	1,346
Total Expenditure	220,354	55,085	55,044	(41)
Surplus/ Deficit	1,002	251	763	512

Patient Care income levels exceeded budget expectations at month 3 due to additional charges linked to Provider Collaborative activity from outside West Yorkshire. Service Development Funding income was received in month 3 to fund additional posts linked to Leeds Community Transformation. These increases are offset by slippage on Complex Rehabilitation CREST Team and Afghanistan- veterans team developments.

Other income levels in total exceeded our budget expectation at month 3. Commercial activities are performing below plan at this stage due to supply chain delays resulting in fewer CPC Drive car registrations. Demand for CPC Drive cars remains strong, and the position is expected to improve in the second half of 2022/23. Additional finance income (interest receivable) resulting from recent interest rate rises is offsetting the commercial activities position.

At month 3 pay costs are lower than budget expectations due to substantive staff vacancies (partially offset by temporary staffing costs) and recruitment slippage linked to new developments. Medical agency usage is generating a cost pressure and higher than planned clinical support worker bank usage is offsetting in part the number of nursing vacancies.

Non pay expenditure levels exceeded budget expectations at month 3 mainly because of the high number of complex rehabilitation out of area placements, and budget efficiencies not yet identified.

3 Capital Expenditure

Cumulative year to date capital expenditure is reported as £834k compared to the planned position of £835k. We continue to forecast £9.14m (including £1.86m PDC funded schemes) capital expenditure as detailed in our plan submission on 28 April 2022.

4 Single Oversight Framework

On 22 June 2022 NHSE circulated an updated NHS Oversight Framework describing NHS England's approach to NHS oversight for 2022/23. It aligns to the priorities set out in the 2022/23 priorities and operational planning guidance and the legislative changes made by the Health and Care Act 2022, including the formal establishment of ICBs and the merging of NHS Improvement (comprising Monitor and the NHS Trust Development Authority) into NHS England.

The NHS System Oversight Framework reinforces system-led delivery of integrated care in line with the direction of travel set out in the NHS Long Term Plan, Integrating care: Next steps to building strong and effective integrated care systems across England and the Integration White Paper (Joining up care for people, places, and populations).

To achieve this, the NHS Oversight Framework is built around five national themes that reflect the ambitions of the NHS Long Term Plan and apply across trusts and ICBs:

- Quality of care, access, and outcomes
- Preventing ill-health and reducing inequalities
- People

- Finance and use of resources
- Leadership and capability

During quarter 2, the four financial metrics (three applicable to Trusts) assessed as part of the NHS Oversight Framework are:

Metric:	Applies to:
• Financial efficiency - variance from efficiency plan:	ICB & <u>Trust</u> level
• Financial stability - variance from break-even	ICB & <u>Trust</u> level
• Achievement of Mental Health Investment Standard	ICB level only
• Agency spending	<u>Trust</u> level only

The NHS System Oversight Framework reinforces the key message that all organisations are required to achieve a breakeven income and expenditure position.

In the context of our current financial performance, the areas requiring additional focus are agency spending and achievement of efficiency plans.

In terms of agency spending, at this point we have not received confirmation of a definitive target. Recent communications from NHSE indicate that the new agency spending limit will be introduced from 1 September (at system level) and be based on 2021/22 actual costs less 10%, this would create a spending limit of c£8.3m compared to our forecast spend of £9.7m for 2022/23. We anticipate that future year agency spending limits will be reduced to pre pandemic levels as a minimum.

Cash and liquidity metrics no longer form part of the Finance and Use of Resources assessment, however our cash position remains strong with a cash balance of £118.7m, and liquidity is strong with cover for 132 days operating expenses.

5 National Allocations Baseline Reset Exercise for 2023/24

The objective of the baseline re-set exercise is to address issues in the attribution of funding between commissioners. Due to the introduction of the Covid emergency framework, namely the introduction of nationally calculated block contract values and the distribution of system top-up to a host commissioner, providers are in receipt of the totality of resources available, but the funding is not necessarily flowing from the appropriate responsible commissioner.

Top-up funding was allocated at provider level to ensure each provider achieved a breakeven position, rather than allocating top up support funding on a population basis. This is important because it means the current allocations to a systems (West Yorkshire ICB) are not comparable with the future approach of funding ICBs on a population need basis. NHSE require the reset to be completed to ensure that their calculations to transition ICBs from the current basis to the population need basis are applied consistently at a national level.

For the Trust this was an opportunity to correct a funding anomaly and ensure £1.854m is appropriately attributed to our contract with NHSE Specialised Commissioning and £1.854m is deducted from our West Yorkshire ICB contract in 2023/24.

6 Mental Health costing and use of clusters

In the 2022/23 National Tariff Payment System consultation notice it clarifies that under the aligned payment and incentive rules, the use of mental health clusters is not mandatory from 2022/23. However, at the current time, the NHSE costing team do not currently have an alternative for creating usable detail to prepare aggregate groupings for comparison, so trusts are still required to collect and use the cluster information for the National Cost Collection. Any failure to submit clustering information for the 2021/22 National Cost Collection could lead to future compliance and enforcement action.

At a national level, costing practitioners have requested that an alternative solution is put in place ahead of the 2022/23 collection, using data sets and patient classifications that are already mandated to support patient level costing.

7 Conclusion

The Trust is achieving both capital and revenue plans as at month 3.

We anticipate that system financial metrics, including the agency spending limits and increased scrutiny of efficiency plans, will be reintroduced during quarter 2. Our immediate focus is to address the unidentified recurrent efficiency requirement and implement actions to mitigate cost pressures including agency spending.

8 Recommendation

The Board of Directors is asked to:

- Note achievement of the revenue plan position as at month 3.
- Note the capital expenditure position of £834k.
- Consider the implications of the new NHS Oversight Framework.

Dawn Hanwell

Chief Financial Officer and Deputy Chief Executive

21 July 2022

**AGENDA
ITEM**

13

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Director of Nursing, Quality and Professions report
DATE OF MEETING:	28 July 2022
PRESENTED BY: (name and title)	Cathy Woffendin, Director of Nursing, Professions and Quality / Director for Infection Control and Prevention
PREPARED BY: (name and title)	Cathy Woffendin, Director of Nursing, Professions and Quality / Director for Infection Control and Prevention and members of the Nursing, Quality and professions Directorate

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

EXECUTIVE SUMMARY		
<p>The purpose of this report is to provide a quarterly update to Trust board members in relation to progress across the Director of Nursing, Professions and Quality and Director for Infection Prevention and Control portfolios and areas of responsibility.</p>		
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
Board members are asked to note the contents of this report and continue to be assured of the breath of work, progress and oversight across this Directorate and its portfolios.

Meeting of the Trust Board

28 July 2022

Director of Nursing, Quality and Professions Quarterly Report

The Nursing and Professions team took part in the Big Thank you Fortnight and made the most of the opportunity to host a picnic for colleagues at Temple Newsam Park on the 11th of July.

Colleagues from all services within the Directorate welcomed the opportunity to be together in the outside space on such a glorious day. It was a fantastic way to bring the teams together as a way of saying thank you and awarding colleagues with their covid star.

1. Clinical Governance Restructure – Update

The first Unified Clinical Governance Group meeting was held on Wed 6 July 2022, the meeting was well attended with good representation from all services, this was the first meeting where all services were able to hear and discuss the most pertinent challenges and issues from services that were previously in a separate Care Group. A video was shared at the start of the meeting to set the context and importance of including the service user and carer voice in clinical governance, which was a story about ‘**how it feels for me**’. The meeting was then divided into three main sections, with the following purpose:

- **Reporting/assurance:** escalated matters from Tier 3 for collective discussion, problem-solving and/or decision-making, for aspects relating to the Clinical Governance Framework.
- **Learning:** discuss and learn from clinical governance related matters, as an agreed topic identified either through Tier 3 reports or other routes, using an appropriate learning approach.
- **Improvement and implementation:** explore and formulate solutions for those challenging Trust-wide issues and/or learning that require a collective approach and will commission quality improvement projects to improve the quality of care for those who use our services.

Some of the key highlights from the meeting included the following:

- Workforce challenges affecting multiple services across the Trust and the work currently underway to mitigate these challenges.
- Reduced access to ECT in OPS. Although this has not had a significant impact on other services yet, it was useful for the group to be aware of the potential impact with discussions on how this may be resolved.

- Discussions around seclusion challenges and potential solutions, which allowed WAA inpatients to directly discuss these with Forensic services, as well as the wider group (this would not have been possible in the previous separate Care Group arrangements).

These discussions formed the update for TWCG, with some escalated matters further explored. As this was the first meeting, the group also voted on several topics for the next meeting's 'learning' section, which would then formulate into an improvement project. From the selection of topics presented, the group decided to explore learning from SI action themes, which could then be developed into Trust-wide clinical projects.

The Clinical Governance Team are currently developing an implementation plan to support the roll out of the Patient Safety Incident Response Framework, which is expected to be published in July22, with implementation by April 23.

The Head of Clinical Governance and Patient Safety is working with IT colleagues to start the move to Learning from Patient Safety Events incident reporting system that replaces the National Reporting and Learning System [NRLS] the central database of patient and safety incident reports and the Strategic Executive Information System [STEIS] which is used to report NHS serious incidents. Discussions have commenced with IT colleagues for the procurement and implementation of a new incident/risk management process.

2. CQC, PALS, Complaints, Claims and Inquest

CQC Engagement Meetings:

The Trust continues to hold monthly engagement meetings with the CQC to review any outstanding enquiries, including information in relation to serious incidents and complaints. Services are now invited to attend these meetings giving them an opportunity to share with the CQC some of the outstanding, innovative work that is happening within their services and update them on progress following the previous CQC inspection.

Quality and Safety Peer reviews:

In April 2022, the team re-commenced the quality and safety peer reviews which aim to give services an opportunity to demonstrate the quality of care being provided and focus on ways to develop services further. Through adopting a peer review approach, it enables staff from other teams to visit different services allowing for shared learning.

To date the team have carried out three peer reviews to the following services:

- Learning Disabilities – West and South Community Learning Disability Team
- Older People's Services – Ward 1 and Ward 4, The Mount
- Working Aged Adults CMHT – East and Northeast Team

During each peer review, the team have reviewed a sample of records, spoken to service users and carers, observed clinical areas, reviewed data about the service/ward, observed team meetings/huddles, followed up on CQC actions from previous inspections and carried out pharmacy checks. The team have also spoken to staff using a toolkit which is aligned to the CQC Key Line of Enquiries (KLOE's).

Following each peer review, a summary report is produced and shared with the senior leadership team and disseminated through the service's clinical governance structures. The report sets out areas of notable practice and includes any recommendations.

To date, the visits have been well received and the services have found them to be helpful in identifying areas for improvement.

CQC inspection of urgent and emergency care services in West Yorkshire:

Between 23 March 2022 and 06 May 2022, the CQC carried out inspections of urgent and emergency care services in West Yorkshire. They undertook a number of inspections of services to gain a better understanding of how the local system was able to respond to the challenges across urgent and emergency care and how services worked together to provide safe, effective care.

During the inspection, the CQC spoke with staff in services across primary care, integrated urgent care, community, acute, mental health, ambulance services and adult social care however, they did not directly speak to any staff from Leeds and York Partnership Foundation Trust. They inspected mental health services in Wakefield and found services were delivering person-centred care and responded to urgent needs in a timely way. They also found staff working in multi-disciplinary teams and collaborated with system partners.

The inspection identified that staff continued to work under sustained pressure across health and social care and system leaders were working together to support their workforce and to identify opportunities to improve. They noted system partners were working together to find new ways of working, linking with community services to meet the needs of their communities; however, people continued to experience delays in accessing care and treatment.

The inspection found services were under continued pressure leading to people experiencing difficulties accessing urgent and emergency care services in West Yorkshire. They recognised that system and service leaders across West Yorkshire were working together to seek opportunities for improvement by providing services and pathways to meet people's needs in the community; however, felt progress was needed to demonstrate significant improvement in people's experience of accessing urgent and emergency care.

Oliver McGowen Training:

The Health and Social Care Act 2022 has been updated and it is now a legal requirement for all health and social care providers registered with the CQC to ensure their staff receive training in how to interact appropriately with people who have a learning disability and individuals with autism, at a level appropriate to their role. During the CQC's assessment and inspection of providers they will be looking to see whether staff have received such training and if providers have assessed the competencies of their staff following training. The Trust rolled out this training last year and will continue to monitor compliance with the training through the quality and safety peer reviews and line managers will have a responsibility to ensure staff have received training at a level appropriate to their role.

CQC Strategy – Changes to Regulation:

In 2021, the CQC published its new strategy setting out changes to the way they regulate. They plan to regulate in a smarter way, adapting and responding to risk, uncertainty and demand. Over the last 12 months they have worked with stakeholders to develop a new regulatory model which will focus on a single assessment framework covering all sectors and service types and will be used from point of registration through to inspection.

Single Assessment Framework

As part of the new single assessment framework, the rating and five key questions previously known as domains (are services safe, effective, caring responsive and well-led) will remain however, under each key question will be a series of quality statements focusing on a specific topic. The quality statements will be pitched at 'good' and linked to the regulations to help the CQC make a judgement about the quality of care. The quality statements will set clear expectations of providers, based on people's experiences and the standard of care they expect. It is anticipated there will 34 quality statements which will replace the key lines of enquires (KLOEs), prompts and ratings characteristics.

As part of their assessment on the quality of care the CQC are developing a way to categorise and score evidence. They are introducing six new evidence categories which will set out what evidence is needed to be collected to support each quality statement. The evidence categories include people's experiences, feedback from staff and leaders, observations of care, feedback from partners, processes and outcomes of care and the collation of evidence will take place on an ongoing basis. Therefore, the CQC are moving away from separate "monitor", "inspect", "rate" and will use information from a range of sources to assess providers more frequently in a more flexible way without been driven by a previous rating.

Inspections

Inspections will remain a valuable tool and will continue to form part of the CQC regulatory approach however, the time on site will focus on observing care and talking to staff and people who use services. The on-site inspection will just form one part of how the CQC gather evidence.

Review of evidence and ratings

In line with the new strategy, the CQC will collect evidence on an ongoing basis and use this to update ratings at any time with an aim to give a more up to date assessment on the quality of care. They will score evidence and make judgements in a more structured and consistent way.

To update a provider's ratings the CQC will review and assess the evidence it has collated against each quality statement and allocate a score between one and four based on the strength of the evidence. At key question level, the CQC will take a combination of the scores from across the quality statements and calculate this as a percentage which will then be used to inform the rating.

EXAMPLE SCORING SYSTEM

The following table illustrates how the scoring system will be implemented for the safe key question:

Quality Statement	Score
<i>Learning culture</i>	<i>2</i>
<i>Safe systems, pathways and transitions</i>	<i>3</i>
<i>Safeguarding</i>	<i>2</i>
<i>Involving people to manage risks</i>	<i>2</i>
<i>Safe environments</i>	<i>3</i>
<i>Infection prevention control</i>	<i>3</i>
<i>Safe and effective staffing</i>	<i>2</i>
<i>Medicines optimisations</i>	<i>2</i>
Total score for the safe key questions	19
Maximum possible score for the safe key question (8x4)	32
Percentage score for safe (19/32)	59% = requires improvement

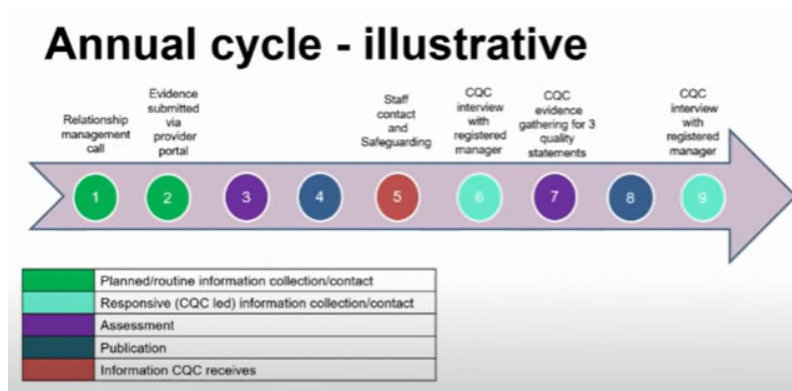
25-38%	<i>Inadequate</i>
39-62%	<i>Requires improvement</i>
62-87%	<i>Good</i>
>87%	<i>Outstanding</i>

Implementation of new regulatory model

The following diagram illustrates what a year of assessment might look like in relation to the new regulatory model. At the start of the year the CQC will plan to have a telephone call with the provider and a request will be made for evidence to be submitted. The CQC will then assess this evidence against the evidence categories for quality statements and apply the scoring system, this will enable to CQC to make a judgement on if the ratings have changed. If there is no change to the ratings, a short statement will be published stating that the CQC have reviewed the evidence and the providers rating has not changed.

If the CQC receive any concerns or then this may trigger the cycle to collate further information and/or make, contact with the provider (stage 6). Further evidence would be collected, this may

include interviews with staff or request for further information. This evidence will then be reviewed and assessed against the quality statement and where there is evidence to suggest a deterioration in the quality of care, the rating for the service may subsequently be changed.



Timescales for implementation

From August 2022, the CQC will begin to roll out elements of the new approach in a phased way and have identified some home care providers and hospices to be ‘early adopters’ allowing for testing and piloting of the new approach.

From September 2022 they will expand the early adopter’s group to include a small number of GP practices, independent providers and care homes.

From January 2023, the CQC will start the full-roll out of their new way of regulating which will mean all providers will start to be regulated against the new single assessment framework, have relationships with the CQC team in their area and be using the new provider portal.

The Head of Clinical Governance and Regulation will continue to liaise with the CQC relationship owner to get an update on the implementation of the new regulatory model.

Mental Health Units (Use of Force) Act 2018:

The review of the policy on the use of force is underway supported by a service user and carer task and finish group who will prioritise the development of a service user and carer information leaflet on the use of force. The update is due to go to the policy and procedure group in September 2022.

Reducing the use of restrictive practice:

We are now a member of the Restraint Reduction Network following Board approval. A service user and carer working/reference group has been set up to support the leadership and influence of the reducing restrictive practice portfolio as set out in the priorities of the overarching Positive and Safe action plan. The group has held its first two meetings where they were able to review the new Standard Operating Procedure on blanket restrictions.

The PMVA team continue to work through the restraint reduction network accreditation programme and have recently launched the revised training programme, which has a greater emphasis on conflict and containment behaviour reduction.

Members of the PaS group have secured funding to develop a programme of training in collaboration with the British Institute of Human Rights (BIHR.) With the support of the training and full involvement and engagement from both service users and staff members, LYPFT is taking clear steps to become a Human Rights focused organisation. The programme will start, initially, with a presentation to the Board of Directors on the 13th of October 2022.

3. Patient Experience Team

The Involvement, Carer and Experience strategic sub-groups have all now been stood back up and will continue to run bimonthly. The groups report to the Patient Experience, Involvement and Carer Strategic Steering Group (PEISSG). The groups are grateful for the support of Mark Clayton (service user and carer) whom has been the Co-Chair of the PEISSG alongside the Director of Nursing, Professions and Quality for the past couple of years. He has now stepped down to enable another service user and/or carer to take up the opportunity of co-chairing this group and we thank him for his time with us. This key role is being promoted both internally and externally through service user and carer networks.

Triangle of Care:

LYPFT applied for 2-star Triangle of care accreditation in May 2022. The Director of Nursing, Quality and professions, PET team, staff members and carers worked together to present highlighted achievements to a group of peer reviewers from the Carers Trust. We are delighted to advise board members that on the 19th of July we were awarded a 2-star Triangle of Care accreditation for the work we have achieved in working alongside our carers to improve their experiences this is an excellent achievement which demonstrates our commitment during the last two years of the Covid pandemic to ensuring our carers were at the forefront of this important area of work.

Have Your Say:

The numbers of responses to the Have Your Say measure (which includes the family and friends' question) continues to increase on a monthly basis. Work is being progressed to support teams to share what they have introduced, changed, or implemented as a result of receiving service user and carer feedback.

Service User Network (SUN):

The SUN continues to run virtually, with members setting their own agenda. Tessa Francis was voted in as the new chair in January 2022 and will co-chair the SUN meetings alongside Paul Fraser, who has been a member of the group for many years. The group have recently reviewed

key SUN documents, including terms of reference and ground rules to ensure they are written in plain English.

4. Nursing Professional Leads

Nursing Professional leads presented the 6-month safer staffing report to the Quality Committee. There was recognition that Band 5 nurse vacancies are the most challenging to recruit to and of the important role our Nursing, AHP and Psychological therapy strategies hold in supporting effective recruitment and retention. In addition, Professional leads are supporting workforce planning across clinical services and the development of new roles. This includes a focus on non-registered staff and the promotion of the HSW role and developing core competencies, in addition to the professional development opportunities of MPAC [Multi professional Approved Clinician]

5. Infection Prevention and Control

During Quarter 1 cases of COVID-19 in staff and service users declined rapidly with fewer outbreaks, following the peak over the winter months due to Omicron variants BA1 and BA2.

April	May	June
Mount ward 1	Newsam ward 1	Mount ward 2
Newsam ward 5	Becklin ward 1	

This reduction has allowed visiting to resume in line with national guidance and also a return to many of the therapeutic activities for service users that had been stopped since 2020.

The IPC team has adopted the majority of Trust IPC guidance to 'living with covid' principles set out by NHS England following local risk assessment; however, a decision was made that masks should continue to be worn by those working face to face with service users.

In May the IPC team presented its annual report to Quality Committee, and this included the annual workplan. The team has now resumed all regular workstreams following a period of hibernation for some of the less essential functions during the first two years of the pandemic.

Vaccinations:

The covid-19 vaccination programme continues to operate, and over the reporting period has been focusing on delivering the spring booster to those inpatients who meet the strict eligibility criteria. This is in addition to the 'evergreen' offer of a primary vaccination course for those not yet vaccinated. The team has moved from a hub to a mobile model and provides vaccination across the community setting, supporting those with a learning disability to access the vaccine.

The covid-19 booster campaign will begin in September and the vaccination team are working closely with the IPC team to enable delivery of both covid and flu vaccines together for staff where this is the preferred option, although the option to have the vaccines at different times will also be available. The vaccination clinics for each vaccine will coordinate across multiple sites to offer as much flexibility as possible. The teams have also been working with partner organisations to ensure we are working in a coordinated way and can support access to both vaccines in the most efficient way possible.

Under current plans the vaccines will be offered to the following groups in the JVC categories 1-6 which covers all in patients and staff. There is an established process for identifying and contacting those service users we have a responsibility to vaccinate for covid-19 and this will be replicated for the autumn campaign.

COVID-19 Autumn booster and flu vaccine programme expansion:

COVID-19 Vaccine Autumn Booster Final JCVI advice today confirms that the COVID-19 Autumn booster should be offered to the following groups:

- Residents in a care home for older adults and staff working in care homes for older adults.
- Frontline health and social care workers.
- All adults aged 50 years and over.
- Persons aged 5 to 49 years in a clinical risk group, as set out in the Green Book.
- Persons aged 5 to 49 years who are household contacts of people with immunosuppression.
- Persons aged 16 to 49 years who are carers, as set out in the Green Book.

Expansion to the flu vaccine programme:

The government has also announced that, in addition to flu vaccine cohorts previously set out in the annual flu letter 2022/23, the following cohorts will now be offered the free NHS flu vaccine to help protect more people and reduce admissions to hospital this winter. To ensure those most at risk from COVID-19 and flu are protected first, the timing for offering the flu vaccine to these additional groups will be announced in due course but is likely to be later in the flu season.

The additional groups announced today by Government are:

- Secondary school children in years 7, 8 and 9 who will be offered the vaccine in order of school year (starting with the youngest first). This group are likely to be offered vaccination later in the year once children aged 2 and 3 and primary school age children have been vaccinated.
- 50- to 64-year-olds that are not in a clinically at-risk group, who are likely to be offered vaccination later in the year once people that are more vulnerable to COVID-

19 and flu, including those in clinically at-risk groups have been offered their vaccine.
3 The NHS will announce when people aged 50 to 64 years not in a clinical at risk will be able to book an appointment or request their free NHS flu vaccine.

Monkeypox:

Monkeypox is a viral zoonotic disease. Prior to May 2022, cases were primarily identified in Central and West Africa, and cases identified in other countries were usually related to travel. Since this time, infection has been reported in countries without endemic monkeypox virus in animal or human populations and reported cases do not have established travel links to an endemic area. Monkeypox does not spread easily between people but may occur through:

- Contact with clothing or linens (such as bedding or towels) used by an infected person.
- Direct contact with monkeypox skin lesions or scabs.
- Close exposure to the coughs or sneezes of an individual with a monkeypox rash.

There are now many cases in the UK, and community transmission is occurring. As of 15 July 2022 the UK Health Security Agency (UKHSA) reported 1,778 cases. The Yorkshire and Humber region has a relatively low number of infections (25 vs 1,313 in London).

Monkeypox in the UK was initially classed as a high consequence infectious disease, due to limited information about the course and outcome of the infection. This is now no longer the case as most illness appears to be generally mild, and pre and post exposure prophylaxis is now available in the form of a vaccine.

Enhanced PPE is required when caring for individuals with suspected or confirmed monkeypox virus and due to the current pandemic, the Trust has adequate supplies, and staff trained to use this should it be needed. Staff have received a briefing highlighting the epidemiology and symptoms of monkeypox, and how to deliver care safely in the immediate period, until specialist care is arranged as needed. To date, no inpatients have presented with symptoms of monkeypox, or been identified as a contact at risk. Staff are advised to contact infection prevention and control in the first instance should this occur, who would in turn notify the local Health Protection Team at UKHSA.

