

**LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST
PUBLIC MEETING OF THE BOARD OF DIRECTORS
will be held at 9.30 am on Thursday 30 March 2023
Cheer Room, The Studio, Riverside West, Whitehall Road Leeds LS1 4AW**

A G E N D A

LEAD

- | | | |
|-----------|---|------------|
| 1 | Sharing stories – Lived experience: involvement in the Psychiatric Intensive Care Unit (PICU) redesign | |
| 2 | Apologies for absence (verbal) | MM |
| 3 | Declarations of interests and any declarations of conflicts of interest in any agenda item (enclosure) | MM |
| 4 | Minutes of the meeting held on 26 January 2023 (enclosure) | MM |
| 5 | Matters arising (verbal) | MM |
| 6 | Actions outstanding from the public meetings of the Board of Directors (enclosure) | MM |
| 7 | Chief Executive’s report (enclosure) | SM |
| 8 | Report from the Chair of the Quality Committee for the meetings held on 16 February 2023 and 16 March 2023 (enclosure) | FH |
| | 8.1 Ratification of the Terms of Reference for the Quality Committee (enclosure) | FH |
| 9 | Report from the Chair of the Mental Health Legislation Committee meeting held on 7 February 2023 (enclosure) | KK |
| 10 | Report from the Chair of the Workforce Committee for the meeting held on 9 February 2023 (enclosure) | HG |
| | 8.2 Ratification of the Terms of Reference for the Workforce Committee (enclosure) | HG |
| 11 | Report from the Chair of the Finance and Performance Committee for the meeting held on 28 March 2023 (to follow) | CHe |
| 12 | Report from the Chief Operating Officer (enclosure) | JFA |
| 13 | Chief Financial Officer’s Report (enclosure) | DH |
| 14 | 2023/24 Operational Plan – final (enclosure) | DH |
| 15 | Approval of the Standing Financial Instructions (enclosure) | DH |
| 16 | Director of Nursing, Quality and Professions Report (enclosure) | CW |

17	Safer Staffing Report (enclosure)	CW
18	Medical Director's Report (enclosure)	CHos
19	Guardian of Safe Working Hours quarterly report (enclosure)	CHos
20	Director of People and Organisational Development Report (enclosure)	DS
21	Accessible information standards update (enclosure)	DS
22	Board Assurance Framework (enclosure)	SM
23	Cyber security update report (enclosure)	DH
24	Leeds Health and Wellbeing Strategy refresh engagement and endorsement (enclosure)	SM
25	Chair's report from the West Yorkshire Mental Health Learning disability and Autism Collaborative Committees in Common (enclosure)	MM / SM
26	Annual Declarations for members of the Board (enclosure)	CHill
27	Use of Trust Seal (verbal)	MM
28	Any other business	MM

The next meeting of the Board will held on Thursday 25 May 2023 at 9.30 am
Inspire@ room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR

Declaration of Interests for members of the Board of Directors

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

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

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NON-EXECUTIVE DIRECTORS								
Merran McRae Chair	Director Finnbo Ltd <i>Management consultancy</i>	None.	None.	Trustee Hollybank Trust <i>Provider of teaching, residential care and a range of therapies and enrichment activities for children, young people and adults with disabilities.</i> Trustee Yorkshire Sculpture Park <i>Independent charitable trust and registered museum.</i>	None.	None.	None.	Partner: Director Finnbo Ltd <i>Management consultancy</i>
Helen Grantham Non-executive Director and Deputy Chair	None	None.	None	None	None	None	None	Partner: Director and co-owner Per Call Ltd <i>Co-owner of the company that provides marketing and website services to self-employed builders, roofers, gardeners</i>

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Frances Healey Non-executive Director	None	None.	None	None	None	None	Patient Safety Consultant National Patient Safety Team at NHS England <i>Advisory roles and peer review for research studies and potential research studies related to patient safety</i> Visiting Professor University of Leeds Advisory Role and Peer Reviewer Research studies and potential research studies related to patient safety	None
Cleveland Henry Non-executive Director	Director 63 Argyle Road Ltd. <i>Property Management Company.</i>	None	None	Trustee Community Foundations For Leeds <i>Supports thousands of charities and voluntary groups across the city, addressing inequalities and working together to help create opportunities for those that need help the most.</i>	None	None	Group Delivery & Deployment Director EMIS Group (Digital Health sector) <i>Provider of healthcare software, information technology and related services in the UK.</i>	Partner: Lead Cancer Nurse Leeds Teaching Hospitals NHS Trust

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Kaneez Khan Non-executive Director	Director Primrose Consultancy Yorkshire <i>Management Consultancy firm</i>	None	None	Faith and Community Co-ordinator 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>	None	None.	None	None
Martin Wright Non-executive Director	None.	None.	None.	Trustee Roger's Almshouses (Harrogate) <i>A charity providing sheltered housing, retirement housing, supported housing for older people.</i>	None.	None.	None.	None.

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors
held on Thursday 26 January 2023 at 9:30 am.**

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

Board Members

Apologies

Miss Merran McRae	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 (Senior Independent Director)	✓
Dr F Healey	Non-executive Director	
Dr C Hosker	Medical Director	
Mrs K Khan OBE	Non-executive Director	
Dr S Munro	Chief Executive	
Mr D Skinner	Director for People and Organisational Development	
Mrs C Woffendin	Director of Nursing, Quality and Professions	
Mr M Wright	Non-executive 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
Ms A Hirst	Involvement Facilitator in the Learning Disability Service (for minute 23/001)
Ms H Thompson	Experience Co-ordinator (for minute 23/001)
Two members of the public observed the meeting (including one governor)	

Action

23/001

Miss McRae opened the public meeting at 09.30 am and welcomed everyone.

Sharing Stories (agenda item 1)

Miss McRae welcomed Amy Hirst (Involvement Facilitator in the Learning Disability Service) and Helen Thompson (Experience Co-ordinator) noting they were going to update the Board on the Bigger Labels Project. Miss McRae reminded the Board that last year there had been a story shared about the difficulties people with learning disabilities can experience in relation to the size of labels on boxes of medication and noted this presentation provided an update on the project to raise awareness of the issues and risks this posed.

Ms Hirst explained that the project had been co-produced and led by a number of service users with a learning disability and had involved the Patient Experience Team and the Trust's Pharmacy Department.

Ms Hirst then shared a film which detailed people's experience and the steps that had been taken to raise awareness both in the Trust and in community pharmacies more widely. She noted that it was possible to print bigger labels

but awareness of this was very low; it had been observed there was a resistance to change and work was ongoing to help change custom and practice. Ms Hirst also reported that the project had been presented at the Trust's Research Conference where it had won joint first prize.

Ms Thompson advised the Board that she was part of a Health Equities Fellowship with the ICS and as part of this there had been a literature review and report completed to develop a case for change this project. Ms Thompson then shared some of the things that had been learnt from the literature review.

Ms Thompson then outlined the next steps which included a continuation of the work with community pharmacists to share people's experience and raise awareness of the ability to print bigger labels. She also noted that work would extend to raising awareness nationally and that links had been made with the National Patient Safety Executive.

The Board discussed the work being carried out and fully supported the project. It suggested ways in which the barriers to providing bigger labels could be addressed locally and nationally.

The Board **thanked** Ms Hirst and Ms Thompson for updating the Board on the Bigger Labels Project and noted the importance of raising awareness locally and nationally to bring about change.

23/002 **Apologies for absence** (agenda item 2)

Apologies were received from Mr Cleveland Henry, Non-executive Director

23/003 **Declaration of interests for directors and any declared conflicts of interest in respect of the agenda items** (agenda item 3)

The Board noted there were no changes to Board members' declarations of interest and no member had declared a conflict of interest in any agenda item.

23/004 **Memorandum of Understanding: division of duties between the Chair and Chief Executive** (agenda item 4)

Mrs Hill advised the Board that due to the Trust having a new Chair it was necessary for the Chair and Chief Executive to agree and sign a memorandum of understanding as to how they would work together and what their respective duties were.

It was noted there was a reference in the introduction to the document to NHS Improvement and this should now refer to NHS England. Mrs Hill agreed to ensure this change was made before the document was uploaded to the website.

CHill

The Board **received** the Memorandum of Understanding and was **assured** this had been signed by the Chair and Chief Executive and that they understood and had agreed their respective leadership duties.

23/005

Minutes of the previous meeting held on 24 November 2022 (agenda item 5)

It was noted that Mr Henry was now the Senior Independent Director, not Mr Wright, and this would be reflected correctly in the list of Board members.

CHill

The minutes of the meeting held on 24 November 2022 were **received** and **agreed** as an accurate record subject the one amendment.

23/006

Matters arising (agenda item 6)

There were no matters arising.

23/007

Actions outstanding from the public meetings of the Board of Directors (agenda item 7)

Miss McRae presented the action log which showed those actions previously agreed by the Board in relation to the public meetings, those that had been completed and those that were still outstanding.

Dr Munro agreed to circulate a paper that had been presented to the Integrated Care Board in relation to the national COVID-19 Inquiry which would provide further contextual detail and information about the steps being taken to progress this.

SM

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

23/008

Report from the Chief Executive (agenda item 8)

Dr Munro presented her Chief Executive's report and drew attention to the key information it contained. She firstly congratulated Miss McRae on being appointed as the Chair of the Trust by the Council of Governors at its meeting on 17 November 2022, noting this was the first Board meeting for Miss McRae as Chair.

With regard to the pressures faced by the Trust during the winter period, including the impact of ongoing industrial action in the city, Dr Munro paid tribute to the oversight arrangements in place within the Trust and the effective way it was monitoring any potential impact. She noted the Trust was not in incident mode but was keeping a close watching brief on any emerging situation or potential adverse impact.

Dr Munro then advised the Board that Mrs Woffendin had given formal notice to take early retirement at the end of May. She added there would be a Nominations Committee meeting later in the day to discuss the next steps in recruiting a replacement.

Dr Munro also reported that at the last meeting of the West Yorkshire Mental Health Learning Disability and Autism Collaborative Committees in Common, a paper had been presented which set out responsibilities and accountabilities between organisations. Dr Munro explained that the Committees in Common had agreed that individual Boards would be given the opportunity to discuss and provide feedback on the arrangements and suggested this was looked at in more detail at the February Board Strategic Discussion session. Mrs Hill agreed to add this to the forward plan.

CHill

Miss McRae noted the work of the Enhanced Coordination Group and asked for the Board's thanks to be formally noted and extended to members of the group and the staff who supported its work.

CHill / JFA

Miss McRae also noted the announcement of the early retirement of Mrs Woffendin, adding there would be an opportunity for this to be more formally recognised in the coming weeks.

With regard to the national Workforce Plan, Miss McRae asked if the Trust was able to contribute and comment on this. Dr Munro advised that a member of the workforce team was linked into this.

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

23/009

Report from the Chair of the Quality Committee for the meetings held on 6 December 2022 and 10 January 2023 (agenda item 9)

The Board received the Chair's report from the Quality Committee meetings that had taken place on 6 December 2022 and 10 January 2023. Dr Healey drew attention to the two reports presented and highlighted a number of areas that had been discussed including:

- Quality improvement priorities, noting these would be discussed in more detail later in the private session of the Board meeting, and explained the rationale for bringing this item to the Board for further consideration
- The detailed safer staffing report, noting all the good work this had detailed particularly in regard to recruitment and retention. However, she noted that despite all that work there was still an issue both locally and nationally with staff vacancies and noted the suggestion from the committee that this was a strategic issue that the Board might want to look at in more detail in a dedicated discussion session.

Miss Grantham echoed the comments on workforce and supported the Board looking at this strategically in a more targeted session. It was agreed that this would be added to the forward plan.

CHill

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

23/010

Report from the Chair of the Workforce Committee for the meeting held on 12 December 2022 (agenda item 10)

The Board received the Chair's report from the Workforce Committee meeting that had taken place on 12 December 2022.

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

23/011

Report from the Chair of the Audit Committee meeting held on 17 January 2023 (agenda item 11)

The Board received the Chair's report from the Audit Committee meetings that had taken place on 17 January 2023. Attention was drawn in particular to:

- The Quality Account, noting it had been agreed the respective roles the Audit Committee and the Quality Committee would take in terms of developing its content and assuring on the process by which it was developed.
- The audit of the Patient and Carer Experience and Involvement Strategy, adding that this had achieved 'High Assurance' and congratulated the team for their work in attaining this level of assurance. The Board asked for its thanks to the team to be formally recorded.
- Modern Slavery audit, noting that this audit had been rated as 'limited assurance', but the committee had been assured of the work in hand to address the recommendations. Mr Wright then drew attention to one area of discussion which had been highlighted by the audit which was that purchase orders should be used wherever possible as this allowed greater control over the suppliers used.
- The Health and Safety Report and the suggestion there was a definition of this to inform what goes into the report. Mr Wright explained this was to ensure there wasn't a duplication of work in relation to other areas and to ensure respective committees could focus on those areas pertinent to their duties.

Mr Wright also noted that a matter had been referred to the Workforce Committee in relation to secondary employment. Mr Wright added that this was a potential area of risk for fraud, which had been highlighted through the committee's Fraud Update Report, and it was felt this needed greater assurance in terms of the steps in place to allow staff to declare and record any secondary employment they might have. Mrs Hanwell then provided some context to this item, explaining the potential for the cost of living crisis to impact on staff needing more than one job. Mr Skinner acknowledged that staff having more than one job was a potential risk not only in terms of fraud, but also staff wellbeing. He agreed to look at whether discussing and recoding

secondary employment was something that could be added into the annual Wellbeing Assessment. The Board supported this being remitted to the Workforce Committee.

Miss McRae asked about the changes made to the Internal Audit Plan and asked if the deferral of audits would create any risks. Mr Wright advised the Board that the committee had been assured the audits would take place in the amended timescales. He also noted the plan for the coming financial year was being devised and that members of the Board would have the opportunity to review and comment on the plan to ensure it focused on the right areas.

With regard to potential overlaps in areas of reporting to the various Board sub-committees, and the need to ensure duplication of reporting and assurance seeking was managed, Miss McRae noted that this was something the Board might want to consider at some point. Dr Healey suggested that if reports need to go to multiple committees the content could be set out in such a way to allow those committees to focus easily on their areas of responsibility, without losing the flow and interconnectivity of the report itself.

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

23/012

Report from the Chair of the Finance and Performance Committee for the meeting held on 24 January 2023 (agenda item 12)

The Board received the Chair's report from the Finance and Performance Committee meeting that had taken place on 24 January 2023. Mr Wright presented the report on behalf of Mr Henry. He drew attention to:

- An update on key financial issues at month 7, and noted the significant challenge relating to 2023/24 planning, in particular the underlying pressures and agreement of plans which aligned to the operational planning priorities.
- An appendix to the Chief Financial Officer's report which detailed the changes to the structure of the workforce and the way in which the mix of staff was being adapted to meet the needs of the services.

Mr Wright then noted that the committee would receive the Red Kite View evaluation report on the development of the service and the establishment of a new build, adding the report would also include any wider learning from the Provider Collaborative partnership arrangements. Miss Grantham suggested an area of focus for the report should be the learning about the merger of two teams and the cultural issues that had been addressed.

With regard to the Children and Young People's Service, Dr Munro noted that for the first time there were no inappropriate Out of Area Placements for children in West Yorkshire, noting this was something to be commended. She added this was testament to the care pathway and the way in which people were being cared for, which was making a real difference.

Mr Wright then asked for it to be noted that Mr David Brewin (Deputy Director of Finance) would be leaving the Trust in February, and paid tribute to the work he had done over the years both for the Trust and more widely in the ICS. The Board asked for its thanks to be formally recorded.

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

23/013

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 Finance and Performance Committee. She then drew attention to the key points in the report.

Mrs Forster Adams spoke about the focus around key workforce challenges and the work to respond to this; making links to the information in the Safer Staffing Report. She noted the Board had agreed to look at this in more detail, however, she assured the Board that stress testing and scenario planning around workforce had been undertaken as part of the overarching Business Continuity work, but that within some individual services there had been a more reactive approach to workforce issues rather than taking a planned approach. Mrs Forster Adams agreed to reflect on this as part of that wider thinking about strategic workforce issues.

With regard to Adult Community Mental Health Services, Mrs Forster Adams noted this service had been in Business Continuity since November 2021. She added that over the last year there had been reports on the mitigations in place to ensure a safe and effective service. However, she noted this had not resulted in the stabilisation of the service and that the executive directors were working with the senior staff in the service to look in greater detail at what can be done and also look at the progress with community transformation. She then outlined some of the short-term and medium-term plans to support moving out of Business Continuity.

With regard to the Forensic Service, Mrs Forster Adams reported the issues around medical staffing. She added that it had been agreed with provider collaborative partners to temporarily suspend admissions to the service until there had been a solution to medical provision, which she noted was being explored with partners across West Yorkshire.

Mrs Forster Adams added that another area of concern in relation to medical staffing was at Red Kite View and that again, in agreement with partners capacity had been temporarily reduced to 76% from a target of 85%. She assured the Board this had been looked at in detail in the Finance and Performance Committee and that solutions were being explored at pace and a report would be made back to partners with the next steps.

Mrs Khan noted the challenges within the CONNECT Eating Disorders Service as set out in the report, but reported that she had received some very positive feedback from a family about the service and how they had been supported.

Miss McRae asked if the steps for assessing Business Continuity was a dynamic process. Mrs Forster Adams explained that it was an ongoing and iterative process and that she would be reviewing each of the services with executive colleagues through the Executive Performance and Oversight Group to assess if services should remain in Business Continuity.

Miss McRae also asked about Community and Intensive Home Treatment team case-loads and the work to understand why the Trust was seeing more people in crisis. She sought clarity on whether this was a specific project with timescales. Mrs Forster Adams assured the Board this was the case and that it would be possible to report back on the outcome at the May Board meeting.

JFA

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

23/014

Chief Financial Officer's Report (agenda item 14)

Mrs Hanwell presented her Chief Financial Officer's Report noting the Trust was achieving both capital and revenue plans as at month 9 in 2022/23 and there was a high degree of confidence in forecast outturn delivery against these plans overall.

With regard to capital spend, in particular the development of the Trust's new headquarters site, Mrs Hanwell advised the Board that whilst there had been some delays in getting the work underway it was expected this would be completed by the end of April 2023.

Mrs Hanwell then reported on the financial plans for 2023/24, noting this presented a more significant challenge than for 2022/23. She added there were a number of underlying pressures and the agreement of plans, which align to the operational planning priorities, would be in the more complex context of the operation of the first year of the statutory ICB.

She then advised the Board of some of the headlines for the coming financial year, including a budgeted efficiency challenge which was expected to be around 4%, adding there was work to do to identify how this would be achieved.

With regard to the timetable for the submission of the 2023/24 financial plans, Mrs Hanwell noted there would need to be a fuller discussion at the March Board meeting before the plan is submitted.

DH

The Board then discussed productivity and how this was defined and measured, noting this was more difficult to do in the context of mental health care. Dr Munro advised of the discussions that were taking place across the ICS to ensure there was a joint understanding of levers; allocation efficiency (how is the money best allocated across organisations); and technical efficiency (how is the money best used once it is received).

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

23/015

Six-monthly Safer Staffing Report (agenda item 15)

Mrs Woffendin presented the six-monthly safer staffing report and highlighted some of the key points. Mrs Woffendin noted the report covered a six-month period from 1 May to the 31 October 2022. She added there had been 12 breaches in that period and the Board had received updates on all these through the regular two-monthly report. She assured the Board that whilst there had been no patient safety issues linked to the breaches, the paper provided triangulated information linking staffing with wider intelligence, through the safety lenses of medication, pressure ulcers, slips trips and falls and incidents of violence and aggression.

With regard to Part B of the report, Mrs Woffendin reported that this contained information on the capacity in the Community Mental Health Teams (CMHT) during the same period, noting this had been requested by the Board. She added that whilst there was no mandate from the National Quality Board to report on this, oversight around our community staffing arrangements was a requirement in terms of flow, safety, quality and patient experience.

The Board thanked Mrs Woffendin for the report, noting this provided a good level of information. Miss McRae asked about the issues with the Electronic Patient Records system not linking documents together and whether this was being actively addressed. Mrs Hanwell noted that this was a broader issue than just the CMHT Team, but the Digital Transformation Team would be supporting that CMHT team to look at what steps need to be taken to manage patient care records ahead of wider system changes taking place.

The Board **received** the six-monthly safer staffing report and **noted** the content.

22/016

Use of the Trust seal (agenda item 16)

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

23/017

Any other business (agenda item 17)

There were no items of other business.

23/018

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 12:00 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

**AGENDA
ITEM**

6

OPEN ACTIONS

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Future Board meeting dates (Minute 22/138 - agenda item 22 – November 2022)</p> <p>The Board asked if it would be possible to use other meeting venues for the Board strategic discussion session. Mrs Hill agreed to look at this.</p>	<p>Cath Hill / Corporate Governance Team</p>	<p>Management action</p>	<p>ONGOING</p>
<p>Report from the Chief Operating Officer (minute 21/089 – agenda item 12 – July 2021)</p> <p>Dr Munro noted that once the details of the national inquiry into COVID-19 were known there would be an update provided to the Board in relation to the Trust's readiness</p>	<p>Sara Munro / Cath Hill</p>	<p>Date to be confirmed</p>	<p>ONGOING</p>
<p>Memorandum of Understanding – division of duties between the Chair and Chief Executive (minute 23/004 - agenda item 4 – January 2023)</p> <p>NEW - It was noted there was a reference in the introduction of the document to 'NHS Improvement' and this should now refer to 'NHS England'. Mrs Hill agreed to ensure this minor change was made before the document was uploaded to the website.</p>	<p>Cath Hill</p>	<p>Management action</p>	<p>COMPLETED</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Minutes of the previous meeting held on 24 November 2022 (Minute 23/005 - agenda item 5 – January 2023)</p> <p>NEW - It was noted that Mr Henry was now the Senior Independent Director, not Mr Wright and this would be reflected correctly in the list of attendees.</p>	Cath Hill	Management action	COMPLETED
<p>Actions outstanding from the public meetings of the Board of Directors (Minute 23/007 - agenda item 7 – January 2023)</p> <p>NEW - Dr Munro agreed to circulate a paper that had been presented to the Integrated Care Board in relation to the national COVID-19 Inquiry which would provide further contextual detail.</p>	Sara Munro	Management action	COMPLETED
<p>Report from the Chief Executive (Minute 23/008 - agenda item 8 – January 2023)</p> <p>NEW - Dr Munro also reported that at the last meeting of the West Yorkshire Mental Health Learning Disability and Autism Collaborative Committees in Common a paper had been presented which set out responsibilities and accountabilities between organisations and suggested this was looked at in more detail at the February Board Strategic Discussion session to provide an opportunity for discussion and feedback. Mrs Hill agreed to add this to the forward plan.</p>	Cath Hill	Management action	COMPLETED

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Report from the Chief Executive (Minute 23/008 - agenda item 8 – January 2023)</p> <p>NEW - The Board noted the work of the Enhanced Coordination Group and asked for the Board's thanks to be formally noted and extended to members of the group and the staff who supported its work.</p>	<p>Joanna Forster Adams / Cath Hill</p>	<p>Management action</p>	<p>COMPLETED</p>
<p>Report from the Chair of the Quality Committee for the meetings held on 6 December 2022 and 10 January 2023 (Minute 23/009 - agenda item 9 – January 2023)</p> <p>NEW - Miss Grantham echoed the comments on workforce and supported the Board looking at this strategically in a more targeted session. It was agreed that this would be added to the forward plan and agree with Miss McRae and Dr Munro when this should be scheduled.</p>	<p>Cath Hill</p>	<p>Management action</p>	<p>COMPLETED</p>
<p>Report from the Chair of the Audit Committee meeting held on 17 January 2023 (Minute 23/011 - agenda item 11 – January 2023)</p> <p>NEW - Mr Skinner acknowledged that staff having more than one job was a potential risk not only in terms of fraud, but also staff wellbeing. He agreed to look at whether discussing and recoding secondary employment was something that could be added into the annual Wellbeing Assessment. The Board supported this being remitted to the Workforce Committee.</p>	<p>Darren Skinner</p>	<p>This action is to be scheduled for the Workforce Committee</p>	<p>THE BOARD IS ASKED TO CLOSE THIS AS AN ACTION FOR THE BOARD AS THE ACTION HAS BEEN REMITTED TO THE WORKFORCE COMMITTEE</p>

<p style="text-align: center;">ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)</p>	<p style="text-align: center;">PERSON LEADING</p>	<p style="text-align: center;">BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY</p>	<p style="text-align: center;">COMMENTS</p>
<p>Chief Financial Officer's Report (Minute 23/014 - agenda item 14 – January 2023)</p> <p>NEW - With regard to the timetable for the submission of the 2023/24 financial plans, Mrs Hanwell noted there would need to be a fuller discussion at the March Board meeting before the plan is submitted.</p>	<p>Dawn Hanwell</p>	<p>March Board of Directors' meeting</p>	<p style="text-align: center;">COMPLETED</p> <p style="text-align: center;">This has been added to the agenda for the March private Board meeting</p>
<p>Report from the Chief Operating Officer (agenda item 13)</p> <p>NEW - Mrs Forster Adams assured the Board that it would be possible to report back at the May Board meeting on the outcome of the project to look at Community and Intensive home Treatment caseloads and the work to understand why the trust was seeing for more people in crisis.</p>	<p>Joanna Forster Adams</p>	<p>May Board of Directors' meeting</p>	

CLOSED ACTIONS

<p>ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)</p>	<p>PERSON LEADING</p>	<p>BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY</p>	<p>COMMENTS</p>
<p>Minutes of the previous meeting held on 29 September 2022 (Minute 22/119 - agenda item 4 – November 2022)</p> <p>It was noted the Mr Skinner’s title was shown incorrectly in the minutes and should not have ‘Interim’ included. Mrs Hill agreed to correct this.</p>	<p>Cath Hill</p>	<p>Management action</p>	<p>COMPLETED</p>
<p>Ratification of the Terms of Reference for the Mental Health Legislation Committee (Minute 22/128 - agenda item 11.1 – November 2022)</p> <p>The Board agreed that a line be added to all Board sub-committee terms of reference which indicated there was a duty to ensure matters were not duplicated and committees would worked together to ensure this. Mrs Hill agreed to look at this.</p>	<p>Cath Hill</p>	<p>Management action</p>	<p>COMPLETED</p>
<p>Cyber Security Dashboard (Minute 22/137 - agenda item 21 – November 2022)</p> <p>It was noted there could be lessons that could be learnt from other organisations that had implemented Multifactorial Authentication. Mrs Hanwell agreed to speak to the Chief Information Officer about any learning that might be helpful for this project.</p>	<p>Dawn Hanwell</p>	<p>Management action</p>	<p>COMPLETED</p> <p>This will be picked by the Chief Information Officer with partner Trust’s</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>Review and approval of the Terms of Reference (Minute 22/139 - agenda item 23 – November 2022)</p> <p>the Board asked for three changes to be made: to state Clinical quality <i>including</i> safety in Section 6.3; to change the word personnel to personal in Section 4; to include a reason for holding meetings in private which was matters which might cause harm to the public. Mrs Hill agreed to look at making these changes.</p>	Cath Hill	Management action	COMPLETED
<p>Safe Staffing Report (minute 22/015 – agenda item 14 – January 2022)</p> <p>Mrs Woffendin advised safe staffing levels in community teams would be included in the next 6-monthly report.</p>	Cathy Woffendin	January 2023 Board of Directors' meeting	COMPLETED This has been included in the report to the January Board
<p>Six-monthly safer staffing report (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>	Cathy Woffendin	January 2023 Board of Directors' meeting	COMPLETED This has been included in the report to the January Board

AGENDA ITEM 7
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MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Chief Executive’s Report
DATE OF MEETING:	30 th March 2023
PRESENTED BY: (name and title)	Dr Sara Munro – Chief Executive
PREPARED BY: (name and title)	Dr Sara Munro – Chief Executive

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

EXECUTIVE SUMMARY

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

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

RECOMMENDATION

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

MEETING OF THE BOARD OF DIRECTORS

30 March 2023

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

Service Pressures

Whilst December and January saw the most challenging pressures across the health and care sector there has been a continuation of additional demands and issues impacting on capacity and flow. We continue to see fluctuating rates of covid with outbreaks impacting on our inpatient wards and staff availability which are well managed by the IPC and operational leadership teams. However, this does impact on patient flow and ultimately lead to out of area placements which is covered more in the reports later in the board.

Industrial Action has been halted by those unions representing staff on agenda for change and has not directly affected our workforce however the 3-day strike taken by Junior Doctors did have a direct effect on our services. Thanks to fantastic leadership from Executive colleagues and in particular the medical staffing department the risks to patient care were mitigated. We had very many willing volunteers from our consultant workforce which is testament to their commitment to patient care. However, this is not a sustainable position, and we are awaiting further information on the ongoing strike action from the medical workforce. It is also important to recognise the impact of industrial action in other sectors especially teaching which does impact on our workforce and this continues to be overseen through enhanced arrangements led by the COO and Director of People and OD.

Service Visits and CMHT

During the past few weeks, I have allocated the time I would ordinarily spend in services to supporting the CMHT as part of our redeployment effort alongside other colleagues from across corporate and clinical teams. This has involved being inducted, trained, and now working as part of the triage and assessment team based at St Marys Hospital. Whilst we often focus on the challenges within the service spending time alongside team members is proving incredibly insightful for the day-to-day challenges but overwhelmingly the strength of leadership and level of team cohesion in our CMHTs. There is a clear plan in place and the support from colleagues across the Trust through redeployment is providing capacity for stabilisation and improvement.

