

**LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST  
PUBLIC MEETING OF THE BOARD OF DIRECTORS  
will be held at 9.30 am on Thursday 24 November 2022  
Create@2 room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR**

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## A G E N D A

### LEAD

- |    |   |     |
|----|---|-----|
| 1  | <b>Sharing stories</b> – Service users sharing their experience of PLACE visits (verbal)                                    |     |
| 2  | <b>Apologies for absence</b> (verbal)   | HG  |
| 3  | <b>Declarations of interests and any declarations of conflicts of interest in any agenda item</b> (enclosure)               | HG  |
| 4  | <b>Minutes of the meeting held on 29 September 2022</b> (enclosure)   | HG  |
| 5  | <b>Matters arising</b> (verbal)   |     |
| 6  | <b>Actions outstanding from the public meetings of the Board of Directors</b> (enclosure)                                   | HG  |
| 7  | <b>Chief Executive's report</b> (enclosure)   | SM  |
| 8  | <b>Report from the Chair of the Workforce Committee for the meeting held on 6 October 2022</b> (enclosure)                  | HG  |
| 9  | <b>Report from the Chair of the Audit Committee meeting held on 18 October 2022</b> (enclosure)                             | MW  |
| 10 | <b>Report from the Chair of the Quality Committee for the meetings held on 11 October and 10 November 2022</b> (enclosure)  | FH  |
| 11 | <b>Report from the Chair of the Mental Health Legislation Committee for the meeting held on 1 November 2022</b> (enclosure) | MM  |
|    | 11.1 <b>Ratification of the Terms of Reference for the Mental Health Legislation Committee</b> (enclosure)                  | MM  |
| 12 | <b>Report from the Chair of the Finance and Performance Committee for the meeting held on 22 November 2022</b> (to follow)  | CHe |
| 13 | <b>Report from the Chief Operating Officer</b> (enclosure)  | JFA |
| 14 | <b>Chief Financial Officer's Report</b> (enclosure)   | DH  |
| 15 | <b>Director of Nursing, Professions and Quality Report</b> (enclosure)  | CW  |

<b>16</b>	<b>Safer Staffing Report</b> (enclosure)	<b>CW</b>
<b>17</b>	<b>Medical Directors' Report</b> (enclosure)	<b>CHos</b>
<b>18</b>	<b>Director of People and Organisational Development Report</b> (enclosure)	<b>DS</b>
<b>19</b>	<b>Guardian of Safe-working Hours Quarterly Report</b> (enclosure)	<b>CHos</b>
<b>20</b>	<b>Freedom to Speak up Annual Report</b> (enclosure)	<b>JV</b>
<b>21</b>	<b>Cyber Security Dashboard</b> (enclosure)	<b>DH</b>
<b>22</b>	<b>Future Board meeting dates</b> (enclosure)	<b>CHill</b>
<b>23</b>	<b>Review and approval of the Terms of Reference</b> (enclosure)	<b>CHill</b>
<b>24</b>	<b>Use of Trust Seal</b> (verbal)	<b>HG</b>
<b>25</b>	<b>Any other business</b>	

The next meeting of the Board will held on Thursday 26 January 2023 at 9.30 am  
 Create@1 room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR

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

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

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

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<b>NON-EXECUTIVE DIRECTORS</b>								
<b>Helen Grantham</b> Non-executive Director and Deputy Chair	None	<b>Sole Trader</b> <i>Provides Human Resources and Organisational Development consultancy in the public sector.</i>	None	None	None	None	None	Partner: <b>Director</b> Per Call Ltd <i>Co-owner of the company that provides marketing and website services to self-employed builders, roofers, gardeners</i>
<b>Frances Healey</b> Non-executive Director	None	None	None	None	None	None	<b>Patient Safety Consultant</b> National patient safety team at NHS England and NHS Improvement <i>Advisory roles and peer review for research studies and potential research studies related to patient safety</i>  <b>Visiting Professor</b> University of Leeds  <b>Advisory Role</b> Research studies and potential research studies related to patient safety	None.

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<b>Cleveland Henry</b> Non-executive Director	<b>Director</b> 63 Argyle Road Ltd. <i>Property Management Company.</i>	None	None	<b>Trustee</b> Community Foundations For Leeds <i>Supports thousands of charities and voluntary groups across the city, addressing inequalities and working together to help create opportunities for those that need help the most.</i>	None	None	<b>Group Delivery &amp; Deployment Director</b> EMIS Group (Digital Health sector) <i>Provider of healthcare software, information technology and related services in the UK.</i>	Partner: <b>Lead Cancer Nurse</b> Leeds Teaching Hospitals NHS Trust
<b>Kaneez Khan</b> Non-executive Director	None	<b>Director</b> Primrose Consultancy Yorkshire Management Consultancy firm	None	<b>Senior Development Worker</b> Wellsprings Together <i>Offers guidance for individual parish churches who are looking to reflect and develop their community activities in rural as well as urban areas.</i>	<b>Chair</b> West Yorkshire Health & Care VCSE Voices Group	None	None	None

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<b>Merran McRae</b> Non-executive Director	<b>Director</b> Finnbo Ltd <i>Management consultancy</i>	None.	None.	<b>Trustee</b> Hollybank Trust <i>Provider of teaching, residential care and a range of therapies and enrichment activities for children, young people and adults with disabilities.</i>  <b>Trustee</b> The Hepworth Gallery <i>Art Gallery</i>  <b>Trustee</b> Yorkshire Sculpture Park <i>Independent charitable trust and registered museum.</i>	None. .	None. .	None.	Partner: <b>Director</b> Finnbo Ltd <i>Management consultancy</i>
<b>Susan White</b> Non-executive Director	<b>Non-executive Director</b> Spectrum Health Community Interest Company <i>A social enterprise which provides substance misuse, sexual health and prison health services across West Yorkshire and also the NE and NW of England.</i>	None.	None.	None.	None.	None.	None.	None.

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<b>Martin Wright</b> Non-executive Director	None.	None.	None.	<b>Trustee</b> Roger's Almshouses (Harrogate) <i>A charity providing sheltered housing, retirement housing, supported housing for older people.</i>	None.	None.	None.	None.



**Declarations pertaining to directors being a Fit and Proper Person under the CQC Regulation 5 and meeting all the criteria in the Provider Licence and the Trust's Constitution to be and continue to be a director**

Each director has been checked in accordance with the criteria for fit and proper persons and have completed the necessary self-declaration forms to show that they do not fit within any definition of an "unfit person" as set out in the provider licence, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008 or the Trust's constitution; that they meet all the criteria for being a fit and proper person as defined in the Social Care Act 2008 (Regulated Activities) Regulations 2008; and that there are no other grounds under which I would be ineligible to continue in post.

		Executive Directors						Non-executive Directors					
		SM	CW	DH	CHos	JFA	DS	CHe	HG	SW	FH	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
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
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
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
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

# LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

## Minutes of the Public Meeting of the Board of Directors

held on Thursday 29 September 2022 at 9:30 am.

in Inspire@, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR

### Board Members

Apologies

Dr S Proctor	Chair of the Trust
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 F Healey	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
Miss K McMann	Head of Corporate Governance
Mr K Betts	Governance Assistant
Mrs K Khan MBE	Associate non-executive Director
Mrs R Pilling	Carer Coordinator, Patient and Carer Experience Team (for minute 22/067)
Ms J Flood	Nursing Associate, South CMHT (for minute 22/090)
Ms E Morphet	Practice Development Lead Nurse, South CMHT (for minute 22/090)
Ms E Braithwaite	Head of Digital Change (for minute 22/090)
Mrs C Bamford	Head of Diversity and Inclusion (for minute 22/108)
Five member of the public observed the meeting (including two governors)	

### Action

22/090

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

#### Sharing Stories (agenda item 1)

Ms Braithwaite, Head of Digital Change, introduced the sharing stories item explaining they were attending the Board to talk about how the Practice Development and Digital Change Teams collaborated to co-design a process with the South CMHT staff that looked at the administration of depots for service users in the care of the South CMHT Team.

Ms Flood, Nursing Associate, firstly explained what the experience of the team had been before the changes had been made to the process. She also illustrated the difficulties the team had encountered. Ms Morphet, Practice Development Lead Nurse, then outlined the issues that had been identified

within the team in particular the risk of depots being administered late or being missed. Ms Braithwaite then spoke about the role and work of the Digital Change Team in working collaboratively with the team to offer a number of solutions to the issues identified.

In conclusion it was noted that whilst the project hadn't provided a quick and easy fix and had taken some time to implement and embed, the process of administering depots was now more controlled with a number of safeguards in place to mitigate the risk of depots being missed or administered late. It was also noted that the South CMHT Team was carrying out evaluation audits to ensure the new system was still effective and that errors had been reduced by 80%.

Ms Braithwaite then outlined the possibility of the solution implemented for the South CMHT Team being replicated across other teams. However, the Board noted that not all areas had access to Practice Development Leads and the lack of capacity to support all teams across the Trust could impact on the implementation of digital solutions to support the development of this and other clinical processes.

The Board **thanked** Ms Flood, Ms Morphet and Ms Braithwaite for talking about the depot project within the South CMHT Team and outlining the benefits of using digital solutions to support clinical processes.

22/091

#### **A question from a member of the public**

Dr Proctor advised the Board that a question had been received from a member of the public which had asked:

What action was the Trust taking over the next 6 months to reduce the Adult ADHD diagnostic assessment waiting list and waiting times and to reduce Adult ADHD post-diagnostic treatment waiting times in Leeds. Additionally, the question asked what communication and, specifically, what support adults in Leeds were receiving whilst they were waiting for help?

Mrs Forster Adams advised the Board at the end of August the number of people on the waiting list for the ADHD service was 2371, with an average wait of 379 days. She added that the backlog for the service started to increase around March 2021, due in the main to the service being largely paused for one year due to the impact of the pandemic.

Mrs Forster Adams noted the team in the service was small and that any staff absences would have a substantial impact on staffing levels, which was currently running at around 50%, with some vacancies being in key posts.

In terms of actions, Mrs Forster Adams advised that other staff have been seconded into the service which had slowed the rate of increase of numbers waiting. There was active recruitment to vacant posts and discussions were ongoing in terms of increasing the capacity of the team. Also the Improvement Team were working with the service to look at ways in which its clinical

processes could be improved to free up capacity which would help with addressing the backlog. Mrs Forster Adams then outlined the work with GPs and Primary Care colleagues to look at how access and care across the city could be improved.

Mrs Forster Adams advised that in November the Finance and Performance Committee had also agreed it would look at the recovery of backlog for not only this service but also the Leeds Autism Diagnostic Service and the Chronic Fatigue service.

The Board noted the comments and that the Finance and Performance Committee would be looking at this matter in more detail at its November meeting. Mrs Hill agreed to feedback to the member of the public the comments made by the Board.

**CHill**

**22/092      Apologies for absence** (agenda item 2)

There were no apologies.

**22/093      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 two updates to directors' declared interests. Miss Grantham noted that she was now a sole trader rather than a director of a limited company. Dr Proctor then advised that with effect from December she would be a member of the Quality Committee for the North Yorkshire ICB. These changes were noted and Mrs Hill agreed to provide Miss Grantham and Dr Proctor with the necessary forms to be completed.

**CHill**

The Board also noted that no member had declared a conflict in any agenda item.

**22/094      Minutes of the previous meeting held on 28 July 2022** (agenda item 4)

The minutes of the meeting held on 28 July 2022 were **received** and **agreed** as an accurate record.

**22/095      Matters arising** (agenda item 5)

There were no matters arising.

**22/096      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.

22/097

**Report from the Chief Executive** (agenda item 7)

Dr Munro presented her Chief Executive's report and drew attention to the key information it contained including the priorities outlined by the new Secretary of State for Health and Social Care, noting there was very little mention of mental health and no mention of learning disabilities or autism. Dr Munro added that information about how this would be managed through the ICB structure was still to be advised and the Draft Operating Model from NHS England was awaited.

The Board discussed the content of the report. Mr Wright asked if there was any clarity as to how Internal Audit would operate within the committees at Place and ICB levels. Dr Munro advised that auditors would be appointed by the ICB and not at Place level, on the basis that the Leeds place-based system does not have any statutory footing. Dr Munro added that the Audit Committee for the ICB was in place and was undertaking its duties.

Miss Grantham asked if there was a national workforce plan. Dr Munro advised this was in draft and that a number of comments had been submitted in relation to this.

Dr Proctor asked if work was being undertaken at an ICB level to look at the data relating to the impact of the cost of living crisis and its impact on, for example, employment and housing, which contribute to poor mental health. Dr Munro advised that this was being discussed at an ICB level with the work being picked up at Place. Dr Munro added that Mrs Forster Adams was linked into this work and some of the impact of the cost of living crisis was a key part of the winter plan.

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

22/098

**Report from the Chair of the Workforce Committee for the meeting held on 1 August 2022** (agenda item 8)

The Board received the Chair's reports from the Workforce Committee meeting that had taken place on 1 August 2022. Attention was drawn in particular to the discussions that had taken place in relation to the slight improvement of clinical supervision rates. Mr Skinner assured the Board this was being monitored closely.

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

22/099

**Report from the Chair of the Mental Health Legislation Committee for the meeting held on 9 August 2022** (agenda item 9)

The Board received the Chair's report from the Mental Health Legislation Committee meeting that had taken place on 9 August 2022. Attention was drawn in particular to a comprehensive peer review analysis, from the perspective of Mental Health Legislation, following the failings identified by CQC at the Norfolk and Suffolk NHS Foundation Trust. The committee was assured that with the exception of one area, robust processes and procedures were in place at the Trust and there was a plan to address any areas of weakness.

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

22/100

**Report from the chair of the Audit Committee for the meeting held on 16 August 2022** (agenda item 10)

The Board received the Chair's report from the Audit Committee meeting that had taken place on 16 August 2022. Attention was drawn in particular to the operating model for Audit Yorkshire, noting that Sharron Blackburn would be taking a more strategic role and this change would be discussed in more detail at the next Audit Committee meeting.

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

22/101

**Report from the Chair of the Quality Committee for the meeting held on 8 September 2022** (agenda item 11)

The Board received the Chair's report from the Quality Committee meeting that had taken place on 8 September 2022. Attention was drawn in particular to:

- Assurances received about the service re-design in relation to the services that transferred from Leeds Community Healthcare into the new build at Red Kite View and what lessons might be learnt and applied to other services that might undergo such changes.
- The independent qualitative review of the current work with Clinical outcome measures including the concerns and experiences listed in the report, with the suggestion that members of staff could connect with their peers in acute trusts to resolve these concerns.

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

22/102

**Report from the Chair of the Finance and Performance Committee for the meeting held on 27 September 2022** (agenda item 12)

The Board received the Chair's report from the Finance and Performance Committee meeting that had taken place on 8 September 2022. Attention was drawn in particular to:

- The Care Services Strategic Plan for 2023 to 2028, noting it had discussed this in detail and supported the proposals for the ambition and priorities
- The Digital Plan, noting it had discussed the importance of digital inclusion and building digital confidence, adding the committee had requested to receive the supporting plan developed by Thrive by Design which would address this.

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

22/103

**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.

Mrs Forster Adams reported there were external meetings taking place in relation to system flow across the health and care sectors in the city in order to look at how the situation might be stabilised. Mrs Forster Adams also reported that within Leeds, two Admiral Nurses had been recruited and explained the role was to support dementia services across the city and ensure the right package of care is in place so individuals can return home to continue their care.

With regard to winter planning, Mrs Forster Adams reported there was now a Leeds Winter Plan which was supplemented by the Trust's own Winter Plan. She noted this takes account of the pressures within the system and also pressures within services and the staffing issues being experienced.

With regard to Section 136 detentions, Mrs Forster Adams noted there was an intention to include a performance dashboard into the report in relation to this and that the Finance and Performance Committee would be looking at this in the first instance.

Miss Grantham suggested that staffing in relation to the winter Plan was looked at in more detail at the Workforce Committee. Mrs Forster Adams agreed this would be a good forum in which to look at this in more detail.

Miss Grantham also noted the improvement work outlined in the report and asked if there was capacity for services to undertake this work whilst also operating on a day-to-day basis. Mrs Forster Adams noted that whilst it was important to achieve a balance there was a need to grow and improve

**JFA**

services and create the headspace to do this, as was illustrated in the earlier sharing stories session.

Miss McRae noted the system was operating at a Silver Command level and asked how productive the system was from being permanently in incident command mode and whether the Trust benefitted or whether supporting the reporting structure was creating more work for the Trust. Mrs Forster Adams advised that the main benefit for being part of that system was maintaining relationships and that whilst in the main the focus was not on mental health and learning disability, there was an opportunity to receive help and support from the system when needed.

Dr Proctor asked about the communication plan for the COVID and flu vaccination programme. The Board was assured the Trust had a robust programme in place which had been launched ahead of the national communication plan; there would be sufficient supply and deliveries were as expected; and that the programme to identify and then vaccinate vulnerable service users had commenced.

Mrs Khan asked about staffing shortages and what was being done to attract young people into the services. Mrs Woffendin and Mr Skinner outlined the initiatives being undertaken within colleges and universities to explain the opportunities and the roles available within the mental health and learning disability sector.

The Board received the report and agreed the EPRR Annual Statement would be signed off at the October Finance and Performance Committee prior to it being submitted.

**JFA**

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

**22/104**

#### **Chief Financial Officer's Report (agenda item 14)**

Mrs Hanwell presented her Financial Officer's Report noting that whilst there were hotspots within the Trust it was in a strong financial position, achieving both capital and revenue plans as at month 5. She added that system financial metrics would be reintroduced during quarter 2, including agency spending limits and increased scrutiny of efficiency plans. Mrs Hanwell explained the immediate focus was to address the unidentified recurrent efficiency requirement and implement actions to mitigate cost pressures including agency spending.

With regard to the delivery of the capital programme, she explained the Trust's capital resource limit was tied into the system and it was unable to act outside those parameters. She also noted work was ongoing to finalise the PFI options appraisal, noting there would be more information provided to the Board in the coming weeks.

The Board sought to understand the cap on agency spend which was being reintroduced against the challenges around ensuring safe staffing levels.



Miss McRae asked if there would be any penalties for breaching the cap. Mrs Hanwell explained it was a system cap, however, she noted that safety would not be compromised just to achieve the cap. It was suggested there was a deep dive to look at where long-term locums are used and where short-term reactive appointments are made through agencies. It was agreed this would be looked at through the Workforce Committee.

DH / JFA

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

22/105

**Safe staffing Report** (agenda item 15)

Mrs Woffendin presented the safe staffing report noting there had been two registered nurse breaches that had occurred during the period of 1 June and 31 July 2022, noting these had occurred at Asket Croft and Ward 3 at the Mount. She added these shifts had been covered by other staff and patient safety issues had not occurred as a result of these breaches.

Mrs White asked about international recruitment and whether by attracting nurses from other countries this would leave those countries with a deficit in their workforce. Mrs Woffendin advised that the recruitment operates on a framework and the Trust does not deviate from that framework. She also assured the Board that recruitment was carried out in line with the agreement the Trust had with NHS England in terms of numbers.

Mrs Forster Adams noted the report had referenced the potential for industrial action. She assured the Board this had been discussed by the Executive Team and planning for this was being done alongside the winter planning.

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

22/106

**Guardian of Safe-working Hours Quarterly Report** (agenda item 16)

Dr Hosker presented the Guardian of Safe-working Hours Quarterly Report noting the purpose of the report was to give assurance that doctors in training were safely rostered and their working hours were compliant with the junior doctors contract 2016 and in accordance with junior doctors' terms and conditions of service.

Dr Hosker drew attention to the key points, noting there had been two exceptions reported and no patient safety issues recorded in this period.

With regard to the change in the rota for Higher Trainees, Dr Hosker reported they had expressed a wish to switch sides of the rota midway through their 6-month rotation and it had been agreed this would be implemented from the next rotation date.

The Board **received** the Guardian of Safe-working Hours Quarterly Report and **noted** the content.

22/107

**Care Services Strategic Plan** (agenda item 17)

Mrs Forster Adams presented the final version of the Care Services Strategic Plan noting the Board had seen and had the opportunity to contribute to the content at the last Board Strategic Discussion Session. She also noted the Finance and Performance Committee had looked at the content in detail at its last meeting and had been supportive of the final version.

Mrs Forster Adams noted there would be an implementation plan to go alongside the strategic plan and this would be brought back to the Board at a later date.

The Board received and discussed the plan in some detail. Miss Grantham asked how this would link to the People plan. Dr Munro noted the work done with the leadership team to look at the priorities across all strategic plans, noting there was still work to do to look at the key deliverables, the inter-dependencies and the milestones over the coming years. She added that at a more granular level these deliverables would link to the service line business plans year-on-year.

The Board asked about communication and socialising the plan, noting this needed to be carefully presented to ensure staff don't feel overwhelmed by the priorities outlined. Mrs Forster Adams advised the plan had been developed in conjunction with PricewaterhouseCoopers LLP and their view was the plan was robust and deliverable. She also noted the plan had been developed in conjunction with the service line leadership and they had identified the key priorities and were best placed to assess capacity to deliver the aspirations and ambitions outlined in the plan.

The Board noted the level of co-production of the plan but acknowledged there was still more to do to ensure service users remain connected with its ongoing development. Mrs Woffendin assured the Board on the level of engagement with service users and carers which had been facilitated by the Patient Engagement and Involvement Team.

The Board **received** and **ratified** the Care Services Strategic Plan.

22/108

**Workforce Race and Disability Equality Standards and Gender Pay Gap Progress Update 2022** (agenda item 18)

Mr Skinner presented the Workforce Race and Disability Equality Standards and Gender Pay Gap Progress Update for 2022. He explained the report had been reviewed by the Workforce Committee and the People and Organisational Development Group. He drew attention to the progress that had been made in all areas, in particular an increase in the number of BAME colleagues being promoted; a decrease in the number of BAME colleagues

entering the disciplinary process; and a decrease in the number of disabled staff feeling pressure to come into work when unwell.

Mrs White asked whether sufficient resource had been invested in the chairs of the WREN network. Mr Skinner explained that support had been offered to all staff networks with two days per month being backfilled to provide individuals the time to carry out these roles. However, he noted that if there was still an issue this offer could be revisited. Mr Skinner added that in terms of dedicated admin support this was being picked up by the wellbeing team to ensure there was adequate provision.

Mrs White then asked what level of take-up there had been for the Reciprocal Mentoring Programme phase 2. Mrs Bamford assured the Board there had been a good uptake for the phase 2 programme and the Trust was looking at including people with other protected characteristics in the next phase and expanding the programme out to managers and associate directors so there was a wider focus.

Finally, Mrs White asked what support there was to ensure people with learning disabilities were employed within our services. Mr Skinner advised there were some good examples of where this had worked well in the Trust, and explained there was more that could be done and that the Trust was working with a charity which supported people with learning disabilities in gaining employment.

Mrs Khan acknowledged the progress that had been made, but noted that people from BAME backgrounds were less likely to be appointed and staff employed were more likely to experience bullying and harassment and asked what training was planned for managers around cultural competencies.

Mr Skinner noted that training for managers had been paused over the last couple of years due to the COVID response but that this would be starting again which would include these issues. He also noted the disciplinary process had been refreshed and there had been a significant improvement in the number of people from BAME backgrounds entering the process. He added that bullying and harassment was the next issue to be looked at by the team

With regard to recruitment, Mr Skinner advised the HR team was looking at ensuring values-based recruitment was used across the Trust. He added that cultural and inclusion ambassadors were providing a check and challenge within that process.

The Board **received** and **noted** the content of the report. The Board was assured the submission had been made correctly and the action plan would be published on the Trust's website.

22/109	<b>Health Education England / General Medical Council annual self-assessment report (SAR)</b> (agenda item 19)
	<p>Mr Skinner presented the report noting the information was due to be submitted on 30 September 2022.</p>
	<p>The Board <b>received</b> and <b>noted</b> the content of the report and approved its submission.</p>
22/110	<b>EPRR Assurance Standards update</b> (agenda item 20)
	<p>Mrs Forster Adams noted this had been covered previously in the meeting with the Board agreeing the submission would be signed off by the Finance and Performance Committee.</p>
22/111	<b>Board Assurance Framework (BAF) update</b> (agenda item 21)
	<p>Dr Munro noted the amount of work that had been carried out to populate the refreshed risks on the BAF, but noted there was still more work to do to complete this. The Board agreed it would receive the finalised BAF at the extraordinary meeting in October.</p>
	<p>The Board <b>noted</b> the progress with updating the BAF and <b>agreed</b> it would be presented again in October 2022.</p>
22/112	<b>West Yorkshire (WY) Integrated Care System (ICS) Mental Health, Learning Disability &amp; Autism (MHLDA) Committee-in-Common Chair's report for meeting held on 27 July 2022</b> (agenda item 22)
	<p>The Board <b>received</b> and <b>noted</b> the content of the report.</p>
22/113	<b>Use of the Trust seal</b> (agenda item 23)
	<p>The Board <b>noted</b> the seal had not been used since the last meeting.</p>
22/114	<b>Any other business</b> (agenda item 22)
	<p>Dr Proctor advised the Board that the Chair recruitment was underway with the expectation that an appointment would be made in mid-November. In view of this, Dr Proctor advised she would be stepping down as Chair on 24 December 2022.</p>
	<p>Dr Proctor also advised this would be the final public Board meeting for Sue White who would be stepping down on 31 October. The Board thanked Mrs</p>

White for all her support and dedication to the work of the Trust, in particular for chairing both the Finance and Performance Committee and the Mental Health Legislation Committee.

**22/115**

**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 12:25 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><b>Report from the Chief Operating Officer</b> (minute 21/089 – agenda item 12 – July 2021)</p> <p>Dr Munro noted that once the details of the national inquiry into COVID-19 were known there would be an update provided to the Board in relation to the Trust's readiness</p>	<p><b>Sara Munro / Cath Hill</b></p>	<p>Date to be confirmed</p>	<p><b>ONGOING</b></p>
<p><b>Report from the Chair of the Quality Committee for the meetings held on 13 June and 11 July 2022</b> (minute 22/075 - agenda item 8 – July 2022)</p> <p>Dr Healey suggested there needs to be further consideration as to how the Annual Quality Reviews and other reports are used and how the Board sub-committees work together and information is shared across the committees.</p>	<p><b>Frances Healey / Chris Hosker / Cath Woffendin</b></p>	<p>Management action</p>	<p><b>ONGOING</b></p> <p>A meeting has taken place to look at the work of the Quality Committee, the format of the reports it wants to receive and the links to other Board sub-committees – another meeting has been scheduled</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>Report from the Chair of the Finance and Performance Committee for the meetings held on 28 June and 25 July 2022</b> (minute 22/077 - agenda item 10 – July 2022)</p> <p>It was agreed that cultural and behavioural issues in relation to the digital agenda would be added to the Board Strategic Discussion session forward plan.</p>	<p><b>Sue Proctor / Sara Munro / Cath Hill</b></p>	<p>Management action</p>	<p><b>ONGOING</b></p> <p>The forward plan is being updated and this session will be incorporated into the forward plan this will be finalised with the new Chair of the Trust</p>
<p><b>A question from a member of the public</b> (minute 22/091 – September 2022)</p> <p><b>NEW</b> - Mrs Hill agreed to feedback to the member of the public the comments made by the Board.</p>	<p><b>Cath Hill</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p>
<p><b>Declaration of interests for directors and any declared conflicts of interest in respect of the agenda items</b> (minute 22/093 - agenda item 3 – September 2022)</p> <p><b>NEW</b> - Changes to declarations of interest were noted and Mrs Hill agreed to provide Miss Grantham and Dr Proctor with the necessary forms to be completed.</p>	<p><b>Cath Hill / Derry McMann</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p>
<p><b>Report from the Chief Operating Officer</b> (minute 22/100 - agenda item 13 – September 2022)</p> <p><b>NEW</b> - Miss Grantham suggested that staffing in relation to the Winter Plan was looked at in more detail at the Workforce Committee. Mrs Forster Adams agreed this would be a good forum in which to look at this in more detail.</p>	<p><b>Joanna Forster Adams</b></p>	<p>Action for the Workforce Committee</p>	<p><b>REQUEST THIS ACTION TO BE CLOSED</b></p> <p>This has been added to the Workforce Committee forward plan</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>Report from the Chief Operating Officer</b> (minute 22/100 - agenda item 13 – September 2022)</p> <p><b>NEW</b> - The Bord received the report and agreed the EPRR Annual Statement would be signed off at the October Finance and Performance Committee prior to it being submitted.</p>	<p><b>Joanna Forster Adams</b></p>	<p>Action for Finance and Performance Committee</p>	<p><b>COMPLETED</b></p> <p>This was signed off at the extraordinary Board meeting on 27 October 2022</p>
<p><b>Chief Financial Officer's Report</b> (minute 22/104 - agenda item 14 – September 2022)</p> <p><b>NEW</b> - It was suggested there was a deep dive to look at where long-term locums are used and where short-term reactive appointments are made through agencies. It was agreed this would be looked at through the Workforce Committee.</p>	<p><b>Dawn Hanwell</b></p>	<p>Action for the Workforce Committee</p>	<p><b>REQUEST THIS ACTION TO BE CLOSED</b></p> <p>This has been added to the Workforce Committee forward plan</p>
<p><b>Safe Staffing Report</b> (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><b>Cathy Woffendin</b></p>	<p>January 2023 Board of Directors' meeting</p>	
<p><b>Six-monthly safer staffing report</b> (minute 22/082 - agenda item 14 – July 2022)</p> <p>The Board asked for the next six-monthly report to include information about staff who have successfully attained promotions to band 7 and above.</p>	<p><b>Cathy Woffendin</b></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><b>Report from the Chair of the Finance and Performance Committee for the meetings held on 28 June and 25 July 2022</b> (minute 22/077 - agenda item 10 – July 2022)</p> <p>In regard to the reduction of the agency cap and the impact this might have on the workforce given the difficulties there are in some areas to recruit staff. It was suggested that Mr Henry and Miss Grantham as chairs of the Finance and Performance Committee and the Workforce Committee should discuss which committee would receive assurances on this matter.</p>	<p><b>Cleveland Henry / Helen Grantham</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p> <p>The Chairs of the Finance and Performance Committee and the Workforce Committee have agreed the Finance and Performance Committee will continue to monitor actual agency spend and the spend of the apprenticeship levy.</p> <p>The Workforce Committee will look at how we are spending the levy in support of the overall recruitment, training, and development plans.</p>
<p><b>Approval of the final version of the Trust's Green Plan</b> (minute 22/060 - agenda item 18 – May 2022)</p> <p>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><b>Cath Hill</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p> <p>It has been agreed that a report will come to the Board annually on the Trust's Green Plan with updates from the Finance and performance Committee every 6 months reported via the committee's chair's report</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>Approval of the final version of the Trust's Green Plan</b> (minute 22/060 - agenda item 18 – May 2022)</p> <p>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>	Sue Proctor	Management action	<p><b>COMPLETED</b></p> <p>The Chair of the Trust will be the champion with an opportunity for the new incoming chair considering how this should be taken forward in the future when they take up post</p>
<p><b>Actions outstanding from the public meetings of the Board of Directors</b> (minute 22/072 - agenda item 6 – July 2022)</p> <p>Dr Munro advised the Board on the progress with the public inquiry into the handling of the COVID pandemic. She noted the chair of the Inquiry had set out the phasing of the various stages which Mrs Hill agreed to circulate to members of the Board.</p>	Cath Hill	Management action	<p><b>COMPLETED</b></p>
<p><b>Report from the chair of the Finance and Performance Committee for the meeting held on 27 September 2021</b> (minute 21/109 – agenda item 11 – September 2021)</p> <p>A presentation on the emerging digital strategy, noting that the committee had suggested that this should be presented to the Board at a future Board strategic discussion session. Mrs Hill agreed to add this to the forward plan.</p>	Cath Hill  (Dawn Hanwell)	September Board of Directors' meeting	<p><b>COMPLETED</b></p> <p>This is on the agenda for 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><b>Minutes of the previous meeting held on 19 May 2022</b> (minute – 22/070 - agenda item 4 – July 2022)</p> <p>It was noted that the minutes showed the wrong venue and should have recorded that the meeting was held in the Hemmingway Room, St George's, 60 Great George St, Leeds LS1 3D. Mrs Hill agreed to correct this.</p>	Cath Hill	Management action	COMPLETED
<p><b>Report from the Chief Executive (minute 22/074 - agenda item 7 - July 2022)</b></p> <p>Dr Proctor asked for the slides produced by Sonya Robertshaw be shared with members of the Board which detailed the mental health and learning disability workforce strategy for West Yorkshire. Mrs Hill agreed to circulate the link.</p>	Cath Hill	Management action	COMPLETED
<p><b>Report from the Chair of the Quality Committee for the meetings held on 13 June and 11 July 2022</b> (minute 22/075 - agenda item 8 – July 2022)</p> <p>Mrs Hill noted that in relation to Board and sub-committee papers, Teams was being used as a repository for these papers and that she would look at ensuring information on how to access these was circulated again.</p>	Cath Hill / Kerry Mc Mann	Management action	<p>COMPLETED</p> <p>Information on how to access the papers stored on Teams has been circulated</p>
<p><b>Bank staffing survey</b> (minute 22/078 - agenda item 18 – July 2022)</p> <p>Dr Proctor asked for the slides to be circulated to members of the Board.</p>	Cath Hill	Management action	COMPLETED

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>Bank staffing survey</b> (minute 22/078 - agenda item 18 – July 2022)</p> <p>Dr Proctor asked for details of the bank staff event on the 16 August be circulated to members of the Board who were encouraged to attend.</p>	Cath Hill	Management action	COMPLETED
<p><b>Report from the Director of Nursing, Quality and Professions</b> (minute 22/081 - agenda item 13 – July 2022)</p> <p>With regard to the new way in which the CQC will regulate, as set out in the report it was noted that the example provided could be construed as the scores for this Trust by the reader. It was suggested the paper on the website was amended.</p>	Cath Hill	Management action	COMPLETED
<p><b>Medical Director's report</b> (minute 22/083 - agenda item 15 – July 2022)</p> <p>It was noted that junior doctor rotation dates would move to August from 2023 rather than October and the added pressure this creates to support services in HR and medical education at the busiest annual leave time. Dr Munro noted there was a relationship meeting with Health Education England where this could be raised in the first instance to understand what the route of escalation should be.</p>	Sara Munro	Management action	<p>COMPLETED</p> <p>This matter was raised at the meeting with HEE who advised the decision cannot be reversed however, the Trust asked if in it could be involved and consulted with before changes are made</p>

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**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Chief Executive's Report
<b>DATE OF MEETING:</b>	24 <sup>th</sup> November 2022
<b>PRESENTED BY:</b> (name and title)	Dr Sara Munro – Chief Executive
<b>PREPARED BY:</b> (name and title)	Dr Sara Munro – Chief Executive

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

**EXECUTIVE SUMMARY**

The 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?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

**RECOMMENDATION**

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

## MEETING OF THE BOARD OF DIRECTORS

24 November 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

##### *Chair of the Trust*

I want to open this board report to give thanks that is both personal and on behalf of the Trust to our outgoing Chair Professor Sue Proctor. Sue has helped us deliver real and sustainable change across the organisation over the past 6 years and we will in due course show our appreciation in a special farewell event. She has also been a source of great support to me personally and professionally through some of the toughest times the NHS has ever experienced.

I can now also say congratulations to Merran McRae who, following a rigorous and competitive selection process was appointed as our New Chair by the Council of Governors. Merran is well known to us having been a NED for the past 12 months and brings a wealth of experience and commitment to partnership working. I am delighted with the decision by the governors and look forward to working with Merran when she takes up the post in the New Year.

##### *Service Visits*

In the past few weeks I have had the pleasure of visiting more of our services in the Trust. My plans to visit all the wards at the Mount were affected due to infection outbreaks on three of the wards however I did get to visit ward1 which is a specialist dementia unit, meet with several members of the multi disciplinary team and patients. It was humbling to hear how the ward team continue to adapt the way they are providing care to reduce the risks from covid as well as being faced with significant increases in demand. This is a stable team that is unfortunately is often drawn upon to support other wards and I want to acknowledge the impact of this as well as express my gratitude. However, we know this is not sustainable and the executive team have

supported the senior team with some changes to bed numbers in the short term to alleviate the pressures. An additional matron has also been put into place to support the wards and we will meet with the leadership team next month to assess the impact and discuss next steps.

The mother and baby unit returned to their ward at the Mount and whilst it was still early days of settling back in the feedback was very positive both regarding the environmental changes that have been made and the wider support from colleagues in the trust to support the move. At the same time the community perinatal team have been able to move into their own office at the mount, so they are all co located which is a real positive for them.

Forward Leeds is a multi-agency service that supports a range of people with substance misuse. Recently awarded outstanding by the CQC I was able to see first hand the amazing work LYPFT colleagues do as part of this service. I was able to spend time with our specialist midwives, the hospital in reach team at LTHT and the Street Outreach Team (STOT), meet with service users and the senior leadership team. the level of multi-agency working was significant, and the service have had to adapt over the years being managed within a VCS organisation. In all the services I spent time it was clear to see the passion and compassion to make a difference to the most vulnerable people in our communities. this is a great example of working directly with health inequalities and making a difference for example in numbers of mums and babies who go onto to have a healthy delivery, support into rehab and treatment for alcohol and drug dependency as well as stabilising people so they can have high risk physical health needs met and with the STOT team supporting very vulnerable people to move into more stable and safe accommodation. They truly deserve the rating of outstanding.

### ***Staff survey 2022***

We are nearing the closing date for this years survey of substantive and bank staff. The response rate has so far been slightly behind compared to last year but we will get the final figures next month. We anticipate raw data to be shared early in the New Year but the final results not to be available until February.

### ***Planning for winter***

The coming months will be unpredictable in terms of demands, workforce availability and other factors which can impact on the way we provide our services such as adverse weather, potential for strike action and disruption to energy supplies. More will be covered in the COO report and

private discussion however we have agreed as an Executive team to put in place enhanced oversight arrangements and minimise where we can routine and business as usual activities, so we have the capacity to respond to whatever emerges. Maximising uptake of both the flu and covid vaccination also remains an important focus so we can keep infection rates as low as possible over the coming months.

We are also focusing on ways in which we can show our appreciation to colleagues and have already communicated each member of staff will get 2 vouchers. The staff engagement team are planning lots of additional ways in which we can bring some festive cheer and fun to teams over the coming weeks. This is in addition to measures that have been agreed to support our colleagues and service users with the cost-of-living pressures.

## **2. Our staff networks – New chairs appointed**

We are delighted that new co-chairs have now been appointed for our Rainbow Alliance and Workforce Race Equality Network. Both networks put in place very rigorous processes to test the commitment and values of the chairs that have been appointed. We will look to creating opportunities for board members and the council of governors to meet with the chairs of all the staff networks in 2023.

### **New RACo-Chairs**

We are excited to announce that we have two new Rainbow Alliance co -chairs.

**Darren Skinner, Director of People and Organisational Development:**

**"As the Executive sponsor for the Rainbow Alliance, I am delighted that Sophie and Ian have been elected from the membership to develop and build on the great work of Kate and Rhys."**



Sophie Bracewell  
LYPFT Gender Outreach Worker Lead

I am honoured and privileged to have been elected co-chair of the Rainbow Alliance. I want to thank Kate and Rhys for all their hard work and effort in developing the alliance to where it is now. I hope that together, we can make LYPFT the most LGBTQIA+ inclusive trust and the benchmark for trusts across the country to aspire to.



Ian Andrews, Technical Director of NHS North of England Commercial Procurement Collaborative

I look forward to engaging with the Rainbow Alliance and focusing on how the network can serve and support our LGBTQ+ staff across the LYPFT community. Alongside how we can represent LGBTQ+ issues in the Trust's broader equality, diversity, and inclusion agenda.





## New Wren Co-Chairs

Please welcome our WREN co-chairs.



Mahesh Patel  
Logistics Manager, Procurement and Logistics

United, we are stronger and able to meet the many major challenges that confront us. I will continue to work towards an inclusive, diverse and equitable culture where everyone feels respected, valued and empowered.



Maxine Brook  
Business Analyst, Digital Change and Systems Team

Being inclusive to me means appreciating differences and enjoying diverse viewpoints. As a Co Chair of the WREN network, one of my goals will be to ensure we hear those viewpoints throughout the Trust.

## 3. Ministerial Update

Since the last report to the board there have been further changes in His Majesty's Government and the following lists the current ministers in the Department of Health and Social Care;

- Rt Hon Steve Barclay MP as Secretary of State for Health and Social Care
- Helen Whately MP as a Minister of State in the Department of Health and Social Care
- Maria Caulfield MP as a Parliamentary Under Secretary of State in the Department of Health and Social Care, and a Parliamentary Under Secretary of State (Minister for Women) in the Department for International Trade
- Will Quince MP (re-appointed) as a Minister of State in the Department of Health and Social Care
- Neil O'Brien OBE MP (re-appointed) as a Parliamentary Under Secretary of State in the Department of Health and Social Care
- Lord Markham CBE re-appointed as a Parliamentary Under Secretary of State in the Department of Health and Social Care

There has been no announcement on new or changing policies and priorities for the NHS since the publication and statement from the previous SoS Therese Coffey.

## **Chancellor's statement November 17<sup>th</sup> 2022**

The government set out a new budget on the 17<sup>th</sup> of November and the following is the initial statement relating to health and social care available at the time of writing.

*To protect high-quality front-line public services, access to funding for the NHS and social care is being increased by up to £8 billion in 2024-25. This will enable the NHS to take action to improve access to urgent and emergency care, get waiting times down, and will mean double the number of people can be released from hospital into care every day from 2024.*

CEOs and Directors of finance have been invited to a webinar with the NHSE CEO and CFO on the 21<sup>st</sup> November to discuss the implications of the autumn statement. A verbal update will be provided to the board and once more detailed information is available it will be shared directly to board members and any implications for the Trust will be taken through the finance and performance committee.

### **3. Our Partnerships**

Since the last report to the board the following meetings have been held

- West Yorkshire Integrated Care Board Public Board Meeting 15<sup>th</sup> November 2022
- West Yorkshire Integrated Care Board development session 18<sup>th</sup> October 2022
- Leeds Committee of the WY ICB development session on the 11<sup>th</sup> October 2022

### **4. Mental Health, Learning Disability and Autism Updates (MHLDA)**

There have been a range of meetings and forums in the recent weeks specific to MHLDA as summarised below

- A Joint non-executive and governor event for West Yorkshire MHLDA collaborative was held in October with sessions covering adult mental health services, workforce strategy and suicide prevention. We will start to plan the programme for next year taking feedback from respective boards to develop the content of the sessions.

- Committee in Common for the West Yorkshire MHLDA collaborative met in October and was attended by Dawn Hanwell and Sue Proctor.
- National Leads facilitated a session with all ICBs in the country to focus on how they can ensure MHLDA is a key priority within integrated care systems and isn't overshadowed by other issues. We used the opportunity in the breakout sessions to share how we work in our ICB which is largely positive and to suggest areas for the national team to focus on such as funding and influencing regulatory bodies on core curriculum for all professions to strengthen the MHLDA content. The slide pack from the event will be circulated to board members for information.
- NHSE have invited applications for a 'Provider Collaborative Innovators scheme'. This is open to all sectors/place-based collaboratives and the intention is to select 8/9 nationally to support and then share the learning with other collaboratives. We believe we would be considered a mature collaborative for the MHLDA work at West Yorkshire and are currently liaising with the regional lead to explore what the benefits and expectations would be. The deadline for applications is the 9<sup>th</sup> of December.
- At a regional level we have been exploring how best to work between MHLDA providers and the NHSE regional team to minimise the current layers of assurance and reporting and better utilise resource to support front line delivery. All providers attended a workshop last month with regional colleagues to start to explore shared priorities, risks and issues. we are seeking to work alongside one another and focus on areas for quality improvement across the region, the most prominent being inpatient care given the recent high-profile cases of poor care. NHSE have set aside £36 million over the next 3 years specifically focused on inpatient improvement and we have also appointed a project lead within our West Yorkshire team to support the mental health trusts improve the acute care pathway.

#### **4. Reasons to be Proud**

These are all the latest reasons to be proud however there are further award ceremonies taking place between this paper being written and the board meeting so a further verbal update will be provided.

## Reasons to be proud



### **Congratulations Tara on your amazing win!**

We couldn't be prouder of Tara for all her hard work and what she brings to the team, our Trust and most importantly the service users



### **Red Kite View wins at Building Better Healthcare 2022**

Congratulations to Gilling Dod Architects and Tilbury Douglas for picking up 2 awards for Red Kite View for Clinician's Choice Award for Best Development and Best Carbon Reduction Initiative



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## Reasons to be proud



### **Sara meets King Charles on his Leeds visit**

King Charles visited Leeds yesterday and was at Leeds Art Gallery to mark the 10th anniversary of [Child Friendly Leeds](https://www.leeds.gov.uk/child-friendly-leeds) meeting schools, ambassadors and partners from across the city.

Sara was invited and was able to speak with the King briefly in which he said how marvellous we are in the NHS and he is amazed at what we do!



### **'Outstanding' Forward Leeds - doing an amazing job**

Sara was delighted to spend a day with colleagues at Forward Leeds, the drug and alcohol service. The service, one of our partners in Leeds, recently gained an 'Outstanding' rating after a CQC inspection.

She spent time with the specialist midwives, the outreach team at LTHT and the Specialist Therapeutic Outreach Team who work with people living on the streets all doing the most amazing work with very vulnerable people.



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## Team of the Month – September

### **WARD 3 BECKLIN**

"I am so proud of this ward team. Over the past few months we have dealt with some very difficult situations and have managed them really well and pulled together as a team."

**- Nominator**

“What a fantastic example of how colleagues care and provide person centred care in difficult times. Thank you!

“What an incredible example of compassionate care, providing dignity and putting the patient at the centre, despite some truly difficult situations. This team should be so proud of what they achieved.”

**- Judges**

**Our latest Research Hero is...**

**Dr Sajir Al-sajir, Speciality Doctor Older People’s Service East North East, Community Mental Health Team**

Sajir was one of the clinicians supporting the Counted Research Study. He made a referral from his caseload and participated as a participant clinician in the study. He demonstrated great commitment and confidence in operating effectively to support recruitment and participation and maintained a positive attitude at every stage. His contributions played a part in achieving the desired result to recruit to time and to target for the study. Most importantly, it allowed the eligible participants to contribute to and be involved in research.

**Dr Sara Munro**

**Chief Executive**

**17<sup>th</sup> November 2022**

## Chair's Report

AGENDA  
ITEM

8

<b>Name of the meeting being reported on:</b>	Workforce Committee
<b>Date your meeting took place:</b>	6 October 2022
<b>Name of meeting reporting to:</b>	Board of Directors – 24 November 2022
<b>Key discussion points and matters to be escalated:</b>	
<b>Issues to which the Board needs to be alerted:</b> <ul style="list-style-type: none"> <li>No issues to which the Board needs to be alerted.</li> </ul>	
<b>Issues to advise the Board on:</b> <ul style="list-style-type: none"> <li>The Committee received a progress update on the People Plan and its associated performance dashboard. The Committee noted that the roadmaps would be refreshed in December with the following areas to be covered in more detail: cost of living, civility and respect, and violence reduction. The Committee had a discussion around staff turnover and asked for some analysis on the risks associated with the ageing workforce to come to the December meeting.</li> <li>The Committee received the Wellbeing Guardian Report and noted that staff completing their wellbeing assessments was now at 90%. The Committee asked for assurance to come back to a future meeting around the current protocol for Occupational Health to escalate early warning signs to the Trust about poor practice or cultural issues that had been shared with them by staff and if any improvements could be made to the existing system. The Committee also noted the limited resource within the Wellbeing and People Experience Team and agreed that this needed to be revisited at some point.</li> <li>The Committee received an update on four workforce strategies and reviewed progress against each of their action plans. The Committee talked in detail about the ongoing work to address nursing vacancies as part of the Nursing Strategy and requested that an item on international recruitment was scheduled for the December meeting. The Committee received assurance on progress with the Medical Strategy and the Allied Health Professions Strategy. As part of the Psychological Professions Strategy, the Committee discussed some occasions where therapists had trained with the Trust before leaving to get jobs in the private sector. The Committee agreed that the issue of outsourcing needed</li> </ul>	



to come back to this Committee and the Board for further discussion at some point in the future.

- The Committee received a verbal update on clinical supervision compliance which had increased from 49% to 60% due to interventions by clinical leads. The Committee also received a recovery plan aimed at addressing appraisals performance and noted that the new 'Learn' platform provided better access to personal development data for both staff and their managers.
- The Committee noted that a recent audit into modern day slavery had received a finding of limited assurance. Mr Skinner advised that he had agreed to be the Executive Sponsor for overseeing this work and would bring an update on the action plan to the December meeting.
- The Committee received a verbal update on winter planning and staffing and noted workforce challenges in the community, forensic, and older adults' services. The Committee was advised there would be pockets of redeployment, but this would be kept to a minimum and within speciality where possible.
- The Committee also had some concerns around the vacancies caused by newly funded posts and asked for further assurance that posts in core services were being prioritised.

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

- The Committee considered the results of its effectiveness review and noted that Miss Grantham was engaged in an ongoing conversation with Dr Frances Healey, Chair of the Quality Committee, about streamlining the remit of the committees where possible.
- The Committee received the People and Organisational Development Governance Group Chair's Report and noted the recommendations that had been put forward by the Cost of Living Task and Finish Group to support staff during this time. The Committee also noted the proactive interventions that the Trust had put in place as a result of the NHS Pay Award and changes to the thresholds of the NHS Pension Scheme.