6. Safeguarding

Self-Neglect:

Self-neglect remains a focus across LYPFT and citywide, several initiatives have been developed within the safeguarding team to ensure staff are aware of their responsibilities when presented with self-neglect concerns.

As a result of a Serious Adult Review [SAR] a bespoke self-neglect training package has been developed and delivered to the Older People's Service (OPS), with requests for further sessions to be provided, in June and July 2022. A learning and resources pack has been sent out to all staff in the OPS, which includes the Leeds Safeguarding Adults Board Self-Neglect Policy, further guidance on self-neglect and a self-neglect safeguarding practice guidance flowchart. Also included is the LYPFT DNA policy and Promoting Engagement policy as aides to assist with improving staff's safeguarding practice knowledge on self-neglect. Self-neglect will continue to be included in the safeguarding training.

Making Safeguarding Personal:

Our safeguarding team always strives to ensure safeguarding is person focused and an inclusive process from start to finish.

As part of our daily advice and guidance to practitioners in the trust we aim to capture MSP where possible. Using the datix system to capture referrals, advice, and outcomes will also capture MSP; in relation to;

- Does the service user wish for safeguarding enquiries to be made?
- 'Was there a desired outcomes discussion'?

To establish how effective this has been there is a scheduled audit to review how many practitioners are having these conversations and with the results to look at how effective we have been at capturing MSP and if necessary, consider how we make improvements in this area.

Safeguarding Allegations Against Colleagues:

The Safeguarding team and Human Resources team continue to work collaboratively in cases where there has been a safeguarding allegation made against a colleague, this work and the updated safeguarding allegation against colleague policy identified the need for a training package to be developed and delivered Trust wide, this training has now been completed and will be co-delivered by the Human resources team and the safeguarding team.

Link Practitioners:

LYPFT Safeguarding Team is committed to raising awareness and promoting the responsibility of all staff to help protect and safeguard children and adults from abuse, neglect, and harm, for this purpose, a link practitioner's forum has been established. The aim of this will further embed the 'Think Family' agenda into practice, providing a more robust and consistent approach to safeguarding activity. The link practitioner forums will be open to partner agencies which promote greater partnership working and understanding about differing roles and responsibilities. Evidence of staff utilising the "Think Family" approach is regularly identified for example, when accessing safeguarding support via the duty safeguarding practitioner and reviews.

7. AHP and Social work update

The five-year national AHP strategy – ‘AHP’s deliver’ was launched in June 22. It was developed primarily from citizens’ voices. It aims to build upon the foundations laid in the previous strategy of leadership, innovation and services at the right time and place. The five areas of focus for AHP’s deliver are people first, optimising care, social justice, environmental sustainability and strengthening and promoting the AHP community. Work will start in autumn to refresh the Trusts’ AHP strategy and will include how we develop a strategy for social work colleagues.

The AHP faculty continues to drive key developments to address AHP workforce shortages by co-ordinating activity in the ICB, at place and in organisations. As an organisation we have now actively commenced return to practice placements and are working with partners to develop international recruitment of Occupational Therapists and apprenticeships for AHP’s.

It has been agreed that the learning disability speech and language therapy service will TUPE over from Leeds Community healthcare trust to LYPFT as of the 1st of September. All parties agree that this is a positive step for both the staff and service users. The service currently has a waiting list and is unable to meet targets for anyone other than those requiring urgent input. This will require investment to increase resources and plans are in place to address this shortfall over the coming months.

Nursing/HCSW:

There are ongoing efforts to recruit international nurses. One nurse has now started in services after successfully completing their OSCE. We have now offered an additional 9 nurses’ positions and are in the process of supporting them to enter the country. Should these candidates all be successful then this will achieve our target of 10 international nurses. Due to the high standard of these applicants we will be carrying out further recruitment with the aim to engage a further 5 nurses by the end of the financial year.

There continues to be significant vacancies for health care support workers in specialist supported living services. We actively participated in a large recruitment campaign across the city all three NHS trusts and the local authority joined together with NHS England, in an attempt to address vacancies that all partners are experiencing. There was significant footfall to this event with interviews being offered throughout the 2-day event. Unfortunately, there were very few offers of employment as most candidates either did not have the necessary skills or immigration status for the positions available and only 4 candidates have so far been offered a position. We are working with healthcare partners to consider refining the process for future events.

Cathy Woffendin,
Director of Nursing, Quality and Professions/
Director for Infection Prevention and Control
19 July 2022

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

MEETING OF THE BOARD OF DIRECTORS

**AGENDA
ITEM
14**

PAPER TITLE:	LYPFT 6 Month Safer Staffing Review report
DATE OF MEETING:	28 July 2022
PRESENTED BY: (name and title)	Cathy Woffendin, Executive Director of Nursing, Professions and Quality/ Director of Infection Prevention and Control
PREPARED BY: (name and title)	Linda Rose- Head of Nursing and Patient Experience Alison Quarry- Professional Lead for Nursing

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 checked="" type="checkbox"/>
SO2	We provide a rewarding and supportive place to work.	<input type="checkbox"/>
SO3	We use our resources to deliver effective and sustainable services.	<input type="checkbox"/>

EXECUTIVE SUMMARY

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

The paper contains a high-level overview of data and analysis to provide the Board of Directors and the public with information on the position of Leeds and York Partnership Trust wards staffing against safer staffing levels for the 6-month period from the **1st November 2021 to the 30th April 2022**.

In line with our agreed governance arrangements the paper was presented to Quality Committee colleagues on 11 July where it received positive feedback around the level of oversight and areas of risks and mitigations.

(The Appendix also includes the May 2022 Unify report for information. There were 0 breeches 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

RECOMMENDATION

The Board is asked to:

- Note the content of the 6 monthly report and the progress in relation to key work streams.
- Be assured that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.
- To consider a further focus and in-depth analysis to be placed on an identified service area to establish the impact of staffing and resourcing pressures.



Leeds and York Partnership

NHS Foundation Trust

Meeting of the Board of Directors

28 July 2022

LYPFT 6 Month Safe Staffing Review Paper

1.0 Introduction

This report informs the Board on the steps taken to meet the expectations detailed in the guidance produced by the Chief Nursing Officer of England and the National Quality Board, 'How to Ensure the Right People with the Right Skills are in the Right Place at the Right Time: A Guide to Nursing, Midwifery and Care Staffing Capacity and Capability (2013). In October 2018, the NQB further issued the Developing Workforce Safeguards "supporting providers to deliver high quality care through safe and effective staffing" in line with the national expectations of NHS providers to providing safe staffing levels in all care settings.

Since March 2020, in response to the Covid-19 pandemic, services have been required to work in significantly different ways; adapting as required to ensure that safe systems are in place whilst in incident response mode. This has required every function across the organisation to work closely together to help mitigate against any challenges in staffing which in addition to the pandemic has included a combination of increased vacancies, reduced staff morale, maternity leave and sick leave.

Covid positive infections in the community and hospital inpatients have seen a sustained decline more recently and in May 2022 NHS England published changes to the national Covid-19 incident response. This has now been reclassified from a nationally

managed level 4 response to a regionally managed level 3 response and whilst remaining vigilant and responsive we are now looking across our services to determine how we can deliver care in a more effective multi professional way.

Recruitment is a challenge; and we know that recruiting to our vacant posts is a priority as we continue to work with services to explore how through working differently across the multi professional spectrum, this can be achieved. Through our Nursing, AHP and Psychological therapy strategies for recruitment and retention, we are progressing workstreams that clarify appropriate career pathways for staff, making LYPFT an employer of choice. The strategies will support teams to identify the skills, competencies and interventions required in specific areas for the individual patient. Ensuring that the right care and treatment is delivered at the right time will enable the best outcomes. This paper focuses on our approach to ensuring that during the period of the 1st November 2021 to the 30th April 2022, mitigation was in place to ensure that levels of staffing reflected the dependency needs of inpatients across 26 wards in a safe and supportive way; and the further steps being taken to ensure the right staff with the right skills can be recruited.

2.0 National reporting and the Governance of safe staffing

The unify report detailing staffing compliance numbers is submitted to NHS England monthly (Appendix A) The data used to complete the staffing fill rate data for the monthly Safe Staffing Report is extracted directly from E-roster (and UNIFY reporting tool) and validated with Ward managers and Matrons prior to the publication of the reports. The information contained in the monthly Safer Staffing Board Report is discussed and created with clinical, operational, and managerial colleagues at the Safer staffing meeting as a standard agenda item. In addition, the six-monthly reports are tabled routinely to go to the Quality Committee for a more in-depth discussion before being presented to Trust Board.

Triangulation of the data and professional discussion is a crucial part of the decision-making process that takes place to determine the staffing numbers required to meet patient needs. Real time staffing levels are a dynamic and a changing picture and therefore undergo daily review. Good governance of safer staffing in LYPFT is supported through the interactions of the work of the Operational & Clinical daily staffing call, the Deployment and staffing group and The Safer staffing steering group. Each workstream identifies clear responsibilities, roles and systems capable of creating an 'early warning' system, as well as providing trend information over time supported by leadership teams and frontline staff.

However, staffing pressures are not exclusive to inpatient care. Care delivered in this environment is part of a wider system of interdependent care which includes community mental health services. Throughout the pandemic our Community Mental Health teams have seen similar pressures and staffing across both service areas continues to be one of the areas of highest risks recorded on service line and corporate risk registers. Further work which was planned to be undertaken with the service leads to understand staffing requirements and complexity of need has had to be deferred due to the current pressures the service is under. This work will however be an area of focus in the next 6 monthly staffing report in January 2023

3.0 Acuity modelling and multiplier software update

The Learning Disability and Mental Health Optimal Staffing Tool (MHOST), formally referred to as the Keith Hurst Tool, uses an evidence-based set of care level indicators to assess patient acuity and dependency on a scale of 1-5 that measure the dependency/acuity of patients in different settings (Examples at Appendix B).

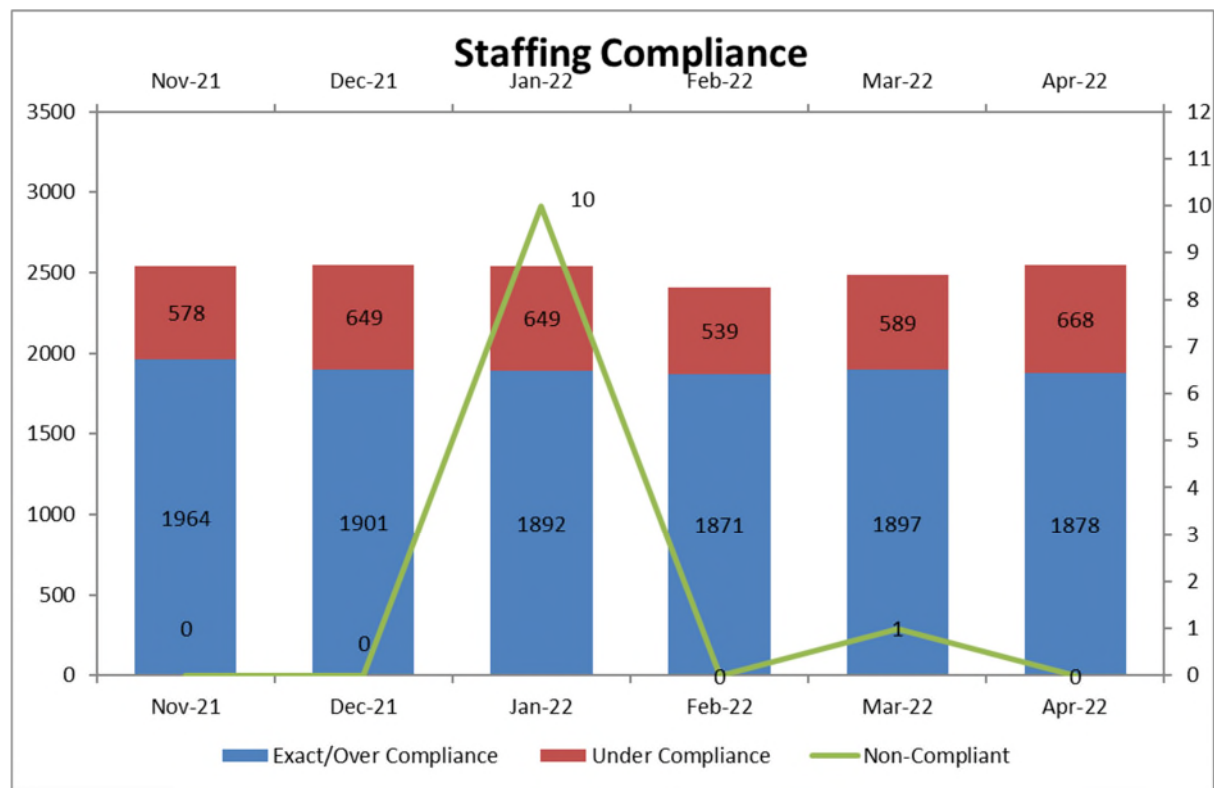
In 2019 LYPFT was funding a £2,000,000 cost pressure against the baseline staffing budget received from commissioners in order to provide quality care. Ward leads at LYPFT used the MHOST to record patient acuity and dependency over an 8-month period. This data was then presented as a business case to the Leeds Clinical Commissioning Group as the first step in assisting us in our discussions in relation to our current baseline budget costs versus our required costs based on acuity and demand.

Where the tool had been applied in the adult acute wards it appeared to give us the results we would have predicted. It demonstrated high levels of acuity that required responsiveness by increasing staffing numbers; identifying that staff were working with challenging and complex presentations. The data from the Older Peoples service [OPS] services required further challenge as there were activity levels specifically around physical interventions that use of the tool was unable to address. This was particularly around night duties as the tool does not recognise one of the common symptoms of dementia being day night reversal, where the levels of care can be similar and at times greater than during the day.

Use of the MHOST tool remains dependent on manual data collection and clinical pressures have not allowed many services to collate sufficient data for use in this report. This has been exacerbated through changes in Leadership Teams during this time and therefore work will now commence through the Safer Staffing Steering Group to reintroduce and place emphasis on the use the MHost tool in inpatient services to provide an evidence base for safe staffing decisions.

However, as we step out of the aftermath of a 2-year Covid pandemic and the resetting of our priorities, MHOST data collection is soon to become an automated process facilitated through the implementation of Allocate Software's Safecare system and the integration of this platform with our electronic patient system, Care Director. The Safecare system is a platform on which wards will capture daily acuity/activity data relating to patients. This platform can be configured to process the acuity data using one of the many mental health multiplier toolkits and allow real time interventions and resource coordinating through the senior management teams. As part of the implementation schedule, the Trust will be reviewing the available opportunity to integrate the systems to allow patient and staffing data to be reported through a single data warehouse.

4.0 Review of staffing activity from 1st November 2021 to 30th April 2022



The Staffing Compliance Chart above, shows the number of shifts that had the right number of staff (which is different from the number of shifts worked by headcount)

↓ During this period, **15075 shifts** were required to ensure safer staffing in inpatient areas. This is approximately a **7.4%** decrease from the total number of shifts required in the six months preceding (1st May 2021 to 31st October 2021 data).

(N.B The data is affected by a number of complexities such as the deployment and or redeployment of staffing from other areas during incident response and potentially human recording errors. N.B shifts are not the same as headcount i.e., number of staff on duty).

↓ **75.6% (11403)** of the required shifts met / exceeded planned staffing numbers. The previous reporting period had a compliance rate of 82.8 %.

↑ **24.3% (3672)** of the required shifts did not meet planned staffing numbers. The previous reporting period had a compliance rate of 17.1%.

↑ **0.07% (11)** shifts breached safer staffing numbers. The previous reporting period had a compliance rate of 0.006%.

The above data highlights that during this period services were less likely to be able to meet or exceed planned staffing numbers and for the first time since organisations have been required to meet the expectations detailed in the guidance produced by the CNO of England and the National Quality Board, January 2022 saw a significant number of breaches (no Registered Nurse on duty) during this period.

Data was further analysed to identify any shifts that did not have a RN on duty who could take charge with the rationale applied that RNs with 6 months experience or more can take charge. 0 shifts identified where this had occurred.

5.0 Review of staffing breaches

The breaches during this period reflect the number of shifts where no Registered Nurses were on duty. There were an unprecedented 11 breaches; 10 of which occurred in January 2022 which were reflective of the effects of the Omicron variant and the peak in staff sickness regionally and nationally with a further breach in March 2022

Asket Croft and Asket House make up the rehabilitation and recovery community inpatient service. The two units on a single site is a mixed sex service comprising 22 male beds and 14 female beds.

The Croft provides support to patients in the early stages of their recovery and The House supports patients further along in their recovery journey who have a lower level of need.

There were a total of 8 breaches in this service during January 2022 and March 2022. During January, Asket Croft had 4 Night shifts with no RN cover and Asket House had 3 Night shifts with no RN cover. In practice this meant that 1 RN was providing cover across x2 units. The omicron variant was at it worse during this period and very challenging decisions had to be made. The Asket services were risk assessed in the context of their inpatient client group at the time with operational leadership and it was agreed that the risk in other areas (particularly at the Mount OPS) held a greater need and as a result the RN on duty was deployed to cover other clinical services where no RN was on available. During March in response to staffing challenges across the system, the RN from Asket House was deployed to cover a staffing gap on Ward 4 The Mount and a HSW from Ward 4 Newsam was deployed to provide support to Asket House. When the breaches occur, the Medicine keys are held for both wards by the RN on duty. The Askets are regularly asked to provide cover to other units, and this has been raised for further discussion as providing cover to other units raises additional challenges for Asket House and Croft in trying to cover two units with x1 RN.

Ward 1 The Mount has 17 beds and treats male patients with a diagnosis of dementia. It had x2 breaches in January 2022. In the first incident, the ward was initially rostered x2RN's, but this was reduced to x1RN as the second Registered Nurse was re deployed to Ward 4 Mount who had no RN cover. The remaining RN on ward 1 was then taken ill after a few hours on duty and was unable to remain on the unit. The on call CTM was contacted but unable to identify another RN. Ward 1 had a Band 4 Registered Nursing Associate on duty who was not able to take charge but could complete the medicines round and support co-ordination of the shift.

The second breach occurred when Ward 1M was unable to fill a shift which had been put out to agencies. AECU (the covid cohort area) was also open at this time and no other available options across the trust could be sourced. This was a challenging time as during this period there were x3 wards at the Mount that had no RN cover on this night shift (1st January 2022) and a risk assessed decision was made that the other two wards had greater need. This was based on Ward 1 having lower numbers of patients, with a lower level of need at the time. This was in addition to having more regular and substantive HSW's on duty than the other wards at the time. A RN stayed to complete the medication round and the RN on Ward 2M supported ward 1M during the night. This was escalated to the on call CTM and CSM at the time. Other contributory factors were that Ward 1M had x7 HSW isolating due to Covid 19 and a further 2 RN's isolating for between five and ten days. Ward 1 also has RN unavailability of 33.3% due to vacancies and maternity leave which does not include those unavailable due to sickness, annual leave or training.

Riverfields is a low secure male continuing care and rehabilitation ward within the forensic service. It has 14 beds and is based at Clifton House in York. This breach occurred due to last-minute sickness absence. The day nurse stayed on duty longer than their planned hours to ensure all evening medication was administered. The ward was then covered by 2 HSWs who could contact the RN on Westerdale or Bluebell if required. Although this was escalated, there was no Forensic Nurse Co-ordinator (FNC) in the building and no RNs anywhere else in the service available to provide cover.

6.0 Vacancy management

The breeches above identify where we were unable to provide registered nurse cover through unavailability. Vacancy management identifies how the organisation effectively manages its vacancies and workforce size.

The below table breaks down the funding allocated to Band 3, Band 5 and Band 6 posts by headcount. It also identifies how many staff were in post and the vacancy factor by month.

				21-22 AP08	21-22 AP09	21-22 AP10	21-22 AP11	21-22 AP12	22-23 AP01
Code	Area	Post	Period	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
5269	Inpatients	Band 5 Nurse	Funded	228.64	228.64	248.85	248.85	248.85	262.45
			In Post	159.60	158.64	155.44	153.94	151.18	149.01
			Vacancy	-69.04	-70.00	-93.41	-94.91	-97.67	-113.44
			Percentage	30.20%	30.62%	37.54%	38.14%	39.25%	43.22%
			Period	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
5268	Inpatients	Band 6 Nurse	Funded	110.11	110.11	116.00	116.00	116.00	113.62
			In Post	106.22	107.57	109.38	105.95	105.95	99.22
			Vacancy	-3.89	-2.54	-6.62	-10.05	-10.05	-14.40
			Percentage	3.53%	2.31%	5.71%	8.66%	8.66%	12.67%
			Period	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
5672	Inpatients	Healthcare Asst Band 3	Funded	318.72	318.72	342.95	342.95	342.95	348.30
			In Post	312.02	323.82	325.92	321.52	322.88	320.24
			Vacancy	-6.70	5.10	-17.03	-21.43	-20.07	-28.06
			Percentage	2.10%	-1.60%	4.97%	6.25%	5.85%	8.06%

January 2022 saw an increase in funding for Band 3 Health support workers and Bands 5 and 6 Registered Nurses.

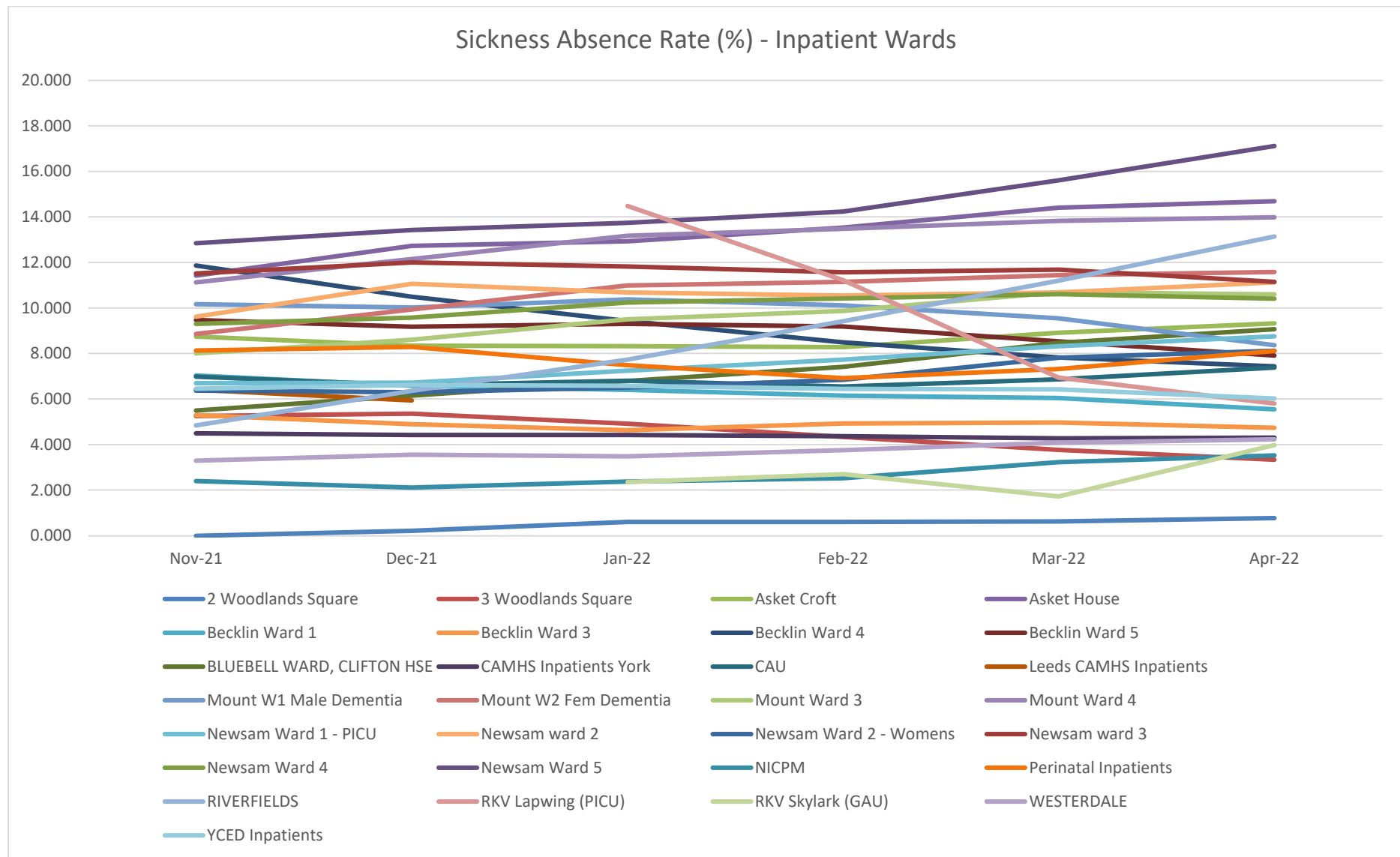
There is an anomaly in the data for HSW's in December 2021. HSW's were over established due to Red Kite View staff starting just before it opened but the increase in vacancy also reflects some of the time it takes to comply with the mandatory requirements of recruitment before a start date is in place.