I have visited our forensic wards at Newsam as have several members of the executive team to speak directly with ward staff and service users. This follows concerns being raised through the Freedom to Speak Up Guardian and with senior managers and HR colleagues. The senior team are being supported to address the current issues staff have raised regarding morale, communication, and day to day support to strengthen engagement and enable ward staff to focus on the quality of care and service development. Staff on one ward reflected how hard it has been for them managing over recent years due to the environmental restrictions necessitated by Covid and workforce shortages. This has continued to have an impact due to gaps in leadership and key clinical posts. The recent appointment of ward managers on two of the wards and additional locum consultants has been well received but there is clearly more to do and recruitment to the senior leadership positions is underway. We have engaged with external support which Darren Skinner is overseeing to ensure we have a longer term and sustainable improvement plan in place. The commitment to patient care was very clear to see from the discussions with staff, observing interactions between staff and patients and speaking directly with some of the patients on the ward about their experiences and how they feed back in ward community meetings and their MDT meetings. Interim arrangements have been made to ensure all wards have access to OT support and I saw volunteers coming on to one of the wards to work with service users on arts and crafts.

Synergi Leeds

Along with many colleagues from the Trust I attended the screening of a documentary showcasing the journey over the past 4 years that we have been part of called 'Synergi Leeds'. This is a true partnership collaboration aimed at tackling systemic race inequality in mental health through grass roots investment, creative space events and securing senior leadership commitment. These

inequalities manifest in over representation of ethnic groups in secure care and detentions under the Mental Health Act. We have made a long-term commitment to the collaborative with several colleagues from the Trust taking active roles and the Deputy Director of Psychological Professions Sharon Prince is a joint SRO in the programme. There is lots to celebrate in the city regarding the shift in mindset, awareness, and action but there is also far more to do, and the event was an opportunity to put out another call to action for long term commitment and funding to address the inequalities faced by our ethnically diverse communities in access to and outcomes from mental health services. It was reassuring to hear from Service users at this event who are part of the redesign of community mental health services this is being embedded from the outset in the community transformation programme. Addressing racial inequalities will form part of the wider Health Inequalities strategy work being led by Joanna Forster Adams so we can ensure it is truly embedded and sustained.



Higher trainees in Psychiatry

Myself and Dr Hosker were invited to present to Higher Trainees in Psychiatry earlier this month to sow the seeds with them on the great opportunities and benefits there are for working in the Trust when they achieve their consultant qualifications. Two recently recruited consultants also shared in detail their experiences of joining the Trust – both were different but very positive and demonstrated the flexibility and support provided by the Medical Workforce Team and wider

consultant body. Further regional events are being planned which we will have senior representation at.

Celebrating Apprenticeships

We held the first ever celebration event for colleagues completing their apprenticeships with us on the 17th March. In 4 years, 74 staff have completed an apprenticeship ranging from level 2 in care, clinical apprenticeships, data, and procurement apprenticeships through to level 7 in clinical psychology and leadership and management. The majority still work with us in the Trust and the event brought together students, managers, and family members to celebrate their achievements and recognise the valuable contribution that apprentices make to our services and service users.

Additional nominations were sought for individuals who displayed Trust Values and the winners were:

- Manager/Mentor: Andrew McNichol, Head of People Analytics and Temporary Staffing
- Caring: Olivia Goor, Pharmacy Technician
- Integrity: Myer Bradley, Health Care Support Worker
- Simplicity: Sian-Leese Hook, Health Care Support Worker

Thanks to the apprenticeship team who co-ordinate and support apprenticeships across the Trust; Samantha Ibison (Apprenticeship and widening participation lead), Michelle Wood (Apprenticeships Officer), Becky Kirkbright (Organisational Development Administrator).

Staff Survey Results

The Board received a detailed presentation earlier this month on the Trusts results in the 2022 staff survey. I want to reiterate my thanks to the People and Experience and engagement team who have done a significant amount of work analysing results and now working with teams to create bespoke intention plans on areas for improvement. We know this approach does make a difference based on the areas we saw improvements from 2021 to 2022.

The coffee van will be doing the rounds over Easter with treats for staff and which will give an opportunity to connect with staff directly about the survey results and to get suggestions and views on what more we can do as a Trust to improve their experiences.

Recruitment Updates

Executive Director of Nursing, Professions and Quality

We had 12 applicants for the post of Executive Director of Nursing, Professions and Quality which was far higher than we anticipated. Final interviews are taking place the day before the Board meeting, and it is hoped we can confirm a successful outcome at the board meeting pending the usual fit and proper person checks etc.

Trust Board Secretary

Cath Hill is retiring at the end of July and therefore we will be recruiting a new Trust Board secretary. We have finalised the recruitment process with the post being advertised later in April and final interviews scheduled for early June.

Freedom To Speak Up Guardian

John Verity has confirmed he will be stepping down from his role later in the summer and the board can be reassured we have now agreed the timeline and recruitment process for his replacement. The post will be advertised in May and final interviews early July.

2. Our Partnerships

West Yorkshire Integrated Care System

During March (7th) there has been a meeting of the Partnership Board chaired by Cllr Swift and attended by the Chair and CEO. The Integrated Care Board met in Public on the 21st March 2023 and papers are available on the ICB website. Key areas of focus were the draft ICS five-year strategy, a focus on the VCSE sector contribution and ongoing sustainability, Operational and financial planning for 2023/24 as well as routine performance reporting and updates from

places/sectors. The committee approved the delegation of commissioning responsibility for pharmacy, optometry, and dental services (POD) from April 2023 and signed an MOU to work with NHSE on plans to transfer responsibility for specialises decommissioning of services (physical/acute) in 2024.

Leeds Place Committee of the ICB held its public meeting on the 14th March and key agenda items included a report from Health watch on engagement work done with citizens exploring their experience of hospital discharge. Findings will be considered a part of the intermediate care redesign work taking place across the city. Routine performance, finance and operational planning was covered along with a presentation and discussion on the refresh of the Leeds Health and Wellbeing Strategy which is also being discussed at our Board meeting.

ICB Future Operating Models

A review of the West Yorkshire ICS operating model has now been commenced in response to wider communication from NHSE on the need to reduce overall operating costs. The CEO of West Yorkshire Rob Webster wrote to all partners to advise Tim Ryley will lead this for our ICS and will be undertaking wide ranging engagement over the next three months to produce a set of recommendations on how the operating model can be improved in its effectiveness and efficiency.

The Hewitt Review of ICBs has now concluded its evidence gathering and stakeholder engagement. We believe the final report and recommendations are in the final stages of being written and once available will be shared with board members. It is assumed the recommendations will inform the review of the operating model.

Leeds Academic Health Partnership

The LAHP undertook a refresh of its aims and purpose over the last year and the result of this was all agencies reaffirming the importance of this partnership and agreeing to develop a new strategy. Below is a summary of the meeting held last month which considered a draft of the new strategy

and in particular setting out areas for potential research income and innovation that will be pursued.



Board meeting 27 Feb 2023: summary

In our first board meeting of the year, we discussed the draft Leeds Academic Health Partnership (LAHP) strategy. For context, members heard the latest on the Best City Ambition which sets out the shared vision for Leeds. The Best City Ambition aims to tackle poverty, inequality, and improve people's quality of life. It builds on three pillars: health and wellbeing, inclusive economic growth and zero carbon, and promotes the Team Leeds approach. Threaded throughout the ambition is a focus on evidence, research and innovation. This is particularly where, for health and care, the LAHP strategy seeks to add value.

Through the LAHP, our collective mission is to improve the health and wealth of all our communities and especially reduce inequalities. Board members discussed our draft strategic aims, which are to

- be a learning city that harnesses its collective assets and strengths to benefit all our communities, and to evaluate success
- support a thriving and inclusive innovation ecosystem that advances health and care for everyone
- attract investment and support economic growth that benefits all Leeds' residents, and
- demonstrate and showcase global excellence in health and care research and innovation.

We recognised some of the unique strengths of the city, and the value in developing a shared understanding of these. For example:

- we have a shared focus on reducing inequalities
- we are highly collaborative, with strong partnership in the city and region across sectors
- our size and scale means we are large enough to make an impact, and small enough to be joined up
- we are now in a position to reap the benefits of our investment in data and digital

Next we considered collective research funding opportunities, particularly the exciting potential to enhance how we treat and prevent long term conditions. We are forging new collaborations relating to our strengths in data, population health, care delivery and computing/systems engineering. Ultimately the goal is to improve the real-life experiences of people living with multiple long term conditions through informing and designing new integrated models of care for the system.

We concluded with a brief discussion on the emerging marketing strategy to raise the profile of Leeds as a globally leading health and care research and innovation ecosystem. We are working with a subset of the Board to agree the ecosystem brand identity.

Kate Lodge, Partnership Director.

3. Reasons to be Proud

There is a lot to cover in this report as I have included our highlights from the past two months.

Core Trainee Outstanding Teacher Award August 2022 - January 2023

The Trust Medical Education Committee agreed that 6 monthly, we would all vote for a Core Trainee Outstanding Teacher Award and yearly for the Higher Trainee Outstanding Teacher Award

First ever award goes to Dr Benjamin Rutt



Dr Sharon Nightingale, Director of Medical Educations said:

Ben is an excellent teacher, blending warmth with conversational style, structure, and knowledge.

He set up the 'train the trainer day' and his Workplace-Based Assessments show his great use of examples to illustrate key points and note his excellent ability to deliver kind yet constructive feedback to students.



Warm space at the Becklin

- Opened December 1st for 2 days per week offering tea, toast and a warm space to sit and meet people
- Throughout the three months there has been a real mix of between 30 -50 people per day – some service users and staff
- Some service users who have been discharged from the Becklin and have seemed to use the café as a bit of a transition space back into the community
- Phillip Long is going to be leading on a future initiative

I feel blessed that the Trust has offered me as a member of staff a slice of toast, a cup of tea and some soup. It has really helped me

Somewhere for me to go during the day rather than sitting at home on my own

Good to come back and see my friends at Becklin





Hilary Lewis

Senior Cognitive Behavioural
Psychotherapist & Occupational Therapist
in Liaison Psychiatry

Awarded a HEE/NIHR Doctoral Clinical and
Practitioner Academic Fellowship (DCAF)

“I’m excited to start my research.

**LYPFT and University of Leeds have supported
me throughout the application process, and I
look forward to working across both
organisations for the next three years.”**

Claire Paul, Professional Lead for AHPs, added:

“We wish Hilary well in her doctoral research!

Her award is a fantastic achievement.
It’s so encouraging to see AHPs leading new research
which will ultimately improve service user care.”

Tara is invited to the Social Worker of the Year Awards Parliamentary Reception

**Social Worker of the Year Awards
Parliamentary Reception
Monday 20 March 2023**

Gold Award winners from the Social Worker of the Year
Awards are invited to the Parliamentary Reception
celebration at the House of Commons.

At this exclusive event, the awards are officially launched
for the year ahead by representatives from the
Department of Health and Social Care and the
Department for Education and Social Work England.





Errol Murray spoke with the Princess of Wales

Errol Murray, a Partners Peer Support Worker in the LYPFT Perinatal Mental Health Service and Leeds Dads founder, met HRH Catherine, Princess of Wales, to talk about supporting early years, and the importance of nurturing and building attachments in the first 5 years of childhood.

"What Leeds is doing is really extraordinary. Actually, you are leading the way and putting children and young people at the heart of the city and community here. It's really impressive to hear."



Outstanding Forward Leeds has its contract renewed.

Will continue to provide drug and alcohol services in Leeds for the next 5 years



Forward Leeds is a consortium between three charities: Humankind, St Anne's Community Services and BARCA Leeds along with our Trust

"The service has gone from strength to strength, to become one of just a few drug and alcohol services to be rated as outstanding, by the Care Quality Commission, in the country."



SPECIALISED SUPPORTED LIVING SERVICE



Going above and beyond to celebrate the 80th birthday of one of our service users.

The team arranged family and friends visits, and to top it off, they booked the Yorkshire Belles, a trio of singers, to serenade her at home.

Nominator – “I might manage the service, but I can’t take any credit. The staff planned every part. They are fantastic.”

“What an amazing example of putting the person at the centre of a wonderful team and celebration. I was smiling reading this example - thank you.”

- Judges

Team of the Month Red Kite View

The team are hard-working, resilient and dedicated and have supported the first year successfully.

All departments work hard together to ensure the smooth running of the service.

“This January we held our inaugural ‘Red Kite Awards’ and the response was impressive. Nominations were made by 71 colleagues and the celebration event was a fantastic way to show appreciation for each other.”

Judges

“A lovely example of support and compassion.”

“The team are a credit to the Trust for all they have done and their ongoing commitment to further development of the service offered to young people.”



Research Heroes



Research Heroes are individuals who are part of a hidden army of staff supporting research across LYPFT.

Thank you for making a difference!

Name: Angela Elliot

Role: R&D Finance Lead

- Angela provides research finance support to R&D
- Research finance is complex & ever changing
- Much of R&D funding is externally sourced e.g. grants

Email: research.lypft@nhs.net



**Research &
Development**



Angela Elliot

R&D Finance Lead

"I very much enjoy the variety this brings to my role, overseeing projects often over several years."

Dr Sara Munro

Chief Executive

23rd March 2023

Chair's Report

Name of the meeting being reported on:	Quality Committee
Date your meeting took place:	16 February 2023
Name of meeting reporting to:	Board of Directors – 30 March 2023
Key discussion points and matters to be escalated:	
<p>Issues to which the Board needs to be alerted</p> <ul style="list-style-type: none"> The committee reviewed and approved its Terms of Reference. It queried Dr Healey's role as Doctors Disciplinary Champion, noting that the information on HR matters previously received by the committee is now received by the Workforce Committee. The Board is asked to consider whether it would be more appropriate for the Chair of the Workforce Committee to undertake this champion role. 	
<p>Things on which the Board is to be assured</p> <ul style="list-style-type: none"> The committee received the Perinatal Service's Annual Quality Report for 2021/22 and reviewed the main findings using the Safe, Timely, Effective, Efficient, Equitable and Patient Centred (STEEEP) framework. The committee was pleased to hear about the work carried out by the service to improve access for ethnic minority populations. It was suggested that this good practice should be shared with the Board, either as a 'sharing stories' topic or at a strategic discussion, for the board to consider how this work could be undertaken Trustwide. <p>As Maternity Board Safety Champion, the committee received reassurance that that the Ockenden Report was considered as part of the Perinatal Service's clinical governance, and noted that the Trust had representation on the Maternity Board for Leeds. Overall, the committee was assured that the service had good systems in place for understanding its quality issues and to drive improvements</p> <ul style="list-style-type: none"> The committee received Annual Quality Reports for 2021/22 from the Liaison Services, which included: <ul style="list-style-type: none"> Acute Liaison Psychiatry Service (ALPS) Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS) Hospital Mental Health Team (HMHT) Liaison Psychiatry Outpatient Service (LPOS) National Inpatient Centre for Psychological Medicine (NICPM) Psychosexual Medicine (PSM) <p>The committee reviewed the main findings using the STEEEP framework. It was pleased to hear that each service was involved in research and the services that were applicable were working towards accreditation with the Psychiatric Liaison Accreditation Network. The committee discussed waiting lists and agreed that it would refer an item for consideration by the Finance and Performance Committee (see below). Overall, the committee was assured that the services had good systems in place for understanding its quality issues and to drive improvements</p>	

- The committee received the Interim Quality Report for the CYPMHS at Red Kite View and reviewed the findings using the STEEP Framework. The committee praised the service for its work since it opened in January 2022, acknowledging the challenges that had been faced relating to the Red Kite View estate. It was pleased to hear that during the reporting period there had been a reduction in out of area placements from 27 to four and welcomed the news that the service had invited service users to sit on interview panels for a variety of staff posts. Overall, the committee was assured that the service had good systems in place for understanding its quality issues and to drive improvements
- The committee received a report which provided data from quarter three (Q3) for PALS activity, the concerns and complaints handling process, compliments, claims, central alert system, incidents, serious incidents and inquests. It agreed that the Trust had good systems for understanding quality issues raised through these sources and working to improve them.
- The committee reviewed the Combined Quality and Workforce Performance Report. It received further assurance on the number of falls relating to patients, which had increased by 30 between November 2022 and December 2022. It acknowledged the high level of vacancies, particularly for registered nurses, and asked Mr Skinner to provide benchmarking data on how the number of registered nurse vacancies within the Trust compared to other mental health trusts in North East England and Yorkshire.
- The Committee received the Board Assurance Framework. It reviewed strategic risk one and strategic risk two and was assured that the risks were being adequately controlled.
- The committee received an update on the management of Covid-19 across the Trust. It agreed that it was assured that the Trust continued to follow all national infection, prevention and control guidance and that the Director of Infection, Prevention and Control had daily oversight of all positive cases and outbreak management within the Trust.

Issues to advise the Board on:

- No issues to advise the Board on.

Items to be referred to other Board sub-committees:

- The committee discussed waiting lists, noting that the NICPM and the ME/CFS had lengthy waiting lists. Mrs Forster Adams informed the committee of strategic policy work currently being carried out with the Trust's neurodiverse services, including the NICPM, to address waiting lists. The committee agreed that it would ask the Finance and Performance Committee to look into whether the ME/CFS should be included in this work.
- The committee reviewed a paper that proposed several principles in respect of the timely circulation of paperwork, the circumstances where the circulation of late papers may be appropriate, and the length of papers submitted. It agreed a number of principles and suggested that the principles discussed should be proposed to other Board sub-committees.

Report completed by:

Dr Frances Healey, February 2023

Chair's Report

Name of the meeting being reported on:	Quality Committee
Date your meeting took place:	16 March 2023
Name of meeting reporting to:	Board of Directors – 30 March 2023
Key discussion points and matters to be escalated:	
<p>Issues to which the Board needs to be alerted:</p> <ul style="list-style-type: none"> The committee received a report which provided an update on the progress made by services towards a clinical practice review against the NICE guidance 'Self-harm: Assessment, Management and Preventing Recurrence'. The committee was informed of a number of other pieces of work that were being undertaken in relation to this and it was agreed that a report would be presented to its April meeting to summarise the work that had been undertaken at a Trustwide level. <p>The committee acknowledged the culture shift that would be required to change clinical practice in this area. It noted the importance of the work carried out by individual services and acknowledged the need to retain the input from services whilst taking a centralised approach. The committee recognised that this would be an extensive piece of work and noted that a series of update reports may be presented, including consideration of what further centralised support (including potentially a self-harm prevention strategy) might be required.</p>	
<p>Things on which the Board is to be assured:</p> <ul style="list-style-type: none"> The Committee received the Board Assurance Framework. It reviewed strategic risk one and strategic risk two and was assured that the risks were being adequately controlled. The committee received an update on the management of Covid-19 across the Trust. It agreed that it was assured that the Trust continued to follow all national infection, prevention and control guidance and that the Director of Infection, Prevention and Control had daily oversight of all positive cases and outbreak management within the Trust. The committee reviewed the Draft Strategic Internal Audit Plan 2023/24, discussed sharing of themes across Board sub-committees, and was assured that it addressed the appropriate risk areas. The committee reviewed the draft Quality Account for 2022/23, made some suggestions for additional content, and was assured on the progress made with the production of the document. The committee received the Learning from Deaths Report for quarter three and discussed it in detail. 	
<p>Issues to advise the Board on:</p> <ul style="list-style-type: none"> No issues to advise the Board on. 	

Items to be referred to other Board sub-committees:

- The committee agreed that data on the use of restrictive interventions on service users from different ethnic backgrounds should be reported primarily to the Mental Health Legislation Committee, but that it should also be included in the Positive and Safe Working Group Annual Report which is shared with the Quality Committee.

Report completed by:

Dr Frances Healey, March 2023

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

MEETING OF THE BOARD OF DIRECTORS

**AGENDA
ITEM
8.1**

PAPER TITLE:	Terms of Reference for the Quality Committee
DATE OF MEETING:	30 March 2023
PRESENTED BY: (name and title)	Dr Frances Healey, Non-executive Director and Chair of the Quality Committee
PREPARED BY: (name and title)	Kerry McMann, Head of Corporate Governance

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

EXECUTIVE SUMMARY

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

The Quality Committee reviewed and approved its terms of reference on 16 February 2023. The following amendments were made (all amendments highlighted in yellow in the attached document):

- Page one – amendment made to the role of NEDs in the committee
- Page two – amendment made to outline that any board member can attend the meeting on an ad-hoc basis if they wish
- Page three – amendment made to the text around the attendance of Associate Non-executive Directors at committee meetings
- Page four – updated to reflect current practice of paperwork being circulated five working days before the meeting
- Throughout the document – ‘quality and safety’ changed to ‘quality, including patient safety’
- Page four – sentence added to reflect the committee’s commitment to improving governance on a continuing basis through evaluation and review
- Page five – amendment made to the committee’s duties relating to the Board Assurance Framework

- Page six – removed references to ‘Perinatal Safety Champion’, as the role was superseded by the Maternity Board Safety Champion
- Page six – duties added relating the Maternity Board Safety Champion and the Doctors Disciplinary Champion roles
- Page six – duties amended to include the committees champion roles for the following areas:
 - Hip Fracture, Falls and Dementia
 - Learning from Deaths
 - Children and Young People
 - Resuscitation
 - Safeguarding
 - Palliative and of Life Care
- Page seven – sentence added regarding the committee’s duty to work with other Board sub-committees to ensure matters are not duplicated
- Page eight – updated to reflect current practice regarding the Medical Directors participation in agenda planning meetings
- Page eight – reference added to the chair of the committee being the named champion for Doctors Disciplinary and Maternity Board Safety

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

State below ‘Yes’ or ‘No’
No

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

RECOMMENDATION

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

Quality Committee

Terms of Reference

**(Approved by the committee on 16 February 2023
To be ratified by the Board of Directors on 30 March 2023)**

1 NAME OF GROUP

The name of this committee is the Quality Committee.

2 COMPOSITION OF THE COMMITTEE

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

Members

Title	Role in the committee
Non-executive Director	<p>Chair of the meeting. Non-executive directors provide constructive challenge and strategic guidance, and lead in holding the executive to account. In particular, non-executive directors should scrutinise the performance of the executive management in meeting agreed goals and objectives, receive adequate information and monitor the reporting of performance. They should satisfy themselves as to the integrity of clinical and other information, and make sure that clinical quality controls, and systems of risk management and governance, are robust and implemented</p> <p>(Code of Governance for NHS Provider Trusts, NHS England 2022)</p>
Non-executive Director	<p>Deputy chair of the meeting. Non-executive directors provide constructive challenge and strategic guidance, and lead in holding the executive to account. In particular, non-executive directors should scrutinise the performance of the executive management in meeting agreed goals and objectives, receive adequate information and monitor the reporting of performance. They should satisfy themselves as to the integrity of clinical and other information, and make sure that clinical quality controls, and systems of risk management and governance, are robust and implemented.</p> <p>(Code of Governance for NHS Provider Trusts, NHS England 2022)</p>

Title	Role in the committee
Director of Nursing, Professions and Quality and Director of Infection Prevention and Control	Executive director lead for quality. Chair of the: Patient Experience Group; Trustwide Safeguarding Group; Nursing and Professions Council; and Infection Prevention Control and Medical Devices Group. Assurance and escalation provider to the Quality Committee.
Chief Operating Officer	Executive director with responsibility for oversight and delivery and development of Care Services. Assurance and escalation provider to the Quality Committee.
Medical Director	Joint executive lead for quality. Medical input and Chair of the Trustwide Clinical Governance Group. Assurance and escalation provider to the Quality Committee.
Director of People and Organisational Development	Staff training and development issues related to quality. Assurance and escalation provider to the Quality Committee.
Chief Financial Officer	Executive lead for financial resources including Cost Improvement Programmes. Assurance and escalation provider to the Quality Committee. Attendance at meetings will be dependent on the agenda items being discussed.

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

Attendees

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

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

- Associate Director for Corporate Governance
- Deputy Director of Nursing
- Clinical Directors
- Head of Nursing and Patient Experience
- Professional and Clinical Leads

2.1 Governor Observers

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

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

2.2 Associate Non-executive Directors

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

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

3 QUORACY

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

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

4 MEETINGS OF THE GROUP

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

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

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

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

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

5 AUTHORITY

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

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

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

6 ROLE OF THE GROUP

6.1 Purpose of the Group

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

- Trust's quality, **including patient safety**, systems and processes
- Quality, **including patient safety**, of the services provided by the Trust
- control and management of quality, **including patient safety**, related risks within the Trust.

The quality committee is committed to improving governance on a continuing basis through evaluation and review.

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

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

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

6.3 Duties of the Quality Committee

The Quality Committee is seeking assurance that:

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

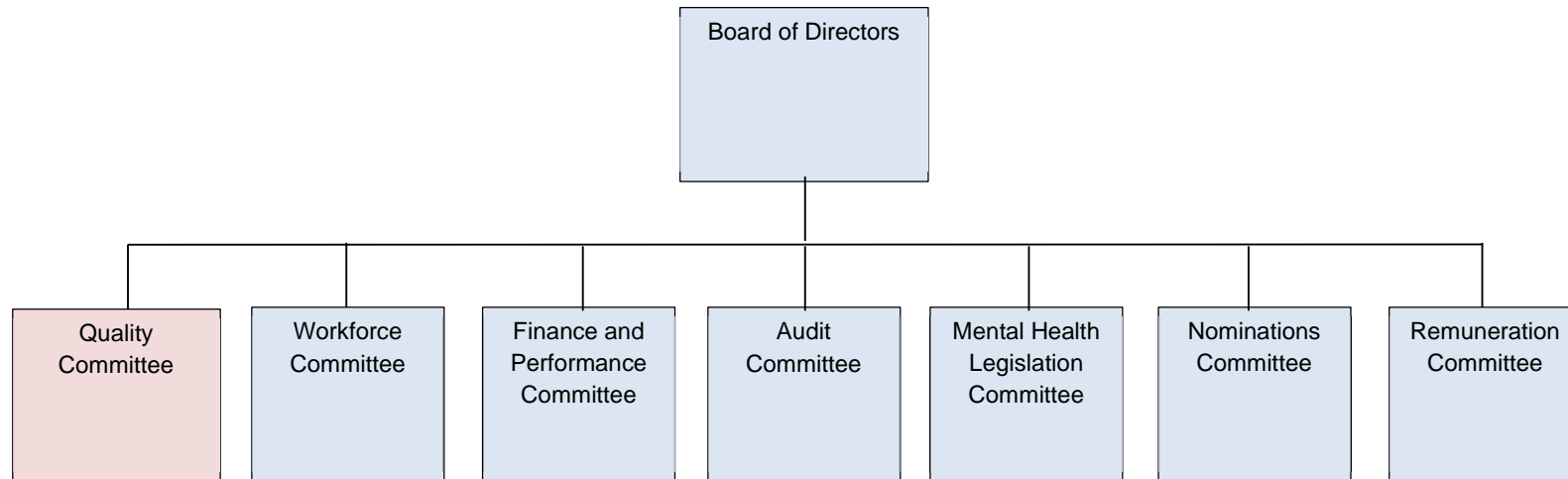
It carries out its duties to provide assurance to the Board of Directors. In addition to this, it is authorised to seek information that will allow it carry out its purpose. It will:

- Seek assurance on systems and processes to ensure monitoring and assessment of the quality, including patient safety, and improvements in services
- Seek assurance on the mechanisms to involve service users, carers, the public and partner organisations in improving services
- Seek assurance on the systems for identifying, reporting, mitigating and managing quality, including patient safety, related risks including the monitoring of incidents, investigations and deaths; and complaints, claims, and compliments
- Review the Board Assurance Framework to seek assurance on behalf of the Board that those strategic risks where it has been listed as an assurance receiver, are being effectively controlled; that the risk score (which has been determined by the executive team) is at the right level; and that any gaps are being addressed appropriately. It may also inform any deep-dive which it may wish to undertake into any area on which is requires further assurance.
- Seek assurance on the quality impact assessments for key strategic programs of work
- Receive assurance on the work carried out and reported to the Trustwide Clinical Governance Group, including: Quality Plan; Quality Report; Infection Prevention and Control; Safeguarding; Research and Development; Clinical Audit and NICE; Continuous Improvements; and Measuring outcomes across Trust services

- Receive assurance on activity within operational services that contributes to the understanding and improvement of quality, including patient safety, within the Trust.
- Review the draft Internal Audit Annual work plan so it can be assured on the sufficiency of the work the Auditors will carry out in respect of clinical matters. Assurance on this sufficiency (or comments on any matters that should be included) will be provided to the Audit Committee to allow it to approve the overall plan.
- Have oversight of relevant data and specific initiatives in relation to the Equality and Inclusion Agenda as requested by the Board of Directors, recognising the importance of inclusion and accessibility in delivering quality services
- ~~Carry out the role of Perinatal Safety Champion and have assurance oversight of the Trust's Perinatal Service~~
- Carry out the duties of the Maternity Board Safety Champion, with the chair of the committee being the named champion.
- Carry out the duties of the Doctors Disciplinary Champion, with the chair of the committee being the named champion.
- Carry out the role of Hip Fracture, Falls and Dementia Champion
- Carry out the role of Learning from Deaths Champion
- Carry out the role of Children and Young People Champion
- Carry out the role of Resuscitation Champion
- Carry out the role of Safeguarding Champion
- Carry out the role of Palliative and of Life Care Champion

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

7 Links with Other Committees



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

8 DUTIES OF THE CHAIR

The Chair of the committee shall be responsible for:

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

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

The chair of the Quality Committee will also be the named Maternity Board Safety Champion and Doctors Disciplinary Champion, with the requirements of the role to be discharged through the committee.

9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

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

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

10 SCHEDULE OF DEPUTIES

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

Chair's Report

AGENDA
ITEM

9

Name of the meeting being reported on:	Mental Health Legislation Committee
Date your meeting took place:	Tuesday 7 February 2023
Name of meeting reporting to:	Board of Directors (30 March 2023)
Key discussion points and matters to be escalated:	
Issues to which the Board needs to be alerted:	
<ul style="list-style-type: none"> The Committee acknowledged an observation by the Mental Health Act Managers that they had noticed the lack of advocacy representation at mental health tribunal hearings. The Committee asked for this to be looked at in more detail, including what were the issues causing this situation and whether any service users had been negatively impacted by this lack of advocacy. The Committee asked for a report to be provided at a future meeting giving assurance on what steps were being taken to address this. 	
Issues to advise the Board on:	
<ul style="list-style-type: none"> There is to be a request to the York Advocacy service to ask for access to the York advocacy data. The Committee noted this information had been outstanding for several months. Human Rights Training, in collaboration with the British Institute of Human Rights, has commenced across the Trust. The Committee agreed that it would receive regular reports on the work the West Yorkshire Health and Care Partnership had conducted on preventative and early intervention mental health work it is doing in the Community. The Committee noted that the Trust was no longer required to complete Section 49 reports requested by the Court of Protection if the individual had not accessed the Trust's services. 	
Things on which the Board is to be assured:	
<ul style="list-style-type: none"> The Committee continues to monitor the progress of the proposed changes to the Mental Health Act Bill as it is reviewed by central government. 	