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

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

**Report completed by:**

Helen Grantham  
November 2022

## Chair's Report

AGENDA  
ITEM

9

<b>Name of the meeting being reported on:</b>	Audit Committee
<b>Date your meeting took place:</b>	18 October 2022
<b>Name of meeting reporting to:</b>	Board of Directors – 24 November 2022
<b>Key discussion points and matters to be escalated:</b>	
<b>Issues to which the Board needs to be alerted:</b>	
None.	
<b>Issues to advise the Board on:</b>	
<ul style="list-style-type: none"> <li>The Committee discussed the two limited assurance reports that were deferred from the 16 August 2022 Audit Committee meeting. It was assured of the progress made in regard to "Service Users' Money and Property" and noted that Audit Yorkshire would carry out a targeted audit to look at progress with the implementation of the actions. It also discussed the progress in respect of the "Care Plans and Clinical Risk Assessments" audit. The Committee received an update as to the work being undertaken to revise the process and procedures and to address the findings and noted this proposed actions needed further consideration at the private Board of Directors meeting.</li> <li>The Committee received and reviewed the Internal Audit Progress Report. It noted the report provided information and assurance on three internal audit reports where significant or substantial assurance had been given ("Data Security and Protection Toolkit", "Charitable Funds", and "Covid-19 Recovery of Care Services"). The Committee also noted that the "Fire Safety" audit had with a rating of limited assurance. The Committee agreed to defer consideration of this report until its next meeting scheduled for 17 January 2023.</li> <li>The Committee received a report from The Internal Audit Network (TIAN) report. It was noted there was an HFMA briefing on "Board Reporting for ICBs". It noted that the finance team would need to consider the extent to which the Trust reports the ICB financial standing in the Chief Financial Officers' Report.</li> </ul>	



- The Committee reviewed the proposed amendments made to its Terms of Reference. It looked at its role and function in regard to the Quality Report. The Committee noted the Quality Committee already had responsibility for the oversight of the content but asked for the requirements set out in the HFMA NHS Audit Committee Handbook regarding the Quality Report to be checked so a decision could be taken as to whether the Audit Committee or the Quality Committee should have responsibility for the oversight of the process around the production of the report. A further discussion is due to take place at the January meeting.

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

- The Committee received an update on outstanding audit actions and was assured that these actions were being dealt with in an appropriate way with the Executive Risk Management Group being sited on these actions. It noted that some actions had received multiple extensions to their target dates and suggested the ERMG should look at receiving greater detail as to the reason for the extensions and why actions cannot be closed within the initial timescale.
- The Committee received the Health and Safety Quarterly update. It was agreed that the Annual Health and Safety Report would be reported not only to the Audit Committee as per its cycle of business but would be reported to the Board of Directors as part of its cycle of business.
- With regard to the “Fire Safety” audit it was noted that the discussion on this report would be deferred until the January Audit Committee meeting. However, it was keen that the action around fire drills was implemented as soon as possible and noted this would be taken forward as a matter of priority.
- The Committee received the Tender and Quotation Exception Report and was assured that the tender and quotation waivers had been adequately explained and signed off. It also received the Losses and Compensations Report and the Management Consultants Register and was assured of the detail on these two registers also.
- The Committee received an update to the progress of the Annual Declarations of Interest Process and was assured that there had been a 100% return rate of declarations of identified decision makers across the Trust. This meant that all declarations had been made to the Declare website, or that mitigating circumstances as to why a declaration could not be registered by individuals had been received. It was noted there was a process in place to obtain these declarations once staff return to work.

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

None.

#### **Report completed by:**

Martin Wright, October 2022.

**AGENDA  
ITEM**

**10**

## Chair's Report

<b>Name of the meeting being reported on:</b>	Quality Committee
<b>Date your meeting took place:</b>	11 October 2022
<b>Name of meeting reporting to:</b>	Board of Directors – 24 November 2022
<b>Key discussion points and matters to be escalated:</b>	
<b>Issues to which the Board needs to be alerted</b> <ul style="list-style-type: none"> <li>No issues to which the Board needs to be alerted.</li> </ul>	
<b>Issues to advise the Board on:</b> <ul style="list-style-type: none"> <li>No issues to advise the Board on.</li> </ul>	
<b>Things on which the Board is to be assured</b> <ul style="list-style-type: none"> <li>The committee received the Gender Identity Service's Annual Quality Report for 2021/22. The service delivered a presentation on the main findings using the Safe, Timely, Effective, Efficient, Equitable and Patient Centred (STEEEP) framework. The committee was pleased to hear about the positive feedback received from service users through the 'Have Your Say' survey. It acknowledged the wait time for the service and asked the service to consider how the risks of those on the waiting list could be managed. It was informed that there had been nine deaths of individuals on the waiting list and noted the work being undertaken to understand the reasons for these deaths. The committee requested that the Trust's learning from deaths process include those on any of the Trust's waiting lists.</li> <li>The committee received the CONNECT Service's Annual Quality Report for 2021/22. The service delivered a presentation on the main findings using the STEEEP framework. The committee was pleased to hear that the use of outcome measures was well embedded within the service. It discussed: the service's use of social media; the work carried out as part of the National Sexual Safety Collaborative; wait times; and how the risks of those on the waiting list could be managed.</li> <li>The committee reviewed strategic risks one and two on the Board Assurance Framework and was assured that both risks were being adequately controlled. It discussed the revision of risk scores and made a request to the Executive Risk Management Group for it to consider how changes to risk scores and the reasons for changes could be communicated to Board sub-committees.</li> <li>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.</li> </ul>	

- The committee received the Positive and Safe Working Group Restrictive Interventions Annual Report for 2021/22. It was assured on the work undertaken to reduce restrictive practice, noting that the Trust's temporary workforce was also included in this quality improvement work. It also received reassurance that no areas in the Trust had been identified as underreporting on the use of restrictive interventions and was informed that there was a positive reporting culture in the Trust, reflected by the high volume of low-level incidents reported.

The committee agreed that it should receive data relating to restrictive interventions more frequently and with more granularity. It noted the robust escalation process around the use of mechanical restraints and agreed that a review should be undertaken to establish which other elements of restrictive practice should be escalated to the Quality Committee and to the Board of Directors.

- The committee received the Research and Development Annual Report for 2021/22. Two issues were highlighted to the committee, which were: challenges in recruiting to the Academic Lead post, and staffing pressures leading to challenges in research involvement from staff. It was reassured by the plans in place to address these issues.

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

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

**Report completed by:**

Dr Frances Healey, October 2022

**AGENDA  
ITEM**

**10**

## Chair's Report

<b>Name of the meeting being reported on:</b>	Quality Committee
<b>Date your meeting took place:</b>	10 November 2022
<b>Name of meeting reporting to:</b>	Board of Directors – 24 November 2022
<b>Key discussion points and matters to be escalated:</b>	
<b>Issues to which the Board needs to be alerted</b> <ul style="list-style-type: none"> <li>The committee received the Forensic Service Annual Quality Report. It noted that further work was required to support the service and its work with the provider collaboratives. It was also informed of issues regarding the quality of its estate and how therapeutically appropriate it was.</li> </ul>	
<b>Issues to advise the Board on:</b> <ul style="list-style-type: none"> <li>No issues to advise the Board on.</li> </ul>	
<b>Things on which the Board is to be assured</b> <ul style="list-style-type: none"> <li>The committee received the Deaf CAMHS Annual Quality Report. The service delivered a presentation on the main findings using the Safe, Timely, Effective, Efficient, Equitable and Patient Centred (STEEEP) framework. It was pleased to see high numbers of clinical supervision within the service. The committee noted low numbers of complaints and contacts with the Patient Advice and Liaison Service and queried whether the Trust's processes ensured these services were accessible for deaf people. The committee was assured that the service had good systems for understanding its quality issues and working to improve them.</li> <li>The committee received the Forensic Service Annual Quality Report. The service delivered a presentation on the main findings using the STEEEP framework. The committee agreed that the service had good systems for understanding its quality issues and working to improve them.</li> <li>The committee received the Combined Complaints, Concerns, PALS, Compliments and Patient Safety Reports for quarter one (Q1) &amp; quarter two. The committee was assured that continuous improvement was embedded within the service. It discussed the Trust's definition of 'patient safety incidents' and agreed on the importance of ensuring consistency across all services. The committee noted that incidents had increased by 26% during Q1. It acknowledged that these figures now included data from Red Kite View and requested further details on where the incidents occurred.</li> <li>The committee received the Learning from Deaths Report for quarter two. It agreed that it was assured on the work ongoing within the Trust to improve mortality review and the learning across the organisation.</li> </ul>	

- 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:**

- When discussing the Deaf CAMHS Annual Quality Report, the committee questioned whether it was appropriate to expand a service that was facing staffing challenges. It suggested that an impact assessment should be undertaken when considering service expansion. It was agreed that the Workforce Committee would have a more detailed discussion around this.

**Report completed by:**

Dr Frances Healey, November 2022

## Chair's Report

AGENDA  
ITEM

11

<b>Name of the meeting being reported on:</b>	Mental Health Legislation Committee
<b>Date your meeting took place:</b>	Tuesday 1 November 2022
<b>Name of meeting reporting to:</b>	Board of Directors (24 November 2022)
<b>Key discussion points and matters to be escalated:</b>	
<b>Issues to which the Board needs to be alerted:</b>	
None.	
<b>Issues to advise the Board on:</b>	
<ul style="list-style-type: none"> <li>The Committee agreed on the amendments made to the Committee's Terms of Reference and recommends that the Board of Directors ratify the changes.</li> </ul>	
<b>Things on which the Board is to be assured:</b>	
None.	
<b>Items to be referred to other Board sub-committees:</b>	
None.	
<b>Report completed by:</b>	Merran McRae – November 2022

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**MEETING OF THE  
BOARD OF DIRECTORS**

**AGENDA  
ITEM  
11.1**

<b>PAPER TITLE:</b>	Terms of Reference for the MHLC
<b>DATE OF MEETING:</b>	24 November 2022
<b>PRESENTED BY:</b> (name and title)	Merran McRae, Non-executive Director
<b>PREPARED BY:</b> (name and title)	Kieran Betts, Corporate Governance Assistant

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

**EXECUTIVE SUMMARY**

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

The Mental Health Legislation Committee reviewed and approved its terms of reference on 1 November 2022. The following amendments were made (all amendments highlighted in yellow):

- Page 2 - Removed "Deputy Chief Operating Officer" from the list of 'attendees' and replaced with "Chair of the Mental Health Legislation Operating Steering Group" to reflect current practice.
- Page 9 – Amended the appendix in line with the above change and specified the deputy of this attendee to be "Deputy Chair of the Mental Health Legislation Operational Steering Group".
- Pages 4, 5 and 6 - In every instance of reference to "Deprivation of Liberty Safeguards" added a reference to "Liberty Protection Safeguards" to futureproof the document in terms of planned legislative changes.
- Throughout the document – Minor typographical errors corrected (such as on page 5: 'Wil' becoming 'Will').

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

**RECOMMENDATION**

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

## Mental Health Legislation Committee

### Terms of Reference

**Update approved by MHLC on 1 November 2022, to be ratified by the Board of Directors**

#### **1 NAME OF GROUP / COMMITTEE**

The name of this committee is the Mental Health Legislation Committee.

#### **2 COMPOSITION OF THE GROUP / COMMITTEE**

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

##### **Members: full rights**

Title	Role in the group / committee
Non-executive Director	Committee Chair
Non-executive Director	Deputy Chair
Medical Director	Executive Director with MHL Knowledge
Director of Nursing, Quality and Professions	Executive Director with links to CQC

##### **Attendees:**

Title	Role in the group / committee	Attendance guide
Associate Medical Director for Mental Health Legislation	Advisory and technical expertise	Every meeting
Head of Service (Adult Social Care, Leeds)	Linkage to Local Authority	Every meeting
Head of Mental Health Legislation	Advisory and technical expertise	Every meeting



Title	Role in the group / committee	Attendance guide
Deputy Chair of Mental Health Act Managers Forum	MHAM's perspective, experience, and concerns	Every meeting
Chair of the MHL Operational Steering Group	Linkage to Services, Chair of the MHL Operational Steering Group	Every Meeting
Associate Director for Corporate Governance	Linkage to Board and other sub-committees	As required

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

## 2.1 Governor Observers

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

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

## 2.2 Associate Non-executive Directors

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

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

## 3 QUORACY

**Number:** The minimum number of members for a meeting to be quorate is three and must include one Non-executive Director and the Medical Director. Attendees

do not count towards quoracy. If the chair is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by the Deputy Chair.

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

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

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

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

**Alternate chair:** The unique character of Board sub-committees is that they are Non-executive Director chaired. The Mental Health Legislation Committee has two Non-executive Director members hence the role of the chair will automatically fall to the other Non-executive Director if the chair is unable to attend.

## **4 MEETINGS OF THE COMMITTEE**

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

**Frequency:** The Mental Health Legislation Committee will normally meet every three months or as agreed by the Committee.

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

**Minutes:** Draft minutes will be sent to the Chair for review and approval within seven working dates of the meeting by Corporate Governance Team.

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

## **5 AUTHORITY**

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

**Powers:** The MHL Committee's powers are detailed in the Trust's Scheme of Delegation. The Mental Health Legislation Committee has delegated authority to oversee the management and administration of the Mental Health Act 1983, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards / Liberty Protection Safeguards. The Committee is authorised by the Board to investigate and seek assurance on any activity within its terms of reference. The Committee is authorised by the Board to approve the appointment, re-appointment and make decisions in respect of remuneration to the Trusts Mental Health Act Managers. The Board will be cited on any decisions taken in respect of Mental Health Act Managers via the Chair's report. The delegated powers will be reviewed by the Board at a minimum of three yearly intervals.

**Cessation:** The MHL Committee is a standing committee in that its responsibilities and purpose are not time limited. However, the Committee has a responsibility to review its effectiveness annually and on the basis of this review and if agreed by a majority of members the Chair of the committee may seek Board authority to end the Mental Health Legislation Committee's operation.

In addition, the Trust should periodically review its governance structure for continuing effectiveness and as a result of such a review the Board may seek the winding up of the Mental Health Legislation Committee.

This committee was implemented as a part of the 2013 governance review.

## 6 ROLE OF THE COMMITTEE

### 6.1 Purpose of the Committee

Objective	How the group / committee will meet this objective
Governance and compliance	The MHL Committee provides assurance to the Board regarding compliance with all aspects of the Mental Health Act 1983 and subsequent amendments and on compliance with all aspects of mental health legislation including, but not limited to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards / Liberty Protection Safeguards.

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

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

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

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

The MHL Committee has the following duties:

#### **Mental Health Legislation**

- The Committee will monitor and review the adequacy of the Trust's processes for administering the Mental Health Act 1983 and subsequent amendments and on compliance with all aspects of mental health legislation including the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards / **Liberty Protection Safeguards**.
- Formally submit an annual report on its activities and findings to the Board of Directors.
- Consider and make recommendations on other issues and concerns in order to ensure compliance with the relevant mental health legislation and to promote best practice by adherence to the codes of practice.
- Review the findings of other relevant reports functions, both internal and external to the organisation, and consider the implications for the governance of the organisation

#### **Mental Health Act Managers' Forum**

- The Mental Health Legislation Committee will ensure that the Mental Health Act Managers' Forum is supported to share experience, promote shared learning and raise concerns, where appropriate both amongst themselves and, with the Trust Board and management
- The Mental Health Legislation Committee will act as arbiter of any disputes in the work of Mental Health Act Managers arising either through the Mental Health Act Managers Forum or from individuals

#### **Performance and Regulatory Compliance**

- Will receive assurance from the MHL Operational Steering Group regarding the flow of Mental Health Act inspection reports and related Provider Action Statements.
- **Will** receive assurance from the MHAMs Forum regarding training, learning and development.
- To provide relevant assurance to the Board as to evidence of compliance with the Care Quality Commission registration and commissioning requirements related to Mental Health Act.

#### **Training, Clinical Development and Guidance**

- To monitor and recommend action to ensure there are adequate staff members/skill mix trained in the application of mental health legislation and

there is sufficient training provided to maintain the required competency levels within clinical teams.

- To oversee the development and implementation of good clinical practice guidelines and effective administrative procedures in regard to the Mental Health Act and Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards / **Liberty Protection Safeguards** and advise on any other matters pertinent to MCA within the Trust

## **Assurance**

- To ensure adequate quality control arrangements are in place to enable:
  - An Annual Mental Health Act report
  - Continuous monitoring arrangements
  - The agreed board reporting process
- To ensure there is an agreed programme of clinical audit and mechanisms for following up actions arising
- Receive the Board Assurance Framework and ensure that sufficient assurance is being received by the Committee in respect of those strategic risks where it is listed as an assurance receiver
- Receive the quarterly documentation audit to be assured of the findings, how these will be addressed and progress with actions.

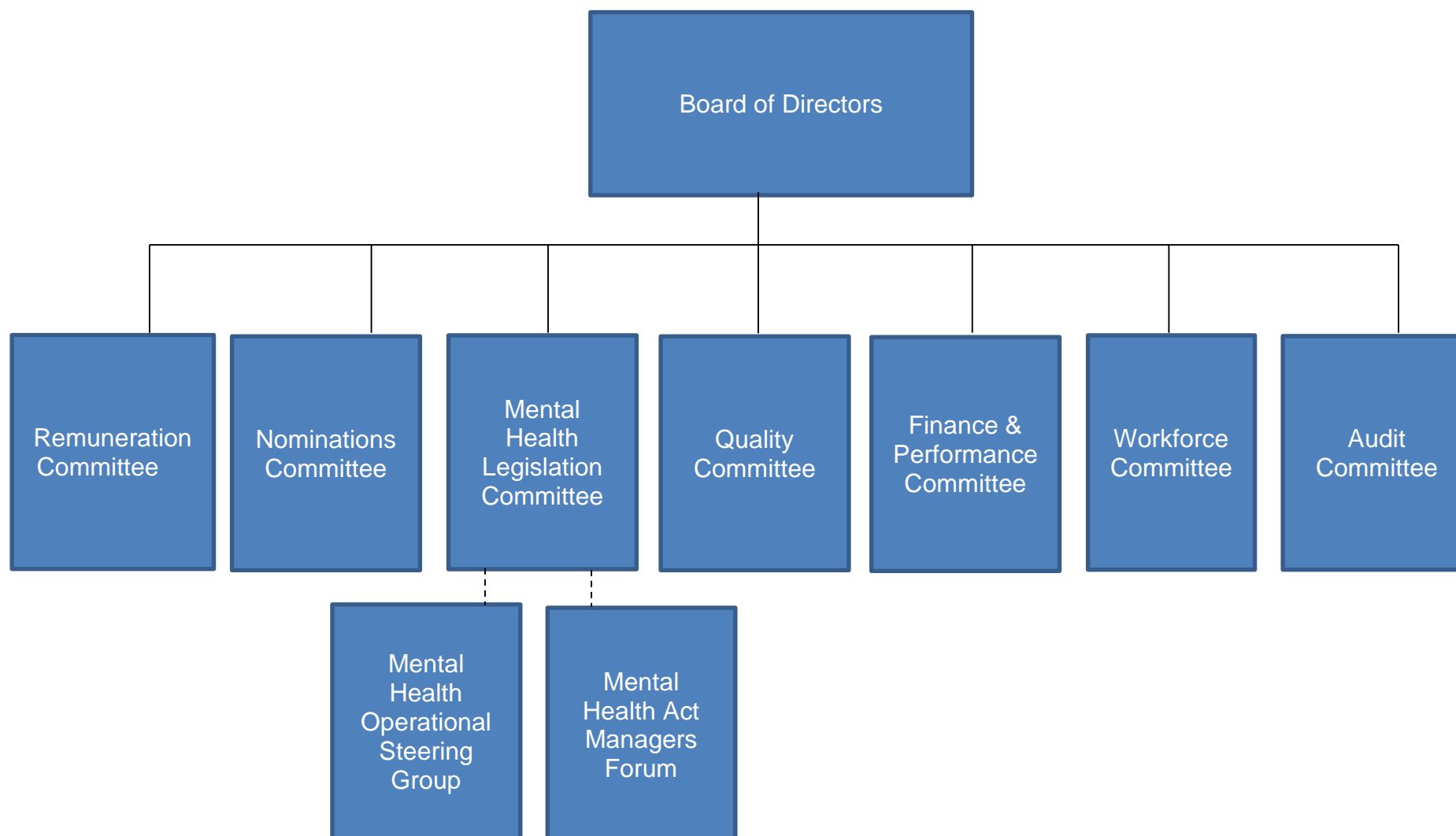
## **Service user and carer involvement**

- To ensure there is a mechanism for service users, carers, and other groups with an interest to contribute to discussions and agreement on proper use of the relevant legislation, with particular regard to the experience of compulsory detention and its therapeutic impact
- Consider any feedback received from service user surveys

## **Internal audit**

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

## 7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES



## **8 DUTIES OF THE CHAIR**

The chair of the committee shall be responsible for:

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

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

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

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

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

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

**Schedule of deputies**

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

<b>Full member (by job title)</b>	<b>Deputy (by job title)</b>
Non-executive Director (Chair)	Non-executive Director
Non-executive Director	None
Medical Director	Executive Director (ideally with knowledge and experience of MHL)
Director of Nursing, Quality and Professions	Deputy Director of Nursing

<b>Attendee (by job title)</b>	<b>Deputy (by job title)</b>
Associate Medical Director for Mental Health Legislation	No deputy available to attend this Committee
Head of Service (Adult Social Care, Leeds)	Service Delivery Manager
Associate Director for Corporate Governance	Head of Corporate Governance
Head of Mental Health Legislation	Mental Health Legislation Team Leader / Law Advisor
MHA managers' nominated individual	Another MHA Manager
Chair of the Mental Health Legislation Operational Steering Group	Deputy Chair of the Mental Health Legislation Operational Steering Group



**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**AGENDA  
ITEM**

**13**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Report from the Chief Operating Officer
<b>DATE OF MEETING:</b>	24 November 2022
<b>PRESENTED BY:</b>	Joanna Forster Adams: Chief Operating Officer
<b>PREPARED BY:</b>	Joanna Forster Adams : Chief Operating Officer Contributions from: Alison Kenyon: Deputy Director of Service Development Mark Dodd: Deputy Director of Service Delivery Andrew Jackson : EPRR Lead Edward Nowell : Performance and Information Manager

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

- Planning and operating arrangements for Winter 2022/23
- Update on: Our Emergency Preparedness, Resilience and Response (EPRR) position
- Key service delivery and performance issues

- Service development update.

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

## RECOMMENDATION

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

**MEETING OF THE BOARD OF DIRECTORS  
24 NOVEMBER 2022**

**Chief Operating Officer: Trust Board Report**

**1. Introduction**

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

- Planning and operating arrangements for Winter 2022/23
- Update on: Our Emergency Preparedness, Resilience and Response (EPRR) position
- Key service delivery and performance issues
- Service development update.

**2. Winter 2022/23 Planning and Operating Arrangements**

The purpose of the LYPFT Winter Resilience and Operating Plan is to set out the approach that we will take to delivering services and minimising disruption during the winter of 2022/23. It is purposefully iterative, and we will respond to changes in the operating environment in line with our established EPRR oversight and coordination arrangements led by the Executive Team. The LYPFT Winter Resilience and Operating Plan 2022/23 is attached (Appendix A) for information and has been considered by the Executive Management Team and Finance and Performance Committee in full.

Winter 2022/23 is predicted to be very challenging; Systems will be expected to maximise opportunities to continue to support the NHS recovery programme whilst also ensuring continued application of the UK Infection Prevention and Control guidance to prevent and control infection, and to respond to additional demands and pressures as they arise.

In recognition of the anticipated significant service delivery challenges we face, we are finalising how we will organise ourselves to coordinate and oversee service delivery throughout the winter (building on the learning of our enhanced coordination arrangements established post Covid 19 incident level 4). The significant staffing challenges already faced combined with the level of uncertainty of workforce availability (exacerbated by the potential for industrial action), together with sustained demand for our services, means that we will need to consider pausing some of our service development or improvement work to focus on service delivery and maintaining high quality care.

An informed assessment of the urgency and cruciality of these programmes will be undertaken by the Executive Management Team to determine what can be paused to focus on maintaining high quality service delivery through the winter period.

### **3. Ongoing EPRR work and priorities**

#### **3.1. Action plan following the EPRR assurance declaration**

The Trust declared partial compliance with NHS England's core standards for EPRR in October and work has started to address the seven areas of partial compliance. A pandemic planning group has formed and met to start developing the pandemic plan. Managers are continuing to attend the Principles of Health Command training at strategic and tactical level that is being organised by NHS England. Operational level training is expected in 2023 and will involve significantly more staff than the other two levels combined.

An internal audit is looking at business continuity in terms of how the process is reported, how we get better participation in developing plans and attending exercises and this work will help in addressing another partial standard. Finally, multi-agency work around information sharing agreements is being planned across Leeds to address one of the other areas of partial compliance.

### **3.2. Evacuation of hospital sites**

Capability to evacuate a whole site or part of a site in response to a threat to patient and staff safety is currently an area of significant focus by NHS England. This is in part due to the ongoing issues in several hospitals whose roofs are made from Reinforced Autoclaved Aerated Concrete (RAAC) and are at significant risk of catastrophic collapse – Airedale NHS FT being the nearest example to Leeds.

It is acknowledged that evacuation of a hospital is one of the hardest tasks in emergency planning and hence preparation and effective plans are crucial. The Trust has developed an evacuation plan following recent NHS guidance and is aiming to test this next year.

Additionally, a multi-agency exercise planned by the EPRR lead and colleagues from Bradford and NHS England – Exercise Arcadia was held to test low and medium secure evacuation. The exercise which covered West, and South Yorkshire and Humberside was seen by participants as a success and identified significant learning. A debrief report is being prepared.

### **3.3. Preparing for winter 2022-23**

The EPRR lead has participated in drafting the winter plan including both the more expected disruptions such as winter weather and infectious disease outbreaks and for this year the new risk of industrial action and power disruption. Both disruptive risks threaten to make what is being predicted to be a very difficult winter considerably more challenging.

- **Industrial action**

As well as the workforce and industrial relations component any industrial action brings with it a direct risk to service continuity. This is particularly so for services already operating with large numbers of vacancies or as in the case of working age adults CMHTs and Older Peoples Inpatients in a business continuity arrangements.

The EPRR team will be providing planning support and business continuity advice both to the Executive led group but also at tactical level and to service managers – particularly in relation to mitigating staff shortages and clearly escalating if staff shortages threaten to make the service unable to maintain its critical activities.

- **Electrical Power outages**

NHS EPRR attended a briefing by NHS England around the potential for a series of power outages caused by insufficient generating capacity this winter. While much of the information is still held at official - sensitive level, Executive Directors have been briefed about the risks and Trust vulnerabilities and multi-disciplinary work is commencing to develop mitigation and responses should the worst-case scenario materialise.

- **Escalation triggers and incident coordination**

Key to effective incident management is to have a clear set of criteria that signify that the situation has deteriorated to the extent that incident response arrangements are required. The Trust developed these during the pandemic when the situation allowed incident management arrangements to be relaxed. These triggers are being revised to consider new risks and will form part of the strategy behind the shift from planning to response, should this be needed.

Another lesson learned from the pandemic response was the importance of central coordination of activities aimed at preparing for incidents and hence an advanced planning group will be created from 5 December to act as this central coordination. This group, comprising many of the members who sat on the Covid Incident response team, will move into response configuration should either NHS England or the ICB direct or the escalation triggers show that the Trust has significant disruptive risks facing it.

### **3.4. Upcoming priorities**

Additional to the work progressing following our annual assessment, the EPRR team priorities include chemical decontamination training and preparation for potentially delivering the Principles of Health Command operational training in house in 2023. Business continuity tabletop exercises have started in care services, and these will continue, where staffing resources allow from services, through the rest of the financial year.

Working with senior staff in the health informatics service initial planning work has been started for an ambitious full day exercise examining the Trust's response to a cyber incident to be held in 2023. The exercise aims to build on the 2019 event which brought together the health Informatics service with Care Services, Communications, Pharmacy, and Executive Directors.

## 4. Service Delivery and Performance Key Escalations

### 4.1. Service Delivery Alerts

We continue to have regular and established governance arrangements in place where we come together, on a weekly basis, to understand the issues in each service line and highlight any hotspots requiring additional support or specific focussed actions.

Our services continue to experience ongoing pressures particularly relating to capacity and demand, which has been impacted by the sustained workforce availability position. Specific areas of concern for alert include:

**Adult Community Mental Health Services** – continues to operate in business continuity directly because of significant levels of vacancies and staff absence, which commenced in November 2021. Previously reported mitigations, including a small number of redeployed staff and additional support from key practitioners and clinicians from our Nursing directorate, the creation of a city-wide triage and assessment team and ongoing collaboration with the voluntary and third sector services to embed the new key worker roles, are in place.

Workforce recruitment and retention is central to our recovery plan and approach for this service. The leadership team benefits from the excellent support of the HR Business Partner.

Access to services remains consistent (but is challenging) but specifically we have waits for access to psychological therapies. Nonetheless, in line with the Community Transformation Programme (CTP), additional Psychologists are in the process of being recruited which will enable us to meet demand more robustly in future. Recent successful recruitment to posts in the CMHT's through the third sector provider Community Links (again in line with the CTP) is a significant boost and we remain optimistic that this will be a catalyst to sustained improved service delivery.

Our CMHT's are a part of the portfolio held by the Head of Operations for Community and Wellbeing Services. Clearly the sustained level of challenge in CMHT's require particular focus, work, and capacity (together with the Clinical Lead for CMHT's). In order to support leadership capacity, we have recently strengthened the operational leadership of the broader services within the portfolio.

Stabilising the CMHT so that it is robust into the medium and long term, within the context of national staffing shortage, continues to be a key focus of LYPFT.

**Older Adult inpatient services** – continues to face staffing challenges within the in-patient area. As a result, plans to reduce ward size have commenced to consolidate and stabilise staffing providing higher quality interventions and care for a smaller number of patients. To date 8 beds have been reduced with a further 2 to be reduced in line with planned discharges of patients. In the last two months we have also strengthened leadership in inpatient services and created an additional Matron role – specifically to lead and manage our dementia wards (working closely with services across the dementia pathway).

**Forensic services** – workforce availability and level of vacancies remains a key challenge and is set against a context of on-going change in the leadership team, issues surfacing regarding practice and culture and longstanding issues in terms of flow into and from these services. An improvement plan has been developed and continues to be enhanced, with regular oversight and support from the Executive Team over the last few weeks and months ahead.

#### **4.2. Key Service Delivery Performance Issues**

A comprehensive Service Delivery Performance report is attached in Appendix B. More recently we have strengthened and re-established our arrangements for regular Quality and Performance Reviews – a collective leadership arrangement with intelligence and outputs routed through our Operational and Quality Governance arrangements. The following “Triple A” report draws together information and intelligence from our Services.

##### **4.2.1. Alert**

#### **Community and Intensive Home Treatment Caseloads**

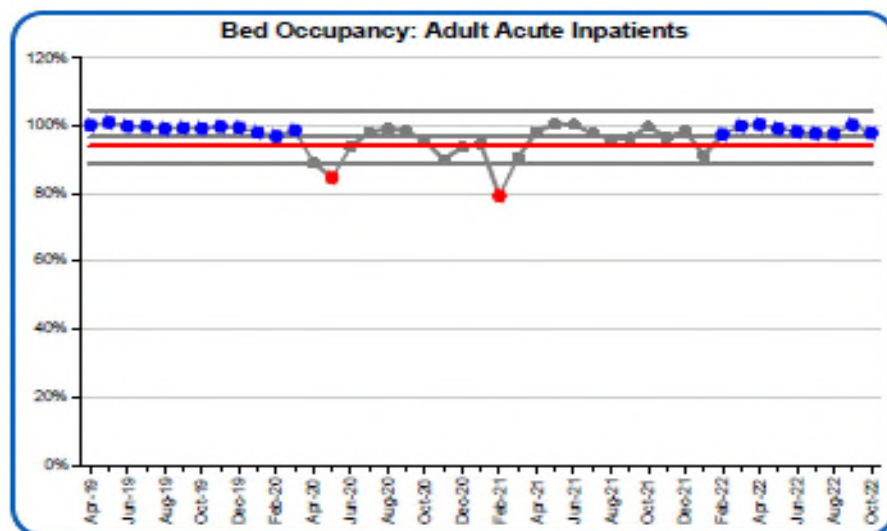
Sustained and depleted staffing levels in our CMHT’s has resulted in increased caseload sizes for staff. Whilst mitigations to support service users and staff in different ways, and prioritising ad sharing of tasks and contacts across other services, we are now seeing increased activity and caseloads in our more Intensive and Crisis response services. We are undertaking work to understand properly why we are seeing more people in Crisis requiring support from our intensive support teams so that we can focus our resources in the best way to support the people who need our care prior to crises.

#### **Bed Occupancy, Length of Stay and Out of Area Placements**

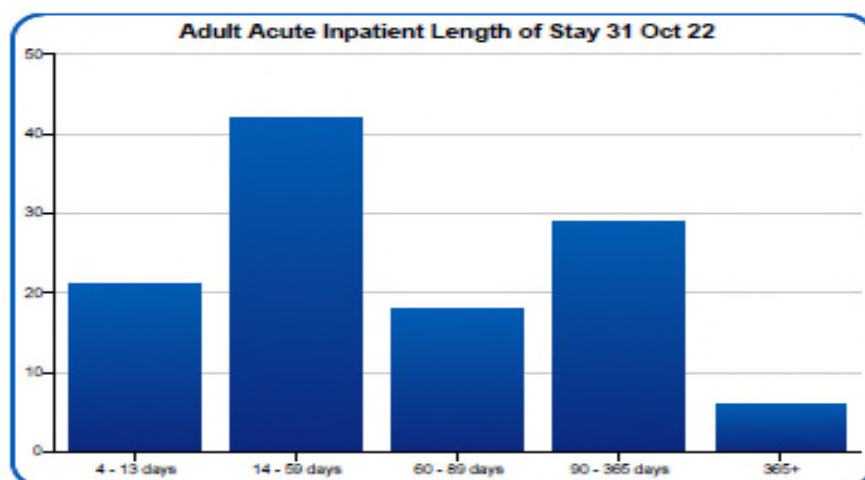
The COO report presented in September set out a sustained period of relatively low levels of out of area placements. However, we had started to see increased length of stay of our patients,



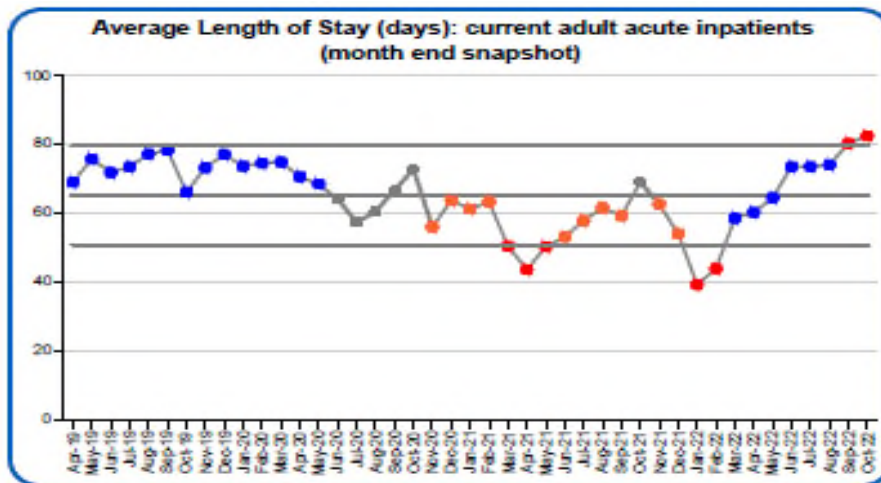
believed, in our Adult services, to be due to the level of intensive treatment needed over a longer period of admission. Additionally, we have had 2 periods of ward closure due to Covid in the period resulting in (small but crucial) bed reductions. Demand remains consistently high and consequentially we have seen a significant rise in our out of area activity in recent weeks.



Contractual Target 94%: October 97.7%



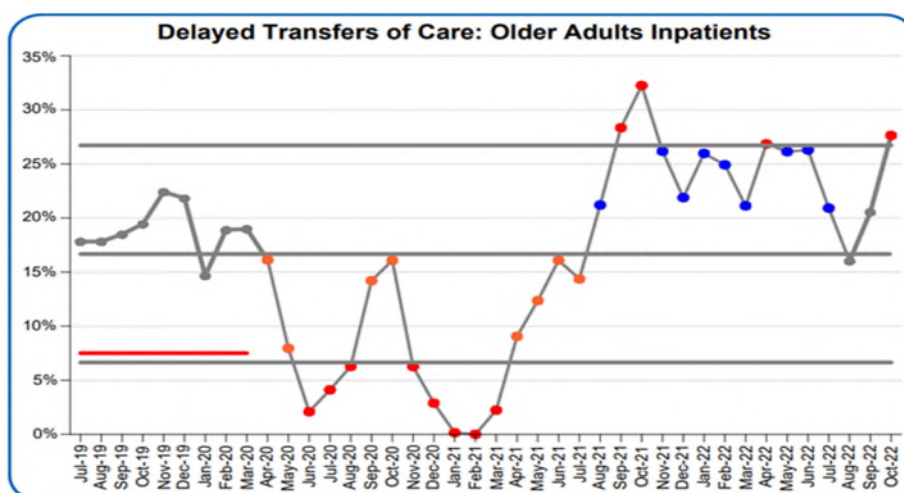
Local activity: 35 people with LOS 90+ days



Local tracking measure: October 82 days

Due to the potential for sustained levels of demand, uncertainty about potential disruption to admission capacity and the pattern of length of stay in recent weeks, we are finalising arrangements to block purchase contingency independent sector capacity for the remainder of winter 2022/23. This will enable us to consolidate (as far as possible) any additional Adult acute activity and provide in reach and quality oversight. This contract arrangement will operate until the end of March 2023 and is reflected in our financial planning and forecast to the year end. This is a major decision for LYPFT. However, given the challenges faced and the risks heading through the winter period this provides additional resilience for service continuity and availability when needed.

### Older Adult Delayed Transfers of Care (DTOC)



Local tracking measure: October 27.6%

We continue to work collaboratively as a partnership and with colleagues to develop and put in place additional capacity and services for people with dementia. The Operational Discharge Group (ODG) is working to identify and prioritise those people who have been delayed at the Mount for a newly commissioned service, Paisley Lodge opening in November.

The previously reported scheme for specialist dementia care, Dolphin Manor (in collaboration with Leeds City Council), has been further delayed due to capital estates issues. The date for opening has now been identified as May 2023 (8 months after the original target date).

There are no delays in placements or care packages because of funding. There continues to be a strong collaborative approach with partners to support discharges from the Mount and there is a robust approach to escalation, which is positively embraced. The ODG is provided with accurate information, and all clearly recorded.

#### 4.2.2. Advise

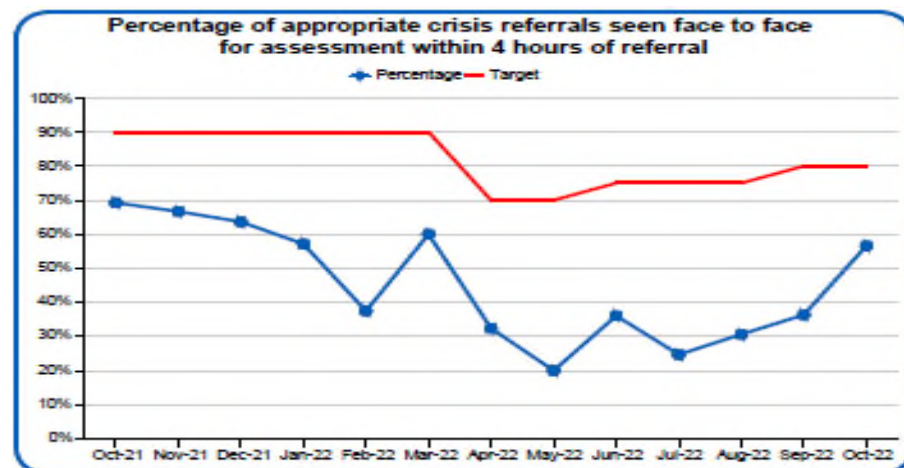
##### Older Adult Out of Area Activity

For several months, we have been supported 3 patients in out of area placements. In the last 6 weeks 2 of these patients have been discharged and we continue to actively liaise with partners to facilitate the transfer of the remaining patient. Funding has been agreed for specialist provision and we are anticipating that discharge will occur in the coming weeks. It has been unusual for us to have any older adult patients cared for outside of Leeds. However, to maintain their care appropriately clinically it was deemed to be better to complete their care episode in one admission.

#### 4.2.3. Assure

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

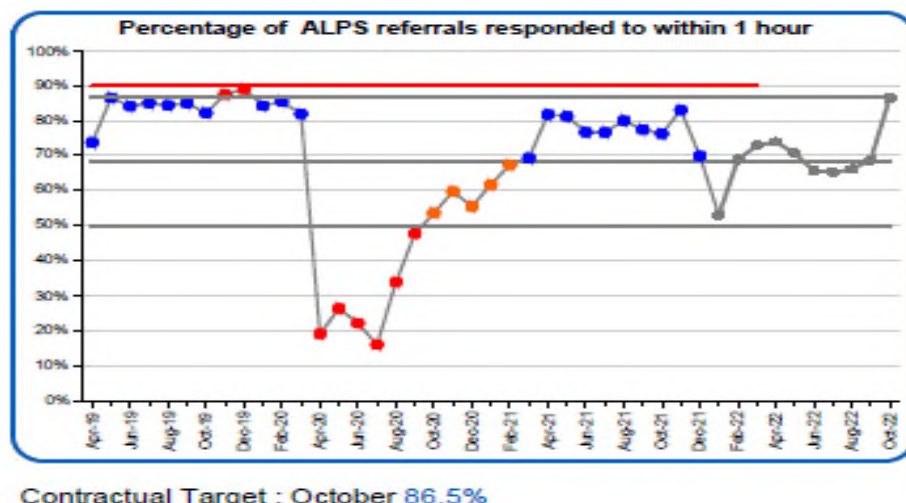
##### Crisis face to face activity



Contactual Target 80%: October 56.6%

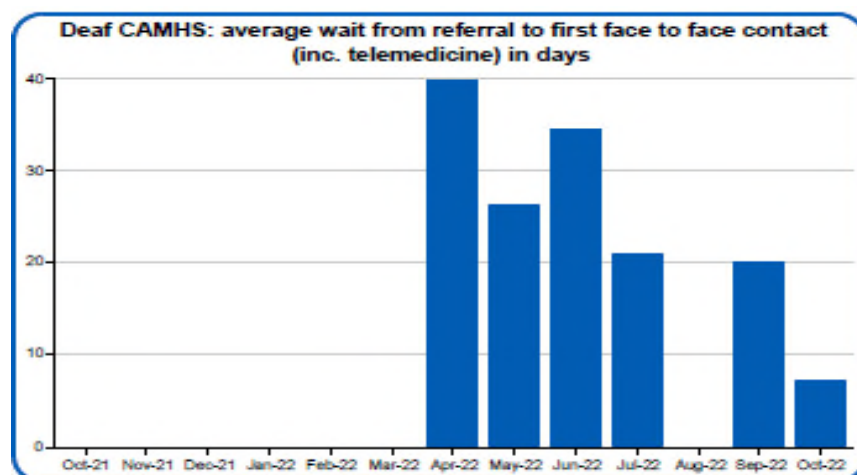
In September we reported ongoing concerns relating to staffing, data capture and demand which meant that we were not achieving the expected levels of face-to-face work in our Crisis services. Performance against the crisis assessment within 4-hours KPI continues to increase (to 57.3%) in line with the trajectory set for this indicator in 22/23. We are anticipating staffing challenges in December across the service which may have an impact on the planned trajectory. However, we are aiming to mitigate this through contingency planning and workforce review.

### Acute Liaison 1 Hour Response in Accident and Emergency



As a key and essential priority service for winter, our Acute Liaison team have worked hard to make improvements in responsiveness, despite the ongoing logistical challenges faced by being located off site from Accident and Emergency at St James University Hospital. There has been a substantial improvement in the performance of the Service in October with 86.5% of people seen within one hour of referral. Working closely with our Acute Trust colleagues in the Emergency Departments, we have prioritised those who are fit for assessment rather than deploying resources to assess those who may not be ready to be seen (for example patients who are intoxicated). Sickness absence also reduced in October which increased capacity within the team to meet demand.

## Deaf Camhs Access



Local measure: October 7

Two main actions have resulted in significant efficiency improvements which are being reviewed for effectiveness and experience. An updated process of recording has been implemented for accurate recording of face to face and video contacts. Additionally, we have moved to universal video consultation for a formal first contact rather than a mix of telephone and video.

## Urgent and Routine Access to Community Perinatal



Contractual Target tba: Q2 93.3%

## 5. Service Development Update

### 5.1. Care Services Strategic Plan and implementation

Since the approval of the Care Services Strategic Plan, the approach to implementation is close to finalisation. A review of the priorities laid out in all the trust strategic plans has been undertaken

with the interconnectivity between these mapped out through a collective leadership event held in late September. A further strategic planning day to identify Trust priorities for 22/23 and the required resources to deliver these will be undertaken 5<sup>th</sup> December 2023. Risks and challenges that will impact on the successful delivery of the strategy have been identified with mitigations to be included in our implementation plan. The availability and supply of workforce, and the potential for continued service disruption are central to key risks.

In addition, a series of engagement events with key stakeholders is being undertaken to ensure there is continued involvement and influence across all professional groups as well as stakeholders and partners. The implementation plan will be presented to Trust Board in early 2023.

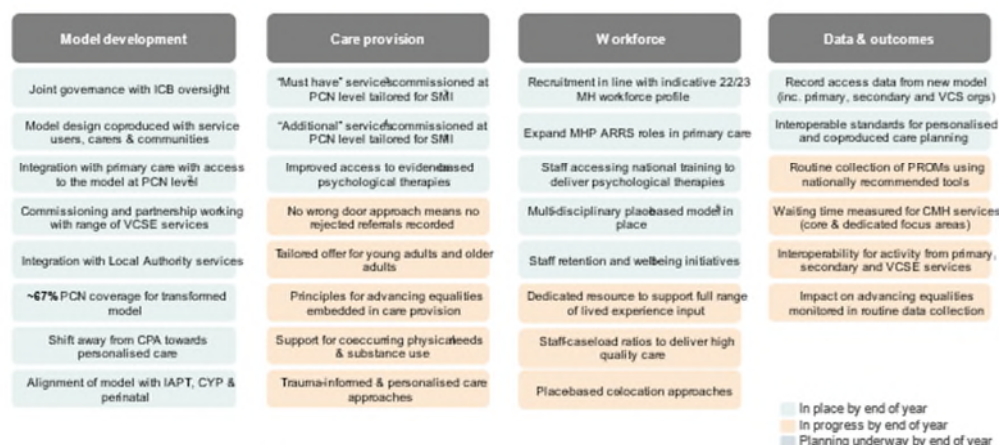
## **5.2. Community Mental Health Transformation**

The community mental health transformation programme continues to progress, and internal governance arrangements have been strengthened to support the people leading the programme. The new clinical model for community mental health delivery has been drafted and is currently being presented to partners with the aim of testing it in three Local Care Partnership pilot sites in spring 2023.

Challenges in capacity for engagement in the programme and subject matter expert availability continue with gaps particularly around the clinical and digital agendas. Whilst we are looking internally to address this now, they have impacted on the progress of the programme to date. Progress on developing the Older Peoples model is slower than in other parts of the programme but will be helped by the recent appointment of a new Clinical Lead for our Services.

The Transformation Board recently undertook a detailed self-assessment against the NHS England deliverables (below) and current mobilisation plan and there was an acknowledgement that without more operational and clinical resource to drive the work it will be challenging, particularly during winter, to mobilise at the preferred pace. A review of the mobilisation plan is being undertaken by the Programme Board. Further updates on progress will be provided to the Board.





1. Governance to include commissioners, primary care (inc. PCN leadership), mental and physical health services, local authority, service users and carers
2. "PCN level" defined as a footprint of typically 30,000 and 50,000 people (this can also be thought of as "localities", or "clusters of wards"). More targeted, intensive and longer-term input for people with more complex needs can be provided at the wider community or "place" level of around 250,000–500,000 people (this can also be thought of as a "PCN-cluster")
3. Must have: physical health checks, EIP, employment support, psychological therapies, social prescribing, personalised care planning, care coordination, peer support, outreach for inequalities
4. Additional: advocacy services, carer support, community assets, culturally competent services, financial advice, housing support groups, volunteering & education
5. Should include clinical psychologists; MH nurses; MH pharmacists; occupational therapists; primary care staff; psychological therapists; social workers; community connectors; paid peer support workers
6. In this context "SMI" covers a range of needs and diagnoses, including but not limited to: psychosis, bipolar disorder, personality disorder, eating disorders, severe depression and mental health rehabilitation needs some of which may be coexisting with other conditions such as frailty, cognitive impairment, developmental conditions or substance use

### 5.3. S136 Provision for CYPMH at Red Kite View

Significant work has been led by the CYPMH leadership team to establish a S136 provision at Red Kite View effective from 17<sup>th</sup> November. Appropriate clinical and operational sign off of the model has been undertaken but it comes at significant cost and relies on a team of people who are largely dedicated to this service which, based on past activity, will be used relatively infrequently. This is therefore an interim arrangement whilst work with partners in CYPMH Community Services determine how best to provide this from spring 2023. The Deputy Director of Service Development will lead this modelling and implementation of the longer term provision for the Leeds population.

## 6. Summary

Care Services continue to face significant workforce challenges across all areas. Services continue to take steps to recruit and retain staff and we have explored (alongside partners) the potential for further short-term incentives. We are now in the winter 2022/23 period where demand for health and care services is expected to increase further, and we continue to operate with relative uncertainty due to the ongoing impact of outbreaks in our services, staff absence, potential for disruption to power supply, the impact of potential industrial action etc. As an Organisation we are actively engaged in and have influenced winter operating arrangements across the health and care sector. In addition, we have developed an iterative winter plan and are establishing enhanced

coordination and oversight arrangements to support the ongoing delivery of care and treatment for the people who need our services.