Band 5 and Band 3 HSW vacancies remained at a high ranging from 28% to 43% during this period though vacancy management identifies the availability of funding for those posts and funding for staffing had increased. This correlates as a contributory factor where nearly a quarter of shifts were not able to meet planned numbers

As the most challenging role to recruit to, Band 5 vacancies is highly dependent upon new registrants graduating from Universities in September and October each year. Additional Band 5 vacancies are also created as a result of the current Band 5 Nursing Workforce moving into Band 6 opportunities within the Trust. There are, however, a number of Band 5 staff that move to other organisations to gain promotion where internal applications fail.

Where these gaps exist, nursing profession specific care hours available to patients on a shift-by-shift basis are reduced and the Band 6 vacancy factor as a senior clinical post, challenges professional oversight, leadership and confidence of teams.

7.0 Sickness absence unavailability by team



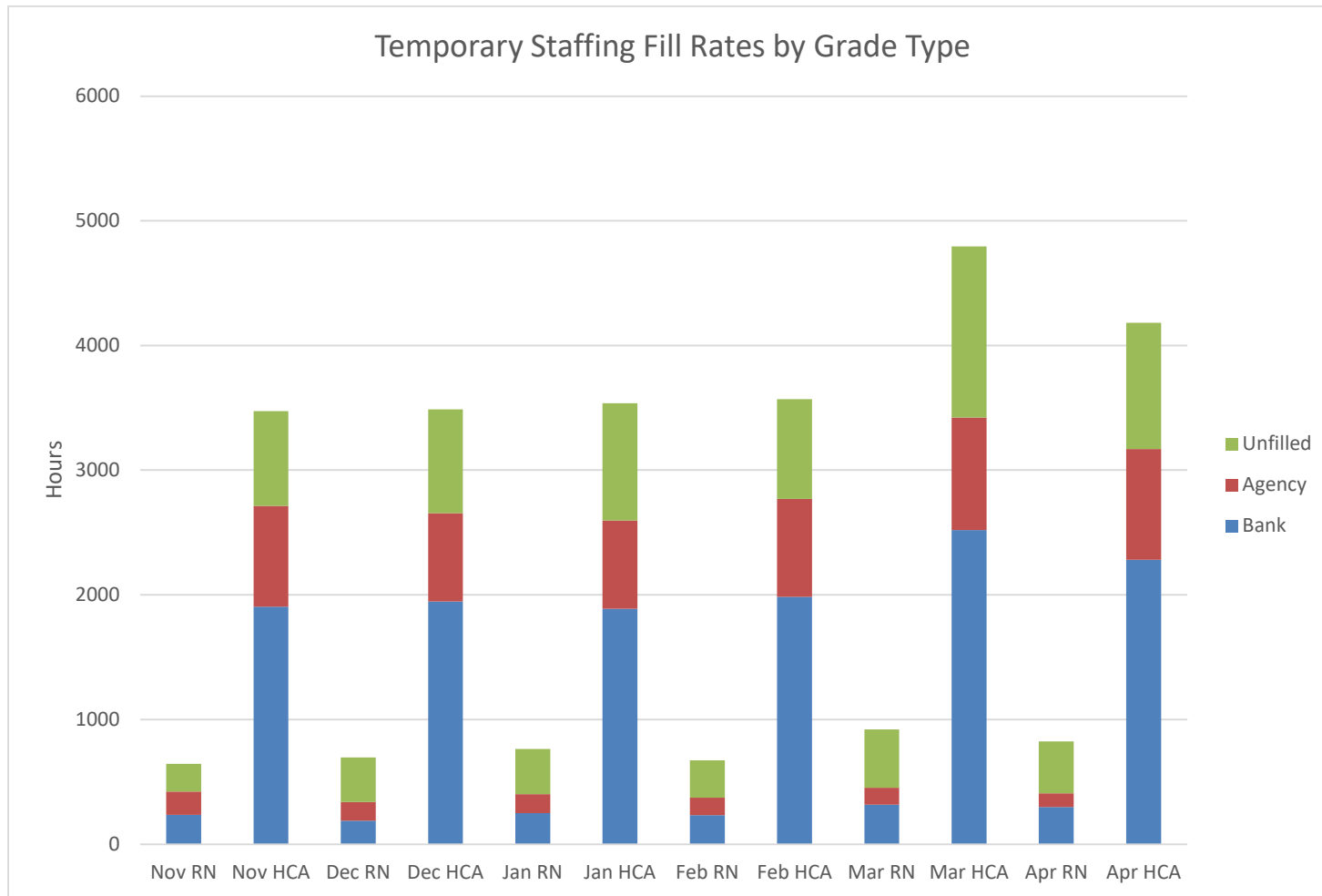
Sickness absence like vacancies is another type of unavailability. During this period sickness absence across all inpatient services ranged from 7.48% to a peak of 8.23% in April 2022.

The trust target for sickness absence is 4.9% and therefore the above graph demonstrates that a significant proportion of inpatient services have exceeded this target. Absences where an individual has tested positive for Covid-19 are included in sickness absence and therefore would account for high levels of sickness above trust target. It can also be suggested that the sustained pressures on colleagues impacting on wellbeing are likely to have contributed to higher than usual sickness absence rates.

Ward 5 Newsam Centre, Asket House and The Mount ward 4 have consistently had the highest amount of sickness absence during this period but across all service areas, the combination of vacancies and sickness absence conflicts staffing capacity. Sickness absence reasons for these clinical areas are referred to in the service update.

8.0 Bank and agency staffing

Bank and agency staffing make a significant contribution to care delivery where there are staffing gaps. As described earlier, the majority of unavailability is attributable to vacancies and sickness absence.



The temporary staffing report above, counts the actual number of shifts worked by headcount, which is different from the staffing compliance chart which shows the number of shifts that had the right number of staff.

The above chart tells us that during this period 4,521 shifts (by headcount) were sent out to be filled by Bank and agency Registered nurses.

- Bank Registered Nurses filled 1521 (33.6%) of those duties.
- Agency Registered Nurses filled 875 (19.3%) of those duties.
- We were unable to fill 2125 (47%) of Registered nurse duties.

This correlates with the data at the end of this 6-month period we were required to fill Band 5 Registered nurse gaps of 43.22% across inpatient services.

23,042 Health support worker additional shifts were sent out to bank and agency to support inpatient services.

- 54.3% were filled by HSW Bank staff.
- 20.84% were filled by HSW agency staff.
- 24.8% of HSW shifts were not able to be filled.

Good workforce planning includes access to a temporary workforce to manage vacancies and other unavailability and to have nursing staff available to be responsive to service user's needs. This enables flex in staffing capacity as demand fluctuates. The high number of vacant shifts which have been reliant on bank and agency to fill has exceeded this resource as demonstrated above. This has been significantly impacted by the high number of RN vacancies which additional HSW shifts have been created to backfill when no RN has been available. When the proportion of temporary staff becomes too great, this impacts the quality of care provided as temporary staff are less likely to know the service and service users well, and therefore less able to effectively meet the needs of service users. However, a number of these shifts have been carried out by substantive staff working additional duties or bank staff who work regularly in a preferred clinical area and therefore are familiar with both the patient group and service and in turn offer continuity of care.

9.0 General recruitment

The below table reflects an increase in recruitment activity. The recruitment episodes during this period saw a 24.9% increase based on the same period from 2020/2021. Despite this significant increase in recruitment volumes, the Recruitment Team have worked closely with clinical operations and Recruiting Managers to ensure that there has been no adverse impact on the time to hire. Service level agreements (SLA's) are being maintained with time to hire (conditional to unconditional) currently at 25.1 days which sits below the agreed SLA of 27 days.

Nursing, AHP and HSW Recruitment Data

Role	Advertised	Resulting Recruitment Episodes and Staff Moving into New Post
Band 5 Staff Nurse (Non Preceptee)	112	79
Band 5 Staff Nurse (Preceptee 2020/2021 cohorts)	n/a**	94
Band 6 Charge Nurse	95	92
Band 5 Practitioners/AHP Roles*	51	16
Band 6 Practitioners/AHP Roles*	125	75
Health Support Workers	102	165
Total:	485	501

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

**Preceptee roles are not advertised during this period due to the automatic conditional offer process for local 3rd Year Students and the need to complete this process before determining vacant preceptee posts

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

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

There have been several new starters to the recruitment team which has seen an increase in both headcount and resource available.

Two brand new positions in the team allow one role to focus on resourcing and proactive recruitment methods: with the other role looking after medical recruitment and projects e.g., the recruitment of Preceptees. This allows the team to dedicate more resource to these activities to ensure a better candidate experience which will hopefully translate into an increase in retention long term.

Recruitment incentive methods across hard to fill roles in the trust continue and are identified consistently as non-preceptee Band 5 Nursing roles. These posts have the “golden hello” applied as an incentive in CAMHS, OPS and Forensic Services. The recruitment team are working closely with colleagues in the communications department to provide boosted social media adverts. Bespoke recruitment drives for health support workers are in place and work is progressing with the supported living service to help reduce the volume of vacancies.

10.0 Our workforce

Nationally, the number of mental health and learning disability nurses has decreased over a sustained period. Though we can predict a slight increase in new Nurses that have undertaken training locally over the last couple of years, the need is not yet being met which is reflective of the national picture. A focus on retention and creating professional clear pathways as defined in the

Nursing, AHP and Psychology strategies, is crucial to our aspirations to growing our own workforce. We have created several opportunities to support staff development and job satisfaction.

10.1 Apprenticeships

LYPFT currently support 44 learners through an apprenticeship route. Several roles are currently supported in LYPFT of which the organisation receives a funding levy to support the training requirements of this group. Apprentice Health Support Workers applicants who may not ordinarily be successfully appointed to a HSW post due to a lack of clinical experience yet have the required qualifications and values are supported through this programme widening opportunities for this group and enabling them to gain the skills and competencies required to transition to a HSW. Our most significant percentage of learners are those who are training in the Nursing Associate role (TNA) making up 39% of all current apprenticeships. The majority of those recruited onto the TNA Apprenticeship programme were appointed internally from our substantive or bank HSWs. Nine learners who have qualified as Nursing Associates are now being supported through an apprenticeship route to 'top up' and complete their RN training. We have recently seen the apprenticeship route include two level 7 Advanced Clinical Practitioners which is a role that will provide advanced clinical skills, leadership, and high standards of quality care into clinical services.

10.2 Our workforce -Student nurses

Student nurses have made a valuable impact throughout the pandemic, and it is our priority to ensure that they are supported to complete their studies as key contributors to our workforce.

The below table shows nursing cohorts for LYPFT's 5 local universities. York St John's University has only just started its nursing programs and there is a plan in place to increase the intake of students each year. Leeds Trinity University (LTU) have not previously offered nurse training but are currently in the process of writing a pre-registration nursing course for Adult, Mental Health, and Learning Disability courses to start in September 2023 (subject to NMC approval).

Higher Education Institute (HEI)	Branch	2019/22	2020/23	2021/24	2022/25
University of York	MH	45	33	41	
York St Johns (New Course 2021)	MH			20	
University of Huddersfield	LD BSc LD MSc	19	7	23 8(21/23)	13 (22/24)
University of Leeds	MH	22	19	32	
Leeds Beckett University	MH	30	32	39	

The Practice, learning and development lead and the Professional Lead Nurse proactively meet with every intake of students to inform them of LYPFT's recruitment initiatives.

43 career conversations have taken place out of the current 52 mental health nursing graduates. 9 students did not take up the offer citing reasons which included having already secured positions in organisations outside of the NHS to several students returning back to their home city following graduation.

The PLDT also continues to build relationships with Universities within the Yorkshire and Humber footprint. The team have also been supported by the Strategic resourcing manager to engage with Indeed Recruitment agency, offering webinars to Health education institutions (HEI's) within Yorkshire and Humber and across the country.

Student nurses are one of a number of workstreams available to us that have a clear role in increasing the capacity of the workforce. A high proportion of those that train on our learning circuit choose to remain with us as employer of choice, however, the numbers are not sufficient to fill the Band 5 vacancy gap with significantly more band 5 vacancies than student nurses completing their training.

One of the encouraging benefits of accepting a post with LYPFT as a new registrant is being supported with a structured start through Preceptorship. This allows a protected period to translate knowledge into everyday practice and grow in confidence. Preceptees do not take charge during a 4-month protected period and rely on having more experienced band 5 and band 6 staff support them in the workplace. This can affect where new staff are placed as there is a duty to ensure that there is sufficient Preceptor capacity to support Preceptees.

10.3 Our workforce -The NHSE HCSW expansion programme

We have worked consistently and proactively to reduce our overall Health Support Worker vacancy levels as members of the NHSE HCSW programme. This has included the creation of promotional recruitment materials such as a virtual tour, as well as regular recruitment campaigns supported via Indeed and regional / place based collaboration. Specific focus has been placed on the Supported Living Service where the majority of our HCSW vacancies are held.

Focussed effort has directly contributed to a core reduction in our overall Health Support Worker vacancy levels to **circa 75 FTE** vacancies in May 2022. The caveat with this vacancy number is that some services, i.e. forensics, have secured additional funding for HSW's on full time contracts to accommodate the Registered Nurse staffing pressures. In addition, new establishment has been added to the budget at the start of the 2022/23 financial year which has therefore increased the vacancy factor until we are able to recruit to those posts. This is currently underway.

10.4 Our workforce - Nursing Associates and Associate Practitioners

There are now 18 Registered nursing associates working across the organisation and 9 of this group are currently studying for their top up to become Level one Registered Nurses with four nurses qualifying in 2023 and the remainder in 2024.

The Practice Learning and Development Team are supporting a further 19 trainee nursing associates (TNA's) and 1 trainee associate practitioner from across clinical services. The TNAs are expected to join the register in the Spring of 2023. There are currently 19 Associate Practitioners working across the organisation with 10 employed in inpatient areas.

10.5 Our workforce- International nurses

We have welcomed our first international nurse into the Trust, following a robust and personalised service clinical induction programme led by the International Nurse Recruitment (INR) Lead. This post is embedded into the Practice and Learning Development Team.

The INR lead is working with internal and external stakeholders to review established systems and processes which will help the international recruits' transition into the country. We continue to work closely with our mental health collaborative partners from the Yorkshire and Humber region together with colleagues from NHS England in looking at national INR priorities, measuring the collaborative progress against plans and timescales, identifying risks, and formulating plans to mitigate/avoid risks. This has enabled good decision making whilst maintaining consistency and equity across the regional providers.

The collaborative partnership has also enabled learning, sharing of practice, resources and support which has been invaluable as we learn and progress in an area that continues to be new to all of us; and as an organisation, we have made a commitment to adhere to the Code of Practice for ethical recruitment and will therefore not be accepting any candidates from the protected countries. We have committed to recruiting 10 international nurses to join the Trust before the end of the 2022. We are expecting the remaining nurses to arrive in the UK early Autumn. Allocation of the international nurses into services range from YCED, WAA Inpatients, OPS, Forensic inpatients, and R&R.

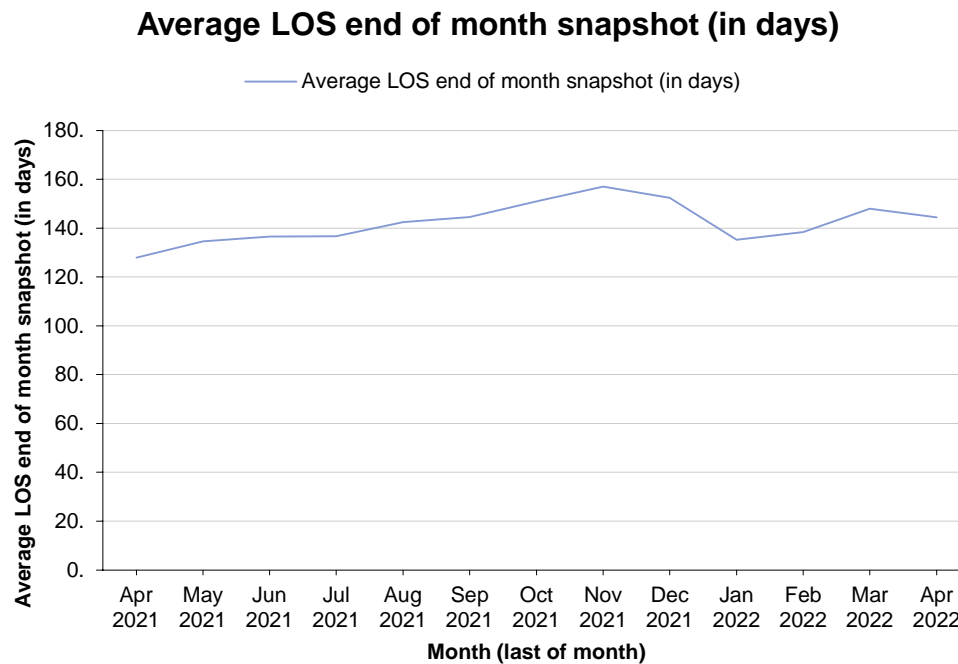
In preparation for the remaining international nurses joining us, we have reviewed the Welcome Pack to help them prepare for their transition into life in the UK. The INR lead has been working with the clinical leads in reviewing the comprehensive induction and transition framework to help the nurses' transition into clinical practice we have conducted this in collaboration with the international nurse already in the UK. As there is a lot of preparatory work being carried out providing pastoral care for the nurses and the INR lead continues to work collaboratively with People Engagement colleagues, WREN chair and Chaplaincy service along with clinical colleagues to support the nurses into social environments which they might not be accustomed to.

11.0 Length of stay

The graph below demonstrates a snapshot of the end of month average length of stay (in days) across all inpatient areas over a 12-month period.

April 2021 demonstrates an average length of stay of 127 days against 144 days in April 2022.

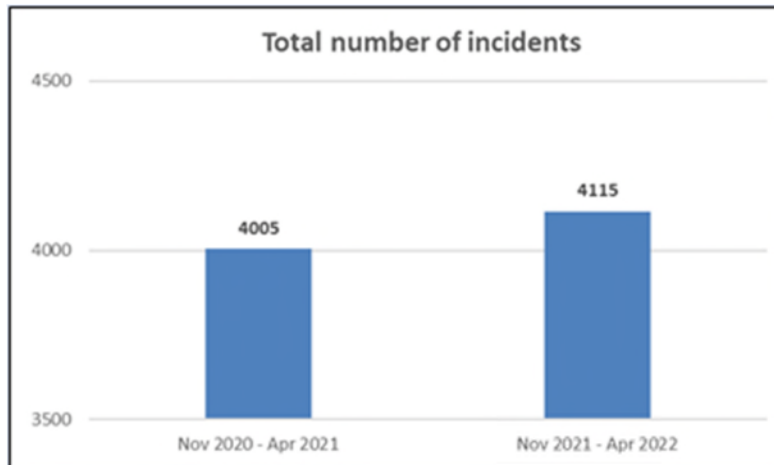
Average length of stay is understood to be impacted by many variables and although it cannot be conclusively proven that there is a direct correlation between current staffing and resource challenges as described in this paper it is highly likely that this is a contributory factor which has impacted on the increased length of stay.



12.0 Incident data

Total number of Incidents

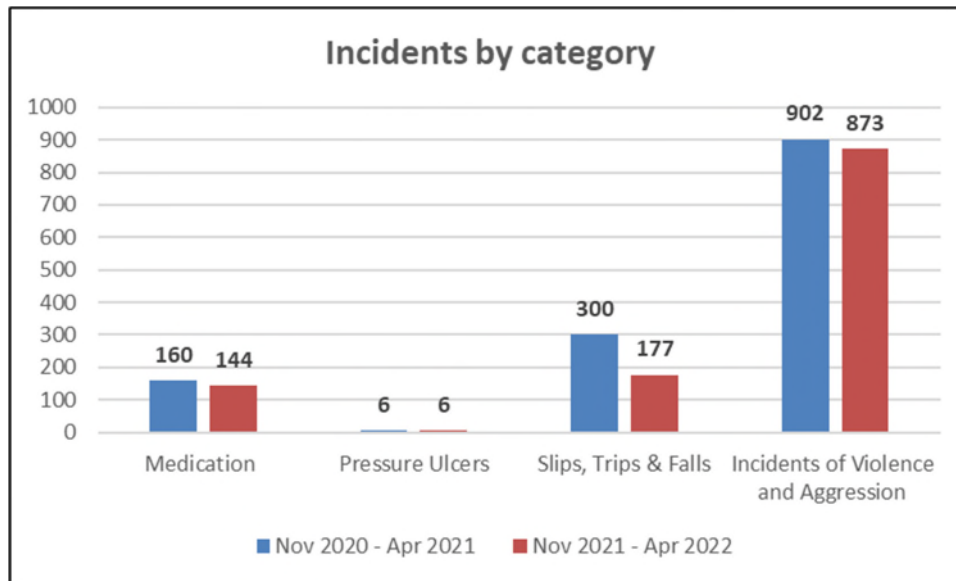
The comparison chart below demonstrates the total number of incidents reported for the data period November 2021 to April 2022 against the same dates for 2020 to 2021. The chart highlights that there were no significant differences between the two comparison periods although a slight decrease N= 110 in the total number of incidents was noted.



Total Number of incidents by category

The comparison chart below demonstrates identified categories of incidents relating to quality and safety that were reported for the data period November 2021 to April 2022 against the same dates for 2020 to 2021. The chart highlights that all categories

demonstrate a decrease in total number of incidents reported between the two comparison periods with fewer incidents being reported in 2021 to 2022 and positively a 40% decrease was noted in the number of falls incidents reported.



The number of incidents reported is understood to be impacted by many variables and although it cannot be conclusively proven that there is a direct correlation between current staffing and resource challenges as described in this paper it does not appear that there has been a negative impact on the number of incidents reported as a result. However, further analysis on individual service data may be required to support any conclusions.

13.0 Service area updates

13.1 The Acute inpatient service (The Becklin Centre Wards 1,3,4 and 5. The Newsam Centre Wards 1 and 4) and Older Peoples service update (Mount 1,2,3,4)

The business case presented to the Leeds Clinical Commissioning Group 2019 reflected the need for alternate roles to be identified that moved away from the traditional RN workforce to fill staffing gaps yet ensured service user need was met. This was an early discussion in terms of understanding that the Registered nurse pipeline would not for a number of years be sufficient to fill nursing gaps. Each service was tasked with carrying out a piece of work to assess the bespoke skills required to meet service user need and describe additional roles that services in the acute and OPS services had identified. This included further aspirational roles such as Nurse Consultants, Medical Associates, and General Practitioners. There was clear understanding across OPS and adult services that the in-patient areas would benefit greatly from a wider professional MDT presence of staff that are counted within the ward establishments.

Acute Inpatient Service

The Acute Inpatient Service continue to experience high numbers of RN vacancies which are unlikely to be filled in the coming year despite 14 Newly Qualified Nurses joining the service in September/October with the potential of a further 3 nurses who have shown interest in working in this area. The recruitment of experienced nurses remains challenging and despite attempts to create more attractive posts such as the nurse rotation programme across the Acute pathway and also welcoming LYPFTs first International Nurse, significant gaps remain.

The additional funding provided by Leeds Clinical Commissioning Group 2019 business case allowed the opportunity for 10 Nursing Associates to be introduced across the 5 Acute Inpatient Wards. This was a positive opportunity to offer career progression to our non-registered workforce and promote our 'grow your own' ethos reflecting LYPFT's aspiration to be 'employer of choice'. Seven NA's are currently in training (TNA's) and Three NA's from the original cohort are now completing top up training with the intention to qualify as a RN next year. NAs can support the Nurse in Charge and have a clear and distinct skill set which includes medication administration and providing physical health care interventions. The benefits of this role are clearly being observed and further investment to increase this professional group has been agreed with funding for a further five NA's being identified.

The introduction of senior Nurse roles including a Nurse Consultant and an Advanced Nurse Practitioner further support the career pathway for this professional group and provide leadership across the service where it has been demonstrated that experienced nurses are difficult to recruit.

The remainder of the money awarded through Leeds Clinical Commissioning Group as part of the business case will focus on the introduction of specific roles where a clear patient need has been identified. This will include the introduction of Band 5 Clinical Assistant Psychologists across all wards. The role will work as part of the Multi-Disciplinary Team and bring a consistent psychologically informed approach to the everyday care of service users and further embed a trauma informed approach aligned to the clinical model while under the direction of the Clinical Psychologist. In addition, the role will increase the offer of clinical supervision, reflective practice groups and staff wellbeing sessions. Work is currently being carried out to how these roles will support safe staffing numbers and reduce the impact on Band 5 RN vacancies. The increase in occupational therapy provision was identified and the additional funding will enable each ward to grow the existing provision to equate to a Band 5 and Band 6 Occupational Therapist per ward to work as part of the MDT and support service users through their pathway. This will enable all service users to have an assessment of occupational need and associated interventions to be carried out and psychoeducational groups to be offered consistently. The additional roles also support the career pathway of this professional group. In addition, eight Activity Co-ordinators will be introduced to enable the Acute Inpatient wards and CAU to deliver interventions using recovery principles to engage service users and support them on their journey. The role will support the safe staffing numbers working across seven-day shift patterns and although will maintain an activity focus the role will also support more generic tasks such as escorting service users for time off the ward and providing 1:1 time.

Work is now being progressed through our Nursing, AHP and Psychological therapy strategies and workstreams are being progressed to define clear skills and competencies for each role and the required training.