- The Committee received and reviewed the Draft Internal Audit Plan for the financial year 2023/24.

Items to be referred to other Board sub-committees:

- The Committee has requested that the Workforce Committee performs an assessment on which service areas should be prioritised to receive cultural awareness training in response to the over representation of service users from minority ethnic backgrounds within certain sections of our services.

Report completed by:

Kaneez Khan – March 2023

Chair's Report

AGENDA
ITEM

10

Name of the meeting being reported on:	Workforce Committee
Date your meeting took place:	9 February 2023
Name of meeting reporting to:	Board of Directors – 30 March 2023
Key discussion points and matters to be escalated:	
Issues to which the Board needs to be alerted:	
<ul style="list-style-type: none"> No issues to which the Board needs to be alerted. 	
Issues to advise the Board on:	
<ul style="list-style-type: none"> The Committee received a report on feedback and experiences from placement students which provided information on the quality and standards across the Trust's various learning environments. The Committee was assured around the mechanisms in place to support learners but noted a few challenges. Firstly, the Health Education England (HEE) merger with NHS England and the potential funding implications of this; and secondly, the shortage of classroom space for face-to-face training. The Committee heard that using Trust facilities which were not fit for purpose had resulted in them receiving negative feedback in this category in the past and the team were having to outsource training and learning space in order to improve the facilities and environment. 	
Things on which the Board is to be assured:	
<ul style="list-style-type: none"> The Committee received the latest version of the Board Assurance Framework, reviewed Strategic Risk 3, and was assured that it was being appropriately controlled. The Committee supported the publication of the Modern Slavery Statement which had been developed in collaboration with the Trust's Procurement Service and the Safeguarding Team and in line with the recommendations of the Modern Slavery Act Audit Report. The Committee received the update which provided an overview of the Trust's systems and processes in place to support learning and development across non-medical, medical and Bank staff groups as well as some high-level analysis of the learning and development activity that had taken place over the last 10 months and details of how spend is allocated. 	

- The Committee received the Wellbeing Guardian Report and agreed an action for some Committee members to look at different ways of evaluating the service provided by the Trust's Employee Assistance Programme (Health Assured) in terms of value for money and outcomes. The Committee also received a report from the Royal College of Psychiatrists which looked at supporting mental health staff following the death of a patient by suicide. An action plan was being developed and an update would be included in the report to the next meeting. It was also suggested that this was included as a future topic for internal audit.
- The Committee reviewed its Terms of Reference; noted the addition of the new paragraphs which reflected the recommendations in the Workforce Governance Controls Improvement Audit; and agreed that it still met the needs of the Committee with no further amendments suggested.

Items to be referred to other Board sub-committees:

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

Report completed by:

Helen Grantham
February 2023

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

MEETING OF THE BOARD OF DIRECTORS

**AGENDA
ITEM**

10.1

PAPER TITLE:	Terms of Reference for the Workforce Committee
DATE OF MEETING:	30 March 2023
PRESENTED BY: (name and title)	Helen Grantham, Non-executive Director and Chair of the Workforce Committee
PREPARED BY: (name and title)	Rose Cooper, Corporate Governance Officer

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

EXECUTIVE SUMMARY

The Board is asked to note that 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 Workforce Committee reviewed and approved its terms of reference on the 9 February 2023. The following amendments were made (all amendments are highlighted in yellow on the attached document):

Page 5 – Amendment made to the following bullet point under 6.3 Duties of the committee (as per the agreed NED champion roles)

Carry out the role of Wellbeing Guardian Champion and receive a Wellbeing Guardian Report at every meeting.

Page 6 – additional paragraph added under section 7 Relationship with other groups and committees (as agreed by the Board in November 2022).

The committee has a duty to work with other Board sub-committees to ensure matters are not duplicated.

Pages 6 & 7 – additional paragraphs added under section 7 Relationship with other groups and committees (to reflect the recommendations in the Workforce Governance Controls Improvement Audit)

The Workforce Committee does not have any sub-committees. It is linked to the People and Organisational Development (POD) Governance Group as an assurance receiver. The Workforce Committee provides a route of escalation for this group to the Board of Directors. Although this does not preclude any other group being asked to provide assurance.

The Workforce Committee receives a People and Organisational Development Governance Group Chair's Report at each meeting. This report summarises the recent activity of the People and Organisational Development (POD) Governance Group as well as highlight reports from each of the four POD Governance Groups (People Experience Group, People Talent and OD Group, People Resourcing and Retention Group, and People Employment Group).

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

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

RECOMMENDATION

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

WORKFORCE COMMITTEE

Terms of Reference

**(Approved by the Committee on the 9 February 2023
To be ratified by the Board of Directors on 30 March 2023)**

1 NAME OF COMMITTEE

Workforce Committee

2 COMPOSITION OF THE COMMITTEE

Members: full rights

Title	Role in the committee
2 Non-executive Directors	Chair and NED challenge to the executive arm of the organisation
Director of People and Organisational Development	Assurance on the OD and Workforce aspects of their portfolio in relation to the delivery of the strategic aims, goals and plans relating to staff and legal and statutory HR functions
Director of Nursing, Quality and Professions	Assurance on the professional workforce aspects of the Nursing and Allied Health Professional, Psychology and Psychotherapy staff
Medical Director	Assurance on the professional workforce aspects of the medical staff
Chief Operating Officer	Executive Director with responsibility for oversight and delivery and development of Care Services. Assurance and escalation provider to the Workforce Committee

In attendance: in an advisory capacity

Title	Role in the committee	Attendance guide
Associate Director for Corporate Governance	Trust Board Secretary overseeing the information flows of the committees	Each meeting

Title	Role in the committee	Attendance guide
Associate Director for People Resourcing and Organisational Development	Provide information and assurance on organisational development, leadership and management development, talent development and strategic resourcing, including widening participation and apprenticeships	Each meeting
Associate Director of People Experience	Provide information and assurance on wellbeing, equality and diversity, engagement and marketing and communications	Each meeting
Associate Director of Employment	Provide information and assurance on the approach taken to employment practices, policies and processes, partnership working arrangements internally within the Trust and effective change management approaches affecting people	Each meeting
Head of People Analytics and Temporary Staffing	Provision of workforce information and undertaking of analytics as required	As Required
Head of Strategic Resourcing and Talent Development	Provide assurance on vacancies rates, the future direction of workforce skills and skills gaps	As Required
Head of Communications	Provide information and assurance on methods of communication	As Required
Head of Diversity and Inclusion	Provide information and assurance on the equality, diversity and inclusion agenda and plan	As Required
Head of Wellbeing	Provide information and assurance on the health and wellbeing across the Trust	As Required

In addition to anyone listed above as a member, at the discretion of the chair of 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 of the discussion). Governors will receive an information pack prior to the meeting. This will consist of the agenda, the minutes of the previous meeting and summaries of the business to be discussed. Governor observers will be invited to the meeting by the Corporate Governance Team. The chair of the meeting should ensure that there is an opportunity for governor observers to raise any points of clarification at the end of the meeting.

2.2 Associate Non-executive Directors

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

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

3 QUORACY

Number: The minimum number of members for a meeting to be quorate is three and must include either the non-executive director responsible for workforce or the Director of People and Organisational Development. 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 second non-executive director.

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 committee.

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

A schedule of deputies, attached at appendix 1a, 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: In the absence of the Chair the alternate chair of the meeting will be the second non-executive director.

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: Bi-monthly

Urgent meeting: Any member of the committee 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: The Corporate Governance Team will provide secretariat support to the Committee. Draft minutes will be sent to the chair for review and approval within seven working days of the meeting.

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

5 AUTHORITY

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

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

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

6 ROLE OF THE COMMITTEE

6.1 Purpose of the Committee

The purpose of the committee is to provide the Board with assurance concerning all aspects of strategic workforce matters relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients and staff.

Its purpose is also to ensure there is a positive working environment for staff which promotes an open culture that helps staff do their job to the best of their ability.

Trust Strategic Objective	How the committee will meet this objective
We deliver care that is high quality and improves lives	Assurance on the delivery of the Trust's strategic workforce plan
We provide a rewarding and supportive place to work	Assurance on the delivery of the Trust's strategic workforce plan
We use our resources to deliver effective and sustainable services	Assurance on the delivery of the Trust's strategic workforce plan

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

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

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

6.3 Duties of the committee

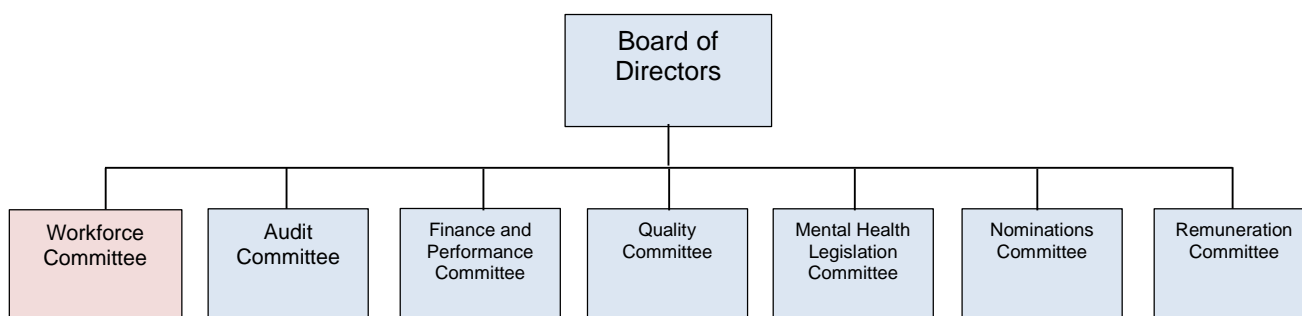
On behalf of the Board of Directors the committee will:

- Seek assurance on the progress made against the NHS People Plan.
- Seek assurance on the development and the delivery of the Trust's People Plan and have oversight of its key strategic themes which include: health and wellbeing; resourcing; equality and inclusion; engagement and retention; and leading together.
- **Carry out the role of Wellbeing Guardian Champion and receive a Wellbeing Guardian Report at every meeting.**
- Seek assurance on the development of the workforce to ensure the Trust has productive staff with the skills, competencies, and knowledge to provide safe and effective care.
- Be responsible for signing off any underpinning workforce strategies.
- Seek assurance that the Trust is meeting its legal and regulatory duties in relation to its employees.
- Have oversight of relevant workforce data and specific initiatives in relation to the Equality and Inclusion Agenda as requested by the Board of Directors, recognising that a significant element of the Trust's work to ensure equality and inclusion is with regard to the workforce.

- Seek assurance that the Trust is actively involved and where relevant influencing work taking place at a national, regional, and local level including the work carried out by the West Yorkshire and Harrogate Integrated Care System relating to workforce.
- Seek assurance on progress against the workforce metrics.
- Seek assurance around the risks delegated to it via the Board Assurance Framework. The committee should determine if the appropriate level of risk has been identified, review the effectiveness of the controls in place relevant to the risks, review and challenge the strength of the assurances provided, identify any gaps in control or assurance and ensure that the risk lead identifies appropriate actions to address such gaps.
- Where necessary seek assurance into any area of work related to workforce and related matters on behalf of the Board.
- The committee will also 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

The committee has a duty to work with other Board sub-committees to ensure matters are not duplicated.



The Workforce Committee does not have any sub-committees. It is linked to the People and Organisational Development (POD) Governance Group as an assurance receiver. The Workforce Committee provides a route of escalation for this group to the Board of Directors. Although this does not preclude any other group being asked to provide assurance.

Reporting:

The Workforce Committee receives a People and Organisational Development Governance Group Chair's Report at each meeting. This report summarises the recent activity of the People and Organisational Development (POD) Governance Group as well as highlight reports from each of the four POD Governance Groups (People Experience Group, People Talent and OD Group, People Resourcing and Retention Group, and People Employment Group).

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

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 Board of Directors in respect of the work of the committee
- Ensuring the Chair's report is submitted to the 'parent' committee as soon as possible
- Ensuring that governor observers are offered an opportunity at the end of the meeting to raise any points of clarification.

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

9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

The terms of reference shall be reviewed by the committee at least annually and 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".

Full member (by job title)	Deputy (by job title)
Director of People and Organisational Development	Associate Director for People and Organisational Development
Director of Nursing, Quality and Professions	Deputy Director of Nursing (as required)
Medical Director	Deputy Medical Director
Chief Operating Officer	Deputy Director for Service Delivery (as required)

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Chief Operating Officer: Trust Board Report
DATE OF MEETING:	30 March 2023
PRESENTED BY: (name and title)	Joanna Forster Adams – Chief Operating Officer
PREPARED BY: (name and title)	Joanna Forster Adams – Chief Operating Officer

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

EXECUTIVE SUMMARY		
<p>The 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.</p> <p>This month the report includes:</p> <ul style="list-style-type: none"> • Winter 2022/23 Planning and Operating Arrangements (incorporating EPRR activity). • 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?	State below 'Yes' or 'No' No	If yes please set out what action has been taken to address this in your paper

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

MEETING OF THE BOARD OF DIRECTORS MARCH 2023

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:

- Winter 2022/23 Planning and Operating Arrangements (incorporating EPRR activity).
- Key service delivery and performance issues
- Service Development Update.

Celebrating Success

Over the last two months a number of staff have been commended through out “Star” recognition scheme. They include:

Mandy Binns: a fantastic member of the physical health monitoring and improvement team. Mandy was nominated because of the outstanding individualised support she provides to some of our most vulnerable service users to enable them to understand and access Covid vaccination. It was great to hear that the legacy of the work started in the organisation in January 2021 lives on through people like Mandy and others in teams and services across the Trust.

Carly Gibson: A remarkable Nurse working in our Older Adult Services Ward 4 tea. Carly is a relatively recently qualified Nurse who was recognised by her team and the Trust for her compassion, reliance, reliability, and her support to everyone. She was described as someone who had brought the team through some very tough times and was always looking for smarter ways of doing things.

We have also been visited recently by colleagues from Positive Practice in Mental Health. Once again they shared their experience and knowledge with us, this time focusing on Crisis response and care. They were welcomed by our Acute Services leadership team and have feedback how impressed they were with the work led by our services.

Again, recognising the efforts of people across our services in response to cost-of-living winter challenges, we have heard about the success of the “warm space” project that has been operating at the Becklin Centre since the beginning of December. Throughout the last four months we have seen staff, service users and other members of the public use this space and have a warm drink and snacks. We have seen between 30 and 50 people each day use the facility and have had some wonderful feedback including:

“Somewhere for me to go during that day rather than sitting on my own.”

“I feel blessed that the Trust has offered me, as a member of staff, a slice of toast, a cup of tea and some soup. It has really helped me.”

“Good to come back and see my friends at Becklin.”

Finally, to celebrate the outstanding team effort including our Medical Education Team, EPRR colleagues, Operational and Clinical Leads, Workforce team, Estates Team, Communications Team, Senior Medical staff and many more involved in planning for and managing over the course of the recent Junior Doctors industrial action.

2. Winter 2022/23 Planning and Operating Arrangements (incorporating EPRR activity).

2.2. Planning, Management and Response

Since the report in January 2023 the planning focus has shifted significantly more to the planning for and response to industrial action.

More generally, the planning and incident management structures remain in place and are as previously reported.

- Enhanced Winter Coordination Group (EWCG) – overall coordination of all activities aimed at mitigating winter pressures and potential disruption (includes outbreaks, demand and capacity, workforce availability, industrial action, power, system pressures and disruption).

- Industrial Action Planning Group (IAPG) - Executive chaired planning for disruption caused directly and indirectly by NHS and other types of industrial action. The group provides assurance to the Executive Management Team.
- Industrial Action Tactical Group (IATG) – group that reports to the IAPG and is responsible for detailed planning for industrial action including developing plans and mitigations.
- Power Disruption Tactical Group – group reporting into the EWCG that developed plans and procured equipment to mitigate the risk of winter power outages. The group last met in January 2023 and was approved by the EWCG to stand down given its work plans had been completed.

City and regional planning has continued regarding wider incident arrangements regarding the identified winter disruptions with executive attendance at city Gold and Silver and senior staff attending Systems resilience Groups and ICB meetings including full coverage of strike day ICB touchpoint meetings.

An operational plan for the incident as well as service line plans and an out of hours pathway plan were developed for the recent first wave of junior doctors' industrial action.

2.3. Managing Winter Pressures and Flow

The Trust has continued to operate routinely at OPEL 3e which means “*The local health and social care system (or individual body) is experiencing major pressures compromising patient flow and safety and continues to increase. Actions taken in OPEL 3 have not succeeded in de-escalation or recovery.*” The wider system has also been under considerable pressure although consistently at level 3e rather than at level 4 (which was the case over December and January 2023).

Details of our management arrangements relating to system flow and managing pressures was contained within the COO report presented in January 2023. Any changes to these arrangements will be set out in future reports for information and assurance.

2.4. Planning and Impact of Industrial Action

The Trust has planned for consequential impact of industrial action during January and February 2023. This has looked at:

- The impact of ambulance strikes on the response times for serious patient safety incidents in our hospitals and in supported living houses. The aim was to mitigate against the risk of non-response (or slower than usual) response from Emergency Ambulance. With the support of Michelle Higgins (Head of Physical Health and IPC) and Richard Dealhoy (Lead Resuscitation Officer) we prepared staff and developed operating instructions for staff faced with emergencies. In addition, there was meticulous planning and management of staff to ensure that people equipped with experience and skills were available across our inpatient services.

There have been 2 periods of action over 4 days affecting ambulance response since the end of January and internally there were no internal adverse incidents.

- Secondly, plans to respond to industrial action which has affected partners (in Leeds Teaching Trust and Leeds Community services where there has been a period of Royal College of Nursing, RCN, action over two days since the last Board report). We have worked to ensure that our services which interface with them are geared up for the service user impact. This relates primarily to Liaison and In-reach services, our CAMHS service and our Older Adult and Adult inpatient wards.

2.4.1. Junior Doctors Industrial Action

The junior doctors' strike (13-16 March 2023) was the first NHS industrial action to directly impact the Trust. Work planning the approach to mitigating disruption was conducted in both the tactical Industrial Action Group and by members of the Medical Education Department.

Two pathways were identified – the in hours (09:00-17:00) pathway and the out of hours pathway (17:00-09:00). Care services management were responsible for the former and consultant medical staff and staff in the Medical Education Department for the latter – but worked together to ensure comprehensive arrangements were in place throughout the period of disruption.

In hours pathway preparations

- Rostering consultant and speciality doctors to provide cover on wards and in our most critical community teams.
- Creating space for redeployment of medical staff to cover services by cancelling non urgent community activity.
- Ensuring staff knew which consultants were available for intervention of wards and monitoring to check if gaps had appeared due to last minute illness.

Out of hours pathway

The out of hours pathway was focused on maintaining sufficient medical cover to respond to health emergencies or other situations where a medical input was needed.

- Replacing all out of hour junior doctor rotas with ones comprising consultants. This meant that consultants and speciality doctors worked:
 - 4 on the evening on duty residential rota 17:00-22:00
 - 3 on the night residential duty 22:00 - 09:00
 - 2 on the higher trainee on call rota
 - 1 at Red Kite View (given the specialist nature of this service it was felt preferable that existing locum medical cover was maintained as residential)
- The existing consultant on call rota was also maintained.

2.4.2. Initial review of impact and arrangements established

The initial assessment is that arrangements worked well. No significant issues arose on either pathway and patient care was maintained. In total 36 appointments or clinic spaces were cancelled over the three days. These mainly affected older peoples' community services.

In terms of strike numbers, these are being compiled in detail but based on the return to NHS England the following numbers have been calculated. It should be noted that actual availability of junior doctors was:

Date (07:00-06:59 the next day)	Total doctors who should have been at work	Total doctors absent from work
13-14 March	76	38
14-15 March	80	42
15-16 March	87	51

At the time of writing this report, Trades Unions are balloting members in respect of a pay offer (applicable to staff employed under Agenda for Change (AfC) terms and conditions made from the Government). However, no offer is in place for staff employed outside AfC.

Today it has been announced that a further extended period of industrial action of junior doctors is planned for four days following the Easter bank holiday. The strategic and tactical group are meeting in response to this, and a verbal update will be provided in the Trust Board meeting.

2.5. Planning and Preparedness for Loss of Power

As mentioned earlier the arrangements for managing any disruption to power were assessed as completed in January 2023. With testing complete and emergency contingencies established, Tactical Power Outage Group stood down.

However, the risk to power and fuel security has demonstrated significant vulnerabilities in the Trust's ability to withstand disruption to electricity distribution. This was compounded when it was discovered in March that not only were all the regions mental health inpatient sites not on the priority supply list for power; neither were they on the schedule as category A users for gas supplies.

It is not clear why these omissions occurred, but the consequences are that significant numbers of organisations have identified greater vulnerability to the loss of power and/ or gas during the winter of 2022-23 that needs some significant planning to rectify if possible. This will be picked up as part of the Estates workplan and overseen by the Estates Strategic Steering Group (ESSG).

3. Service Delivery and Performance Key Escalations

We continue to have regular and established governance arrangements in place where we come together, on a weekly basis within the Operational Huddle, to understand the issues in each service line and highlight any hotspots requiring additional support or specific focussed actions. Our performance and service delivery process are now well established and improvements to the layout and generation of the COO report will commence in May 2023.

3.1. Service Delivery Areas of Concern

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.** The consolidated programme of work responding to the challenges we have faced over the last 18 months in our CMHT's, led by Deputy Directors and Clinical Directors, has started to be implemented. The immediate response has seen approximately 24wte staff deployed into CMHT since the 20th of February. We continue to plan to align and potentially integrate some of our more specialised community services to CMHT, specifically looking at how we can more comprehensively support needs of populations and geographies across the city. This modelling is consistent with the proposed plans under the Community Mental Health Transformation Programme. We have also identified service users who appropriately can be discharged from CMHT for their ongoing care to be supported by Primary Care. Additionally, we have identified people who are better supported by other community services – their transition will be supported by practitioners currently working with each individual and with oversight of the multi-disciplinary teams. This is predicted to reduce average individual caseloads in CMHT's to 30-35 from 50-55.

We have also worked with our third sector partners to employ additional staff to support the delivery of care within the CMHT. In 2022/23 we have contracted with Community Links and Northpoint to employ 18xwte key workers in total, with 16xwte recruited and 9xwte staff now in place.

- **Older Adult inpatient Services.** We continue to operate at a reduced bed base across our Older Adult inpatient services in line with our agreed recovery and stabilisation plan. Whilst there continue to be staffing issues because of workforce availability (a combination of vacancies and unplanned absence), we are now seeing an improved position. A recent staff outbreak of Covid19 was more manageable suggesting that the problems we faced previously are not as acute. Nonetheless, a thorough and ongoing evaluation of the situation will continue to provide a deeper understanding of the sustainability of the sense of an improving picture.
- **Forensic services.** As reported previously, operationally, our Leeds based Forensic services continue to face significant nursing workforce challenges with a registered nurse vacancy rate of 35%, and a total unavailability rate of 37% over the last four weeks. The case to improve our substantive establishment has been positively received as part of the West Yorkshire Provider Collaborative and recruitment to these additional posts has commenced, with 6 health support worker posts being appointed to. In the coming weeks we expect to recruit to another 6 health support worker posts in line with plans for service

improvement, which would bring the Leeds based forensic service up to their full establishment for health support workers. We currently have all outstanding band 5 and band 6 registered nurse posts advertised, or within a recruitment process currently. We continue to meet with the Leadership Team to monitor the progress made and the impact this is having on the service and care delivery.

We have recruited two locum Consultant doctors to the Leeds inpatient service which has enabled admissions to recommence (temporary pause in admissions was supported by the West Yorkshire secure services collaborative in December 2022).

- **Children and Young People Mental Health – Red Kite View.** Temporary Medical Staffing absence has resulted in the continued need to cap our admissions to beds reducing to 76% of our operational capacity, rather than the target of 85%. This is under active review because of the now extended period of reduced capacity in our general ward.

More recently we have agreed as the lead provider to take the pre-emptive step of a temporary pause admissions into Lapwing (CYPMH PICU), following concerns regarding the clinical case mix and specific needs of the service users who are currently in service. We have also looked to provider collaborative colleagues for support to expedite discharge of patients to enable a period of review, recovery, and service restoration. More detail of these plans will be provided through Quality committee in the coming weeks.

- **CONNECT: West Yorkshire Eating Disorder Service.** The temporary admission process remains in place due to staffing levels. The team considers the acuity of each admission and ability of the staffing levels to manage any additional observations and/or NG feeding. Since January this has resulted in a lower occupancy on the ward (around 60%). As a result of successful recruitment, we anticipate returning to normal operating levels by the end of April 2023.
- **Learning Disability Service- Assessment and Treatment Unit (ATU).** A new purpose built ATU has opened in Bradford which we expect this to help improve accessibility and

facilitate better outcomes for service users. Access to LD ATU's continues to be a priority for our work at a West Yorkshire level and we are being supported by colleagues from other parts of England who provide specialist LD care in inpatient settings (arranged and commissioned by the MHLDA programme board). Progression to a formal LD provider Collaborative has now been agreed by the three West Yorkshire providers and work will now be undertaken to establish governance arrangements in due course.

3.2. Key Service Delivery Performance Issues

A comprehensive Service Delivery Performance report is attached in Appendix A. Our arrangements for regular Quality, Delivery and Performance (QDaP) Reviews – a collective leadership arrangement with intelligence and outputs routed through our Operational and Quality Governance arrangements – are now well embedded. We are moving to arrangements which synthesise our approach with quality reporting using the STEEEP (safety, effectiveness, efficiency, equitable, patient centred) quality framework. The outputs from these sessions together with operational intelligence forms the content of the following “Triple A” report.

3.2.1. Alert

- **Community and Intensive Home Treatment Caseloads.** Sustained and depleted staffing levels in our CMHT's has resulted in increased caseload sizes for staff, ranging from 50-70 per care coordinator, with a total caseload in excess of 2800. The work undertaken by our Information Team has identified those service users who are able to be discharged from CMHT. Work is ongoing to facilitate these discharges to reduce caseloads. We continue to see increased activity and caseloads in our more Intensive and Crisis response services, we believe to be because of the pressures in the CMHT. We have seen a month-on-month variation in our Crisis response within 4 hours (with December showing skewed artificial performance). However, the trend is improving, and further analysis will be undertaken over the next four weeks.

- **Neurodevelopment Service Recovery**

Due to the rate of increase in waiting lists across our neurodiversity diagnostic services, we are working with ICB colleagues to lobby for prioritised investment to enable capacity to be significantly increased. However, we have not yet identified a system agreement on the way forward. Internally we are urgently considering how we could advance investment in

2023/24 to enable an increase in capacity which goes some way to meeting demand. The resultant plan/position will be shared with members of the Finance and Performance committee in May 2023.

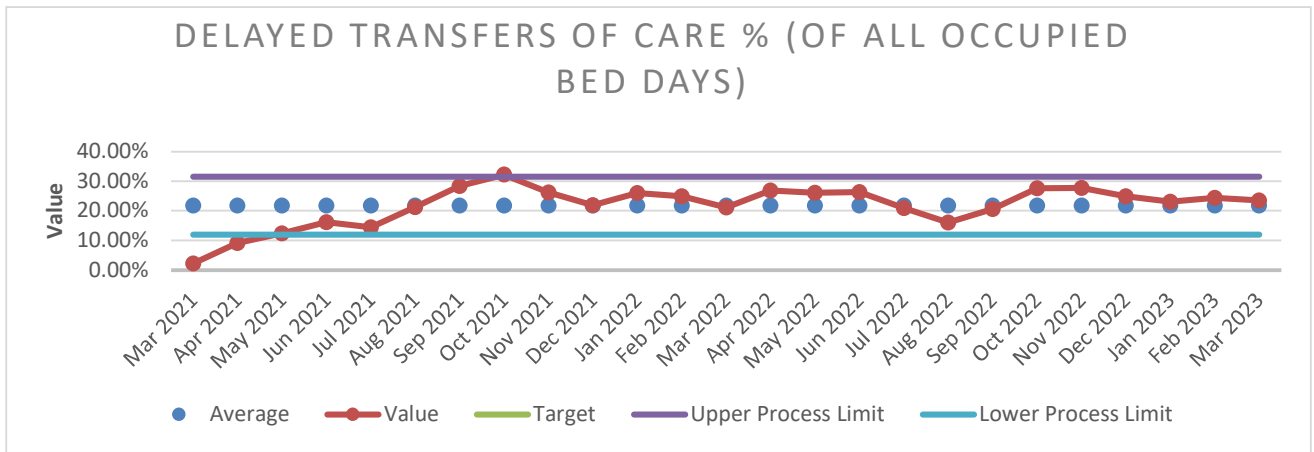
- **Older Adult Delayed Transfers of Care (DTCO)**

The DTCO rate across our older adult wards has on average been 20% throughout the year. Eve Townsley (Head of Operations) together with clinical colleagues have been working with members of the Frailty population board to highlight the issues our staff, service users and families face when trying to find suitable ongoing care facilities for discharge. It has been identified that 37% (based over a 3-month period) of our discharges to care homes are outside Leeds – highlighting the urgent need for further development and commissioning of care home capacity that can meet the needs of people with complex and challenging conditions.

The evaluation of the Willows unit (a collaboration with LCC, LCH and LYPFT) was positive resulting in the identification of Dolphin Manor as an additional unit to provide care. This was originally scheduled to open in May 23 and is now further potentially delayed until July 23. The delay is due to LCC building works and is being escalated to city leaders through Executive team members.

Paisley Lodge, opened in November 22, in Leeds to provide specialist dementia care home provision. So far they have accepted 4 transfers for people from the Mount although it had been anticipated that the primary patient flow would be through LYPFT services. This has been referred to colleagues in Leeds ICB to review effectiveness of placement criteria against the original intent.