Looking to the immediate future the need to fundamentally rethink our workforce model for care delivery will be led in line with the implementation of the Care Services Strategic Plan. Where we have opportunities for different roles and partnerships, for example as part of the Community Transformation Programme, we are making progress – and this may be a blueprint for the future. Our staff continue to be committed to the delivery of high-quality care and, despite challenges, are dedicated to supporting the people who need our support across our populations.

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



# **Winter Resilience and Operating Plan**

**2022/2023**

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## 1. Introduction

The purpose of the Winter Resilience and Operating Plan is to set out the approach that Leeds and York Partnership NHS Foundation Trust (the Trust) will take to maintaining service provision and minimising disruption during the winter of 2022/23.

Winter 2022/23 is predicted to be very challenging; Systems will be expected to maximise opportunities to continue to support the NHS recovery programme whilst also ensuring continued application of the UK Infection Prevention and Control guidance to prevent and control infection, and to respond to additional demands and pressures as they arise.

It is recognised that Winter plans will need to be integrated and developed in partnership across each system, but also iterative and able to adapt to competing demands. Now, more than ever we know that effective resilience will only be achieved during the winter period through effective system and partnership working with our NHS, Social care, Third Sector / VCS partners, with the general public, with the people that use our services, and with our staff.

This previous year has continued to require the Trust to respond to new and unprecedented challenges, to adapt and refresh our models of delivery, and to learn from the initial stages of the Covid-19 pandemic. Our 2022/23 Winter Plan therefore incorporates this learning and refreshes and builds upon our 2021/22 plan whilst also responding to new anticipated pressures that services will face this winter.

The plan details the Trust Operating Objectives (as at 10<sup>th</sup> November 2022) for the Winter period, the arrangements in place to effectively manage clinical and operational delivery of services, and the actions that will be taken to mitigate anticipated risks during this period.

This includes:

- Reference to underpinning legislative and other key frameworks in place
- The identification of critical services
- Assessment of readiness for our clinical and corporate support services
- Identification of risks to service provision

- Identification of current and planned mitigations, including processes and systems in place
- Links to EPRR structure and wider system incident response

The plan is set within the (challenging) context of seeking to focus on recovery of service backlogs, whilst continuing to manage the ongoing challenges associated with Covid-19 and the significant additional pressures that are presenting within the health and care system. These include increased demand across our services; recovering backlogs of treatment and care; delivery constraints and disruption due to Covid-19; and ongoing outbreaks and staff absence related to IPC requirements. We expect to face additional challenges during the winter of 2022/23 as a result of the cost-of-living crisis.

## **2. Operating Objectives – Winter 2022/23**

**In line with national guidance and developed system plans, we have a number of operating principles and objectives that underpin the development of our Winter Plan building on learning from 2021/2022. Our operating principles (as at 10<sup>th</sup> November 2022) and aims are to:**

- Minimise disruption to service users, carers and our staff
- Maintain access, responsiveness and flow through services, in partnership where required, ensuring emergency access / urgent care is sustained throughout
- Maintain and protect safe, high quality service delivery
- Maintain all elements of service delivery in accordance with our agreed & current operating models wherever possible
- Continue to deliver all services for as long as is practicable in times of increased escalation, and any suspended or restrictions to services will be recovered as soon as is possible
- Continue to develop and implement sustainable and effective services that are able to respond to the 'on the day' demands of the population
- Seek to actively identify and address health inequalities across our services, and the specific challenges faced by minority groups
- Ensure proactive leadership and management arrangements - including enhanced operational leadership and management across 24 hours, 7 days per week - that allow us to continue to adapt and respond as things change.

- Support our staff to prepare for and respond to the pressures and challenges we face through winter and will actively promote and support staff physical and mental wellbeing in order to support enhanced and ongoing resilience. This will include access to both Flu and Covid vaccinations.
- Work as a proactive system partner, ensuring clear integrated plans and governance structures are in place for early escalation and mitigation of emerging / unexpected / external pressures.
- Ensure that our contingency plans and emergency measures are evaluated to understand the impact they will have and mitigate risks wherever possible.

### **3. Legislative and Contractual Framework**

The development of the LYPFT Winter Resilience Plan 2022/23 has included reference to several additional national guidance documents, including:

- West Yorkshire ICS Strategic Coordinating Group Winter Plan 2022/23
- Leeds System Winter Plan 2022/23
- Managing capacity & demand within inpatient and community mental health, learning disabilities and autism services for all ages (NHS England & NHS Improvement)
- The NHS People Plan
- NHS Mental Health Implementation Plan 19/20-23/24
- Mental Health Transformation Programme; Covid-19 Priorities & Next Steps
- Advancing Mental Health Equalities Strategy.

The Covid-19 pandemic continues to be managed as a Level Three incident at a regional level, but with national NHS E oversight and also national NHS England objective and guidance setting.

Throughout 2022/23 the financial and contracting arrangements have reverted to business as usual arrangements. However, we continue to receive the additional non recurrent resources to support our response to Covid and Winter planning for the remainder of 2022/23, this will be the final contribution we will receive.

Covid-related restrictions continue to have a direct impact on the delivery of mental health and learning disability services. The pandemic has created a number of significant challenges including increased demand, the management of reset and recovery (including backlogs) and ongoing challenges in staff absence together with increased demand for staff. As a result, our planning balances these factors in the context of on-going uncertainty. As a guiding principle we will be measured and flexible in how we respond to changes in the operating environment wherever possible and in a collaborative way with partners and stakeholders.

## **4. Clinical Service Delivery**

### **4.1 Guidance and Planning Context to Service Delivery**

Throughout 2022 the Trust has been working to restore services where possible to near-normal levels of activity prior to the pandemic, building on learning to deliver effective support, care and treatment in accessible and safe ways.

This has occurred in the context of increased demand and ongoing Covid-related practical constraints (such as staff absence, social distancing or disruption to referral pathways), and has required us to develop, implement and adapt new and different ways of delivering services. We have also set out a clear ambition to address the Health Inequalities that exist across our services and beyond, with specific emphasis on access, experience and health outcomes.

Work has recommenced on a number of service developments and transformation programmes that will contribute specifically towards the aims and objectives of the national Mental Health Transformation Programme (Long Term Plan) including a significant programme of community services transformation.

An informed assessment of the urgency and cruciality of these programmes will be undertaken by the Executive Management Team to determine what can be paused to focus on maintaining high quality service delivery through the winter period.

In recognition of the anticipated significant service delivery challenges we face, we are finalising how we will organise ourselves to coordinate and oversee service delivery

throughout the winter (building on the learning of our Covid 19 Incident Response Team arrangements).

## **4.2 LYPFT Approach to Reset and Stabilisation**

Following the initial phase of the Covid-19 pandemic, all services underwent an initial process of 'resetting' service plans and delivery models. The service specific work was underpinned by the experience we had gained and by an evaluation of the impact on service users, families and staff. We additionally took into consideration the limitations and challenges that continue as a result of the ongoing pandemic and recognised that for many services this result in a new service offer / configuration.

A framework was developed to support each service to create a Reset plan, which focused on the following domains:

- Activity profiles (including waiting lists and modelling different and additional demand)
- Service User and Carer experience, and how this has been utilised in services
- Learning through Covid including harms, innovation and impact on service users
- Health Inequalities
- Workforce, Estate and Resources.

Using the information from across these domains, services were able to develop a plan which describes the model of service delivery including responsiveness and accessibility. These plans and resultant operating procedures are at different stages of development and will continue to be iterative.

Where indicated these plans have been underpinned by detailed activity reports and improvement / development trajectories, which will be reviewed and monitored at regular intervals with the services throughout the winter.

## **4.3 Addressing Health Inequalities**

A key thread throughout the work, and in line with national priorities, has been a focus on health inequalities – the widening gaps around health equity throughout the pandemic being of particular focus for us as a Mental Health and Learning Disability provider.

It is well recognised that mental health problems are a significant contributor to long term health inequalities, and the social and economic impacts of Covid-19 have the potential to significantly exacerbate this. Therefore, systems have been asked to pay particular attention to advancing equalities for groups facing inequalities across different mental health pathways (such as BME communities, LGBT+ communities, older people, children and young people and people with a disability / other significant physical health needs), with specific reference to

- Access
- Experience
- Physical health

Our approach to this has been to seek to scope and understand current health inequalities across our current services and populations (recognising these will vary between services and populations), and then seek to tackle and reduce these through targeted interventions / actions.

Each service has previously developed a specific Health Inequalities improvement action as part of our approach to reset and recovery. These are then underpinned by wider LYPFT or system interventions such as the Leeds system Synergi programme, the work of the clinical services inclusion team, and joint work between the Rainbow Alliance and Mesmac (a third sector partner) to survey and explore the experiences of the LGBT+ communities who use our services. This work will continue be taken forward during the winter period.

#### **4.4 Where we are now? Current Service Provision & Prioritisation**

As described above, services have continued to adapt their method of delivery over the last year, with our services now operating a hybrid model of face to face and virtual clinical activity. Service leaders have supported this by developing detailed updated working instructions so that staff have clarity in order to support their work. All services have returned to operation, and all staff that were previously redeployed (in response to Covid19) across our services have returned to their normal service areas. Where services have identified issues in relation to backlog and/or waiting lists, work has been undertaken to plan to address these issues, supported where possible by detailed activity plans.



We continue to experience operational pressures across services, especially in terms of increased demand, recovering backlogs of treatment and care, ongoing constraints in how we can deliver care, disruption due to Covid-19 and ongoing outbreaks / hospitalisations. This occurs in the context of significant wider system pressures, which are already evident as we move into winter.

Our workforce availability, wellbeing and resilience is key in maintaining our ambition for minimal disruption to service delivery throughout the winter so this is where much of our effort and support will be focused. We now have well established contingency arrangements and measures to maintain staffing availability and in particular to maintain delivery of our access, crisis and in-patient priority services at all times.

#### 4.5 Service Prioritisation: Critical Services

As set out in our 21/22 Winter Plan, we previously established and agreed a process of service prioritisation as part of our EPRR business continuity approach. This identifies which services are an essential priority and required to be maintained at full capacity at all times. This will influence our decisions around the use / deployment of resources throughout the winter period. Three levels of priority have been agreed as below:

<b>Priority 1 services</b>	These key services are essential priority and are required to be maintained at full capacity. Normal staffing numbers and skill mix will be maintained. This includes 24/7 inpatient services, supported living houses and urgent access / crisis services.
<b>Priority 2 services</b>	These services need to be maintained, but may safely be delivered at a reduced capacity or alternate skill mix. This will be informed by an assessment of service user need, risk and vulnerability using our agreed clinical RAG rating process. Services may therefore be reduced or consolidated, and some staff redeployed into priority 1 services
<b>Priority 3 services</b>	These services could be reduced to a minimum level of delivery or could be stepped down entirely. The majority of staff are therefore likely to be redeployed into priority 1 services (or into priority 2 services as part of a revised skill mix to release other staff to priority 1 services)

Priority 1 services have been identified as our inpatient wards (excluding respite services) and services that people use to access mental health services in a crisis (CRISS & Section 136, ALPS, Hospital In-reach, Liaison service, Learning Disability Intensive Support Team, and Older Peoples IHTT (crisis and home treatment) service.

A full list of services and their priority can be found at *Appendix A*.

#### **4.6 Maintaining Flow and Meeting Demand**

A key aspect of maintaining Operational Delivery during the winter period will be processes that are in place to maintain and monitor flow and meet demand.

We have established and refreshed a number of systems for monitoring and maintaining flow through our inpatient services, with specific emphasis on our Acute, PICU and Older Peoples services.

The current systems that are in place to deliver and support this include:

- Daily monitoring and reporting of occupancy, demand and delayed transfers of care
- Daily reports on out of area bed use, and external capacity
- Completion of a weekly 'heat map' for each service line to identify pressures and risks
- Discussion and escalation at Service Line meetings and at the Operational Delivery Group meeting as required.
- Weekly meetings with our adult social care partners and commissioners to support flow, accelerated discharge and focus on delayed transfers of care (DToC).

We continue to deliver our enhanced our Bed Management and Capacity processes to support the anticipated Winter demands. These continue to include a dedicated Out of Area placement nurse, to support our aim of reducing any (clinically inappropriate) out of area placements in line with the national NHS E/I aspiration.

#### **4.7 Cohorting plans**

As part of the Covid-19 response, the Trust previously developed and implemented plans to create 'cohorted' wards for patients requiring isolation, in order to reduce the risk of contagion / cross infection and support effective infection control. These specifically required us to develop plans to safely manage service users with complex needs, the requirement for a specific level of physical security (such as our forensic service users) or high levels of acuity / disturbance as a result of their mental ill health which results in an unwillingness to isolate.

The cohorting plans for LYPFT have been revised and updated on a number of occasions, and in response to changing national guidance. The current plans reflect a change in process where we no longer have the accommodation to provide specific cohorting areas. Each service has developed plans whereby service users can continue to have their care provided in isolation, if testing positive for Covid infection, within the current clinical area by flexing the space in line with need.

We continue to follow IPCC Outbreak procedures where indicated. The decision to close wards, as a consequence of an outbreak, is made collectively between clinical, operational and Infection Prevention & Control (IPC) colleagues.

#### **4.8 Activity and Performance Management**

As described above, each service has been able to develop a recovery plan which sets out their forecast operation and activity through the winter period, taking into account a number of variable factors (such as a potential increase or reduction in staffing, changes in demand, and changes in restrictions which would affect practice).

During 2021 services have continued to receive and review activity data, with increasing access to performance dashboards. We have re-established more regular formalised governance relative to performance and activity via our Operational Delivery Group (ODG) and through reinstating our Quality, Delivery and Performance (QDaP) reviews for each service line, led jointly the Deputy Director for Service Delivery and Clinical Directors. We have also maintained our 'heat map' approach for all service lines which is reviewed regularly via a weekly Operational Huddle and highlights area of particular concern or challenge to maintaining service delivery and business continuity.

Our activity and performance continue to be monitored through a monthly submission to ICB Commissioners and completion of mandated NHS England returns for specialised commissioned services. Our Service Delivery and Performance is now reported to the Board as part of the Chief Operating Officer Board report on a bi-monthly basis.

#### **4.9 Service Line Assurance Report**

As part of our Winter Plan, each service line is required to complete and provide an assurance template that confirms the service line has adequate confidence in their processes and planning in relation to:

- **Staffing** (planning, cover arrangements and disruption mitigation)
- **Surge and Capacity** (Service response to manage surge and increased demand)
- **Severe winter weather** (Ability to operate within significant periods of adverse weather)
- **Outbreaks** (Ability to manage Covid & Flu outbreaks).

This detailed assurance (with plans for additional actions and assurance as required) forms part of our comprehensive Winter / Emergency planning approach and ensures effective oversight and support for our services.

The report template is attached at *Appendix B*.

#### **4.10 Maintaining Safe Staffing**

Having sufficient experienced staff on duty is a major asset in mitigating disruption, and a key potential risk to delivery throughout the winter period.

During the initial stages of Covid-19 the Trust developed a formalised approach to deployment & redeployment of staff in order to maintain minimum safe staffing levels, particularly within the agreed priority services. This was revised following a period of review and feedback from staff, as well as a formal evaluation of effectiveness and impact. Our current Deployment & Redeployment process can be found at *Appendix C*.

Operational staffing arrangements, staffing pressures and the forecast staffing position across care services are reviewed in detail each fortnight at the Deployment and Staffing Group, which also works collectively to identify and implement solutions to the staffing challenges experienced. The group includes operational, clinical / professional, workforce and finance representatives, reporting to the Operational Delivery Group (ODG) and linking closely to the Trust governance structures relating to workforce planning and recruitment & retention. The group supports and oversees the proactive planning of operational staffing – for example, by ensuring that the effective planning of leave across services minimises disruption and prevents the need to deploy staff across services, especially at key points in the year (such as holiday periods and half term).

Our aim during the Winter period is to minimise movement of staff between services, recognising that this is disruptive for both staff and service users. Within the last 2 years we have introduced a dedicated 'responsive workforce' team who are able to be deployed at pace to areas of emerging or actual staffing pressures, and we have also been developing a small group of corporate support staff who can be mobilised if required to support clinical delivery (within clearly defined roles) within our priority services.

Staffing pressures have however remained constant (at varying degrees) throughout 2022 – due to specific Covid pressures, periods of increased unavailability of staff, high rates of vacancies and some sustained levels of demand for additional staff in priority services because of service user presentation and acuity. These are now predominantly dealt with through 'internal' deployment of staff within the service line (for example, practice development staff or senior clinical staff working directly within the clinical settings), cancelling non-essential activities, or through the 'day to day' deployment of staff from one area to another (as set out in the Trust Staffing Escalation Protocol).

However, when the need for additional staff to maintain minimum safe staffing is more sustained - or when actual or predicted levels of absence and vacancies exist across a large number of services - an alternative approach is required using our agreed Business Continuity and Deployment and Redeployment process.

Where services are required to move to a period of formal Business Continuity due to sustained staffing pressures - or where levels of activity & demand create pressures that result in an increasing OPEL position - services will enact their business continuity plans and associated OPEL actions.

These will include:

- Escalation internally and externally with partners (via system Silver)
- 'Internal' redeployment of staff across service line to meet priority service needs
- Deployment of clinically qualified senior staff into direct clinical roles
- Cancelling of non-priority activities, study leave and 'ad-hoc' annual leave



- Facilitate early discharge (utilising CRISS / IHTT for increased home support)

- Use of non-designated ward / bed space (such as de-escalation areas or additional bed capacity) to create capacity



- Review of clinical activity across all service lines with reduction to release capacity and maintain priority & essential services
- Use of volunteers from other services who have identified willingness to be redeployed to priority services when required
- Use of administrative / corporate support staff within care services



- Consider step down of services in non-priority category (supported by impact & risk assessments and mitigation)
- Implement formal redeployment processes across care services and corporate support services to maintain minimum staffing and delivery of priority services

## **5 Supporting Governance – Emergency Preparedness, Resilience and Response (EPRR)**

### **5.1 Incident Response and Coordination Arrangements**

The Trust established a clear Incident Management and Leadership structure in response to the Covid-19 pandemic being declared a national incident which is overseen by the Chief Operating Officer as the designated EPRR Accountable Executive Officer.

Although these formal Incident Management structures were stood down formally in 2021, we have continued to maintain coordination through our EPRR incident response arrangements – reviewing and adapting these in line with requirements and the needs of the Trust. A weekly Business Continuity & Service Delivery meeting – which can be held more frequently if required – continues to maintain oversight of delivery, risks and pressures across the organisation and links closely into the wider Leeds system oversight arrangements (as described in section 7 below). We also continue to use the JESSIP decision making tool to guide our decision making – this is set out at Appendix E.

### **5.2 Business Continuity Refresh**

As part of our Incident Response arrangements, we have undertaken a robust and comprehensive refresh of our Business Continuity arrangements led by our EPRR Organisation Lead. These have influenced our resultant Winter resilience and Operational Plan.

As described in Section 4.8 above, each service line has been required to complete a Service Line assurance template to assess their readiness and potential risks relating to the delivery of the winter plan.

### **5.3 Status of Incident and Resultant EPRR Structure.**

The Incident level for covid remains at level 3 – national incident managed locally. The Trust maintains close contact with the regional EPRR team and the West Yorkshire ICS system arrangements, supporting the opportunity for mutual aid and responsive system actions where necessary.

### **5.4 Operational Arrangements to Support and Manage Service Delivery (including Out of Hours Contingency Arrangements)**

We have maintained our enhanced operational leadership and management and strengthened Out of Hours Contingency arrangements, to support the safe and effectively delivery of services both within and 'out of hours'. Our current arrangements are:

- A Duty Manager (Clinical Team Manager level) on late and night shifts across the working week and every shift across 24 hours each day for weekends and Bank Holidays. This role supernumerary and they are able to coordinate and provide advice / support to all services
- An On-Call Senior Manager (Operational Manager or above)
- An identified senior Consultant Psychiatrist on call to provide clinical advice and support to the Head of Operations / Senior Managers as required, and where necessary coordinate the work of the on-call Consultants
- An On-Call Director, who may also serve at the formal IRT Director if required.

In addition, we have maintained a Physical health / IPC on-call rota to provide out of hours advice and support relating to outbreak, infection and effective infection prevention and control, and we have strengthened our Estates & Facilities on call arrangements to ensure the availability of a senior member of staff at all times.

### 5.5. Support Services Readiness for Winter

To support the delivery of our Winter objectives, our corporate / support services have been asked to complete an assessment of readiness for the winter period. This includes our Estates & Facilities, ICT, Mental Health Act and Procurement services.

This tool will support us to identify any gaps or concerns in our capacity and plans that need to be mitigated, and supports services to consider any further planning requirements. As a result of our Incident Response arrangements, we are confident that our support services have considered and are monitoring these issues on a regular basis, and that any emerging issues will be identified and escalated as required.

## 6 Focus on Workforce

The NHS People Plan for 2020/21 clearly sets out the national aims and objectives in relation to our workforce moving forward, with a key focus on 4 areas:

- **Looking after our people** – with quality health and wellbeing support for everyone
- **Belonging in the NHS** – with a particular focus on tackling inequalities and the discrimination that some staff face
- **New ways of working and delivering care** – making effective use of the full range of our people's skills and experience
- **Growing for the future** – how we recruit and keep our people, and welcome back colleagues who want to return

These areas have influenced and been reflected in our ways of working over the last 2 years and are reflected within our 2022/23 Winter Plan.

Workforce is identified as the key risk to every aspect of our system and local winter plans. In relation to the Winter Resilience plan, there is a specific focus on 2 key areas – staff health & wellbeing, and different ways of working to most effectively deploy staff to meet service user need and maintain the continuity of our priority services. Our plans very much reflect the most recent national NHS guidance and advice in relation to preparation for Winter 2022/23 and demand surge, which focus on:



- Provision of enhanced Health and Wellbeing Support
- Focus on flu and covid vaccination
- Effective forward planning of deployment and rosters
- Recruitment and retention initiatives to grow, develop and upskill the workforce
- Promotion of resilience and increased flexible working arrangements

## 6.1 Staff Wellbeing

The health, welfare and wellbeing of our staff is a key Trust priority. We have established a staff health and wellbeing group which oversees and coordinates our approach to staff wellbeing and have drawn on the framework developed by Dr Alys Cole King (shown below) to offer graded levels of support to staff and optimise preparedness, wellbeing and functioning. We recognise that the ongoing pandemic has already had a significant physical, mental and psychological impact on our staff, and that this will continue through the winter period.



*Dr Alys Cole-King & Dr Linda Dykes with input of BCUHB Staff Welfare and @HCW\_Welfare Collaboratives*

We maintain individual Wellbeing Assessments for all staff across the Trust and use these to support decisions around deployment of staff and staff wellbeing initiatives. A staff Health and Wellbeing Hub is established and strengthened arrangements have been maintained to support staff who are absent from work and support their return to work. These arrangements will be maintained and further developed during the Winter period.

In addition, we play an active role in the Leeds One Workforce Programme (a set of continuing collaborative projects relating to workforce support and development) and the West Yorkshire ICS staff health and wellbeing hub.

## 6.2 Flu vaccination

A key component of our health and well-being approach during the Winter months is to promote, deliver and improve uptake of the flu vaccination, especially in underrepresented at risk groups, recognising that during this winter we may be faced with co-circulation of Covid-19 and flu.

Flu vaccination clinics for staff are due to commence in October, supported by a high number of Peer to Peer vaccinators within inpatient and community teams. This year we will continue to utilise a pre booked appointment system to ensure staff safety and social distancing.

### **6.3 Covid Vaccination**

Into winter we will continue to deliver Covid19 Booster vaccinations for staff and service. Not only is this key in order to protect the health of service users, but it is also essential to minimise staff absence and maintain service delivery. We have sufficient capacity internally and there are additional facilities accessible by all health and care staff that are available across our footprint.

### **6.4 Vaccination coordination**

The Director of Nursing and Professions in their DiPC role will ensure a 2-weekly update to the 2022-3 Flu and Covid vaccination readiness schedule I released through winter.

Key highlights are:

- Delivery of vaccination being tracked, and delays escalated by the DiPC.
- Vaccination to be delivered by the physical health team supported by the Leeds vaccination service.
- Local procedures/ SOPs in place
- Patient delivery
  - Covid – all inpatients and some community services (AOT/ clozapine/ vulnerable patients)
  - Flu – patients meeting JVCI guidelines
- Staff – as in previous years all staff remain eligible for both vaccinations. Trac and book system to be used.

## **7. Working as a System**

The Trust delivers mental health and learning disability services across Leeds and West Yorkshire through a number of key partnerships. These include (but are not limited to) the delivery of A&E liaison and in reach liaison psychiatry services within and across Leeds Teaching Hospitals Trust; joint delivery of a range of adult mental health services with third sector partners (such as Community links and Touchstone); integrated delivery of addiction services with partner agencies within the Forward Leeds model; delivery of out of hours CAMHS assessments and CAMHS Section 136 services with Leeds Community Healthcare; joint delivery of a veterans pathway across the north; and a range of joint partnership arrangements with our adult social care partners.

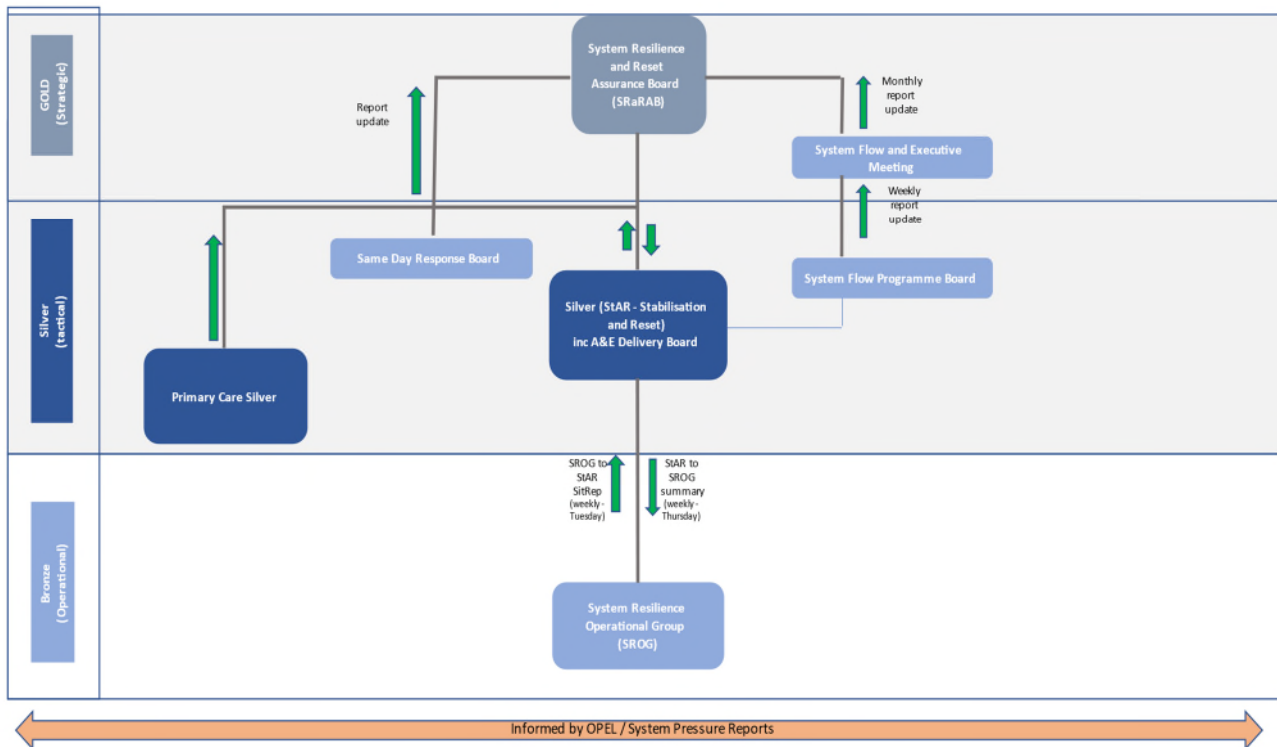
Health, social care and third sector VCS partners across both the Leeds and West Yorkshire ICS systems have developed, implemented and revised our partnership working arrangements, recognising the need to ensure effective inter-agency system planning and working and to maintain high quality and accessible services.

Our 22/23 Winter Plan is therefore very much linked to and embedded within both the Leeds Health and Care system Winter Planning approach and the West Yorkshire ICS Winter Plan.

### **7.1 System level winter arrangements (Leeds)**

The Leeds system governance structure for winter has been reviewed, with specific focus on the City Silver Stabilisation and Reset Group, reporting to the System Resilience and Reset Assurance Board (SRARAB). This is supported by 2 distinct groups with a specific focus

- Same Day Response Board (focussing on urgent access and care, and maximising community responses)
- System Flow Programme Board



We are an integral part of these groups, and there are comprehensive plans and actions specific to mental health within these.

**Within the Same Day Response Programme,** priority mental health actions relate to

- Increasing capacity within our CRISS service to ensure timely access to mental health services in a crisis
- Ensuring smooth transition from points of access into mental health crisis services
- Increasing capacity of third sector crisis support services, promoting access alternatives to A&E

**Within the System Flow Programme** we have specific priority actions relating to

- Ensuring an effective end to end process review for people with complex dementia (both within the Mount and within LTHT), aiming to reduce the number of people in beds with complex dementia who no longer require a hospital bed
- Promoting and embedding implementation of pathways for younger people with mental health and housing needs, who no longer require a hospital admission.

Plans are in place to deliver these objectives, working in close collaboration with our system partners.

We continue as previously to contribute to a daily OPEL (Operating Pressures Escalation Level framework) report for the Leeds system, which allows system partners to monitor demand, flow and pressures and respond to these, and thus maintain quality and safety.

## **7.2 West Yorkshire ICS Winter Plan**

A winter plan and delivery agreement has been developed across the West Yorkshire ICS, linking to governance and coordination arrangements within each place. This includes the development of a SOAG, and ICS Strategic Coordinating Group and a Sector Leads group, all underpinned by a strong level of collaboration and partnership working.

Our Winter Plan is consistent and reflective of the aims and ambitions of the ICS Winter plan, which includes a number of Mental Health and Learning Disability Programme actions that we contribute to or lead, including:

- Proposed piloting of a mental health response vehicle in partnership with YAS
- Allocation of winter pressure (non-recurrent) monies to support priority initiatives
- Working collectively across the ICS system to block purchase additional capacity if required and manage acute inpatient flow (proposals to LYPFT Executive Management Team)
- Working collectively to agree common and consistent plans for incentivising staff.

The ICS winter plan brings together the winter plans developed within each place and creates an opportunity to support local systems through agreed escalation and triggers, and potential mutual aid when required.

## **8. EPRR considerations – additional risk mitigation**

### **8.1. Severe winter weather**

Severe winter weather includes snow and ice and also heavy rainfall and fog. All these forms of weather impact on staff getting to their base and on community staff seeing patients.

Heavy snow is perhaps the principal risk and has caused business continuity declarations in the recent past. This is particularly true if the snowfall is both worse than forecast and arrives at key times when significant vehicles are on the move (07:00-09:00 and 16:00-18:00).

The Trust locations and individual services will have considered winter weather response as part of business continuity planning. Some locations and services will have a greater exposure to this risk:

- York services – potential for higher snowfall in villages and towns where staff live in North Yorkshire
- Regional services – requirement to cover a wider catchment area and hence more travel
- West Yorkshire services with service users in Pennine areas.

#### **8.1.1. Plan**

The EPRR lead receives Met Office cold weather planning advice e-mails twice weekly (Monday and Friday). These give a risk assessment by English region of a trigger event. This is an average temp of 2C or less for at least 48 hours, heavy snow, or widespread ice.

Where a risk exceeds 60% for the next 5-day period an alert will be sent to staff via communications to consider how they will maintain services and their own safety. Met office weather alerts will also be circulated to operational managers if these indicate amber or red alerts for snow.

A care services coordination/ tactical call will be set up as soon as a significant risk of snow is identified – this is to check arrangements regarding community services being able to support patients and plans for getting staff into inpatient services.

#### **8.1.2. Response**

Depending on the risk presenting steps to resolve threats to service continuity could include:

Overall:

- Consider additional management on call to assist in immediate mitigating actions when wards have staff unable to get to work.
- Maintain communications and updates throughout the period of severe weather to assist staff in managing the situation.

Community

- Telephone support for community service users based on RAG rating
- Prioritising Red rated patients
- Basing staff at nearest Trust location/ home

Wards

- Long shifts
- Asking staff to attend nearest service
- Use of bank staff living near to the unit

### **8.1.3. Coordination and communication**

The initial coordination or tactical call will identify communication and reporting requirements during the period of disruption. Brief situation reports may be required to identify any escalation points and where additional support may be needed.

## **8.2. Site snow clearing and access**

Trust estates staff have confirmed their readiness to implement snow clearing on owned and leased estate by standing down other activities if needed and working during weekends, and out of hours.

Mitie have a winter snow and ice clearance strategy that is based on Met office OpenSite warnings, Action will take place on amber alerts and involves priority clearing of the Becklin Centre and the Mount for ambulance access. Gritting will occur the night before forecast weather.

## **8.3. Risk of power outages**

The ongoing issues with fuel prices and potential risks to fuel security mean that risk of power cuts is a consideration for this winter. Most Trust inpatient sites have backup diesel powered generators. The inpatient sites that do not have back-up generators have had enabling work done so that they can receive an external electrical supply from a portable generator.

MITIE have confirmed that they have a response plan for winter. They have 1300 litre diesel tanks that are topped up when at 50% capacity.

Black starts (simulated interruption to the national grid and generator activation) successfully run at Becklin and Newsam. The Mount test is to be completed by the end of September 2022.

## **8.4. Pre-planning for potential industrial action**

At the time of compilation, the Royal College of Nursing is balloting for industrial action amongst its members. The consequences of any industrial action, given the staffing issues faced by all NHS bodies including the Trust, is potentially very serious in terms of business continuity of our care services.

EPRR is working with senior workforce colleagues to commence pre-planning for any declared action. Initially, this work is reviewing plans from previous industrial disputes, most recently the junior doctors, and also engaging with staff side and regional union representatives.

## **8.5. Summary of assurance replies**

As in previous years a brief assurance request has been compiled based on a single set of questions concerning winter readiness. The full compilation by service is at appendix [ ]. This section summarises the key issues and risks that have merged from this process.

The questions featured are about:

- Staffing
- Surge and capacity
- Severe winter weather
- Outbreaks

Generally, support services – IT, Estates and PFI are showing

Key highlights:

- Most care services are reporting amber across all categories – with one red in OPS services around surge.

### **8.5.1. Staffing**

Non care services tended to rate this area as green including PFI services. For all but OPS (Red) and Red Kite View CAMHS along with Deaf CAMHS

The staffing situation and lack of qualified staff is a risk escalation by several services by both OPS and Acute inpatients. The cost-of-living crisis is also mentioned in this context.

Plans to use CTMs to bolster shortages in registered nurses across services, Forensic Services, being a case in point have been made.

Rotas have been completed factoring in leave or are being progressed with estimated completion by mid-October (CRISS and Acute inpatients) or October-early November – Red Kite View and Mill Lodge.

### **8.5.2. Surge and capacity**

Deployment features as a main component of many services' response to surge.

Community and wellbeing have an escalation process to inform partners and stakeholders in the event of surge and about potential service impacts.

Daily meetings will occur in adult inpatients and CRISS to manage any surge as well as wider liaison across the local health sector.

CAMHS will meet weekly with provider collaboratives to discuss and develop mitigations for any impending surge.



Ops services (inpatients) have declared red on this issue. The main rationale is staffing issues to respond to any additional requests to take patients from LTHT.

Rehabilitation services, Gender and eating disorder scored green on this with no anticipated risk of surge.

### **8.5.3. Severe winter weather**

Generally, services felt able to withstand winter weather based on previous experience. Most community services would use flexible and home working to mitigate bad weather and the move to digital conferencing will facilitate MDT and other meetings in severe weather,

Community services report that severe weather would adversely affect their continuity of service relating to home visits. While some could switch to telephone support the highly intensive services may not have that option – Assertive Outreach and CREST specifically cited.

Public transport disruption also mentioned, and support will be sought to facilitate inpatient staff being able to get taxis – Forensic Services.

Regional services exposure to winter weather also mentioned and the need to be mindful of severe weather in the NW and NE. Staff have significant travel obligations and hence prompt weather warnings will be important for these staff.

Adult inpatients prepared to use community staff if they can attend to supplement ward staff if numbers are impacted by bad weather.

### **8.5.4. Outbreaks**

Most services mentioned IPC guidance and cohort on wards. Community services – Deaf CAMHS would end face to face work and all community services would reduce workload and prioritise resources to most unwell patients during periods of outbreak and reduced staffing.

Older peoples inpatient report very limited resources to manage an outbreak and that a proposal to develop identified cohorting space being finalised by inpatient leadership team.

### **8.5.5. Escalation issues**

#### **Community and wellbeing:**

- The key risk to escalate is that due to the fragile nature of both the staffing within WAA CMHT and the small nature of ECT resource and delivery, this increases the risks. However, they are rated amber as mitigation in place does reduce the risks.

## **CRISS and adult inpatient**

- Cost of living crisis for service users may increase need for admission – inability to cope with finance/fuel poverty/lack of food heating leading to deterioration in mental health. Potential delay in discharge as a result of service user putting off going home – no electricity. Movement of substantive staff across services to cover shortfalls is having major effects

## **CAMHS – Red Kite View**

- On-going Estates issues with RKV, all escalated via Heatmap and Risk Register

## **Older Peoples service:**

- Significant staffing challenges which have created a long-standing lack of resilience, this includes leadership capacity across the OPS pathway

## **:Outbreak response**

From learning throughout Covid the Trust has decided not to create specific cohorting wards. Patients suffering from any communicable illness will be isolated in their room. If there are more than one positive patient then IPC advise that, if possible, patients are moved together – preferably behind a fire door to reduce spread of illness on the ward. Additionally, if possible separate staffing nursing the positive patients and other patients is recommended.

Confirmed outbreaks will still require a 10-day ward lockdown after the last confirmed case. This will also see periodic mass testing of patients in the affected ward.

Risk assessment will be used to identify if formal outbreak declarations are needed based on the individual presentation of patients – a new admission who is found to be covid positive and has not mixed with others may be deemed to present a lower risk of spread to others.

Finally, winter brings with it risks of outbreaks other than covid and services are preparing for flu and gastro-intestinal outbreaks in addition to covid.

## **9.Key Risks, Mitigations & Preventative Measures**

Without doubt, the consistent key risks identified in all Winter plans for 2022/23 relate to workforce availability / absence and increase in demand / pathway disruption.

Winter brings additional disruptive risks that can affect health care provision. In terms of winter 2022-2023, the normal risks are supplemented by risks associated with the ongoing

coronavirus pandemic, a predicted challenging influenza season, and uncertainties over both supply chain resilience and fuel supply fragilities.

As part of our winter planning, we have set out the key mitigation actions and monitoring processes for each of our identified key risks as follows:

Identified Risk	Mitigation	Monitoring
High levels of staff unavailability as a result of illness / absence	<ul style="list-style-type: none"> <li>• Daily monitoring and forecasting of staffing situation &amp; absence</li> <li>• Robust planning, e-rostering and use of temporary staff</li> <li>• Increase in responsive workforce capacity</li> <li>• Identification of corporate / support staff able to support delivery</li> <li>• Deployment and redeployment process &amp; plans in place</li> <li>• Group established to oversee deployment and staffing</li> <li>• Workforce governance structures in place</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly service heat maps reviewed at ODG</li> <li>• Deployment and Staffing Group &amp; Workforce Group reports to ODG / workforce structures</li> </ul>
Changes to national response to Covid pandemic requiring further rapid change to service delivery	<ul style="list-style-type: none"> <li>• Incident Management and IPC arrangements in place and tested; able to resume at pace</li> <li>• Strengthened operational structures in place and well established</li> <li>• Evidence of service ability to respond quickly and flexibly</li> </ul>	<ul style="list-style-type: none"> <li>• Service changes overseen and monitored via ODG and Business Continuity group</li> <li>• Decision logs maintained to record rational and objective of change</li> </ul>
Significant delays in dementia pathway resulting in high levels of delayed transfers of care (DToC) and bed pressures	<ul style="list-style-type: none"> <li>• Identified priority with Leeds winter plans</li> <li>• Use of winter monies to focus on potential solutions</li> <li>• Partnership planning and delivery with social care</li> </ul>	<ul style="list-style-type: none"> <li>• Performance and activity reports (DToC and bed occupancy)</li> <li>• Weekly meetings with social care &amp; commissioners</li> <li>• Daily capacity &amp; demand reports</li> </ul>
Significant increase in pressure on the acute sector (ED attendances, occupancy & bed pressures)	<ul style="list-style-type: none"> <li>• Increased capacity in ALPS / Liaison service</li> <li>• Partnership approach with LTHT and system escalation &amp; governance arrangements</li> <li>• ED avoidance assessment area in operation</li> </ul>	<ul style="list-style-type: none"> <li>• Daily capacity / demand report</li> <li>• Performance reporting framework – metrics relating to ED and LTHT mental health activity</li> <li>• Strategic Partnership Group with LTHT</li> </ul>

Identified Risk	Mitigation	Monitoring
Severe weather resulting in disruption to services (staffing, access, estates risks such as power outages)	<ul style="list-style-type: none"> <li>• Business Continuity and Deployment &amp; Redeployment plans in place, supported by strengthened operational management structures</li> <li>• Structures in place to support rapid response</li> <li>• Estates business continuity plans &amp; on-call arrangements</li> <li>• Mutual aid</li> </ul>	<ul style="list-style-type: none"> <li>• Escalation to Business Continuity &amp; Service Delivery Group</li> <li>• Estates, IT &amp; procurement reports via Business Continuity &amp; Service Delivery Group</li> </ul>
Reduced engagement of staff as a result of ongoing pressures and repeated changes	<ul style="list-style-type: none"> <li>• Health &amp; Wellbeing and staff support interventions, leadership packs and oversight group</li> <li>• Mental Health &amp; Wellbeing hub</li> <li>• Enhanced and regular comms and engagement forums (including CEO open sessions)</li> <li>• Local team/ service line communication structures, briefings and virtual staff meetings</li> <li>• Individualised Wellbeing risk assessments and managerial relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Health &amp; Wellbeing governance structures and Workforce committee</li> <li>• HR metrics</li> <li>• Evaluation reports</li> <li>• Staff survey</li> </ul>
Increased pressure on access services and reduced community capacity resulting in increased admission and Out of Area and disruption to pathways	<ul style="list-style-type: none"> <li>• Increased capacity in clinical triage, CRISS and crisis house</li> <li>• CAU remodelled to provide short term assessment with CRISS</li> <li>• Daily capacity reviews and regular partnership meetings</li> <li>• Assertive monitoring of Out of Area placements (case manager)</li> </ul>	<ul style="list-style-type: none"> <li>• Daily monitoring and reporting (OPEL)</li> <li>• Weekly capacity system meeting with partners</li> <li>• Weekly ICS system call</li> <li>• Routine performance monitoring framework</li> </ul>

## 10. Winter Command and Control Arrangements

The coming winter is likely to be a very difficult one with additional disruptive threats adding to the existing challenges around staffing, bed capacity and flow. Given the potential for multiple disruptive challenges this winter, the Trust has undertaken advanced planning work in some of the risk areas.

### 10.1 Industrial Action Planning Group

This is an executive lead group with responsibility for overall strategic management of planning, risk assessment, communications, and industrial relations discussions about the series of proposed ballots for industrial action in the NHS.

Supporting the Planning Group is a tactical group bringing together Heads of Operations, clinical leads, EPRR and Workforce to develop the plans, mitigations and responses

needed should industrial action be confirmed at the Trust and also to look at consequential impacts from industrial action in partners and in the wider community such as schools and transport.

## **10.2 Power disruption tactical group**

Following a briefing to the Executive Management Team the decision was taken to set up a group looking at planning for, and mitigating the impact of, any disruption to power supply to Trust sites caused by the implementation of rolling power outages to conserve gas supplies or due to a deficit in electrical energy generating capacity.

A multi-disciplinary team will look at vulnerabilities, potential risks, and plan to mitigate or prevent any adverse impacts on service continuity, patient health and trust hardware.

## **10.3 Overall coordination**

Learning from the pandemic was that even in times when the intensity of outbreaks had declined and formal incident management arrangements were relaxed, there was a need to coordinate ongoing intelligence sharing, work streams and activities. Therefore, the Trust will set up a winter advance planning group to fulfill the role of coordinating activity being carried out to mitigate and plan for the full range of anticipated disruptions. This will be an executive lead group.

Should the situation regarding disruption escalate to a point where service continuity is threatened the advanced planning group will evolve into the incident response team to manage the response at a tactical level. Depending on the duration and anticipated severity of the disruption the strategic coordinating group chaired by the CEO may also reconvene.

**Joanna Forster Adams: Chief Operating Officer**

**Mark Dodd: Deputy Director for Service Delivery**

**Andrew Jackson: EPRR Lead**

**October 2022**

## GLOSSARY

Term	Explanation
Business Continuity	The capability of the organisation to continue delivery of products or services at acceptable predefined levels following a disruptive incident.
Business continuity incident	A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed).
Command and control (and communication)	Often referred to as C <sup>3</sup> . The exercise of vested authority through means of communications and the management of available assets and capabilities, in order to achieve defined objectives.
Critical incident	A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.
EPRR	This refers to Emergency Preparedness, Resilience and Response - this term covers all aspects of responding to emergency incidents and disruptive events in the NHS.
Mitigation	Measures taken to reduce an undesired consequence
Mutual aid agreement	Pre-arranged understanding between two or more entities to render assistance to each other
OPEL	Operating Pressures Escalatory Limits - this is the NHS England Framework governing how health providers reflect their position regarding capacity, demand and flow and the necessary actions to take to try to alleviate these pressures.
SiTRep	Situation Report - a teleconference or report detailing the current situation affecting a service, department or site. This is used as a basis to formulate action to manage the incident or problem.

## Appendix A: Service Priority Categorisation

PRIORITY SERVICES	
CRISS Older Peoples IHTT LD Intensive Support Team MH Primary Care ALPS & LTHT Liaison Inreach Section 136 suite Veterans High Intensity Service	All crisis / urgent access services
Acute Wards & PICU CAU Mount wards Asket Wards Mill Lodge Mother & Baby Unit YCED (Ward 6) Complex Rehab (Ward 5) Forensic Wards 3 Woodlands Square Supported Living	Inpatient services and Supported Living Houses – maintain 24/7  Some reduction in full MDT availability in some teams, which will be managed by cross cover or redeployment (depending on requirements)  Minimum staffing requirements being reviewed & confirmed in partnership with nursing directorate
NICPM	Maintain as a priority ward unless LTHT require ward space.
Maintain but can reduce / redeploy some staff	
CMHTs CLDTs Assertive Outreach Community R&R CONNECT community team Community Forensic Team Community Perinatal Deaf CAMHS Physical Health Team Care Homes Team Recovery College (telephone & online support) Forward Leeds (Addictions) PD Network LADS & ADHD Gender service Gambling service Chronic Fatigue & Liaison Outpatients Psychosexual medicine Offender PD services Veterans service	These services can all operate currently on a reduced number of staff, but have a requirement to maintain some access and an active caseload, including direct contact (including some face to face contact) with some service users.  All service users have been RAG rated and this informs the required capacity and skill mix for the team  Some staff are therefore available for redeployment from these teams.
Could step down	
LD Involvement Team PD Pathway Development Service 2 Woodland Square	These services can be closed to new referrals and stepped down, with only emergency contact cover in place

## Appendix B

### Winter Planning Assurance 2022-3

#### Introduction

The questions below are focussed on the key resilience principles that need management consideration. After brief, a brief narrative can you RAG rate your assessed level of preparedness.

1. **Staffing** – do you have effective plans in place to mitigate disruption caused by reduced workforce, annual leave, and the Christmas holiday period?

RAG assurance rating	Choose an item.

2. **Surge and capacity** – have you assessed the effectiveness of your plans to manage surge and increased capacity during the winter? For services that interface with other providers have you assessed likely impact on work from these providers facing surge?

RAG assurance rating	Choose an item.

3. **Severe winter weather** – assessment of the services ability to continue to operate faced with significant periods of snow/ ice

RAG assurance rating	Choose an item.

4. **Outbreaks** –what is your assessment of your services ability to manage outbreaks in teams and on wards

RAG assurance rating	Choose an item.

5. Risks to escalate

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## Appendix C

### **Maintaining Safer Staffing to priority services: Revised Deployment Approach**

This paper aims to set out the agreed approach to deployment & redeployment of staff in order to maintain minimum safe staffing levels within the agreed priority services of the Trust, as a result of significant and sustained reduced staff availability as a result of the on-going Covid pandemic or other pressures.

In the initial stages of the Covid pandemic, an approved process for proactive Redeployment of staff was developed and implemented (Clinical & Operational Staffing Redeployment, April 2020 – attached as Appendix 1).

Both during and following implementation, the redeployment process has been reviewed through a number of processes (such as ongoing redeployment forums, some facilitated discussions with ward / team managers, and through the wider Trust evaluation and staff feedback processes). The feedback and learning have been considered and incorporated into this revision, which has also been developed through discussions with operational, clinical and professional leads.

This revision also sets out a revised approach to the prioritisation of services, based on significant discussion across Care Services and beyond, including through the Operational Delivery Group.