The Mount

The Older Adult Inpatient service declared business continuity on 17th March 2022 following a deterioration in their staffing position and Ward 3 and Ward 4 holding circa 50% RN vacancy at this time which was further compounded by higher than usual sickness rates. However, Ward 1 and Ward 2 have much smaller RN vacancy numbers at around 4 FTE combined. The service is currently

identifying an interim model to deliver the service to ensure safe and effective care are maintained while work progresses around improving recruitment and retention. The service will positively welcome four Newly Qualified Nurses who will join the team in September/October and 3 International Nurses who will join over the next few months. A further successful recruitment campaign has secured a Band 5 and a Band 6 RN.

The high number of staffing gaps across the older adult inpatient service has meant that several strategies have been employed to enable the continuation of the safe and effective delivery of care. Occupational Therapists have been required to work differently and Practice Development Nurses and Ward Managers have supported staffing numbers when required. The Older Adult pathway has been required to use the resource differently with colleagues whose roles may be based in the community required to work outside of their current role and into inpatient services. This has enabled the specialist experience of working with this service user group to be maintained. Where gaps have remained, other inpatient areas have been relied upon to deploy Nursing colleagues to this service particularly when no RN on duty had been identified. Despite these efforts, 2 RN breaches occurred during this time as described in section 5.

Several service users admitted to Ward 1 and Ward 2 reflected that of MHOST care level indicators 4 and 5 and therefore required high engagement and intervention or required one to one care. To deliver this level of care additional staff were required above the planned establishment and required the use of our temporary workforce to enable the service to be responsive to patient needs to flex with the demand. Sickness across the service has been high, particularly on Ward 4 with high levels of long-term sickness made up of both stress/anxiety and other non-work-related reasons in addition to reasons associated with Covid-19. However, more recently absences attributed to Covid-19 have positively declined.

ACUE (Covid Cohorting area) has opened on 2 occasions during the data period of this report which has been necessary to meet infection control guidance and the need to cohort service users who have tested positive to Covid-19 in a separate clinical area. This has placed extra pressure on an already stretched resource to create a 5th staff team. However, the change in Covid-19 guidance has meant the need to stand up ACUE is no longer necessary and service users can now isolate on the ward. The shift to the use of lateral flow to test for Covid-19 has also resulted in an improvement on staffing pressures with the time service users were required to isolate pending a negative test result significantly decreasing. Isolation often required staff support particularly relating to those with dementia.

To ensure that the effective use of resource is maintained the service has focused on several initiatives which have included reinstating safety huddles to support the reduction in safety incidents and increase team cohesion particularly recognising that there has been a reliance on non-substantive staff or unfamiliar staff and therefore good communication systems are essential. Daily reviews of those patients who have been prescribed enhanced observations and engagement have now been embedded in the service structure to enable responsive and timely reduction in this practice. This in turn supports the freeing up of valuable staff resource which can be afforded to other areas of patient care and improving patient experience.

Funding from the Leeds Clinical Commissioning Group 2019 business case supported the older People's service to increase their B6 Registered Nurse post from 2 Band 6 RNs to 4 B6 RNs per ward to enhance the skill mix across the service. Recruitment and retention challenges have meant that there remain some gaps with these additional posts although the service continue to pursue recruitment acknowledging the benefit of increased leadership and to promote the career pathway of Band 5 RNs to support retention. The service secured 8 Band 4 post and have identified several potential HSWs to support through their training to become Nursing Associates in addition to the 3 current TNAs/NAs and Associate Practitioners already in post. The service also has an additional Practice Development Nurse in post and a Nurse Consultant in training, these roles provide leadership across the service where it is has been demonstrated that experienced nurses are difficult to recruit.

Work is underway to identify how the remainder of the CCG funding will best meet the needs of the patient group. It had previously been identified that the service would benefit from an uplift in the number of RN care hours and an increase in the establishment recognising the complexity and dependency of the service user group. However, the further decline in the local and national picture of RN availability and acknowledgement of the difficulties to recruit to this professional group has resulted in the need for further work to explore how through working differently across the multi professional spectrum the service can meet the needs of the patient group and alternate roles can be identified. The increase in occupational therapy provision had also been identified and additional funding will allow each ward to grow the existing provision to equate to an Occupational Therapist per ward to work as part of the MDT and support service users through their recovery and pathway. This will enable all service users to have an assessment of occupational need and associated interventions to be carried out. Further Allied Health Professional resource is being explored to include Speech and Language Therapy specifically to work with communication and dementia and additional pharmacy input.

13.12 CAU

CAU experienced several challenging months with significant RN vacancies following a higher than usual number of leavers both internally and to other organisations. These pressures were exacerbated by long-term sickness absences.

CAU had temporarily been required to change its intended function during the pandemic and had been flexed on multiple occasions to reflect organisational need, hence requiring the staff team to work flexibly. The CAU was stood up as a Covid-19 cohorting area and at other times was required to function as an extension to the acute inpatient service when inpatient wards had been closed to admissions following Covid-19 outbreaks. The changes were fundamental to ensuring services could operate with minimal disruption however, the period of uncertainty and staff working outside of their usual role was cited as impacting on the increased number of leavers. The service has now returned to its original function. Positively, all RN vacancies have been recruited to with the exception of one post that is currently out to advert. The number of staff absent due to long term sickness has reduced.

13.13 Perinatal services at Parkside Lodge

Perinatal Services is currently fully recruited to Registered Nurse posts although there have been a small number of vacancies across other roles including a HSW post and a Peer Worker role which are currently being filled. The service has however experienced some staffing challenges resulting from five staff currently on maternity leave alongside higher than normal levels of sickness attributed to Covid-19. There service has in addition seen a recent increase in acuity and dependency resulting in the need for additional staffing above establishment to provide enhanced one to one support to both mother and baby. Staff in this service have also provided support to other clinical services through deployment when required. The service is currently over established with HSWs following the temporary move to Parkside Lodge from The Mount in response to the Covid-19 pandemic and the need for the clinical area at The Mount to provide a cohorting area for older adults. Parkside Lodge is a standalone unit and therefore immediate assistance from other clinical areas and colleagues such as physical health emergencies cannot be provided resulting in the need for an increased staff team. The service is now commencing discussions to return to The Mount and the staffing model will be reviewed.

13.14 National inpatient Centre for psychological medicine (NICPM)

The service has been experiencing significant challenges relating to a high number of RN vacancies which has led to a temporary reduction in the number of beds from 8 beds to 6 beds to enable the safe delivery of care. The service has attempted to maintain 3 Leeds and 3 Out of area beds on the ward during this time. The service had been providing support to other clinical services through deployment which has been identified to the Ward Manager as a reason for an increase in leavers. There has been a reliance on the staff team working additional duties to support staffing gaps when bank and agency staff have not been available. The service has positively recruited three Student Nurses who will commence on registration in September, one of these who has already joined the team as a HSW in the interim months and a further 1 x B5 RN. There have been further attempts to recruit to outstanding posts however to little effect with a lack of applicants being cited. **Circa** 3 FTE RN posts remain unfilled equating to 20% of the RN workforce. However, it is hopeful that the bed base will increase once the newly qualified nurses are in post and additional posts are currently out to advert. The service has commenced work to identify multi professional roles in the absence of RNs that would complement the clinical model and additional psychology provision is being considered as part of this work.

13.15 Asket House, Asket Croft and ward 5 Newsam Centre

Asket House and Asket Croft

Asket House and Asket Croft continue to deliver the service with limited recruitment challenges. Two Newly Qualified Nurses will be joining the service in September and no other RN vacancies are currently highlighted. Asket House has however had high sickness levels although no themes relating to absence have been identified. Furthermore, due to the services positive staffing position this has led to colleagues from this service being deployed to support other clinical areas where the need has been greater. As described previously, this has on occasions resulted in the RN on night duty being moved to take charge of another clinical area leaving the remaining RN responsible for both units and holding the medicine keys. Although immediate safety was maintained as a result of these staffing moves work is being carried out to identify any other impacts.

Ward 5, Newsam

Clinical decisions to work below the planned established staffing numbers had been made on occasions to allow staff to be deployed to other inpatient areas when services would have fallen below safe staffing numbers should this not have occurred. Prior

to the decisions being made a risk assessment was carried out and factors such as occupancy levels or acuity and dependency levels as described in MHOST care level indicators are considered as part of this assessment to ensure the clinical area remained within safer staffing numbers. However, Ward 5 has experienced an increase in the number of RN vacancies both Band 5 and Band 6 over recent months which has been compounded by periods of long term and short-term absence across the staff team. Staff sickness has been affected by Covid-19 absences and periods of long-term absences including stress and anxiety and other non-work-related sickness. This has resulted in several gaps in the rota requiring bank and agency fill or deployment from other clinical services.

A new Clinical Team Manager has been appointed from within the ward team and although this offers consistency to the team it has, as a result created a further Band 6 vacancy. A Newly Qualified Nurse has been appointed to start in September and an International Nurse will also join the service around this time. Despite this over 40% of RN vacancies will remain.

Work has commenced to identify short term and longer terms plans to address the staffing and resource challenges. An increase in HSW is being proposed and although there is an acknowledgment that this will not provide the skill set required, it will reduce the reliance on bank and agency staffing and provide continuity of care to the service users. Work is now being progressed through our Nursing, AHP and Psychological therapy strategies Work to identify roles appropriate to the clinical model that will support safe staffing numbers and reduce the impact on Band 5 RN vacancies.

13.16 Forensic service (Newsam Centre wards 2M, 2F and 3)

The Leeds Forensic service continue to experience the need to increase staffing levels above the planned establishment. This has been experienced alongside several vacancies across the service and high levels of staff unavailability including sickness. The continued pressure of the service has impacted on staff experiencing burn out and work-related stress as reflected in sickness absence reasons.

It was agreed with the provider collaborative that the service would close to admissions for two weeks to provide time to reset and refocus. A series of workstreams have been identified in this time with a focus on delivering safe and effective care. The ward has now re-opened after this period of time and has commenced taking new admissions.

An increase in the planned staffing establishment across Leeds forensic service was agreed on a temporary basis as a financial pressure. The decision followed a review which highlighted the consistent need across the service to increase staffing numbers to deliver safe care as a result of enhanced observations and 1:1 or 2:1 care being provided. In addition, high unavailability rate was impacted on effective rota planning and an increase in financial headroom which was required to bring in line with other services was also acknowledged as part of the agreed uplift. Bank and agency staffing offer a valuable contribution to the delivery of care however high usage can have a negative impact when caring for this service user group impacting on relational security. Relational security is the knowledge and understanding staff have of a service user and of the environment, and the translation of that information into appropriate responses and care. Relational security forms an important feature of caring for service users in secure setting and is evidenced to reduce levels of high-risk behaviours associated with this service user group. A consistent staff team was therefore fundamental to providing effective care and in turn may support the reduction of the use of enhanced levels of observation and engagement. The service is currently undertaking work to review practice associated with the use of observation and engagement to identify whether the use of this practice is being appropriately applied.

The increase and change to profiled establishment allowed for 21 additional HSWs posts to be recruited on fixed term contracts. Although, the recruitment of HSWs does not ordinarily present a challenge only 50% of these have been filled at any one time which is attributed to the post not being substantive and attracting fewer candidates.

The service has now had this funding extended however many of the staff recruited to these posts have secured substantive posts in other clinical areas or have left the organisation and further recruitment is therefore underway to fill all outstanding posts. Colleagues from other inpatient areas have been deployed when necessary to support staffing gaps. Recruitment is currently taking place and a recent recruitment event identified a small number of candidates who may be suitable for fixed term contract posts. A number of Bank HSW have identified this clinical area as their preferred choice and block bookings have been made. In addition, there are a small number of Bank RNs who regularly work in this service and therefore are able to provide consistent care to service users. Five Newly Qualified RNs will join the service in September/October alongside an International Nurse. Additional work to determine how we can deliver care in a multi professional way aligned to the clinical model aligned to Ward 3, the forensic rehabilitation ward is also underway.

13.17 Newsam Centre Ward 6 (eating disorders)

The service has seen an increase in RN vacancies which have resulted in the need for professionals and the MDT to work differently and support safe staffing numbers. This has led to several recruitment initiatives to attract RNs to the service including a rotation post across the pathway and a B5 to B6 development post being introduced. A proposal to temporarily increase the number of HSWs until the Newly Qualified Nurses join the team in September has also been agreed and although it is recognised that this does not necessarily provide the required skill set it offers continuity of care to the service user group. The service has also successfully secured an International Nurse to join the team in September.

13.18 2 and 3 Woodland Square

Staffing and recruitment have seen a positive improvement over recent months particularly around RN vacancies. There have been 2 RNs recently recruited and a Newly Qualified Nurse joining the team in September. There has also been work afforded to skill mixing and the introduction of an Occupational Therapist to meet the current patient need converting a post that was previously aligned to a RN. Competencies and intervention around medication and physical health have been met through the introduction of a Band 4 NA role. The service has however identified that the most significant impact on the service and workforce has been through work carried out to align the 2 units and that of the staff team. The 2 respite units have different specialities within Learning Disability, with 2 Woodland Square focusing on complex physical health needs and 3 Woodland Square, behaviours that challenge. However, through upskilling the two staff teams and widening the breadth of experience of staff to work across both units has proven valuable in providing cross cover when necessary and offering a more varied role and in turn job satisfaction.

13.19 Clifton House (Westerdale, Riverfields and Bluebell)

Recruitment at Clifton House remains a challenge with 12 vacancies across the 3 wards with little impact from the ongoing recruitment campaigns to attract nursing staff to the service. Long term absences have added further pressures on the staff team although the service has started to see many of these staff returning despite ongoing reports of fatigue and burnout. In addition, there has been an ongoing need for additional staffing above planned establishment and therefore a reliance on bank and agency

staffing. The service has experienced periods where enhanced observation and 1:1 or 2:1 care has been required to manage the level of associated risk and an ongoing period of seclusion of 10 weeks where a more appropriate secure service was identified and transfer taken place.

A temporary/ fixed term 1.0WTE contract for a Band 7 Psychological Practitioner post to Bluebell ward was recently introduced through the repurposing of an existing posts in line with the clinical model. The additional psychological practitioner post offers the ability to focus on effective clinical leadership and workforce development for the trauma informed care clinical model, which is essential for the Forensic Service reset plan. In addition, the role offers greater capacity to focus on direct service user care and staff support.

The service has also had significant interest in Band 4 NA and AP roles and the service are working on a proposal to increase the number of these training post with a view to progressing to RNs.

13.2 CYPMHS- Red Kite View and Mill Lodge

Red Kite View

Red Kite View opened in January 2022 offering a 16 bed GAU and 6 bed PICU time of significant change for the Leeds CYPMH Inpatient Service. The team have worked consistently to develop the new service and are now taking admission to full bed capacity. The service has introduced several patient safety initiatives to improve the delivery of safe and effective care. The staff team comprises of colleagues who transferred to LYPFT from Little Woodhouse Hall and those that were recruited new to Red Kite View.

The service has an extensive multi-disciplinary team to meet the needs of the service user group. The introduction of new support roles has proven successful with some roles being part of the widening participation recruitment initiative with opportunities focussed on candidates from the local area alongside offering several apprenticeship HSW roles. There remains a number of B5 RN vacancies across the two units however the service has had a high number of Student Nurses who have identified through their career conversation the preference to join the service in September on qualifying as a RN and 7 Preceptee Nurses will commence

in post. Further recruitment is taking place to fill the remainder of posts and the MDT and Leadership Team have been supporting the delivery of care where gaps have been present.

Mill Lodge

Mill Lodge currently has 6 RN vacancies; however, two Newly Qualified Nurses will join the service in September and a Bank RN has requested to work regular duties in this clinical area. The service will also see the B4 Nursing Associate returned from maternity leave. Despite some challenging gaps resulting from RN vacancies, the Leadership Team have supported the management of these gaps alongside staff working additional hours to ensure patient need is met.

A proposal to increase the day provision within the service has been agreed for children and young people experiencing an eating disorder and plans to implement the additional provision are currently being worked on including the staffing model.

The 2 CYPMH services have been working closely together to align the two services and support any staffing gaps acknowledging the specialist knowledge and skills required working with this service user group albeit with some challenge due to the geographical difference between the locations. The most significant clinical pressure for the service continues to be the administering of enteral feeds; this intervention which can only be delivered by RNs and NAs and most RNs across the organisation do not have this specific competency. Additional staff may also be required to support the delivery of the intervention and therefore this can result in increasing staffing numbers above the planned establishment. All RNs and NAs in the CYPMHS service have been trained on this intervention and training has been extended to Bank RNs who regularly work in the service.

14.0 Summary

The inpatient services have continued to experience sustained pressure resulting from the long-standing issues with workforce supply. The impact of the last two years and ongoing consequences of the COVID-19 pandemic has highlighted and exacerbated the existing concerns, and the impact of this on service user care. It is widely understood that having the right number of appropriately qualified, competent, and experienced staff enables the delivery of high-quality care. Initial work has therefore commenced through the safer staffing steering group to understand the impact on service user experience. It has been

demonstrated through this work that clinical services are unable to provide frequent oversight of care and treatment by a Registered Nurse in a number of our clinical areas. There is also evidence of missed care such as 1:1 time, profession specific intervention and therapeutic groups and activities all of which are important aspects of a service users' recovery and pathway. It can therefore be suggested that this in turn may have impacted on an overall increased length of stay across inpatient services. However, incident data does not suggest that staffing and resource has affected the total number of incidents reported and positively, a decrease has been seen in categories that relate to safety and quality.

The very recently published RCN report, Nursing Under Unsustainable Pressure: Staffing for Safe and Effective Care highlights the impact of the UK's health and social care system's staffing crisis. In the survey of over 20,000 nursing and midwifery staff carried out in March 2022, respondents were asked to report on the staffing levels on their last shift. The specific findings for The Yorkshire and the Humber region identify our region as falling broadly in line with national responses. The findings reflect the incredibly challenging situation facing the nursing profession and the challenges described in this paper.

It has been demonstrated that vacancies and recruitment challenges alongside service users with high level care indicators as described in the MHOST continue to present substantial pressures. Clinical services including the Acute Inpatients Service and Forensic Service have commenced work to review the use of enhanced observations and engagement to identify whether the use of this practice is being applied appropriately and whether there is any impact on the number of service users resulting from resourcing issues. The re-introduction of MHOST to understand and provide an evidence base to support current staffing levels is currently being focused on through the Safer Staffing Steering Group.

Every function of the organisation has been required to work together to introduce systems that maintain safe staffing across inpatient services and allow the deployment of staff across services to manage the immediate and real pressures. It is evident that the pandemic has had a detrimental impact on staffing levels through Covid-19 related absences and colleagues have indicated that the additional pressures as a result of this have led to stress/anxiety related sickness absences. This has been combined with increased vacancy rates. Resources have evidently been stretched and many clinical services have been unable to focus on development work with the need to focus on prioritising service user's immediate needs.

Inpatient services have seen an overall increase in the number of unfilled duties across the organisation which are not meeting the planned establishment. The backfilling of RN duties with HSWs offers some assurances that safe staffing numbers are being reached however the impact of not having the required skill mix on duty suggests patient care will be affected. The use of bank and agency staff remains high however this resource at times has been exhausted. This has led to clinical teams being required to work differently to meet the needs of the service user group and ensure safe care is delivered however this is not without consequence.

Deployment of staff across services has been necessary however despite all efforts eleven RN breaches (no Registered Nurse on duty) were recorded for the first time since organisations have been required to meet the expectations detailed in the guidance produced by the CNO of England and the National Quality Board.

LYPFT, through the workforce strategy has focused on several workstreams and initiatives to respond to these challenges with proactive approaches, the developing of career pathways to become employer of choice. We know that recruiting to our vacant posts is a priority however recruitment is problematic. The recruitment of RNs is a cause for concern particularly relating to Band 5 RNs. Although the organisation has placed emphasis on engaging and building sound relationships with our local universities and Student Nurses, we know that over the next few years supply will not meet demand and the ability to recruit experienced B5 Nurses are further limited.

Working closely with our mental health collaborative partners from the Yorkshire and Humber region together with colleagues from NHS England we have successfully recruited 10 International Nurses. There are now 18 Registered nursing associates working across the organisation and a further 19 in training with clear plans to significantly increase this number. A proactive approach to reduce our overall Health Support Worker vacancy levels as members of the NHSE HCSW programme has been taken using apprenticeship routes and the introduction of new roles to widen accessibility of candidates. These strategies are all positive steps in addressing the workforce challenges.

Through our Nursing, AHP and Psychological therapy strategies for recruitment and retention, we are progressing workstreams that clarify appropriate career pathways for staff and explore how clinical services can work differently across the multi professional spectrum and the introduction of new roles to best meet service user need and reduce the impact of RN vacancies. Working alongside clinical services, the strategies will support teams to identify the skills, competencies and interventions required in specific areas for

the service user group to ensure that the right care and treatment is delivered at the right time that will enable the best outcomes. All services are committed to ensuring that patients receive the highest quality care, however, to ensure that this is achievable there must be sufficient numbers of staff with the right levels of skills and training. It therefore through these workstreams where continued effort and attention should now be focused to build on work undertaken and further address the ongoing challenges faced.

14.0 Recommendation

The Board is asked to:

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

Authors:

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APPENDIX A

Safer Staffing: Inpatient Services – April 2022

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

Ward name	Cumulative count	Care Hours Per Patient Day (CHPPD)							Day				Night				Allied Health	
		Registred	Non-registred	Registred	Non-registred	Registred	Non-registred	Overall	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill
WardName	PatientCount	CHPPD_RN	CHPPD_NI	CHPPD_RN	CHPPD_NI	CHPPD_RN	CHPPD_NI	CHPPD_OI	AvgFR_RN	AvgFR_NI	AvgFR_RN	AvgFR_NI	AvgFR_RN	AvgFR_NI	AvgFR_RN	AvgFR_NI	AvgFR_RA	AvgFR_NR
2 WOODLAND SQUARE	63	12.2	11.5	0.0	0.0	0.0	0.0	23.7	76%	123%	-	-	92%	96%	-	-	-	-
3 WOODLAND SQUARE	88	9.6	20.9	0.0	3.0	0.0	0.0	33.4	83%	178%	-	100%	103%	195%	-	100%	-	-
ASKET CROFT	507	1.8	2.7	0.0	0.0	0.8	0.0	5.4	112%	75%	-	-	99%	115%	-	-	100%	-
ASKET HOUSE	283	2.8	2.2	0.0	0.0	1.2	0.0	6.2	113%	40%	-	-	100%	100%	-	-	100%	-
BECKLIN CAU	144	6.5	18.0	0.6	0.0	3.4	0.0	28.4	80%	137%	100%	-	75%	132%	100%	-	100%	-
BECKLIN WARD 1	653	2.2	4.1	0.0	0.0	0.0	0.0	6.3	71%	157%	-	-	90%	203%	100%	-	100%	100%
BECKLIN WARD 3	660	1.9	4.0	0.2	0.1	0.3	0.1	6.5	67%	272%	100%	100%	78%	190%	100%	100%	100%	100%
BECKLIN WARD 4	660	1.9	4.8	0.1	0.0	0.1	0.1	7.0	60%	251%	100%	-	86%	248%	100%	-	100%	100%
BECKLIN WARD 5	650	1.8	6.4	0.2	0.0	0.1	0.0	8.5	64%	311%	100%	-	69%	317%	100%	-	100%	100%
LWH AT RED KITE VIEW	412	0.1	0.0	0.0	0.0	0.0	0.2	0.2	2%	0%	-	-	0%	0%	-	-	-	100%
MOTHER AND BABY AT PARKSIDE LODGE	218	7.4	8.2	0.3	0.0	0.4	0.0	16.2	74%	102%	100%	-	71%	101%	100%	-	100%	-
NEWSAM WARD 1 PICU	344	3.8	9.7	0.0	0.1	0.3	0.0	14.0	79%	120%	-	100%	64%	141%	-	-	100%	-
NEWSAM WARD 2 FORENSIC	329	2.8	15.0	0.0	0.0	0.3	0.1	18.2	75%	402%	-	-	101%	390%	-	-	100%	100%
NEWSAM WARD 2 WOMENS SERVICES	210	5.0	10.7	0.0	0.0	0.4	0.0	16.1	92%	156%	-	-	94%	162%	-	-	100%	-
NEWSAM WARD 3	276	3.5	8.7	0.0	0.0	0.7	0.4	13.1	83%	176%	-	-	100%	186%	-	-	100%	100%
NEWSAM WARD 4	655	2.0	3.6	0.0	0.2	0.2	0.0	6.0	68%	219%	-	100%	83%	178%	-	100%	100%	-
NEWSAM WARD 5	481	2.3	4.1	0.0	0.0	0.2	0.0	6.6	84%	99%	-	-	66%	128%	-	-	100%	-
NEWSAM WARD 6 EDU	237	5.1	10.0	0.0	0.0	0.8	0.4	16.3	111%	167%	-	-	62%	197%	-	-	100%	100%
NICPM LGI	190	4.7	6.0	0.0	0.0	1.7	0.0	12.4	43%	99%	-	-	57%	180%	-	-	100%	-
THE MOUNT WARD 1 NEW (MALE)	282	4.7	16.0	0.0	0.0	0.0	0.0	20.8	152%	168%	-	-	72%	243%	-	-	-	-
THE MOUNT WARD 2 NEW (FEMALE)	409	2.9	15.3	0.2	0.3	0.0	0.0	18.6	97%	273%	100%	100%	65%	333%	100%	-	-	-
THE MOUNT WARD 3A	637	1.2	4.6	0.2	0.0	0.0	0.0	6.1	56%	174%	100%	-	103%	170%	100%	-	-	-
THE MOUNT WARD 4A	720	1.5	4.9	0.0	0.0	0.0	0.0	6.4	93%	173%	-	100%	131%	226%	-	-	-	-
YORK - BLUEBELL	162	6.0	11.2	0.7	0.4	0.8	0.9	19.9	87%	58%	100%	100%	104%	100%	-	-	100%	100%
YORK - MILL LODGE	210	6.8	9.1	0.2	0.2	2.5	1.5	20.3	88%	92%	100%	100%	67%	133%	-	-	100%	100%
YORK - RIVERFIELDS	271	2.7	3.8	0.0	0.0	0.6	0.4	7.5	55%	87%	-	-	90%	110%	-	-	100%	100%
YORK - WESTERDALE	298	3.7	8.6	0.0	0.2	0.3	0.0	12.8	55%	127%	-	100%	93%	142%	-	-	100%	-