The primary reason for delays is due to suitable care home provision, with the secondary reason being access to packages of care. We are hopeful that the introduction of a dedicated Social Worker for the Mount will help to alleviate some of the latter.



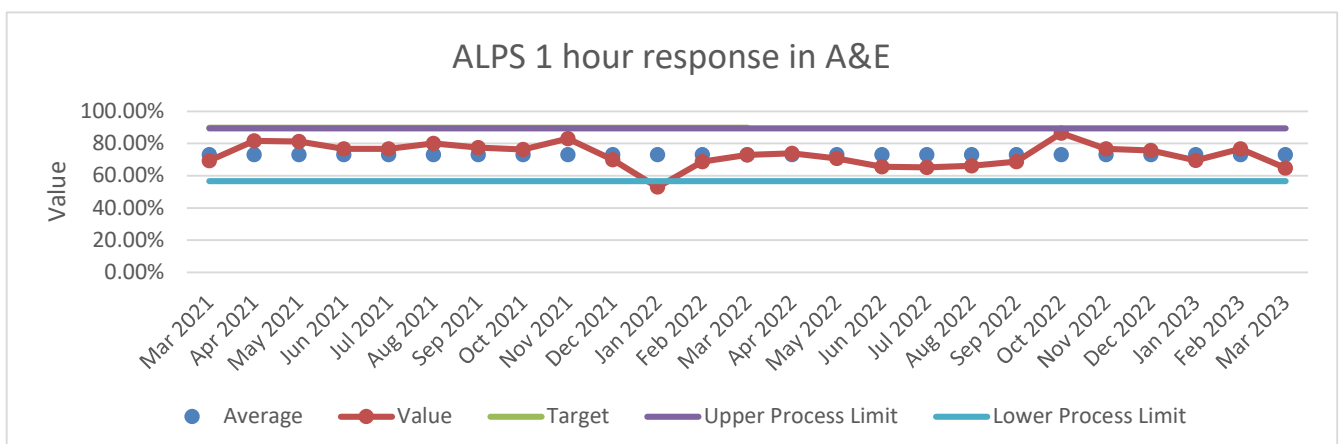
Internally we are planning MADE “super” event in May 2023. Multi Agency Discharge Events (MADE) are a method of addressing the challenges in a system to:

- Support improved patient flow across the system.
- Recognise and unblock delays.
- Challenge, improve and simplify complex discharge processes.

This event will involve system partners (service users, social care, housing, primary care, community services, voluntary sector) who will observe several wards and departments to understand where service users are along their agreed pathway, what barriers are stopping them moving to the next stage and identify solutions to overcome these. These solutions will then form part of an action plan to address these.

3.2.2. Advise

- **Acute Liaison 1 Hour Response in Accident and Emergency**



Whilst no longer a formal KPI, we continue to monitor closely this measure given the demands of our Accident and Emergency Departments particularly over winter. The service continues to aim for a 1-hour response time so that patients in crisis have access to support as quickly as possible. However, the service faces some of the same challenges as previously reported that prevent higher levels of performance from being achieved. We have had periods of unplanned absence and in particular periods of short-term sickness which have been problematic over the course of the last couple of months (now resolved). That said, the overall performance for February remained strong (76.6% seen within 1 hour) despite a slightly higher level of referrals in comparison to the last 12 months.

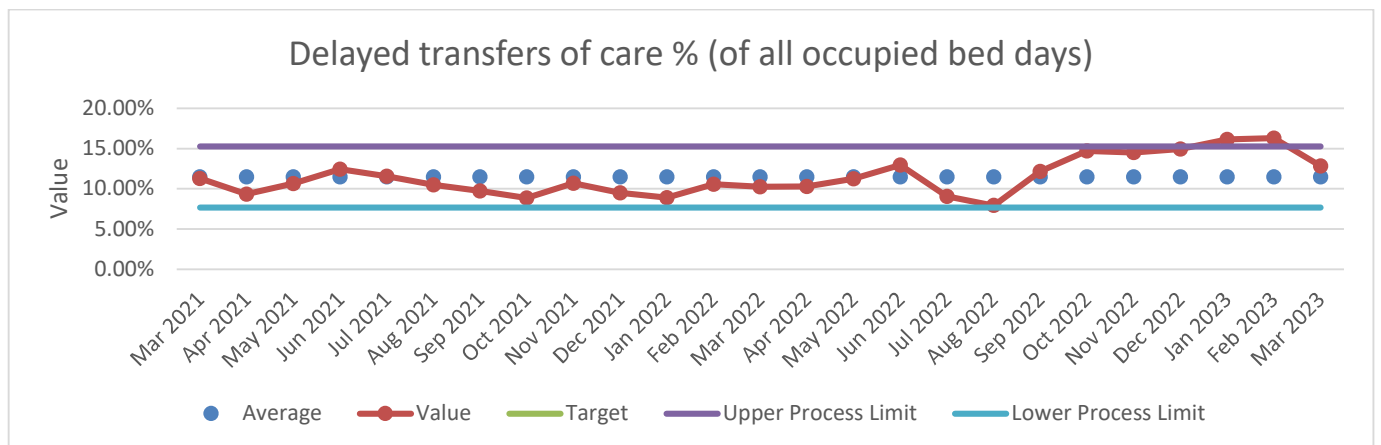
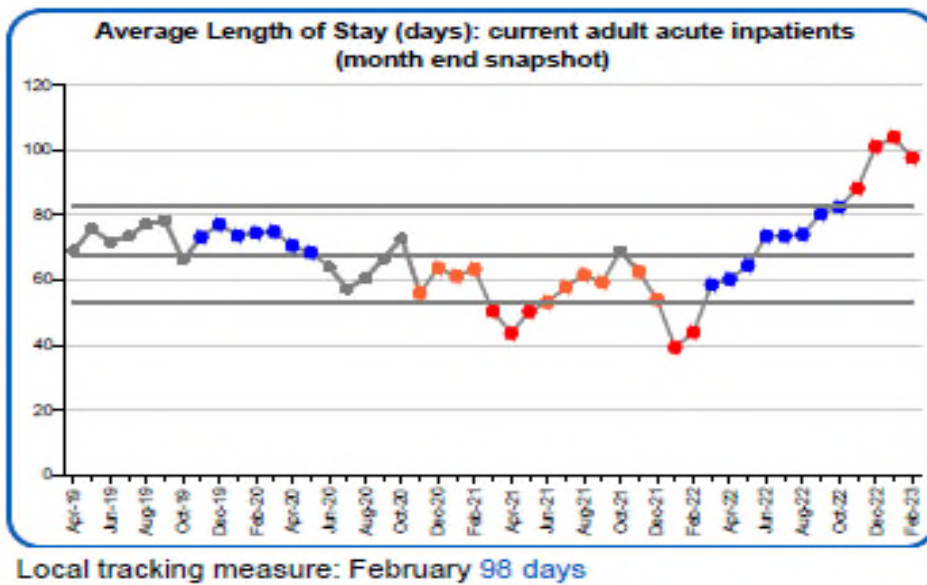
We continue to work closely with our Acute Trust colleagues in the Emergency Departments, we have prioritised those who are fit for assessment rather than deploying resources to assess those who may not be ready to be seen.

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

The COO report presented in January showed that we had an increased length of stay in our Adult services due to the level of intensive treatment needed over a longer period of admission, (average length of stay has increased from 56 days to 98 over a 12-month period). Demand remains consistent with occupancy levels of 99% in March and a continued focus on clinical and operational management of our capacity and flow. We continue to aim to eliminate our out of area placements within the Acute Service over the next year and we had planned to stop the use of the contracted beds in the Priory Hospital by 31st March 2023. We have reviewed this position and considering the continued use of out of area beds at present, we have agreed to take the approach to reduce the contracted beds in a phased way over the period of the first two quarters of 2023/24 in line with the planned trajectory of all out of areas bed usage. Our operational and financial plan includes the use of a reducing number of this additional capacity.

We have seen an increase in our number of DToCs within our Adult Acute wards in the early part of the new year (with 16% DTOC in January and February). There are numerous factors contributing to these including internal waits for our rehabilitation services and externally for suitable accommodation. More recently work between Acute and Rehabilitation services has enabled several service users to be transferred to a more

appropriate rehabilitation setting for to support their ongoing recovery. This represents a reduction in DTOC to 11% in March 2023.



3.2.3. Assure

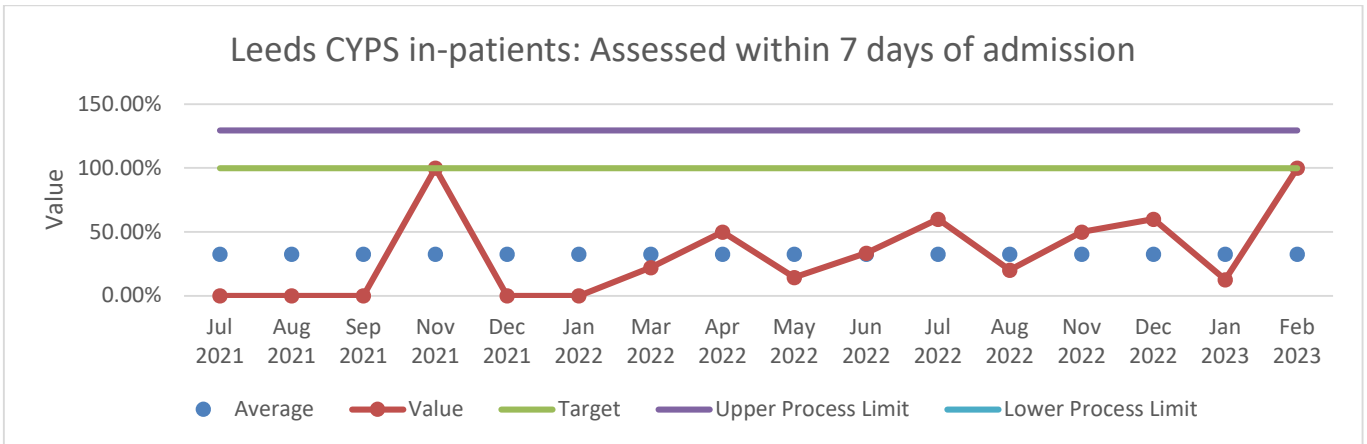
There are three areas to highlight for assurance. They include:

Chronic Fatigue Service

The improvements to average time to first assessment has further decreased from the position in November of 130 days to 125.73 days, despite the increased number on the waiting list.

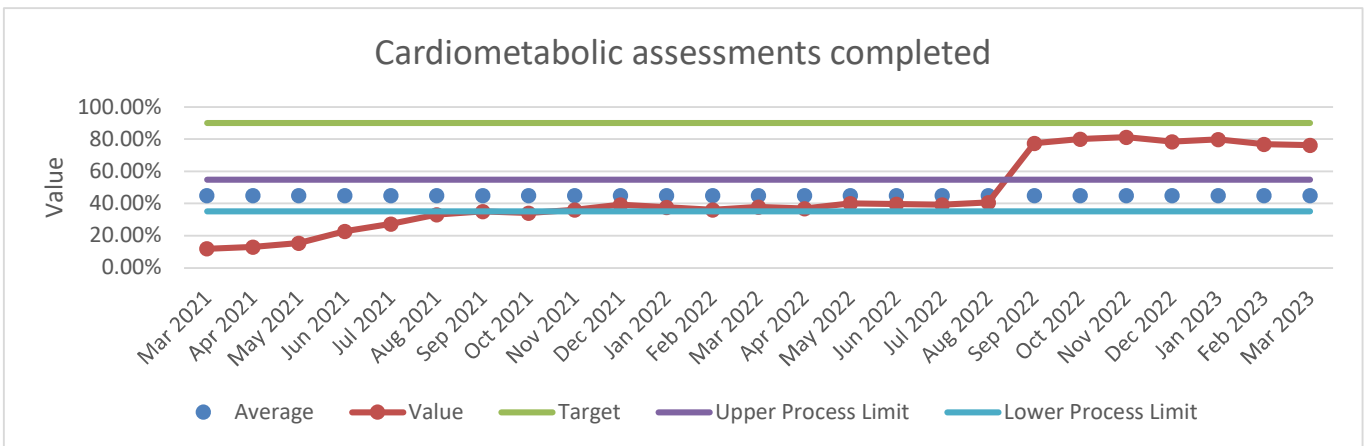
Children and Young Peoples Service HoNOSCA at Red Kite View.

In February we saw a significant improvement to achieve 100%. We anticipate this will be maintained as we move forward.



Aspire

We have seen a significant and sustained improvement in the recording of Cardiometabolic assessments within Aspire. This was achieved through working with the Care Director Team to ensure these assessments were being recorded correctly.



3.3. This Year

Over the course of April 2022 and to date in March 2023, we have received 57,700 referrals into our services. In our community services (including specialist) we have had 213,000 clinical appointments/contacts with service users.

686 people have recovered sufficiently to be discharged from our adult inpatient services and supported in the community, and 220 people have been supported through out Older Adult inpatient services.

Today we are supporting 14,169 people in our services.

Whilst we know that we face challenges in meeting demand and challenges in the workforce pipeline, that is an amazing achievement of our Care Services staff, and all the people behind the scenes who support care delivery day in and day out. Thank you.

4. Service Development Update

4.1. Community Mental Health Transformation

Work to continue the implementation of the pilot sites that will test the new model of care continues at pace. It is anticipated these will go live in the spring. It is anticipated that with the additional staff redeployed into the community mental health teams and the additional recruitment will enable easier engagement with the transformation programme.

The community transformation team have an opportunity to showcase the Leeds programme at the National Mental Health & Learning Disability Nurse Directors Forums conference on Community services and transformation in early June at Warwick University.

In addition the Leeds programme underwent a “deep dive” review with the West Yorkshire ICB Programme Team to understand the progress to date, barriers, enablers and to identify areas that required their assistance. The team were commended for the innovation of the community model and the engagement and involvement of service users in the design of this. We were also commended on how the population health planning methodology had been utilised to model the service and the concept of the first helpful conversation concept on contact with the service. The team have been asked to share this good practice with colleagues across West Yorkshire.

4.2. Gambling Service

The trust has been the provide of the Northern Gambling service since 2019. The service has gained national recognition through publications and the achievements of a number of national awards. The service is currently provided out of Leeds, Manchester and Sunderland. Originally the service was jointly funded by NHS England and Gamble Aware, however is now solely commissioned and funded by NHSE. The current contract value is £1.1m and has one more year left to run. NHSE approached the trust to discuss a reconfiguration and expansion to the service, this would offer services in the following configuration

- Leeds, Newcastle and Sheffield in the North Eastern Region
- Manchester, Liverpool and Blackpool in the North West Region.

Effectively this is additional clinics in Liverpool , Blackpool and Sheffield. The model of care would be to offer both virtual and face to face appointments on a one to one basis alongside the core group work model. The National reference Group (LYPFT are members) are aiming to achieve consistency across the current delivery models.

LYPFT were invited to present a proposal to NHS E for the additional service expansion in the North West last month and have received a direct award for this expansion. The trust has been invited to present a proposal for the Sheffield based clinic at the end of march. Further updates will be brought to the board on the outcome of this presentation and the mobilisation of the new clinics.

4.3. Veterans Mobilisation

As the Board will be aware, the Trust along with partners from across the North of England were successful in the procurement of Op Courage, to provide integrated mental health services to veterans across the North. The partnership involves, Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust, Humber Teaching NHS Foundation Trust, Pennine Care NHS Trust, Walking with the Wounded and Combat Stress. NHS England have commended the mobilisation team in the strength of the partnerships within the new service.

Mobilising the revised service model is complex but is proceeding according to the mobilisation plan with the service expected to be live from April 1st 2023. Significant undertakings on recruitment, reconfiguration of information systems, TUPE of a small number of staff and refinement of new roles have generally been achieved smoothly. The Trust is pleased to be able to continue as a partner in the delivery of mental health services to this important community.

4.4. Hub of Hope

The Trust are in the process of procuring, through the charity Chasing the Stigma, an app developed by the CEO and founder Jake Mills based on his own experiences of finding support with a mental illness (Hub of Hope). It is a mental health support database provided by the national mental health charity Chasing the Stigma which brings local, national, peer, community, charity, private and NHS mental health support services together in one place. The app that people can download for free provides a detailed database of all local services, who they are for and how to access them, The Hub of Hope also lists support and services for family members and friends to enable them to find help for themselves, as well as for the person they are supporting.

The Trust will identify a lead to work with the Hub of Hope to ensure there is comprehensive coverage in Leeds and include the services we provide outside of Leeds. As part of the process we have secured Chasing the Stigma's ground-breaking mental health training programme, Ambassadors of Hope; this has been rolled out across high profile businesses and organisations such as the Disclosure and Barring (DBS) Service, Everton Football Club and the NHS England Mental Health team. The training does not intend to make people experts but instead offers the essential information and toolkit for them to feel more confident about the topic of mental health. Anybody can be an Ambassador of Hope and the training can be tailored to different age groups, abilities and environments. The training has been written from a lived experience perspective and over the 3 year contract with the trust we aim to train 600 ambassadors across our services, partner organisations, local employers and interested service users and carers. Further updates will be provided to the Board.

4.5. System Wide Review of Intermediate Care

Leeds system partners are in the process of reviewing the model of delivery for intermediate care. The reasons for this is whilst every day in Leeds, thousands of people receive great care and support from dedicated health and care staff, volunteers, and carers, sometimes people fall through the cracks, the system can let people down, and there are opportunities for us to improve outcomes:

- Too many people spend more time in hospital than they need to
- Our short term care in the community is provided across many different services
- Outcomes for people can vary depending on where, when and how they are supported
- We have a high use of bed based care
- Many older people could reduce or avoid the deconditioning that has an impact on their independence and long term care needs

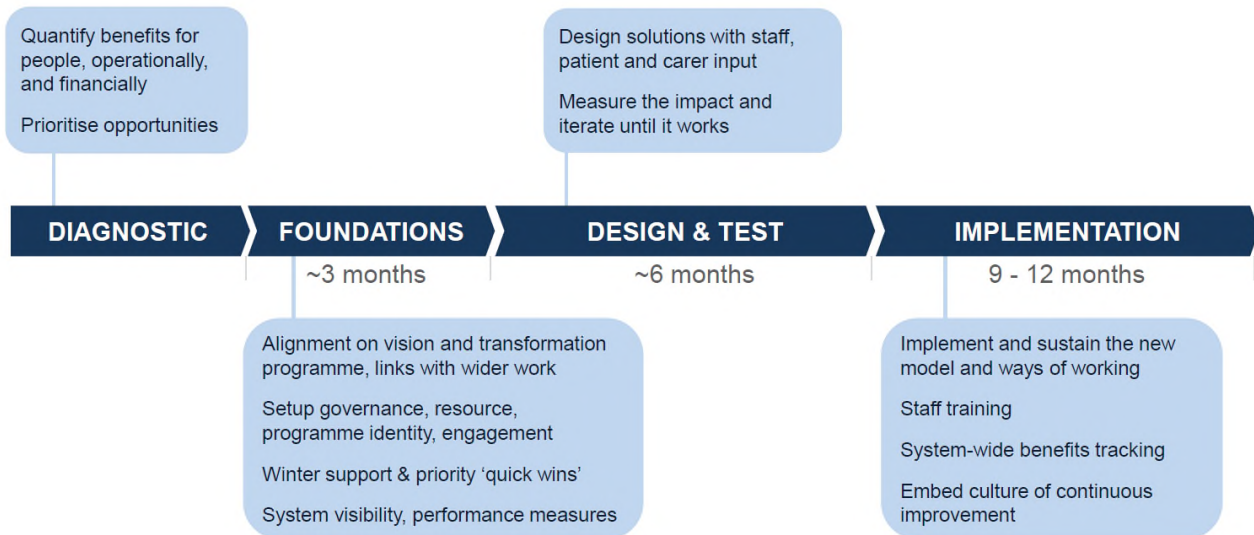
The aim of the intermediate care programme is to develop and implement a new model of intermediate care services to achieve more independent and safe outcomes and help more people stay at home, whilst improving the experience for people, carers, and staff.

The programme is overseen by the Leeds System Flow programme board and will be undertake in the following three phases

- August to October 2022: Diagnostic - refreshing our evidence

- November to February (2023): Short term support, setup for transformation
- March 2023 to mid-2024: Design, test & implementation

Transformation Approach

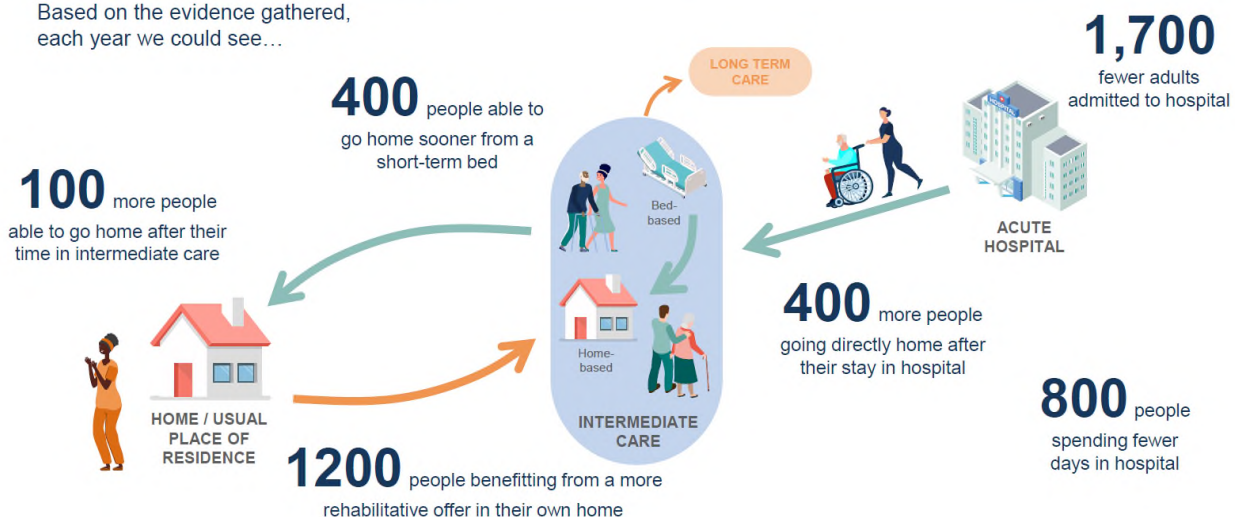


The first stage of the diagnostic is completed, the diagram below demonstrates the impact a redesigned intermediate care service will have based on the outputs of the diagnostic.

We have the opportunity to better support people in Leeds



Based on the evidence gathered, each year we could see...



Three key requirements are needed to support more people in the community rather than in an acute hospital these are

- Capacity - available in urgent community response services, in particular the Virtual Frailty Ward
- Awareness - from community based colleagues on when and how to make referrals
- A strong and enabled team at the front door to ensure anyone who could return home with support is supported to do so

The trust is engaged in the development of this new revised approach, additional resource has been provided to establish mental health posts within the virtual frailty ward, and a focus integration of the existing liaison psychiatry team within the “front door” team. Further updates on this development will be provided to the Board.

5. Summary

Care Services continue to face significant workforce challenges across many areas, yet we are now seeing some stabilisation in our core services – either due to temporary restrictions in capacity or due to increased staffing availability. These are summarised in the report above. Over the period, we have continued to manage ongoing disruption with the consistent aim of mitigating the potential risks and impacts of people who need our services. Our teams have consistently worked hard to provide safe, effective, and compassionate care which cannot always be reflected in numbers.

We continue to focus on the wellbeing and support of staff, knowing that demands on them have been considerable including many managerial colleagues across Care Services.

Joanna Forster Adams
Chief Operating Officer
March 2023.

Introduction

Key themes to consider this month:

Unless otherwise specified, all data is for February 2022

Consistency and improvement:

During February and into March, the Trust has continued to experience pressures related to staff availability due to vacancy and sickness absence, movement of staff between services to support stabilisation and recovery, in addition to ongoing, and increasing demand in some services. Covid outbreaks have hit some services forcing them to close temporarily for new referrals. Care Services have been working hard to maintain safe and effective services; balancing competing demands of maintaining adequate staffing numbers, which on occasion requires staff to move to other areas sometimes unfamiliar to them. In several services, Clinical Team Managers (CTMs) have been supporting their teams by joining the rostered staffing numbers, in some cases for weeks at a time, which is starting to reduce.

Positive steps have been taken to improve the service we are offering in several ways. The Working Age Adult Community Mental Health service has continued to take steps towards moving out of business continuity and into a period of recovery and stabilisation. Caseloads continue to reduce and staff deployed into the service is contributing to being able to look towards moving out of business continuity. Similarly, the Older Adult Inpatient service has during February also been looking ahead to moving out of business continuity and into a period of recovery and stabilisation. The Trust has continued its use of beds at The Priory Hospital, in Middleton St George, near Darlington where admission to a Leeds hospital has not been possible. This has helped ensure continuity of service and provide some certainty for staff around capacity where demand has continued to be high. Safeguarding provision of inpatient beds will also ensure that where the need for admission is identified, we are able to offer the right level of support to those people that need it.

Despite the many challenges, positive action has been taken within several services to prevail and improve, in the face of difficult circumstances over the last few months. Several factors have provided a continually shifting backdrop to the work of our Care Services, and as a result, fluctuation in some key performance indicators can be observed.

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 assessments attempted by Liaison In-Reach within 24 hours, the percentage of inpatient discharges followed up within 3 days, the percentage of referrals to Community Mental Health Teams (CMHTs) seen within 15 days, 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 service users seen at least 5 times in the first week of receiving Crisis Resolution and Intensive Support Service (CRISS) support and the percentage of referrals to the Early Intervention in Psychosis (EIP) service seen within 2 weeks have been met. The percentage of referrals being seen by the Acute Liaison Psychiatry Service within 1 hour has been maintained.

Work in Progress:

The Working Age and Older Adult inpatient services are planning a series of Multi-Agency Discharge Events (MADEs) with a view to bringing together all agencies from across the ICB patch together. The MADEs intend to improve service user flow throughout the system, identify and address delays, and challenge and improve discharge processes. The next MADE is being held in May for Older Adult services.

In order to help address the issues our staff, service users and families face when trying to find suitable ongoing care facilities for discharge, the Older Adult service has been working with local partners to further develop post-discharge care options available. It has been identified that a significant proportion of our discharges are to care homes outside Leeds, which this work will help tackle to ensure people are being cared for in their local area. So far work on The Willows, Dolphin Manor and Paisley Lodge, in conjunction with local partners, has produced positive results with some LYPFT service users moving into these homes follow discharge.

Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Dec 2022	Jan 2023	Feb 2023
Percentage of crisis calls (via the single point of access) answered within 1 minute *	-	42.7%	41.8%	42.0%
Percentage of ALPS referrals responded to within 1 hour	-	75.7%	69.5%	76.6%
Percentage of S136 referrals assessed within 3 hours of arrival	-	19.4%	33.3%	30.0%
Number of S136 referrals assessed	-	31	30	30
Number of S136 detentions over 24 hours	0	0	0	0
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	85.0%	79.3%	57.9%	45.9%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	86.5%	80.3%	87.0%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	50.9%	61.2%	56.5%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Dec 2022	Jan 2023	Feb 2023
Gender Identity Service: Number on waiting list	-	4,010	4,048	4,147
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days **	-	17.78	56.42	30.44
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	75.0%	50.0%	82.8%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	0.0%	-	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	70.6%	-	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	90.9%	-	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	85.0%	94.3%	-	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	830	726	-	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	13.1%	-	-
Services: Our acute patient journey	Target	Dec 2022	Jan 2023	Feb 2023
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	72.0%	25.8%	46.4%
Crisis Assessment Unit (CAU) length of stay at discharge	-	18.1	5.67	4.79
Liaison In-Reach: attempted assessment within 24 hours	90.0%	77.5%	73.3%	53.2%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	97.3%	95.5%	98.7%
Becklin Ward 1 (Female)	-	96.0%	93.0%	99.0%
Becklin Ward 3 (Male)	-	98.8%	97.9%	97.9%
Becklin Ward 4 (Male)	-	101.4%	98.3%	99.7%
Becklin Ward 5 (Female)	-	91.3%	89.6%	98.2%
Newsam Ward 4 (Male)	-	99.5%	99.2%	98.8%
Older adult (total)	-	96.4%	96.7%	98.4%
The Mount Ward 1 (Male Dementia)	-	97.5%	98.2%	94.6%
The Mount Ward 2 (Female Dementia)	-	98.9%	95.7%	97.6%

Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Dec 2022	Jan 2023	Feb 2023
The Mount Ward 3 (Male)	-	95.0%	91.9%	99.1%
The Mount Ward 4 (Female)	-	95.5%	100.9%	100.8%
Percentage of delayed transfers of care	-	12.4%	13.8%	15.6%
Total: Number of out of area placements beginning in month	-	10	16	8
Total: Total number of bed days out of area (new and existing placements from previous months)	84	369	499	466
Acute: Number of out of area placements beginning in month	-	7	9	5
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	225	286	268
PICU: Number of out of area placements beginning in month	-	2	7	2
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	100	151	168
Older people: Number of out of area placements beginning in month	-	1	0	1
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	44	62	30
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90.0%	64.3%	-	-
Services: Our Community Care	Target	Dec 2022	Jan 2023	Feb 2023
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	82.2%	84.6%	72.7%
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	80.0%	81.5%	84.5%	72.1%
Number of service users in community mental health team care (caseload)	-	3,734	3,613	3,468
Percentage of referrals seen within 15 days by a community mental health team	80.0%	87.3%	72.0%	43.7%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	53.4%	54.0%	52.5%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	45.2%	42.2%	42.0%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	54.5%	88.2%	66.7%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	60.4%	-	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	78.3%	-	-
Services: Clinical Record Keeping	Target	Dec 2022	Jan 2023	Feb 2023
Percentage of service users with NHS Number recorded	-	99.0%	99.1%	99.1%
Percentage of service users with ethnicity recorded	-	74.9%	75.5%	75.7%
Percentage of service users with sexual orientation recorded	-	33.9%	34.8%	35.2%
Services: Clinical Record Keeping - DQMI	Target	Sep 2022	Oct 2022	Nov 2022
DQMI (MHSDS) % Quality %	95.0%	91.4%	91.9%	91.8%

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

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

Services: Reset and Recovery

	Baseline Time to First Contact (Q3 19/20)	Avg. Time to First Contact (Days)			Waiting List Month End		
		Nov 2022	Dec 2022	Jan 2023	Nov 2022	Dec 2022	Jan 2023
ADHD	271.8	538.6		638.2	2,780	2,897	3,060
Chronic Fatigue Service	116.7	130.0	108.5	113.9	187	192	190
CMHT OPS	37.1	29.8	22.5	35.9	116	126	137
CMHTs Adult	48.6	39.0	62.4	98.6	438	520	566
DEAF CAMHS	42.4	27.6	17.8	56.4	17	19	21
Gambling Services		55.8	69.1	72.0	140	151	145
Gender Services	182.4	738.9	432.5	533.7	3,453	3,510	3,562
LADS	83	221.5	192.8	237.9	459	459	499
Leeds LD Community	47.5	38.8	104.7	85.9	137	128	129
Liaison Out Patients	70.1	65.6	61.2	59.9	118	116	95
Memory Assessment Service	52.5	66.2	57.0	61.1	513	537	538
Perinatal Community	16	22.7	20.3	21.7	78	62	68
Veterans	36.9	182.7	62.3	154.2	29	24	15

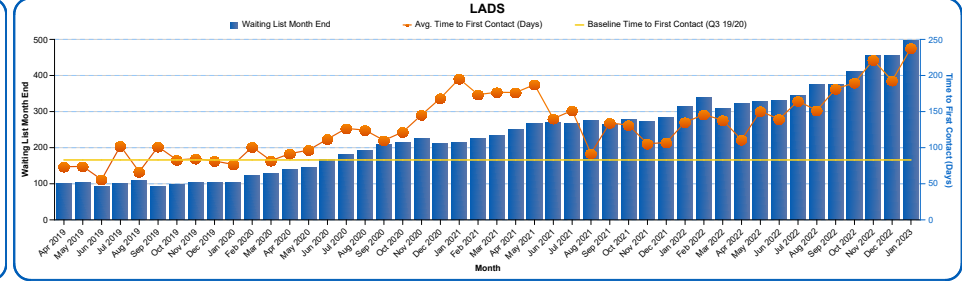
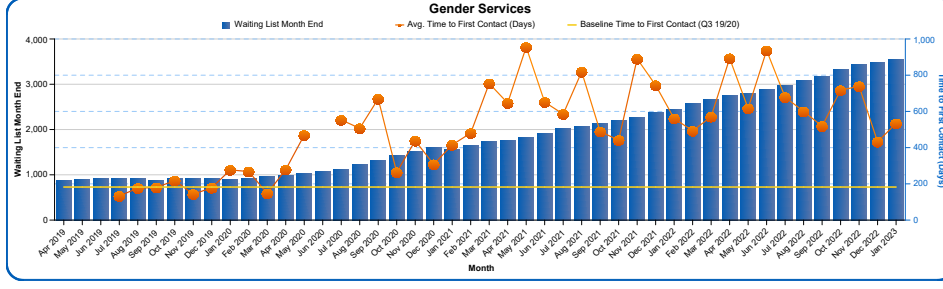
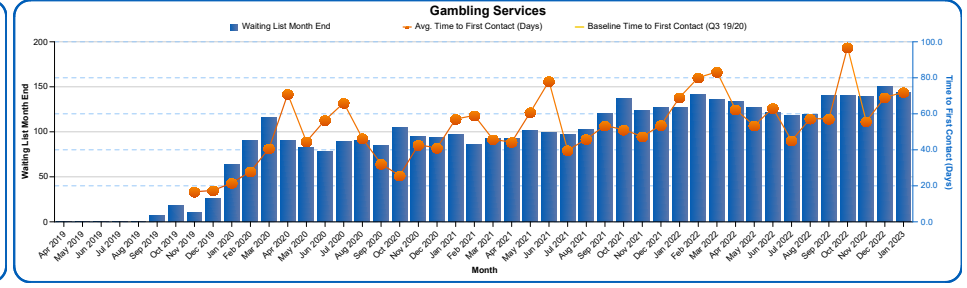
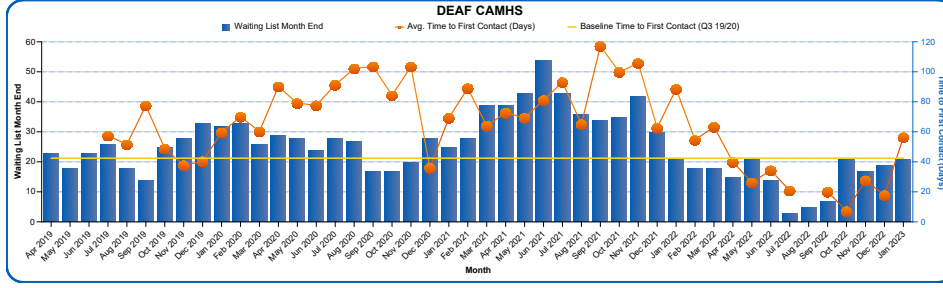
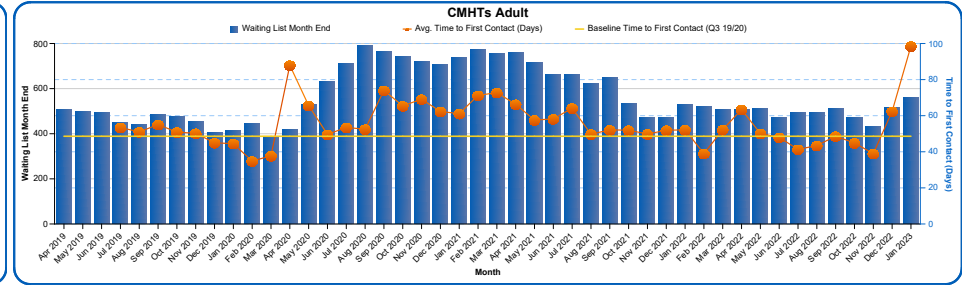
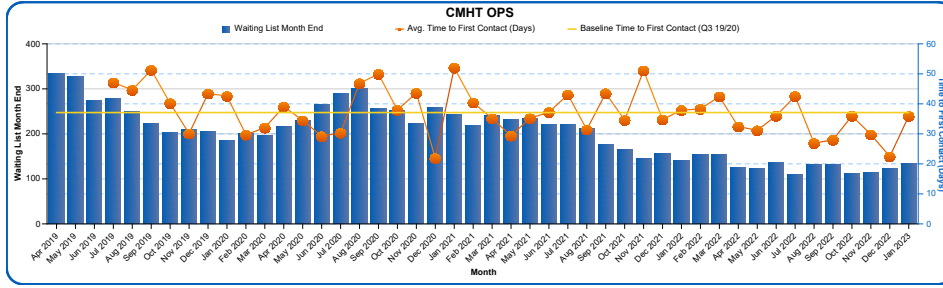
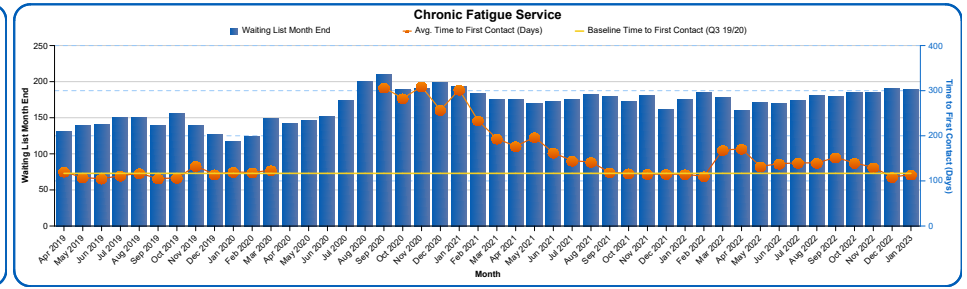
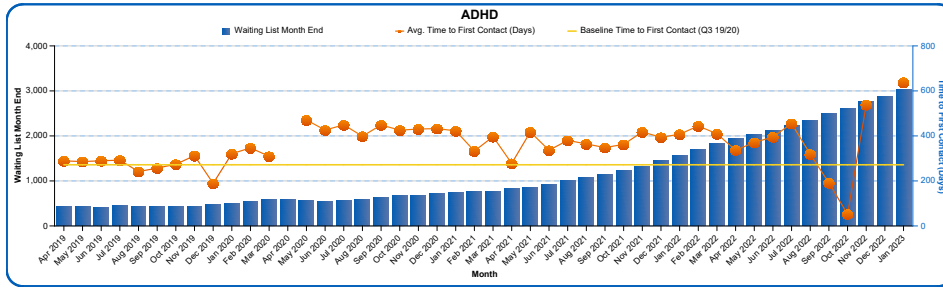
* The measure 'Baseline Time to First Contact (Q3 19/20)' relates to the average time (in days) from referral to first face to face contact only for referrals with a first contact between October and December 2020.

** 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)



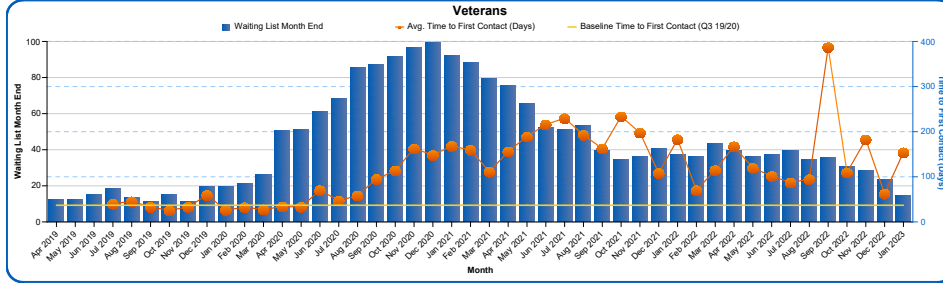
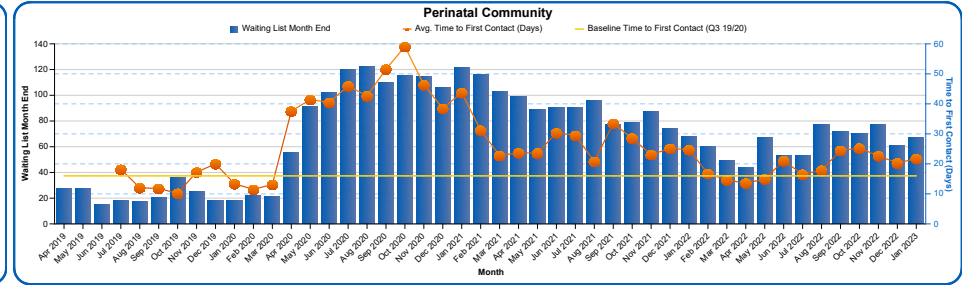
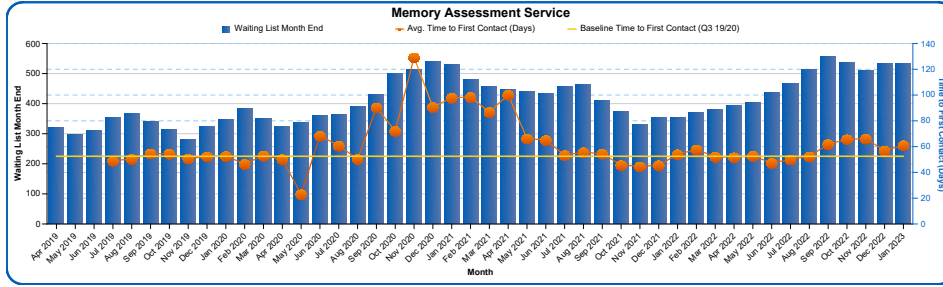
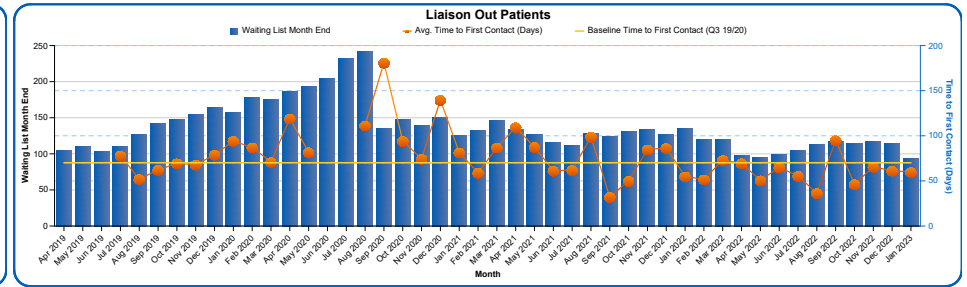
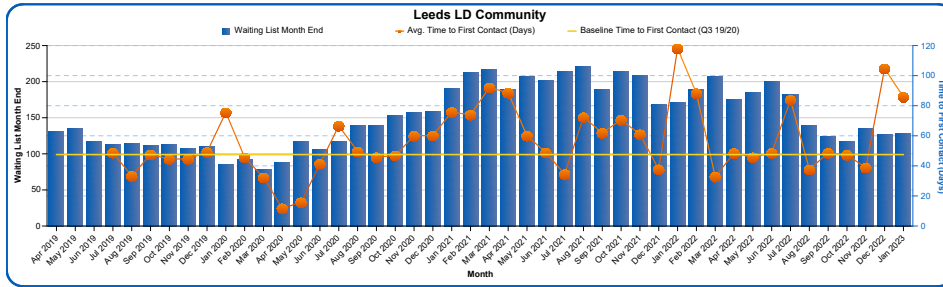
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Services: Reset and Recovery (continued)



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Services: Reset and Recovery

ADHD: The waiting list continues to increase and currently stands over 3,000 (Feb '23). This is an increase of approximately 500 since September '22. The annual review list is at 617 with around 50% overdue. There is also a delay on commencing medication and titration upon receipt of a diagnosis (176). The service Clinical Lead has now started and has been able to undertake a review of the service. It has been clear for a long time that the service capacity is far too low to meet referral demand.

Annual service capacity is 264 but demand is currently 1,560. Whilst the system shows a wait of 271 days to first appointment, the reality is that the last person on the waiting list will have to wait 13 years under the current situation and capacity, and this estimate increases month by month. Therefore, a radical approach is required urgently to start to improve this situation.

Non-recurrent investment has been approved for 22/23 – we are revising the plan for that to request that the non-recurrent funding is extended beyond 31st March 2023 and that recurrent funding is considered where possible. The service continues to work in collaboration with ICB colleagues but some of the identified actions need more time to implement and embed and the service is extremely limited in terms of developments without any assigned funding. In summary, all actions to date and ongoing are having no impact in terms of reducing the waiting list.

CFS: The average time to first contact decreased in December to 108.5 days (130 days in November) but increased slightly in January 2023 due to some reduction in therapy team staffing. 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 with the addition of a medical session.

CMHT OPS: Please refer to the narrative provided for MAS as management is shared between the two services.

CMHTs Adult: A significant deterioration in the waiting time during December and January can be seen. December was as a result of capacity, with reduced workforce, annual leave and sickness. For January this is attributed to capacity but also the executive supported decision to suspend allocations, creating waiting lists, to allow for the teams/clinicians to review their current caseloads and protect their own wellbeing. This is a temporary measure, with upcoming deployment and wider community services connectivity & offer being implemented for long term stability and recovery. Great benefit is already being seen, in understanding and providing the required capacity to support transfers/discharges of service users from the service, reducing the overall caseload. There was predicted risk and trajectory the wait position would worsen. However, with deployment getting properly up and running by March with a specific focus on Triage, Assessment and Brief Intervention in each of the localities again, the trajectory is predicted to be one of an improving picture with reduced waits.

Deaf CAMHS: At present NDCAMHS is reporting a wait for initial appointment as 56 days. As reported in December, the waiting time in January is showing the impact of new patient clinic cancellation. With Psychology staff continuing to progress with return to work the service is not forecasting a significant decline in the wait to be seen. No further new patient clinics have been cancelled and the wait should maintain at the current time for first appointment.

Gambling Services: The waiting list and waiting times for the Gambling Service are stable. Time to assessment is 5-6 weeks but the system data shows this to be longer as telephone assessment is not counted yet. Time to first appointment therefore includes commencement of treatment. The service has increased the number of assessments to try and reduce waiting times and increase numbers on group treatment which worked. A higher number of referrals were seen in December and January however.

Gender Services: The number of people waiting for first appointment continues to increase in line with that predicted. The rate of increase has reduced following additional investment, this despite an increasing referral rate. Excluding December referrals (due to seasonal variation), the number of referrals per month has increased by around 50% since February 2022. It is accepted that the referral rate exceeds service capacity. The Operational Manager continues to work closely with the administrative and clinical teams to refine and improve processes, including clinic booking, to increase productivity. Work has commenced around demand and capacity to improve and maintain flow through the service. The service may need to reduce the number of new appointments offered for first assessment to prevent significant waits accruing in other clinic lists, such as doctor's appointments and hormone treatment. It is acknowledged nationally that there is a deficit in capacity for gender identity clinics in relation to demand.

LADS: In the Leeds Autism Diagnostic Service, referral numbers continue to be higher than pre-pandemic. The waiting list is now over 440. There is additional non-recurrent resource via secondees, however demand is still beyond capacity. Referrals seen in December were made in June. Internal waits are not shown in this data but we know time to complete the pathway is approximately 18 months. The service is working with the Leeds ICB Office and West Yorkshire deep dive to explore long-term opportunities. In the short-term, non-recurrent cases are being considered for submission, however this needs to be considered for 23/24 and recurrent

funding needs to be considered rather than non-recurrent only.

Leeds LD Community: Waiting lists for Community Learning Disability Teams (CLDTs) are reducing gradually, however with increased vacancies and redeployment these may increase again in the short term. CTMs manage the waiting lists with Clinical Leads from the individual disciplines, having 3 monthly reviews with each Clinical Lead where they (or a delegated colleague) have made telephone contact with the service users/carers to update on their situation.

Work is to be undertaken to review the use of the Red Amber Green (RAG) rating which was introduced in CLDT at the start of the pandemic. A meeting with CTMs and Clinical Leads with the Clinical Operations Manager (COM) and Allied Health Professionals (AHP) lead taking place in late March. Currently all service users rated red after a GATE assessment are allocated and generally amber and green rated are added to the waiting lists due to capacity issues. There are concerns regarding the risk of service user health deteriorating whilst waiting hence the regular waiting list reviews but other possible solutions will be explored in the meeting in March. We have introduced a case-flow tool to help clinicians in supervision identify with their supervisor where they are 'stuck' and problem solve interventions to move service users through to discharge creating greater capacity.

We have a meeting planned in early April with Informatics to look at some work around demand and capacity. Increasing staffing to backfill for various leave situations amongst Speech and Language Therapy (SALT) is being pursued and an options appraisal has been developed to consider best use of psychology resource in order to deliver psychological interventions by reviewing psychology structure in the teams. Recruitment to nursing posts remains a challenge and current Band 5 vacancies will be filled with newly qualified preceptees later in the year. We are looking at recruitment of Nurse Associates to increase capacity.

Liaison Out Patients: There has been a reduction in the average time to first contact due to an increase in staffing resource whilst the waiting list shows little change. Referrals to the service are consistent with shorter internal waiting times for therapy.

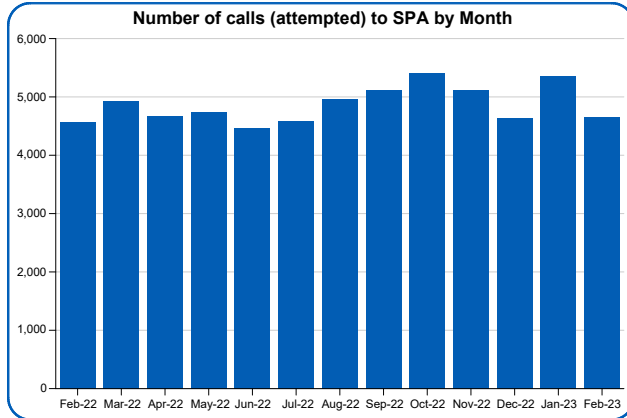
MAS: Currently due to the high numbers of those waiting for Post-Diagnostic Support (PDS) across the city, it was agreed at Community Operational/Governance that a city-wide approach would be taken to focus on those referrals waiting for PDS. Clinics on Saturdays were introduced to help with this, in order that the service could continue to assess new referrals and prevent further backlogs for PDS, which would take up assessment slots.

Whilst Saturday PDS clinics have been sporadic due to staff availability, the service has reduced those waiting from what was initially 240 across the city to 156, with clinics booked in throughout March. Levels of referrals waiting for assessment have been impacted by medic availability in MAS due to the need for consultant/medic input needed in the more urgent care services across the pathway.

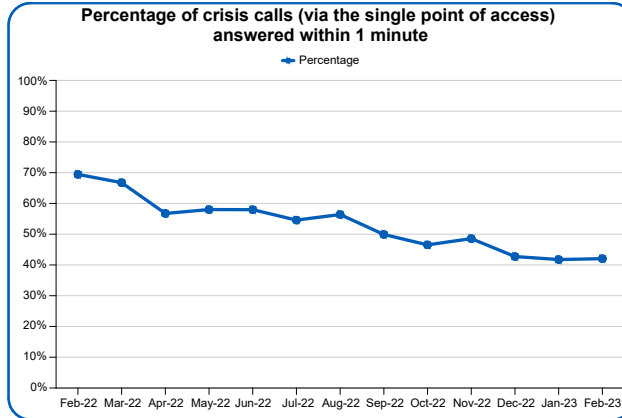
Perinatal Community: The waiting list for the Perinatal Community Service shows 68 service users waiting to be seen for a first contact as of the end of January. Whilst there may be people still to be seen, all referrals are offered and triaged within the day of referral using the new Duty and assessment element of the service. This also enables the team to respond to urgent referrals more efficiently. For those service users that are routine assessments, an appointment is offered within 14 days. January data shows a 21.7 days to first face to face, February is 18 days so this figure is improving. So for accuracy, service users without an attended first face to face or video appointment, in reality have got a first appointment booked with the service, that they are yet to attend.

Veterans: There has been significant improvement in the reduction of the waiting list and waiting time for CTS (currently 6 new referrals on waiting list), despite a high number of leavers following the bid process for a new Integrated Veterans Mental Health Service to commence in April. Clinical case reviews supported by the Clinical Lead have helped flow of service users. 7 members of staff including the Clinical Team Manager (CTM) have left or are leaving CTS. This is largely due to the integration of services and loss of team identity. The short-term gaps are being supported by Veterans HIS staff flexing. Management of Change processes have commenced for HIS and CTS and exit plans are underway for the new service – LYPFT will be responsible for delivery of the Enhanced Pathway across the North of England and Core Pathway within South & West Yorkshire as part of the Provider Collaborative. Waiting list and the waiting time baseline will need to be 're-set' for April 2023 as a result.

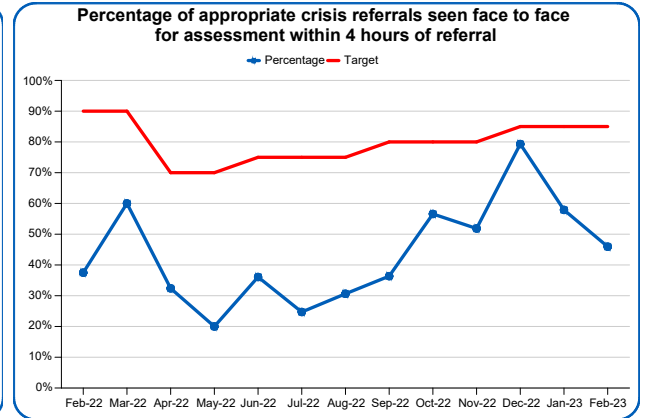
Services: Access & Responsiveness: Our Response in a crisis



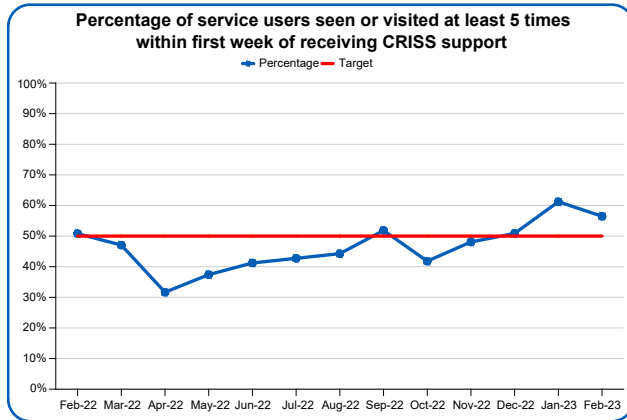
Number of calls : February 4,657



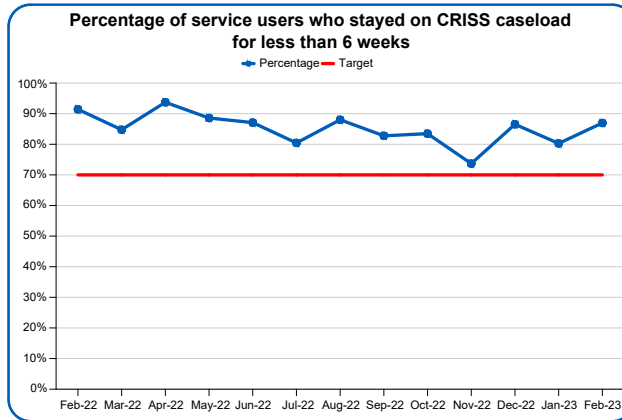
Local target - within 1 minute: February 42.0%



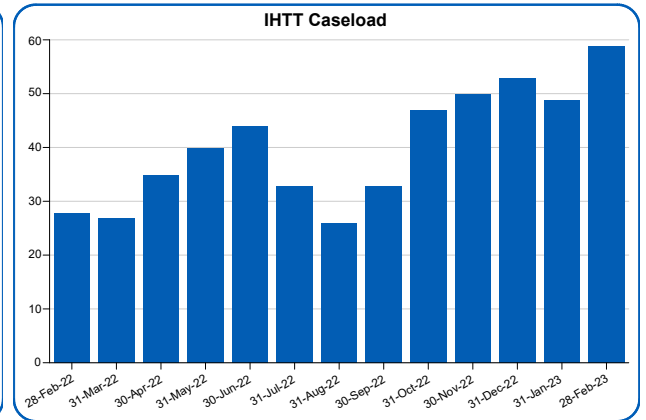
Contactual Target 85%: February 45.9%



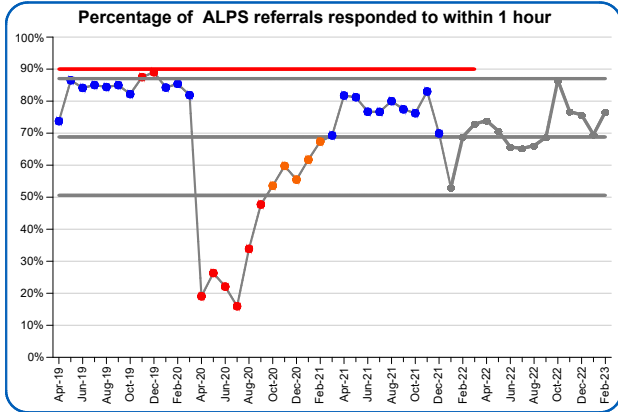
Contractual Target 50%: February 56.5%



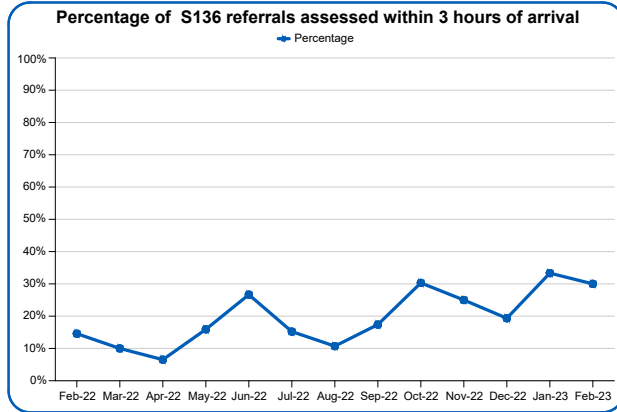
Contractual Target 70%: February 87.0%



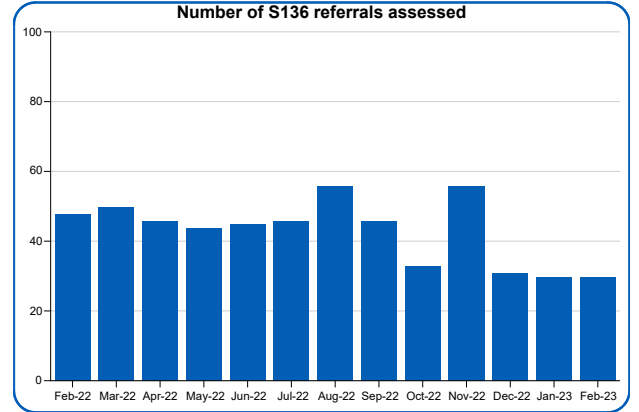
Caseload: February 59



Contractual Target : February 76.6%



Contractual Target : February 30.0%

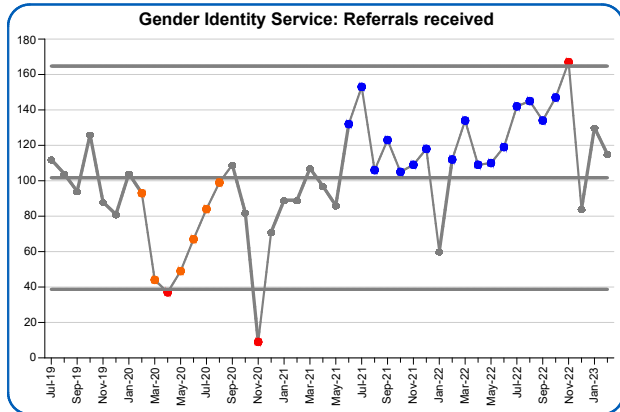


Total referrals assessed: February 30

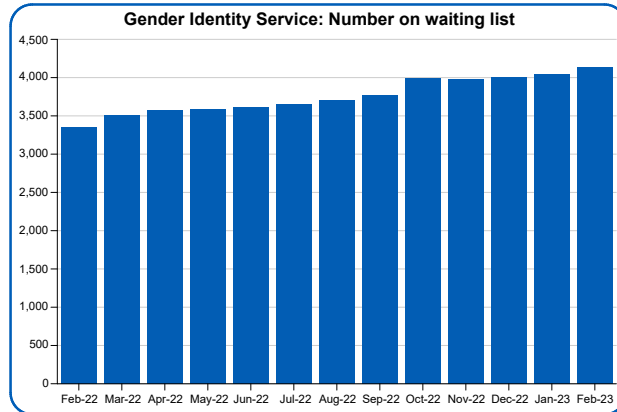
Services: Access & Responsiveness: Our Response in a crisis

Whilst no longer a formal KPI, we continue to monitor, report on, and provide commentary for the percentage of referrals made to the Emergency Department (ED), that are responded to within 1 hour. The service continues to work towards a 1-hour response time despite this not being a formally contracted timeframe. However, the service faces some of the same challenges as previously reported that prevent higher levels of performance from being achieved. The team had to contend with a number of short-term sickness absences throughout February, though improvement in levels of sickness absence have been seen over the last three months. ALPS are also supporting 2 secondments and have a member of staff on a phased return. Two band 6 nurses are starting with the service at the end of March which will increase capacity to respond to referrals. ALPS continue to be based outside ED. Although there are plans to develop a team base in SJUH with capital monies, the 1-hour target is affected by additional travel at the moment. That said, the overall performance for February remained strong (76.6% seen within 1 hour) despite a slightly higher level of referrals in comparison to the last 12 months.