For a small number of ad-hoc / single instance requirements for additional staff in order to maintain safe staffing levels, the standard approaches of seeking additional staff, negotiating changes with local staff (such as cancelling training or ad-hoc leave) and moving staff on a shift by shift basis based upon need will be applied (as set out in the Staffing Escalation Protocol, which can be found at Appendix 3 of the Clinical & Operational Staffing Redeployment process).

However, when the need for additional staff to maintain minimum staffing is more sustained (or when actual or predicted levels of absence exist across a large number of services), an alternative approach is required.

Deployment & Redeployment is overseen by a dedicated group, which includes operational, clinical / professional and work force representatives. The Terms of Reference are attached as Appendix 2.

#### **1. Identification of need**

In order to identify a sustained need, a number of potential factors will be considered:

- Use of a workforce information dashboard
- Staffing Escalation Protocol

## a) Workforce information dashboard

Utilising existing workforce information systems and data capture processes, a collection of KPI's will be compiled into a dashboard with an embedded RAG rating system to identify potential sustained staffing shortages. The dashboard will act as an early warning system enabling us to make informed, evidence based decisions about potential / actual need for additional staff to maintain safe staffing.

The dashboard will be produced and distributed at 2 separate intervals (weekly and 4 weekly forecasting) to effectively capture and manage both short-term spikes and trend trajectories at ward level across the organisation.

The planned schedule is as follows:

**Weekly Report:** Capturing a 7 day forecast for the coming week which will aggregate data to capture areas consistently struggling and trends in staffing availability.

**4 Week Reporting:** Aligned to the Ward rosters, this report is an extension of the 7 day forecast report but allows for a greater projection to determine whether planned absence/leavers/starters will contribute to the ability to staff the ward safely.

The Scorecard will include

- **Covid Related Absence** - All Covid related absence is recorded under the "Other Absence" code in the Healthroster system in real time by ward managers and has been utilised throughout the Covid period to provide the National SitRep data to NHS Digital
- **Total Unavailability**- a combination of all types of unavailability affecting the units' ability to Safely Staff this includes Sickness, Annual Leave, Maternity, Study & Other absence (Jury Duty, Compassionate leave etc). Wards are profiled to accommodate an unavailability of 24%.
- **Unfilled Roster** - The number of hours that remain unfilled after all shifts have been rostered, sent to Bank/Agency for cover this would incorporate vacancies and shifts not covered due to the above unavailability reasons.
- **Redeployed People Hours** - where action has already been taken to support the unit and staff from outside the service have been utilised
- **Vacancy rate** – indicator of the level of vacancy in the service, which will impact on consistency of staffing and capacity of the ward to manage an increased unavailability

### Example Dashboard:

Redeployment Dashboard Test					
Unit	Covid Absence %	Total Unavailability %	Unfilled Roster %	Redeployed People Hrs	Current Vacancies
Newsam Ward 5	10.1 %	25.4 %	3.8 %	201.00	6%
Becklin Ward 1	6.9 %	12.4 %	8.8 %	0.00	4%
Becklin Ward 3	14.8 %	38.9 %	12.1 %	0.00	11%

In addition to the above, real time information can be drawn from the system as required on a daily basis to better understand and predict safer staffing issues as they arise and are escalated from the daily reports and through clinical / operational routes below.

#### b) Escalation from Service Lines

There are some additional clinical & operational factors that will have an impact on both staffing requirements and safety within services – these include, for example, high levels of acuity, enhanced observations, incidents of significance and bed occupancy. Where these factors exist and this results in a requirement to increase staffing for a sustained period, this will be escalated to the Head of Operations (or in their absence via the ward matron or designated deputy) using the Staffing Escalation Protocol.

## 2. Revised prioritisation of services

In line with the previous process, we have maintained an approach of prioritising services using the following criteria:

<b>Priority 1 services</b>	These key services are essential priority and are required to be maintained at full capacity. Normal staffing numbers and skill mix will be maintained. This includes 24/7 inpatient services, supported living houses and urgent access / crisis services.
<b>Priority 2 services</b>	There services need to be maintained, but may safely be delivered at a reduced capacity or alternate skill mix. . This will be informed by an assessment of service user need, risk and vulnerability using our agreed clinical RAG rating process. Services may therefore be reduced or consolidated, and some staff redeployed into priority 1 services
<b>Priority 3 services</b>	These services could be reduced to a minimum level of delivery or could be stepped down entirely. The majority of staff are therefore likely to be redeployed into priority 1 services (or into priority 2 services as part of a revised skill mix to release other staff to priority 1 services)

The key change is that, whereas a number of services were previously stepped back to minimum staffing providing only emergency or signposting cover, the vast majority of services have moved into the 'priority 2' grouping. This reflects a specific wish to maintain a level of direct service provision across all services, reflecting both national & local drivers to carry on providing as many services as possible, and recognising the impact of some services (in terms of escalation of clinical presentation and significant increased waiting lists) of the previous redeployment approach. The revised service priority groups are therefore shown at Appendix 3.

This has been debated at some length, with a number of different views considered. The impact of this approach is that, rather than identify services to step down immediately, services within the priority 2 group will have identified a number of staff that are available to be redeployed, and this will be agreed with the staff in advance. The service will be able to proactively plan – and clearly articulate – the potential impacts of those staff being redeployed, and will be able to plan to mitigate & manage these accordingly. This approach was strongly advocated and favoured by both the clinical and operational leaders.

It is however essential to recognise that, as part of this approach, if safer staffing cannot be maintained through the redeployment of the identified staff, then it will be necessary to consider releasing additional staff from these services (and therefore further reducing their capacity & operational delivery) or stepping down some services entirely in order to release additional capacity. This approach is described below.

### **3. Identifying staff for redeployment**

In the first instance, for low level and short term additional staffing requirements to maintain agreed minimum staffing levels, the usual local actions will be taken to seek to meet these (as set out in the Staffing Escalation Protocol). These include (but are not limited to)

- Review of current staffing requirements on the ward (including enhanced observations and any escorted patient leave)
- Seeking additional bank staff or overtime
- Cancelling training & rostered management days
- Cancelling 'ad hoc' annual leave in negotiation with the member of staff
- Moving of staff from other clinical areas whilst maintaining agreed minimum safe staffing numbers

However, once a priority 1 service has been identified as having a sustained requirement for additional staffing, the 'redemption group' will utilise available information to determine the number of staff required and an appropriate skill mix, supported by additional members from the clinical & operational leadership teams as required.

Appropriate staff will then be identified using a hierarchy as below, working from the top until the identified need is met

1. *Volunteers* - cohort of staff who have self-identified as willing to be redeployed and have completed the redeployment proforma identifying skills & areas of preference. This includes volunteers from non-clinical / corporate services (based on positive experience previously)
2. *Cohort of 'early redeployees'* - identified specific groups of staff who would be redeployed in initial wave (generally clinical staff not undertaking direct clinical roles; this may include partial redeployment, as previously)
3. *Identified proposed redeployees from Amber priority services* (services that will be reducing staff & operating differently but maintained)

4. *Additional redeployment from Amber priority services* (with assessment of associated risks / impacts and how these could be managed; this may result in a service being stepped down to minimum cover)
5. *Stepping down of non- priority 1 services* - services that will be stepped down or reduced to minimum cover to release further staff. This would require IRT approval.

A pre-determined duration for all redeployments will be agreed to ensure we can meet the needs of the sustained requirement for additional resource as well as manage the expectations of the 'home' service, redeployed service and individual staff members.

## Appendix D

### JESIP Decision Making Framework

We have specifically and purposefully utilised the decision-making framework set out in the Joint Emergency Services Interoperability Principles (JESIP) programme to provide evidence based consistency. The decision model aims to bring together all available information, reconcile objectives and make effective joint decisions. The model focuses on gathering the available information and intelligence to assess impacts & risks and develop agreed plans and strategies, including an assessment of options and contingencies. The framework works in a cyclic process, whereby actions are then reviewed and outcomes assessed, which forms the basis of information to support further decision making. Decision making is supported by reference to core values.

The model is represented diagrammatically below:



The JESIP principles underpin all elements of our incident response and have been consistently used as the basis for our decision-making framework.

The use of the principles and decision-making framework has supported us to approach decision making in a dynamic way, which has been essential throughout the frequently changing context of the last 18 months and is recognised as being a key requirement for our current and future plans.

## Introduction

### Key themes to consider this month:

Unless otherwise specified, all data is for October 2022

#### Consistency and improvement:

As the Trust moves into Quarter 3, increasing focus is being given to anticipating areas of pressure on services during the Winter period, the potential impact, and ways the Organisation might respond. Winter Planning work is now well underway within the Trust to put measures in place to monitor our services and identify different options for responding to the various challenges we are likely to face. In addition to the existing local and system pressures, the cost-of-living crisis has the potential to increase and intensify demand on the NHS during this period. Work has already started to promote support available with the cost-of-living crisis to service users as well as staff to try to help alleviate its effects.

Services have continued to operate under challenging conditions but positive steps have been taken within some services to address vacancies, explore services changes and work with partner organisations to make service improvements. We continue to take actions to minimise the impact on the safety and quality of care we deliver to the people who use our services. Previous concerns remain for the Community and Wellbeing Service which is continuing to operate in business continuity mode. However, redeployment of staff into this service and changes to the way the service has oversight of referrals and performance will have a positive impact.

As a result of the continued challenges and pressure on services, performance is affected in several 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 Mental Health Teams (CMHTs) seen within 15 days, the percentage of referrals to the Early Intervention in Psychosis (EIP) service seen within 2 weeks, 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, and the percentage of referrals to the MAS receiving a diagnosis within 12 weeks of referral.

However, there are some services where, despite significant challenges, access and response standards have been maintained or improved. The percentage of inpatient discharges followed up within 3 days continues to be above target and significant improvement can be seen in the percentage of referrals being seen by the Acute Liaison Psychiatry Service within 1 hour.

#### Work in Progress:

Care Services have continued to build upon the demand and capacity work started earlier this year which utilised some of the national demand and capacity modelling tools. Several services have seen improvements in their waiting lists and waiting times either as a direct result of the capacity and demand work or indirectly through investigation prompted by the original exercise. This work has provided 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. Awareness has increased in relation to how data can be used in this way and several conversations have been prompted by it as a result, though some services are yet to participate.

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 October report is the third report to include this section, for which services have provided an update on their plans to address backlogs and address waiting times, where available.

## Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Aug 2022	Sep 2022	Oct 2022
Percentage of crisis calls (via the single point of access) answered within 1 minute *	-	56.4%	49.9%	46.5%
Percentage of ALPS referrals responded to within 1 hour	-	66.1%	68.7%	86.5%
Percentage of S136 referrals assessed within 3 hours of arrival	-	10.7%	17.4%	30.3%
Number of S136 referrals assessed	-	56	46	33
Number of S136 detentions over 24 hours	0	3	1	1
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	80.0%	30.6%	36.4%	56.6%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	88.0%	82.8%	83.5%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	44.3%	51.9%	41.8%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Aug 2022	Sep 2022	Oct 2022
Gender Identity Service: Number on waiting list	-	3,718	3,774	4,001
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days **	-	-	20.08	7.13
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	75.6%	74.3%	80.0%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	-	4.0%	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	-	42.9%	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	-	93.3%	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	85.0%	-	82.9%	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	798	-	737	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	-	14.0%	-
Services: Our acute patient journey	Target	Aug 2022	Sep 2022	Oct 2022
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	88.7%	82.8%	108.4%
Crisis Assessment Unit (CAU) length of stay at discharge	-	7.18	12.53	11.92
Liaison In-Reach: attempted assessment within 24 hours	90.0%	74.3%	82.2%	75.5%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	97.5%	100.1%	97.7%
Becklin Ward 1 (Female)	-	98.2%	105.3%	101.2%
Becklin Ward 3 (Male)	-	99.3%	98.8%	91.2%
Becklin Ward 4 (Male)	-	96.9%	97.2%	96.5%
Becklin Ward 5 (Female)	-	94.4%	99.2%	100.1%
Newsam Ward 4 (Male)	-	98.8%	100.0%	99.8%
Older adult (total)	-	94.2%	96.7%	94.2%
The Mount Ward 1 (Male Dementia)	-	95.8%	92.9%	92.3%
The Mount Ward 2 (Female Dementia)	-	94.4%	94.2%	94.2%



## Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Aug 2022	Sep 2022	Oct 2022
The Mount Ward 3 (Male)	-	92.2%	100.3%	94.3%
The Mount Ward 4 (Female)	-	95.0%	97.2%	95.4%
Percentage of delayed transfers of care	-	9.6%	11.7%	13.4%
Total: Number of out of area placements beginning in month	-	1	13	10
Total: Total number of bed days out of area (new and existing placements from previous months)	124	122	322	446
Acute: Number of out of area placements beginning in month	-	0	10	5
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	15	179	303
PICU: Number of out of area placements beginning in month	-	1	3	5
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	14	53	73
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)	-	93	90	70
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90.0%	-	69.0%	-
Services: Our Community Care	Target	Aug 2022	Sep 2022	Oct 2022
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	83.9%	77.5%	84.8%
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	80.0%	86.1%	80.0%	84.7%
Number of service users in community mental health team care (caseload)	-	3,886	3,881	3,885
Percentage of referrals seen within 15 days by a community mental health team	80.0%	82.5%	73.6%	72.8%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	67.5%	64.9%	52.5%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	58.9%	57.6%	45.7%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	78.9%	75.0%	58.8%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	-	66.0%	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	-	77.4%	-
Services: Clinical Record Keeping	Target	Aug 2022	Sep 2022	Oct 2022
Percentage of service users with NHS Number recorded	-	98.9%	99.0%	99.0%
Percentage of service users with ethnicity recorded	-	74.9%	74.7%	74.8%
Percentage of service users with sexual orientation recorded	-	31.0%	31.2%	32.7%
Services: Clinical Record Keeping - DQMI	Target	May 2022	Jun 2022	Jul 2022
DQMI (MHSDS) % Quality %	95.0%	91.4%	86.1%	88.2%

\* 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		
		Aug 2022	Sep 2022	Oct 2022	Aug 2022	Sep 2022	Oct 2022
ADHD	271.8	319.1	191.4	52.5	2,371	2,515	2,639
Chronic Fatigue Service	116.7	139.8	152.1	139.8	182	181	187
CMHT OPS	37.1	26.9	28.0	39.1	138	135	123
CMHTs Adult	48.6	43.5	48.6	45.1	504	516	477
DEAF CAMHS	42.4		20.1	7.1	5	7	21
Gambling Services		57.3	57.2	96.9	120	142	144
Gender Services	182.4	600.1	518.4	717.1	3,103	3,189	3,280
LADS	83	151.5	181.5	189.8	378	378	414
Leeds LD Community	47.5	37.7	48.6	47.3	129	115	90
Liaison Out Patients	70.1	36.4	95.0	46.3	115	118	116
Memory Assessment Service	52.5	52.4	61.9	66.0	504	542	531
Perinatal Community	16	17.9	24.4	25.2	89	88	87
Veterans	36.9	94.6	387.1	109.7	35	36	31

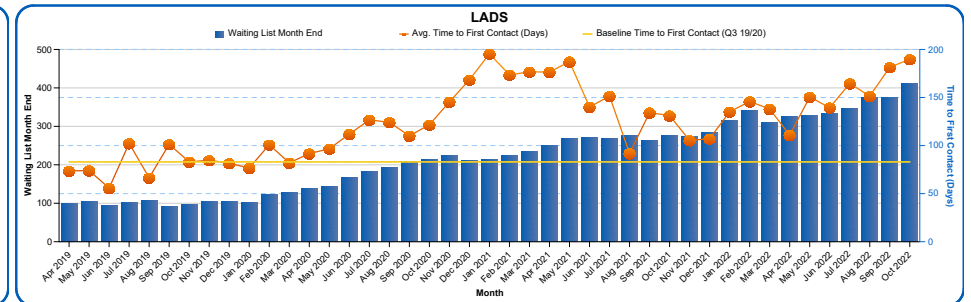
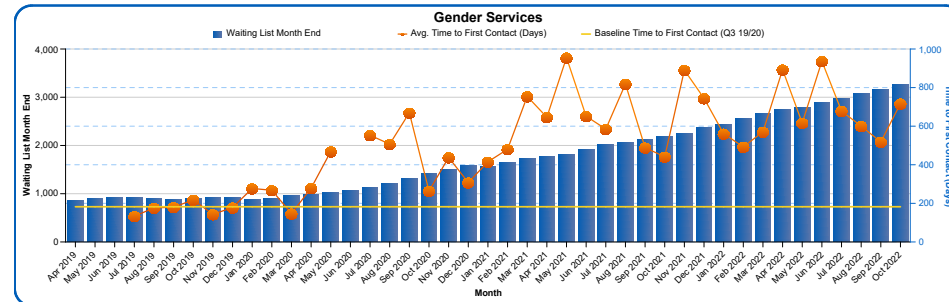
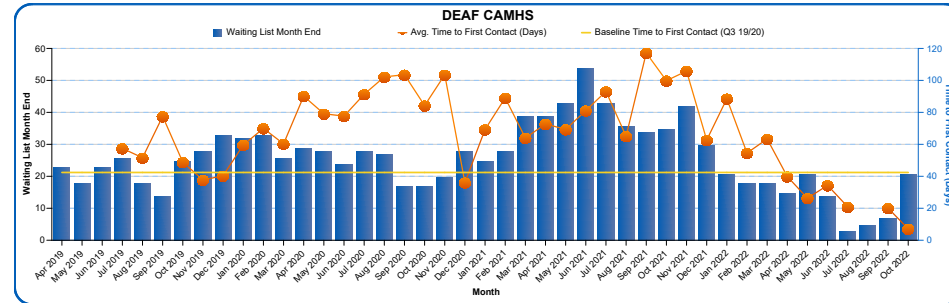
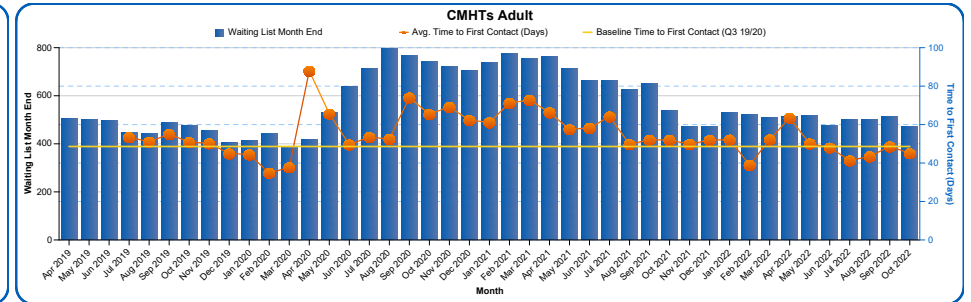
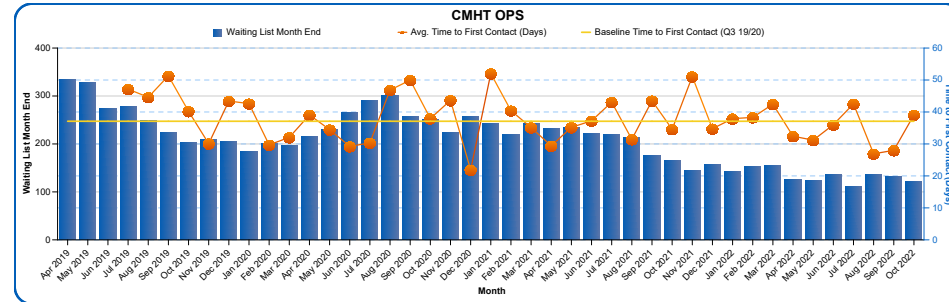
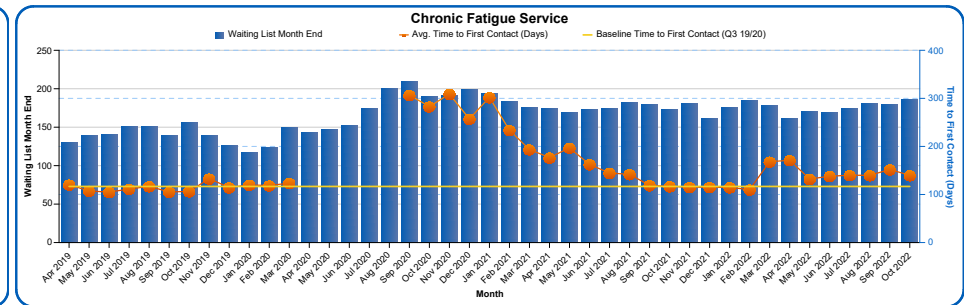
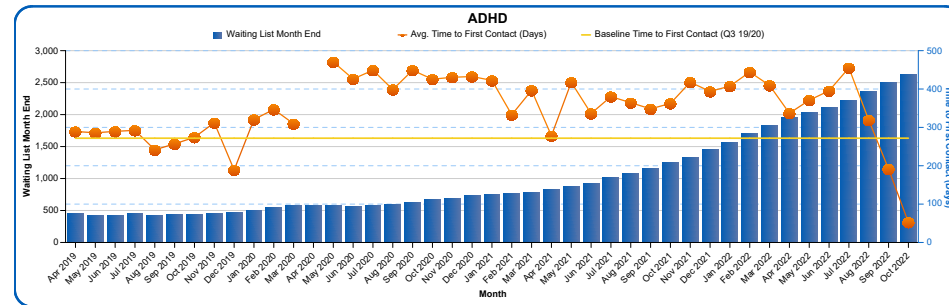
\* The measure 'Baseline Time to First Contact (Q3 19/20)' relates to the average time (in days) from referral to first face to face contact only for referrals with a first contact between October and December 2020.

\*\* 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)



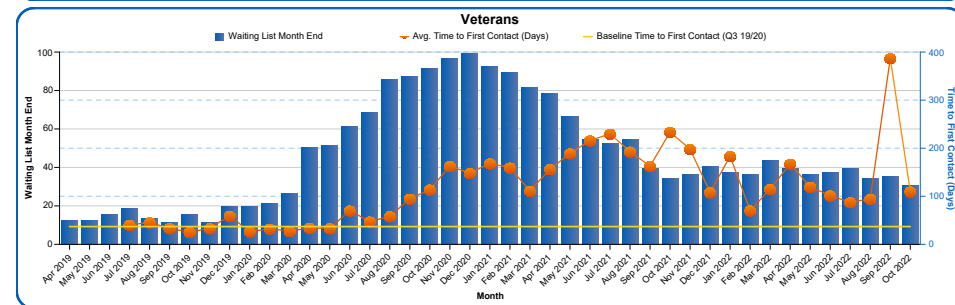
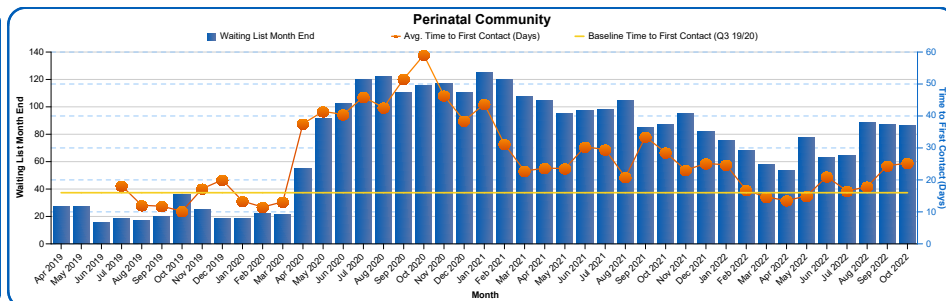
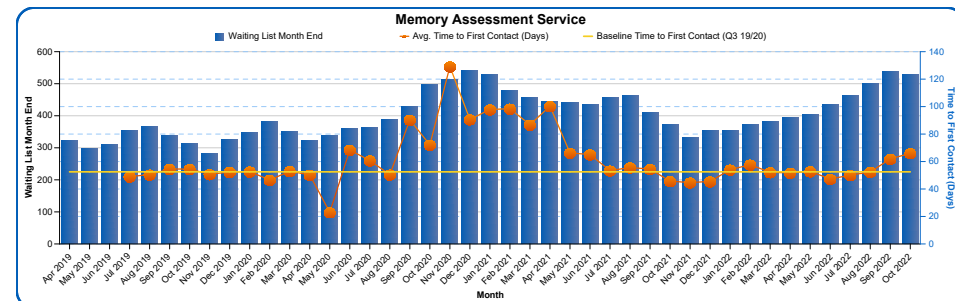
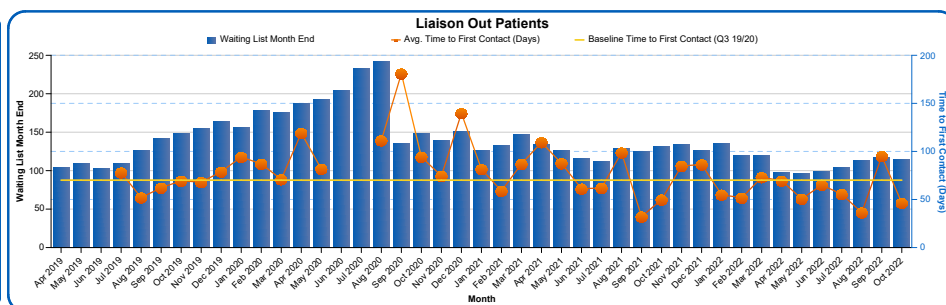
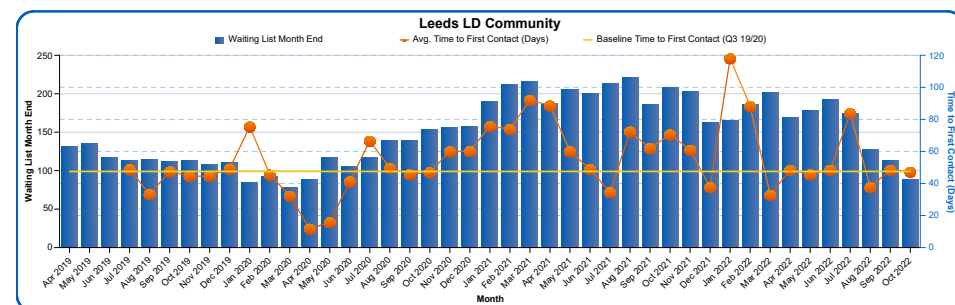
\* The measure 'Baseline Time to First Contact (Q3 19/20)' relates to the average time (in days) from referral to first face to face contact only for referrals with a first contact between October and December 2020.

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# 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.

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## Services: Reset and Recovery

**ADHD:** The waiting list continues to increase and currently stands at 2,601 (07/11/222). This is an increase of 253 since 28th August. The annual review list is at 606 with around 50% overdue. There is also a delay on commencing medication and titration upon receipt of a diagnosis. The service has been operating without a Clinical Lead since June and both nurse posts are currently vacant following unsuccessful recruitment. Both nurses left to work in the private sector. The Consultant gap has been covered by a locum which is working well and is now being extended to the end of March. The permanent post of Consultant and Clinical Lead started his induction in the Trust this week. The service is working on Capacity and Flow and has engaged with primary care and system wide colleagues to start discussions on system redesign.

This is being incorporated into the non-recurrent investment paper which was approved to support quality and service user experience by reducing the time from diagnosis to commencement of medication and slowing the rate of waiting list increase. Value approved is £387k. Actions approved to support this are: 1) Employment of 2 additional consultant Programmed Activities to support the Annual Review waiting list, 2) Extension of locum consultant, 3) Direct employment of a pharmacist to support annual reviews, 4) Developing an Annual Review pilot with primary care employing pharmacists, 5) Exploration of use of private providers to clear 100 referrals off the waiting list. 100 equates to 1 month's referrals going onto the waiting list. The specific benefits of investment would be: 1) Annual review waiting list is reduced to a manageable level meaning those eligible are seen within or close to 12 months. This is the result of the combination of actions in this area including a 12-month pilot with primary care. 2) Medication and titration is more timely after diagnosis. A full capacity assessment is needed once the new Clinical lead is in post to determine the impact in 3 months, but initial estimate is that an additional 75 will be removed from the medication list with the locum extension. 3) An additional 100 service users can access a diagnostic assessment with a wait time reduced by 3 months. The impact on the waiting list is effectively 1 months' worth of referrals dealt with.

**CFS:** The average time to first assessment has decreased in October to 139.8 days (152 days in September) although the waiting list remains high due to new referrals coming through the service, and internal waiting list for 1-1 therapy. The service has made the decision not to outsource work to an alternative provider due to diagnostic concerns and potential treatment variations. We have seen a small increase in team capacity that has had a positive impact this month.

**CMHTs Adult:** The service has seen an improvement over the last three months in waiting times performance. The Service remains in business continuity and therefore the waiting time for assessment remains longer than what the Service aim to see people within. Longer waits for assessment are being mitigated by changes to clinical triage, which from October has been improved as a part of establishing a city-wide duty, triage and assessment team in line with business continuity actions. Waiting times will also include those referrals for care coordination (of which we have 10 out of area; 5 are in locked rehab).

**Deaf CAMHS:** The Service has recovered from longer waits for initial contact with two main actions: 1) The Clinical Operations Manager and CTMs reviewed the process by which first contacts were recorded on the system. An updated process was shared with the teams to ensure accurate recording of face to face and video contacts. 2) Where previously clinicians opted for telephone or video as the initial contact with children and younger people and their families, the updated process is for these to all be completed via video consultation allowing the recording of a formal first contact. In addition to this the vacant Head of Operations post for Children and Younger People Services has now been filled, which provides important oversight of the service, including the above.

**Gender Services:** Time to first contact had been gradually reducing, however, there has been a significant increase in October. This is likely to be due to the increased numbers of referrals during the Autumn 2018 period. The number of referrals on the waiting list continues to gradually increase as anticipated, however this may be under reported due to the referral processing backlog. Referrals appear to be decreasing; however, this is due to a processing backlog resulting from admin staff absence in August and September. Additional bank admin has been deployed and has reached around the mid-September point of the backlog. Anecdotally there does not appear to be a change in referral rate.

The service is utilising £28k pay underspend from vacancy this financial year to temporarily increase hormone clinic, psychology and speech and language therapy sessions.

**LADS:** The waiting list is currently at 349 (which shows an increase of 69 since the end of August). Referral rates are maintained at around 100 per month. An experienced and valued nurse has just retired but recruitment has been successful which will minimise any gaps in provision. The service has non-recurrent investment which is supporting an uplift of 2 appointments per week to 10 assessments but there is still a short fall of 7 slots per week (average 17 referrals accepted per week). A non-recurrent investment paper was supported to employ an additional consultant for 2 Programmed Activities per week which will provide an extra assessment slot, as well as use of Bank to allow the retiree to work 1-2 days after a break. This costs maximum £21k and reduces the shortfall of assessments per week to 5-6. The service held an Away Day with city and Trust partners on 8th November to explore service improvement options both with and without investment.

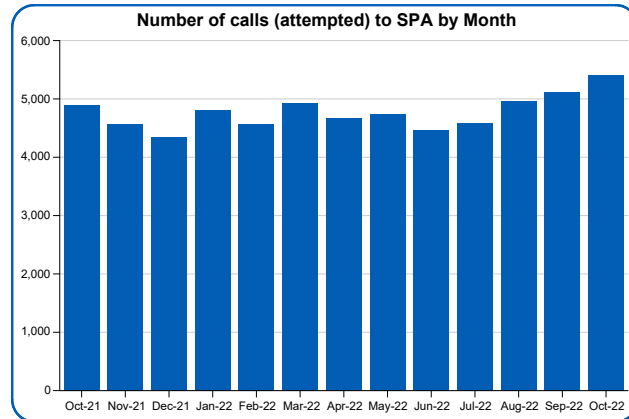
**LD Community:** Within the Learning Disability Community Service, waiting lists are steadily reducing with several factors contributing to this. We have recruited to

vacant Occupational Therapist and Psychology posts where we are starting to see increased allocations from the waiting lists. Everyone on the waiting lists across the disciplines are reviewed every 3 months by the Clinical Lead or delegated colleague and updates given to the Clinical Team Manager regarding whether the RAG rating has changed from Green / Amber to Red - requiring allocation, or whether the need is no longer current, and can therefore be discharged from the waiting list.

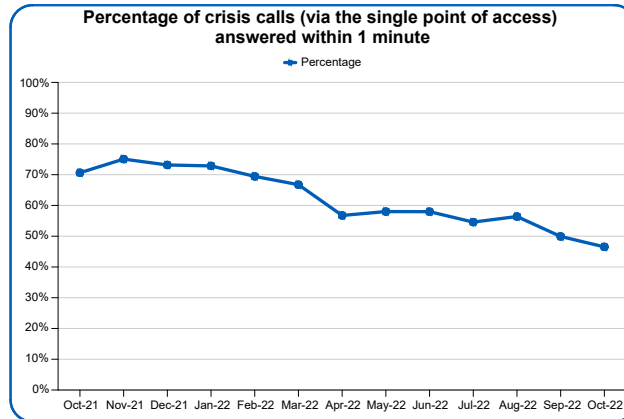
There were a significant number of people (approximately 25) awaiting IQ assessments to establish eligibility where other means to assess were not valid. This was due to not being able to administer the Wechsler Adult Intelligence Scale (WAIS) wearing Personal Protective Equipment (PPE) as this invalidated the result. The eligibility waiting list has reduced now to 7 people. We are reviewing our RAG rating criteria and processes and will be taking this through our Clinical Governance procedures. In addition, Rebound Therapy is reopening at Ventures and there are imminent plans to start the process of reopening the hydrotherapy service.

**MAS:** MAS has reviewed waiting times data for the Service produced using the national demand and capacity modelling tools, but further work is needed to understand how to use this further in conjunction with information already available. It does demonstrate that the teams are undertaking more post-diagnostic support appointments than as modelled at the Community Redesign. Work is underway to scope the possibility of engaging a private provider to enhance MAS capacity in the short-term, whom the Service has met with once, although this does require further exploration.

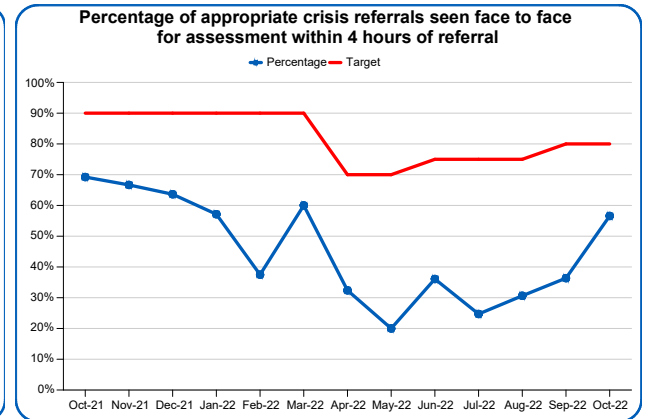
## Services: Access & Responsiveness: Our Response in a crisis



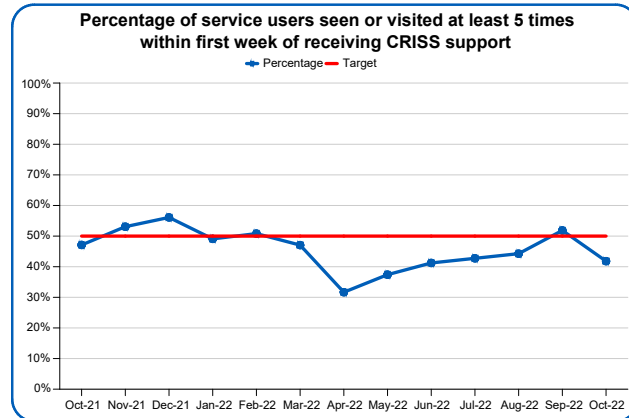
Number of calls : October 5,418



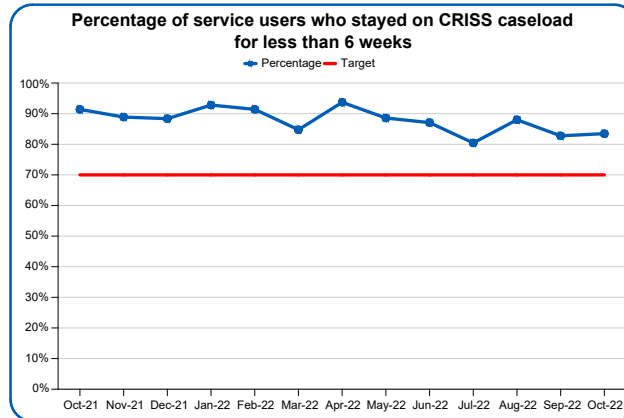
Local target - within 1 minute: October 46.5%



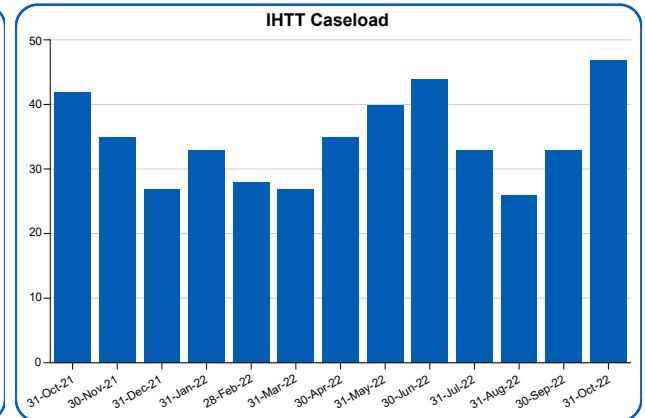
Contactual Target 80%: October 56.6%



Contractual Target 50%: October 41.8%

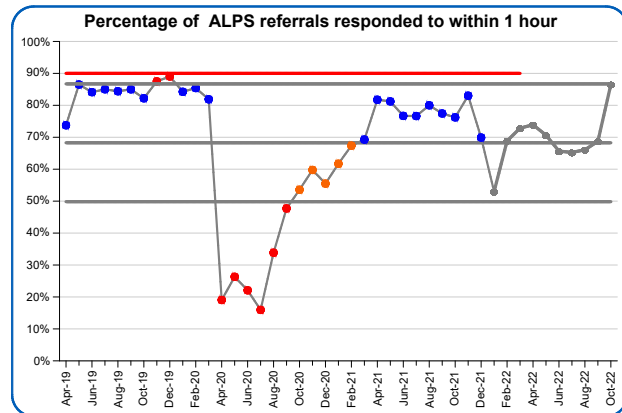


Contractual Target 70%: October 83.5%

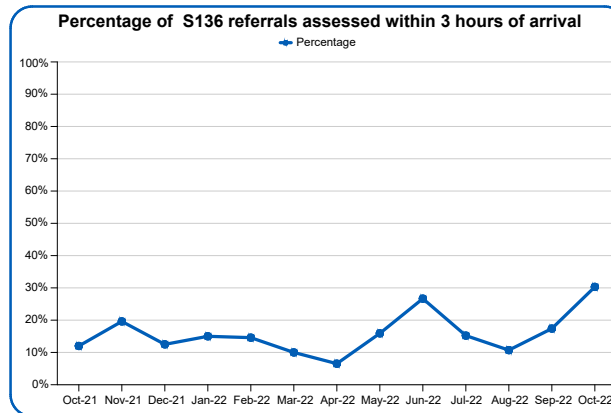


Caseload: October 47

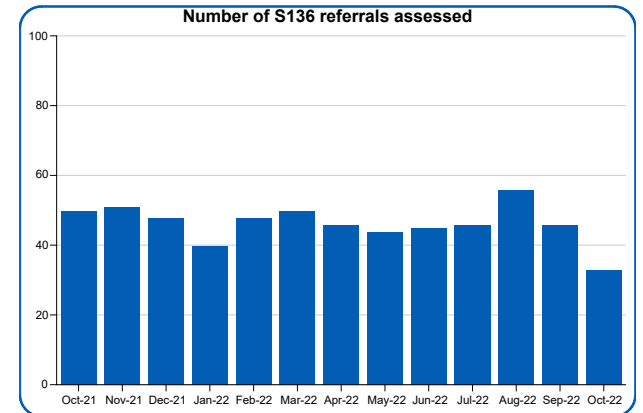
Services: Access & Responsiveness: Our Response in a crisis (continued)



Contractual Target : October 86.5%



Contractual Target : October 30.3%



Total referrals assessed: October 33

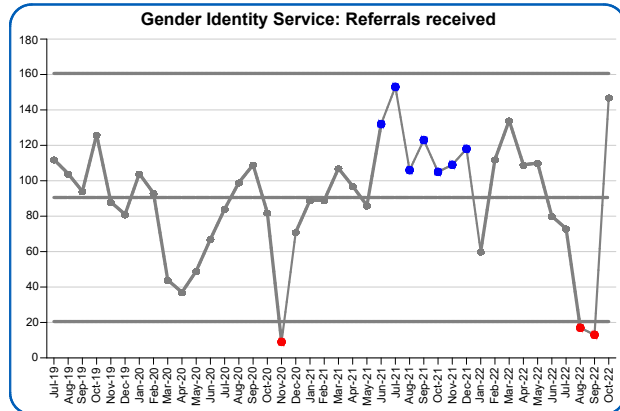


## Services: Access & Responsiveness: Our Response in a crisis

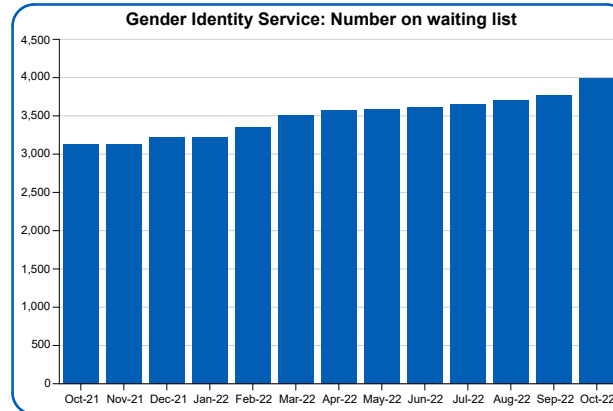
There has been a substantial improvement in the performance of the Acute Liaison Psychiatry Service in October with 86.5% of people seen within one hour of referral. Working closely with our Acute Trust colleagues in the Emergency Departments, we have prioritised those who are fit for assessment rather than deploying resources to assess those who may not be ready to be seen (for example patients who are intoxicated). Sickness absence also reduced in October which increased capacity within the team to meet demand.

Following changes in the Crisis Resolution and Intensive Support Service (CRISS), performance against the crisis assessment within 4-hours KPI continues to increase (to 57.3%) in line with the trajectory set for this indicator in 22/23. We are anticipating staffing challenges in December across the service line which may have an impact on the planned trajectory. However, we are aiming to mitigate this through contingency planning and workforce review.

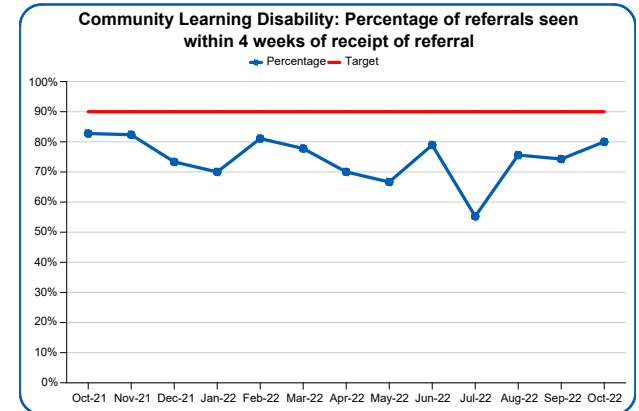
Within CRISS, achievement of the frequency of contact KPI reduced in October (to 41.8%). Some of the factors identified that are affecting this are increased referrals from Out of Area Placements (OAP) and inpatient services, with periods of shared care impacting on contacts. Staff sickness has also been an issue with some staff isolating due to COVID, increasing our video conferencing offer rather than face to face contact. We are continuing to review the data weekly to understand fluctuations in contact figures and factors having an impact. We are also currently in the middle of a Multi-Disciplinary Team pilot within the South locality with the aim of looking at efficiencies and pathway blockages.



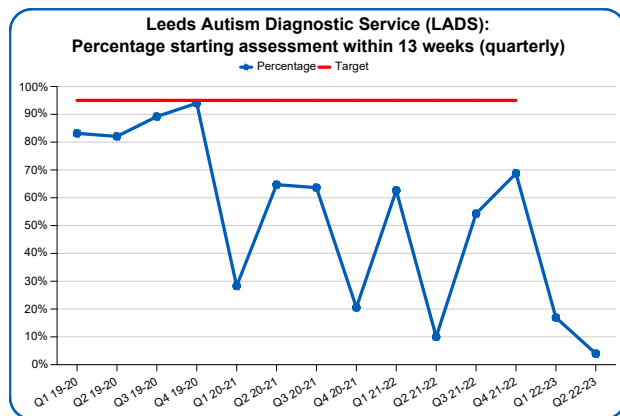
Total referrals: October **147**



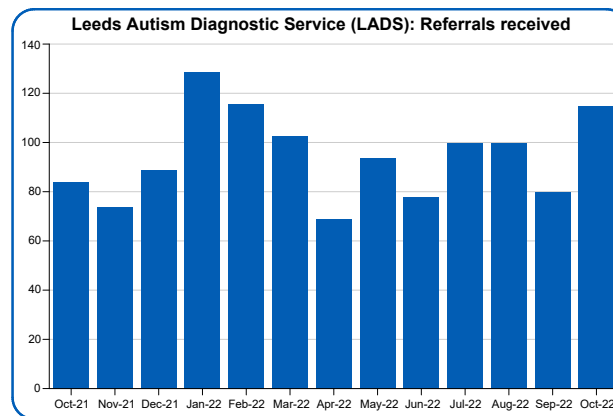
Number on waiting list: October **4,001**



Contractual Target 90%: October **80.0%**



Contractual Target : Q2 **4.0%**

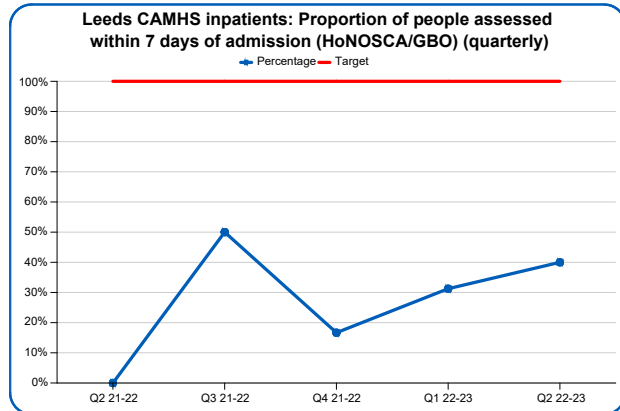


Local measure: October **115**

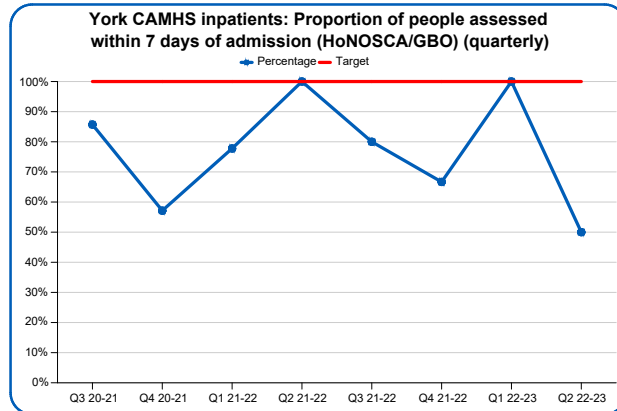
SPC Chart Key

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

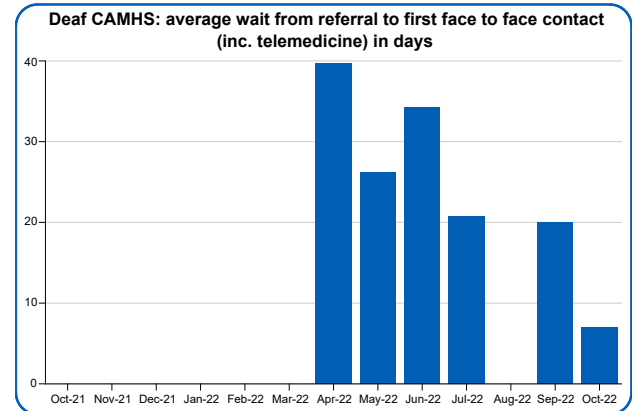
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services (continued)



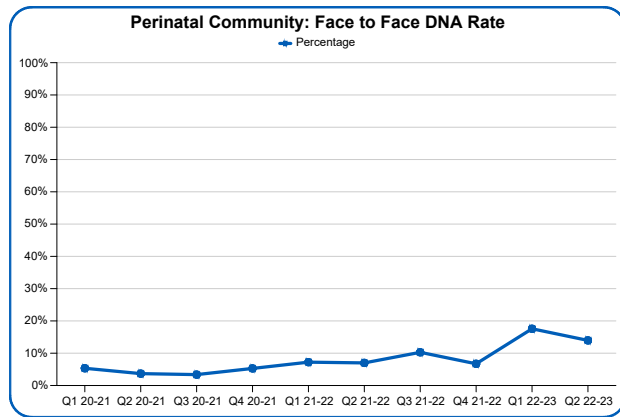
Contractual Target 100%: Q2 **40.0%**



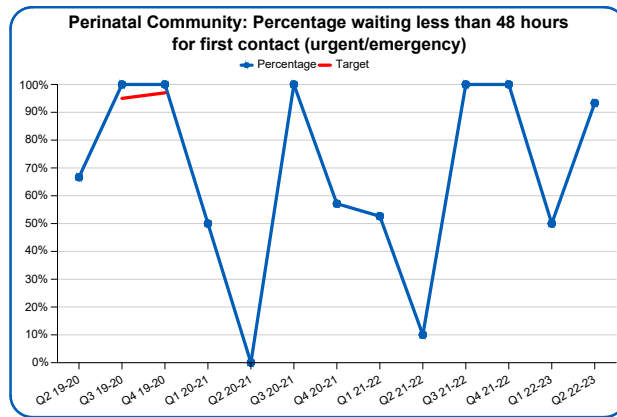
Contractual Target 100%: Q2 **50.0%**



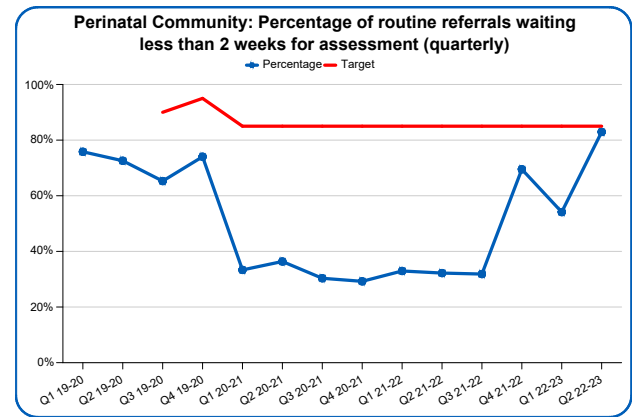
Local measure: October **7**



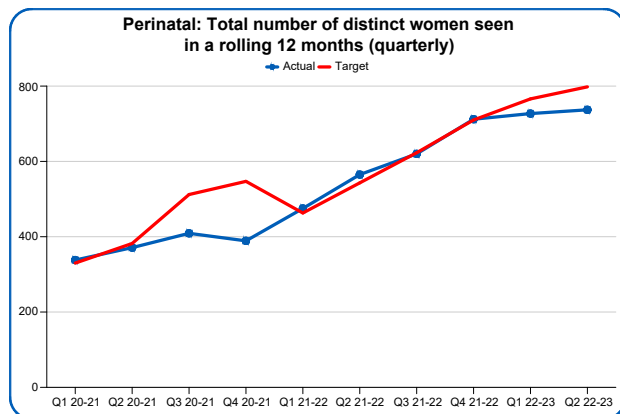
Contractual measure: Q2 **14.0%**



Contractual Target tba: Q2 **93.3%**



Contractual Target 85%: Q2 **82.9%**



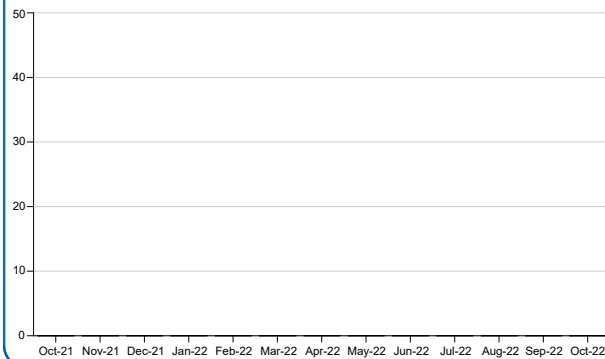
Local measure 798: Q2 **737**

## Services: Our Regional and Specialist Services

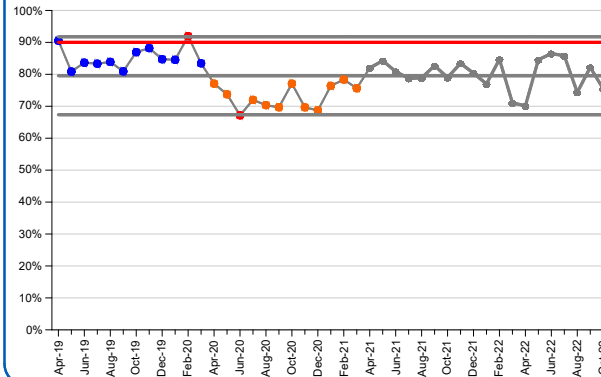
The percentage of assessments completed within 4 weeks of referral to a Community Learning Disability Team has increased slightly (to 80.0%) and remains broadly in line with previous reporting periods. The service continues to address recording issues previously identified, and are challenged by delays imposed by the stage of the referral process where eligibility for the service must be established. This month the non-compliance equates to just 4 cases with reasons including delays in gathering information regarding diagnosis of Learning Disability from the referrer and other sources. Referrals accepted were also affected by Psychiatry appointment availability and capacity. Ongoing challenges with fully meeting this target (and its relevance) have led to contractual discussions with the ICB, the Contracts Team and Informatics about developing more meaningful, outcome focussed KPIs for our service specification.