Safer Staffing: Inpatient Services – May 2022

Fill rate indicator return

Staffing: Nursing, Care Staff and AHPs

Ward name	Cumulative count	Care Hours Per Patient Day (CHPPD)							Day				Night				Allied Health	
		Registred	Non-registred	Registred	Non-registred	Registred	Non-registred	Overall	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill
WardName	PatientCount	CHPPD_R	CHPPD_N	CHPPD_R	CHPPD_N	CHPPD_R	CHPPD_N	CHPPD_O	AvgFR_RN	AvgFR_NR	AvgFR_RN	AvgFR_NR	AvgFR_RN	AvgFR_NR	AvgFR_RN	AvgFR_NR	AvgFR_RA	AvgFR_NR
2 WOODLAND SQUARE	104	10.4	7.3	0.0	0.2	0.0	0.0	17.9	90%	116%	-	100%	119%	81%	-	-	-	-
3 WOODLAND SQUARE	92	11.1	19.8	0.0	2.7	0.0	0.0	33.6	114%	166%	-	100%	100%	164%	-	100%	-	-
ASKET CROFT	538	1.8	2.5	0.0	0.0	1.0	0.0	5.3	109%	76%	-	-	100%	103%	-	-	100%	-
ASKET HOUSE	274	3.0	2.8	0.0	0.0	0.9	0.0	6.7	114%	54%	-	-	103%	103%	-	-	100%	-
BECKLIN CAU	112	10.0	21.0	1.0	0.0	4.1	0.0	36.1	85%	115%	100%	-	102%	119%	100%	-	100%	-
BECKLIN WARD 1	685	2.2	5.2	0.0	0.0	0.0	0.1	7.4	68%	229%	-	-	99%	260%	-	-	-	100%
BECKLIN WARD 3	669	2.1	3.7	0.0	0.1	0.2	0.2	6.4	68%	225%	100%	100%	87%	174%	-	100%	100%	100%
BECKLIN WARD 4	686	1.8	4.3	0.1	0.0	0.2	0.2	6.6	59%	242%	100%	-	74%	210%	100%	-	100%	100%
BECKLIN WARD 5	684	2.0	5.3	0.0	0.0	0.1	0.1	7.5	67%	272%	100%	-	92%	236%	-	-	100%	100%
MOTHER AND BABY AT PARKSIDE LODGE	213	7.8	8.4	0.5	0.0	0.4	0.0	17.0	79%	88%	100%	-	62%	110%	100%	-	100%	-
NEWSAM WARD 1 PICU	340	4.3	9.4	0.0	0.1	0.2	0.0	14.1	83%	111%	-	100%	76%	129%	-	-	100%	-
NEWSAM WARD 2 FORENSIC	254	3.9	18.3	0.0	0.0	0.5	0.0	22.8	83%	354%	-	-	104%	330%	-	-	100%	-
NEWSAM WARD 2 WOMENS SERVICES	217	5.0	10.5	0.0	0.0	0.6	0.5	16.5	92%	185%	-	-	100%	154%	-	-	100%	100%
NEWSAM WARD 3	323	2.9	5.3	0.0	0.0	0.7	0.5	9.5	77%	128%	-	-	103%	112%	-	-	100%	100%
NEWSAM WARD 4	622	2.3	3.8	0.0	0.2	0.2	0.0	6.4	69%	234%	-	100%	90%	153%	-	100%	100%	-
NEWSAM WARD 5	527	2.1	4.0	0.0	0.0	0.2	0.0	6.4	73%	106%	-	-	76%	126%	-	-	100%	-
NEWSAM WARD 6 EDU	264	4.7	7.3	0.0	0.0	1.0	0.5	13.5	113%	123%	-	-	59%	157%	-	-	100%	100%
NICPM LGI	210	4.4	5.9	0.0	0.0	1.5	0.0	11.9	43%	108%	-	-	57%	190%	-	-	100%	-
RED KITE VIEW GAU	173	12.4	17.5	1.6	0.0	0.5	0.8	33.0	73%	107%	100%	-	56%	152%	100%	-	100%	100%
RED KITE VIEW PICU	424	3.4	6.9	0.0	0.0	0.2	0.0	10.5	48%	95%	100%	-	59%	193%	-	-	100%	100%
THE MOUNT WARD 1 NEW (MALE)	379	4.0	15.0	0.0	0.0	0.0	0.0	19.0	154%	200%	-	-	83%	286%	-	-	-	-
THE MOUNT WARD 2 NEW (FEMALE)	395	3.3	15.3	0.4	0.4	0.0	0.0	19.5	106%	267%	100%	100%	77%	302%	100%	-	-	-
THE MOUNT WARD 3A	692	1.3	4.1	0.3	0.0	0.0	0.0	5.6	67%	155%	100%	-	100%	182%	100%	-	-	-
THE MOUNT WARD 4A	711	1.6	4.3	0.0	0.1	0.0	0.0	6.0	94%	146%	-	100%	100%	198%	-	100%	-	-
YORK - BLUEBELL	155	6.7	13.5	0.5	0.3	1.0	0.9	22.9	91%	74%	100%	100%	100%	102%	-	-	100%	100%
YORK - MILL LODGE	220	7.3	9.5	0.4	0.2	2.6	1.7	21.7	82%	111%	100%	100%	73%	127%	-	-	100%	100%
YORK - RIVERFIELDS	310	3.1	3.5	0.0	0.0	0.5	0.4	7.5	79%	90%	-	-	103%	103%	-	-	100%	100%
YORK - WESTERDALE	281	3.9	9.0	0.0	0.4	0.4	0.0	13.7	55%	129%	-	100%	93%	142%	-	-	100%	-

APPENDIX B

Examples of MHOST Care Level Descriptors

Older Peoples Care Descriptors

<i>Dependency-acuity Category</i>	<i>Care Level Descriptors</i>
Dep.1: Patient's needs can be met in an elderly-care ward (or care home).	Personal care can be managed by one staff, or patient is independent. Has cognitive impairment, but not at risk. Mental state is stable/predictable. General, hourly observations required. Vital signs are monitored twice-daily. Medically stable, requires rehabilitation only. No significant care-package changes required. Ready for discharge. Supportive family able to cope at home. Patient can contribute to care and care planning.
Dep.2: Care needs can only be managed in an older adult ward.	Patient is on general, hourly observations. Personal care can be managed by one staff. Early warning score trigger point reached, requiring escalation. Normal observation and therapeutic interventions. Mental state fluctuates. Care needs require regular re-evaluation. Increased multi-disciplinary team input. Patient has significant co-morbidity; e.g., an infection. Patient and family are participating in care/care planning.
Dep.3: Patient can be managed in an older adult ward and has on-going care needs.	Has significant mental and physical health problems, which fluctuate. Has co-morbidities, but physical health is stable. At risk, but safety can be maintained with moderately skilled interventions. Daily living activities are managed by two staff and rarely requires one-to-one care. Multi-agency discharge, where there has been a change in circumstance/care or package, which is the ward-based nurse's/therapist's responsibility. Increased psychological/emotional and education support required by patient and/or family carers. Patient requires direct supervision and medication to ensure compliance, or has a complex drug regimen, including prolonged preparatory/administration/post-administration care.
Dep.4: Patient requiring higher, safety-related supervision:	Has significant on-going care needs, which can met by two staff. Intermittent observations or one-to-one for part of the day. Significant co-morbidities with fluctuating physical health needs. At risk – has an unpredictable mental state or is likely to harm self or others. Skilled intervention required to maintain safety. Family/carers require increased psychological, educational and emotional support.
Dep.5: Patient requiring one-to-one care	or constant supervision to maintain safety and care. If a Dep.5 patient requires two staff, then s/he counts as two patients.

Mental Health Admission Ward Care Descriptors

Dependency-acuity Category

Care Level Descriptors

1. Self-caring and able to do most daily living activities unaided. Patient has capacity to engage with therapeutic interventions. Patient is at pre-discharge state. Risks can be managed by community services.

2. More dependent on ward staff for his/her mental, social or physical health needs. Patient has capacity to engage with therapeutic interventions. May be potential barriers preventing a safe and timely discharge.

3. Heavily reliant on ward team for his/her safety and care. Presents as medium- to high-risk or fluctuating risk. Has high-level mental, social or physical health needs. Low or inconsistent engagement with therapeutic interventions. There may be potential barriers preventing a safe and timely discharge.

4. Dependent on ward team for his/her safety and care. Requires high engagement and intervention. Major mental, social or physical health needs. Presents as high-level risk to self and/or others. Minimal engagement with therapeutic interventions.

5. Patient requires one-to-one care by one or more staff throughout the day and possibly the night. Major mental, social or physical health needs. Is a significant risk to self and/or others. Leave from the ward isn't allowed other than planned hospital appointments with escort. May be awaiting step up to PICU or low-secure environment. If a Dep.5 patient requires two staff, then s/he counts as two patients.

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

AGENDA ITEM

15

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Medical Director's Report
DATE OF MEETING:	28 July 2022
PRESENTED BY: (name and title)	Dr Chris Hosker. Medical Director
PREPARED BY: (name and title)	Dr Chris Hosker. Medical Director & Directorate SLT

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

EXECUTIVE SUMMARY		
<p>The purpose of this report is to inform the Board of Directors of the current state of the Medical Directorate and in doing so provide assurance that it is functioning in a way that promotes the success of the Trust, its patients, its staff and the wider public, while also managing any current risks that are positioned as potential barriers to that success. The paper's scope therefore covers the key functions that sit within the Medical Directorate and provides an update of key work within each one.</p>		
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>That the Board of Directors considers the information contained within the report and remains assured that the medical directorate is providing its key functions in a way that is in line with successfully achieving the Trust's objectives.</p>

MEETING OF THE BOARD OF DIRECTORS

31st March 2022

MEDICAL DIRECTOR'S REPORT

1. EXECUTIVE SUMMARY

The purpose of this report is to advise the Board of Directors of the status of the Medical Directorate and in doing so provide assurance that it is functioning in a way that promotes the success of the Trust, its patients, its staff and the wider public, while also managing any current risks that are positioned as potential barriers to that success.

The paper's scope therefore covers the key functions that sit within the Medical Directorate and provides an update of key work within each one.

2. DIRECTORATE OVERVIEW

The Directorate continues to centre its work upon 5 key priorities: ***Developing world class clinical leadership; Transforming services towards a “best in show” standard; Excelling in research; Harnessing collaborative advantage; Leading through Covid.***

Within those priorities, a medical strategy has been launched. More recently this has been joined by a newly refreshed and agreed Research and Development Strategy, meaning that key pieces of work have now been set out across the directorate.

The Directorate continues to provide leadership and representation into a number of key projects including:

- IHI 90 day learning cycles focused on embedding clinical outcomes
- The development of clinical leadership within LYPFT
- The development of the Leeds Mental Health Care Delivery Board
- The development of the End of Life Population Board
- The development of the Perinatal Provider Collaborative
- The implementation of key elements of the medical strategy including international recruitment, building resilience into key medical workforce support functions and appraisal

3. CORE DIRECTORATE FUNCTIONS

3.1 MEDICAL PROFESSIONAL LEADERSHIP

Personnel and structure changes:

Medical Professional Development Centre /Andrew Sims Centre

The team are now fully recruited following a period of fixed term and bank staff. Dawn Newlands was successfully appointed to the Senior Events Officer and Medical Professional Development Centre Advisor role and Mandip Kaur, Events and Marketing Officer.

A finance review is taking place to include the work of managing the Red Kite View out of hours on-call rotas. This review has been requested as the historical business model in which the Medical Professional Development Centre / Andrew Sims Centre operates (self-funding) does not remunerate for important work carried out on behalf of care services.

Medical Education Centre

The administrative team are fully recruited and are now preparing for the August junior doctors rotation. Grace Elliott was successfully appointed to the Medical Education Administration Assistant role and Angela Longbottom, Medical Education Assistant.

A review has taken place within Medical Education Centre of the Leadership structure which identified that there were not adequate numbers of medical education leadership posts to fulfil the increase in training and medical student placements. A business case was successfully approved, and recruitment is now taking place.

Medical staffing levels – vacancies, recruitment

From February 2022 to June 2022, five Appointment Advisory Committees (AACs) have taken place. One substantive consultant appointment has been made in the gambling and addiction service. No appointments were made for forensic posts (Leeds and York), two Older Peoples Service posts, Eating Disorders, CREST, acute inpatients on ward 4 Newsam Centre and ward 1 Becklin Centre and ward 5 (rehabilitation) at the Newsam Centre.

Consultant vacancies remain in the York Forensics service (3), Inpatient wards at Becklin (1) and Newsam (1) Centres, Eating Disorders (3), CREST (1), Older Peoples Intensive Home Treatment Team (IHTT) (1) and ward 5 (rehabilitation) Newsam Centre (1). There continues to be an increase in additional agency spending due to vacancies and junior doctors being sourced to maintain junior medical cover in these areas.

There have been recent resignations of consultants in WAA South CMHT, WAA West CMHT and learning disabilities. Two consultants (WAA South CMHT and CAMHS, Mill Lodge) will be starting career breaks in September.

A Specialty Doctor who was redeployed to West CMHT has resigned and is leaving in August to start higher training. Additionally, a Specialty Doctor for acute WAA at the Becklin Centre has resigned and will be moving overseas.

In April, the Trust was successfully approved as a GMC sponsor to recruit international doctors for the Educational Specialty Doctors scheme. Following a recent advert for the scheme, seven doctors were shortlisted (all overseas and no UK applicants). Interviews have taken place and all seven doctors have been offered posts subject to pre-employment checks. All seven doctors require a Certificate of Sponsorship from the Home Office. LYPFT have status as a sponsorship organisation however there have been challenges in obtaining these.

Agency spend details

As of the 11th July there were 31 agency doctors booked within LYPFT.

Work taking place:

The Professional Lead and Medical Directorate Manager is working with Global Health Partnerships Health Education England (HEE) and West Yorkshire Health and Care Partnership, to address the identified workforce shortages specifically around consultant vacancies. HEE are developing ethical migratory pathways (EMPs) and LYPFT have agreed to take part in this pilot through which the project will seek to recruit overseas qualified consultant psychiatrists. The

doctors would be recruited via the project and the Trust would employ the consultants on a fixed term three-year contract and would provide the doctor a 3-year Tier II UK Visa.

The pilot is in its infancy stages as work is only just underway with the Royal College of Psychiatrist in identifying countries where qualifications and competencies are transferable to the UK.

The Professional Lead and Deputy Medical Directorate Manager are piloting Physician Associate students with the University of Leeds. These are three-week placements for three students. Posts have been identified on the acute WAA ward at Becklin Centre, Rehabilitation at Asket and Older Peoples inpatient wards at the Mount. If successful, we would opt in to taking students on a regular student placement rotation.

In supporting the successful recruitment of the overseas Specialty Doctors, a pastoral support package is being developed for the transition of the doctors to the UK. Links have been made with the Practice Learning & Development Team Manager (who has recently supported international nursing recruitment) and International Nurse Recruitment Lead to share learning and, in the longer term, to extend the Nurse Lead fixed term contract to also support the work with the overseas doctors. A request for funding to extend the fixed term role has been made with Workforce Project Lead (Mental Health, Learning Disabilities and Autism) as this post could also support the pilot work with Global Health Partnerships HEE.

Higher trainees

Individual and regular discussions have taken place with Leeds Higher Trainees to aid workforce planning by understanding who is keen to work as a Consultant in LYPFT and how posts can be made more attractive for trainees.

The Medical Directorate Manager has updated the HEE North, East and West Higher Trainee handbook to update the special interest opportunities which LYPFT can offer trainees.

Medical recruitment challenges and mitigation plans

Adult Acute Services	There are agency consultants who are covering consultant vacancies on the inpatient unit at Becklin Centre and ward 4 Newsam Centre. There are also 2 agency CTs covering trainee vacancies and 2 agency Specialty Doctors.
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Community + Wellbeing Service	<p>WAA South CMHT has had one consultant resignation and one consultant who has requested a career break from September for 12 months. There are recruitment plans in place for the consultant resignation and agency cover is in place to provide backfill for the career break. There continues to be two agency Specialty Doctors as recruitment has been unsuccessful.</p> <p>WAA West CMHT has had one consultant resignation and an agency consultant is filling this vacancy while recruitment plans are taking place.</p> <p>Recruitment for a Specialty Doctor had taken place and the successful candidate unfortunately withdrew.</p> <p>WAA East CMHT currently has one agency Specialty Doctor.</p>
Eating Disorders + Rehab	<p>Eating Disorders continues to be a vacancy hot spot. There is currently one agency consultant in post and two consultant vacancies are with external medical agencies. The substantive acting consultant is on long term sickness. There is also work taking place with GP medical agencies to cover physical health on the inpatient ward.</p> <p>Ward 5, Newsam Centre is covered by an agency following the resignation of the substantive consultant. The agency consultant is also the Responsible Clinician for the rehabilitation service based at Asket Croft. This is due to the extended sickness absence of the substantive consultant.</p>
Forensic services	<p>York forensic based psychiatry is wholly provided by agency doctors overseen by the clinical and medical psychiatry lead. An AAC scheduled in April received no applicants and continues to remain a hot spot of medical recruitment challenges.</p> <p>The Leeds forensic service consultant vacancy is currently covered by an external agency locum.</p>
Older Peoples Services	<p>Agency cover remains in place for the IHTT consultant, Specialty Doctors and Core Trainee.</p> <p>Maternity cover remains in place covered by an agency consultant. And then the agency Dr will move to West WAA CMHT.</p>
Learning Disability	<p>A consultant vacancy exists due to the resignation of the post holder and more recent, a substantive consultant has submitted their resignation. The service is reviewing the service and what is needed with regard to staffing levels.</p>
CAMHs Services	<p>Red Kite View have recently appointed a Specialty Doctor who will start in February '23.</p> <p>The substantive consultant at Mill Lodge is starting a career break in September for 12 months. Agency cover is being sourced</p>

Current state of medical line management

There are line management vacancies for adult acute services (covered by the Medical Professional Lead) with Learning Disabilities and CRISS line managers stepping down imminently. In addition, two medical line managers in WAA South CMHT and CAMHs Mill Lodge are taking 12-month career breaks.

A proposal was shared with Head of Operations and CD for acute services regarding additional consultant staffing. A job description is being written for a pilot of this model on ward 1 Becklin Centre, with a full time Consultant and medical lead plus a less than full time Consultant. Vickie Lovett and Cassie Goode are assisting with a joint business case for funding for adjunctive Multi Professional Approved Clinicians (MPACs) and consultants on each acute ward.

Job planning status update

The control improvement internal audit completed on 25th June 2021 recommended further improvements. The Medical Professional Lead and Medical Directorate Manager have reviewed the current process and were constructing a more purposeful framework for job planning to link with medical appraisal. However, this was paused due to the pandemic and will be put back on the work plan.

Medical Continuing Professional Development (CPD) and the Andrew Sims Centre

CPD events are continuing as a hybrid of face to face and virtual. The event management which ASC team promoted has become popular with new stakeholders including HEE and Acute and Mental Health Trusts across the country.

The Andrew Sims Centre (ASC) are an approved provider for the delivery of Mental Health Law (approved by the Northeast Approvals panel) for Approved Clinician and Section 12 Approval (induction and refresher). This is the main income generator for the ASC and following a recent retire and return of the course facilitator, succession planning is currently taking place.

The team continue to strive in promoting the ASC and creating bespoke programmes and events for stakeholders.

Medical Education

Starting with excellent news, the Medical Education and Leadership restructure has been completed and approved by EMT. This puts the Trust in an excellent position to maintain high standards of medical training considering the new Postgraduate Psychiatry Curriculum requirements from August 2022, increased trainee numbers and adds resilience in our trainers. This is line with the medical strategy and enables sustainability and succession planning for medical education and ultimately a filled and thriving consultant workforce. Dr Alex Bailey has been appointed as Director of Postgraduate Training- operational lead from 1st August 2022 and Dr Miz Abbas as Deputy Director of Undergraduate Medical Education from 1st July 2022.

Further good news is full recruitment to core training in psychiatry in the Trust for the second year running which bodes well for consultant workforce planning of the future. There were no adverse outcomes at the recent ARCPs (Junior doctor annual appraisals) as the Trust has worked hard to recover opportunities in both undergraduate and postgraduate medical education. Several continuous improvement workstreams are underway to improve trainee experience and competency development in line with the RCPsych Supported and Valued mandate including improving training and on call facilities and resetting remote working guidance as a trainee in community psychiatry.

Less positively, HEE have moved all junior doctor rotation dates to August from 2023 (rather than higher trainees rotating in October) which adds pressure to human resources/medical education at the busiest annual leave time and prevents higher trainees gaining useful leadership and teaching experience in inducting the new foundation and core trainees and being experienced on call whilst first tier become established. Dr Nightingale DME, has raised her objections with HEE around lack of appropriate consultation and adverse effects to training and patient care. Planning meetings with the medical education team are underway to enable smooth inductions of all grades of junior doctor in LYPFT from August 2023.

3.2 RESPONSIBLE OFFICER

This function of the Medical Directorate has not been covered within this July 2022 report as the annual Responsible Officer report has been submitted as a separate item for discussion at this same Board meeting.

3.3 CLINICAL LEADERSHIP AND QUALITY OF CARE

Developing Clinical Leadership:

The March 2022 Medical Directorate report summarised the work that had been undertaken to date in reviewing formal Clinical Leadership capacity within the organisation and provided an update on the progress of the Management of Change process that had taken place with current Clinical Leads. The report also described the implementation plan which proposed the use of focus group discussions with front line MDT teams and Operational and Clinical Leaders to understand the views of staff in relation to the skills and attributes needed for good clinical leadership and how the organisation can best support the development of these within current and future leaders. The March report also confirmed that the first focus group discussion had taken place with current Clinical Leads, thematic results documented and feedback with focus group participants. Progress has been affected by vacancies within the evaluation function of the Clinical Effectiveness Team. This work has recently been reallocated and the first MDT focus group has been planned to take place with a community team from the Older Peoples Service on the 26th of July 2022. Further requests have been made for volunteers from MDT teams from Community and Inpatient Teams from other services within the organisation. Once completed, the emerging themes from all focus group discussion held will be documented and presented within Trust Governance structures for debate and action planning.

Further to the work described above, monthly Clinical Lead forums have continued to take place. Following feedback from Clinical Leads in the forum and focus group, forum members are working collectively to explore the role of Action Learning Sets and Group Coaching to support the development of staff working in these roles. Representatives from Trust Organisational Development Team have attended the forum to listen and explore the needs of the staff group and, using this information, are returning with a model proposal for providing Group Coaching that will support the principles of the Trust work in Collective Leadership.

End of Life Care:

The March 2022 report summarised the work that had been completed and presented to Trust Wide Clinical Governance in regards to exploring the decision as to whether to formally adopt ReSPECT within the organisation. A report detailing the outcomes of a SWOT analysis and Contributory consultation have been documented and formally presented. Work to address the risk issues relating to the dual use of both ReSPECT documentation and DNA CPR within inpatient services continues and two task and finish groups, with representatives from operational, clinical and support services (e.g. RESUS Team) have met to agree a set of clinical practise standards that will support the mitigation of the current risks identified. The practice standards have been documented and presented at Trust Wide Governance for check and challenge. The standards have been tested on one wards and a reflective practice session has been planned and completed to explore the continuous improvement learning gained from the experience. The key learning points have been reported back to Trust Wide Governance and the practice standards have been amended to reflect the learning that has taken place. The aim is to work with key leaders to embed the standards in practice and care delivery within inpatient services.

During this reporting period a Leeds End of Life Programme Board has been created and is being supported by a LYPFT Clinical Director.

Trauma informed Care (TIC):

NHSE have positioned TIC as a priority within the long-term plan. Such an approach requires Trust-wide buy in to position it as a preferred model. This is a long-term project which would require substantial thinking and decision making at all levels across the Trust.

In the first instance, the existing small thinking group regarding TIC is in the process of producing a paper. This shall be considered and finalised during the ongoing meetings. Once a final paper has been produced, it will be presented at the newly formed Unified Clinical Governance Meeting (UCGM) and, eventually, Trust Wide Clinical Governance (TWCG) for further consideration.

Unified Clinical Governance Meeting (UCGM):

The clinical directors have actively participated in establishing a new model of clinical governance with the first UCGM set to take place in early July. It will be chaired by Nicola Sanderson.

Commissioning for Quality and Innovation (CQUINs):

Following a request to the CDs to co-lead on the delivery of CQUIN priorities, decisions have been taken about how to operationalise this to ensure successful delivery as follows:

1. Emma Pollhill's team to communicate requirements in a timelier manner to relevant Heads of Operations and Clinical Leads, rather than CDs.
2. Heads of Operations (HoP) and Clinical Leads (CL) to jointly take responsibility for the delivery of CQUINs in their service lines.
3. CDs and Deputy Chief Operating Officer (COO) to discuss with HoP and CL such that a pre-emptive plan is established for delivery.
4. Any challenges to be escalated to CDs and Deputy COO.
5. Additional infrastructure will be mobilised, should this be required – EJ to oversee entire project.