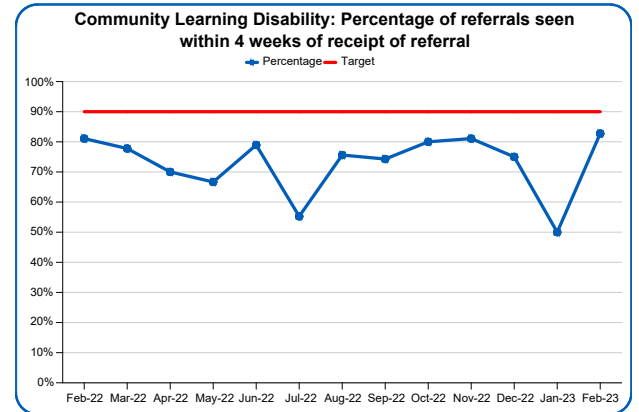
Within the Crisis service, staffing issues resulting from vacancies and sickness absence have affected resource available to carry out crisis assessments within the 4-hour timescale. The level of sickness absence, however, has been improving over the last three months. During the month, two members of staff were on maternity leave and the service lost five members of staff in January, which has affected performance seen in February. Referrals to the service in February (841), have continued to be high with January seeing 887 referrals and December seeing fewer referrals (778) but higher performance. Crisis staffing remains in a difficult position as Clinical Team Managers are working as part of rostered staff due to staff shortages, however some vacant posts have been filled. It is anticipated that CTMs will continue to work in this way over the coming months, however steps have been taken already to reduce the number of days each week that they are work as part of rostered staff numbers.



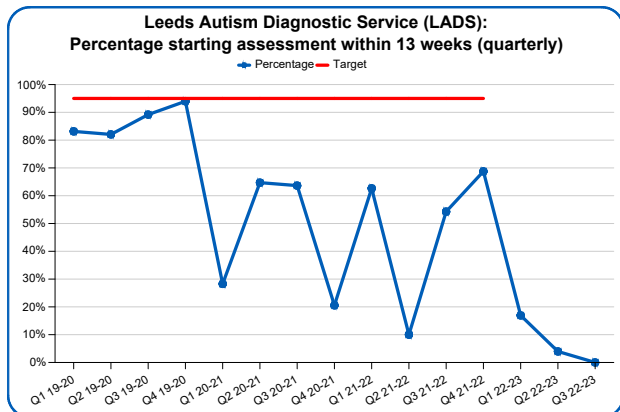
Total referrals: February 115



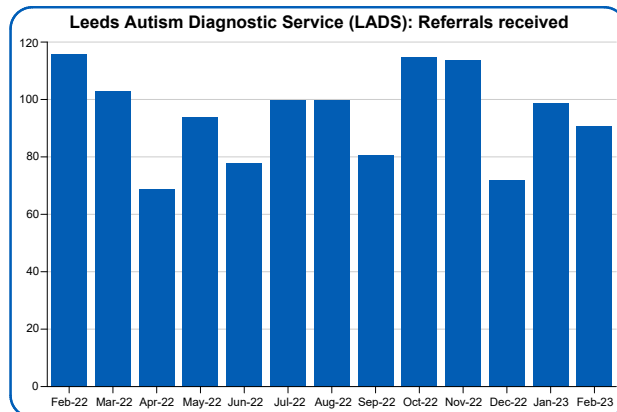
Number on waiting list: February 4,147



Contractual Target 90%: February 82.8%



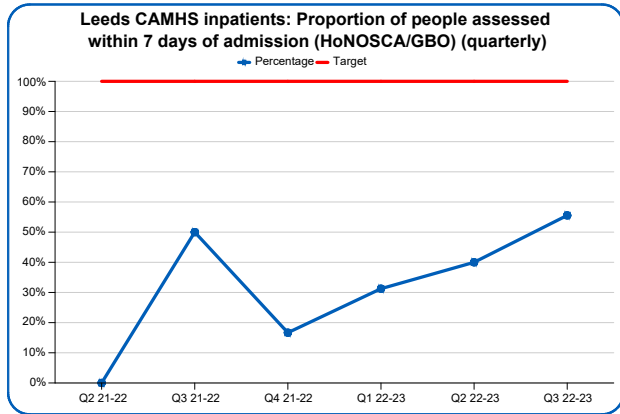
Contractual Target : Q3 0.0%



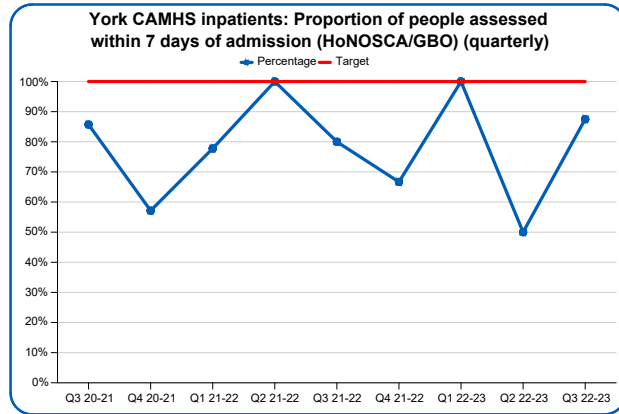
Local measure: February 91

SPC Chart Key

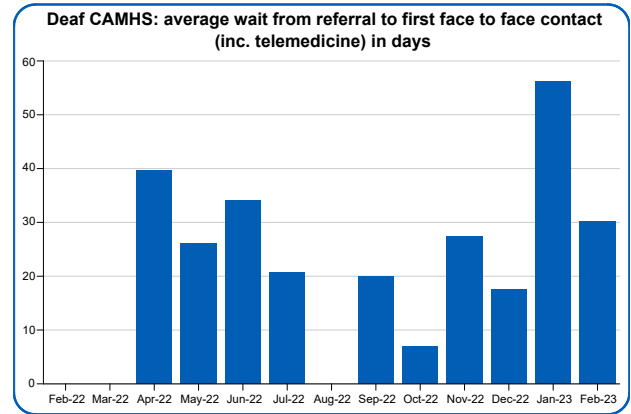
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- Actual
- Target



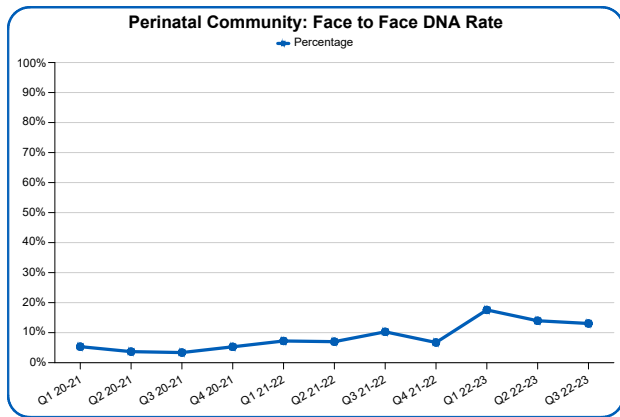
Contractual Target 100%: Q3 55.6%



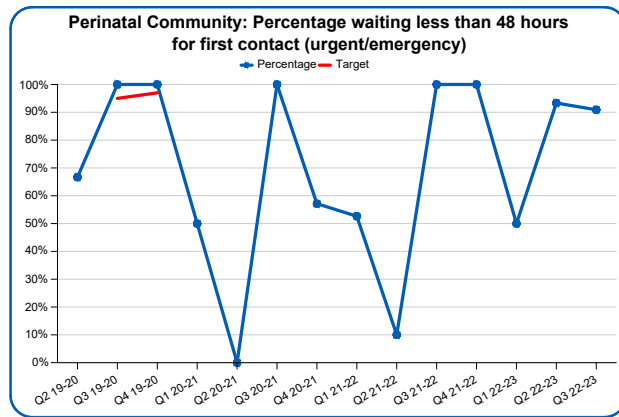
Contractual Target 100%: Q3 87.5%



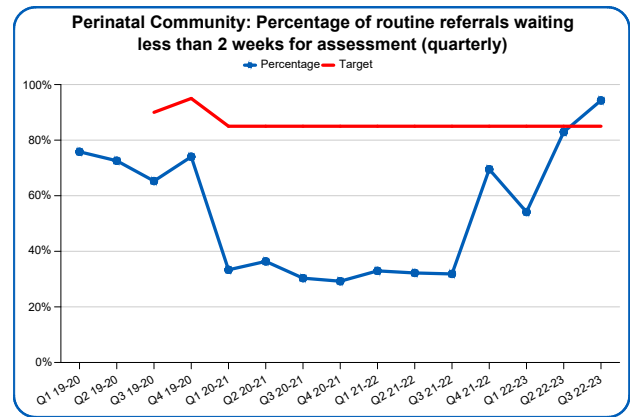
Local measure: February 30



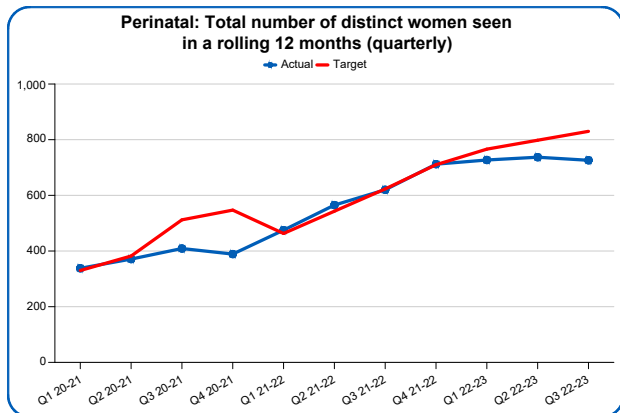
Contractual measure: Q3 13.1%



Contractual Target tba: Q3 90.9%



Contractual Target 85%: Q3 94.3%

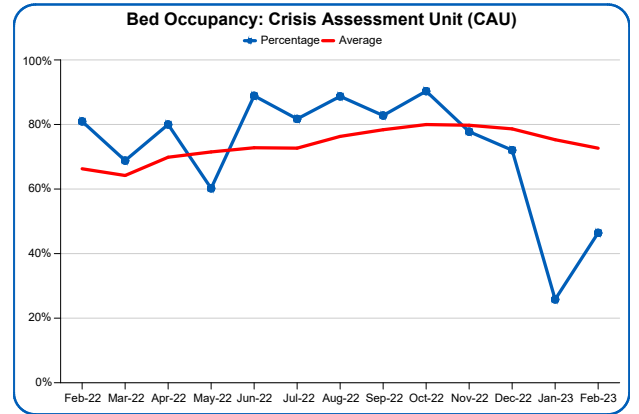
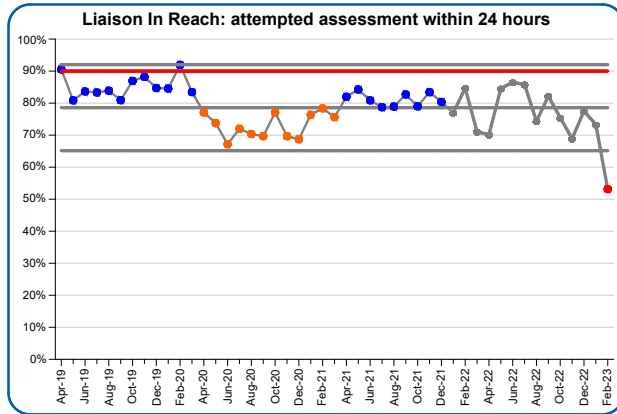
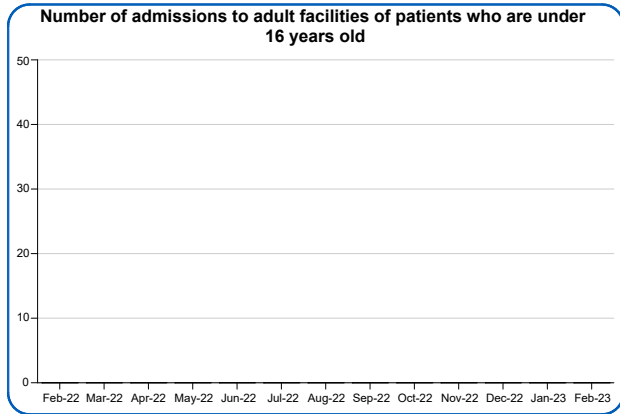


Local measure 830: Q3 726

Services: Our Regional and Specialist Services

The Community Learning Disability Team has agreed with the ICB and LYPFT contracts team that the 28-day (4 week) referral to first contact measure will be replaced for the 23/24 contract round. The service has been working with the Clinical Lead and Clinical Director on developing new measures based on the STEEEP model that will be more meaningful than this. The 28-day target is susceptible to external factors that mean it is challenging to meet the 90% target due to the numbers of referrals. Each month, the 10-20% that do not meet this threshold usually amounts to 4-6 service users and is almost always patients where we are awaiting information in relation to eligibility.

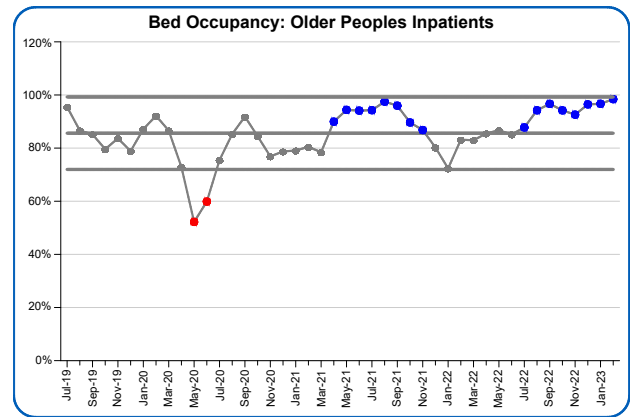
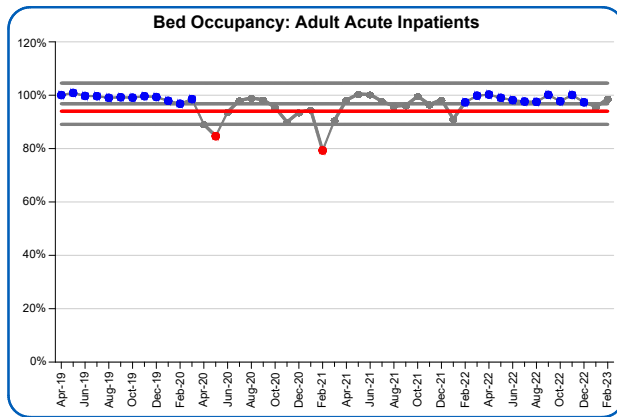
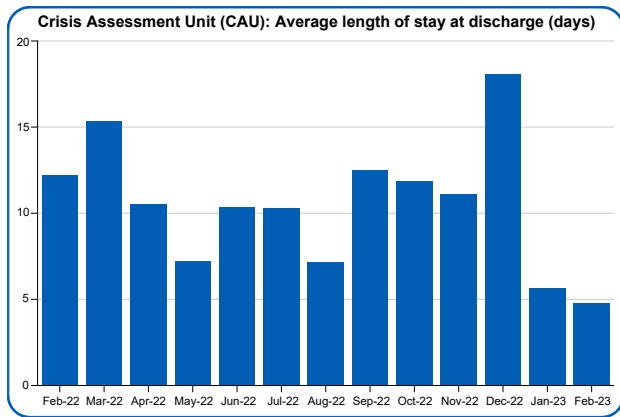
Services: Our acute patient journey



National (NOF) No target : February 0

Contractual Target 90%: February 53.2%

Local measure: February 46.4%



Local measure: February 5 days

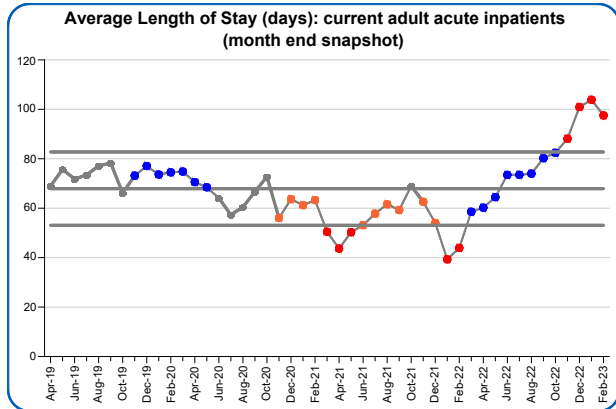
Contractual Target 94%: February 98.7%

Local measure and target : February 98.4%

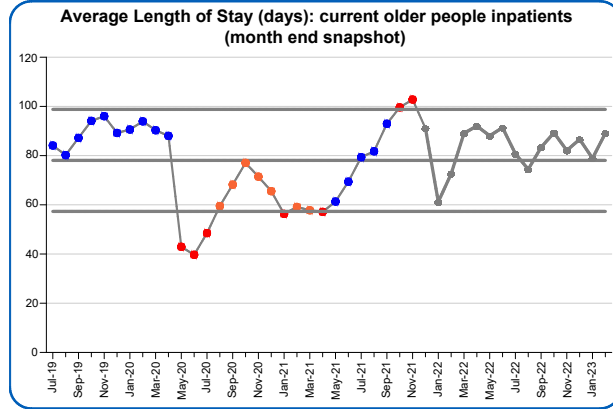
SPC Chart Key

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

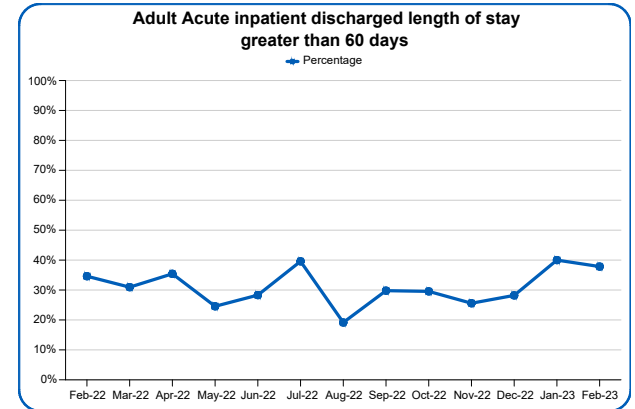
Services: Our acute patient journey (continued)



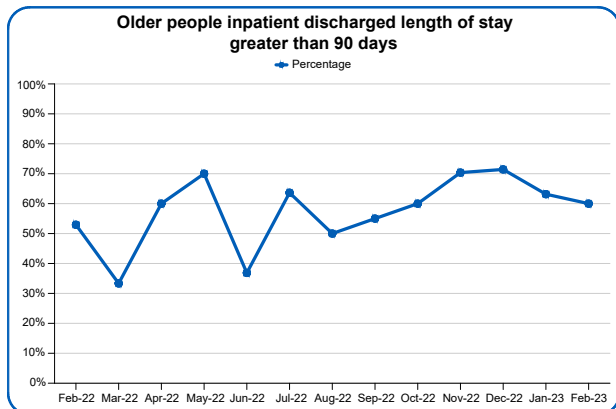
Local tracking measure: February 98 days



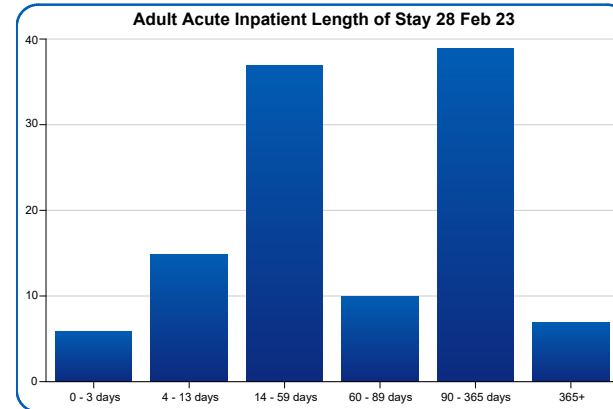
Local tracking measure: February 89 days



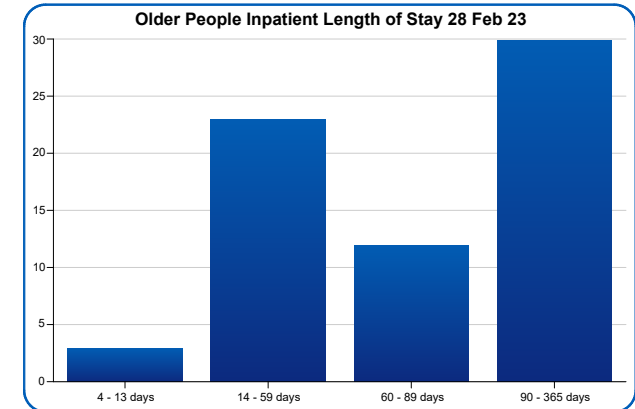
National (LTP): February 37.8%



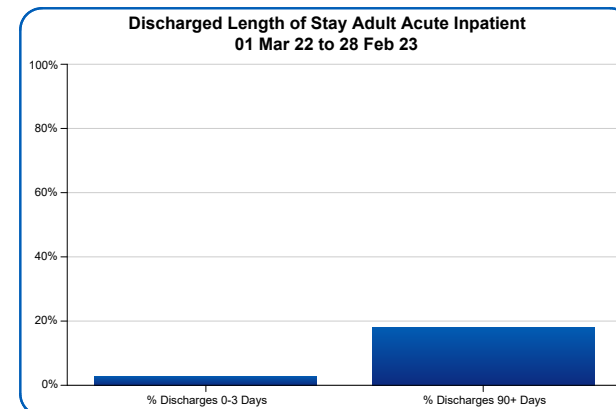
National (LTP): February 60.0%



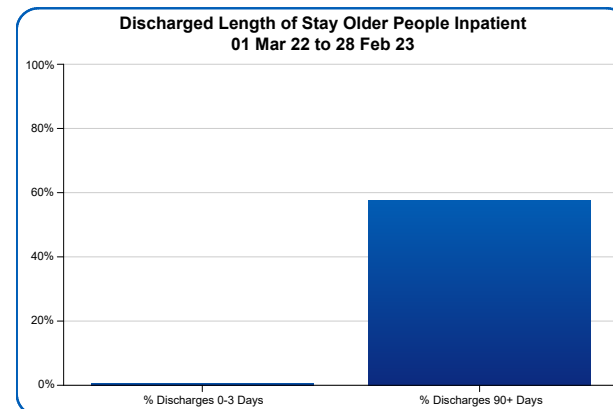
Local activity: 46 people with LOS 90+ days



Local activity: 30 people with LOS 90+ days



Local activity: % discharged LOS 90+ days = 18.3%

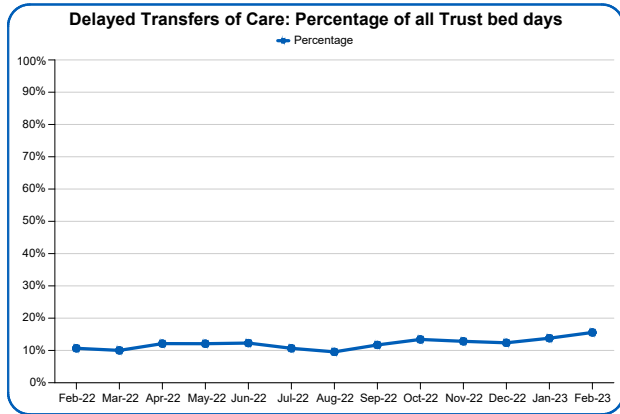


Local activity: % discharged LOS 90+ days = 57.9%

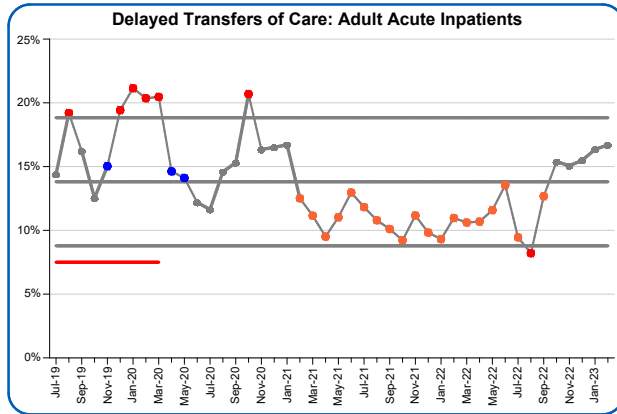
SPC Chart Key

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

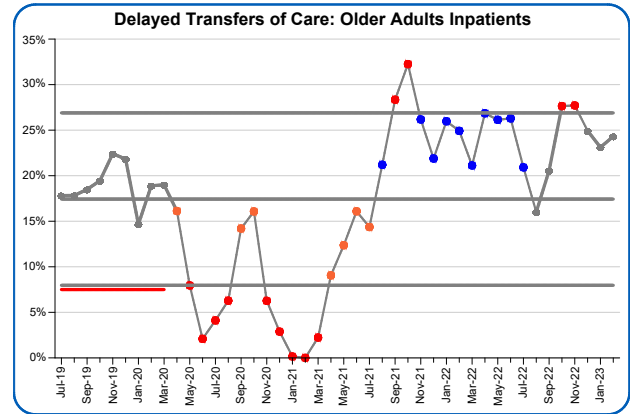
Services: Our acute patient journey (continued)



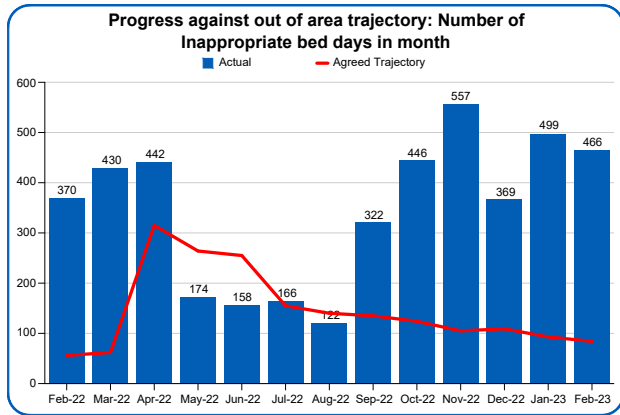
Local tracking measure: February 15.6%



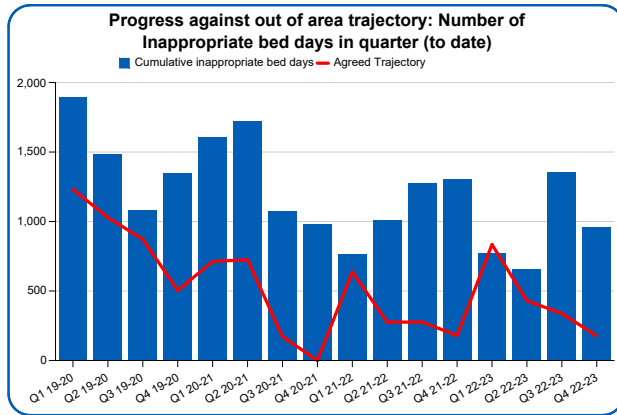
Local tracking measure: February 16.7%



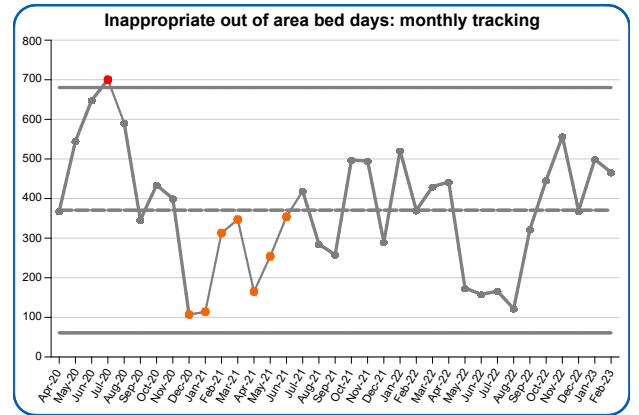
Local tracking measure: February 24.3%



Nationally agreed trajectory (84): February 466 bed days



Nationally agreed trajectory (Q4: 177): Q4 965 bed days

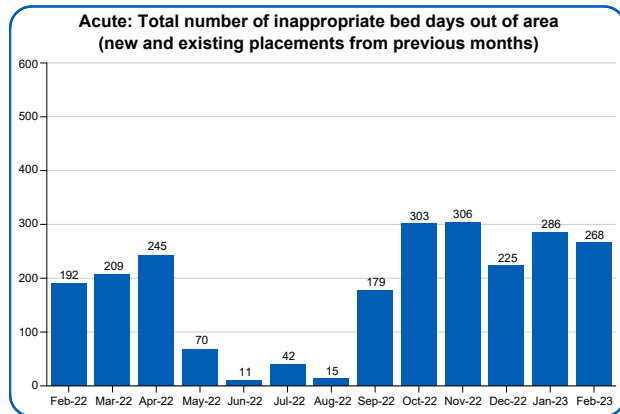


Local tracking measure: February 466 bed days

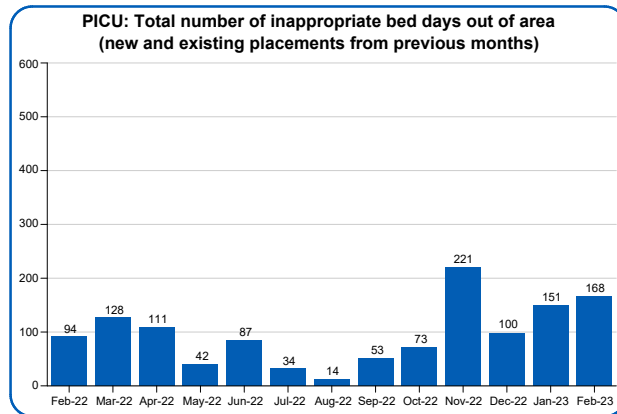
SPC Chart Key

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

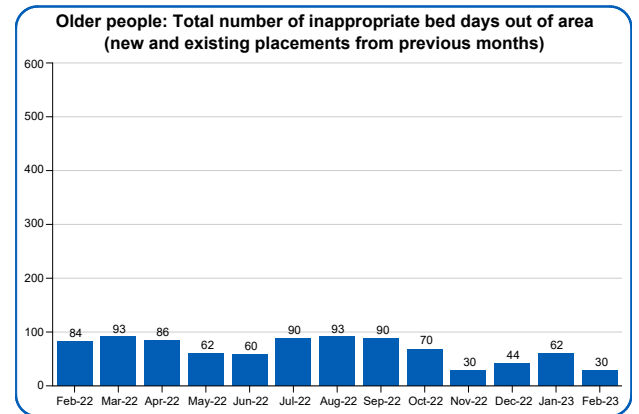
Services: Our acute patient journey (continued)



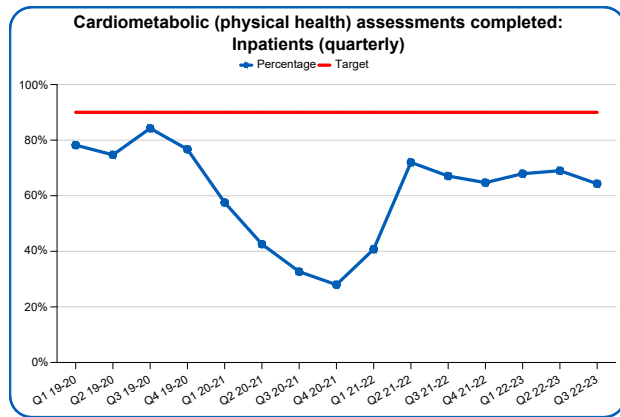
Nationally agreed trajectory (): February 268 days



Nationally agreed trajectory (): February 168 days



Local measure : February 30 days



Contractual target 90%: Q3 64.3%

Services: Our acute patient journey

Liaison Inreach referrals with assessment attempted within 24 hours has seen performance dip in February following an improvement in December which was sustained into January. There are currently challenging capacity issues in the Older Age Liaison Service caused by low staffing numbers in work. Currently, there are 4 Band 6 Full-Time vacancies caused by secondments, maternity leave and a leaver. There have been multiple rounds of recruitment which have been unsuccessful. As well as the nursing vacancies, the Older Age Liaison team is also without a registrar, due to gaps on the registrar rotation. There has also been a high level of sickness in February though this has been reducing over the last three months. In terms of operational and clinical management, we continue to be responsive to clinical need and respond quickly to any urgent clinical needs. The team have been supported by other Liaison teams.