## Services: Our acute patient journey

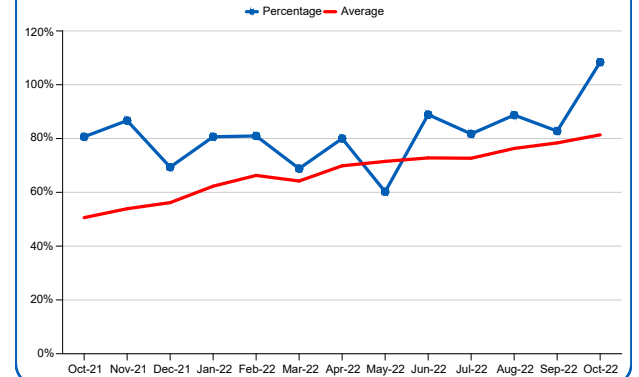
Number of admissions to adult facilities of patients who are under 16 years old



Liaison In Reach: attempted assessment within 24 hours



Bed Occupancy: Crisis Assessment Unit (CAU)

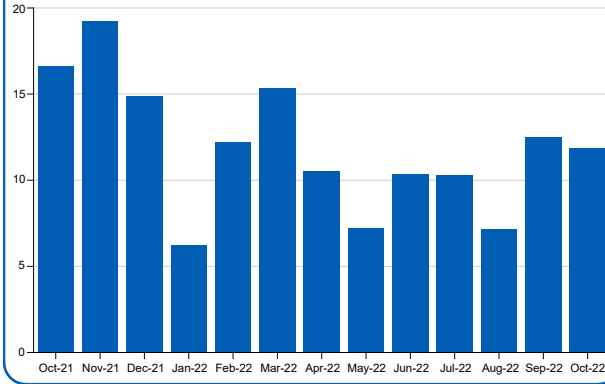


National (NOF) No target : October 0

Contractual Target 90%: October 75.5%

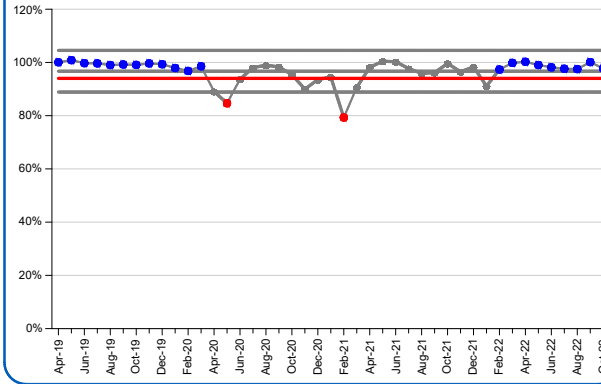
Local measure: October 108.4%

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



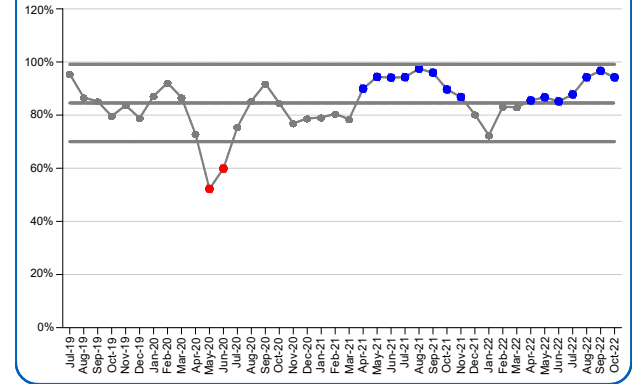
Local measure: October 12 days

Bed Occupancy: Adult Acute Inpatients



Contractual Target 94%: October 97.7%

Bed Occupancy: Older Peoples Inpatients

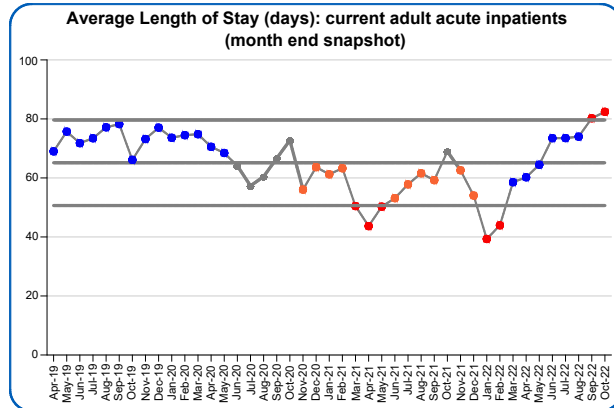


Local measure and target : October 94.2%

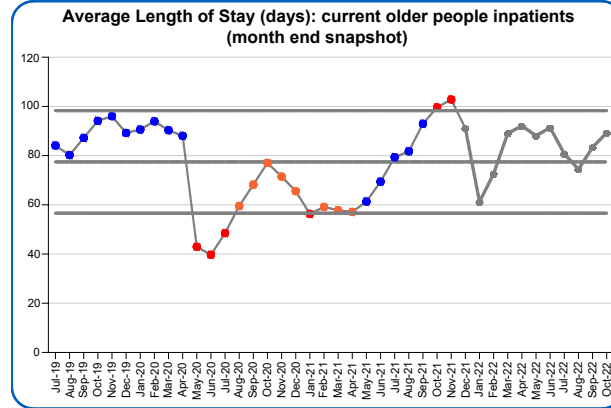
### SPC Chart Key

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

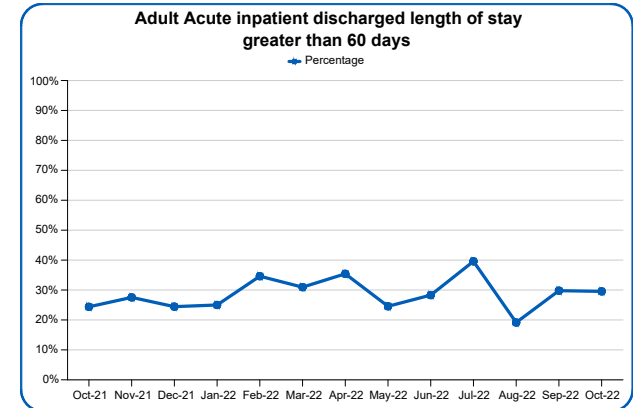
Services: Our acute patient journey (continued)



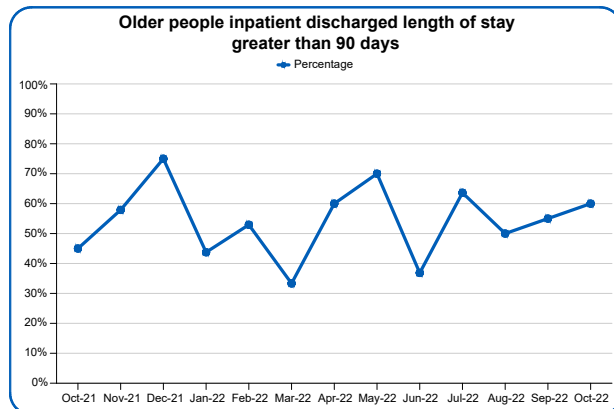
Local tracking measure: October **82 days**



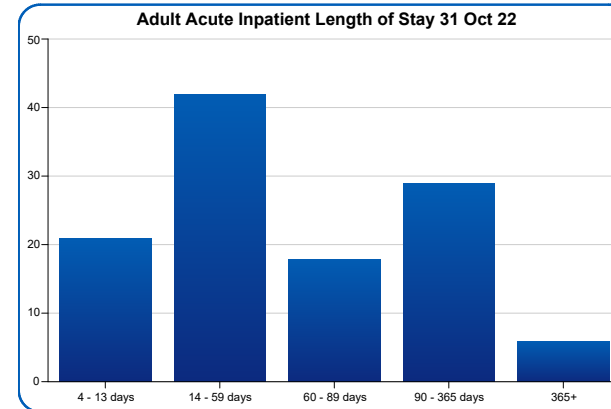
Local tracking measure: October **89 days**



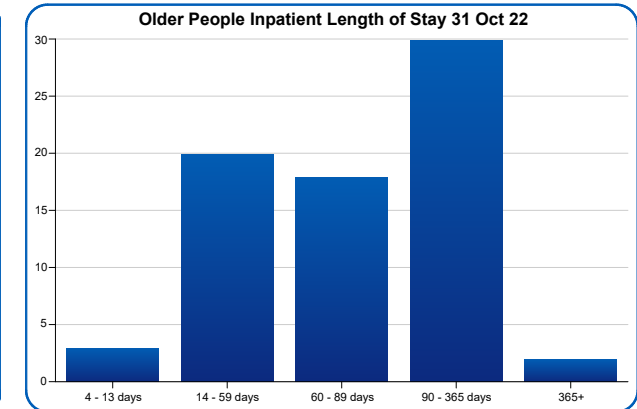
National (LTP): October **29.5%**



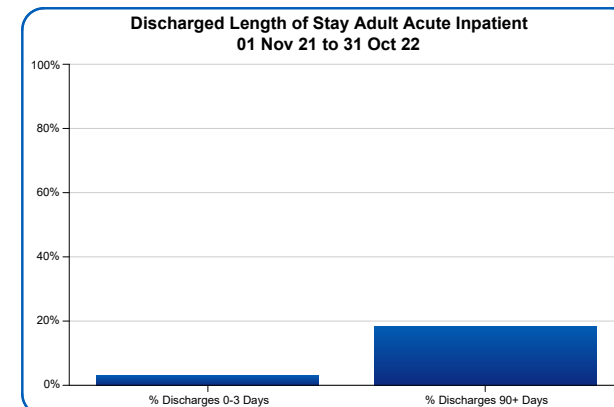
National (LTP): October **60.0%**



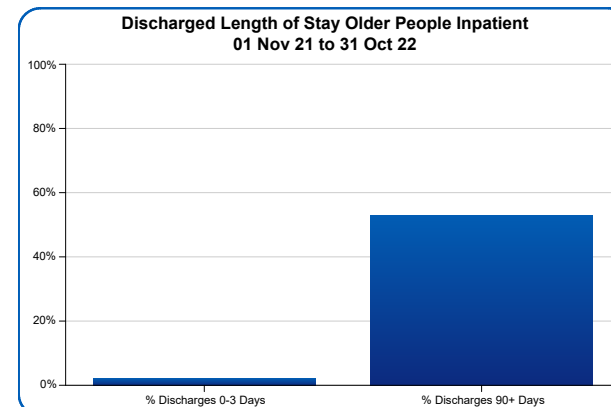
Local activity: **35** people with LOS 90+ days



Local activity: **32** people with LOS 90+ days



Local activity: **% discharged LOS 90+ days = 18.6%**

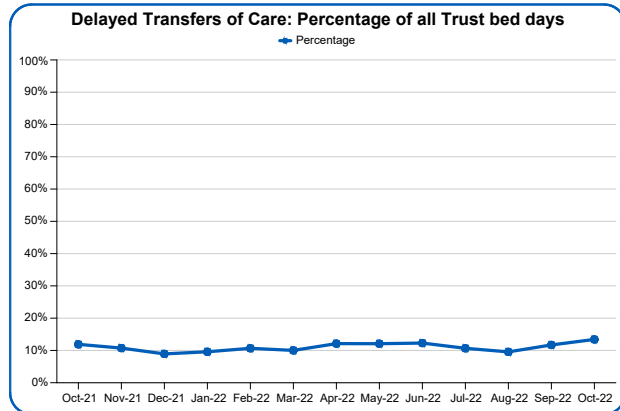


Local activity: **% discharged LOS 90+ days = 53.3%**

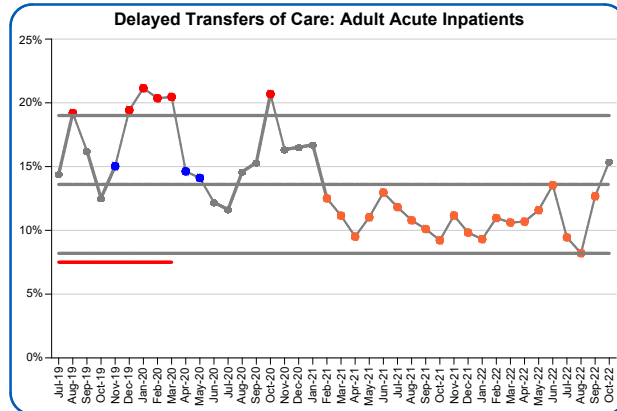
SPC Chart Key



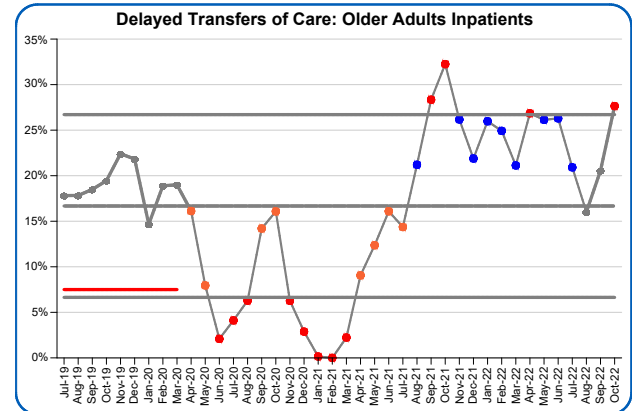
Services: Our acute patient journey (continued)



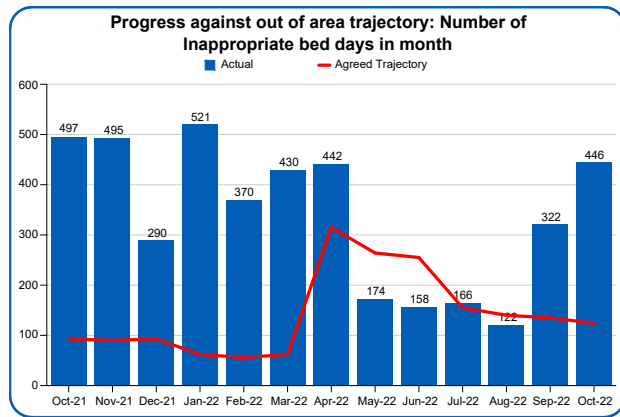
Local tracking measure: October 13.4%



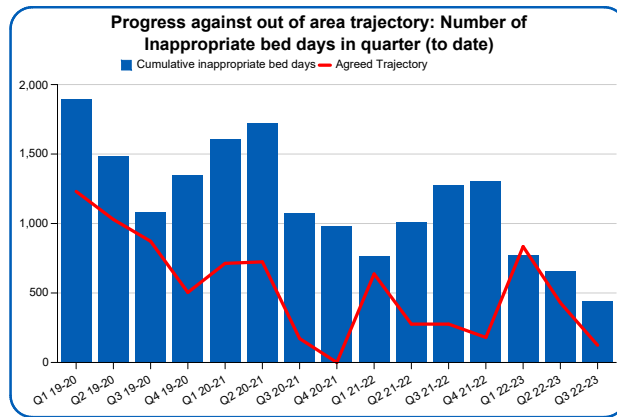
Local tracking measure: October 15.4%



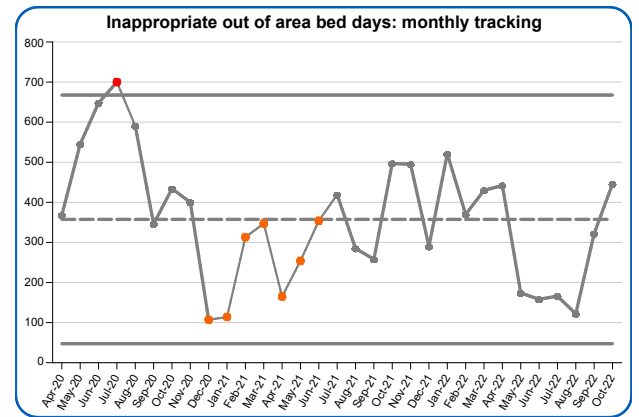
Local tracking measure: October 27.6%



Nationally agreed trajectory (124): October 446 bed days



Nationally agreed trajectory (Q3: 124): Q3 446 bed days

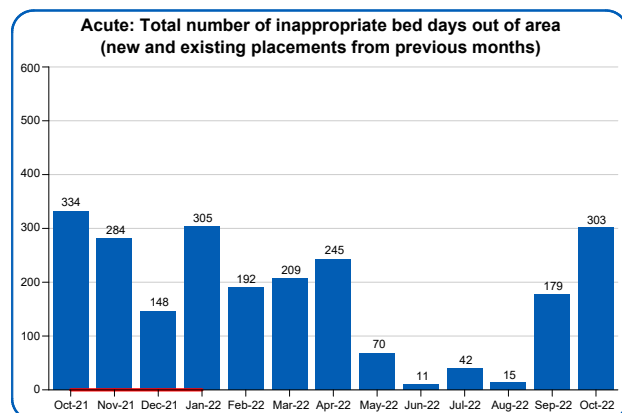


Local tracking measure: October 446 bed days

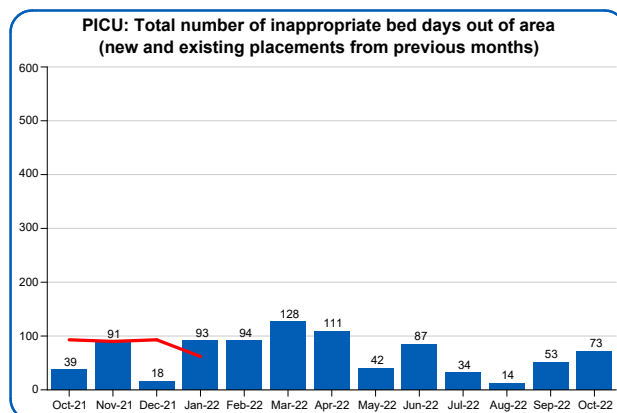
SPC Chart Key

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

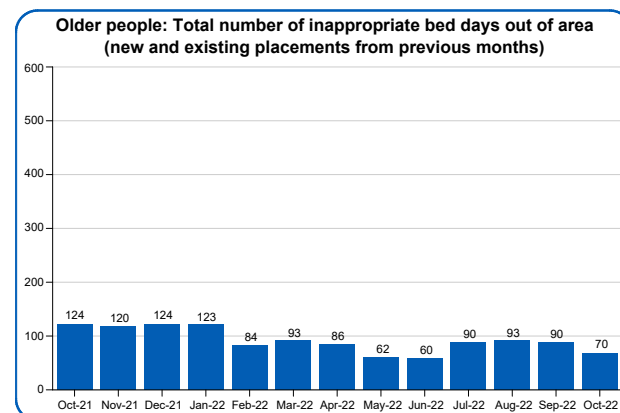
## Services: Our acute patient journey (continued)



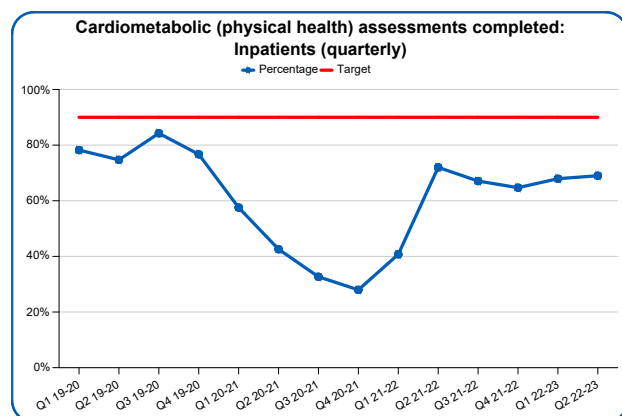
Nationally agreed trajectory (): October **303 days**



Nationally agreed trajectory (): October **73 days**



Local measure : October **70 days**



Contractual target 90%: Q2 **69.0%**



## Services: Our acute patient journey

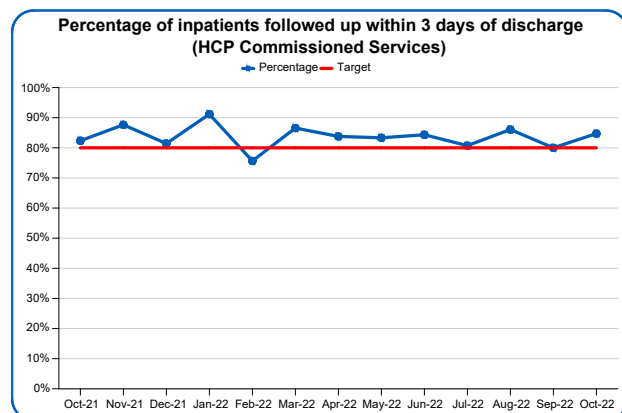
Within the Liaison In-reach service, achievement of the 24-hour assessment standard is below the 90% target but remains within normal variation at 75.2% for October. The KPI continues to be affected by the demand for an inreach service for people detained under the Mental Health Act on general wards run by LTHT which reduces responsiveness for new referrals. The older age liaison team have 3.0 WTE band 6 nurse vacancies and in addition to some maternity leave and long-term sickness, the team are challenged with reduced capacity. Recruitment is underway and we aim to have some new staff in post by the end of the year.

Bed occupancy within the Adult Acute inpatient service in October has decreased slightly to 97.7%, falling within 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.

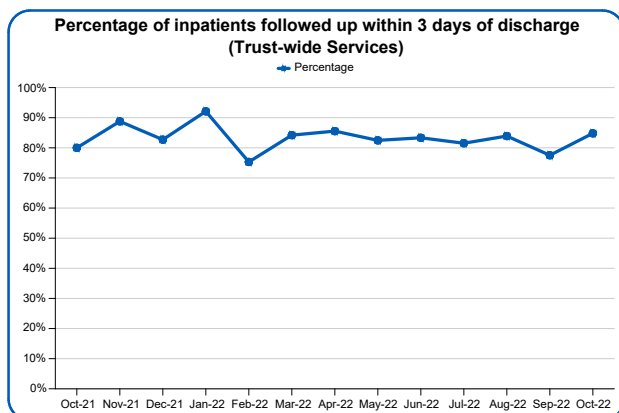
Bed days for out of area placements have exceed the trajectory in October, which reflects the situation in clinical services, particularly working age where the demand for out of area placements is high. Ongoing issues with increased acuity and observations in conjunction with staffing challenges as well as delayed transfers of care are highlighted by the level of need for beds with other providers.

The percentage of inpatient bed days where the service user's transfer of care or discharge has increased in October to 13.4%. Within the Adult Acute service the reasons for these delays range from the need for low secure beds and beds in other care settings to access to specialist placements. In Older Adult services, which carries the majority of the Trust's delays, these are related to sourcing residential or nursing placements, securing packages of care in the community as well as patient or family choice.

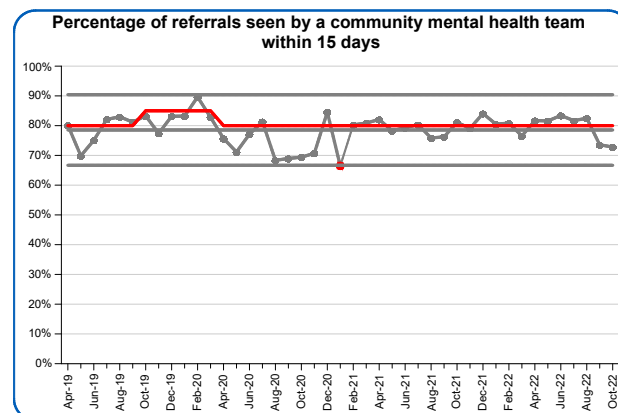
## Services: Our community care



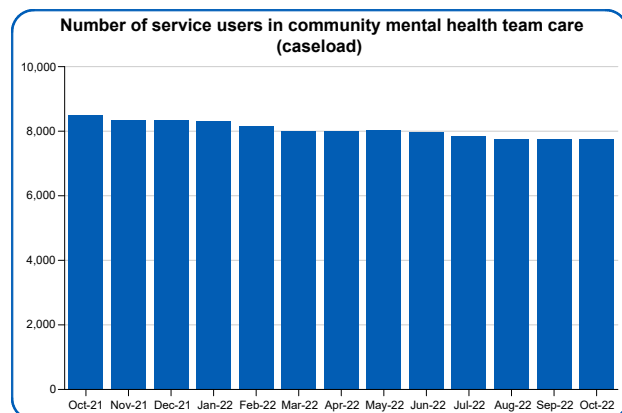
Contractual target 80%: October **84.7%**



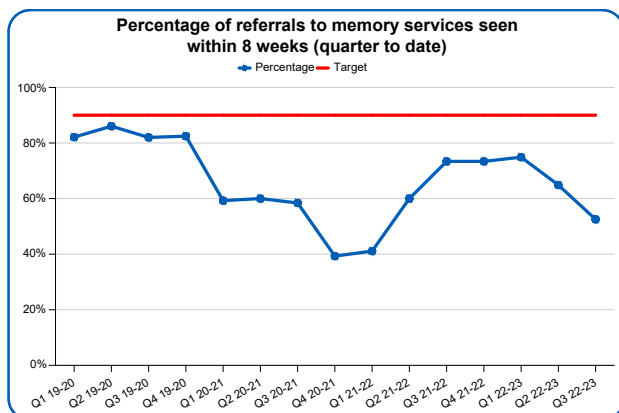
Local Tracking Measure 80%: October **84.8%**



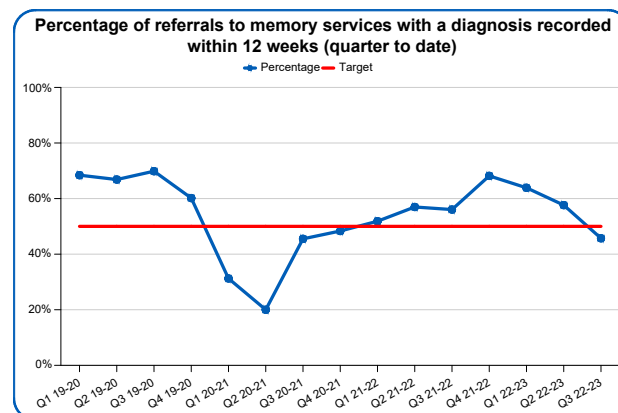
Contractual target 80%: October **72.8%**



Local measure : October **3,881**



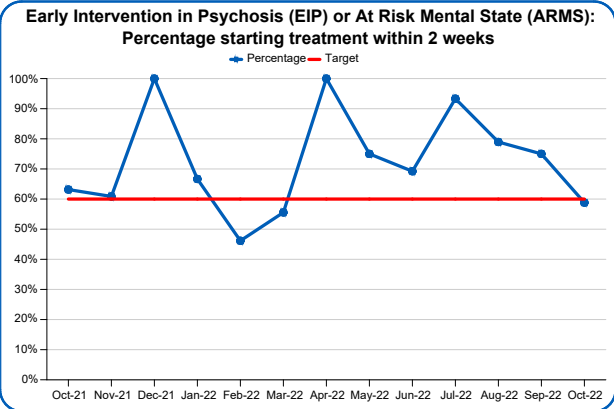
Contractual target 90%: Q3 22-23 **52.5%**



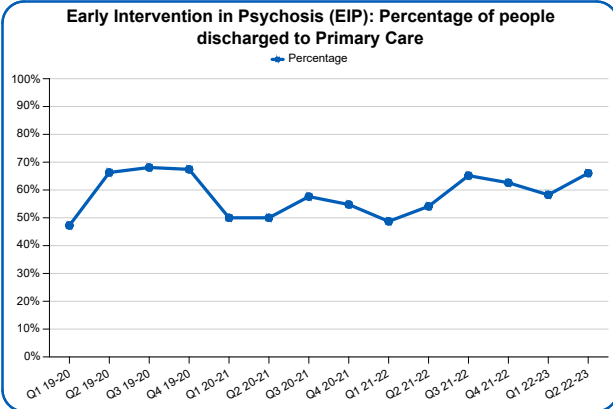
Contractual target 50%: Q3 22-23 **45.7%**

### SPC Chart Key

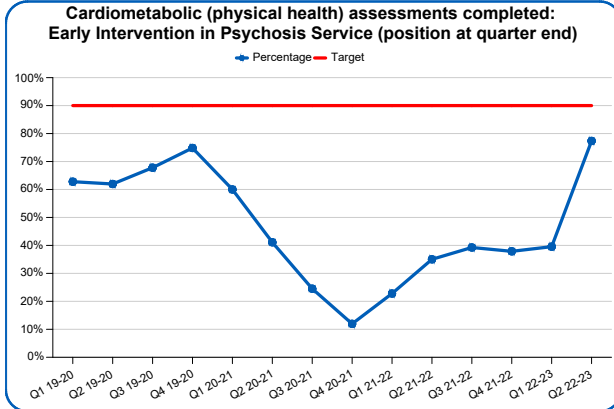
- - - Average  
 - - - Lower process limit  
 - - - Target  
 - - - Upper process limit  
 - - - Actual



Contractual target 60%: October **58.8%**



Contractual target tbc: Q2 **66.0%**



Contractual target 90%: Q2 **77.4%**

## Services: Our community care

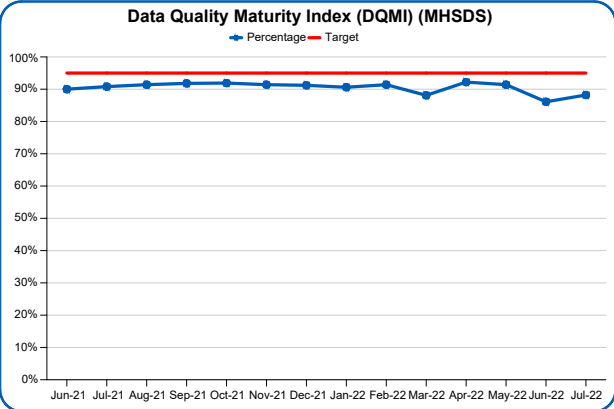
The Trust has achieved the 80% target for follow-up within 3 days, achieving 84.7% for HCP commissioned services and 84.8% Trust wide. We continue to routinely follow up all breaches of the standard during the month.

Unfortunately, due to the sustained pressure within CMHTs, a further, albeit slight decline, can be seen in the percentage of referrals seen for assessment within 15 days, with 72.2% of people seen within the time-frame. Within the working age adult teams, staff have been redeployed into the CMHTs, and some newly qualified staff started in post. However, the training of the new staff highlighted some recording issues affecting this indicator. In addition, there has not been a full CTM compliment and there has been long-term sickness within the service. Staffing shortages have affected the duty desk and triage functions, and with staff availability generally resulting in the need to reduce assessment appointments, the processing of new referrals has been difficult to cover. The service has now centralised the duty, triage and assessment function which will have a dedicated team manager to monitor activity and performance and streamline the clinical and administrative processes. This will improve oversight more broadly but also performance against this KPI.

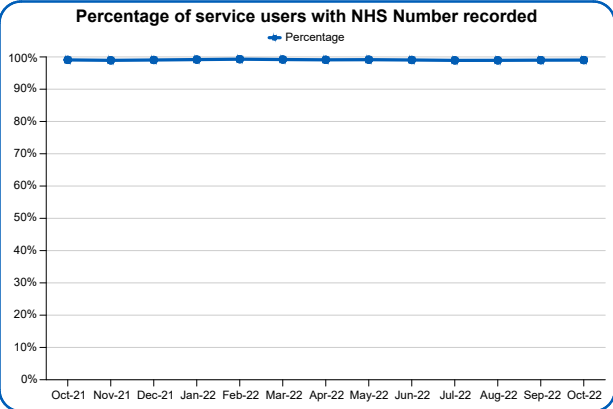
In relation to the assessment within 15 days KPI above, within older adult teams, we continue to see some variation across localities, largely due to system and process issues. Attempts to resolve this have been difficult to sustain and require an ongoing focus. Regular oversight and monitoring of this target is essential which is a particular challenge for the older adult CMHTs given two of the team managers in post are unavailable currently (one due to maternity leave and the second due to sickness absence with notice submitted). We have been supported to recruit to both posts on a substantive basis and are therefore more hopeful of attracting the right candidates with interviews scheduled for the 28th of November. The CMHTs are understaffed with Band 5 Registered Nurses but have tried to compensate for this by being over staffed at the Band 6 level. With support from the Workforce Team, the service are continuing to focus on recruitment and retention in order to try to improve this situation. Our newly appointed Practice Development Nurse is now in post and will have a focus on CMHT caseload management and triage processes which is a welcome additional resource.

Throughout 22/23, the Early Intervention in Psychosis Service has sustained performance over and above the 60% target for people to be seen within 2-weeks. Performance has taken a dip this month to 58.8%, which is the only time this year performance has fallen below target. A combination of factors has led to the Referral to Treatment (RTT) not being achieved in October. Service user engagement challenges (including individuals in transient housing situations and mistrust in services) was a factor, along with complexity with service users already on caseload (there has been a reported increase in referrals for inpatient admissions). These factors alongside reduced assessment capacity as a result of sickness (both covid and flu) and a number of new starters coming into post during October half-term requiring additional support have made an impact. At the time of writing, performance against the target, month-to-date, is 100%.

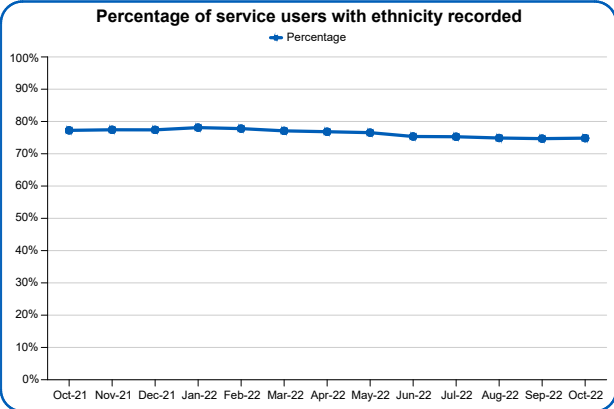
Within our Memory Assessment Service (MAS), several issues continue to impact the service's ability to sustain and improve levels of performance. Of note this month, is the further decrease in the number of people being seen for assessment within 8 weeks of referral (51.9% quarter-to-date). An unusual dip in performance against the diagnosis within 12 weeks KPI can also be seen (44.8% quarter-to-date), which is the first time the service has been below target in just over 18 months. In relation to both KPIs above, we continue to see some variation across localities, largely due to system and process issues. Attempts to resolve this have been difficult to sustain and require an ongoing focus. Changes to the pathway introduced 12 months ago to try and alleviate some pressure have been evaluated with some support from the Continuous Improvement team. Learning from this will be incorporated in future development of the pathway. Analysis of the pathway demonstrates sufficient capacity, but an increased amount of nursing time spent on post diagnostic support, as opposed to assessment activity which requires further consideration then action. We are hoping to focus some of our new Practice Development Nurse time into the pathway to help to understand this further. The service are carrying some staffing vacancies and unavailability which has a more pronounced impact given the relatively small sized teams. Some temporary actions have been identified to support this.



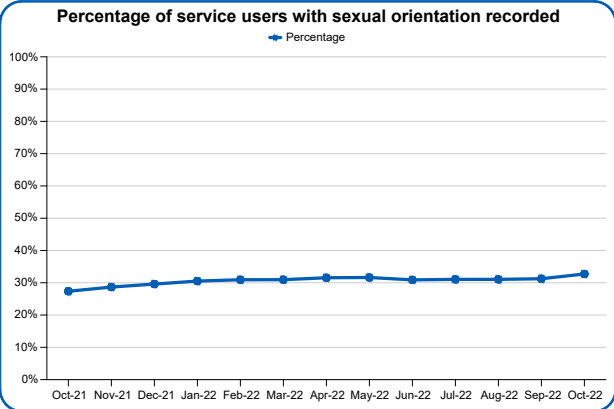
CQUIN / NHSOF Target 95%: July **88.2%**



Local measure: October **99.0%**



Local measure: October **74.8%**



Local measure: October **32.7%**

## 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 October 99.0% of care records had an NHS number recorded (no change), 74.8% ethnicity (slight decrease) and 32.7% sexual orientation (slight increase).

**AGENDA  
ITEM**

**14**

**MEETING OF THE  
BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	CHIEF FINANCIAL OFFICER REPORT - MONTH 7
<b>DATE OF MEETING:</b>	24 November 2022
<b>PRESENTED BY:</b>	Dawn Hanwell, Chief Financial Officer, and Deputy Chief Executive
<b>PREPARED BY:</b>	David Brewin, Assistant Director of Finance

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

**EXECUTIVE SUMMARY**

This report provides an update of in year finance related issues and future financial outlook.

The Trust is achieving both capital and revenue plans as at month 7.

We are working through our revenue and capital forecasts for the year. It is perhaps even more important than in previous years that these are robust and as accurate as possible because of the system wide implications and the need for aggregate delivery of financial targets. We will be taking into account the requirements of our winter planning specifically in our revenue position.

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 £122.9m, and liquidity is strong with cover for 135 days operating expenses.

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

**RECOMMENDATION**

The Board of Directors is asked to:

- Note achievement of the revenue plan position as at month 7.
- Note the capital expenditure position of £1.43m.
- Note the protocol for changes to in year forecasts.

## MEETING OF THE BOARD OF DIRECTORS

24 NOVEMBER 2022

### CHIEF FINANCIAL OFFICER REPORT

#### 1 Introduction

This report provides an update of in year finance related issues and future financial outlook.

#### 2 Financial Performance 2022/23

##### 2.1 Year to date Internal Budget Performance 2022/23

At month 7 the Trust reported an actual income and expenditure (I&E) surplus of £3,447k against a £586k surplus budget position as detailed in table 1 below.

**Table 1**

Income & Expenditure Budget Position	Annual Budget £'000	Month 7		
		Budget YTD £'000	Actual YTD £'000	YTD Variance £'000
<b>Income:</b>				
Patient Care Income	200,692	117,038	117,745	707
Non Operating Income	23,918	13,966	16,399	2,434
<b>Total Income</b>	<b>224,610</b>	<b>131,003</b>	<b>134,144</b>	<b>3,141</b>
<b>Expenditure</b>				
Pay Expenditure	163,178	95,130	91,555	(3,575)
Non Pay Expenditure	60,430	35,288	39,142	3,855
<b>Total Expenditure</b>	<b>223,608</b>	<b>130,417</b>	<b>130,697</b>	<b>280</b>
<b>Surplus/ Deficit</b>	<b>1,002</b>	<b>586</b>	<b>3,447</b>	<b>2,861</b>

The key variances against budgeted plans at month 7:

#### Patient Care income

Higher than plan due to Provider Collaborative (Children and Young People and Eating Disorders) activity from outside West Yorkshire and additional Supported Living observation variable cost income from Leeds Council. These increases are offset by deferred income linked to slippage on Complex Rehabilitation developments.



### **Other Operating Income**

Higher than plan, mainly from additional finance income (interest receivable) due to rising interest rates, and non-recurrent gains from commercial activities. These fortuitous income streams are more than offsetting CPC Drive which is underperforming due to supply chain delays resulting in fewer new car registrations. As previously reported demand for CPC Drive cars remains strong, and this position is expected to improve.

### **Pay Expenditure**

Lower than plan due to substantive staff vacancies (partially offset by temporary staffing costs) and recruitment slippage linked to new developments. Medical agency usage is a significant cost pressure and clinical support worker bank usage is offsetting in part the number of qualified nursing vacancies.

### **Non- Pay Expenditure**

Higher than plan mainly because of the high number of complex rehabilitation out of area placements, and budget efficiencies not identified.

## **2.2 Capital Expenditure**

Cumulative year to date capital expenditure is reported as £1.43m compared to the planned position of £3.7m.

The Trusts operational capital plan (ICS envelope) for 2022-23 is £7m, with our current range forecast being £6m - £7m. This is primarily due to a recalibration of the strategic estates plan, resulting in a reduced scope for schemes at the Mount wards (£220k), Clifton House (£124k) and Aire Court (£65k). In addition, the St Marys House (North Wing) and Roseville Road schemes have been deferred (£200k).

The capital plan for 2022-23 also included £1.8m of investment, funded through PDC, to support our Electronic Document Management system (£0.6m) and the Complex Care facility at Parkside Lodge (£1.2m). A delay in the approval of the Complex Care Facility Business Case means that this may slip to 2023-24. To avoid any delays pending approval of the business case we have proceeded with planning this work with our PFI partners and incurring cost at risk. (£155k YTD). The Trust has also successfully bid in year for PDC to support Mental Health Urgent and Emergency Care (£2.5m with an additional £1.6m for works at the acute Trust). These are multi-year allocations, and the full details and phasing are currently being finalised.

As previously noted, there continues to be an element of delivery risk for our overall programme due to supply chain/contractor availability, but this should be manageable. Our plan is part of the overall West Yorkshire ICS capital resource limit. As at month 7 the ICS position was £36.2m below plan. Organisations are working closely together to ensure the overall control total limit is delivered for the year as capital is very limited and any underspend cannot be carried forward. To achieve this we may need to agree some "offsetting," which would allow some organisations to overachieve plans if others forecast underspends. In so doing we would not transfer cash between organisations. A

review across the ICS is ongoing to assess the deliverability risks in aggregate and potentially agree some changes to individual forecasts.

### **3 Single Oversight Framework**

The NHS Oversight Framework metrics applicable to provider Trusts include:

#### **3.1 Financial efficiency - variance from efficiency plan:**

As at month 7 the Trust reported achievement of the financial efficiency challenge, however this position reflects non recurrent measures to mitigate the level of unidentified recurrent challenge.

We are in the process of reinstating our pre pandemic approach to addressing the efficiency challenge and considering additional measures to increase productivity in the context of 'reset,' supported by our Business Intelligence colleagues. The output from Strategic Planning Days will form the basis for identifying our recurrent efficiency programme.

#### **3.2 Financial stability - variance from break-even**

As at month 7 the Trust achieved this metric, reporting a £3.447m income and expenditure surplus.

It is worth noting that on 7th November 2022 NHSE introduced a new protocol for changes to in year forecasts positions. NHS providers therefore no longer have autonomy to change their forecast income and expenditure position in year. The protocol details the process to be followed and consequences for any organisation contemplating a deterioration in their forecast.

#### **3.3 Agency spending (monitored at system level but target applied to each provider)**

The Trusts annual agency spending limit for 2022/23 is £8.3m, based on a 10% reduction to prior year spending levels. As at month 7 the Trust exceeded the agency spending limit, spending £6.25m compared to the year to date agency spending limit of £4.84m. Medical agency continues to represent a significant proportion of the overall agency spend, accounting for 54% (£3.4m) of the total spend.

Our continued reliance on agency and locum cover indicates a forecast spend of c£10m (c20% higher than the agency spending limit) in 2022/23. At this point the implications of exceeding the agency spending limit remain unclear and would need to be considered as part of the overall West Yorkshire system agency expenditure limit. Six other providers in the WY system are forecasting to exceed the agency spending limit.

In addition to the national controls to reduce agency spend, we are working with other trusts to engage NOE CPC to undertake procurement activities to further reduce agency costs. As part of the workforce planning process a significant amount of work is ongoing to address the current (and future forecast) level of vacancies which are causing the increasing agency spending. Several

initiatives are being implemented this year to help mitigate the financial and service risk of maintaining vacancies.

#### **4 West Yorkshire ICS I&E Position 2022/23**

West Yorkshire ICS latest reported (month 6) I&E position is a £20.2m deficit, against a planned deficit of £28.3m, resulting in a favourable variance of £8.1m, this compares to a favourable variance of £10.5m at month 5. However overall, the aggregate forecast at month 6 was c£15m off plan. The Leeds place is significant contributor to this position, mainly because Leeds has a required surplus plan as a place. No organisation in Leeds is forecasting a deficit but we are below plan. We are working closely together as a place on our forecasts for Month 9 as part of a full system review.

#### **5 2023/24 financial position and the future financial outlook**

##### **5.1 Planning Assumptions 2023/24**

Prior to the Autumn statement (delivered on the 17<sup>th</sup> November 2022) Julian Kelly NHS Chief Financial Officer gave an early indication that the NHS will be asked to plan for significant efficiency requirements of 2.9% and 2.2% in each of the next two years. These annual efficiency requirements, agreed as part of the spending review, are higher than the NHS has historically delivered (c1%/year). This would represent a potential **c£6m** (2.9%) efficiency challenge for the Trust in 2023/24.

The impact of higher inflation this year and the potential recurrent effect of this year's pay settlement could add substantial cost pressures in 2023/24, alongside the unidentified efficiency gap in current year.

##### **5.2 Autumn Statement**

The Autumn statement (delivered on the 17<sup>th</sup> November 2022) noted that the NHS is under significant pressure, including from the ongoing recovery from the impact of the pandemic, and that the NHS's performance is closely tied to that of the adult social care system. The Autumn Statement said up to £8 billion of funding will be made available for the NHS and adult social care in England in 2024-25. This included:

- £3.3 billion to respond to the significant pressures facing the NHS, enabling rapid action to improve emergency, elective and primary care performance, and introducing reforms to support the workforce and improve performance across the health system over the longer term.
- £4.7 billion to put the adult social care system in England on a stronger financial footing and improve the quality of and access to care for many of the most vulnerable in our society. This includes £1 billion to directly support discharges from hospital into the community, to support the NHS.

With reference to capital the government also confirmed the current commitments to the New Hospital Programme will continue, and the capital budgets would be maintained as per the spending review to 24/25. These budgets however are under significant pressure and whilst maintained in

cash terms, there is real inflationary pressure on schemes. The next 8 new hospitals are yet to be announced.

The Autumn statement identified further measures to support greater local decision making and freedom for healthcare professionals to do their job. This will include commissioning an independent review by Patricia Hewitt into how best the new Integrated Care Boards can work with appropriate autonomy and accountability.

To help identify further savings in departmental budgets, the government is launching an Efficiency and Savings Review. The Review will target increased efficiency, reprioritise spending away from lower-value programmes, and review the effectiveness of public bodies. Savings will be reinvested in public services, and the government will report on progress in the spring.