Consent to Electronic Communication:

A paper has been presented within TWCG detailing the outcomes of the outcome of a project which involved administration staff, proactively contacting service users to improve key aspects of data quality and obtain consent to be contacted in relation to research in the Trust.

Video Consultations

A review, with amendments as required, of the Standard Operating Procedure for video consultations is ongoing. This follows an internal audit report. Currently, stakeholders are being identified and recruited to.

Regional Collaboration – Perinatal Services

NHSE concluded that the footprint for the Perinatal Collaborative will span 3 ICBs; West Yorkshire, South Yorkshire and Humber & North Yorkshire with. Dr Chris Hosker has been acting as SRO within W Yorkshire. LYPFT has now confirmed its interest in being the Collaborative Provider for what will eventually include a wider range of mental health care and support for mothers, babies and those caring for them.

3.4 MEDICINES SAFETY

The pharmacy service continues to struggle with high levels of vacancies and staff absence plus the knock-on effects of service lines facing similar challenges.

The team are focussing efforts on:

- 1 - **Workforce** – wellbeing, recruitment, retention and development
- 2 - **Service delivery** – including a review of levels of service provision to wards/ units
- 3 - **Roles/ Responsibilities** – clarity, working better together, optimal use of skill mix
- 4 - **Simplifying and streamlining** how medicines supply requests come into the pharmacy dispensaries

The Chief Pharmacist and her deputy, plus other senior colleagues continue to provide direct front line pharmacy work in order to maintain a safe service and support the team, this has meant that some medicines governance projects/ activities remain paused/ scaled down.

The team have held a Pharmacy Workforce Redesign session with the People and Organisational Development team on the 30th June 2022 to look at the Pharmacy workforce and potential new roles / skills mixing

The automated fridge and ambient temperature monitoring system has been established within pharmacy and work is ongoing to ensure the on-call pharmacist is alerted to any temperature deviations outside working hours (mitigated by pharmacist logging into the system at the weekend). This system will also save frontline clinical staff manually checking temperatures each day (something that the CQC remain keen to check for) once clinical areas have the capacity to

set this up.

3.5 CLINICAL INFORMATION MANAGEMENT

During June 2022 the Chief Clinical Information Officer led a workshop in the Leeds Clinical Forum, alongside other Clinical Directors. The workshop focused on the sharing of clinical mental health information across the wider Leeds system and will inform how this is taken forward.

Modifications aimed at improving Caredirector continue and both a new FACE risk form and Care Planning form have been developed with a view to addressing know serious incident themes.

A large Electronic Document Management System project was launched at the start of July 2022 which will seek to implement a safe and clinically effective approach to clinical document management in the Trust. A project group has been assembled and the Medical Director is the SRO. A visit to the document processing facility in Swinton will take place later this month.

3.6 RESEARCH AND DEVELOPMENT

We have opened 5 new studies in the last quarter including SafePIT which works alongside Freshstart and is a psychological interventional study for people who have presented at A&E with self-harm. Also CONIFA a nature-based intervention for children with ADHD.

The new Research and Development strategy has been endorsed by the quality committee and a small amount of increased core funding will support the delivery of the strategy. The communication work we were undertaking with communication company OTB is complete and the new branding for the Research and Development Department will be launched shortly. We have obtained funding to set up a Young Person's advisory group for Mental Health Research and are employing someone short term to set this up. We hope to do this collaboratively with SWIFT. We delivered a successful Annual Research Forum and received positive feedback from delegates. A [short film](#) about the event is available. In May, the ASSIST2 research team were nominated for an award with NIHR Clinical Research Network for research conducted in a non-nhs setting. Hannah Shephard, the student Nurse who supported the set-up of the 'research experience' was also nominated for a Nursing times student Nurse of the year award for research.

3.7 MENTAL HEALTH LEGISLATION COMPLIANCE

The Mental Health Legislation (MHL) Department continues to work to the 'hybrid working' model, with the MHL Officers attending the office at the Becklin Centre on a rotational basis. Tribunals and Managers Hearings continue to be held remotely, as does mandatory training.

Mandatory Training

The team has worked hard to improve the mandatory training compliance figures and have been facilitating additional sessions to ensure we meet our training target going forwards. We have been proactively contacting staff who are either out of compliance or approaching the date where they need to complete their training and reminding them to book on to the appropriate course. The current training figures are;

Top Level by Requirement Title

Report database last refreshed on 05/07/2022
at 01:51:55

KEY: 0-74% 75-84% 85-100%

Requirement	Number compliant	Number non-compliant	Total Headcount	Compliance status
Mental Capacity Act and DoLS Level 2	697	170	867	80%
Mental Health Act (Inpatient) Level 2	250	74	324	77%
Mental Health Legislation Awareness Level 1	1230	155	1385	89%
Overall:	2177	399	2576	85%

In addition to mandatory training, we continue to provide bespoke training for teams and are facilitating monthly sessions for staff to improve knowledge and confidence in carrying out assessments of capacity.

MCA Code of Practice consultation

On the 1 July we held an event to inform our response to the draft MCA Code of Practice. This was very well attended, with over 40 staff and service users joining us for the day. The feedback we have received about the event was very positive and the input of all those who attended has been invaluable in informing our response to the consultation.

Human Rights Training

The legislation team, along with the lead for reducing restrictive interventions, are currently working with the British Institute of Human Rights to develop a training programme for the trust to increase knowledge of human rights and to ensure consideration of human rights is embedded in our work. We have been successful in securing funding from Health Education England for £40,000 which will fund our initial target of providing two training sessions of three hours each for 300 staff. Following this training we will be asking for expressions of interest from staff for a further five-day course which will train 48 people to be Human Rights Practitioners within the trust. Additionally, we will be providing information sessions for service users and carers and training for those with a responsibility for policies and procedures. Our plan is to launch our programme with a Human Rights awareness session for the board on 13 October 2022.

4. CONCLUSION

Specialist recruitment remains the single biggest challenge in the directorate. Efforts continue to be made to ensure that recruitment is prioritised and initial forays into international recruitment have started to produce results. There are considerable challenges around maintain sufficient capacity within the clinical workforce for innovation, but despite this, significant clinical projects continue and we are also pressing ahead with the development of our cadre of clinical leaders.

5. RECOMMENDATION

The Board are asked to consider the information contained within this report on the key functions of the medical directorate and to be assured that the work being conducted is commensurate with the challenges being faced and in line with the wider Trust strategy

Dr Christian Hosker

Medical Director

28th July 2022

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

**AGENDA
ITEM**

16

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Responsible Officer and Medical Revalidation Annual Report 1 April 2021 to 31 March 2022
DATE OF MEETING:	28 July 2022
PRESENTED BY: (name and title)	Wendy Neil, Responsible Officer
PREPARED BY: (name and title)	Vickie Lovett, Medical Directorate Manager

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

EXECUTIVE SUMMARY		
<p>This annual report has been produced using A Framework of Quality Assurance for Responsible Officers and Revalidation (FQA) (NHSE Medical Revalidation Programme, April 2014). It covers the work of the Good Medical Practice Assurance Group from 1 April 2021 and 31 March 2022 as follows</p> <ul style="list-style-type: none"> • General • Effective Appraisal • Recommendations to the General Medical Council • Medical Governance • Employment Checks 		
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;</p> <ol style="list-style-type: none"> 1. to read and agree this report provides assurance that there is effective governance to support medical revalidation within the Trust 2. to agree the Board Chairman can sign off the statement of compliance on behalf of the Board for submission to NHS England

Responsible Officer and Medical Revalidation

Annual Report

1 April 2021 to 31 March 2022

CONTENTS

Section

- 1 Introduction
- 2 Purpose of the Report
- 3 Framework of Quality Assurance
 - 3.1 General
 - 3.2 Effective Appraisal
 - 3.3 Recommendations to the General Medical Council
 - 3.4 Medical Governance
 - 3.5 Employment Checks
- 4 Summary and next steps

1 INTRODUCTION

This report has been produced using [A Framework of Quality Assurance for Responsible Officers and Revalidation \(FQA\)](#) (NHSE Medical Revalidation Programme, 2014, updated 2021) to inform the content. The FQA has been designed to support future progress in organisations and provide the required level of assurance both within designated bodies and to the higher-level Responsible Officer.

2 PURPOSE OF THE REPORT

Medical revalidation is a legal requirement which applies to all licensed doctors listed on the General Medical Council (GMC) register in both the public and independent sectors. Its purpose is to improve patient care by bringing all licensed doctors into a governed system that prioritises professional development and strengthens personal accountability.

LYPFT, as a 'designated body' under the Medical Profession (Responsible Officer) Regulations 2010 and 2013 (referred to as the Responsible Officer Regulations) has a duty to appoint or nominate a Responsible Officer. The Responsible Officer must ensure that every doctor connected to the designated body, as set out in the legislation:

- i. Receives an annual medical appraisal meeting nationally agreed standards
- ii. Undergoes the appropriate pre-engagement/employment background checks to ensure that they have qualifications and experience appropriate to the work performed
- iii. Works within a managed system in which their conduct and performance are monitored, with any emerging concerns being acted upon appropriately and to nationally agreed standards
- iv. Has a recommendation made to the GMC regarding their fitness to practise every 5 years, on which their continuing licence to practise is based

This report summarises the work which has taken place by the Responsible Officer in conjunction with colleagues in the Medical and People and Organisational Development Directorate and doctors, between 1 April 2021 and 31 March 2022, to provide assurance to the Trust's Board of Directors, the GMC and NHSE that the appropriate systems and processes are in place to ensure that each doctor working within the Trust is safe to practise.

3. FRAMEWORK OF QUALITY ASSURANCE

The Good Medical Practice Assurance Group (GMP Assurance Group), chaired by the Responsible Officer, is the Trust's group which oversees compliance with the Framework of Quality Assurance (FQA). It has met monthly 1 April 2021 - 31 March 2022 and has provided summary reports of its actions to JLNC and the Trust's Quality Committee throughout the year.

In response to the specific FQA template requirements the following should be noted:

3.1 General

3.1.1 The Annual Organisational Audit (AOA) for this year has been submitted.

Action from last year: The 2020/2021 Annual Organisational Audit (AOA) was stood down by NHSEI however appraisal data were voluntarily submitted on 14 September 2021 via the annual Board Report and Statement of Compliance.

Comments: No issues of concern were raised in the 2020/2021 report. The 2021/2022 AOA has again been stood down however the Responsible Officer will be submitting the annual Board Report and Statement of Compliance on/around 14 September 2022

Action for next year: Plan for full AOA submission likely due April 2023.

3.1.2 An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: To continue with the current Responsible Officer arrangements.

Comments: nil

Action for next year: Maintain

3.1.3 The designated body provides sufficient funds, capacity and other resources for the Responsible Officer to carry out the responsibilities of the role.

Action from last year: Complete review of efficacy of management and administrative structure and support to the Responsible Officer and Medical Director.

Comments: Following retirement of the previous postholder the new Medical Directorate Manager started in post on 1 April 2021. A review of the administrative and medical structure to support revalidation and appraisal led to the submission of a successful business case for additional funding and the new posts of Medical Professional Lead Administrator and SAS Appraisal lead were subsequently recruited to (start date 9 December 2021 and 1 December 2021 respectively). The previous Associate Medical Director for Appraisal and Revalidation retired on 30 November 2021 and his replacement started on 1 December 2021. A new replacement Consultant Appraisal Lead was also successfully appointed (start date 1 December 2021).

These new appointments have already led to tangible improvements in the efficacy of the support to the Responsible Officer and Medical Director. The presence of the Medical

Professional Lead Administrator has released time to enable the Medical Directorate Administrator to act as the dedicated administrator for medical revalidation and appraisal. The appointment to the new post of SAS Appraisal lead has ensured that SAS doctors have a dedicated appraisal lead that will quality assure the SAS medical appraisal and revalidation process. These roles, working in conjunction with the AMD for Medical Appraisal and the Consultant Appraisal lead, have ensured continued support to doctors to enable them to engage effectively with the appraisal and revalidation process, enabled appraisers to undertake their role effectively, enabled continued review of and implementation of updates to the e-L2P appraisal system, and enabled work with colleagues to be undertaken to ensure the supporting information for appraisal is timely, relevant, meaningful and accurate. It has also enabled continued active engagement with regional and national appraiser/RO networks.

Actions for next year: To embed and continue to evaluate the efficacy of these new structures within the Medical Directorate

- 3.1.4 An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: Maintain

Comments: Monthly 'leaver and starter' reports continue to be used to update GMC Connect (secure partner portal used to maintain doctors' prescribed connections with the Trust) and updates are provided to the GMP Assurance Group. Additional checks are made at time of junior doctor rotation from or to training grades to ensure the doctors' prescribed connection is correct.

Action for next year: Maintain

- 3.1.5 All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: Undertake and complete a review of the Trust's 'Managing Concerns about Medical Staff' procedure. Undertake and complete a review of the Trust's 'Medical Appraisal' procedure.

Comments: The updated 'Managing Concerns about Medical Staff' procedure (now entitled 'Managing Concerns about Medical Colleagues' (Maintaining High Professional Standards)) was ratified on 17 March 2022 by the Trust's People Employment Group. The 'Medical Appraisal' procedure has been updated and is awaiting governance approval

Action for next year: Complete the process for review and ratification of the 'Medical Appraisal' procedure and ensure appropriate dissemination to key stakeholders.

- 3.1.6 A peer review has been undertaken of this organisation's appraisal and revalidation processes.

Action from last year: Undertake peer review of the organisation's appraisal and revalidation processes.

Comments: South West Yorkshire Foundation Trust have agreed to participate in a peer review of processes. Due to Covid-19-related pressures however they have requested that this be deferred until November 2022.

Action for next year: Complete peer review and implement any identified recommendations.

- 3.1.7 A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: Maintain

Comments: Directly employed locum doctors continue to be managed as per substantive doctors and are supported in their CPD, appraisal, revalidation and governance. Agency locum doctors' appraisal and revalidation responsibilities are with their designated bodies with relevant supporting information (e.g. compliments, complaints or incidents, involvement in governance activity and CPD) provided on request.

Action for next year: Maintain

3.2. Effective Appraisal

- 3.2.1 All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Action from last year: Undertake work with the Chief Clinical Information Officer (CCIO) and medical staff to explore how the data available from Care Director and other information sources can be used as supporting information for the doctor's appraisal.

Comments: This action was unable to be progressed due to Covid-19-related pressures in community services. With the increase in capacity arising from the appointment of the new SAS and consultant appraisal leads this work will be pursued, in collaboration with the AMD for Medical Appraisal and Revalidation and the Professional Lead for Psychiatry, in 2022/2023. The vision is that all doctors will receive a range of data about their own/their team's performance and activity, which can be used as supporting information in their appraisal. Some data will be applicable to all/most doctors (e.g. number of patient contacts, frequency of DNAs) and will be considered in the context of the particular patient group served. Other data will be more specific to the individual service or that doctor's role (e.g. number of patients admitted from home based treatment, number of re/admissions to the acute services, number of patients having breached waiting time to first contact, etc.). With individual and team focussed data readily available, it is anticipated that this expanded range of supporting information for

appraisal will be used to explore achievements and aspirations, develop SMART personal development plans and would be an aid to reflection.

Action for next year: Undertake work with the Chief Clinical Information Officer (CCIO) and medical staff to explore how the data available from Care Director and other information sources can be used as supporting information for the doctor's appraisal.

- 3.2.2 Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: As above

Comments: Previous EPR (PARIS) was not able to provide all doctors with individual activity reports e.g. inpatient wards and for some specialty doctors when activity was submitted in their consultant's activity

Action for next year: Work will remain ongoing with the IT reporting team to ensure that each doctor has access to meaningful activity data which is representative of their scope of work

- 3.2.3 There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: Medical Appraisal procedure to be reviewed.

Comments: The procedure has been updated and has been submitted for consideration/ratification by the Joint Local Negotiating Committee and the Policy and Procedure Group.

Action for next year: To complete the process for review and ratification of the Medical Appraisal procedure

- 3.2.4 The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: The necessary number of trained appraisers to be reviewed and, if required, an appraiser recruitment round should be competed.

Comments: A review of the necessary number of trained appraisers has been completed and two rounds of recruitment have taken place with seven appraisers successfully appointed. There are currently the required 25 trained appraisers in the Trust.

Action for next year: To complete training for all newly appointed appraisers and consider further recruitment rounds as required.

- 3.2.5 Medical appraisers participate in on-going performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers¹ or equivalent).

¹ <http://www.england.nhs.uk/revalidation/ro/app-syst/>

Action from last year: Maintain

Comments: The AMD for Medical Appraisal and Revalidation and the Responsible Officer have continued to attend the NHSE Medical Appraisal Leads networks and specific Mental Health Medical Appraisal Leads networks and they have fed back key developments to the GMP Assurance Group. Quarterly Appraiser Development Forums (ADF) have continued to run via zoom to offer on-going support and development to the Trust's medical appraisers incorporating, where appropriate, information from regional and national networks. Appraisers are now additionally offered 1:1 feedback and reflection meetings regarding their performance as appraisers with either the AMD for Medical Appraisal, the Consultant Appraisal lead or the SAS Appraisal lead using a standardised template

Action for next year: The AMD for Medical Appraisal and Revalidation and the Responsible Officer to maintain their participation in NHSE and Mental Health appraisal networks. The structure and content of the ADFs to be reviewed together with the impact of the 1:1 appraiser meetings on quality and performance.

² Doctors with a prescribed connection to the designated body on the date of reporting.

- 3.2.6 The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: Quality assurance of appraisal systems and processes to be undertaken annually and results discussed at GMP Assurance Group meeting.

Comments: Quality assurance has been undertaken and revealed positive feedback from doctors about quality of appraisals, including a positive response to the availability of use of technology for 'virtual' appraisal meetings. The evaluation of a pilot of the use of e-MSF for the collection of patient and carer feedback has led to its roll-out for use for all doctors to access either alone, or as part of blended approach. Despite this there remain challenges for doctors in certain sub-specialities with respect to obtaining meaningful patient and carer feedback. The risk is mitigated by doctors being requested to collect this feedback on a three-yearly basis, meaning that existing doctors will have completed at least one cycle of Multi Source Feedback including patient feedback in their 5-year revalidation cycle. Engagement with this is monitored through exception reporting of MSF progress at the monthly GMP Assurance Group meeting

Action for next year: Quality Assurance to continue to be undertaken annually and results discussed at GMP Assurance Group meeting. Opportunities to be pursued to further develop the Trust's appraisal system in collaboration with providers (L2P) and in accordance with national guidelines. Opportunities to be pursued to pilot adaptations to the patient feedback process to ensure that it is meaningful for patients and doctors in conjunction with the regional Responsible Officer Network.

3.3 Recommendations to the GMC

- 3.3.1 Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: Maintain

Comments: No Fitness to Practise concerns were referred to the GMC during the period of this report.

Action for next year: To retain close links between the Responsible Officer and the GMC Employer Liaison Adviser enabling timely discussions regarding, and referrals to, the GMC should concerns arise.

- 3.3.2 Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: To continue to collaborate with the Responsible Officer Network with particular reference to the evolving nature of the Covid-19 pandemic and its implications for NHS staff, further to fresh guidance from the GMC in the last year

Comments: The Responsible Officer has continued to be actively involved in regional RO networks to ensure local practice benchmarks favourably against regional practice. Doctors under notice continue to be reviewed at each (monthly) GMP Assurance group meeting which allows early identification of issues that may prevent a recommendation to revalidate and for a discussion to take place with the doctor on the actions needed to be able to revalidate. All doctors now receive written confirmation from the RO once revalidation recommendations have been submitted and approved.

Action for next year: Maintain

3.4 Medical Governance

- 3.4.1 This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: To ensure adequate support for the doctors and the Responsible Officer to enable effective clinical governance

Comments: With a new fully recruited medical and appraisal revalidation team, a review of internal systems and processes is currently being undertaken with an emphasis on quality assurance and supporting information.

Action for next year: Implement GMC Appraiser Assurance Review as replacement for Excellence Quality Assurance tool. Work with the CCIO and medical workforce to explore how the data available from Care Director and other information sources can be used as supporting information for the doctor's appraisal.

- 3.4.2 Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: To continue to ensure that maintaining health and wellbeing discussions remain a priority during appraisal (as per NHSE recommendations) using the dedicated section on e-L2P appraisal system.

Comments: Wellbeing assessments are mandated for all doctors which are undertaken by the doctors' medical line manager.

Action for next year: Continue to support health and wellbeing discussions.

- 3.4.3 There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: The Trust's Managing Concerns about Medical Colleagues' (Maintaining High Professional Standards) procedure to be reviewed and ratified.

Comments: The Trust's 'Managing Concerns about Medical Colleagues (Maintaining High Professional Standards)' policy has been ratified. Medical Case investigators (n=17) and Workforce supporting staff (n=5) undertook NHSE-approved training in April 2021

Actions for next year: Arrange and deliver suitable updates for trained doctors, managers and workforce staff involved in investigating concerns about medical staff and supporting those staff.

- 3.4.4 The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors².

Action from last year: 2020/2021 Equality impact assessment (EIA) to be presented to the GMP Assurance Group meeting with further analysis of directly employed medical staff to be completed

Comments: The NHS Workforce Race Equality Standard (WRES) was launched in 2015 to examine the experience of BME staff within the NHS. The NHS Medical Workforce Race Equality Standard (MWRES) indicators for the medical workforce 2020 was released in July 2021. A business case was approved with funding to recruit a Medical Workforce Equality Standard Medical Lead and the post was appointed to in January 2022.

Action for next year: Equality Impact assessment (EIA) to be undertaken in conjunction with the MWRES lead exploring the Trust's compliance with relevant MWRES indicators and presented to the Good Medical Practice Assurance group. Further action to address any areas of concern will then be undertaken as required.

- 3.4.5 There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and

⁴This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

who also work in other places, and b) doctors connected elsewhere but who also work in our organisation³.

Action from last year: Maintain

Comments: 'Starters and Leavers' is a standing agenda item in the GMP Assurance group and informs the preparation of RO to RO transfer information. Concerns regarding doctors whose prescribed connection is not LYPFT are raised with the Trust's Responsible Officer and escalated to the doctor's Responsible Officer as appropriate.

Action for next year: The Trust's Responsible Officer to continue to attend regional Responsible Officer meetings to further develop relationships and benchmark practice across the region

- 3.4.6 Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: Maintain

Comments: Equality impact assessment (EIA) completed annually. Should concerns be raised about a doctor's practice, they are dealt with in accordance with the Trust's procedure, including being investigated by case investigators who have completed NHS Resolution-approved training

Action for next year: See section 3.4.4 regarding EIA.

3.5 Employment Checks

- 3.5.1 A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: Audit of pre-employment checks for agency doctors (consultants, specialty doctors and junior doctors) to be presented to GMP Assurance group

Comments: The audit revealed that, although information regarding the doctor's Responsible Officer and appraisal dates has improved compared with previous audits, there was poor compliance with the required requesting and receipt of Medical Practice Information Transfer (MPIT) forms.

Action for next year: To work with the Trust's newly-appointed recruitment manager to ensure effective and timely pre-employment checks of directly employed doctors is taking place.

³ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

Impact of this to be re-audited and results presented to the GMP Assurance Group. To ensure that agency compliance continues to be met a review of the local working agency checklist to be undertaken with regards to references from previous Responsible Officers. A re-audit will be carried out and results presented to the GMP Assurance Group.

4 Summary and next steps

Despite the ongoing pressures of Covid-19 work has continued in the past 12 months to maintain the high standards of medical appraisal within the Trust. To support this 6 new appraisers have been appointed (3 consultants and 3 SAS doctors) taking us to a full complement of trained medical appraisers. In addition the appointment of a new SAS appraisal lead and a consultant appraisal lead has enabled the provision of expert/advanced professional advice and support on matters pertaining to revalidation and appraisal for doctors.

Regular meetings have continued with representatives of the Trust's appraisal platform (L2P) to review the functionalities with the e-software and ensure data submitted are meaningful and facilitate constructive appraisal discussions. This has included the piloting by LYPFT doctors of the use of e-MSF for the collection of patient feedback. The results of this pilot confirmed that this was a reliable and acceptable approach for doctors and patients/their carers and this has since been rolled-out for use by all doctors. The Medical Directorate Manager has also been working alongside neighbouring Trusts who use this e-platform to maximise and share good practice and a date for a peer review of practice has been set for November 2022.

No concerns have been raised about doctors which have required escalation to the GMC in the last year. The Responsible Officer and members of the GMP Assurance group have worked with the BMA and colleagues in Workforce to develop updates to the Trust's Managing Concerns About Doctors policy which has since been ratified and all medical line managers have now been trained to act as Case Investigators. The newly appointed Medical Workforce Race Equality Standard (MWRES) lead started on 4 January 2022 and has attended the GMP Assurance Group and, working with the NHS MWRES standards, is starting to address the indicators specific to medical revalidation and appraisal.