Bed occupancy within the Adult Acute inpatient service in February has increased to 98.7%, falling above the target range of 94-98%. Length of stay in Adult Acute services is still above normal levels of variation for the last 3+ years, but is starting to decrease in February. Levels of delayed transfers of care however continue to increase which is reflected in the level of occupancy within the service.

Delayed Transfers of Care levels have increased to 15.6% in February, higher than any of the preceding 12 months. In the Working Age Adult Inpatient Service, delays have been on an increasing trajectory since November (February 16.7%) whereas in the Older Adult Inpatient Service, delay levels decreased in December and January before increasing slightly in February (24.3%).

Within the Working Age Adult service, planning is underway for discharge initiative work across the ICB including a Multi Agency Discharge Event (MADE) event being held for Acute services. The MADE event intends to bring all agencies together to support and facilitate the discharge of service users across our services. The change to male beds in Rehabilitation & Recovery has had a positive impact on the delays in the Acute service with a reduction in delays by 4 males within one week in March. This has also impacted on our male OAPs and we currently have no male working age adult placed out of area. Looking at the delays in February, the highest number is attributable to people waiting for further non-acute care, this cohort of people have significant and complex physical and mental health needs. The cohort of people awaiting supported accommodation have significant risk histories as well as ongoing mental health complexities and are required to go through acceptance from landlords which can be both time consuming and challenging.

The Older Adult Service are exploring options to try to improve routine processes within the service that will improve flow and working with local partners to improve options available for onwards care provision following discharge, to reduce delays. The Delayed Transfer of Care rate across our older adult wards has on average been 20% throughout the year. The Head of Operations, together with clinical colleagues have been working with members of the Frailty population board to highlight the issues our staff, service users and families face when trying to find suitable ongoing care facilities for discharge. It has been identified that 37% of our discharges to care homes (based on a 3-month period) are outside Leeds – highlighting the urgent need for further development and commissioning of care home capacity that can meet the needs of people with complex and challenging conditions.

The evaluation of the Willows unit (a collaboration with Leeds City Council (LCC), Leeds Community Healthcare and LYPFT) was positive, resulting in the identification of Dolphin Manor as an additional unit to provide care. This was originally scheduled to open in May 23 and is now further potentially delayed until July 23. The delay is due to LCC building works and is being escalated to city leaders through Executive team members. Paisley Lodge, opened in November 22, in Leeds to provide specialist dementia care home provision. So far they have accepted 4 transfers for people from the Mount. The primary reason for delays is due to suitable care home provision, with the secondary reason being access to packages of care. We are hopeful that the introduction of a dedicated Social Worker for the Mount will help to alleviate some of the latter.

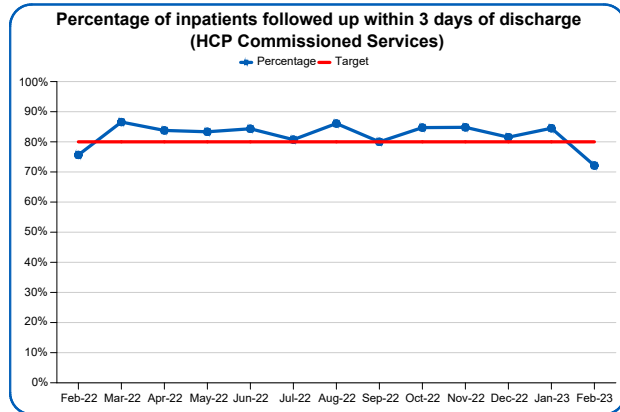
Internally the service are planning a MADE 'super' event in May 2023. MADEs are a method of addressing the challenges in a system to: 1) Support improved patient flow across the system, 2) Recognise and unblock delays, and 3) Challenge, improve and simplify complex discharge processes.

This event will involve system partners (service users, social care, housing, primary care, community services, voluntary sector) who will observe several wards and departments to understand where service users are along their agreed pathway, what barriers are stopping them moving to the next stage and identify solutions to overcome these. These solutions will then form part of an action plan to address these. Following this 'super' MADE, regular MADEs will be held to review progress and to continue to challenge barriers in the system.

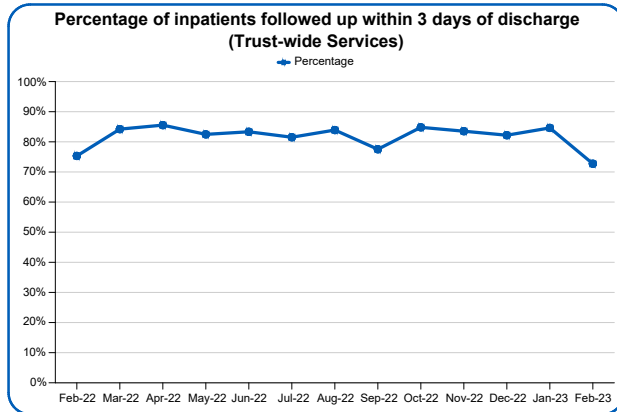
The Trust's Out of Area Placements (OAPs) decreased in February, both in terms of the number of OAPs beginning in the month, and the overall number of bed days

spent out of area for all placements, regardless of when they started. Contracted out of area provision was fully in use in February with demand for out of area PICU beds exceeding contracted provision at times. The Trust continues to utilise provision of out of area beds from the independent sector, near Darlington, which is helping to provide assurance that inpatient care is available for those people that need it where it is not available locally. Daily meeting to review out of area care provision is helping with management of flow and repatriation of service users where appropriate, having the contracted beds has also helped to increase the time that the case manager can spend attending CPA and ward review meetings and has developed good working relationships with the teams.

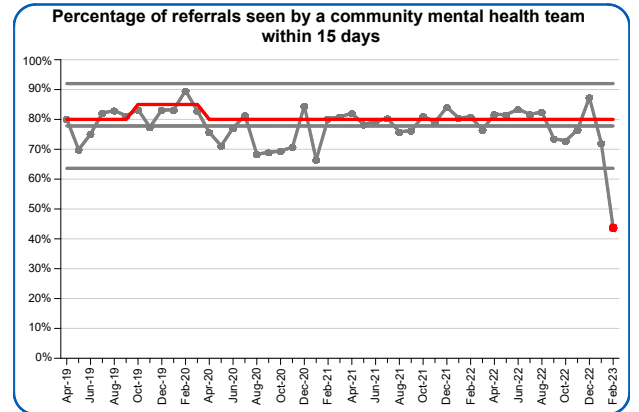
Services: Our community care



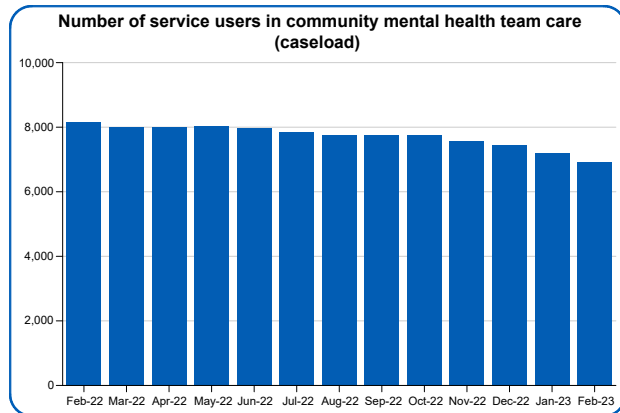
Contractual target 80%: February 72.1%



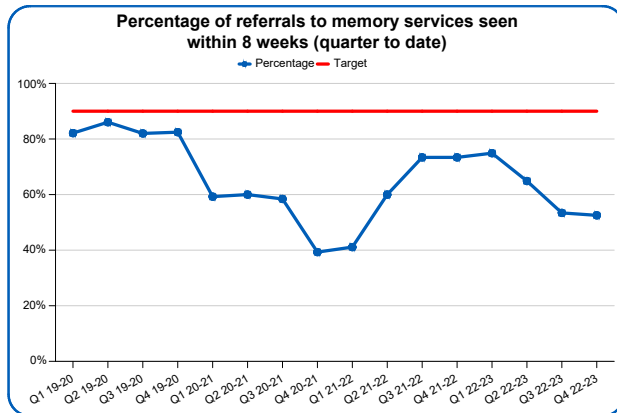
Local Tracking Measure 80%: February 72.7%



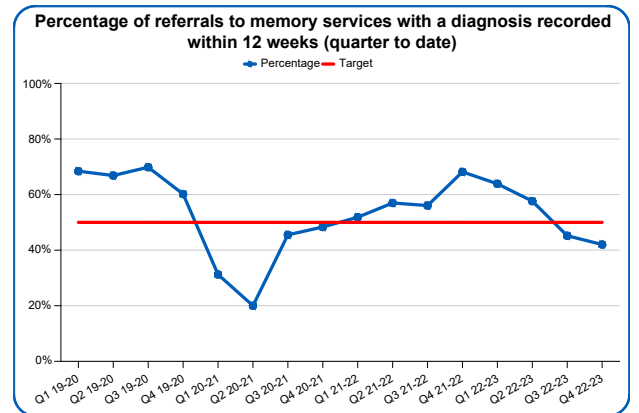
Contractual target 80%: February 43.7%



Local measure : February 3,468



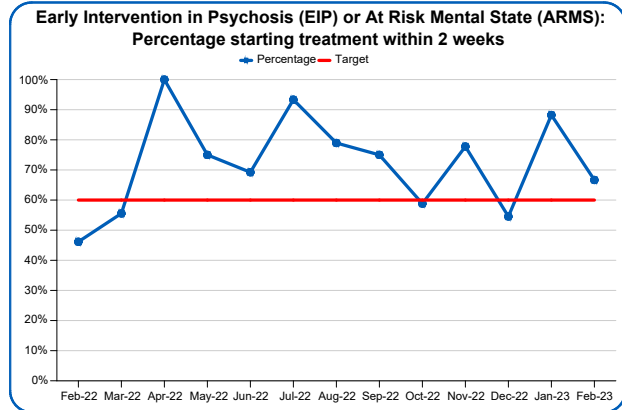
Contractual target 90%: Q4 22-23 52.5%



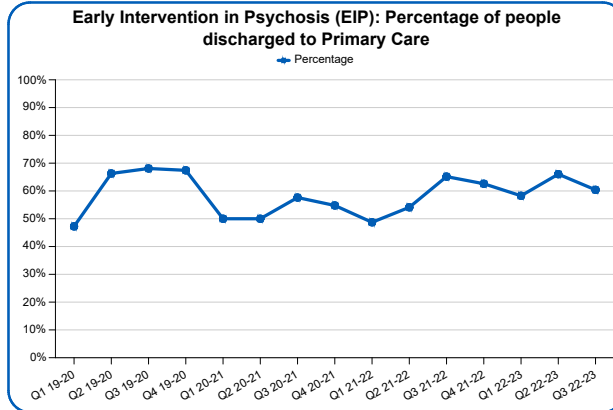
Contractual target 50%: Q4 22-23 42.0%

SPC Chart Key

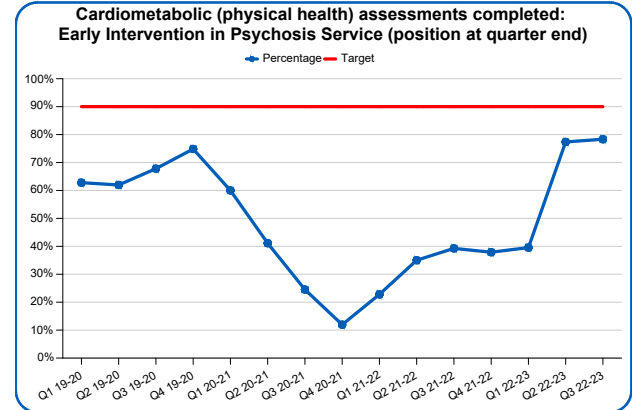
- Average
- Lower process limit
- Target
- Upper process limit
- Actual



Contractual target 60%: February 66.7%



Contractual target tbc: Q3 60.4%



Contractual target 90%: Q3 78.3%

Services: Our community care

The Trust has not achieved the 80% target for follow-up within 3 days, achieving 72.1% for HCP commissioned services and 72.7% Trust wide. One third of the total breaches were due to be followed up by services currently in a period of stabilisation and recovery. Attempted contact was made with several referrals where the patient could not be reached, or the service user was contacted outside the three-day timeframe. We continue to routinely follow up all breaches of the standard during the month.

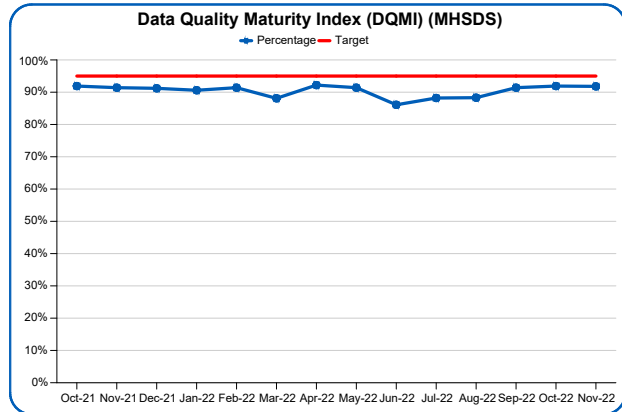
In February, a further, significant deterioration in achieving the 15-day KPI for the Working Age Adult service has resulted from reduced workforce and sickness. This is therefore directly attributed to the capacity available to meet this KPI during February along with the executive supported decision to pause allocations to allow for the service to review service users under the care of the service. This is a temporary measure, with upcoming deployment and wider community services connectivity and offer being implemented for long term stability and recovery. There was a predicted risk and trajectory the wait position would worsen. However, with new and additional deployment from the end of February, with a specific focus for these colleagues to deliver Triage, Assessment and Brief Intervention in each of the localities again, the trajectory is predicted to be one on an improving picture which will see the service come out of Business Continuity from 6th March 2023.

Within the Older Adult Service, recent attempts to recruit to managerial posts have been successful which will ensure that leadership is available to provide necessary oversight, including over performance in this area. Staffing pressures persist in relation to staff unavailability due to vacancies, sickness, also challenges with variation across the localities. Posts that were unsuccessfully recruited to have gone back out to advert. There continues to be significant challenge in one locality with this team needing additional support from other areas where available. A review of systems and processes within teams, including data cleansing, is being addressed as a priority and is ongoing. One of the CMHTs is seeing significant decline in achieving the 15-day KPI and continues to be affected by sickness absence and vacancy pressures with this team needing additional support from other areas where available. The CTMs are also working clinically within CMHT to support capacity and demand.

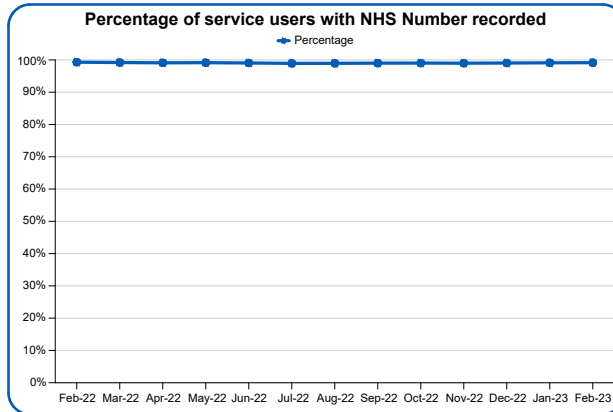
In the Memory Assessment Service (MAS) there are ongoing staffing pressures related to staff availability with significant challenges being faced in one locality needing additional support/resource from other areas where available. It has been agreed that the MAS service will focus more on the backlog of Post-Diagnostic Support referrals in order not to generate more significant backlogs in the future. As a result, fewer referrals are being seen for assessment during this period, and the reduced medic capacity required in more urgent parts of the pathway, is impacting on levels of referrals being assessed within the 8-week timeframe. A review of systems and processes within teams, including data recording is being addressed as a priority and continues to be ongoing. All the above challenges have resulted in a further albeit slight decrease in performance in Quarter 4 to-date (52.5%).

Due to pressures in other areas of Care Services, medical staff have been moved away from MAS to provide critical medical cover. This has had an impact on the levels of referrals being diagnosed within 12 weeks of their referral. Again, a further decrease in performance in Quarter 4 to-date (42.0%), reflects the ongoing staffing challenges faced by MAS across the city, and the demand for staff in other areas of the organisation. Within the South locality, the Practice Development Nurse has been tasked with an improvement piece of work around the process for accessing head scans which supports the diagnostic process.

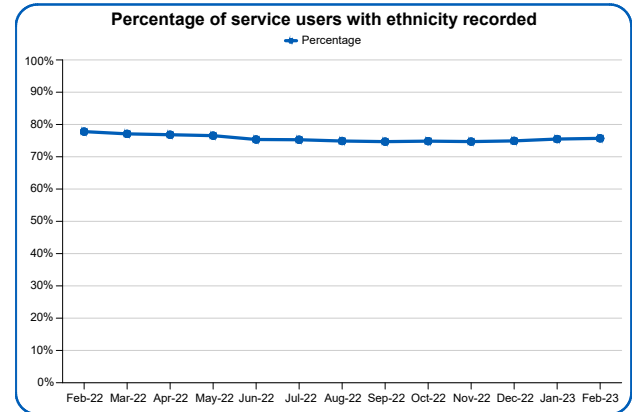
Services: Clinical Record Keeping



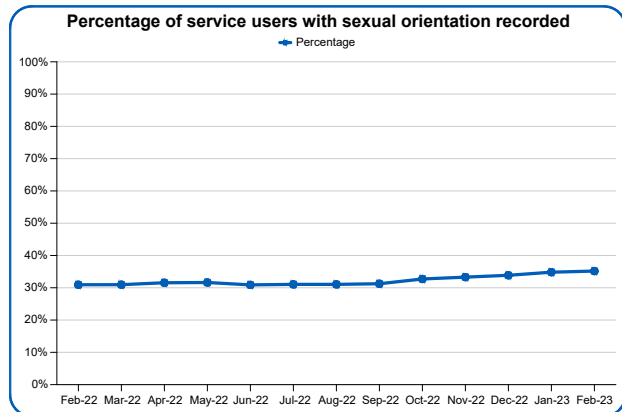
CQUIN / NHSOF Target 95%: November **91.8%**



Local measure: February **99.1%**



Local measure: February **75.7%**



Local measure: February **35.2%**

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 February 99.1% of care records had an NHS number recorded (no change), 75.7% ethnicity (very slight increase) and 35.2% sexual orientation (slight increase and the highest level reported to date).

**AGENDA
ITEM**

13.

**MEETING OF THE
BOARD OF DIRECTORS**

PAPER TITLE:	Chief Financial Officer Report - Month 11
DATE OF MEETING:	30 March 2023
PRESENTED BY:	Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive
PREPARED BY:	Jonathan Saxton, Deputy Director of Finance

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

EXECUTIVE SUMMARY		
<p>This report provides an update of year to date financial performance</p> <p>The Trust is achieving both capital and revenue plans as at month 11 in 2022/23 and there is a high degree of confidence in forecast outturn delivery against these plans overall.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No'	If yes, please set out what action has been taken to address this in your paper
	No	

RECOMMENDATION
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Note achievement of the revenue plan position as at month 11. • Note the capital expenditure position of £3.2m.

MEETING OF THE BOARD OF DIRECTORS

30 MARCH 2023

CHIEF FINANCIAL OFFICER REPORT

1 Introduction

This report provides an update of year to date financial performance for 22/23 and the forecast outturn. Other significant finance related matters are considered in other reports.

2 Income and Expenditure Performance

2.1 Year to date Budget Performance 2022/23

At month 11 the Trust reported an actual I&E surplus of £1.1m against a £0.9m surplus budget position as detailed in table 2 below.

Table 2

Income & Expenditure Budget Position	Annual Budget £'000	Month 9		
		Budget YTD £'000	Actual YTD £'000	YTD Variance £'000
Income:				
Patient Care Income	200,692	183,961	185,807	1,846
Non Operating Income	23,918	21,911	24,636	2,725
Total Income	224,609	205,872	210,443	4,571
Expenditure				
Pay Expenditure	163,178	149,559	145,569	(3,991)
Non Pay Expenditure	60,430	55,394	63,771	8,377
Total Expenditure	223,608	204,953	209,340	4,387
Surplus/ Deficit	1,002	919	1,103	184

The key variances against budgeted plans at month 11 have not materially changed. These are :

- Additional Provider Collaborative (Children and Young People and Eating Disorders) activity from outside West Yorkshire.
- Reallocation of COVID resources.
- Additional unplanned Service Development Funding received in quarter 3.
- Additional finance income (interest receivable) due to rising interest rates.
- Non-recurrent gains from commercial activities.

- CPC Drive underperforming due to supply chain delays resulting in fewer new car registrations.
- Substantive staff vacancies (partially offset by temporary staffing costs), substantially offset by bank and agency.
- High number of complex rehabilitation out of area placements.
- Budget efficiencies not identified.

3 Capital Expenditure

Cumulative year to date capital expenditure is reported as £3.2m

The Trust's operational capital plan (ICS envelope) for 2022-23 is £7m, with our current forecast being £5.5m. As previously reported there has been a re assessment of deliverability of schemes in year resulting in reduced scope for schemes at the Mount wards, Clifton House, Mill Lodge and Aire Court and slippage on the Newsam Centre seclusion suite and corporate hub schemes

The capital plan for 2022-23 also includes £1.8m of investment, funded through Public Dividend Capital (PDC), to support our Electronic Document Management system (£0.6m) , and the Complex Care Facility at Parkside Lodge (£1.2m), which is now not being progressed. Whilst this shows significant slippage against plan (appendix 1) this is not representative as the PDC has not been agreed.

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.

4 Better Payment Practice Code (BPPC) and Cash

Our overall cumulative better payment practice code (BPPC) performance remained strong, achieving 91.7% of bills paid within target by number (93.6% by value). Measurement against this target is of increasing significance in the current economic climate.

Whilst we are not being monitored against the usual external metrics for cash and liquidity, our cash position remains strong with a cash balance of £123.6m, and liquidity is strong with cover for 126 operating expenditure days.

5 Single Oversight Framework

The newly published NHS Oversight Framework includes 3 metrics that will be applicable to provider Trusts. These are:

5.1 Financial efficiency - variance from efficiency plan

As at month 11 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 as noted in the operational planning report. This is becoming an increasingly key metric from NHS England perspective in this emerging challenging financial climate.

5.2 Financial stability - variance from break-even

As at month 11 the Trust achieved this metric, reporting a £1.1m income and expenditure surplus.

5.3 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. The utilisation of agency continues to be a major priority locally and nationally and is a key area of focus in our CIP planning for 23/24 where we are aiming to make significant improvements in the position.

6 Forecast Income & Expenditure Position for 2022/23

We continue to forecast achievement of our £1.1m surplus plan position to the ICS. As at month 11 there is clearly a high degree of confidence in this position. The only slight uncertainty remaining is linked to the recently announced agenda for change pay offer, which has a 22/23 component. We await guidance on how this will be accounted for at organisational level.

At this point the aggregate Leeds financial position (Leeds ICB, LTHT, LCH and LYPFT) also shows full achievement of the £16.1m surplus plan, although there is some risk associated with the Leeds ICB position.

7 West Yorkshire ICS Position 2022/23

7.1 Income & Expenditure Position

At the end of Month 11, the ICS continued to report no variance to plan, both for the year to date position and the forecast. The ICB forecast is for a surplus of £4.4m. This will offset a forecast deficit in providers of the same amount, resulting in a break-even system forecast.

7.2 Capital Position

As at month 11 the ICS position was £44m below plan (ICS envelope only). 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.

8 Conclusion

The Trust is achieving both capital and revenue plans as at month 11 in 2022/23 and there is a high degree of confidence in forecast outturn delivery against these plans overall.

9 Recommendation

The Board of Directors are asked to:

- Note achievement of the revenue plan position as at month 11.
- Note the capital expenditure position of £3.2m.
- Note the forecast outturn performance will be delivered

Dawn Hanwell
Chief Financial Officer and Deputy Chief Executive
21 March 2023

CAPITAL PROGRAMME - at 28 February 2023	Year to Date			
	Annual Plan £'000	YTD Plan £'000	Actual Spend £'000	YTD Variance £'000
Estates Operational				
Health & Safety /Fire/Accessibility/ Backlog	400	360	95	(265)
Estate vehicles/other fleet	75	75		(75)
Estate technology	25	25	17	(8)
Security review	100	75		(75)
Sub-Total	600	535	112	(423)
IT/Telecomms Operational				
PC Replacement Programme	200	180	201	21
IT Network Infrastructure	250	250	46	(204)
Server/Storage	200	160	30	(130)
Anti-virus & Encryption	50	50		(50)
Back up software	60	60		(60)
Server rack (LCC)	30	30		(30)
Tablets (wards and services)	50	40		(40)
Cyber security	50	50	97	47
Sub-Total	890	820	374	(446)
New Leases				
Lease Cars	177	165	103	(62)
Gambling and Sexual Health Service	101	101		(101)
Sub-Total	278	266	103	(163)
Estates Strategic Developments				
Becklin Centre S136	175	175	224	49
Becklin Centre (ward 4)	100	100	69	(31)
Newsam Centre (ward 5)	100	100		(100)
Newsam Centre (ward 4)	100	100	31	(69)
Newsam Centre (ward 3)	14	14		(14)
The Mount - Refurbishment scheme	76	76	23	(53)
The Mount - wards	240	240		(240)
The Mount - Mother and Baby	200	200	177	(23)
Red Kite View	250	250	118	(132)
Poplar House, St Marys Hospital	130	130	195	65
Mill lodge, York	80	80		(80)
Clifton House, York	224	224	(11)	(235)
St Marys House, main house	1,300	1,300	159	(1,141)
St Marys House, North Wing	100	100		(100)
Aire Court	150	100	71	(29)
Sustainability & Green Plan	300	250		(250)
Seclusion Review	396	300	24	(276)
Roseville Road	100	75		(75)
Complex Rehabilitation Strategic Capital (PDC)	1,190	940		(940)
Sub-Total	5,225	4,754	1,080	(3,674)
IT Strategic Developments				
Integration System	50	50		(50)
EPR developments	50	50		(50)
Remote working, access and agile	100	100	14	(86)
IT strategic developments	100	50		(50)
Electronic document management	425	250	425	175
Smartphones	100	100	130	30
Electronic document management (PDC)	641	441	490	49
IT infrastructure (PDC)	27	0		0
Sub-Total	1,493	1,041	1,060	19
Contingency Schemes				
Contingency	650	575	488	(87)
2021/22 Completed Schemes			15	15
Sub-Total	650	575	503	(72)
Total	9,136	7,991	3,232	(4,759)

Capital Funding Source:

ICS Operational Capital	7,278	7,051	3,232	(3,819)
Public Dividend Capital (PDC)	1,858	940	0	(940)
Total	9,136	7,991	3,232	(4,759)

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

**AGENDA
ITEM**

14

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	2023 – 2024 Operational Plan – Final Submission
DATE OF MEETING:	30 March 2023
PRESENTED BY: (name and title)	Dawn Hanwell, Chief Financial Officer
PREPARED BY: (name and title)	Amanda Burgess, Head of the PMO Jonathan Saxton, Deputy Director of Finance Cassie Good, Head of Strategic Resourcing and Talent Development Alison Kenyon, Deputy Director of Service Development

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	✓
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 provide a briefing of our final operational plan submission for 2023/24, summarising each of the final returns we have made on our financial position, activity and how our proposed organisational priorities inform our workforce plan. All our returns have been submitted by Friday 24 March to the West Yorkshire Integrated Care Board (WYICB), who are generating the system plan. The final submission of the system plan is due on Thursday 30 March.