## **6 Conclusion**

The Trust is achieving both capital and revenue plans as at month 7.

We are working through our revenue and capital forecasts for the year. It is perhaps even more important than in previous years that these are robust and as accurate as possible because of the system wide implications and the need for aggregate delivery of financial targets. We will be taking into account the requirements of our winter planning specifically in our revenue position.

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 £122.9m, and liquidity is strong with cover for 135 days operating expenses.

## **7 Recommendation**

The Board of Directors is asked to:

- Note achievement of the revenue plan position as at month 7.
- Note the capital expenditure position of £1.43m.
- Note the protocol for changes to in year forecasts.

**Dawn Hanwell**  
**Chief Financial Officer & Deputy Chief Executive**  
**18 November 2022**

**AGENDA  
ITEM**

**15**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Director of Nursing, Quality and Professions report
<b>DATE OF MEETING:</b>	24 November 2022
<b>PRESENTED BY:</b> (name and title)	Cathy Woffendin, Director of Nursing, Professions and Quality / Director for Infection Control and Prevention
<b>PREPARED BY:</b> (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

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

<b>EXECUTIVE SUMMARY</b>		
<p>The 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?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

<b>RECOMMENDATION</b>
Board members are asked to note the contents of this report and continue to be assured of the breadth of work, progress and oversight across this Directorate and its portfolios.

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**Meeting of the Trust Board**

**24 November 2022**

**Director of Nursing, Quality and Professions Quarterly Report**

**1. Panorama update**

In response to the recent media coverage following the Panorama and Dispatches programme the Deputy Director of Nursing, Nursing Professions, Professional Practice Lead- Reducing Restrictive Practice and Head of Mental Health Legislation have supported a series of dedicated forums to discuss and reflect with colleagues the issues highlighted in the programmes. In turn a series of recommendations have been identified and actions we can take to reduce the likelihood of this occurring within LYPFT.

The identified recommendations are currently being developed through the associated forums which will result in a series of workstreams to progress. The overarching action plan once completed will be shared at Trust Wide Clinical Governance and be held within the Positive and Safe Forum.

The CQC's guidance on identifying and responding to a closed culture has been reviewed to support this work. A closed culture is a poor culture in a health or care service that increases the risk of harm. This includes abuse and human rights breaches. The development of closed cultures can be deliberate or unintentional.

It has been recommended that a framework be adopted based on the key principles of the guidance which will highlight clinical areas at risk of being/becoming a closed culture. This will be carried out through a series of tabletop exercises which will in turn inform the evidence to prioritise the schedule of Peer and Quality Reviews and a more extensive examination into any clinical service highlighted at risk.

The Director of Nursing, Quality and Professions is also part of a planned national task and finish group with NHSe CNO team and wider NHS partners, as part of this work all partners were invited to take part in a questionnaire.

## 2. Infection Prevention and Control

### Flu vaccinations campaign

#### Flu and COVID vaccination readiness 2022/23



Leeds and York Partnership  
NHS Foundation Trust

#### Autumn/winter staff and service user campaign w/c 07.11.22

Vaccine availability		Status	
Pfizer original/omicron bivalent (covid) multidose vaccine For all staff and service users	Ongoing supply and replenishment process established		
Seqirus quadrivalent cell based (flu) single dose Fluad Tetra® aTIV ≥65 yrs, Flucelvax Tetra® eligible 16-64 yrs.	Supply of vaccines available from pharmacy		
Supemtek quadrivalent cell based (flu) single dose Suitable for all staff	Total of 2,500 vaccines received in Trust		
Delivery workforce		Status	
Physical Health and Infection Prevention team supported by Leeds vaccination team		Staff covid vaccination supported by LYPFT & Leeds covid vaccination team with IPC support as in place. Patient covid vaccination delivered by LYPFT covid vaccination team. Staff flu vaccine delivered by peer vaccinators and IPC team with flexible support from nurse bank where available. Patient flu vaccine delivered by covid vaccination & IPC team staff.	
Staff delivery		Status	
All staff eligible for covid and flu vaccine		Vaccination track booking system in place incorporates consent and appointment slots for both vaccines. Mixed model of clinics and roving vaccinators across Leeds and York sites. Peer vaccinators in place in clinical teams. Regional teams access via national booking service/pharmacy.	
SU delivery		Status	
Covid: All inpatients and some community SUs (AOT, clozapine recipients, vulnerable SUs with LD) offered autumn booster. Evergreen offer continues.		Timetable in place for covid vaccination all inpatient areas and scheduled times for home visits, clinics etc.	
Flu: Inpatients meeting JCVI criteria (people in clinical risk groups, pregnant women and those aged 50 (before 31.3.23) years and over).		Covid vaccination and IPC team supporting inpatient flu vaccination to expedite coverage. Relies on medical colleagues in clinical teams prescribing vaccine in a timely way. Pharmacy staff promoting this.	
Compliance		Status covid	Status staff flu
Staff flu CQUIN payment schedule based on 90% vaccine coverage of eligible group.		36.9% frontline staff vaccinated 34% total Trust staff	41.4% frontline staff vaccinated 36% total Trust staff

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At week 5 of the Flu campaign, we have achieved 41.4% of direct patient facing staff being vaccinated. The CQUIN denominator we are working to is a total of 1989 direct patient facing staff. This time last year we had vaccinated 920 direct patient facing staff equating to 45%. The trajectory is for us to vaccinate up to 166 direct patient facing staff weekly to achieve 95% uptake by week twelve of the campaign.

### Covid Vaccination booster program

The Autumn booster campaign is underway, and we are holding staff clinics on all our main sites. 1255 staff have been vaccinated which is 34%, 962 of these staff have been vaccinated within the trust, whilst the remaining have received this from community hub sites nearer to where they live. There are a further 145 staff booked into the clinics which are due to take place in the next couple of weeks and an ongoing media campaign to encourage uptake and regular email messages to advise the IPC team if they have received vaccines elsewhere so this can be updated on the electronic reporting system.

Inpatient vaccination is taking place across all sites. 98 inpatients have received their covid booster vaccine so far and we continue to work with clinical areas to increase prescribing to allow more to be administered.

The team continues to provide an Evergreen offer for anyone who still requires a COVID-19 vaccination. Home visits are completed when deemed necessary to ensure we are offering our Learning Disability patients every opportunity to be vaccinated.

The vaccination team are now supporting inpatient units with the administration of the flu vaccines. The percentage of patients receiving this has increased and a plan is in place to ensure all JCVI category eligible patient areas are offered this by the end of November.

During the last quarter there has been a small number of outbreaks which have been well contained with strong oversight from our IPC team and monthly reports to Quality Committee. In addition to Covid cases there has been one outbreak of flu and norovirus at the time of writing this report there were no outbreaks of any kind across our sites.

### **3. Patient and Carer Experience and Involvement Team**

#### **Community Mental Health Services Survey Results**

The Community Mental Health Survey is a mandatory survey conducted every year supported by the CQC as an essential requirement. It's part of a national programme to improve quality of care and service user experience.

The survey was conducted by IQVIA – a data collection company on behalf of LYPT

The comparative data provided in this presentation is from the **49** Mental Health Trusts and Community Interest Companies with a MH function who were also surveyed by Quality Health.

#### **Key Facts:**

##### Inclusion criteria

A sample of 1224 service users was drawn at random which included people who;

- Were aged 18 and over.
- Were on the CPA and non-CPA register.
- Received one contact from community teams between 1<sup>st</sup> September and 30<sup>th</sup> November 2021.

From the 1224 postal surveys sent out, LYPT received 295 responses giving us a response rate of 24%

#### **Demographics of those who responded:**

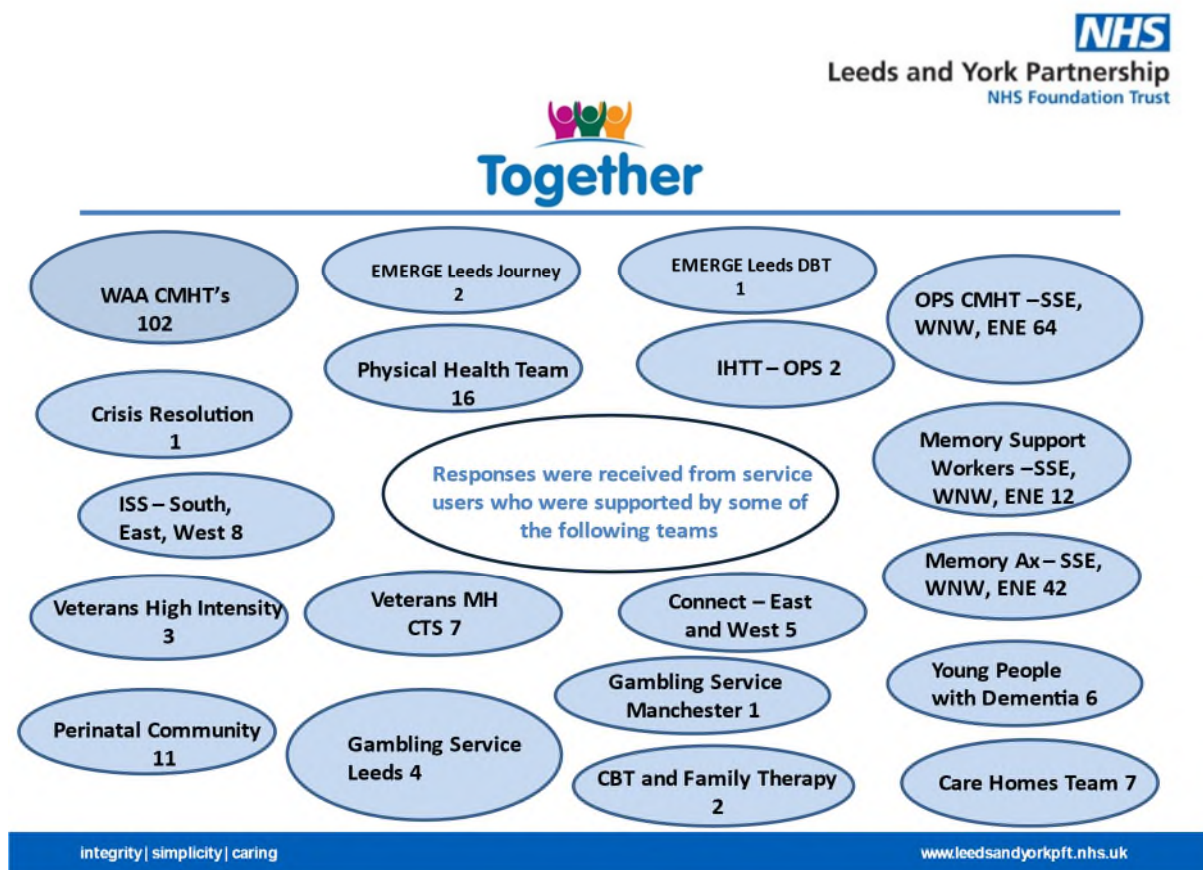
**Gender**      Male 44%      Female 56%

<b>Age Range</b>		<b>Religion</b>		<b>Ethnic Group</b>		<b>Sexual Orientation</b>	
18-35	12%	No Religion	26%	White British	88%	Heterosexual/Straight	89%
36-50	17%	Christian	65%	Multiple ethnic group	4%	Gay/Lesbian	2%



51-65	24%	Buddhist	2%	Asian or Asian British	3%	Bisexual	3%
66+	47%	Hindu	0%	Black or Black British	4%	Other	1%
		Muslim	2%	Arab or other ethnic group	0%	Prefer not to say	4%
		Jewish	1%				
		Sikh	1%				
		Other religion	1%				
		Prefer not to say	3%				

The teams that were involved in supporting the service users are:



## What we have done well:

Top 5 Questions	Score
Q13. Do you know how to contact this person if you have a concern about your care?	97.6%
Q12. How well does this person organise the care and services you need?	86.7%
Q38. Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	86.3%
Q6. Have you received your care and treatment in the way you agreed?	85.7%
Q27. In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	82.0%

## Areas where we scored above the 80% of threshold compared to the 49 other Trusts Community Interest Companies

	Lowest Scoring Trust	Lowest 20% Threshold	Highest 80% Threshold	Highest Scoring Trust	This Trust 2022		
					Number of Respondents	Score	RAG Rating
Q35. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?	25.6%	33.4%	44.9%	57.8%	77	45.8%	●
Q37. Overall...	61.3%	63.9%	69.5%	78.2%	252	70.5%	●
Q38. Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	74.4%	78.9%	85.2%	90.8%	267	86.3%	●

For our Trust there were no questions that fell below the 20% threshold.

## Areas where we can improve

Bottom 5 Questions	Score
Q39. Aside from in this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?	16.0%
Q34. In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	40.0%
Q35. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?	45.8%
Q33. In the last 12 months, did NHS mental health services support you with your physical health needs?	48.8%
Q22. How do you feel about the length of time it took you to get through to this person or team?	57.2%

An action plan will be developed to work on the areas requiring improvement which will have oversight through the clinical governance service lines with a six-monthly update report to the Patient Experience and Involvement Strategic Steering group

### External Audit:

LYPFT have achieved high assurance in the review completed by Audit Yorkshire. The objective of the audit was to test assurance on the implementation of the Patient and Carer Experience and Involvement Strategy. The overall opinion describes effective arrangements in place for delivery of the Strategy being developed through the creation of three sub-groups of the Patient Experience and Involvement Strategic Steering Group (PEISSG). Testing confirmed that the governance arrangements in place are robust; that the Strategy has been embedded across all areas of the Trust and that the Board is well sighted on the quality-of-service user and carer experiences of care, and their involvement in delivery of the strategy. No recommendations for improvement were made but the team are grateful to our valued service users and carers who continue to give up their time to get involved and support improvements.

### Patient and Carer Experience Strategic Steering Group (PEISSG):

We have recently welcomed service user Jen Tiffen, who has kindly agreed to co-chair the PEISSG meetings alongside Cathy Woffendin. Jen participated in a robust selection process as 5 service users and carers also applied to co-chair the group. We also welcomed Jackie Prescott a carer, to co-chair the Carer Subgroup alongside Linda Rose; and Tessa Francis has been appointed the co-chair of the Involvement Subgroup with Cath Hill. We are currently in the process of identifying a service user to co-chair the Experience Subgroup with Nichola Sanderson.

### Place Led Assessments of the Clinical Environment (PLACE):

In October, a group of service users and carers supported by the Patient experience team, conducted the above assessments which were led by Phil Long (Soft Estates Manager for the

Trust). This project proved a logistical challenge as the assessments were conducted across both our Leeds and York sites. Feedback from the PLACE assessments enables estate managers to understand first hand from a service user and carer perspective as to how the clinical environment works for people who access them. The estates staff welcomed the feedback provided and valued the ideas put forward as to how some of our clinical environments can be enhanced further. As a direct result of being involved in the above assessment, two service users have been asked to take part in other projects led by the estates staff. One opportunity is to help think how faith/reflection rooms can better serve people of all faiths and those of none, and the second opportunity is to help provide design ideas for the new complex rehab unit.

#### **4. Head of Nursing and Professional Lead Nurses**

##### **Clinical Supervision:**

The Professional Leads for Nursing have developed a workstream to support increased compliance with Clinical Supervision. The team are working with nursing colleagues to explore and understand the challenges in meeting the trust's supervision requirements, A proposal has been developed to increase the methods by which clinical supervision can be accessed to ensure that it becomes more accessible and responsive to the needs of the nursing workforce. The proposal is currently being tested out with clinical services and being progressed through appropriate governance routes.

##### **Nursing Strategy:**

The Chief Nursing Officer for England has announced the development of a new Nursing Strategy that will set out the strategic direction for nurses, midwives and nursing associates across health and social care for the next 3-5 years. The Professional Leads for Nursing have commenced in the engagement exercise which will capture views on a key number of priority areas. The National Nursing strategy will in turn inform our own local Nursing strategy and is therefore recognised as an important opportunity to influence the future priorities of the profession.

##### **Health support workers:**

In recognition of the invaluable contribution of our Health Care Support Worker colleagues across the Trust, we have developed several approaches to acknowledge their work and will be joining in the national celebrations on the 23 November (nursing support worker day). We will hold a webinar; a Trustwide congratulatory message will be shared on the day and a thank you card will be sent to all health care support workers in the Trust. The webinar will provide an opportunity to celebrate health support workers contribution to services, share progression opportunities and share information on the LYPFT conference which will be held on the 19 January 2023.

##### **CQC Engagement Meetings:**

Monthly engagement meetings with the CQC to review any outstanding enquiries, including information in relation to serious incidents and complaints continue to be scheduled. The Veterans

service, Acute Inpatient & PICU and Red Kite View have all attended recent reviews. The meetings allow the services the opportunity to share with the CQC some of their outstanding and innovative work in addition to providing an opportunity to discuss some of the challenges they are currently facing alongside any actions that have been put in place as a result. The presentations have been well received by the CQC.

### **Quality & Safe Peer Reviews:**

The programme of peer-led quality and safety review across the organisation re-commenced in April 2022. The reviews allow services an opportunity to demonstrate the quality of care being provided and focus on ways to further develop. An annual schedule sets out which service lines will be reviewed, and each visit is focused on an agreed sample of wards/services from within the service line. A toolkit has been developed to support the visits which is aligned to the CQC Key Lines of Enquiry (KLOE's). The team has also developed a promotional video for staff to explain the purpose of the review visits and encourage staff to volunteer to be part of a review team. As of November 2022, seven Quality & Safe Peer Reviews have been completed. A summary report is produced following each visit and shared with the senior leadership team which enables the service to acknowledge areas of good practice and respond to any learning that may arise.

### **CQC Updates/Changes:**

In 2021, the CQC published its new [single assessment framework](#) setting out the changes to their regulatory approach. The CQC 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 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. Timescales for implementation are as follows:

- From August 2022, the CQC began to roll out elements of the new approach and identified some home care providers and hospices to be 'early adopters' allowing for testing and piloting of the new approach.
- From September 2022 they expanded the early adopter's group to include a small number of GP practices, independent providers, and care homes.
- From October 2022 they opened the new provider portal to all providers and have started carrying out assessments using the new approach with an early adopter group.
- 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 Professional Lead for Nursing will continue to liaise with the CQC relationship owner to keep abreast of the implementation of the new regulatory model. The Clinical Governance Regulation



Team and Professional Lead for Nursing have presented the update to the Unified and Trustwide Clinical Governance forums and have commenced attending local governance meetings to share the update with clinical services.

The CQC have produced a series of bitesize videos where their leaders give an overview of the changes that are happening at CQC.

- CEO Ian Trenholm uses [his video](#) to reflect on the work the CQC have done over the last 12 months to deliver the ambitions of the new strategy.
- [In his video](#), Chris Day, Director of Engagement at CQC sets out more detail on their role in local authority and integrated care system assessment.
- Joyce Frederick, Director of Policy and Strategy, sets out more detail on the new regulatory model and the work they have done over the past year in [her video](#).

### **New Factual Accuracy Process:**

As the CQC moves to a new regulatory approach, it will include an equivalent to the factual accuracy process. The current factual accuracy process is extremely important in ensuring that the information the CQC publish accurately matches the care our service provides.

We have been provided with the opportunity to complete a survey submitting our views on what works well in the current model and what we would like the CQC to do differently in the future. The Clinical Governance Regulations Team and Professional Lead for Nursing will ensure completion of the survey providing an organisational response.

## **5. Safeguarding**

The safeguarding team are currently contributing to three Domestic homicide reviews, with Leeds community safety partnership, these are at the independent management review (IMR) stage, prior to this, chronologies were submitted, in two of the cases, LYPFT had contact with both the victim and the perpetrator, therefore the chronologies have been extensive to cover the terms of reference, one chronology is over 35 pages long.

There are other DHRs and Safeguarding Adults reviews that are at the final stage, therefore we are ensuring we have completed our action plans and shared learning with services'. There have been several scoping requests for child safeguarding practice reviews (CSPR) rapid reviews, this is the multiagency review of a case that is carried out in response to a serious child safeguarding incident. The Child Safeguarding Practice Review Panel (CSPRP) requires safeguarding partners to promptly undertake a 15-day rapid review on all cases that meet the criteria and are notified as serious incidents.

The safeguarding team are promoting safeguarding week via the safeguarding bulletin and Trust comms. National Safeguarding Adults Week occurs between Monday 21 and Sunday 27

November 2022 and is an opportunity for organisations to come together and have vital conversations about important safeguarding issues and to share best practice, so we can all contribute to creating safer cultures. The Safeguarding team are supporting other LYPFT services through completing serious incident reviews and complaints. The Safeguarding team, continue to be highly visible and available in clinical areas, Matron and ward managers are informed of when they will be in specific clinical areas, this allows a flexible approach to safeguarding supervision and support. There are also set times that specific wards are visited, to discuss safeguarding concerns and review ongoing cases. The LYPFT safeguarding link Practitioners form has been established and is another route to ensure safeguarding updates are disseminated to the front line. The managing safeguarding allegations against colleagues' policy was ratified in June, a training package has been developed by the safeguarding team and human resources, the first training session has been scheduled for January, and is currently fully subscribed to, the first session is aimed at CTMs and service managers. Subsequent training sessions will be scheduled and will aim to include band 6 colleagues.

Safeguarding compulsory training figures have fallen below the expected compliance percentage, and is currently 74% this has been addressed and it has been acknowledged that service lines being in business continuity has had the greatest impact, therefore the safeguarding team have offered flexible options, such as scheduling bespoke training sessions to specific clinical areas and splitting the sessions, so that they are two hour sessions, as opposed to have one four hour session, which appears to have been difficult to release staff to attend. The safeguarding team have developed training packages for parental mental illness and the impact on children, and one for domestic abuse, including male victims, older persons, and the impact on children. Considering the challenge to ensure staff can complete compulsory training, the team are considering options such as having these training packages in eLearning form, with voice over, to allow staff to access at times that suits them.

### **Complaints & PALS:**

The team have delivered bespoke complaint investigator training to 18 staff who are new to investigating complaints.

The service has worked with colleagues across the organisation to consider an equitable solution to the allocation of complaints investigations, incident investigations, and employee relations reviews. A Trustwide matrix has been developed listing all staff able to complete a review – the matrix ensures that complaints are allocated in a timely manner, directly by care service support staff. Feedback on this process will continue to be reported upon, it is currently working effectively.

### **Support to staff:**

Staff are currently provided support to attend inquests via line management and the clinical governance regulations team with external provision offered through the Employee Assistant Programme.

The Critical Incident Staff Support Pathway (CrISSP) coordinator is also informed of inquests and where a debrief post inquest may be beneficial to staff, they are offered this option. We recognise that an inquest may take place a considerable amount of time after the incident so it is important that we recognise the impact this can have on staff and signpost appropriately.

Following recent debriefs positive feedback has been received such as “I think it helped us connect and I really valued the compassion and care everyone showed one another” and “I think it is an excellent supportive service that I will definitely recommend to others”.

### **Patient Safety Incident Response Framework:**

Work is ongoing to deliver the implementation plan to enable delivery by September 2023. The first Oversight Group meeting will take place on 8 December and the first workshops are planned for January. Two briefings have gone out through Trust Wide Comms to familiarise colleagues with the changes and to seek their engagement. A meeting has taken place with Leeds Health and Care Partnership (LHCP) in respect of action to date and to consider any support offers. We continue to meet with LHCP and other NHS Provider colleagues to discuss implementation progress and to collaboratively work together to develop a system approach to delivery of the PSIRF.

## **6. AHP and Social work update**

### **International Recruitment:**

We now have 3 international nurses in the country, one in practice and 2 others going through the OSCE development programme. There remain a number of delays, that are outside of the organisations control, in getting the remaining 7 nurses into enter the country, but we are actively working to try and support them to arrive before the end of the financial year.

In partnership with the ICB AHP faculty we are aiming to recruit 4 international Occupational Therapist. We have successfully recruited 2 individuals who are already in the country and will be available to work in early 2023. Active recruitment is underway for the remaining 2 places. The first Occupational Therapy apprentice has been recruited and will be supported via the OT rotation to complete their training.

Work has started to develop the AHP and social work strategy. The first stages of this have been to consult with these professions and this will go out for wider consultation in the new year.

## **7. Psychological Professions Highlights**

### **Synergi Leeds Partnership:**

Synergi Leeds Partnership recently won the Health and Wellbeing Legacy Awards. These awards were originally a celebration of the positive impact and contribution of 50 years of Black British



Communities in Leeds, and they have now grown into a celebration highlighting progress, inclusion and involvement around the city.

The Synergi Leeds documentary curated and edited by Words of Colour, had an initial screening in June and will be showcased at a wider systems event in the New Year. The team are also planning the next series of Creative Spaces events linked to Leeds 2023. The programme will revolve around the legacy of mental health inequalities work in the city, current interventions and future ambition. As SRO, for Priority 2, of the Leeds Mental Health Strategy, the Deputy Director continues to chair the Synergi Leeds Network Steering group and provide regular updates to the Mental Health Delivery Group and other Boards.

### **Leeds Psychology Board:**

Establishment of the Leeds Psychology Board. This collaboration amongst providers of psychological therapies across the city will enable organisations to consider how they can best use resources and expertise across the Leeds system to provide a more coherent and consistent response to service users and carers. Identifying together where there are gaps and inequalities. The vision is to deliver joined up psychologically informed care across the city with the support and oversight of strategic leadership. The Deputy Director of Psychological Professions currently chairs this group.

### **Workforce Development:**

Development of an **Aspiring Psychological Professions group** within the Trust has been established. A forum where all graduate psychologists irrespective of role, eg assistant psychologist, Health care support worker, research assistant, can meet to think about career pathways; and the development of knowledge and skills which will aid their journey to becoming psychological professionals. The group meets monthly and is a peer support group.

There has been a noticeable increase in the number of **newly qualified Consultant Psychologists** within the organisation, so some time has been set aside to consider their needs both professionally and as senior clinical leaders, with a focus on leadership; mentoring/coaching and familiarity with HR processes.

The Deputy Director currently chairs the Psychological Professions Workforce Group which has oversight over the delivery of the ICS workforce strategy. The group have recently submitted a business case to support making the current temporary role of Psychological Professions Workforce Lead substantive and are also seeking funding from HEE to support the development of an equivalent but temporary CYP PP ICS Workforce Lead.

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

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**MEETING OF THE BOARD OF DIRECTORS**

**AGENDA  
ITEM**

**16**

<b>PAPER TITLE:</b>	Safer staffing
<b>DATE OF MEETING:</b>	24 November 2022
<b>PRESENTED BY:</b> (name and title)	Cathy Woffendin, Executive Director of Nursing, Professions and Quality / Director of Infection Prevention and Control
<b>PREPARED BY:</b> (name and title)	Linda Rose Head of Nursing and Patient Experience Alison Quarry, Professional Lead Nurse Adele Sowden, E-Rostering Team Manager

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

### EXECUTIVE SUMMARY

Leeds and York Partnership NHS Foundation Trust (LYPFT) provides inpatient care across 28 wards (Red Kite View is split into the General adolescent unit and PICU). This report is the two monthly update and draws on the requirements of the National Quality Board's (NQB) Safer Staffing expectations. It contains a high-level overview of data and analysis providing Trust Board members with information on the position of all wards staffing against safer staffing levels for the retrospective periods from the 1<sup>st</sup> August 2022 to the 30<sup>th</sup> September 2022.

The exception reports identify x10 Registered Nurse breaches across this period. They occurred on Ward 2 Newsam Centre (female) x2; Red Kite View (General adolescent unit) x2 and Clifton House x4; Asket Croft x1 and Ward 1 Mount x1.

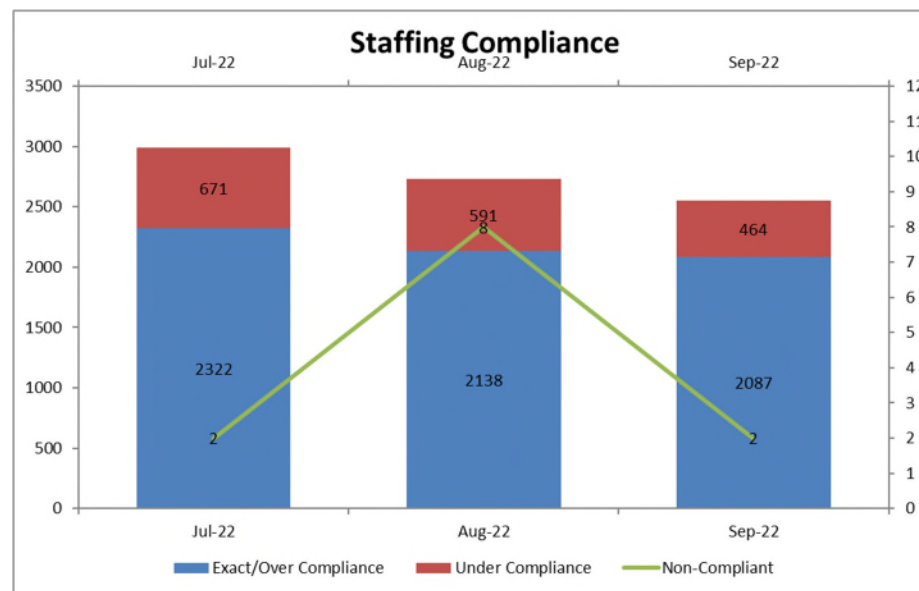
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	No	

### RECOMMENDATION

The Board is asked to:

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

## Safer Staffing: LYPFT Inpatient Staffing Levels across x28 Wards during August and September 2022



	Number of Shifts		
	July	August	September
Exact/Over Compliance	2322	2138	2087
Under Compliance	671	591	464
Non-Compliant	2	8	2

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

### Staffing establishment:

This is the whole time equivalent (WTE) number of staffing posts the inpatient wards are funded for to deliver **planned** level of care and interventions within their speciality by shift.

### Staffing compliance

This tells us whether the wards met the planned numbers of staffing during a shift. The planned staffing numbers do not necessarily reflect the **actual** staffing need on any given duty as this may fluctuate dependent on current patient group and need.

### Exact or Over Compliant shifts:

During August 2022 and September 2022, the compliance data showed that less shifts were staffed exactly as planned and less shifts were staffed above the planned number of Registered Nurse (RN) and Health support worker (HSW) staff.

### Under Compliant Shifts:

During August and September less, shifts had fewer than the planned number of RN and HSW staff on each shift. This equated to 21.88% in August and 18.25% in September 2022.

(\*The planned number of staff on shift differs from the unify report in appendix A which shows the total number of hours

worked over the month rather than the headcount on a shift-by-shift basis).

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

This metric represents the number of shifts where no Registered Nurses were on duty. There were x8 breaches during August and x2 breaches during September.

### **Mitigating Factors:**

Reduced RN fill rates are being partially mitigated in many of our units by increasing Healthcare Support Worker bookings through Bank and Agency staffing to reach minimum numbers. Ongoing improvements to the recruitment strategy and a multiprofessional approach to a review of establishments is being progressed across a number of services to ensure that planned interventions that cannot be undertaken by health support workers can be fulfilled.

### **Exception reports (non-compliant shifts)**

#### **Ward 2 (female) Newsam centre**

Planned cover using substantive staff had previously been arranged for the night shift on the 27<sup>th</sup> August 2022, however the staff member subsequently phoned in sick. There was no availability or capacity within the team to change shift patterns due to annual leave, phased return from sickness, and RN vacancies and therefore the shift was then put back out to bank and agency who were also not able to cover. When the

deployment escalation procedure was invoked, there were no identified options for deployment across the Trust. The RN who had completed a long day stayed until 23.00hrs to administer medication and coordinate the shift before handing the medicine keys over to the RN on Ward 2 Newsam assessment and treatment unit. An additional x2 HSW's were also put out to bank and agency to provide additional support but these were not able to be covered.

A further breach occurred on the night shift on the 4<sup>th</sup> September 2022. A plan was put in place for an RN to be deployed from Ward 4 Newsam, however the allocated RN called in sick. No other deployment options were available. The night medication round was completed by the RN from the late shift to ensure that the RN who held the keys for both wards did not have to complete two rounds consecutively. The keys were then again held by the RN on W2 A&T.

#### **Red Kite view (General adolescent unit (GAU))**

This breach occurred on the night shift on the 29<sup>th</sup> of August 2022. The gap in staffing had previously been picked up on the roster and a pre plan had been put in place for substantive staff in RKV's PICU to take charge; however, the PICU nurse cancelled their shift leaving PICU with only 1 RN and therefore unable to support GAU. This occurred over the bank holiday weekend and the shift was put out to bank/agency, however, was not filled. The gap was also escalated to the on-call manager, but there were no identified options to deploy

other staff across the organisation. The capacity to cover from within the team is also currently challenged by high levels of sickness absence and vacancies. The RN on duty was able to take charge of both wards with only 3 service users on PICU during this time. A Band 4 Nursing Associate (NA) was on duty, but this role is not a take charge position, however, they were able to provide shift-co-ordination and administer medication with the support of the RN.

On Saturday the 10th September, late shift cover on the GAU had been pre-arranged in response to known sickness absence. The plan in place was for x1 of the x3 RNs rostered onto PICU to take charge, however, x2 RNs called in sick and despite using the escalation process through the on-call manager, the late shift remained uncovered.

### **Clifton House**

Clifton House consists of x3 wards- Westerdale, Riverfields and Bluebell. Where there is an identified breach, a risk assessment is undertaken of the unit on the day reflective of acuity and clinical need to support the decision of which ward will function without RN cover. The breaches occurred on night duties. In terms of medication administration, where there is an RN gap- Riverfields patients are predominately self-medicating. On Bluebell and Westerdale, the RNs on the day shift proactively administer the 20:00 medication, just leaving the later prescribed doses to be administered by the covering RN.

On the 6<sup>th</sup> August, Westerdale was covered by the Forensic nurse on call (FNC) and Riverfields was covered by a bank RN. **Bluebell** ward should have been staffed with a substantive RN however they called in sick. The service was unable to get cover through the offer of bank, agency or overtime and were also unable to source through escalation to the on call CTM.

On the 19<sup>th</sup> August, Westerdale and Bluebell wards were covered by substantive staff. The breach occurred on Riverfields. As the FNC shift was uncovered due to sickness absence this was no longer an option and when escalation was invoked, they were unable to source bank, agency, or overtime from the on call CTM.

On the 26<sup>th</sup> August Westerdale ward was covered by the FNC and Bluebell was covered by substantive staff. Riverfields did not have an RN on duty due to sickness absence and was unable to source cover through the escalation process.

On the 27<sup>th</sup> August, Westerdale was covered by the FNC, and Bluebell was covered by a bank nurse. The breach occurred on Riverfields. Staffing was still affected by sickness absence, and they were unable to source cover through the escalation process.

### **Asket Croft**

This breach occurred on the night duty on the 26<sup>th</sup> August. The RN working at Asket House had to hold the medicine

keys for Asket Croft as despite using the escalation procedure, no RN could be found. The staffing gap was precipitated by high sickness and annual leave.

### **Ward 1 Mount**

This breach occurred on the night shift on the 26<sup>th</sup> August. The RN who had worked the late shift stayed on past their duty until midnight to administer medication and provide support. The keys were then handed over to the RN on Ward 2 for the remainder of the shift. The shift had been out to agency several weeks in advance to cover known sickness absence but had not been picked up. There were x5 regular HSW's on duty and x1 Band 4 Associate Practitioner. Additional Health Support Workers were sourced to maintain staffing levels.

\*This report does not include any incident correlation however Q2 data around restrictive practice and serious incidents have been reviewed and no incidents have been reported as a result of these breaches.

## **Service area updates**

### **Working age adult (Becklin Wards 1,3,4 and 5, Newsam ward 1 (PICU) and 4)**

Band 5 vacancies are currently circa 30% across the acute inpatient service, which, though out to advert, attract very few applicants particularly from experienced RNs. However, as part of our work with Universities, September to October, will see x14 newly registered Nurses (Preceptees) in addition to x1 International nurse as part of the WY&H MH Collaborative INR Project join the service. This still leaves a gap of x24 band 5 vacancies across the 6 wards however the service has x3 band 4 Nursing associates with a further x3 due to qualify in the new year. Preceptee local induction week will be overseen by Matrons, Ward managers and Practice development staff to support a smoother transition into clinical practice and in turn improve attrition rates. Activity co-ordinator posts are also in the process of being recruited to as part of a multiprofessional approach to support a known gap in therapeutic activity, providing routine, structure and occupation. This role will enhance the opportunity for patients to engage in a wide range of activities at different times through the day, evening and weekend and may have a positive impact on reducing the number of people on a high-level observations. This workstream is also being supported by a skill mix workshop in the new year to look at further ways of improving the potential to recruit to MDT posts due to the continued number of vacant nursing posts.

Several patients continue to require higher levels of nursing interventions through the use of therapeutic observations. All acute inpatients wards have also reported an increase in referrals to PICU to support patients that need to be nursed in an area that offers a lower stimulated environment. Ward 5 Becklin Centre, has also had a particularly challenging period that has required increased resources to support some patients that have engaged in high levels of self-harm behaviours due to their level of trauma and distress on admission and additional staff have been required to support those patients requiring transfer to LTHT because of some of the self-harm behaviours.

### **Older Peoples Services (Mount wards 1, 2, 3 and 4)**

RN vacancies continue to present as the biggest challenge. A recent review of RN staffing at the Mount, identified a 43% RN vacancy, before any unavailability was applied. In addition, occupancy has remained at over 100% at times; with delayed transfers of care in the unit totalling 21 service users in August albeit reducing to 10 at the time of this report. This group of patients have

been assessed as no longer requiring a bed at the Mount and whilst waiting for the most appropriate placement still present with high needs which require additional staff and intervention.

The service continues to use high numbers of bank and agency staff and it is common for the mental health wards to have x1 RN on duty due to vacancies. RNs on the dementia wards 1 and 2 (in addition to being supported by other staff across the inpatient service) are often deployed to Wards 3 and 4 to cover the staffing gaps. This generally occurs more frequently on night shifts.

A small quantify of RNs have left the service and the teams are still awaiting the arrival of their allocated International Nurses. However, the expression of interest for a 2<sup>nd</sup> Matron role for the dementia wards has now closed and has now been recruited to and a Preceptee has also recently joined the team.

Infection control outbreaks also impacted on capacity and flow during September. Ward 1 was closed for 11 days due to a covid outbreak and Ward 3 was closed for 14 days due to an outbreak of D&V. This also impacted on staffing with several staff contracting the D&V bug resulting in periods of sickness.

The service is progressing work with the E-Rostering team to apply further analysis on the staffing position in relation to the proposal made in June to reduce beds. There is a plan in place for x10 beds to be closed and 9 out of the ten beds have now been taken out of the system. Ward 1 has been reduced by x3 beds; Ward 3 has been reduced by x4 beds and Ward 4 has been reduced by x2 beds. There are no plans to close any beds on ward 2 currently and a further bed will be closed on ward 4.

### **Mill Lodge**

A new leadership team is in place following the retirement of the CTM and a new Head of Operations has joined the service. The service has also recruited to a Consultant psychologist post, and this will commence in January 2024. Several RN vacancies have now been successfully filled with x3 preceptees who have come into post in addition to an International nurse who has now arrived in the country and started in October.

The demographic of the young people admitted has shifted away slightly from referrals being submitted purely for the management of eating disorders with new admissions recently presenting with a variety of complex presentations such as emotional dysfunction



and behaviours that challenge. However, of the young people admitted with an eating disorder, a high number of these admissions require Naso gastric feeding under restraint resulting in a high level of nursing need.

### **Red Kite View- Skylark**

14 beds are currently occupied on Skylark and staffing numbers have been above the planned establishment in response to the current patient needs with 3 young people being cared for on increased 1:1 therapeutic observations.

The service has a high number of young people with eating disorders and is managing x9 patients who require NG feeds resulting in a high level of nursing need. The ward has x2 delayed discharges waiting for suitable placements

There is a mixture of substantive bank and agency staff being used. To mitigate for a lack of leadership at weekends and nights more senior substantive nurses are working out of hours to support consistent care and leadership across all shifts. A period of successful recruitment has resulted in x3 Band 5 Preceptees, x1 Band 6 Mental health practitioner, x1 Band 6 RN and x5 HSW's all of whom will commence in the service imminently. The service has x2 Band 6 posts and x1 Band 5 post remaining vacant which are currently out to advert.

There has been increased sickness on Skylark ward recently with x5 RNs currently absent from work due to differing reasons. Some absence is attributed to work-related stress and wellbeing support is being provided.

### **Red Kite View Lapwing (PICU)**

There are currently x4/6 inpatients on PICU and x1 bed remains out of use due to having a smashed window. There is an estimated repair time of 4-6 weeks, and interim measures are being explored that will enable the bedroom to be opened sooner. The unit is staffed on 7-7-5 and the team are nursing one young person on enhanced 2:1 observations and x1 young person on 1:1 observations.

The ward has had a period of successful recruitment and 1 x B5 nurse and 4 x preceptors, 1 x rotational Occupational Therapist are all due to commence in post imminently.

There are no current staffing concerns on this unit and staffing numbers are flexed to meet patient need.

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

High sickness absence and annual leave over the summer which affected RN cover during August at Asket Croft has stabilised. There x2 Band 5 RN vacancies at Asket House which are out to recruitment and a Preceptee has just started at Asket Croft. There are no current concerns with staffing levels.

### **Newsam Ward 5**

The service currently has x1 Band 6 vacancy and x4 Band 5 vacancies. x2 Band 5 posts have been recruited to but the staff are not yet in post. Unavailability is also affected by x1 Band 3 on long term sickness absence and x1 Band 3 on maternity leave. Up to a third of duties have needed to be filled with bank and agency staffing. The ward has received deployed staff to provide RN cover when no RN has been available.

The service is currently developing a business case to address the RN vacancies and reviewing the clinical model to support a more recovery focussed approach and a greater multi-professional approach.

### **Newsam ward 6**

The service reports recently losing 3 of the 4 Band 6 staff alongside several experienced B5 RNs. The service has developed a business case to introduce senior clinical roles such as Practice development Leads to support the gap in clinical experience.

### **Mother and baby unit**

During August, the Mother and Baby Unit had unusually low patient occupancy. This allowed the MBU to support other inpatient wards with some consistent short-term staffing. However, this has in turn impacted on staff morale

The MBU and Perinatal Community Team returned to The Mount after more than two years of temporarily being based at Parkside Lodge in Armley on the 5<sup>th</sup> October. The service had been relocated in April 2020 due to the Pandemic and to accommodate the Assessment and Enhanced Care Unit (AECU) Covid ward for older people. The service is now able to enjoy refreshed and improved facilities following environmental improvement works completed by the estates teams and return to planned staffing numbers.

There are currently no vacancies, and the service has returned to pre pandemic numbers. The service recently recruited a part-time Psychologist who should start in November.

### **Crisis assessment unit (CAU)**

The ongoing pressure regarding the capacity across our acute wards has in turn resulted in an increase in acuity in CAU whereby patients requiring an admission remain on the unit for a longer period awaiting a bed to be identified as a result of bed unavailability. This included x 2 patients who were significantly distressed and required a period of seclusion and as there is no seclusion facility within CAU or Becklin Centre, the patients were transferred to Newsam Centre seclusion facility and additional staff were required to attend from CAU to support.

During August, there was also an increase in demand on the section 136 suite with approximately 10 more detentions compared to recent months which resulted in additional HSW staff being required. Alongside the increase in planned staffing, there have been periods of short-term sickness absence and vacancies which have required the use of bank and agency cover.

There is currently x1 HSW vacancy and x2 band 6 vacancies. The service will shortly introduce a new Activity Coordinator post. The CTM and Operational Manager hold a weekly team meeting to review and support the safety and effectiveness of the unit to respond to any challenges relating to the patient group.

### **NICPM**

During May 2022, NICPM reopened to admissions with a reduced bed base of 6 out of 8 beds which is as a result of staffing challenges. The plan is for this to remain in situ over the next few months while recruitment takes place and staffing levels increase. This includes supporting x5 newly qualified RNs to the service with an acknowledgement that they require a period of orientation and leadership support before further recruitment takes place, The service have x1 Band 6 and x5 Band 5 vacant posts outstanding.

### **Newsam wards (Forensic wards 2 (F), 2(A&T) and 3)**

RN vacancies are currently 33% on Ward 2 (A&T); 30.5% on Ward 2 (female) and 11% on Ward 3. The duties are being filled with additional HSWs and includes the use of the responsive workforce provided through our temporary staffing team to ensure safe

staffing numbers. The use of 1:1 therapeutic observation has been required with one patient during this period and other patients have required support with 1:1 therapeutic observations intermittently. Staffing numbers have been increased to respond to this and the associated level of risk. x2 periods of seclusion have taken place in August and all 3 wards have experienced staff absence as a result of long-term sickness.

### **Clifton House (Forensic wards Riverfields, Westerdale and Bluebell)**

Riverfields is fully recruited to with no current vacancies although they have x2 staff on long term sickness absence and as described in the breaches, this affected the wards' ability to cover their RN duties during this reporting period.

Westerdale have x3 Band 5 and x2 Band 6 vacancies. Bluebell has x1 Band 5 and x2 Band 6 vacancies. RN vacancies have been largely managed within the service through the deployment of RNs across the 3 wards and in addition, utilising block bookings with some regular agency staff to support the consistency of care delivery.

### **2 and 3 Woodland Square**

3 Woodland Square have been required to increase the number of planned HSW's on each duty to safely support the management of challenging behaviours of a small number of residents. The service reports good morale and highly motivated staff with no current concerns. However, in view of the high staffing levels required, the service intends to review the current establishment to ensure that they are able to respond to the care needs of the client group.

### **Summary**

Vacancies continue to present as the biggest challenge with the data demonstrating that up to a fifth of duties across the organisation had fewer than the planned number of staff on duty. In addition, when unplanned absence is factored into the vacancy gap, this can result in no RN on duty. Deployment of staff is one of the means used to mitigate the risks, however through feedback such as staff surveys it is known to affect staff morale.

A workstream of the deployment and staffing group met to discuss the friction frequent deployment is creating amongst colleagues. It was noted that the experience of bank and substantive staff is similar with a shared view that the same staff are always being asked to move. Actions from this working group include a review of the staffing escalation protocol. Whilst electronic means are available to record movement through E-Rostering, this is not currently used well as it requires a named responsible person to ensure that the movement is recorded. A clearer set of deployment responsibilities and principles should strengthen some of our escalation processes to help identify which of our staff are being moved and where they are being moved to.

Medicine keys being left with an RN on an adjacent ward is also a form of mitigation used when there is a breach in RN staffing, and this has previously been described in our safer staffing reports. The night shift is identified as a duty where this is most likely to occur. A recent staffing concern raised by the CQC highlighted this practice and there is no easy solution to this whilst nursing vacancies remain of concern. In addition, the CQC also highlighted the potential for staff to exceed the working time directive (WTD) guidance (which prevents excessive working hours through split shifts or the use of overtime when a full shift has already been worked).

The roster system already has some safeguarding functionality that allows us to define the WTD regulations and set rules about how frequently and for how long individual staff are permitted to work to prevent breaches. The system has “Warnings and Violations” that govern these eventualities and the team set parameters for how the specific rules are applied. A warning is issued when a shift or combination of shifts contravenes the rules. It doesn’t stop the manager adding to the roster, but it clearly states which rules are being broken, why and a yellow colouration is applied to the shift to highlight the warning and add it to the roster analyser. Bank or Agency staff cannot book a shift that would create a warning, only managers can override warnings. Most rules on the system fall under the warning category to give managers the freedom to roster patterns and mitigate the decisions with duty notes that are added to the shift.

Violations are unbreakable rules. Where a shift or combination of shifts are considered a violation, a manager would need to escalate this to the rostering team to update the roster. In response to the CQC inquiry, the E-Rostering team have moved the “No day and night on the same day” rule into the violation category to reduce the day to night risk so any future occurrence would require escalation to the team.

Many services are in the process of reviewing establishments and thinking beyond professional boundaries to work together in new ways that not only improve quality and give teams more development opportunities; but also allow flexibility to work across different settings.

This report highlights the extreme pressure our services remain under due to several inter-related issues which are not limited to specific areas of practice or the organisation as a provider. Because we understand those challenges and the impact this can have on our colleagues, a series of dedicated discussions have taken place across the services in addition to being included in our peer reviews. The discussions have included exploring the issues raised recently by the media where concerns were raised about other organisations culture and practice issues. The CQC's guidance on identifying and responding to a closed culture have been reviewed to support this work and the areas linked to staffing will continue to be monitored through our internal governance forums.

**\*Strike action**

In relation to strike action, the Royal College of Nursing has voted to go on strike in around half of the hospitals in the UK, However RCN members in LYPFT did not meet the response threshold and therefore will not be taking strike action. Of note, had RCN members in LYPFT reached the required 50% threshold then the overwhelming majority would have voted to strike. Unison are now currently out to ballot for strike action (or action short of strike), and this ballot will close on 25 November. There are significantly more members of Unison in LYPFT than the RCN employed across the Trust, so steps are being taken in preparations should this ballot be successful.