Work being carried forward to 2022/2023 includes to:

- Undertake review of Trust's Medical Appraisal procedure
- Complete peer review of the Trust's appraisal and revalidation processes
- Work with the CCIO and medical workforce to explore how the data available from Care Director and other information sources can be used as supporting information for the doctor's appraisal.
- Complete training for all newly appointed appraisers
- Review the structure and format of the Trust's Appraiser Development Forums
- Work with the Regional Responsible Officer network to develop and pilot adaptations to the patient feedback process
- Work with Andrew Sims Centre to arrange regional update training for Case Investigators/Case Managers and HR

- Work with the MWRES lead to review the Trust's compliance with relevant MWRES indicators and address any areas of concern as required
- Work with the Trust's newly-appointed recruitment manager to ensure effective and timely pre-employment checks of directly employed doctors is taking place.

Wendy Neil
Responsible Officer
1.5.22

STATEMENT OF COMPLIANCE

The Board of Leeds and York Partnership NHS Foundation Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Official name of designated body: Leeds and York Partnership NHS Foundation Trust

Name: Professor Sue Proctor
Role: Chairman
Date: _ _ _ _ _

Signed: _ _ _ _ _

**AGENDA
ITEM**

17

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Director of People and Organisational Development
DATE OF MEETING:	28 July 2022
PRESENTED BY: (name and title)	Darren Skinner, Director of People and Organisational Development
PREPARED BY: (name and title)	Darren Skinner, Director of People and Organisational 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.	
SO2	We provide a rewarding and supportive place to work.	✓
SO3	We use our resources to deliver effective and sustainable services.	✓

EXECUTIVE SUMMARY		
<p>This is the first report of the Director of People and Organisational Development for the Board of Directors at Leeds and York Partnership NHS Foundation Trust.</p> <p>The directorate consists of the following areas of business, each with a specific responsibility to deliver Our People Plan.</p> <ul style="list-style-type: none"> • People Resourcing and Organisational Development • People Experience • People Employment; and • People Analytics and Temporary Staffing <p>This report provides an update on the work being carried out to support the delivery of Our People Plan.</p>		
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 note the contents of this report and be assured of the breath of work, progress and oversight across the People and Organisational Development directorate and the delivery of Our People Plan.</p>

**AGENDA
ITEM**

18

MEETING OF THE PUBLIC BOARD OF DIRECTORS

PAPER TITLE:	2021 Bank Staff Survey Results
DATE OF MEETING:	28 July 2022
PRESENTED BY: (name and title)	Darren Skinner - Director of People and OD
PREPARED BY: (name and title)	Tracey Needham - Head of People Engagement

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 paper provides the Board of Directors with a high-level summary of the results and outcomes of the 2021 Bank Staff Survey. The questions in the Bank Staff Survey have been changed to align to the People Promise, as part of the NHS People Plan, which identifies, in the words of NHS Staff, the things that would most improve their working experience.

The paper examines the experience of our Bank Staff and, where possible, how these results compare to previous years and against the experience of our substantive staff group. It highlights any emerging themes, on where we have made improvements or seen deterioration.

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 receive and note the high-level report for the 2021 LYPFT Bank Staff Survey results, and to:

- Confirm they will actively support the intention planning activity to improve the experience of our bank staff working at LYPFT by understanding, raising awareness and championing actions taken to reduce the higher level of incidences of bullying and harassment for this staff group.
- Agree to support the continued project work needed to support the People Engagement and the Bank Management Team to work with the National team on the introduction and roll-out of the new National Bank Survey.

Q is not new but reporting structure changed					Bank	Bank	Bank	Bank YoY	Subs.	Bank
New Q for 2021					2019	2020	2021	2021 YoY	2021	2021
For percentage scores (%):						10	13		6	13
Unfavourable/favourable differences of 5% or more highlighted red/green. Unfavourable differences between 3% and 5% highlighted in amber.						12	5		4	5
For scale scores (0.0 to 10.0):						15	4		0	4
Unfavourable/favourable differences of 5.0 or more highlighted red/green. Unfavourable differences between 3.0 and 4.99 highlighted in amber					Bank	Bank	Bank	Bank YoY	Subs.	Bank
					2019	2020	2021	YoY	2021	2021
					129	125	106	-19	1384	106
					25.7%	25%	22%	-3%	47%	22%

Q is not new but reporting structure changed					Bank	Bank	Bank	Bank YoY	Subs.	Bank
New Q for 2021					2019	2020	2021	2021 YoY	2021	2021
For percentage scores (%):						10	13		6	13
Unfavourable/favourable differences of 5% or more highlighted red/green. Unfavourable differences between 3% and 5% highlighted in amber.						12	5		4	5
For scale scores (0.0 to 10.0):						15	4		0	4
Unfavourable/favourable differences of 5.0 or more highlighted red/green. Unfavourable differences between 3.0 and 4.99 highlighted in amber					Bank	Bank	Bank	Bank YoY	Subs.	Bank
* Measures where a lower score is better in italics and identified with an asterisk (*).					2019	2020	2021	YoY	2021	2021
*1 Questions appear twice in reporting deck so RAG Colour Coded but not counted twice					129	125	106	-19	1384	106
Number of respondents					25.7%	25%	22%	-3%	47%	22%
Response Rate										
National Staff Survey 2021					Bank Staff - 2019 Unweighted Data	Bank Staff - 2020 Unweighted Data	Bank Staff - 2021 Unweighted Data	Bank YoY Difference 2020 - 2021	Substantive Staff - 2021 Weighted Data	Bank Staff - 2021 Unweighted Data
Leeds and York Partnership NHS Foundation Trust										
Substantive staff is heat mapped against previous year using 'Weighted Data'										
Bank staff 'Unweighted Data' is heat mapped against 2020 Bank staff 'Unweighted Data'										
Promise 3: We each have a voice that counts					Bank	Bank	Bank	Bank YoY	Subs.	Bank
Sub Score P3.1: Autonomy and control					2019	2020	2021	YoY	2021	2021
Q3a I always know what my work responsibilities are					94%	89%	89%	0.0%	81.0%	89%
Q3b I am trusted to do my job					94%	93%	90%	-3.0%	91.2%	90%
Q3c There are frequent opportunities for me to show initiative in my role					75%	78%	71%	-7.0%	76.5%	71%
Q3d I am able to make suggestions to improve the work of my team / department					69%	66%	64%	-2.0%	78.3%	64%
Q3e I am involved in deciding on changes introduced that affect my work area / team / department					30%	34%	28%	-6.0%	57.6%	28%
Q3f I am able to make improvements happen in my area of work					69%	66%	43%	na	61.1%	43%
Q5b I have a choice in deciding how to do my work					46%	41%	40%	-1.0%	62.5%	40%
Total Sub Score P3.1: Autonomy and control							5.9		7.2	5.9
Sub Score P3.2: Raising concerns					2019	2020	2021	YoY	2021	2021
Q17a I would feel secure raising concerns about unsafe clinical practice					73%	70%	74%	4.0%	78.0%	74%
Q17b I am confident that my organisation would address my concern					67%	63%	71%	8.0%	63.4%	71%
Q21e I feel safe to speak up about anything that concerns me in this organisation						82%	77%	na	68.6%	77%
Q21f If I spoke up about something that concerned me I am confident my organisation would address my concern							66%		56.5%	66%
Total Sub Score P3.2: Raising concerns							6.3		6.8	6.3
PROMISE 3: We each have a voice that counts Theme Score							7.0		7.0	7.0
Promise 4: We are safe and healthy					Bank	Bank	Bank	Bank YoY	Subs.	Bank
Sub Score P4.1: Health and safety climate					2019	2020	2021	YoY	2021	2021
Q3g I am able to meet all the conflicting demands on my time at work					59%	69%	64%	-5.0%	45.0%	64%
Q3h I have adequate materials, supplies and equipment to do my work					73%	78%	77%	-1.0%	65.9%	77%
Q3i There are enough staff at this organisation for me to do my job properly					41%	57%	42%	-15.0%	30.8%	42%
Q5a I have unrealistic time pressures					8%	15%	46%	31.0%	29.5%	46%
Q11a My organisation takes positive action on health and well-being					48%	52%	75%	na	64.0%	75%
Q13d The last time you experienced physical violence at work, did you or a colleague report it?					85%	84%	91%	7.0%	94.3%	91%
Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?					74%	65%	64%	-1.0%	62.8%	64%
Total Sub Score P4.1: Health and safety climate							5.9		5.8	5.9
Sub Score P4.2: Burnout					2019	2020	2021	YoY	2021	2021
Q12a How often, if at all, do you find your work emotionally exhausting?							18%		35.8%	18%
Q12b How often, if at all, do you feel burnt out because of your work?							13%		27.7%	13%
Q12c How often, if at all, does your work frustrate you?							18%		34.3%	18%
Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?							11%		26.2%	11%
Q12e How often, if at all, do you feel worn out at the end of your working day/shift?							21%		39.5%	21%
Q12f How often, if at all, do you feel that every working hour is tiring for you?							11%		16.0%	11%
Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?							17%		27.1%	17%
Total Sub Score P4.2: Burnout							5.4		5.2	5.4

Q is not new but reporting structure changed					Bank	Bank	Bank	Bank YoY	Subs.	Bank
New Q for 2021					2019	2020	2021	2021 YoY	2021	2021
For percentage scores (%): Unfavourable/favourable differences of 5% or more highlighted red/green. Unfavourable differences between 3% and 5% highlighted in amber.						10	13		6	13
For scale scores (0.0 to 10.0): Unfavourable/favourable differences of 5.0 or more highlighted red/green. Unfavourable differences between 3.0 and 4.99 highlighted in amber						12	5		4	5
* Measures where a lower score is better in italics and identified with an asterisk (*).						15	4		0	4
*1 Questions appear twice in reporting deck so RAG Colour Coded but not counted twice					Bank	Bank	Bank	Bank YoY	Subs.	Bank
Number of respondents					2019	2020	2021	YoY	2021	2021
Response Rate					129	125	106	-19	1384	106
					25.7%	25%	22%	-3%	47%	22%
National Staff Survey 2021 Leeds and York Partnership NHS Foundation Trust Substantive staff is heat mapped against previous year using 'Weighted Data' Bank staff 'Unweighted Data' is heat mapped against 2020 Bank staff 'Unweighted Data'					Bank Staff - 2019 Unweighted Data	Bank Staff - 2020 Unweighted Data	Bank Staff - 2021 Unweighted Data	Bank YoY Difference 2020 - 2021	Substantive Staff - 2021 Weighted Data	Bank Staff - 2021 Unweighted Data
Sub Score P4:3 Negative experiences					2019	2020	2021	YoY	2021	2021
* Q11b	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?				13%	19%	21%	2.0%	26.8%	21%
* Q11c	During the last 12 months have you felt unwell as a result of work related stress?				12%	20%	25%	5.0%	44.1%	25%
* Q11d	In the last three months have you ever come to work despite not feeling well enough to perform your duties?				22%	11%	23%	12.0%	51.4%	23%
* Q13a	In the last 12 months how many times have you personally experienced physical violence at work from...Patients / service users, their relatives or other members of the public				37%	41%	38%	-3.0%	17.5%	38%
* Q13b	In the last 12 months how many times have you personally experienced physical violence at work from...managers				0%	2%	1%	-1.0%	0.4%	1%
* Q13c	In the last 12 months how many times have you personally experienced physical violence at work from...other colleagues				3%	4%	5%	1.0%	1.1%	5%
* Q14a	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...Patients / service users, their relatives or other members of the public				39%	39%	39%	0.0%	28.3%	39%
* Q14b	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...managers				3%	6%	13%	7.0%	8.0%	13%
* Q14c	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...other colleagues				18%	16%	21%	5.0%	14.0%	21%
Total Sub Score P4.3: Negative experiences							6.9		7.9	6.9
PROMISE 4: We are safe and healthy Theme Score							6.0		6.3	6.0
Promise 5: We are always learning					Bank	Bank	Bank	Bank YoY	Subs.	Bank
Sub Score P5.1: Development					2019	2020	2021	YoY	2021	2021
Q20a	This organisation offers me challenging work						52%		72.9%	52%
Q20b	There are opportunities for me to develop my career in this organisation						55%		56.6%	55%
Q20c	I have opportunities to improve my knowledge and skills						66%		73.6%	66%
Q20d	I feel supported to develop my potential						54%		60.4%	54%
Q20e	I am able to access the right learning and development opportunities when I need to						61%		61.7%	61%
Total Sub Score P5.1: Development							5.5		6.6	5.5
Sub Score P5.2: Appraisals					2019	2020	2021	YoY	2021	2021
Q19a	In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?				na	na	na	na	78.1%	na
Q19b	It helped me to improve how I do my job				na	na	na	na	21.6%	na
Q19c	It helped me agree clear objectives for my work				na	na	na	na	35.1%	na
Q19d	It left me feeling that my work is valued by my organisation				na	na	na	na	29.6%	na
Total Sub Score P5.2: Appraisals									4.4	
PROMISE 5: We are always learning Theme Score							5.5		5.5	5.5
Promise 6: We work flexibly					Bank	Bank	Bank	Bank YoY	Subs.	Bank
Sub Score P6.1: Support for work-life balance					2019	2020	2021	YoY	2021	2021
Q6b	My organisation is committed to helping me balance my work and home life						64%		55.7%	64%
Q6c	I achieve a good balance between my work life and my home life						86%		58.7%	86%
Q6d	I can approach my immediate manager to talk openly about flexible working						72%		80.4%	72%
Total Sub Score P6.1: Support for work-life balance							6.4		6.7	6.4
Sub Score P6.2: Flexible working					2019	2020	2021	YoY	2021	2021
Q4d	I am satisfied with...the opportunities for flexible working patterns				80.0%	83.0%	80%	-3.0%	68.6%	80%
Total Sub Score P6.2: Flexible working							6.8		7.0	6.8
PROMISE 6: We work flexibly Theme Score							6.6		6.9	6.6
Promise 7: We are a team					Bank	Bank	Bank	Bank YoY	Subs.	Bank

Q is not new but reporting structure changed

New Q for 2021

For percentage scores (%):

Unfavourable/favourable differences of 5% or more highlighted **red/green**. Unfavourable differences between 3% and 5% highlighted in **amber**.

For scale scores (0.0 to 10.0):

Unfavourable/favourable differences of 5.0 or more highlighted **red/green**. Unfavourable differences between 3.0 and 4.99 highlighted in **amber**

* Measures where a lower score is better in italics and identified with an asterisk (*).

*1 Questions appear twice in reporting deck so RAG Colour Coded but not counted twice

Number of respondents

Response Rate

Bank	Bank	Bank	Bank YoY	Subs.	Bank
2019	2020	2021	2021 YoY	2021	2021
	10	13		6	13
	12	5		4	5
	15	4		0	4
Bank	Bank	Bank	Bank YoY	Subs.	Bank
2019	2020	2021	YoY	2021	2021
129	125	106	-19	1384	106
25.7%	25%	22%	-3%	47%	22%

National Staff Survey 2021

Leeds and York Partnership NHS Foundation Trust

Substantive staff is heat mapped against previous year using 'Weighted Data'

Bank staff 'Unweighted Data' is heat mapped against 2020 Bank staff 'Unweighted Data'

Sub Score P7.1: Team working

	2019	2020	2021	YoY
Q7a The team I work in has a set of shared objectives	70%	68%	70%	2.0%
Q7b The team I work in often meets to discuss the team's effectiveness	58%	55%	54%	-1.0%
Q7c I receive the respect I deserve from my colleagues at work	75%	74%	75%	1.0%
Q7d Team members understand each other's roles			71%	
Q7e I enjoy working with the colleagues in my team			77%	
Q7f My team has enough freedom in how to do its work			58%	
Q7g In my team disagreements are dealt with constructively			56%	
Q8a Teams within this organisation work well together to achieve their objectives			67%	
Total Sub Score P7.1: Team working			5.9	

Bank Staff - 2019 Unweighted Data	Bank Staff - 2020 Unweighted Data	Bank Staff - 2021 Unweighted Data	Bank YoY Difference 2020 - 2021	Substantive Staff - 2021 Weighted Data	Bank Staff - 2021 Unweighted Data
2019	2020	2021	YoY	2021	2021
70%	68%	70%	2.0%	73.7%	70%
58%	55%	54%	-1.0%	66.2%	54%
75%	74%	75%	1.0%	73.8%	75%
		71%		67.0%	71%
		77%		81.3%	77%
		58%		61.0%	58%
		56%		61.3%	56%
		67%		52.1%	67%
		5.9		6.7	5.9

Sub Score P7.2: Line management

	2019	2020	2021	YoY
Q9a My immediate manager...encourages me at work	63%	64%	66%	2.0%
Q9b My immediate manager...gives me clear feedback on my work	54%	53%	56%	3.0%
Q9c My immediate manager...asks for my opinion before making decisions that affect my work	39%	45%	53%	8.0%
Q9d My immediate manager...takes a positive interest in my health and well-being	62%	69%	67%	-2.0%
Total Sub Score P7.2: Line management			5.6	
PROMISE 7: We are a team Theme Score			5.7	

2019	2020	2021	YoY	2021	2021
63%	64%	66%	2.0%	80.4%	66%
54%	53%	56%	3.0%	73.1%	56%
39%	45%	53%	8.0%	69.9%	53%
62%	69%	67%	-2.0%	81.7%	67%
		5.6		7.4	5.6
		5.7		7.1	5.7

Q is not new but reporting structure changed					Bank	Bank	Bank	Bank YoY	Subs.	Bank
New Q for 2021					2019	2020	2021	2021 YoY	2021	2021
For percentage scores (%):						10	13		6	13
Unfavourable/favourable differences of 5% or more highlighted red/green. Unfavourable differences between 3% and 5% highlighted in amber.						12	5		4	5
For scale scores (0.0 to 10.0):						15	4		0	4
Unfavourable/favourable differences of 5.0 or more highlighted red/green. Unfavourable differences between 3.0 and 4.99 highlighted in amber					Bank	Bank	Bank	Bank YoY	Subs.	Bank
* Measures where a lower score is better in italics and identified with an asterisk (*).					2019	2020	2021	YoY	2021	2021
*1 Questions appear twice in reporting deck so RAG Colour Coded but not counted twice					129	125	106	-19	1384	106
Number of respondents					25.7%	25%	22%	-3%	47%	22%
Response Rate										
National Staff Survey 2021					Bank Staff - 2019 Unweighted Data	Bank Staff - 2020 Unweighted Data	Bank Staff - 2021 Unweighted Data	Bank YoY Difference 2020 - 2021	Substantive Staff - 2021 Weighted Data	Bank Staff - 2021 Unweighted Data
Leeds and York Partnership NHS Foundation Trust										
Substantive staff is heat mapped against previous year using 'Weighted Data'										
Bank staff 'Unweighted Data' is heat mapped against 2020 Bank staff 'Unweighted Data'										
The following measures (previously 'themes') will also continue to be reported:										
Measure: Staff Engagement					Bank	Bank	Bank	Bank YoY	Subs.	Bank
Sub Score E.1: Motivation					2019	2020	2021	YoY	2021	2021
Q2a I look forward to going to work					80%	78%	70%	-8.0%	54.1%	70%
Q2b I am enthusiastic about my job					85%	91%	79%	-12.0%	69.3%	79%
Q2c Time passes quickly when I am working					67%	68%	67%	-1.0%	72.1%	67%
Total Sub Score E1: Motivation							6.8		7.0	6.8
Sub Score E.2: Involvement					2019	2020	2021	YoY	2021	2021
*1 Q3c There are frequent opportunities for me to show initiative in my role					75%	78%	71%	-7.0%	76.5%	71%
*1 Q3d I am able to make suggestions to improve the work of my team / department					69%	66%	64%	-2.0%	78.3%	64%
*1 Q3f I am able to make improvements happen in my area of work					46%	48%	43%	na	61.1%	43%
Total Sub Score E2: Involvement							5.8		7.1	5.8
Sub Score E.3: Advocacy					2019	2020	2021	YoY	2021	2021
*1 Q21a Care of patients / service users is my organisation's top priority					93%	89%	85%	-4.0%	78.6%	85%
*1 Q21c I would recommend my organisation as a place to work					83%	82%	81%	-1.0%	65.4%	81%
*1 Q21d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation					77%	78%	72%	-6.0%	63.5%	72%
Total Sub Score E3: Advocacy							6.8		6.9	6.8
Staff Engagement: Engagement Theme Score					7.5	7.4	6.4		7.1	6.4
Measure: Morale					Bank	Bank	Bank	Bank YoY	Subs.	Bank
Sub Score M1: Thinking about leaving					2019	2020	2021	YoY	2021	2021
* Q22a I often think about leaving this organisation					16%	10%	12%	2.0%	28.6%	12%
* Q22b I will probably look for a job at a new organisation in the next 12 months					11%	9%	10%	1.0%	21.8%	10%
* Q22c As soon as I can find another job, I will leave this organisation					6%	10%	7%	-3.0%	13.8%	7%
Total Sub Score M1: Thinking about leaving							6.3		6.2	6.3
Sub Score M2: Work pressure					2019	2020	2021	YoY	2021	2021
*1 Q3g I am able to meet all the conflicting demands on my time at work					59%	69%	64%	-5.0%	45.0%	64%
*1 Q3h I have adequate materials, supplies and equipment to do my work					73%	78%	77%	-1.0%	65.9%	77%
*1 Q3i There are enough staff at this organisation for me to do my job properly					41%	57%	42%	-15.0%	30.8%	42%
Total Sub Score M2: Work pressure							5.7		5.4	5.7
Sub Score M3: Stressors (HSE index)					2019	2020	2021	YoY	2021	2021
*1 Q3a I always know what my work responsibilities are					94%	89%	89%	0.0%	81.0%	89%
*1 Q3e I am involved in deciding on changes introduced that affect my work area / team / department					30%	34%	28%	-6.0%	57.6%	28%
* & *1 Q5a I have unrealistic time pressures					8%	15%	46%	31.0%	29.5%	46%
*1 Q5b I have a choice in deciding how to do my work					46%	41%	40%	-1.0%	62.5%	40%
* Q5c Relationships at work are strained					9%	13%	47%	34.0%	50.9%	47%
*1 Q7c I receive the respect I deserve from my colleagues at work					75%	74%	75%	1.0%	73.8%	75%
*1 Q9a My immediate manager...encourages me at work					63%	64%	66%	2.0%	80.4%	66%
Total Sub Score M3: Stressors (HSE index)							5.6		6.6	5.6
Morale: Morale Theme Score					6.6	6.7	5.9		6.1	5.9

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

**AGENDA
ITEM**

19

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2022
DATE OF MEETING:	28 July 2022
PRESENTED BY: (name and title)	Joanna Forster Adams, Chief Executive Officer, and Accountable Emergency Officer
PREPARED BY: (name and title)	Andrew Jackson, Resilience Lead and Corporate Business Manager

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

EXECUTIVE SUMMARY		
<p>The attached annual report covers the activities of the Trust's EPRR function for the year to 31 March 2022. The report describes work in response to the ongoing pandemic, work done against the requirements of the EPRR assurance framework (with a focus on areas declared only partially compliant in 2021) and lists priorities for 2022-23.</p> <p>The report has previously been to the EPRR group for review and to the Finance and Performance Committee.</p>		
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 is asked to review the annual report noting the work done and the priorities for 2022-3.</p>

Emergency Preparedness Resilience and Response (EPRR)

Annual Report

1 April 2021 – 31 March 2022

CONTENTS

Section

1. Period covered by this report
2. Terms of Reference for the Emergency Preparedness Resilience and Response (EPRR) Group
3. Membership and Attendance at Meetings
4. Meetings of the Emergency Preparedness Resilience and Response (EPRR) Group
5. Reports Made to Other Groups and Committees
6. The Work Of The EPRR function From 1 April 2020 to 31 March 2021
7. NHS England EPRR standards
8. Summary of EPRR priorities 2022-2023
9. Conclusion
10. Recommendation

Appendix 1 – Terms of Reference

1. INTRODUCTION

This report summarises the EPRR activity during the year to 31 March 2022. A period underscored by the continuation of the Coronavirus pandemic and latterly the Ukrainian situation. The effect of the former of these two events has had a major impact on work done around resilience and business continuity across the Trust and this is described below.

2. TERMS OF REFERENCE

The Terms of reference of the group were reviewed on 24 November 2021. This version is appended to the plan.

3. MEMBERSHIP OF THE COMMITTEE

The current membership of the EPRR Group is:

Member	Role in the Group
Joanna Forster Adams	Accountable Emergency Officer/ Chair
Andrew Jackson	EPRR lead
Bill Fawcett	ICT BC lead
Andrew McNichol	Workforce BC lead
Maureen Cushley	Care Services BC lead
Peter Johnstone	Care Services BC lead
Oliver Tipper	Communications Manager
Vicky Lovett	Medical Directorate BC lead
Michelle Higgins	Nursing and Professions BC Lead/ IPC Lead
Myles Calloway	Facilities and Estates BC lead
Darren Wilson	Procurement BC Lead
David Brewin	Finance BC Lead

4. MEETINGS OF THE GROUP / COMMITTEE

Meetings of the EPRR Group recommenced in 2021-22 and three meetings were held in the year. The table below shows the attendance at these meetings.