## APPENDIX A

### Safer Staffing: Inpatient Services – August 2022

Fill rate indicator return

Staffing: Nursing, Care Staff and AHPs

Ward name	Cumulative count over the month of patients at 23:59 each day	Care Hours Per Patient Day (CHPPD)							Day				Night				Allied Health Professionals	
		Registered Nurses/Midwives	Non-registered Nurses/Midwives	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
2 WOODLAND SQUARE	112	9.0	8.2	0.0	0.0	0.0	0.0	17.2	90%	131%	-	-	100%	100%	-	-	-	-
3 WOODLAND SQUARE	119	7.3	15.6	1.4	0.4	0.0	0.0	24.7	82%	177%	100%	100%	103%	140%	100%	-	-	-
ASKET CROFT	558	1.5	2.5	0.0	0.0	0.8	0.0	4.8	84%	80%	-	-	97%	103%	-	-	100%	-
ASKET HOUSE	404	1.9	1.9	0.0	0.0	0.9	0.0	4.7	103%	56%	-	-	100%	100%	-	-	100%	-
BECKLIN CAU	165	5.3	17.4	0.4	0.0	1.2	0.0	24.2	69%	133%	-	-	66%	144%	100%	-	100%	-
BECKLIN WARD 1	670	1.9	4.1	0.0	0.0	0.2	0.1	6.2	66%	152%	-	-	69%	197%	-	-	100%	100%
BECKLIN WARD 3	677	1.8	3.8	0.1	0.1	0.3	0.2	6.3	69%	197%	100%	-	63%	206%	100%	100%	100%	100%
BECKLIN WARD 4	658	1.7	5.2	0.2	0.0	0.3	0.2	7.7	54%	299%	100%	-	70%	263%	100%	-	100%	100%
BECKLIN WARD 5	644	1.8	4.4	0.1	0.0	0.2	0.1	6.6	52%	189%	100%	-	74%	182%	100%	-	100%	100%
MOTHER AND BABY AT PARKSIDE LODGE	158	8.1	11.1	0.3	0.0	0.6	0.0	20.1	61%	91%	100%	-	45%	101%	-	-	100%	100%
NEWSAM WARD 1 PICU	336	3.9	13.2	0.0	0.0	0.2	0.0	17.4	71%	155%	-	-	66%	184%	-	-	100%	-
NEWSAM WARD 2 FORENSIC	165	5.9	20.6	0.0	0.0	0.0	0.5	27.0	78%	222%	-	-	100%	240%	-	-	-	100%
NEWSAM WARD 2 WOMENS SERVICES	217	4.4	10.8	0.0	0.0	0.3	0.5	15.9	73%	184%	-	-	94%	152%	-	-	100%	100%
NEWSAM WARD 3	433	2.0	4.2	0.0	0.0	0.6	0.0	6.8	62%	154%	-	-	102%	103%	-	-	100%	-
NEWSAM WARD 4	633	2.1	3.2	0.0	0.2	0.1	0.0	5.6	63%	193%	-	100%	83%	136%	-	100%	100%	-
NEWSAM WARD 5	522	2.0	4.0	0.0	0.0	0.4	0.0	6.3	82%	100%	-	-	59%	123%	-	-	100%	-
NEWSAM WARD 6 EDU	292	3.3	9.2	0.0	0.0	0.7	0.4	13.6	80%	296%	-	-	52%	144%	-	-	100%	100%
NICPM LGI	137	6.3	9.4	0.0	0.0	2.7	0.0	18.4	64%	62%	-	-	50%	200%	-	-	100%	-
RED KITE VIEW GAU	423	3.2	8.6	0.4	0.0	0.2	0.4	12.7	67%	156%	100%	-	42%	169%	100%	-	100%	100%
RED KITE VIEW PICU	143	9.6	21.5	0.0	0.0	0.3	0.0	31.3	49%	102%	-	-	57%	217%	-	-	100%	-
THE MOUNT WARD 1 NEW (MALE)	505	2.2	11.3	0.0	0.0	0.0	0.0	13.5	102%	212%	-	-	54%	282%	-	-	-	-
THE MOUNT WARD 2 NEW (FEMALE)	439	2.5	13.2	0.2	0.3	0.0	0.0	16.3	92%	231%	100%	100%	53%	289%	100%	100%	-	-
THE MOUNT WARD 3A	686	1.3	7.0	0.2	0.0	0.0	0.0	8.5	61%	272%	100%	-	103%	348%	100%	-	-	-
THE MOUNT WARD 4A	736	1.3	4.9	0.0	0.1	0.0	0.0	6.2	67%	175%	-	100%	100%	228%	-	-	-	-
YORK - BLUEBELL	178	5.3	12.6	0.1	0.0	0.7	0.6	19.3	80%	78%	100%	-	97%	104%	-	-	100%	100%
YORK - MILL LODGE	211	5.9	10.6	0.4	0.2	2.4	1.4	20.9	65%	126%	100%	100%	69%	131%	100%	-	100%	100%
YORK - RIVERFIELDS	207	4.1	6.6	0.0	0.0	0.8	0.0	11.5	72%	133%	-	-	78%	113%	-	-	100%	-
YORK - WESTERDALE	257	3.8	9.7	0.0	0.3	0.5	0.0	14.3	44%	143%	-	100%	110%	121%	-	100%	100%	-

\* Allied health professionals refers only to Occupational therapists that are included in the ward establishment

## APPENDIX A

### Safer Staffing: Inpatient Services – September 2022

#### Fill rate indicator return

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

Ward name		Registe red	Non- registe	Registe red	Non- registe	Registe red	Non- registe	Overall	Averag e fill	Averag e fill	Averag e fill	Averag e fill	Averag e fill	Averag e fill	Averag e fill	Averag e fill	Averag e fill	Averag e fill
WardName	PatientCoi	CHPPD_RI	CHPPD_NI	CHPPD_RI	CHPPD_NI	CHPPD_RI	CHPPD_NI	CHPPD_OI	AvgFR_RN	AvgFR_NR	AvgFR_RN	AvgFR_NR	AvgFR_RN	AvgFR_NR	AvgFR_RN	AvgFR_NR	AvgFR_RA	AvgFR_NR
2 WOODLAND SQUARE	92	10.7	9.6	0.1	0.0	1.5	0.0	22.0	95%	135%	100%	-	93%	97%	-	-	100%	-
3 WOODLAND SQUARE	83	10.0	22.4	1.8	1.3	0.0	0.0	35.5	67%	192%	100%	100%	103%	159%	100%	100%	-	-
ASKET CROFT	505	1.7	2.7	0.0	0.0	0.9	0.0	5.3	90%	82%	-	-	103%	100%	-	-	100%	-
ASKET HOUSE	378	2.0	2.1	0.0	0.0	0.9	0.0	5.0	104%	55%	-	-	100%	117%	-	-	100%	-
BECKLIN CAU	149	5.9	18.2	1.1	0.0	0.9	0.0	26.2	69%	135%	100%	-	68%	154%	100%	-	100%	-
BECKLIN WARD 1	695	1.8	4.1	0.0	0.0	0.2	0.0	6.1	67%	166%	-	-	68%	205%	-	-	100%	100%
BECKLIN WARD 3	652	1.9	4.3	0.1	0.2	0.3	0.2	7.0	67%	236%	100%	100%	67%	250%	100%	100%	100%	100%
BECKLIN WARD 4	616	1.8	5.0	0.2	0.0	0.3	0.2	7.6	55%	273%	100%	-	69%	234%	100%	-	100%	100%
BECKLIN WARD 5	655	1.8	5.1	0.1	0.0	0.2	0.0	7.2	56%	248%	100%	-	76%	238%	100%	-	100%	100%
MOTHER AND BABY AT PARKSIDE LODGE	99	14.8	17.4	1.0	0.0	0.7	0.1	33.9	69%	110%	100%	-	58%	102%	-	-	100%	100%
NEWSAM WARD 1 PICU	293	3.9	14.5	0.0	0.0	0.5	0.0	18.9	67%	147%	-	-	57%	182%	-	-	100%	-
NEWSAM WARD 2 FORENSIC	180	5.1	23.1	0.0	0.0	0.0	0.6	28.8	75%	302%	-	-	100%	297%	-	-	-	100%
NEWSAM WARD 2 WOMENS SERVICES	210	4.4	11.7	0.0	0.0	0.5	0.7	17.4	79%	216%	-	-	97%	169%	-	-	100%	100%
NEWSAM WARD 3	420	1.9	4.3	0.0	0.0	0.5	0.0	6.8	61%	160%	-	-	103%	105%	-	-	100%	-
NEWSAM WARD 4	600	2.0	3.3	0.0	0.2	0.2	0.0	5.7	59%	212%	-	100%	75%	126%	-	100%	100%	-
NEWSAM WARD 5	510	2.3	4.0	0.0	0.0	0.6	0.1	7.0	82%	103%	-	-	82%	123%	-	-	100%	100%
NEWSAM WARD 6 EDU	234	4.0	9.6	0.0	0.0	1.2	0.6	15.4	84%	204%	-	-	50%	149%	-	-	100%	100%
NICPM LGI	134	8.3	6.8	0.0	0.0	2.6	0.0	17.6	97%	54%	-	-	82%	153%	-	-	100%	-
RED KITE VIEW GAU	420	3.6	11.2	0.5	0.0	0.0	0.4	15.7	79%	160%	100%	-	51%	264%	100%	-	100%	100%
RED KITE VIEW PICU	117	12.0	25.3	0.0	0.0	0.0	0.0	37.3	57%	108%	-	-	51%	216%	-	-	-	-
THE MOUNT WARD 1 NEW (MALE)	474	2.6	11.9	0.0	0.0	0.0	0.0	14.5	117%	204%	-	-	70%	299%	-	-	-	-
THE MOUNT WARD 2 NEW (FEMALE)	424	2.7	12.7	0.2	0.4	0.0	0.0	16.1	95%	220%	100%	100%	60%	274%	100%	100%	-	-
THE MOUNT WARD 3A	722	1.2	4.1	0.2	0.0	0.0	0.0	5.5	63%	176%	100%	-	101%	187%	100%	-	-	-
THE MOUNT WARD 4A	729	1.3	5.2	0.0	0.1	0.0	0.0	6.5	69%	206%	-	100%	97%	254%	-	100%	-	-
YORK - BLUEBELL	180	4.5	11.3	0.0	0.5	0.5	0.7	17.5	62%	78%	-	100%	100%	96%	-	-	100%	100%
YORK - MILL LODGE	218	5.7	10.5	0.0	0.4	1.9	1.5	20.0	72%	136%	-	100%	82%	130%	-	100%	100%	100%
YORK - RIVERFIELDS	210	3.8	5.4	0.0	0.0	0.4	0.0	9.6	60%	109%	-	-	104%	100%	-	-	100%	-
YORK - WESTERDALE	240	3.4	10.1	0.0	0.7	0.5	0.4	15.1	37%	181%	-	100%	139%	108%	-	100%	100%	100%

\* Allied health professionals refers only to Occupational therapists that are included in the ward establishment



## LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

## AGENDA ITEM

17

### MEETING OF THE BOARD OF DIRECTORS

<b>PAPER TITLE:</b>	Medical Director's Report
<b>DATE OF MEETING:</b>	24 November 2022
<b>PRESENTED BY:</b> (name and title)	Dr Chris Hosker. Medical Director
<b>PREPARED BY:</b> (name and title)	Dr Chris Hosker. Medical Director & Directorate SLT

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

<b>EXECUTIVE SUMMARY</b>		
<p>The 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.</p> <p>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?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

<b>RECOMMENDATION</b>
<p>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

24 November 2022

### MEDICAL DIRECTOR'S REPORT

#### 1. EXECUTIVE SUMMARY

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The purpose of this report is to advise the Board of Directors of the status of the Medical Directorate and in doing so, to 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

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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.***

Since the last report we have welcomed the Improvement and Knowledge Service into the Directorate and work has already started on refreshing the Quality Strategic Plan.

The Directorate continues to provide leadership across key improvement projects as follows:

- A fresh cohort will embark on an IHI 90 day learning cycle for clinical outcomes in December 2022
- The Clinical Lead development continues with a facilitated development day in December 2022
- We will be welcoming new internationally recruited doctors in December 2022 and January 2023
- An educational programme to support clinical supervision will commence in November 2022

It is very pleasing to be able to report both that the innovative work aimed at supporting service users to participate in research was recognised through a Medipex award and that one of our Clinical Leads, Dr Schelhase was awarded Speciality Doctor/Associate Specialist of the Year by the Royal College of Psychiatrists.

#### 3. CORE DIRECTORATE FUNCTIONS

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##### 3.1 Personnel and structure changes:

##### **Medical Professional Development Centre /Andrew Sims Centre (ASC)**

A finance review of the work which the Andrew Sims Centre conducts to maintain the consultant and middle tier out of hours rota cover for Red Kite View remains ongoing, supported by colleagues in finance. The ASC business model has historically been self-funding through the provision of continuous professional development. Additional, unfunded responsibilities were taken on as part of the Trust's Covid response. Despite normal business having been resumed, the team have continued to manage some medical rotas on behalf of care services, but without remuneration being diverted from them. It has been recognised that this is not sustainable and the review is aimed at fixing this.

##### **Medical Education Centre**

The focus for the administrative team working in the Medical Education Centre (MEC) is a combination of:

- Medical staffing (maintaining the 1<sup>st</sup> and 2<sup>nd</sup> tier out of hours on-call rotas for doctors in training excluding Red Kite View)
- Delivering medical education from the Royal College of Psychiatrists and Health Education England
- Ensuring the Trusts priorities extend to the doctors in training.

Work is starting to take place with colleagues in workforce and OD to utilise the Trust's E-Systems more efficiently when covering rotas gaps. The capacity released from reducing the administrative burden will then be used to prioritise medical education workload arising from the medical education leadership expansion and the need to deliver Royal College of Psychiatrists curriculum updates.

### **3.2 MEDICAL PROFESSIONAL LEADERSHIP**

#### **Medical staffing levels – vacancies, recruitment**

From July 2022 to October 2022, four Appointment Advisory Committees (AACs) have taken place. Two substantive consultant appointments have been made (ADHD and CREST) and a Trust locum consultant in community Perinatal Service has also been appointed. No appointments were made for the 4 forensic posts (Leeds and York), two Older Peoples Service posts, Eating Disorders, acute inpatients on ward 4 Newsam Centre and ward 1 Becklin Centre and ward 5 (rehabilitation) at the Newsam Centre, despite these being re-advertised.

Consultant vacancies continue in the York Forensic service (3), Leeds Forensic service (1) Working Age Inpatients (2), Connect (3), Older Peoples Community - IHTT (1), WAA CMHT (3), Ward 5 Complex Rehabilitation (1), Learning Disabilities (2). In addition, there has been a recent notice of retirement received from a consultant in the Leeds Forensic Services.

There continues to be an increase in additional agency spending due to Consultant and SAS Doctor vacancies and from maintaining junior medical cover in these areas. Some of the increase is also attributable to regular requests for increase agency rates.

#### **Agency spend details**

As of the 2nd November there were 31 agency doctors booked within LYPFT.

#### **Work taking place:**

The Professional Lead and Medical Directorate Manager are 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 continue to explore countries where qualifications and competencies are transferable to the UK. The suggestions so far are Scandinavia and USA. The Trust has provided information on 3

specific consultant vacancies to HEE which will be included on the advertising website. In addition, contractual status and employment rights of doctors who are applying to this project are being researched due to irregular definitions of fixed term contracts across the ICS pathway.

The Professional Lead and Deputy Medical Directorate Manager piloted a programme with the University of Leeds and hosted Physician Associate students in Q2. There were three students on a three-week placement across acute WAA ward at the Becklin Centre, Rehabilitation at Asket and Older Peoples inpatient wards at the Mount. We are currently awaiting feedback from the University of Leeds. If successful, this could lead to posts being created that would add some medical support to the stretched medical workforce.

Following the success of LYPFT becoming a GMC sponsor for international recruitment into the Educational Specialty Doctor Scheme (a three-year rotation), six doctors have accepted posts out of the seven offered. Start dates are being arranged. There have been challenges around the pastoral support for doctors transitioning to the UK, particularly in relation to sourcing accommodation. A request for additional funding for administrative support to the Workforce Project Lead (Mental Health, Learning Disabilities and Autism) was unfortunately not successful however, interim Trust funding has been approved for administrative time to work with the Deputy Medical Directorate Manager with this piece of work. The Medical Directorate unfortunately, had not been made aware of an external resourcing company which the Trust had procured who have the expertise in this area until very recently. The external organization, White-rose, are now working with the Medical Directorate to secure accommodation. In addition, the Medical Workforce Race Equality Standard (MWRES) lead has identified mentors (who are LYPFT doctors) that have been paired with the incoming overseas doctors. An induction program is being developed with colleagues in the Medical Education Centre, SAS Tutor, SAS Advocate and Professional Lead.

As of 10<sup>th</sup> November 2022, work is also underway with the Royal College of Psychiatrists to use their website as a further recruitment platform in advertising our medical vacancies. There is a cost associated with this and the Medical Directorate Manager is progressing this alongside the Deputy Medical Directorate Manager, Royal College of Psychiatrists and Clinical Services. In doing this it will widen the pool of advertising and will reach out to eligible doctors who may be working overseas.

### **Higher trainees**

In October, the Trust had a new intake of higher trainees all of whom have been approached to discuss career opportunities and flexible working at LYPFT.

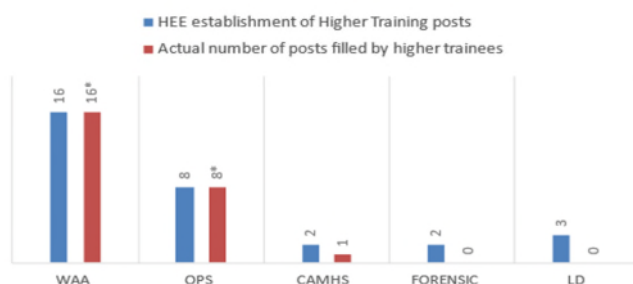
The Medical Directorate Manager has been reviewing data to map against workforce planning to identify higher trainees nearing completion of training. HEE has allocated the Trust a full cohort of higher trainees (October 2022 rotation) in

Working Age and Older Peoples' services (a hybrid of whole time equivalent and less than full time trainees). CAMHS (which includes Red Kite View and Mill Lodge) will see a full rotation in February 2023, forensic higher training posts and learning disabilities are vacant (as not a full training scheme).

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

## LYPFT Allocation of Higher Trainees

HEE ESTABLISHMENT OF HIGHER TRAINING POSTS



\* Posts filled of hybrid WTE & LTFT

integrity | simplicity | caring

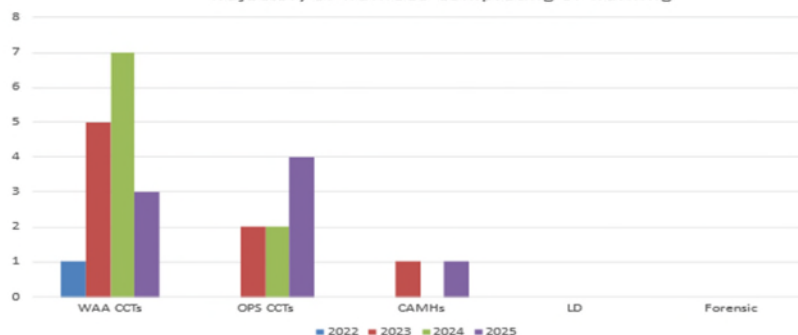
[www.leedsandYorkpft.nhs.uk](http://www.leedsandYorkpft.nhs.uk)

Below provides a trajectory by specialty to aid this work, identifying that 2023/2024 will see a peak of higher trainees completing training:

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

## Trajectory of Trainees Completing Training

Trajectory of Trainees Completing of Training



integrity | simplicity | caring

[www.leedsandYorkpft.nhs.uk](http://www.leedsandYorkpft.nhs.uk)

To support recruitment, a standardised job advert for consultant posts has been revised to include incentives such as relocation package and flexible working. The Andrew Sims Centre external facing website now has a recruitment tab on the page which links to Trust medical vacancies on NHS jobs and is regularly advertised on social media.

### 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 who, will be replaced by an Educational Specialty Doctor recently recruited as part of the international recruitment
Working Age (WA) Community + Wellbeing Service	<p>WA South CMHT has one LTFT consultant vacancy and one LTFT consultant on a career break. 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>WA West CMHT has one consultant vacancy, and an agency consultant is filling this vacancy while recruitment plans are taking place. A further consultant is working their notice period.</p> <p>Recruitment for a Specialty Doctor had taken place and the successful candidate unfortunately withdrew.</p> <p>WA East CMHT currently has one agency Specialty Doctor who will be replaced by an Educational Specialty Doctor recently recruited as part of the international recruitment</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 and covered internally. One substantive acting consultant is on long term sickness. Work to find a GP medical agency Doctor to cover physical health on the inpatient ward was not successful.</p> <p>Ward 5, Newsam Centre is covered by an agency Consultant. Recruitment plans are in place.</p>
Forensic services	<p>York forensic based psychiatry is wholly provided by agency doctors overseen by the clinical and medical psychiatry lead. AACs scheduled in October 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 and there has been a recent retirement resignation creating another vacancy from February 2023</p>
Older Peoples Services	Agency cover remains in place for the IHTT consultant, Specialty Doctors and Core Trainee.
Learning Disability	There are two consultant vacancies. The service is reviewing the service and what is needed with regard to staffing levels.

CAMHS Services	<p>Red Kite View is fully recruited following the appointment of the Specialty Doctors starting in February 2023.</p> <p>Mill Lodge, one substantive consultant is on a career break for 12 months, workload is being covered internally with agency cover being sourced to cover periods of annual leave.</p>
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### **Current state of medical line management**

There are a high number of vacancies for medical line manager roles due to a combination of leavers, career breaks and long-term absence. Although vacancies are advertised, doctors are not applying to the posts, citing workload and reduced capacity. These vacancies are currently covered by the Clinical Director (responsible for recruitment/retention) and the Professional Lead. It is recognised that this arrangement is neither sustainable nor able to offer the highest standards of line management. A review of the current workforce structure is starting to take place.

Following a proposal with the Head of Operations and Clinical Director for Working Age Services regarding additional consultant staffing, a job description has been written for a pilot of a model on ward 1 Becklin Centre. This involves a full time Consultant split post which is part clinical and part medical lead. This is currently out to advert.

### **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 are constructing a more purposeful framework for job planning which will link with the already very successful process for medical appraisal. Having been paused due to the pandemic this will be put back on the directorate work plan.

### **3.2 Specialty Doctor and Associate Specialist (SAS) Advocate update:**

Since starting in post in April 2022, Dr Eve Randall has been networking to raise the profile of the SAS Advocate role by raising awareness and promoting/improving support for SAS doctor's health and wellbeing within the Trust.

A staffnet page has been created which was included in the 'Wellbeing Wednesday' newsletter in October and is now included in the Medical Directorate pages.

Following a sample survey of the SAS group relating to wellbeing at work, a collaborative piece of work with colleagues in the Engagement team has taken place to examine the results of the Trust-wide survey in terms of different doctor groups. The outcome of the survey was shared with the SAS Committee for comments and discussed at the Senior Medical Leadership Group. The key points raised were:

- SAS doctors feeling less connected with peers particularly in relation to reduced face-to-face contact since the pandemic
- Difficulties accessing Continuous Professional Development
- Feelings of being burn out by work demands

- 1 respondent had experienced bullying and harassment in the workplace. It is not clear if this was from colleagues or service users/carers. Regardless, this is a concern.

In terms of positive findings work environment was generally felt to be supportive

There were some similarities with the results of the general staff survey sent out Trust wide by the Engagement team in 2021.

Steps taken to address feedback included the reintroduction of face-to-face peer support groups for SAS doctors. The intention of the peer group is to create a safe space for discussion which will support investigating the survey response of bullying and harassment in the workplace as well as other concerns. Key individuals in the organisation e.g. Freedom to Speak up Guardian, as well as outside the organisation e.g. BMA relationship officer, have been, or will be, invited to join for part of the peer support meetings.

Access to protected time for continuing professional development will be explored to emphasise the importance of job planning and of discussing demands with supervisors when they impinge on development. An away-day is planned to take place on 23rd November which will focus on wellbeing, mindfulness, and burnout avoidance. A further educational away day is planned for February 2023.

The SAS Advocate role is embedded within the Trusts (and external) governance structure as a member of the Joint Local Negotiating Committee, LYPFT Staff Engagement Team, Yorkshire Regional SAS Committee, attendance at BMA/NHS Employers meetings and a National SAS Advocate Group.

Moving forward, exit interviews for SAS doctors will be completed by Dr Eve Randall. An induction programme is being co-developed for the international recruitment doctors (appointed to the Educational Specialty Doctor Scheme) and working is taking place on proposals enabling appointments to Specialist Grade Posts alongside HR and medical leads.

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

The Andrew Sims Centre (ASC) team are delighted to be co-organising and supporting the Trust's Veterans & Ex Armed Forces in Mental Health Services Training Programme. This is a series touring the North of England that provides training for healthcare staff to better understand both the context of military life and how to appropriately respond to patient need. In addition, ASC are co-organising other large event management projects with colleagues within the Trust e.g. to deliver the Healthcare Support Worker and Personality Disorders and Complex Traumas conferences.

### **3.4 Medical Education**

The Trust were also delighted to host the HEE Senior leadership engagement meeting on 29<sup>th</sup> July 2022. This meeting is arranged by HEE and aims to strengthen working relationships with LYPFT and develop an understanding around the commitment to the education and training quality agenda. The Trust was complimented on receiving consistently excellent feedback from learners. The HEE National Education Training survey (NETS) and GMC National Training Survey were reviewed. In the NETS, the Trust ranked 1st in the region for the following areas: Learning Environment and Culture, Supporting and Empowering Learners, Delivering Curricula and Assessments and was ranked 2nd in the region for: Educational Governance and Leadership. The latest GMC survey feedback was also extremely positive, with no patient safety or bullying and undermining concerns raised as part of the survey process.



Continuing with the good news, three of our higher trainees have commenced the RCPsych Fellowship of Leadership and Management Scheme. Their projects include exploring factors that impact upon consultant recruitment; expanding sharing of information across Leeds Care Record; roll out of mobile devices across wards and piloting Patient Portals. A further higher trainee has been successful in appointment as part-time RCPsych Health Inequalities Fellow for a year whilst continuing part time in training in Old Age Psychiatry in the Trust.

To maintain our excellent reputation as a medical education provider, some further innovations have been created since our last report. In line with the medical strategy and enabling sustainability and succession planning for medical education and ultimately a fulfilled and thriving consultant workforce, the Director for Medical Education (DME) has created and implemented some junior doctor leadership and management roles. These are unique to LYPFT. The posts include a Higher Trainee as a member of the Medical Education Leadership and Management Team (MELM) working with the DME and Director of Undergraduate Medical Education (DUMGE) one day a week in their special interest time and two Core Trainee Undergraduate Tutors who are supervised to co-ordinate their peers to deliver the medical student teaching. This has enabled capacity for the increased medical student numbers without significant impact on our consultant trainers. In addition, to meet the needs of new Postgraduate Psychiatry Curriculum (August 2022) MELM also welcomes Dr David Leung as Director of Postgraduate Medical Education- training lead (DPGME) and Dr John Barker as LYPFT addictions tutor.

A continued challenge in the Trust and nationally is the new RCPsych curriculum delivery on the coal face. Historically and currently consultant trainers are job planned at 1 hour per trainee per week to deliver educational supervision and meet appraisal (ARCP) requirements. The new curriculum requirements have significantly increased administrative burden to learner and trainer. DME remains in dialogue with HEE and the College to review the increased workload and need for this to ensure trainee progression but prevent trainer burn out.

Finally, the national redistribution of tariff funded specialty training posts has confirmed the loss of eight posts in old age psychiatry (28% reduction) over the Yorkshire and Humber region over the next 5 years. This will significantly impact on LYPFT workforce planning for Consultants in Older People Services and all services second tier medical on call as LYPFT currently hosts a third of the tariff funded old age posts in the Yorkshire and Humber region. The DME is considering all options to maintain sustainability, including Trust funded training posts, and will keep EMT regularly updated.

### **3.5 RESPONSIBLE OFFICER**

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#### **Appraisal and revalidation**

Since the last report two consultants and one specialty doctor have been appointed and trained as medical appraisers. With the support of the medical appraisal team they have begun working with the other medical appraisers to ensure that all substantive doctors in the Trust continue to receive high quality and timely appraisals which support their development and learning while also providing assurance as to their fitness to practice. In the last quarter (Q2) 26 appraisals were undertaken and 4 recommendations for revalidation were approved by the GMC. There were no missed appraisals.

The structures and processes underpinning appraisal and revalidation have been reviewed since the last report and an updated Medical Appraisal Procedure has been ratified by the policies and procedures group. The Medical Workforce Race Equality Standard (MWRES) lead has begun work to address the indicators specific to medical revalidation and appraisal with the RO and regular meetings have continued with representatives of the Trust's appraisal platform (L2P) to review the functionalities with the e-software with a view to working towards implementation of a new GMC-approved e-medical appraisal format (Medical Appraisal Guide (MAG) 2022) in Q1 2023.

#### **Managing concerns about medical staff**

The Trust's Managing Concerns About Medical Colleagues policy was ratified in Q4 2022. Following this the BMA released new relevant guidance which has since been incorporated into a revised Trust policy. This has been submitted to the Joint Local Negotiating Committee for consultation prior to ratification by the policies and procedures committee.

Case Investigator training for doctors and workforce colleagues who have recently taken on management responsibilities has been arranged for Q3 and will ensure that we continue to have an adequate number of MHPS-trained investigators for any future investigations. There are currently 3 preliminary investigations underway regarding doctors previously or currently working in the Trust.

A peer review of practice is scheduled to take place in Q3 in accordance with NHSE recommendations.

## **4 CLINICAL LEADERSHIP AND QUALITY OF CARE**

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#### **Developing Clinical Leadership:**

Dr Paul Perry and Dr Mike Smith will be joining the Clinical Leads cohort having been appointed as Clinical Leads for Veterans and ADHD services respectively.

As part of the ongoing clinical leadership development programme, 7 frontline, multi-disciplinary team (MDT) focus groups have been organised and facilitated to explore staff views on the skills and attributes of good / high quality clinical leadership. Using the information shared, staff were also asked for their views and ideas on how the organisation could best support the development of the skills and attributes they identified. The focus group discussions have been conducted with the following teams / services who volunteered to participate within the work:

- OPs CMHT (Mill Field)
- LADS
- PD Service
- Gender Service
- Perinatal service
- Veterans service
- Addictions service

The emerging themes and outcomes from the above focus groups will be documented within a written report and will be initially presented for discussion within Trust Wide Clinical Governance meeting.

The report findings will form a key part of the information that will be shared and used within the Clinical Lead Development Day which is planned for the 14th of December 2022. The Clinical Directors have met with the external coach to commence the planning for the development day. An initial outline for the day has been designed. To encourage engagement within the event, conversations are being held by each Clinical Director with their respective Clinical Leads and discussions have been held in the Clinical Lead Forum. A short summary document has been written outlining why this work is being carried out, the aim, a summary of the work completed to date and the plans for the development day.

### **Clinical Supervision**

The training aspect has now been finalised with people appointed in training roles as per the agreed and funded business plan. It is intended that the first round of such training will take place early November.

The Deputy Director of Nursing commissioned the development of a proposed SOP focusing on the specific context and requirements for supervision for nursing staff. This followed some discussion that the current policy might not be sufficiently sensitive regarding such particular details. The first draft has been shared and feedback provided before having been considered at the Nursing Council during the week of 17 October.

Work continues with the recording team about further cleansing of data. Clinical Leads in all services have also been invited to offer suggestions of how recording could be improved. Following suggestions, pilot projects in some teams are planned to start by January.

An annual update report, detailing all aspects of clinical supervision, was presented at the November TWCG.

### **CQuin**

In partnership with the Medical Director and Deputy Chief Operating Officer, measures for early referral for cirrhosis following problematic impact of alcohol use, has been identified. Processes of establishing the collection of blood, processing, and in particular recording of results, are currently being put in place with support from LTHT.

The largest area for development, for this project but also more generally, remains the inconsistent and thorough communication of steps taken and implemented between all involved.

### **Trauma Informed Care**

A video clip critically discussion this clinical approach, has been shared with senior leaders in the Directorate as well as all Clinical Leads aimed at continuing a conversation about implementing a trauma friendly organisation.

Meetings have been arranged with the clinical psychologist from Forward Leeds, who received very positive feedback from the CQC regarding the TIC aspect of their clinical work. This is aimed at generalising across clinical services what was implemented within that service.

## **5 MEDICINES SAFETY**

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The pharmacy service has been operating in business continuity due to staffing levels since July 2022. The service is carrying numerous vacancies as well as high levels of sickness. Recruitment of staff is proving challenging (and time-consuming), there is a national shortage of registered pharmacy professionals which is unlikely to resolve in the near future. Pharmacy managers are working with the HR/ OD team to mitigate this, by for example, creating new roles for non-registered staff and developing strategies to improve staff retention.

With senior pharmacy staff currently providing frontline services there is very limited capacity to progress any new medicines governance or pharmacy service development work.

Trustwide there has been a notable increase in datix reports relating to clozapine with 3 main themes, dispensing errors (strength and quantity errors), communication regarding re-titration and prescription changes. A resumption of the multidisciplinary QI work, paused at the start of the pandemic has been requested and could potentially help with the transition of clozapine prescribing onto the EPMA (electronic prescribing and medicines administration) system. The covid and flu Autumn booster vaccinations for both staff and patient have commenced.

## **6 CLINICAL INFORMATION MANAGEMENT**

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During the last months, there has been considerable progress on the digital agenda. The new Digital Plan has been socialised in the organisation and with key partners. It builds on the previous plan, remains focussed on key organisational priorities, and is agile enough to adapt to change. The Care director Governance group continues to oversee innovation of our core system. We continue to work to improve clinical processes for front line staff. The current focus is on care planning. We now have a new care planning process and will deliver this for Trust wide use from February 2022.

We have expanded our digital change offering to include staff dedicated to ePrescribing for the first time. This has improved engagement and communications about this key system. We are currently awaiting the next upgrade of Caredirector which should deliver key integrations with Outlook and the NHS Spine.

The move to electronic document management continues in line with the original timelines and three services poised to take part in a pilot at the start of 2023 with full support from the project and implementation team.

## **7 RESEARCH AND DEVELOPMENT**

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During the last quarter 4 new studies have opened in the Trust.

- Couples' experiences of mother and baby units (MBUs)
- Understanding the experience of clinicians who assess suicide risk
- Serious incident investigations and suicide

- How does including curated artwork within the hospital environment impact mental health improvement of young people and their families during an inpatient admission

We were unable to appoint a replacement to the Research Clinical Lead post. This has meant we have a gap in our academic expertise. We are seeking alternative ways of filling that post. We have had a new member of the team start, Agnes Wood, who is a Research Patient Ambassador for Children. She joins us for 6 months to support the set-up of a Young Persons Advisory Group for Mental Health Research. We won an award with Medipex for Innovation in Systems and Processes for the Consent4contact work. This allows service users to record their consent to be approached about research opportunities by the research team directly. We have awarded 4 pump priming grants to support small scale research projects to progress.

## 8 IMPROVEMENT AND KNOWLEDGE SERVICE

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The Improvement and Knowledge Service are now part of the Medical Directorate and consist of an integration of Clinical Audit, NICE Guidance Implementation, Continuous Improvement, People and Change, and the Library and Knowledge service. Their vision is to build a culture that uses knowledge and improvement to provide outstanding mental health and learning disability services. The support, coach, train and facilitate activities and projects to make changes that matter to our service users, carers, staff, partners and the wider community.

We face challenging situations in health care every day and these problems require different responses based on complexity from a technical solution for simple problems to adaptive solutions for complex problems. Their objectives include:

- o Supporting leadership for quality improvement
- o Creating an environment to support quality improvement
- o Seeking to improve relationships and processes within the right culture
- o Focusing on enhancing activities that generate the most value and removing as many waste activities as possible
- o Making information accessible, understandable, and useful for knowledge users through working collaboratively
- o Taking research and evidence and applying this into best practice
- o Supporting the implementation of nationally and locally agreed guidance and standards and measuring clinical performance against 'best practice'

All members of the Improvement & Knowledge Service completed the Safe Reliable Effective Care Framework maturity assessment in October 2022, and the responses have been collated into a series of graphs and themes for discussion at a full team Away Day, due to take place in December 2022. The team will review and reflect on the results and generate a development plan to improve the maturity over the coming year. The radar chart below shows the mean maturity score for each component across the department.



We are also currently reviewing our structure and offerings to ensure the department is best placed to support the needs of the organisation, this is being done in consultation with those services we support.

## 9 MENTAL HEALTH LEGISLATION COMPLIANCE

Mandatory training compliance has increased with MCA/DoLS but decreased with the MHA inpatient training. This has been compounded by issues with the Learn system which is directing staff to book on the incorrect course. We continue to work with the Learn team to solve this as it is creating considerable additional work for the MHL team and results in available training place being unused.

### Top Level by Requirement Title

Report database last refreshed on 21/10/2022 at 01:51:32

KEY: 0-74% 75-84% 85-100%				
Requirement	Number compliant	Number non-compliant	Total Headcount	Compliance status
Mental Capacity Act and DoLS Level 2	881	173	1054	84%
Mental Health Act (Inpatient) Level 2	298	100	398	75%
Mental Health Legislation Awareness Level 1	1439	212	1651	87%
<b>Overall:</b>	<b>2618</b>	<b>485</b>	<b>3103</b>	<b>84%</b>

We are working with the team at Red Kite View to prepare for the opening of the CAMHS s.136 service, this includes advice, support and training for staff in the run up to opening.

Our partnership work with the British Institute of Human Rights launched with a presentation to the board on 13 October 2022. This will run over the next year and includes a session for service users and carers on 16 November 2022.

We have noted a reduction in errors on AMHP applications over the last quarter following our work and training with the AMHP service.

## **10 CONCLUSION**

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This extensive report provides an overview of the major pieces of work being conducted within the medical directorate and the areas of work that required ongoing focus and support.

## **11 RECOMMENDATION**

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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**

24<sup>TH</sup> November 2022

**AGENDA  
ITEM**

**18**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Director of People and Organisational Development
<b>DATE OF MEETING:</b>	24 November 2022
<b>PRESENTED BY:</b> (name and title)	Darren Skinner, Director of People and Organisational Development
<b>PREPARED BY:</b> (name and title)	Darren Skinner, Director of People and Organisational Development

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

<b>EXECUTIVE SUMMARY</b>		
<p>This is the second report of the Director of People and Organisational Development for the Board of Directors at Leeds and York Partnership NHS Foundation Trust. The first report to the Board concentrated on Our People Plan and the work identified and delivered as part of the three-year roadmap. This second report is centred around the activity over the past year by each of the portfolios that make up the directorate. It is proposed that the next report will concentrate primarily on the workforce metrics and challenges as we develop our cultural dashboard.</p> <p>The directorate consists of the following areas of business.</p> <ul style="list-style-type: none"> <li>• People Resourcing and Organisational Development</li> <li>• People Experience</li> <li>• People Employment; and</li> <li>• People Analytics and Temporary Staffing</li> </ul>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

<b>RECOMMENDATION</b>
<p>The Board 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>



## MEETING OF THE BOARD OF DIRECTORS

24 November 2022

### Director of People and Organisational Development Quarterly Report

This is the second report of the Director of People and Organisational Development for the Board of Directors at Leeds and York Partnership NHS Foundation Trust. The first report to the Board concentrated on Our People Plan and the work identified and delivered as part of the three-year roadmap. This second report is centred around the activity over the past year by each of the portfolios that make up the directorate. It is proposed that the next report will concentrate primarily on the workforce metrics and challenges as we develop our cultural dashboard.

The directorate consists of the following areas of business.

- People Resourcing and Organisational Development
- People Experience
- People Employment; and
- People Analytics and Temporary Staffing

### LYPFT Collective Leadership

For a number of years, the Trust has been working to develop and move towards creating a collaborative, inclusive and compassionate culture. To support this there has been an on-going focus on adopting collective leadership approaches, particularly amongst the senior leaders. In 2021 and following the experiences of the Covid-19 pandemic, the Trust Executive Team commissioned a small project team, led by Claire Kenwood, Director of Improvement, Oonagh Gaff, External Consultant and Angela Earnshaw, Associate Director, People Resourcing and OD, who have been responsible for the design and delivery of a collective leadership process for all senior leaders. The aim of the process is to supply the necessary structures, processes and inputs and support required to develop an effective, sustainable, and evolvable culture and practice of collective leadership.

The project team have, throughout the work, adopted the principles of collective leadership, this has included consistently modelling this way of working and leading as well as learning from the emergent experiences.

The work is being delivered in two phases, phase one, collective engagement and discovery and phase two implementation. The phase one work is now complete. Phase one has involved identifying the core leadership population for the initial work and the aim was to create shared understanding of the requirements of collective leadership, build awareness of what might be required to help a collective leadership approach, get real traction on what will make the real

difference and identify together what support might be needed individually and collectively to move forward. This phase had the following key elements:

- Identifying the core leaders who are the collective leadership population
- Small group briefing sessions
- One to one coaching conversations
- Development of a current picture of the state of play of collective leadership in the Trust
- Development of collective leadership principles
- Three collective leadership workshops, sharing the current picture and identifying next steps actions and support
- Development of a final phase one report and recommendations for development actions that will inform phase two.

The final phase one report has now been circulated to all the leaders who have been involved in the work to date. The report contains recommendations to take the work forward. Phase two will include agreed development activity to support individuals and collectives in continuing to build their capacity and effectiveness in collective leadership. The recommendations are based on the data and responses gathered from the collective leadership workshops and the project teams own experience of change and development. At the same time, in the current context of services and teams facing unprecedented challenges, it is vital that development is taken to the leaders rather than being seen as an intervention that takes people away from busy roles and services.

The project team and the Trust Executive Team are currently involved in discussions to agree how best to take forward a workable implementation plan to deliver the phase two recommendations. At the same time, a steering group is being established to lead and steer phase two of the work and this will include a wider group of Trust experts and stakeholders.

## **People Resourcing and Organisational Development**

The Organisational Development team have delivered a substantial number of achievements in supporting the organisation develop and respond to an increasing number of challenges during the past year. There has been a significant demand in terms of support to specific teams within care services as well as our Estates and Facilities function as well as interventions to address growing incidents of issues around civility, respect and culture challenges understandably exacerbated due to staffing challenges and a workforce that continues to recover from the impact of the Covid-19 response and impending winter challenges.

A number of initiatives that were suspended as part of the Covid-19 response have been re-established which include the Leeds City Coaching Network and partnership development with the Mental Health Collaborative of a joint offer including the Mary Seacole Leadership Program and coaching and mentoring offer. The team have also been key in a collaborative approach with key stakeholders to deliver organisation-wide Agile and Hybrid working policy and approach and are supporting teams in workshop delivery to encompass agile working practices tailored to their needs. The Affina Team Journey continues to be supported as well as a self-service hub for team development and to support the Affina program.

We have reviewed and refreshed the Trust Welcome event and induction policy following engagement and feedback from colleagues, and this has been well received. In addition, the team are finalising a new and refreshed approach to manager development through a new

program '360 Manager' which has been co-created to address the absence of key skills and development of our people managers. In order to address the challenges of the future the team are developing and introducing an Organisational Development Consultancy model and plan to role out a pilot approach in due course following endorsement from EMT.

A significant challenge for Workforce Planning and Resourcing is addressing the high number of vacancies which forms part of a national challenge due to insufficient numbers of training places against demand and an aging workforce. Key to this work has been the Strategic Workforce Planning that the team have undertaken with key stakeholders to produce nine strategic workforce plans and alignment with an organisation-wide Learning Needs Analysis. This along with the development of a new Talent Management Framework and a new Personal Development Review (moving away from the traditional 'Appraisal'), is designed to help develop and 'grow our own' in line with commitments set out in Our People Plan. We have developed a sustainable training plan to support new roles and apprenticeships in line with our workforce plans as we" as development of an apprenticeship strategy to maximise the apprenticeship levy. Support is also being provided to significant change programs within care services in respect of the Community Mental Health Transformation.

The team have also delivered a significant number of initiatives and projects to address the workforce challenge, which has included:

- Recruitment of ten Assistant Support Workers as part of the 'Kickstarter' program
- Recruitment of ten nurses as part of our International Nurse Recruitment project
- Supported the submission to gain 'Silver status' of the Armed Forces Covenant / Employer Recognition Scheme providing a guaranteed interview for armed forces personnel and their families
- Facilitated and undertaken virtual recruitment fairs
- Development and launch of a Colleague Retention Survey designed to capture workforce information on colleagues' intention to leave the organisation and measures we can take as an organisation to address issues raised

## **People Experience**

The People Experience team comprises of xx key areas of service delivery which incorporates Wellbeing, Equality, Diversity and Inclusion, Communications, and People Engagement. Our key investments as a directorate have been within this function of our directorate in order to deliver on our commitments in Our People Plan and to recognise the importance of the wellbeing of our workforce.

### ***Wellbeing***

The Wellbeing team have had a significant impact within the organisation, and this is validated by the significant feedback that we receive as a result of face-to-face contact with colleagues across the organisation as well as written feedback received. As an organisation, we are working towards Menopause Friendly Accreditation which we aim to have by the end of 2023, which involves guidance for colleagues and managers, a support group and training across the organisation. This work was launched with a Menopause Festival held in April, which received phenomenal support and positive feedback, with other organisations including the Metropolitan Police seeing it as an exemplar and requesting information and guidance from us. Implementation and development of our offer of the Critical Incident Staff Support Pathway (CrISSP) has developed at significant pace, with the appointment to a substantive role of the

People Wellbeing Lead following a successful pilot. We have trained 23 facilitators and have supported, so far, 220 staff through a post incident support session. As part of the wellbeing offer, the team can be seen regularly undertaking face-to-face support visits to care service areas to understand how colleagues are and what we can do to improve their working lives. As part of this work we have introduced a 'Wellbeing Buddy' pilot, where four wellbeing facilitators support four acute inpatient areas with additional face-to-face support and providing an opportunity for colleagues to be 'listened to' and understand the support available, with the intention to role this out wider. The Wellbeing Assessment introduced as part of the Covid-19 response has been significantly redesigned as a result of feedback and now forms part of the Personal Development Review process and is captured in an electronic form on our new 'Perform' platform. We delivered 'Wellbeing Boxes' to colleagues across the organisation which were very well received. When we compare our organisation to others within the region, we have a significant Wellbeing offer for our colleagues, which we continue to develop.

### ***People Engagement***

The People Engagement Team has received stability in the appointment of two substantive roles supporting this important function within the team. The team support the delivery of the Staff Survey and have presented the Staff Survey results to 29 services / teams / groups and meetings which have yielded 24 local intention plans to drive improvements across the organisations. The team were instrumental in the introduction of a National Staff Bank Survey with NHSEI and support the Staff Bank with engagement and extra-ordinary meetings, which has resulted in specific action orientated plans to improve working experiences. The team are also responsible for recognising and rewarding our people, and as part of this work enabled 105 teams to physically get together as part of the *Big Thankyou* and issued 3700 Covid Stars. This received positive feedback as "*the best thing we've ever done*" in the organisation. The team also oversees the *Team of the Month* and the *STAR* awards, as well as organising and issuing our annual £50 voucher scheme at Christmas, which this year we have increased to £100 in recognition of the cost-of-living challenges.

### ***Equality, Diversity, and Inclusion***

The work of the EDI team has seen significant improvements in our organisational response and development pertaining to protected characteristics, but we continue to have significant challenges as part of our commitment for our people to be the best they can be at work. We have introduced a number of Cultural Inclusion Ambassadors who advise and constructively challenge as part of our revised disciplinary and recruitment processes and consequently we have seen a significant reduction in the number of colleagues entering formal processes from a black and minority ethnic background. The Reciprocal Mentoring program has commenced its second phase and adapted as a result of learning from the first program and has been extended to colleagues who identify as disabled or from the LGBTQ+ community. The Staff Networks have seen significant change in the support and governance we offer with the introduction of paid time off for the Chair's to undertake their role and clear recruitment paths to elect the Chair role.

We have introduced the *Calibre Leadership Program* following a successful bid for funding to support an identified gap in leadership and development support for disabled colleagues and the first cohort has been recruited to the program. We have also reviewed and implemented a clear model and process to streamline and support colleagues with reasonable adjustments and specialist equipment requirements.

A number of EDI campaigns have been developed and delivered with activities and communications covering Inclusion Week, Black History Month, Disability History Month to name but a few.

## **Communications**

The Communications Team have been kept busier than ever this year with significant pieces of work and day-to-day demands for support. They have introduced new ways of working in a team structure and workflow prioritisation to help improve forward planning and delivery of strategic objectives. The team were instrumental in the *Big Thankyou* fortnight which was a huge success for our brand on social media attracting over 57,000 people with positive content. Instrumental to our cost-of-living response, the team developed a campaign and wellbeing hub on our Intranet site as well as the Wellbeing Wednesday Newsletter, Absence Support Pathways and the new CrISSP.

The team designed and managed the impressive interactive Our People Plan pages. A number of colleagues have stated that the People Plan and our presentation and commitment to it was the influence to join us as an organisation. The team have led and delivered on key projects which include Red Kite View, Memorial and commemoration of the late HM The Queen, development of StaffNet, our Staff Vaccination program and Care Service Plans on a page

## **People Employment**

The People Employment team have been kept busier than ever starting the year off with preparation for Vaccination as a Condition of Deployment (VCOD), which took significant work prior to the decision to rescind the rapid introduction of the legislation. The team led the design, development, and implementation of our Agile and Hybrid working model in conjunction with their OD colleagues, particularly supporting the closure and organisational change process around the closure of our Trust HQ at Thorpe Park.

The team have designed and implemented the new Disciplinary Policy and Approach, where there was quite a lot of uncertainty that this innovative approach of early resolution and restorative justice would work in the organisation, but our vision came to life. It has had massive success with the use of Cultural Inclusion Ambassadors and an alternative approach regarding suspensions, and resolution. We have seen tangible benefits in the number of formal cases reducing with the time saved being significant. We now have a robust toolkit of support which the HR Ops team have supported and developed.

Approval of the Managing Concerns about Medical Colleagues (Maintaining High Professional Standards) Procedure in partnership with the BMA has been achieved, has taken nearly six years. The team are in the process of implementing a new Annual Leave Exchange Scheme. It is a flexible benefit that should enable all colleagues to buy, sell or carry over leave at the start of each year. The team have been instrumental in our Cost-of-Living task and finish group which has a broad range of members and has good engagement – with eleven recommendations being supported by the Executive team for implementation.

The team are also key in our planning and preparedness for current state of industrial relation in respect of proposed and impending industrial action.

## **People Analytics and Temporary Staffing**

### ***People Analytics***

Our People Analytics team have undertaken a significant amount of work this year in the development, implementation, and support to introduce a new Learning Management System (LMS) to replace *iLearn*. The team oversaw the implementation and migration to the new platform in July which was the culmination of a year of preparation and the joining of two new teams. Additionally, we launched the new *Perform* platform as part of the new *Learn* system which is our new Performance Development Review system with enhanced functionality and LNA.

The team also implemented a new e-expenses system to enhance user experience and simplify the claiming of expenses which colleagues can access through an App. The team also continue to support workforce planning and are key to providing workforce data to assist the organisation understand and plan its delivery of services.

### ***Temporary Staffing***

The team has seen the Staff Bank grow and have streamlined its recruitment processes, improving efficiencies in responding to ever increasing demand. Joining our Staff Bank is seen as a springboard to career opportunities within the organisation. As part of our offer, we look after our staff through providing our Bank Staff with a voice through staff forums and providing financial support for shift cancellations due to Covid-19 and workplace injury allowance claims. The Responsive Workforce Team makes a huge contribution to maintaining patient safety by covering staffing shortfalls in hard-to-fill posts and services. This innovative solution has attracted significant interest from other organisations.

Darren Skinner

**Director of People and Organisational Development**

November 2022

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**AGENDA  
ITEM**

**19**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Guardian of Safe Working Quarterly Report Quarter 2: 1 July 2022 to 30 September 2022
<b>DATE OF MEETING:</b>	24 November 2022
<b>PRESENTED BY:</b> (name and title)	Dr Chris Hosker, Medical Director
<b>PREPARED BY:</b> (name and title)	Dr Ben Alderson, Guardian of Safe Working Hours

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

<b>EXECUTIVE SUMMARY</b>		
<p>The purpose of this report is to give assurance to the board that doctors in training are safely rostered and that their working hours are compliant with the Junior doctors contract 2016 and in accordance with Junior doctors terms and conditions of service (TCS). Key points to note are</p> <ul style="list-style-type: none"> <li>• There have been 7 exception reports and 0 patient safety issues recorded in this period</li> <li>• Junior Doctors Forum met in October 2022. A review of internal locum rates and rest periods is currently underway for the PROC rota. The Guardian will take up the position of Clinical Lead for OPS from January 2023 and is seeking assurance for the BMA that this will not be in conflict with the TCS. JDF members have been asked to raise any concerns they hold about this before the next JDF.</li> </ul>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

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

## MEETING OF THE BOARD OF DIRECTORS

24 November 2022

### Guardian of Safe Working Hours Report

Quarter 2 July 2022 to September 2022

#### 1 Executive Summary

The purpose of this quarterly report is to give assurance to the board that doctors in training are safely rostered and that their working hours are compliant with the [Junior doctors contract 2016](#) and in accordance with [Junior doctors terms and conditions of service \(TCS\)](#). The report includes the data from 01.07.2022 to 30.09.2022.

#### 2 Quarter 2 Overview

Vacancies		There are 39 Core trainees and 2 NIHR posts					
		There are 5 vacancies in the Higher Trainee establishment					
Rota Gaps		July		August		September	
		CT	HT	CT	HT	CT	HT
	Gaps	9	7	7	5	22	5
	Internal Cover	9	7	2	5	19	5
	Agency cover	0	0	0	0	0	0
	Unfilled	0	0	5	0	3	0
Fill Rate		100%	100%	29%	100%	86%	100%
Exception reports (ER)		1	0	1	0	5	0
		There were 7 ERs raised during this reporting period. No ERs related to patient safety issues.					
Fines		None					
Patient Safety Issues		None					



Junior Doctor Forum (JDF)	<p>Meeting held in October 2022.</p> <ul style="list-style-type: none"> <li>• There were 5 exception reports in September. 3 relate to one ward and the Dr there has been supported to ensure they now routinely leave on time from their core placement. The other 2 ERs relate to working over when on-call to ensure documentation was completed after handover. These were unavoidable situations and the Drs were satisfied with the ER outcomes.</li> <li>• The ER for July was submitted by a CT in Red Kite View who had worked over their hours in core post on 4 occasions since starting their post in February 2022. There were supported to submit 1 form as a cumulative record and were compensated with TOIL as per their desire. The Guardian raised this with the ES for the ward who reflected that it had been a period of high acuity and ensured that this did not recur for the CT. The Dr was happy with the resolution</li> <li>• The August ER was made on a weekend where a CT was missing from the rota. There were no patient safety incidents but the workload was higher than usual. This reflects the unfilled shifts for that month. As no cover could be sourced the Drs on shift were paid an equal portion of the allocated locum Dr funding. . This incentive is now a permanent feature of shifts in this situation.</li> <li>• A review of internal locum rates and rest periods is currently underway for the PROC rota</li> <li>• The Guardian explained to JDF that they will be taking up the role of Clinical Lead for OPS from January 2023 The Guardian is seeking assurance from the BMA and Medical Director that there will be no conflict with the TCS in this regard and has asked JDF members to share any concerns they hold about this before the next JDF.</li> </ul>
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### 3 Conclusion

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

#### **4 Recommendations**

The Board of Directors are asked:

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

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

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Annual Report from the Freedom To Speak Up Guardian
<b>DATE OF MEETING:</b>	November 24 <sup>th</sup> 2022
<b>PRESENTED BY:</b> (name and title)	John Verity - Freedom To Speak Up Guardian
<b>PREPARED BY:</b> (name and title)	John Verity - Freedom To Speak Up Guardian

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

<b>EXECUTIVE SUMMARY</b>		
This is the eleventh report from the Freedom to Speak Up Guardian which sets out the work of the Guardian in particular raising awareness of how to raise concerns.		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

<b>RECOMMENDATION</b>
<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• Receive the report from the Freedom To Speak Up Guardian</li> <li>• Note the content</li> <li>• Support the work being undertaken</li> <li>• Be assured that staff are aware of how to and are raising concerns in the appropriate way.</li> </ul>

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

### **Freedom to Speak up Guardian Annual Report November 2022**

#### **1. Introduction and background**

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

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

Our current Guardian was appointed in October 2017 and has carried out extensive work to raise the profile and awareness of the role and the ways in which he can support staff who wish to raise a concern. The Guardian meets with teams and staff members including our regional teams proactively during the year to maintain the visibility and high profile of the role. The Freedom to Speak Up Ambassadors (FTSUA) are also invited where appropriate and have deputised in the Guardians absence. The FTSUG has also developed a suite of materials including posters, videos, web-based resources, and the use of QR codes which enable the content to be accessible in BSL to increase accessibility. The Raising Concerns staffnet page is an excellent resource with contact information and biopics of the team available.

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

The Guardian attends every Trust Welcome Event and is a core group member.

The Guardian works closely with the Staff Survey team, and as part of site visits promotes and delivers posters to remind our colleagues of this very important annual event, this is timely with the Guardian very busy around our sites in October Speak Up Month.

To make sure the Guardian reaches out to our students/apprentices the Guardian has met with student /apprentice lead(s) and provided them with updated posters and flyers. One of our ambassadors is a substantive member of our Practice Development and Learning team and a Cultural Inclusion Ambassador (CIA) too. They receive excellent feedback when presenting to our Students and Apprentices.

The Guardian has regular access to the Chair, Chief Executive and the Senior Independent Director. He also has regular contact with our Guardian of Safe-working Hours, Our new SAS Advocate (Specialty Doctors and Associate Specialists), the consultant for Junior Doctors in training and our Caldicott Guardian.

## **2. Freedom to Speak Up Ambassadors**

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

The FTSUAs Voluntary roles were duly reviewed in September 2022 by the request of our CEO and Guardian. It was arranged that a meeting be had with our Head of Diversity and Inclusion and our Diversity & Inclusion Project Manager with available FTSUAs and the Guardian to explore aligning our FTSUAs with our Cultural Inclusion Ambassadors (CIAs). However the overwhelming decision was both FTSUAs and CIAs remain in communication but are separate roles. It is noted that the FTSUAs do not have many concerns raised but the FTSUAs feel they enhance the reach and availability for colleagues to Speak up which maybe lost with overall alignment of the FTSUAs and CIAs. The FTSUAs will focus on increasing their visibility and with their individual intersectionality increase the reach and availability to our colleagues with protected characteristics.

## **3. National E-Learning Roll Out**

The National Guardians Office (NGO) have now made available 'Speak Up, Listen Up, Follow Up', e-learning packages, and is aimed at anyone who works in healthcare. Divided into three modules, it explains in a clear and consistent way what speaking up is and its importance in creating an environment in which people are supported to deliver their best.

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

The second module 'Listen Up' is aimed at all line and middle managers and is focussed on listening up and the barriers that can get in the way of speaking up.

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

All three modules became live in January 2022. This e-learning aims to support organisations to build upon their speaking up culture

Discussions have taken place with the Learning and Organisational Development team with all 3 modules now available on our learning platform. These are communicated via Trustwide/ FTSU team Blog/ CEOs Wednesday ZOOM and are classed as Priority training.

#### **4. Internal audit, self-assessment and action planning**

There has not been an internal audit in the last 12 months.

A new national Freedom to Speak Up policy for the NHS has been published (Publication approval reference: PAR1245\_i). The Guardian is finalising a localised version of this so we are compliant with the national policy but able to ensure there is alignment with our internal related policies and procedures.

The Freedom to Speak Up action plan Updated May 2022 has now been replaced by **Freedom to Speak up, A reflection and planning tool**. Again, this a national document encouraging self-assessment by key stakeholders against the national policy and learning modules. Key people in the trust have been contributing to our self-assessment with guidance attached. A draft will be available for Board members to view before our November Board meeting

#### **5. CQC interface**

The Guardian has had no contact with the CQC team within the last 12 months.

#### **6. Regional and national networking and support:**

The Guardian is linked into both our regional events, the national events and gives/ receives one-to-one peer support from some of the local guardians from other Trusts. These activities ensure that the Guardian maintains strong peer networks and they also ensure the Trust is working to current and best practice.

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

The Guardian is also receiving group support/supervision via an enhanced reflective space with one of our Lead Clinical Psychologist aligned to the West Yorkshire Health and Care Partnership and Staff Mental Health and Wellbeing Hub.

The Guardian is working with one of our Specialty Doctors who is the 'SAS Advocate' for LYPFT with the aim to help improve the working experience, and hence the wellbeing, of Specialty Doctors and Associate Specialists (SAS) within the Trust. Part of this is supporting those who experience bullying and harassment. The Specialty Doctor and the Guardian have agreed to work closely with this mirroring the relationship with our 'Guardian of Safe Working Hours' Lead.

## 7. Annual Speaking Up Data Reports

The number of cases brought to Freedom to Speak Up guardians in 2021/22 remains at the record level set in 2020/21 (20,362, compared with 20,388 in 2020/21).

Please see

<https://nationalguardian.org.uk/learning-resources/speaking-up-data/>

and supporting video

<https://youtu.be/fF6JNXfctng>

Here is a summary of the report

- The percentage of cases which were raised anonymously has reduced to ten percent (10.4%). This continues the downward trajectory from 2017, when 17.7% of cases were raised anonymously.
- Nineteen per cent (19.1%) of cases raised included an element of patient safety/quality, a slight increase from 18% in 2020/21.
- In response to concerns being raised during the pandemic, the National Guardian's Office introduced a new reporting category of worker safety in 2021/22. Over the year, 13.7% of cases had an element of worker safety.
- Poor behaviour remains a cause for concern, with the highest proportion of cases – a third (32.3%) – including an element of behaviours, such as bullying/harassment. This is a rise from 30.1% last year.
- To better understand the nature of these behaviours being reported, from April 2022, the National Guardian's Office will be replacing this category with two new categories: bullying and harassment, and elements of inappropriate attitudes or behaviours.

Despite the improvement in levels of anonymity, of concern is the rise in reported **detriment for speaking up**, which was indicated in **4.3%** of cases, a rise from 3.1% in 2020/21

## 8 Freedom to Speak Up Guardian Survey Published

The Freedom to Speak Up Guardian Survey has been published on the NGO website. The Guardians were thanked for taking time to participate in the survey, particularly given the additional pressures on the healthcare system.

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

Although the majority believed that their senior leaders understand the role of Freedom to Speak Up Guardian, 1-in-10 of respondents say that senior leaders do not. The Guardian submits Quarterly reports to the National Guardians office with Q2 submitted at the end of October 2022.

<https://nationalguardian.org.uk/learning-resources/speaking-up-data/surveys/>

## 9 October is National Speak Up Month

As per previous years October is a very busy month within the NHS and nationally and this year was extremely pressured with acuity and staffing demands.

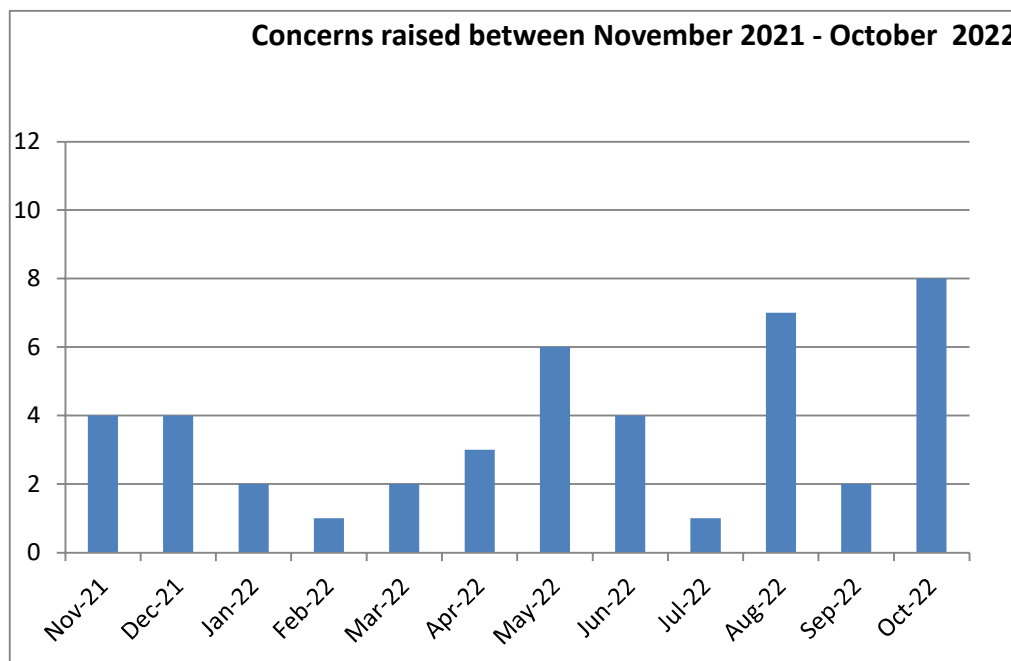
The Guardian communicated by our Trustwide and Staffnet page, Our CEOs Monthly ZOOM and his twitter account his intention to re visit as many main sites and staff meetings as possible.

As usual the Guardian was warmly welcomed in all areas and post pandemic the Guardian is now accessing, where available, hot desk areas, with knowledge of more private areas if the Guardian requires these for meetings/ ZOOMs/ Team calls etc.

An example of this was accessing the Hot desk room via the booking portal at Roseville Road where our facilities and supplies team are based. This was the first drop in here and the hot desk room is a wonderful facility with a staff room too so accessible if commuting between THQ and our Leeds sites/ City Centre.

## 10 FTSU concerns reporting period November 2021 – October 2022

The total number of concerns raised were 44



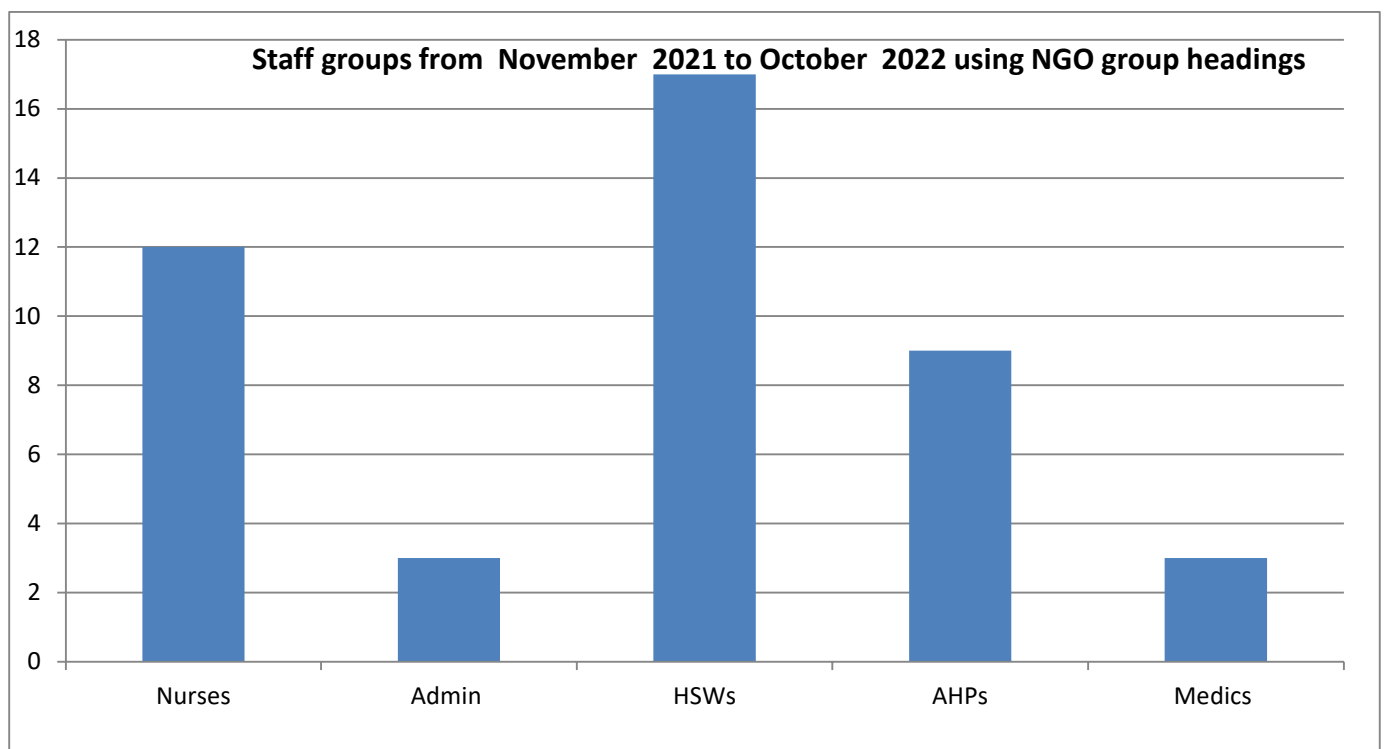


Details of any concerns raised are recorded locally via a 'concerns tracker' which is a local database held by the Guardian. This records the action taken and the classification of the concerns that have been raised. As with previous reports there is no strong correlation evidence of why spikes appear, it could be hypothesised however, that the October Spike of 8 concerns, may be linked to the Panorama programme mentioned later within this report.

This year's average is 3.6 per month which is a slight increase from 3.5 per month last year.

The Guardian has discussed this with other regional colleagues who are experiencing a similar position, and they too have seen a spike and concerns raised since the showing of the Panorama programme.

<https://www.cqc.org.uk/publications/themes-care/our-work-closed-cultures/closed-cultures-summer-2022-update>



## 11. Raising Concerns – Professional groupings

The graph above shows the groups of staff that have raised a concern between November 2021 to October 2022.

The graph above shows most concerns are from our HSW/Nursing/AHP Colleagues. Front line staff experience the effects of patient acuity and national staffing issues which it is hypothesised maybe the rationale for these numbers.

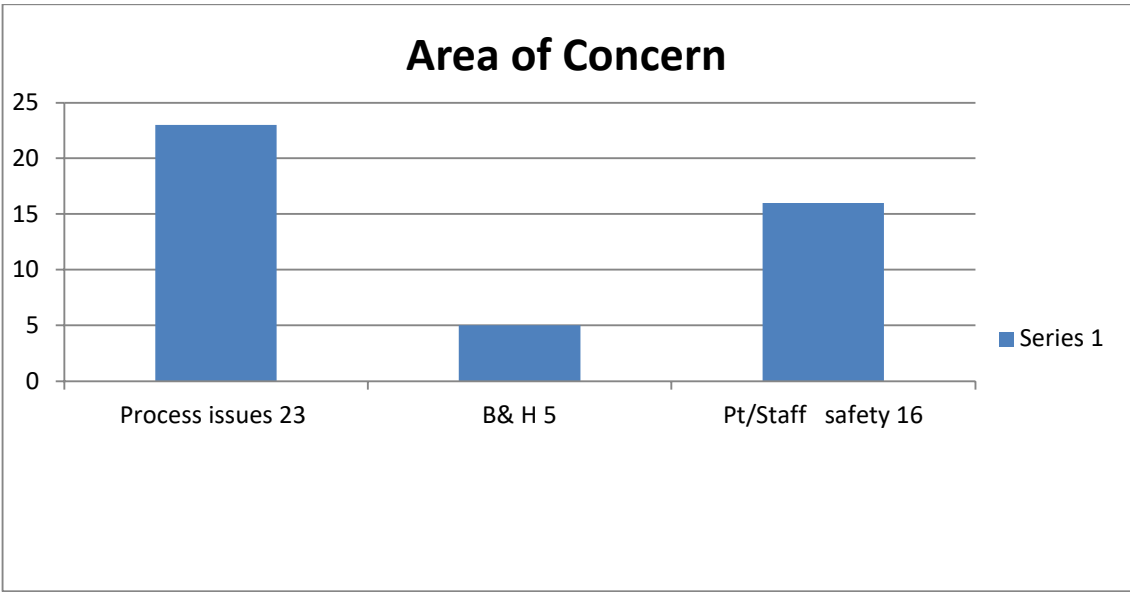
A spike of 9 concerns were raised after the late September showing of the Panaroma programme on the BBC where reporter Alan Haslam took on the role of a support worker at Edenfield, a medium secure unit ran by Greater Manchester Mental Health NHS Foundation Trust. In that time, the reporter was witness to multiple instances of staff being hostile towards patients, humiliating and sometimes going as far as to physically assault them.

The Guardian has discussed this with other regional colleagues who are experiencing a similar position, and they too have seen a reduction and of raised concerns via Admin staff.

**12. Whistleblowing cases**

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

**13. Themes for the concerns raised**



***Bullying and Harassment including inappropriate attitudes or behaviours***

The 5 concerns noted did not proceed to any formal stage, one was signposted and supported to utilise their HR team but disengaged soon after, one was resolved by a natural separation through staff movement, one was amicably resolved with HR manager intervention and again through staff movement, one was resolved by a request of change of supervisor and the final concern is presently being overseen by our HR team. It is very often the case that low key mediation is required with little need for any formal investigation. The Guardian does supply the B& H policy, and the appropriate HR operational Team - Service Lines to help any B&H concern received.

## ***Staff / Patient Safety***

Of the 16 Staff and Patient Safety concerns 12 of these have been raised in the last 3 months and as suggested earlier a spike of 9 concerns were raised after the late September showing of the Panorama programme. The Guardian raises any staff or patient safety concerns directly with our CEO, and where appropriate utilises our COO and the Management structure we have in place for the Guardian to have open door access. Recent concerns raised has been followed up by CEO, COO and Operational manager visits into areas of concern.

General but serious concerns raised have a common theme

- Increased caseloads not able to offer qualitative service
- Acuity of wards causing concerns
- Staffing numbers not always safe
- Delayed discharges effecting patients well being
- Staff burnout
- Retention
- Unfilled vacancies
- Inexperienced staff in senior positions
- Staff movement so no relationship building with people who access our service and families
- “Lack of visibility of senior leaders”
- Concerns re environment issues and new builds/ areas
- Senior medic leaving without succession planning

## ***Process issues***

These are cases where staff were unsure of to how to proceed and needed help with signposting/ support to the appropriate services or policies and procedures.

These include

- Issues re redeployment
- Mileage and cost of living issues
- Salary/pay issues
- Generic employment HR issues
- Use of PPE
- Concerns around the vaccine, refusal and mandatory for NHS workers
- MSK issue
- Patients’ choice of HCP
- Removal from duty without pre warning

All 23 of these areas appropriately signposted and supported through the FTSU process.

## 14. Outcomes

Most concerns can be closed soon after being raised. Concerns that remain 'open' are those that are currently being signposted or where the individual is deciding on their next steps. Individuals who raise concerns are kept informed of progress and concerns are only closed when the process has been completed, where the individual concludes the process, or where it is agreed that the Guardian cannot help with the matter any further. There are currently 12 ongoing of concerns still open and the Guardian is working with these staff to bring about a satisfactory conclusion. The board are asked to note 17 concerns were received within the last 3 months

Once the process has been completed a feedback questionnaire will be sent to the individual. The Guardian is using a simple paper-based questionnaire and uses the Trusts Equal Opportunities Monitoring form. These forms have no identifiers within and sent out by the Guardian in batches to protect confidentiality. The person receiving the feedback form can mail back anonymously if they choose.

Question No.	Question	Results
1	How did you find out about the Freedom to Speak Up Guardian role?	<ul style="list-style-type: none"> <li>• Staffnet 7</li> <li>• Posters /Leaflet 2</li> <li>• Trustwide 4</li> <li>• Via Line manager 1</li> <li>• Via PDLT</li> </ul>
2	How easy was it to make initial contact?	<ul style="list-style-type: none"> <li>• Very easy 10</li> <li>• Reasonably easy 4</li> </ul>
2A	Did the Guardian/ Ambassador thank you ? -added May 2021	<ul style="list-style-type: none"> <li>• Yes 14</li> </ul>
3	How did you find the response from the Guardian?	<ul style="list-style-type: none"> <li>• Very helpful 10</li> <li>• Reasonably helpful 3</li> <li>• One person answered extremely helpful</li> </ul>
4	Did you feel that your concerns were taken seriously	<ul style="list-style-type: none"> <li>• Yes 13</li> <li>• One person omitted this question</li> </ul>
5	Did you receive regular feedback or updates from the Guardian?	<ul style="list-style-type: none"> <li>• Yes 11 One person answered yes F2F and remote assistance</li> <li>• No (1) This person was supported from the start by our HR Advisor who took the lead role</li> <li>• One person answered to a certain extent</li> <li>• No (2) One person stated No offering this - I was signposted elsewhere and they were able to give me feedback and updates whilst John was on annual leave.</li> </ul>

Question No.	Question	Results
6	Has your concern been addressed?	<ul style="list-style-type: none"> <li>• Yes 8</li> <li>• Partly 1 one person stated Partly due to ongoing mitigating circumstances and left the department and did not want to pursue any further</li> <li>• No 1 quoting staff member left so the concern resolved itself</li> <li>• No 2 Mileage cost of living issue now resolved</li> <li>• 1 person omitted the question</li> <li>• 1 person only returned partial part of document</li> </ul>
7	Did you feel that your concern was treated confidentially?	<ul style="list-style-type: none"> <li>• Yes 14</li> </ul>
8	Have you suffered any negative consequences as a result of raising your concern?	<ul style="list-style-type: none"> <li>• No 12</li> <li>• 1 person omitted the question</li> <li>• 1 person only returned partial part of document</li> </ul>
9	Is there anything else you would have liked the Guardian to have done for you?	<p>No, John signposted me to the correct people and helped me address my concerns</p> <p>I was very satisfied with the help tips offered to me by the Guardian</p> <p>He did everything he could do</p> <p>No felt everything was covered</p> <p>The response I got from John was very good and much appreciated, thank you</p> <p>My concern and the outcome had nothing to do with the Guardians excellent performance.</p> <p>I felt very supported by John in this process and do feel it has made a difference. <i>This is a very brief summary as had indicators in the text so had to abbreviate it .</i></p> <p>Yes- I would like the problem solving ( this was signposted immediately to our HR advisor see Q 5)</p>
10	Based on your experience of raising a concern, would you do it again?	<ul style="list-style-type: none"> <li>• Yes 12</li> <li>• Not sure 1</li> <li>• One person omitted this question</li> </ul>

Noted are a few opportunities for improvement received from the feedback forms, these forms were not anonymised, and the Guardian was thankful for this level of transparency.

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

## **Information taken from the anonymised Equal Opportunities Monitoring Form**

Not all respondents fill in all areas

### **Age Range**

37-59

Average = 49 Years Old

### **Please indicate your Ethnic Origin**

	<b>Mixed</b> 1 African	<b>White</b> 10 British
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### **Please indicate your Gender**

5 Female	5 Male
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### **Please indicate your Sexual Orientation**

10 Heterosexual	1 Lesbian		
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### **Please indicate your Religion or Belief**

6 Christian	1 Other Pagan	4 None	
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### **Please indicate your Marital Status**

7 Married/Civil Partnership	4 Single			
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As per *Equality Act 2010*:

Under the terms of the Act a disability is defined as a “physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out day to day activities”

### **Do you consider yourself to have a disability?**

1 Yes	9 No	
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### **Is your employment**

11 Fulltime	1 Part time
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### **Would you usually work**

3 works a 3 Shift pattern	7 Day working
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**Note** – Due to the 14/32 (12 still open) forms returned of these forms and some respondents not completing all areas the Guardian scopped his centralised records and knowledge of people raising concerns.

From November 2021 to October 2022 the Guardians findings were

- Of 44 concerns 12 concerns came from our more culturally diverse background colleagues.
- Of 44 concerns raised 39 Females and 5 Males raised concerns.
- No overt LGBTQ+ information was available
- No overt colleagues with disabilities was available
- Age range 37-59, average age 49.

Other protective characteristic information is requested within the Equal Opportunities Monitoring Form and the FTSU team do offer access via their intersectionality and range and availability is increased within the team.

## **15 Learning from external reports**

The Guardian has not benchmarked any external reports since the May 2022 Update Board report. Previous reports benchmarked are:

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

The Guardian is working with other colleagues re Lessons Learned/ Sharing learning from incidents and have the latest meeting to centralise Lessons Learned repository for staff to safely access, on the 16/11/22 and a verbal update will be given of progress at the November Board meeting. Colleagues involved include our Head of Communications, Head of Information Governance/Data Protection Officer, Patient Safety Manager, Library and Knowledge Lead, Independent Investigation Lead, Advanced Clinical Pharmacist and our Head of HR Operations.

## **16 FTSU Vision and Strategic Policy**

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



FTSU vision and strategic policy - Fin

## **17 Conclusion**

The role of the Freedom to Speak up Guardian is an important one in the Trust. The Guardian and Ambassadors continue to work to ensure that staff at all levels know how to raise and concern and feel they are able to do so. The Guardian and Ambassadors also provide valuable support to staff who feel unable to raise concerns by themselves. The feedback received is generally positive,

from staff who have raised concerns, the CQC and internal audit. However, we are always looking for ways in which we can strengthen the systems processes and procedures we have in place to ensure we continue to learn not just from the concerns raised, but also from the raising concerns process regionally and nationally.

John Verity

**Freedom to Speak Up Guardian**

**November 2022**



**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**MEETING OF THE BOARD OF DIRECTORS**

**AGENDA  
ITEM**

**21**

<b>PAPER TITLE:</b>	Cyber Security Updates
<b>DATE OF MEETING:</b>	22 November 2022
<b>PRESENTED BY:</b> (name and title)	Dawn Hanwell – Chief Financial Officer and Deputy Chief Executive
<b>PREPARED BY:</b> (name and title)	Bill Fawcett – Chief Information Officer/Hergy Galsinh

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

**EXECUTIVE SUMMARY**

**Cyber Security Dashboard**

- Deployment of password protection software completed.
- Phishing exercise conducted in October 2022 (Results currently being analysed)
- Privileged Access Management system for servers on-going and targeted to complete by December 2022.
- New Cyber Security Analyst employed.
- Two-Factor Authentication system trial completed and roll-out commenced across the trust.
- Pen Test scheduled to commence Nov/Dec 2022.
- New server back-up system deployed.
- Cyber policy review and gap analysis in progress to update the cyber strategy for the Trust with external consultancy.

The Trust maintains a robust position and continues to invest the appropriate technologies to improve our cyber defenses still further.

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 of Directors are asked to:  
Note the Trust position in relation to its cyber defences and the progress that has been made.



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 servers to complete by Dec 22



## Network security

- New firewalls upgraded/Cloud firewall to be completed
- Protecting the networks from attack.
- Two factor authentication trial completed. Rollout across on-going
- 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 conducted in October 22.



## 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 deployed.
- Apply security patches however many devices are not connected to the network.
- Baseline build for devices has been completed.

## Monitoring

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



**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**AGENDA  
ITEM**

**22**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Board of Directors' meeting dates 2023
<b>DATE OF MEETING:</b>	24 November 2022
<b>PRESENTED BY:</b> (name and title)	Cath Hill, Associate Director for Corporate Governance
<b>PREPARED BY:</b> (name and title)	Cath Hill, Associate Director for Corporate Governance

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

<b>EXECUTIVE SUMMARY</b>		
<p>Attached are the dates for the Board of Directors' meetings in 2023.</p> <p>The Board is asked to note that for the extraordinary meeting to sign off the Annual Accounts etc. we are currently holding two dates. Please continue to hold both these dates until the date for closedown is confirmed by NHS Improvement.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

<b>RECOMMENDATION</b>
The Board is asked to note the dates for the Board of Directors' meeting in 2023.

## MEETINGS OF THE BOARD OF DIRECTORS

2023

DATE	START TIME OF PUBLIC BOARD	VENUE FOR BOARD MEETING
Thursday 26 January 2023	9.30am	Create@1 room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR
Thursday 30 March 2023	9.30am	Cheer Room, The Studio, Riverside West, Whitehall Road Leeds LS1 4AW
Thursday 18 May 2023  (ExtraO to sign off annual accounts etc - cancel if not needed)	9.30am	Virtual
Thursday 25 May 2023	9.30am	Inspire@ room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR
Thursday 15 June 2023  (ExtraO to sign off annual accounts etc - cancel if not needed)	9.30am	Virtual
Thursday 27 July 2023	9.30am	Inspire@ room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR
Thursday 28 September 2023	9.30am	Inspire@ room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR
Thursday 30 November 2023	9.30am	Inspire@ room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR

PRIVATE STRATEGIC DISCUSSION SESSIONS (No public Board meeting)

Thursday 23 February 2023	9.30am	Cheer Room, The Studio, Riverside West, Whitehall Road Leeds LS1 4AW
Thursday 27 April 2023	9.30am	Cheer Room, The Studio, Riverside West, Whitehall Road Leeds LS1 4AW
Thursday 29 June 2023	9.30am	Inspire@ room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR
Thursday 26 October 2023	9.30am	Inspire@ room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR
Thursday 14 December 2023 (Contingency)	9.30am	Inspire@ room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR

**LEEDS AND YORK PARTNERSHIP NHS  
 FOUNDATION TRUST**  
  
**MEETING OF THE BOARD OF DIRECTORS**

**AGENDA  
 ITEM**  
  
**23**

<b>PAPER TITLE:</b>	Terms of Reference for the Board of Directors
<b>DATE OF MEETING:</b>	24 November 2022
<b>PRESENTED BY:</b> (name and title)	Cath Hill, Associate Director for Corporate Governance
<b>PREPARED BY:</b> (name and title)	Cath Hill, Associate Director for Corporate Governance

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

<b>EXECUTIVE SUMMARY</b>		
<p>The Board is asked to note that it is required to review its Terms of Reference annually to ensure they are up to date and fit for purpose.</p> <p>The Associate Director for Corporate Governance reviewed the Terms of Reference and has suggested one change which is the title of the Director of People and Organisational Development to ensure it reflects his current title.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

<b>RECOMMENDATION</b>
The Board is asked to review and ratify the revised Terms of Reference.

## LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

### Board of Directors

#### Terms of Reference

(for approval by the Board 24 November 2022)

The Trust has Standing Orders for the practice and procedures of the Board of Directors (Annex 8 of the Constitution). For the avoidance of doubt, those Standing Orders take precedence over these Terms of Reference, which do not form part of the Trust's Constitution.

#### 1 NAME

Board of Directors

#### 2 COMPOSITION OF THE BOARD

The membership of the Board of Directors is determined in accordance with Section 19 of the Trust's Constitution and shall comprise both executive and non-executive directors acting as a unitary Board.

##### Members

Composition
A non-executive chair
A minimum of 4 and a maximum of 6 other non-executive directors
A minimum of 4 and a maximum of 6 executive directors

The above shall be considered as the composition of the Board, provided at least half the Board excluding the Chair of the Trust comprises non-executive directors who have been determined by the Board to be independent.

For clarity the executive directors who are members of the Board of Directors are:

- Chief Executive
- Chief Financial Officer
- Medical Director
- Director of Nursing, Quality and Professions
- Chief Operating Officer
- Director of People and Organisational Development

All members of the Board of Directors shall have one full vote each, with the chair having a second or casting vote should the need arise.

The Board of Directors will appoint one of the independent non-executive directors to be the Senior Independent Director. In consultation with the Chair of the Trust, the Council of Governors will also appoint one of the non-executive directors to be the Deputy Chair of the Trust.

Members of the Board of Directors must ensure that wherever possible they attend every Board meeting (including extraordinary Board meetings when convened). An explanation of non-attendance should be made to the Chair of the Trust. Attendance at meetings will be monitored by the Associate Director for Corporate Governance and shall be reported to the Chair of the Trust and the Council of Governors on a regular basis. Attendance will also be reported annually in the Annual Report.

The Board may invite non-members to attend its meetings on an ad-hoc basis, where it considers this to be necessary and appropriate, and this will be at the discretion of the Chair.

#### **In attendance**

Title	Role in the Board	Attendance guide
Associate Director for Corporate Governance	Shall be the Board Secretary, attending all meetings of the Board of Directors and providing appropriate advice and support to the Chair and Board members. This will include ensuring agreement of the agenda with the Chair, collation of papers, taking minutes and keeping proper records of the meeting including any actions to be carried forward. It shall also include the preparation of those corporate governance papers pertaining to the Board of Directors.	Every meeting

In the absence of the Associate Director for Corporate Governance the Deputy Trust Board Secretary will deputise.

## **2.1 Governor Observers**

The role of the governor at public Board of Directors' meetings is to observe, rather than to be part of its work. They are not part of the formal membership of the Board, nor are they classed as in attendance. Governors are invited to observe the Board meetings to get a better understanding of the work of the Trust and to observe non-executive directors appropriately challenging the executive directors for the operational performance of the Trust.



At the meeting the governor observer will be required to declare any interest they may have in respect of any of the items to be discussed (even-though they are not formally part of the discussion). Governors will receive an electronic copy of the public Board papers prior to the meeting. Governor observers will be invited to the public meetings only, by the Corporate Governance Team.

## **2.2 Associate Non-executive Directors**

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

Associate NEDs will be invited to the public and private meetings by the Corporate Governance Team and will be sent copies of all Board papers.

## **3 QUORACY**

**Number:** No business shall be transacted at a meeting of the Board of Directors unless at least one third of the whole number of the members of the Board is present, including at least one executive director and one non-executive director.

**Deputies:** Where, exceptionally, an executive director is absent from a meeting they may not normally send a deputy in their place. However, attendance to cover absences will be at the discretion of the chair and will be agreed in order to ensure the Board has access to appropriate advice and information. In these circumstances the deputy attending will not have any voting rights and will be recorded as in attendance. Where there are formal acting up arrangements in place the person acting-up into an executive director role may attend and will assume the voting rights of the director they are acting up for. In such circumstances they will be recorded as a member of the Board.

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

## **4 MEETINGS OF THE BOARD**

All meetings shall be held in public except where matters are deemed confidential on the grounds of commercial sensitivity or personnel issues. Such matters will be discussed in a separate closed session which will not be attended by members of the public. Any person attending the private Board meeting will be at the discretion of the Chair. Meetings may be held face-to-face or remotely as is considered appropriate. Remote meetings may involve the use of the telephone and / or electronic conference facilities.

A full set of papers comprising the agenda, minutes and associated reports and papers will be sent to all directors within the timescale set out in Standing Order 3.3.1 in Annex 8 of the Constitution (or as agreed by the Chair).

Copies of the public and private agendas will be sent to members of the Council of Governors prior to any meeting.

The public agenda papers and minutes of each public meeting shall be displayed on the Trust's website.

**Frequency:** Meetings of the Board of Directors shall be held at such times as the Board may determine. The frequency of meetings shall be agreed by the Board of Directors and will normally be bi-monthly (excluding August and December). The Board may agree to vary that frequency. This shall not preclude urgent meetings being convened at any time in accordance with Standing Order 3.2 in Annex 8 of the Constitution.

The Board has also agreed to hold Strategic Discussion meetings which will normally be scheduled in the months between the formal Board meetings (excluding August). These meetings will be used as protected time to discuss in greater detail matters that may emerge from the formal meetings as well as those which will further inform the work of the Board. Holding a strategic discussion session does not preclude any part of this meeting being constituted as an urgent meeting should the need arise.

**Urgent meetings:** Urgent meetings shall be convened in accordance with Standing Order 3.2 in Annex 8 of the Constitution.

**Minutes:** The Associate Director for Corporate Governance, acting in the capacity as Trust Board Secretary shall take the minutes. They will ensure these are presented to the next full business meeting of the Board of Directors for agreement. Minutes may be held either electronically or in paper format but always in a way that is accessible and preserves the continuous record of the meeting.

## **5 AUTHORITY**

The Trust is required to establish a Board of Directors in accordance with the NHS Act 2006 (as may be amended by the H&SC Act 2012), and paragraph 21 of the Trust's Constitution. All members of the Board shall act collectively as a unitary Board with each member having equal liability.

## **6 ROLE OF THE BOARD OF DIRECTORS**

### **6.1 Purpose of the Board of Directors**

The principle purpose of the Trust is the provision of goods and services for the purposes of the health service in England. The purpose of the Board is to ensure the provision of those health services it is commissioned to provide; that these are delivered in line with its

strategy; that services are safe and effective and are provided to a high quality; to provide leadership and direction to the organisation; and to ensure it is governed effectively with appropriate systems processes and procedures in place.

The Board will achieve this by:

- Setting and overseeing the strategic direction of the organisation within the overall policies and priorities of the Government, the Trust's regulators, and its commissioners, having taken account of the views of the Trust's members (through the Council of Governors), and the wider community
- Ensuring accountability by holding the organisation to account for the delivery of the strategy; and through seeking assurance that systems of control are robust and reliable
- Shaping a positive culture for the organisation
- Being assured on the work of the executive directors
- Taking those decisions that it has reserved to itself.

The Trust has a Board, made up of executive and non-executive directors, which exercises all the powers of the Trust (as the entity) on its behalf, but the Board may delegate any of those powers to a sub-committee of the Board (made up of directors) or to an executive director. (Arrangements for the reservation and delegation of powers are set out in the Reservation of Powers to the Board of Directors and Council of Governors and Schedule of Decisions/Duties Delegated by the Board of Directors (known as the Scheme of Delegation) and the Terms of Reference of its sub-committees.

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

In carrying out their duties, members of the Board and any attendees at the meeting must ensure 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 Board of Directors**

The duties set out below shall not preclude the Board of Directors from reserving powers and duties to itself. These powers and duties shall be set out in the Scheme of Delegation, and, for the avoidance of doubt, where there is a conflict the Scheme of Delegation will take precedence over these Terms of Reference.

The duties of the Board of Directors are to:

- Set the values and strategic direction of the Trust; and ensure the Trust's Strategy and any supporting strategic plans are reviewed as necessary

- Provide leadership to the Trust to promote the achievement of the Trust's 'Principal Purpose' as set out in the Constitution (i.e. the provision of goods and services for the purposes of health services in England), ensuring at all times that it operates in accordance with the Constitution and the conditions of the license as issued by NHS Improvement
- Engage as appropriate with the Trust's membership through the Council of Governors
- Promote and develop appropriate partnerships with other organisations in accordance with the Trust's values and strategic direction
- Oversee the implementation and achievement of the Trust's strategic objectives
- Agree the Trust's Operational Plan
- Ensure the Trust has adequate and effective governance and risk management systems in place
- Monitor the performance of the Trust and ensure the executive directors manage the Trust within the resources available in such a way as to:
  - Ensure the safety of service users and the delivery of high-quality care
  - Ensure the continuous improvement of services
  - Protect the health and safety of service users, employees, visitors and all others to whom the Trust owes a duty of care
  - Make effective and efficient use of the Trust's resources
  - Comply with all relevant regulatory and legal requirements
  - Maintain high standards of ethical behaviour, corporate governance and personal conduct in the business of the Trust
  - Maintain the high reputation of the Trust both with reference to local system and place stakeholders, and the wider community.
- Receive and consider high-level reports on matters material to the Trust detailing in particular, information and action with respect to:
  - Service user and carer experience
  - Clinical quality and safety
  - Performance, including performance against targets and contracts
  - Human resource matters
  - The identification and management of risk
  - Financial performance
  - Matters pertaining to the reputation of the Trust.
- Promote teaching, training, research and innovation in healthcare to a degree commensurate with the Trust's teaching status
- Review and approve any declarations/compliance statements to regulatory bodies prior to their submission

- Review and adopt the Trust's Annual Report and Accounts
- Act as corporate trustee for the Leeds and York Partnership NHS Foundation Trust Charitable Trust Funds.

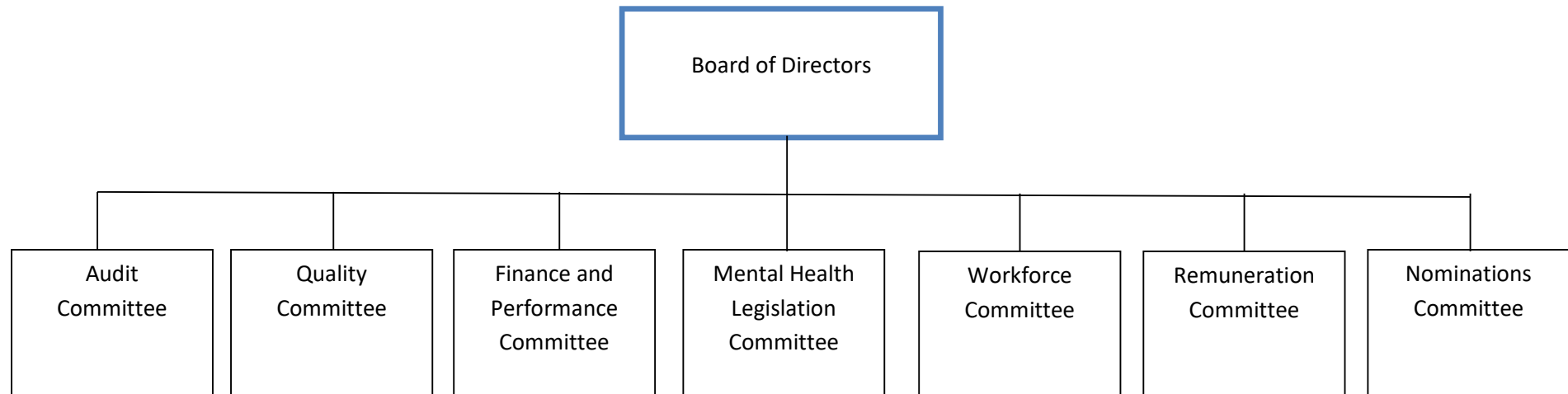
## **7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES**

The Board of Directors may delegate powers to formally constituted sub-committees (whose membership is made up of directors). Without prejudicing the formation of any other sub-committee the Board has formally constituted the following:

- Audit Committee
- Quality Committee
- Mental Health Legislation Committee
- Workforce Committee
- Finance and Performance Committee
- Remuneration Committee
- Nominations Committee

The Executive Team will support the Chief Executive in the implementation of the Board's decisions and will facilitate the efficient and effective working of the Board of Directors by considering and responding to those matters referred to it.

The Board of Directors' reporting structure is detailed below.



## **8 DUTIES OF THE CHAIR**

The Chair of the Board of Directors shall be the Chair of the Trust. In the absence of the Chair of the Trust, (or in the event of them declaring a conflict of interest in an agenda item) the Deputy Chair shall chair the meeting. Should the Deputy Chair not be available (or where they too have also declared a conflict of interest in an agenda item), the meeting shall be chaired by one of the other independent non-executive directors.

The chair of the Board shall be responsible for:

- Providing leadership to the Board of Directors
- Enabling directors to make a full contribution to the affairs of the Board of Directors ensuring that the Board acts as a cohesive team
- Ensuring the key appropriate issues are discussed by the Board of Directors in a timely manner
- Ensuring the Board of Directors has adequate support and necessary data on which to base informed decisions and monitor that such decisions are implemented
- Providing a conduit between the Council of Governors and the Board of Directors
- Agreeing the agenda with the Associate Director for Corporate Governance
- Directing the conduct of the meeting ensuring it operates in accordance with the Trust's values
- Giving direction to the minute taker
- Ensuring all attendees have an opportunity to contribute to the discussion
- Ensuring the agenda is balanced and discussions are productive, and when they are not productive they are efficiently brought to a conclusion
- Checking the minutes.

In the event of there being a dispute between any 'groups' in the hierarchy (in the case of the Board, this would be between the Board and its sub-committee committee/s it will be for the chairs of those 'groups' to ensure there is an agreed process for resolution; that the dispute is reported back to the 'groups' concerned; and that when a resolution is proposed the outcome this is also reported back to the 'groups' concerned for agreement.

In the event of their being a dispute between the Board of Directors and the Council of Governors, a dispute resolution process is set out in the Trust's Constitution.

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

The Terms of Reference shall be reviewed and ratified at least annually by the Board of Directors.

In addition to this the Board of Directors must also carry out an assessment at least annually of how effectively it is carrying out its duties and act on any improvements agreed.