Name	28/07/2021	24/11/2021	23/03/2022
Substantive members			
Joanna Forster Adams, Chief Operating Officer	✓		✓
Andy Weir Deputy Chief Operating Officer		✓	
Andrew Jackson, Resilience Lead and Corporate Business Manager	✓	✓	✓
Bill Fawcett, Chief Information Officer			
Maureen Cushley, In-Patient Services Manager	✓		✓
Peter Johnstone, Deputy Associate Director, Specialist and Learning Disability Services	✓	✓	✓
Oliver Tipper, Head of Communications	✓		
Jane Riley Chief Pharmacist and Controlled Drugs Accountable Officer		✓	✓
Andrew McNichol, HR Systems Manager	✓	✓	✓
Aiden Hugill, H&S Manager			
David Brewin, Assistant Director of Finance	✓		✓
Vickie Lovett Medical Directorate BC lead		✓	
Myles Callaway, Interim Head of Finance		✓	
Christopher Hayes, Environment and Sustainability Manager			
Darren Wilson, Head of Procurement	✓	✓	✓
Name	28/07/2021	24/11/2021	23/03/2022
Others in attendance			
Mariya Angelova, Executive PA		✓	✓
Julie Telford, Executive PA	✓		
Elizabeth Bridson, PA/ EPRR Officer		✓	✓

5. REPORTS MADE TO OTHER GROUPS AND COMMITTEES

The NHS England EPRR assessment for 2021 was sent to the Finance and Performance Committee in September 2021.

6. The Work of The EPRR function from 1 April 2021 to 31 March 2022

As mentioned in the introduction the work around the EPRR agenda has been determined by two significant issues during the year - both described below.

6.1. Coronavirus Pandemic

The EPRR function was strengthened to manage the challenges of the pandemic and provide cross cover:

Andrew Jackson – EPRR lead
Alison Kenyon – Incident Coordinator
Lizzy Bridson – EPRR officer

Given the size and duration of the incident EPRR had to limit its involvement in some areas of the response and concentrated its input at tactical and strategic levels. The information in this section therefore does not necessarily describe all pandemic response work.

• Incident Coordination arrangements

EPRR continued to advise both tactical and strategic command regarding incident throughout the year. The Trust's arrangements were largely driven by the NHS England incidents level (varied between 3 and 4 during the year) and requirements from NHS England (N&Y).

EPRR staff attended all tactical and Strategic meetings providing updates on national EPRR actions, managing the incident risk register and advising on recording decisions and actions from respective meetings.

• Incident response debrief

To meet EPRR standards a debrief review of how the Trust responded to the pandemic incident. It was not a review of service provision issues during the pandemic and had a narrow EPRR focus. Three workshops open to all staff were held and a report prepared capturing the learning identified.

Key findings were:

- Initial pandemic planning concentrated on influenza and was not as useful as it could have been for other types of disease.
- Junior staff's understanding of plans and terminology was lacking, particularly in the early days of pandemic.

- Training need for many staff were identified – staff not previously exposed to incident response had roles in the pandemic.
- Better understanding of the impact on all staff in terms of pressure being in a long duration incident.
- Managing business as usual governance as well as incident management

An action plan has been prepared and will be reviewed by EPRR Group during 2022-23.

6.2. Ukraine crisis

The Ukraine crisis that started with the Russian invasion on 24 February has also been an area where EPRR time has been required. Initial risks around:

- Cyber-attacks by the Russian Federation or via associates against western countries supporting the Ukraine.
- Impact on prices due to disruption to raw materials and food.
- Increased fuel prices caused by sanctions on Russian oil and gas.

The impact on prices is an issue that will be a long duration impact on business continuity and for the private sector, continuing viability of companies. It is in the cyber security area that much attention has been focussed. NHS England and NHS digital have sought assurance returns regarding arrangements for dealing with and recovering from a disruption to networks and services.

Closer working between EPRR and the Trust's cyber security manager is occurring including an aim to deliver a full day exercise around a cyber security incident involving ICT, corporate and care services later in 2022 building on a successful exercise carried out before the pandemic.

6.3. Other incidents

No other significant business continuity issues have arisen in 2021-2022.

6.4. Exercises

An exercise was carried out in March 2022 with the aim as assessing how the Trust moved into a phase of "living with covid". The exercise looked at how the Trust managed if additional waves or outbreaks occurred and how resilience could be improved so that future waves did not necessarily mean a return to business continuity arrangements affecting the delivery of some services. A cyber attack scenario, based on a significant attack by a state actor on the NHS was included.

A debrief report was produced capturing learning from the exercise. This will be managed via the EPRR Group.

6.5. Other work

Operational Training

Training was reintroduced in autumn 2021 for band 7s in care services recognising the significant number of staff have come into post during the pandemic. The training was delivered via video conferencing.

Since this training was delivered NHS England has notified EPRR leads that a new training regime is to be delivered for all relevant staff (generally those with on call and incident response responsibilities) at Strategic, Tactical and Operational level. Therefore, given pressure on staffing in care services, the EPRR lead is concentrating on delivering short awareness sessions for staff rather than full day events which risks not meeting NHS England's syllabus and hence need redoing.

- **Business continuity plan development**

Some of the learning from the pandemic is that staff were unfamiliar with business continuity plans, struggled to use them and did not always appreciate the triggers in service disruption where a consideration of business continuity declaration should be made.

Both the plans and the underlying assessment process were revised in autumn 2021 to make assessments easier for staff and the plans more action focussed using decision trees and checklists to indicate when a service may be in a business continuity situation. Feedback from teams using the new documentation has been positive.

- **Food security plan development**

This work started in 2020-21 because of a prospective no deal UK exit from the European Union. However, the team and finance group have continued to meet considering the Ukraine crisis and impact this is beginning to have on food availability. A food security plan has been developed by a multidisciplinary team which would have applicability to a Ukraine precipitated food shortage in the UK.

- **Plan development and revision**

The Trust maintains a full suite of incident specific plans, and these have been revised during 2021-2 including the overarching Business Continuity strategy. A multi-agency Low and Medium Secure Plan is also being developed by NHS EPRR leads across Yorkshire and Humber.

7. NHS England EPRR standards 2021 and assurance of compliance

A limited set of standards were released in summer 2021. The areas of non-compliance are shown below.

2021-22 EPRR Assurance		
Standard	Update	Forecast
Mass Casualty In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed).	Mass casualty plan being developed - this will look at how the Trust would support a major incident in the area involving significant numbers of casualties and any specialised assistance the Trust could deliver around psychological support.	Compliant
Shelter and evacuation In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff, and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	A plan for immediate decant to place of safety in conjunction with sections in each Business continuity plans. Challenge to being fully compliant is lack of long-term accommodation if a ward is lost to fire/ flood.	Partial
Data Protection and Security Toolkit Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Indications are that this will be a fully compliant declaration in 2022.	Compliant
Business Continuity Plans The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover, and manage its services during disruptions.	There is still a great deal of work to do with business continuity plans in some services. Realistically some parts of the organisation will not have plans developed before the September cut off for this year's assessment.	Partial
HAZMAT/ CBRN risk assessments HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation.	Working with Waste manager and Health and safety manager to develop these.	Compliant
Equipment and supplies The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontaminating patients.	This equipment is ordered and will be delivered replacing kit distributed in 2018 that has been used during the pandemic.	Compliant

2021-22 EPRR Assurance		
Standard	Update	Forecast
Staff training - decontamination Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	Training taking place and will be delivered before September's deadline.	Compliant

A further report will be submitted to the Finance and Performance Committee later in 2022 reporting the outcome of this year's assessment against 2022 standards.

8. Summary of EPRR priorities 2022-2023

The EPRR priorities for 2022/23 are based on recovering areas of non-compliance from the 2021 EPRR standards

The pandemic will, of course, continue to have repercussions for EPRR during 2022 in terms of periods when resources may be needed for incident response.

With the caveats above in mind, the top priorities are:

- Business continuity – revision of existing plans and development of new plans in services that did not complete plans prior to the pandemic.
- Incident loggist training – this is an ongoing priority and training which was organised had to be cancelled due to the pandemic.
- Decontamination training – this is training for receptionist and nursing staff around dealing with contaminated self-presenters. Decontamination for improvised decontamination has been procured and is being located in receptions across Trust sites.
- Incident coordination centre – unlike acute hospitals most mental health Trusts do not have purpose built incident coordination centres (rooms specifically equipped with equipment and consumables to manage an incident response). The Trust defines meeting rooms for this purpose and the closure of Trust Headquarters means that the 1st choice location is no longer available. This work, with help from project management, will identify suitable alternatives and ensure these can be readily mobilised if needed with equipment.
- Decant options – as disclosed in the outcome of 2021's assurance, there is a pressing need to develop robust plans to decant patients should a ward become unusable for a protracted period. The Becklin fire in 2017 demonstrated that the risk of loss of a ward is all too real and the need to safely accommodate patients for days to weeks or months is a contingency that Trusts need to have covered. The option of a mothballed ward either within the Trust or shared with neighbouring Trusts is viewed as too costly given current financial constraints.

9. Conclusions

The pandemic has continued to impact on EPRR work in 2021-2022 and some of the areas where recovery was anticipated in last year's report, particularly around training and business continuity have not developed as far as would have been.

10. Recommendations

The Board of Directors is asked to review the annual report noting the work done and the priorities for 2022-3.

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Emergency Preparedness, Resilience and Response Group

Terms of Reference 2021

1 NAME OF GROUP

The name of this group is the Emergency Preparedness, Resilience and Response Group.

2 COMPOSITION OF THE GROUP

The members of the group and those who are required to attend are shown below together with their role in the operation of the group. The membership is split between core and ad-hoc. The former are expected to attend all meetings and the latter, to discuss specific issues relating to their directorates and areas of expertise.

Members - Core

Title	Role in the group
Chief Operating Officer	Accountable Emergency Officer for EPRR/ Chair
Resilience Lead and Corporate Business Manager	Operational lead for EPRR
Head of Operations - Learning Disabilities Service	Care Service Business Continuity Lead
Head of Operations - Acute care	Care Service Business Continuity Lead
HR Systems Manager	Business continuity lead - Workforce
Head of Physical Health and Infection Prevention & Control	Nursing and Professions Business Continuity lead and Pandemic flu/ infectious disease advice
Head of Estates and Facilities	Business continuity lead – Facilities and Estates
Chief Information Officer	Business continuity lead – ICT services
Head of Communications	Communications support
Head of Procurement	Supply chain resilience
Medical Directorate Manager	Business continuity lead – medical directorate

Non-core Members

Title	Role in the group
Assistant Director of Finance	Business continuity lead – Finance Directorate
Head of Corporate Governance	Corporate responsibility and compliance with constitution/licence

Non-core members will generally be invited once a year – phased through the year to discuss business continuity plans. However, they may also be asked to attend regarding specific agenda items. Non-core members are able to attend any meeting should they wish.

In attendance: in an advisory capacity

Title	Role in the group / committee	Attendance guide
Environment & Sustainability Manager	Advisory/ coordination with Adaptation agenda in EPRR	At least twice a year - one to be when EPRR standards are considered
Health and Safety Manager	Advisory/ coordination with Adaptation agenda in EPRR	When indicated regarding agenda items
Non-executive director - EPRR champion	Board assurance and support for the AEO	At least once annually.

3 QUORACY

Chair: The Chief Operating Officer is Chair of the group.

Number: The minimum number of core members for a meeting to be quorate is 5. If the chair is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by the deputy chair.

Deputies Members may nominate deputies to represent them at a group but deputies do not count towards the calculation of whether the meeting is quorate except if the deputy is representing the member of the group under formal “acting up” arrangements”. In such circumstances the deputy will be deemed a full member of the group.

Attendees should nominate a deputy to attend in their absence.

A schedule of deputies, attached at appendix 2, should be reviewed at least annually to ensure adequate cover exists.

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

Deputy Chair: The Deputy Chief Operating Officer is deputy chair.

4 MEETINGS OF THE GROUP

Frequency: The will normally meet every 2 months or as agreed by the group.

Urgent meeting: Any of the group members may, in writing to 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 the matter in a more expedient manner (for example at a Board meeting).

Administrative support: The Executive Personal Assistant to the Resilience Lead and Corporate Business Manager will provide administrative support to the group. The Executive Personal Assistant to the Chief Operating Officer and will minute and take action points for each meeting.

Agenda: Requests for items to be put on the agenda must be sent to the Resilience Lead and Corporate Business Manager. These must be received 10 working days before the meeting. The Chair/ deputy Chair will decide on agenda items and those requesting an item will receive notification of the decision within 2 working days.

Extraordinary meeting: Any of the group members may, in writing to the chair, request an urgent meeting. The Chair will normally agree to call an extraordinary meeting to discuss the specific matter unless the opportunity exists to discuss the matter in a more expedient manner (e.g., via a smaller meeting of key executive officers).

Minutes: Draft meeting notes will be sent to the chair for review and approval within 10 working days of the meeting. Draft notes, following Chair review, will be circulated to all members and attendees within 15 working days from the day of the group taking place.

Papers: Papers must be received 7 working days before the meeting. Papers received after this date will only be included if decided upon by the Chair. Papers for the meeting will be distributed electronically 8 working days prior to the meeting.

Papers for the meeting will be issued electronically to all core and non-core members 5 working days before the date of the meeting.

Meeting notes will also be distributed to:

- Operational Delivery Group
- Health and Safety Committee

Major issues and decisions from the group will also be reported to Executive Management Team by the Chair.

5 AUTHORITY

Establishment: The EPRR group is an operational group within Care Services Operational Structures.

Powers: The Emergency Preparedness, Resilience and Response Group has no powers beyond those vested in the Chief Operating Officer and any delegated by the Trust's scheme of delegation.

Cessation: The Emergency Preparedness, Resilience and Response Group is a standing group in that its responsibilities and purpose are not time limited. However, the group has a responsibility to review its effectiveness annually.

In addition, the Trust should periodically review its governance structure for continuing effectiveness and as a result of such a review the Executive Management Team may seek the winding up of the Emergency Preparedness, Resilience and Response Group.

6 ROLE OF THE GROUP

6.1 Purpose of the Group

Objective	How the group will meet this objective
To ensure the Trust meets its obligations regarding being able to respond to major incidents	Developing training for staff in leading the organisation in a crisis an exercises to test the Trust's emergency response.
To ensure it maintains its key services through robust business continuity management systems and recovers as quickly as possible back to normal levels of operation following a major incident.	Overseeing and performance managing the creation of business continuity plans.
To ensure the Trust effectively discharges its role in the wider West and North Yorkshire Emergency Planning obligations.	Receiving updates from city wide and West and North Yorkshire County wide EPRR fora. Identifying areas where the Trust may work collaboratively with its partners in EPPR matters.

6.2 Guiding principles for members (and attendees) when carrying out the duties of the Emergency Preparedness, Resilience and Response Group

In carrying out their duties members of the group and any attendees of the group 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 Emergency Preparedness, Resilience and Response Group

The Emergency Preparedness, Resilience and Response Group has the following duties:

i) Emergency Preparedness

- To coordinate the Trust's preparedness to withstand, mitigate and respond effectively to an external or internal threat or hazard.
- To consider changes to the Trust, its systems and structures and the potential impact these have of the overall resilience of the Trust.
- Identify available resources available to deal with an incident or surge/pressure that affect the Trust's resilience.
- To evaluate the outcome of the annual live exercise/ table top exercise and six-monthly communication tests.
- To identify any costs and expenditure required to ensure the Trust can effectively respond to a major incident.

ii) Risk identification and assessment

- To consider new and existing risks and the robustness of existing plans in light of new intelligence.
- To ensure that risks are updated and kept under review.
- To consider the Trust's response to items on the West Yorkshire and North Yorkshire Local Resilience Fora community risk registers.
- To make recommendations to relevant directorates, when on the basis of risk assessment, additional work is needed to ensure the Trust remains resilient.

iii) Procedural development

- To develop policies and procedures as required by NHS mandatory standards.
- To ensure that documented major incident and service continuity plans for the Trust are prepared, identifying all feasible/realistic types of emergency, learning lessons from the plans of other organisations
- To ensure that all scenarios addressed in the major incident and service continuity plans involve robust arrangements for operational and financial recovery.
- To undertake regular reviews of the major incident and service continuity plans and update and improve them where necessary

iv) Training and awareness

- To ensure that business continuity policy and principles are disseminated widely within the Trust and monitor compliance.
- To develop or commission training and development as necessary to ensure key Trust staff have skills and knowledge
- To make recommendations on the requirements for staff training in emergency preparedness and business continuity
- To ensure that emergency preparedness tests are conducted as required.

v) Surge and escalation including OPEL (Operating Pressures Escalation Levels) system

- To consider instances of Trust OPEL escalations which may have underlying business continuity implications
- To review and contribute to Trust resilience plans concerning the management of capacity and flow

vi) Working in partnership

- To ensure that all internal and external stakeholders are consulted and collaborated with concerning their role in the plans (including the Trust's PFI partners)
- Ensure the Trust meets its obligations to local health resilience partnership obligations and any other partnership arrangements on a city or county wide basis.

vii) Exercises

- To develop the annual desktop or live exercise – via a task and finish group
- To receive feedback on communication cascade tests
- To ensure required level of exercises are carried out
- To develop an action plan from any weaknesses identified
- To receive feedback from other partners regarding exercise outcomes and ensure any findings are evaluated for applicability to the Trust.

viii) Business continuity

- To oversee the development of directorate plans and to ensure these meet current best practice for business continuity systems.
- To ensure all business continuity plans adhere to best practice and latest mandatory standard (BS ISO 22301).
- To receive confirmation and assurance that business continuity systems are being tested by all departments and directorates.

ix) Statutory and mandatory compliance

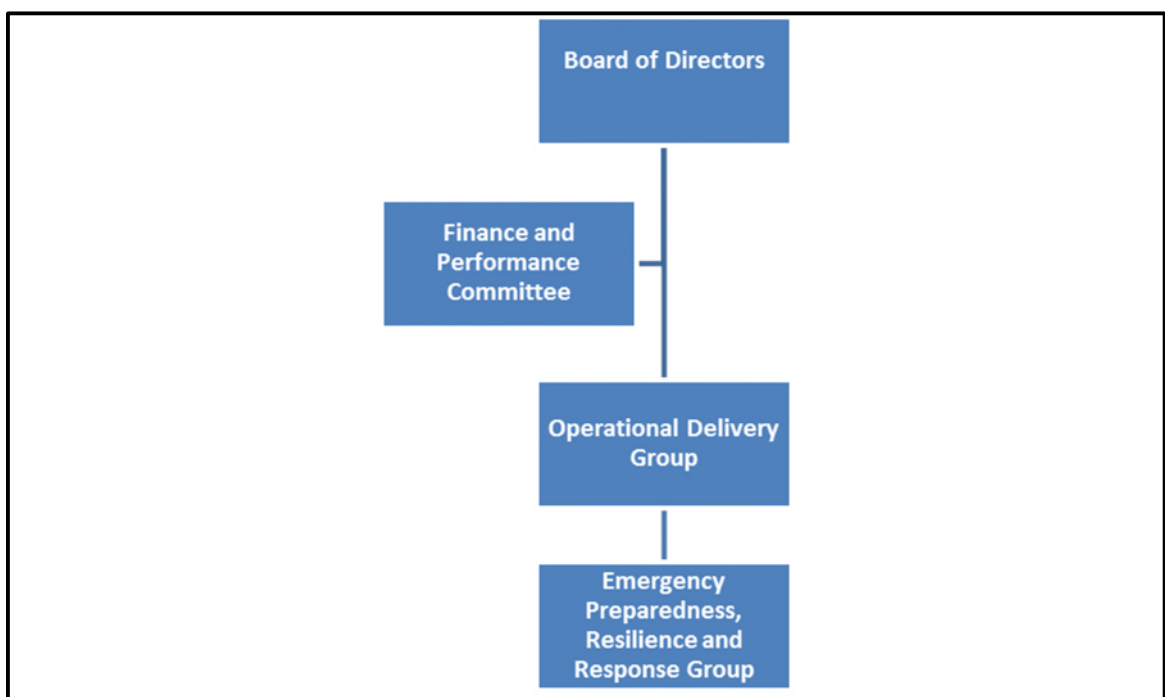
- To ensure that standards identified by the Care Quality Commission relating to safety are met

- To meet NHS England's core standard requirements for EPRR.
- To assist the Accountable Emergency Officer in the statement of compliance to relevant NHS England area teams.

x) Communications

- Ensure communications systems are robust and resilient when faced with a threat to business continuity or in maintaining communication in a major incident.
- To ensure that information concerning major incident and service continuity plans is communicated throughout the Trust and to key partner organisations

7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES



Reporting:

The Emergency Preparedness, Resilience and Response Group minutes will be sent to the Operational Delivery Group as its parent group.

Links with Governance

The Emergency Preparedness, Resilience and Response Group will report via the Operational Delivery Group regarding any governance matters and any procedural developments. This will include ratification of plans, policies and procedures.

The annual report from the Emergency Preparedness, Resilience and Response Group will be sent to the Board of Directors under a requirement from NHS England's Core standards (4).

Links with other structures

The group needs to maintain strong links with other directorates, and in particular the care services directorate to ensure any issues around business continuity are identified, assessed and plans developed to manage the issues.

Links with external governance and operational groups

Group	Scope	Membership
West Yorkshire Resilience Forum (WYLRF)	Statutory entity charged with county wide arrangements.	Not directly – via NHS England
North Yorkshire Resilience Forum (NYLRF)	Statutory entity charged with county wide arrangements.	Not directly – via NHS England
West Yorkshire Local Health Resilience Partnership	Subgroup of WYLRF – comprises health related bodies only	Membership via Accountable Emergency Officer
North Yorkshire and the Humber Local Health Resilience Partnership (WY LHRP)	Subgroup of NYLRF and the Humber LRF – comprises health related bodies only	Membership via Accountable Emergency Officer
West Yorkshire Health Subgroup	Working group of the WY LHRP	Membership via EPRR lead
North of England MH Forum	Consultative group of all MH EPRR leads in the North of England	Membership via EPRR lead
Yorkshire and Humber MH EPRR leads meetings	Ad-hoc group of EPRR leads from Trust's situated in the Yorkshire and Humber footprint.	Membership via EPRR lead
Leeds Resilience Group	City wide group comprising emergency services and statutory bodies related to continuity and emergency response	Not a member, though NHS England (West Yorkshire) attend
Leeds Resilience Health Sub-Group	Subgroup of the Leeds Resilience Group comprising health related bodies in Leeds.	Membership via EPRR lead

In addition, several limited duration groups may exist covering winter planning and specific threats to resilience, recent examples being Outbreak Planning and Tour de Yorkshire

8 DUTIES OF THE CHAIRPERSON

The chair of the group shall be responsible for:

- Agreeing the agenda
- Directing the meeting ensuring it operates in accordance with the Trust's values
- Giving direction to the minute taker
- Ensuring everyone at the meeting has a reasonable chance to contribute to the discussion
- Ensuring discussions are productive, and when they are not productive, they are efficiently brought to a conclusion
- Deciding when it is beneficial to vote on a motion or decision
- Checking the minutes
- Ensuring sufficient information is presented to the in respect of the work of the group / committee

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

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

9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

The terms of reference shall be reviewed in the autumn meeting by the committee at least annually, and be presented to the Operational Delivery Group for ratification, where there has been a change.

In addition to this the chair must ensure the committee carries out an annual assessment in [month] of how effectively it is carrying out its duties and make a report to the Operational Delivery Group] including any recommendations for improvement

Schedule of deputies

Full (Core) member	Deputy
Chief Operating Officer	Deputy Chief Operating Officer
Resilience Lead and Corporate Business Manager	Senior Emergency Planning Officer
Head of Operations - Learning Disabilities Service	Head of Operations - Acute Services
HR Systems Manager	No deputy required
Head of Physical Health and Infection Prevention & Control	No deputy required
Head of Estates and Facilities	Estates Manager
Chief Information Officer	Head of ICT Network Services
Head of Communications	Communications Manager
Medical Directorate Manager	Medical Education Manager
Head of Procurement	Deputy Head of Procurement

Full (Non-Core) member	Deputy
Assistant Director of Finance	No deputy required
Head of Corporate Governance	No deputy required

Attendee	Deputy
Executive Personal Assistant to Chief Operating Officer	Executive Personal Assistant to Resilience Lead and Corporate Business Manager

LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST

AGENDA
ITEM

20

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Cyber Security Briefing
DATE OF MEETING:	28 July 2022
PRESENTED BY: (name and title)	Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive
PREPARED BY: (name and title)	Bill Fawcett, Chief Information Officer Hergy Galsinh, Head of Network Services & Cyber Security

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 enclosed dashboard provides the Board with an update on cyber security for the Trust in accordance with the ten steps model provided by the National Security Centre.

The key areas to note are:

1. The procurement and of two-factor authentication for remote access
2. The procurement of a new cyber resilient backup system
3. The procurement of a password management system
4. The procurement of a privileged access management system
5. Phishing exercise planned in September 2022
6. PEN test planned in October 2022

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 are asked to note the progress made to defend the Trust from a cyber-attack through the ten steps framework provided by the National Security Centre.



National Cyber
Security Centre

NHS
Leeds and York Partnership
NHS Foundation Trust

10 steps to Cyber Security



Home and mobile working

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



Managing user Privileges

- Number of privileged (admin) accounts have been reduced.
- Privileged Access Management procured and deployment to complete by Dec 22



Network security

- New firewalls upgraded/Cloud firewall to be completed
- Protecting the networks from attack.
- Two factor authentication trial to commence with IT department in July
- New back-up software installed



User education and awareness

- Network & IT policies created covering acceptable and secure use of systems.
- DSP mandatory training includes cyber security training.
- Phishing exercise planned for Sept.
- Cyber training software procured



Malware prevention

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



Removable media controls

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



Secure configuration

- Password management system procured and roll-out commenced.
- Apply security patches however many devices are not connected to the network.
- Baseline build for devices has been completed.

Monitoring

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