Our Executive Management Team approved all our final returns on Wednesday 22 March for finance, workforce and activity. The detail of these is available on request.

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

RECOMMENDATION

The Board of Directors are asked to:

- Consider the final operational plan submission process.
- Consider our proposed organisational priorities for 2023/24, noting further work will be undertaken to set out the actions and timescales for delivery (**appendix 1**).

- Assured of the approach being taken to govern the delivery of our organisational priorities and productivity and efficiency programme.
- Note our internal governance timetable for developing and submitting our Trust operational plan (**appendix 2**).

MEETING OF THE BOARD OF DIRECTORS

THURSDAY 30 MARCH 2023

2023 – 2024 OPERATIONAL PLAN – FINAL SUBMISSION

1. Purpose

The purpose of this paper is to provide a briefing of our final operational plan submission for 2023/24, summarising each of the final returns we have made on our financial position, activity and how our proposed organisational priorities inform our workforce plan. All our returns have been submitted by Friday 24 March to the West Yorkshire Integrated Care Board (WYICB), who are generating the system plan. The final submission of the system plan is due on Thursday 30 March.

Our Executive Management Team approved all our final returns on Wednesday 22 March for finance, workforce and activity. The detail of these is available on request.

2. Summary of the 2023/24 Operational Plan guidance

On 23 December NHS England (NHSE) published guidance for integrated care boards (ICBs) and their partner trusts and foundation trusts (FTs) on the development of both one-year operational plans and five-year joint forward plans (JFPs). In terms of the latter, it is the intention that the JFP is updated annually by ICBs and partner trusts so it remains a 'live' document.

ICBs and NHS primary and secondary care providers are expected to work together to plan and deliver a balanced net system financial position, achieve our core service recovery objectives and meet a minimum of a 2.2% efficiency saving target in collaboration with other ICS partners.

All system plans should be triangulated across activity, workforce and finance and signed off by the ICB and partner/foundation trust boards before the end of March 2023.

3. Our priorities for 2023/24

Back in September 2022 we began the process of refining our organisational priorities across care services and corporate functions. A process which had recently followed the ratification of the Care Services Strategic Plan at the September meeting of the Board of Directors. Two workshops were held (September and December) to provide clarity on our priorities and enable the process of refinement. These workshops were also in anticipation of the operational planning guidance, whereby the expectation is that all organisations are fully returned to pre-pandemic arrangements and have reset their priorities for delivery.

Following release of the planning guidance, during February and March, planning sessions have taken place with each service line (Care Services) and with each corporate directorate. These planning sessions have focused on firming up the priorities and understanding any funding/cost pressures and workforce planning requirements.

Appendix 1 sets out our proposed priorities for 2023/24. We have fully concluded our financial negotiations with Leeds ICB confirming our envelope for 2023/24 and the priorities within care services where funding has now been agreed. We now need to begin the process of prioritisation,

setting out the actions we need to undertake and the timeline for delivery of each. For schemes with workforce planning requirements this will be important, and the phasing of some priorities will be required. As part of returning to pre-pandemic reporting rigour, quarterly reporting against all our agreed priorities will be undertaken through our governance processes.

4. Finance return

As part of the planning submission each system is required to develop a whole system finance plan. The finance plan for each provider is submitted to the WYICB. WYICB collate all plans to produce one whole system plan for the year. Plans must be compliant with the statutory duties which require the whole system to be in revenue balance (break-even) and compliant within the system capital allocation.

We have now concluded our financial negotiations with Leeds ICB and received a contract offer from NHSE for Specialised and Provider Collaboratives where we are Lead Provider. As part of these negotiations, we were able to secure an uplift in our Mental Health Investment Standard (MHIS) funding of £6.9m. The Trust is submitting a break-even position to the WYICB.

It has to be noted; at the time of writing this report, although a potential pay award for 2023/24 has been published in the media, guidance about this pay offer and how it is to be funded has not yet been released. As a result, the financial plan reflects a 2% pay award as stated in latest NHSE Guidance. As and when future guidance is released, the plan will be changed to reflect this.

In respect of the system capital allocation, this has been distributed to providers in line with a national methodology. The Trust has been allocated £3.6m and we have submitted a compliant plan against this.

The financial plan in its entirety will be discussed in the private session of the Board of Directors.

5. Productivity and efficiency

As part of the 2023/24 operational planning process the guidance stipulated that all providers should be meeting a minimum of a 2.2% efficiency saving and develop plans accordingly. All plans need to be twofold. Firstly, demonstrating approaches to understanding where productivity may have been lost over the course of the pandemic and how we are working to reset this. Secondly, how we can release efficiency savings.

Prior to the pandemic we began an extensive exercise to understand what potential efficiency opportunities we might have. For some opportunities the pandemic has fortuitously enabled progress to be made i.e. estate rationalisation, travel expenses and clinic optimisation. As part of our organisational priorities for 2023/24 we have agreed that our four, exec-led areas of focus would be:

1. Reducing agency spend
2. Reducing out of area pressures (complex rehab and adult acute)
3. Reducing our vacancy position by looking at opportunities to redesign within existing establishment
4. Exploring all opportunities/categories to improve productivity and efficiency

Governance arrangements that wraparound these areas of focus are in the process of being developed. As with our priority reporting, the same rigour of quarterly progress will be adopted.

6. Workforce return

As part of the planning submission each system is required to develop a whole system workforce plan. The workforce collection is completed by each provider and for mental health providers

specifically is broken down into two parts. The first being a mental health specific return and the second being a general workforce/staff in post/KPI. The latter includes a supply bridge to describe and explain the anticipated workforce changes.

For the 2023/2024 planning round, the workforce numerical submission summarises our agreed key priorities for workforce change and growth described in our Care Services Strategic Plan. With new and growing initiatives, such as international recruitment, apprenticeship intakes, new roles and out of area student recruitment, there is an expectation this will go some way to bridging the supply gap identified. However, many of these initiatives take time to 'grow our own' and don't offer an immediate return on investment, so it is important to look beyond 2023/24 to anticipate the future workforce availability. Alongside these initiatives, there a number of workstreams as highlighted in the Retention Strategy which aim to increase the retention of our workforce, and further reduce the gap, and in turn temporary staffing expenditure. Linked to our People Plan we have a number of key workstreams in place to support the recruitment and retention of our workforce now and in the future, including:

- **Strategic workforce plans:** exploration of skills mixing, new roles and fundamental workforce redesign.
- **Values based recruitment:** moving to a values based recruitment approach to underpin the way we recruit our colleagues. This is with the aim of increasing access to employment (linked to our widening participation strategy) and ensuring our workforce values align to those of the Trust.
- **Apprenticeship strategy:** expansion of our apprenticeship opportunities across clinical services and corporate functions with a view of 'growing our own'. To provide support with skills development, retention and vacancy fulfilment.
- **Talent management framework and retention strategy:** inclusive of a high level action plan ranging from succession planning, flexible working and development roles.
- **International recruitment:** a commitment to recruitment RMNs, Medics, Psychologist and OTs from overseas for the next 24 months.

7. Activity return

As part of the planning submission each system is required to submit its intent around key activity metrics. For mental health providers specifically, this includes a provider submission for out of area placements. For the other mental health trajectories these are submitted by each place, of which LYPFT contributes to. These include:

- Number of women accessing specialist community perinatal services
- Overall access to core community mental health services for adults and older adults with severe mental illnesses

We have undertaken work to revise our out of area placement trajectory for 2023/24 which is both fair and reflective of our position to date and the activities intended over the planning period. Our out of area placement trajectory is one our exec-led key areas of focus for 2023/24.

OAPs (within quarter)	Q1 22/23	Q2 22/23	Q3 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24
LYPFT 22/23 Actual	945	770	1405				
LYPFT Plan 23/24				1001	706	460	450

8. Recommendations

The Board of Directors are asked to:

- Consider the final operational plan submission process.

- Consider our proposed organisational priorities for 2023/24, noting further work will be undertaken to set out the actions and timescales for delivery (**appendix 1**).
- Assured of the approach being taken to govern the delivery of our organisational priorities and productivity and efficiency programme.
- Note our internal governance timetable for developing and submitting our Trust operational plan (**appendix 2**).

APPENDIX 1: ORGANISATIONAL PRIORITIES 2023/24

Care Services Priorities 2023/24		
Service area	Priority	Operational Plan Guidance Target/priority
Adult acute	Create capacity and flow through the acute pathway that enable a reduction in the number of people placed out of area	Work towards eliminating inappropriate adult acute out of area placements
Adult acute	Safer staffing - recruitment	Co-produce a plan by 31 March 2024 to localise and realign mental health and learning disability inpatient services over a 3-yr period as part of a new quality transformation programme.
Adult acute	Crisis Transformation: Complete a review of the crisis pathway	
Community & wellbeing	Community Mental Health Team Business Continuity	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services.
Community & wellbeing	Community transformation	
Community & wellbeing	Implementation of ARRS roles in primary care (additional roles reimbursement scheme)	
CYP	CYP inpatients (PC funding bid): resolution of S136 long-term funding arrangements	Improve access to mental health support for CYP in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019).
CYP	Implementation of an eating disorders day service at Mill Lodge	
CYP	Deaf CAMHS 18-25 extended age range provision	
Rehab, Connect & Gender ID	Extended rollout of the CREST service across each WY place	
Rehab	Ward 5 locked rehab review (place/Trust)	
Rehab	Leeds (place) complex rehab OAPs pressure	
Rehab	Rehab and Recovery review, including the pilot of R&R Hub Practitioners (as part of CT) (place/Trust)	
Connect	Implementation of community ED for people that don't meet the threshold for CONNECT	
Gender ID	Waiting list management	
Forensic	Leeds inpatient forensic - nursing safer staffing	
Forensic	Complete adaptations to our Leeds seclusion suite at the Newsam Centre	
Forensic	Create capacity and flow through forensic inpatients and improving our forensic outreach (FOT) provision	
Forensic	York inpatient forensic - medic safer staffing	
LD	Future delivery and leadership model for SSL	
LD	Learning disability City-wide respite review	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with an LD and/or who are autistic per million adults and no more than 12-15 under 18's with a LD and/or who are autistic per million under 18's are cared for in an inpatient unit.
Regional & specialist	Northern gambling expansion into the North West	
Regional & specialist	NDS - LADS & ADHD - waiting list management	Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times.
Regional & specialist	Veterans: implementation of the change to lead provider	
Regional & specialist	Forward Leeds: tender renewal	
Regional & specialist	Future of NSCAP and the outcome of the tender process	
Liaison & perinatal	Increase perinatal community provision to meet the LTP trajectory	Improve access to perinatal mental health services.
Liaison & perinatal	Alongside LHTH undertake renovations to the ALPS: high risk assessment facilities at the LGI and St James Hospitals	
Liaison & perinatal	Explore liaison outpatients (CFS, etc) as WY-wide community offer	
Liaison & perinatal	NICPM - future provision	
Older adults	Expansion of the willows model (Dolphin Manor)	
Older adults	Inpatient medic agency pressures	
Older adults	Inpatient staffing review and bed number reduction	
Older adults	System virtual frailty wards	
Older adults	Community transformation within older adults	Recover the dementia diagnosis rate to 66.7%.

Corporate priorities 2023/24		
Directorate	Priority	Area
Chief Financial Officer	Trust-wide security review	Estates
Chief Financial Officer	PFI catering review	Estates
Chief Financial Officer - Health informatics	OOH support for Care Director & EPMA	IT
Chief Financial Officer	Changes to the national procurement model	Finance
Chief Financial Officer - Estates	Commitment to the Green Plan	Estates
Medical & Chief Financial Officer	Population health management data/outcome measures	Medical/Health Informatics
Quality/Nursing	Risk assessment and care planning	Clinical governance
Quality/Nursing	Risk formulation and safety planning	Clinical governance
Quality/Nursing	PSIRF	Clinical governance
Quality/Nursing	Assistant psychologist post - part funded by the Trust/HEE	Clinical governance
Quality/Nursing	Psychological professional supervision for non-registered roles in community transformation	Clinical governance
Quality/Nursing	Provision of free e-cigs for smokers	Clinical governance
Workforce	e-Rostering contract renewal	People Analytics - software
Workforce	Learn licence renewal	People Analytics - software
Workforce	Expenses	People Analytics - software
Workforce	ESR Integration	People Analytics - software
Workforce	e-Rota	People Analytics - software
Workforce	Interoperability - Proxy Warehouse	People Analytics - software
Workforce	Wagestream	People Analytics - software
Workforce	Collaborative Bank	People Analytics - software
Workforce	Annual Leave Management – Avoidable Cost	People Analytics - policy
Workforce	Grow our own approach/ central apprenticeship pot	People Talent - talent development
Workforce	International recruitment	People Talent - strategic resourcing
Workforce	Workforce transformation	People Talent
Workforce	HRGraduate Management Trainee LYPFT year 2 placement	People Talent - people plan
Workforce	Making our Staff Voices Count	People Experience
Workforce	Wellbeing roadshows	People Experience
Workforce	Menopause support	People Experience
Workforce	Reward and Recognition Strategy	People Experience
Workforce	Collective leadership	People Talent - leadership development
Workforce	OD offer/Civility and Respect	People Talent - OD/service development
Workforce	Mary Seacole Licence Renewal	People Talent - leadership development
Workforce	Reducing violence and aggression/hate crime	People Experience
Workforce	Cultural Inclusion Ambassadors programme	People Experience
Workforce	R&R activity	People Talent - strategic resourcing
Workforce	Medical Staffing Training (BAU)	People Employment - non-pay
Workforce	Early Resolution, Mediation Approach	People Employment - non-pay
Workforce	Occupational Health SLA Review	People Employment - non-pay
Workforce	iJES Licence (job evaluation)	People Employment - non-pay
Workforce	HR Manager Pay budget	People Employment - pay

APPENDIX 2: PLANNING TIMELINE – INTERNAL GOVERNANCE

Timescale	Action/governance
15 March	Final activity return to Leeds Place
17 March	Leeds Place Check Point Meeting
20 March	Final workforce returns uploaded to HEE portal (x2 submissions) including narrative
21 March	Financial Planning Group to approve: <ul style="list-style-type: none"> ○ Trust priorities for 2023 - 2025 ○ Final activity submission (OAP's) ○ Final workforce submission (x2 mental health specific and general workforce/staff in post/supply bridge/KPIs) ○ Approach to our productivity and efficiency programme
22 March	Executive Management Team Meeting to approve: <ul style="list-style-type: none"> ○ Trust priorities for 2023 - 2025 ○ Final activity submission (OAP's) ○ Final workforce submission (x2 mental health specific and general workforce/staff in post/supply bridge/KPIs)
24 March	Final financial plans from providers to the WYICB
27 March	Final workforce return to the POD (retrospective sign off)
28 March	Finance & Performance Committee to be provided with an overview of our financial plan for 2023/24
30 March	Board of Directors to retrospectively approve: <ul style="list-style-type: none"> ○ Trust priorities for 2023/24 ○ Final activity submission (OAP's) ○ Final workforce submission (x2 mental health specific and general workforce/staff in post/supply bridge/KPIs) ○ Final finance submission
	Final submissions (finance, workforce, activity) collated and uploaded by WY Locality Team
	Final capital narrative submitted
	WYICB releases the draft version of the JFP
1 April	NHS Contracts to be agreed and signed
12 April	Senior Management Team Meeting to retrospectively approve: <ul style="list-style-type: none"> ○ Trust priorities for 2023 - 2025 ○ Final activity submission (OAP's) ○ Final workforce submission (x2 mental health specific and general workforce/staff in post/supply bridge/KPIs) ○ Approach to our productivity and efficiency programme
30 June	WYICB releases the final version of the JFP and submission to NHSE

**AGENDA
ITEM**

15.

**MEETING OF THE
BOARD OF DIRECTORS**

PAPER TITLE:	Standing Financial Instructions 2023
DATE OF MEETING:	30 March 2023
PRESENTED BY:	Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive
PREPARED BY:	Gerard Enright, Assistant Director of Finance

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

EXECUTIVE SUMMARY

The Code of Conduct and Accountability in the NHS issued by the Department of Health and Social Care requires that each NHS organisation shall have Standing Financial Instructions (SFI's). The SFI's detail the financial responsibilities, policies and procedures adopted by the Trust at a high level.

The SFI's have been reviewed in line with standard practice, with only minor changes to the previous version to cover legislation references, national policy and structural change. A wider review of financial governance documents is included in the work plan for 2023-24 and the SFIs will be cross referenced again following this review.

The SFI's have been approved by the senior finance team and the Finance & Performance Committee (28 March 2023).

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

RECOMMENDATION

The Board of Directors is asked to:

- Consider the SFI's and feedback any comments.
- Ratify the revised SFI's for implementation from 1 April 2023.



Leeds and York Partnership
NHS Foundation Trust

STANDING FINANCIAL INSTRUCTIONS

Director Responsible:	Chief Financial Officer
Department:	Finance
Date Issued:	March 2023
Review Date:	March 2027
Ratified By:	Board of Directors

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1. INTRODUCTION
2. AUDIT
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FOREWORD

1. INTRODUCTION

1.1 Requirement to have Standing Financial Instructions (SFIs)

1.1.1 The Provider Licence for Foundation Trusts require compliance with the principles of best practice applicable to corporate governance within the NHS / Health Sector

1.1.2 The Code of Conduct and Accountability in the NHS issued by the Department of Health and Social Care requires that each NHS organisation shall have Standing Financial Instructions.

1.1.3 Status of SFIs - These SFIs are issued in accordance with the Code.

1.1.4 These Standing Financial Instructions detail the financial responsibilities, policies and procedures adopted by the Foundation Trust. They are designed to ensure that its financial transactions are carried out in accordance with the law and with Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Reservation of Powers to the Board of Directors and Council of Governors and Schedule of Decision/Duties Delegated by the Board of Directors.

1.1.5 Non Compliance with SFIs - Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Chief Financial Officer **MUST BE SOUGHT BEFORE ACTING**.

1.1.6 The failure to comply with Standing Financial Instructions is regarded as a disciplinary matter that could result in dismissal.

1.1.7 Overriding Standing Financial Instructions – If for any reason these Standing Financial Instructions are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit Committee for referring action. All members of the Board of Directors and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Chief Financial Officer as soon as possible.

1.2 Terminology

- 1.2.1 Unless the contrary intention appears or the context otherwise requires, words or expressions contained in the SFIs bear the same meaning as the Health and Social Care Act and the constitution. References in the SFIs to legislation include all amendments, replacements, or re-enactments made.
- 1.2.2 Headings are for ease of reference only and are not to affect interpretation. Words importing the masculine gender only shall include the feminine gender; words importing the singular shall include the plural and vice-versa.
- 1.2.3 Wherever the term "employee" is used and where the context permits it shall be deemed to include employees of third parties contracted to the Foundation Trust when acting on behalf of the Foundation Trust. These shall include nursing, medical staff and consultants practising on the Foundation Trust premises.

Wherever the title Chief Executive, Chief Financial Officer, or other nominated officer is used in these instructions, it shall be deemed to include such other directors or employees who have been duly authorised to represent them.

Definitions	
The Act	The Health and (Social) Care Act
Accounting Officer	Shall be the Officer responsible and accountable for funds entrusted to the Foundation Trust in accordance with the NHS Foundation Trust Accounting Officer Memorandum. They shall be responsible for ensuring the proper stewardship of public funds and assets. The Health and Social Care Act designates the Chief Executive of the NHS Foundation Trust as the Accounting Officer.
Annual Financial Statements	Mean the annual financial accounts prepared in accordance with the requirements of NHS England.
Authorisation	Means an authorisation given by NHS England.
Budget Holder	Means the director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.
Budget Manager	Means the officer who has daily operational responsibility for the management of the budget.
Board of Directors	Means the Board of Directors as constituted in accordance with the constitution.
Budget	Means a resource, expressed in financial or manpower terms, proposed by the Board of Directors for the purpose of carrying out, for a specific period, any or all of the functions of the Foundation Trust.
Charity	Means the Charitable funds, gifts, donations and endowments made under the relevant charities

	legislation and held on trust for purposes relating to the Trust that are administered by the Board of Directors acting as Trustee.
Chair of the Board of Directors	Is the person appointed by the Council of Governors to lead the Board and to ensure that it successfully discharges its overall responsibility for the Foundation Trust as a whole. The expression “the Chair of the Foundation Trust” shall be deemed to include the Deputy Chair of the Foundation Trust if the Chair is absent from the meeting or is otherwise unavailable.
Chief Executive	Shall mean the Chief Officer of the Foundation Trust.
Chief Financial Officer	Shall mean the Chief Financial Officer of the Foundation Trust.
Committee	A committee or sub-committee created and appointed by the Foundation Trust.
Code of Conduct of Accountability in the NHS	Describes the three crucial public service values (Accountability, Probity and Openness), which must underpin the work of the health service.
Constitution	The constitution of the Foundation Trust that describes the type of organisation, its primary purpose, governance arrangements and membership.
Council of Governors	Means the Council of Governors as constituted in the constitution, which has the same meaning as the council of governors in the Health and Social Care Act .
Director	Means a member of the Board of Directors.
Executive Director	Means a Director who is an officer and member of the Board of Directors.
External Auditor	Means the person appointed by the Council of Governors to audit the accounts of the Foundation Trust, who is called the auditor in the Health and Social Care Act.
Financial Procedures	Detailed financial requirements regarding the application of Standing Financial Instructions
Financial Year	Means a period beginning with the date on which the Foundation Trust is authorised and ending with the next 31 March; and each successive period of twelve months beginning with 1 April.
Funds held on Trust	Shall mean those funds which the Foundation Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived under Schedule 4 Part 1 paragraph 10 of the Health and Social Care Act. Such funds may or may not be charitable.
Foundation Trust	The Leeds and York Partnership NHS Foundation Trust.
Legal Adviser	Means the properly qualified person appointed by the Foundation Trust to provide legal advice.

Member	Means a member of the Foundation Trust.
NHS England	Means the independent regulator for the purposes of the Health and Social Care Act.
Non-Executive Director	Means a director who is not an officer of the Foundation Trust and is not to be treated as an officer by virtue of the Constitution.
Officer	Means an employee of the Foundation Trust.
Partner	Means, in relation to another person, a member of the same household living together as a family unit.
Property	Is land, buildings and equipment owned or leased by the Foundation Trust.
Protected (Assets) Property	The property (land and buildings) needed for the purposes of providing any of the mandatory (designated) goods and services and mandatory training and education.
Provider Licence	The document which authorises an organisation to provide health care.
Secretary	Means the Trust Board Secretary of the Foundation Trust or any other person appointed to perform the duties of the Secretary, including a joint, assistant or deputy secretary.
Standing Financial Instructions (SFIs)	Regulate the conduct of the Trust's financial matters.
Standing Orders (SOs)	The constitution incorporates the Standing Orders and regulates the business conduct of the Board of Directors and Council of Governors.

1.3 Responsibilities and delegation

1.3.1 The Trust Board

The Board of Directors exercises financial supervision and control by:

- (a) formulating the financial strategy;
- (b) requiring the submission and approval of plans;
- (c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money) and by ensuring appropriate audit provision; and
- (d) defining specific responsibilities placed on directors of the Board and employees as indicated in the Schedule of Decision/Duties Delegated by the Board of Directors document.

1.3.2 The Board of Directors has resolved that certain powers and decisions may only be exercised by the Board of Directors in formal session. These are set out in the “Reservation of Powers to the Board of Directors and Council of Governors and Schedule of Decision/Duties Delegated by the Board of Directors” document. All other powers have been delegated to such other officers and committees as the Foundation Trust has established.

1.3.3 The Chief Executive and Chief Financial Officer

The Chief Executive and Chief Financial Officer will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

The Chief Executive is ultimately accountable to the Board of Directors and as Accounting Officer, to the Secretary of State, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the Foundation Trust’s activities, is responsible to the Chair and the Board of Directors for ensuring that its financial obligations and targets are met and has overall responsibility for the Foundation Trust’s system of internal control.

1.3.4 It is a duty of the Chief Executive to ensure that directors of the Board, employees and all new appointees are notified of and put in a position to understand their responsibilities within these Instructions.

1.3.5 The Chief Financial Officer

The Chief Financial Officer is responsible for:

- (a) implementing the Foundation Trust’s financial policies and for coordinating any corrective action necessary to further these policies; (the SFIs themselves do not provide detailed procedural advice. These statements should therefore be read in conjunction with the detailed departmental and financial procedure notes);
- (b) maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- (c) ensuring that sufficient records are maintained to show and explain the Foundation Trust’s transactions in order to disclose, with reasonable accuracy, the financial position of the Foundation Trust at any time;
- (d) Without prejudice to any other functions of the Foundation Trust, and employees of the Foundation Trust, the duties of the Chief Financial Officer include:

- (i) the provision of financial advice to other members of the Board of Directors, Council of Governors and employees;
- (ii) the design, implementation and supervision of systems of internal financial control;
- (iii) the preparation and maintenance of such accounts, certificates, estimates records and reports as the Foundation Trust may require for the purpose of carrying out its statutory duties.

1.3.6 Board of Directors and Employees

All directors of the Board and employees, severally and collectively, are responsible for:

- (i) the security of the property of the Foundation Trust;
- (ii) avoiding loss;
- (iii) exercising economy and efficiency in the use of resources;
- (iv) conforming with the requirements of Constitution, Standing Financial Instructions, Financial Procedures and the Reservation of Powers to the Board of Directors and Council of Governors and Schedule of Decisions/Duties Delegated by the Board of Directors.

1.3.7 Contractors and their employees

Any contractor or employee of a contractor who is empowered by the Foundation Trust to commit the Foundation Trust to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this

- 1.3.8 For all directors of the Board and any employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board and employees discharge their duties must be to the satisfaction of the Chief Financial Officer.

2. AUDIT

2.1 Audit Committee

2.1.1. In accordance with the Constitution, the Board of Directors shall formally establish a committee of at least three Non-Executive Directors (the Audit Committee) with clearly defined terms of reference. This committee will provide an independent and objective view of internal control by amongst other things:

- (a) overseeing Internal and External Audit services;
- (b) review and report to the Board on the annual financial statements before submission to the Board with a recommendation as to the adoption of the financial statements.
- (c) review the establishment and maintenance of an effective system of internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;
- (d) monitoring compliance with the Constitution and Standing Financial Instructions;
- (e) reviewing schedules of losses and special payments and making recommendations to the Board of Directors;
- (f) reviewing the arrangements in place to support the Board Assurance Framework process and advising the Board of Directors accordingly.

2.1.2 Where the Audit Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chair of the Audit Committee should raise the matter at a full meeting of the Board of Directors. Exceptionally, the matter may need to be referred outside the Foundation Trust to an appropriate organisation.

2.1.3 It is the responsibility of the Chief Financial Officer to ensure an adequate Internal Audit service is provided and the Audit Committee shall monitor arrangements and be involved in the selection process when/if an Internal Audit service provider is changed.

2.2 Chief Financial Officer

2.2.1 The Chief Financial Officer is responsible for:

- (a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal control including the establishment of an effective Internal Audit function;
- (b) ensuring that the Internal Audit is adequate and meets mandatory audit standards;

- (c) deciding at what stage to involve the police in cases of misappropriation of funds and other financial irregularities not involving fraud or corruption;
- (d) ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee. The report must cover:
 - (i) a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the Department of Health and Social Care including for example compliance with control criteria and standards;
 - (ii) major internal control weaknesses discovered;
 - (iii) progress against plan over the previous year;
- (e) ensuring the following plans are submitted for consideration of the Audit Committee:
 - (i) at least every three years a strategic plan covering three years;
 - (ii) annually a detailed plan for the coming year.
- (f) monitoring and reporting on the progress on the implementation of internal audit recommendations.

2.2.2 The Chief Financial Officer or designated auditors are entitled without necessarily giving prior notice to require and receive:

- (a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- (b) access at all reasonable times to any land, premises, members of the Board of Directors and Council of Governors or employee of the Foundation Trust;
- (c) the production of any cash, stores or other property of the Foundation Trust under a director of the Board of Directors and an employee's control; and
- (d) explanations concerning any matter under investigation.

2.3 Internal Audit

2.3.1 Internal Audit will review, appraise and report upon:

- (a) the extent of compliance with and the effect of relevant established policies, plans and procedures;
- (b) the adequacy and application of financial and other related management controls;
- (c) the suitability of financial and other related management data;
- (d) the extent to which the Foundation Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
 - (i) fraud and other offences;
 - (ii) waste, extravagance, inefficient administration;
 - (iii) poor value for money or other cause;

2.3.2 Whenever any matter arises which involves, or is thought to involve, Trust property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Chief Financial Officer must be notified immediately. Where fraud is suspected the Chief Financial Officer and / or Local Counter Fraud Specialist must be contacted and the relevant financial procedures must be followed.

2.3.3 The Internal Audit representative will attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chair and Chief Executive of the Foundation Trust.

2.3.4 The reporting system for internal audit shall be agreed between the Chief Financial Officer, the Audit Committee and the Internal Audit representative. The agreement shall be in writing and shall comply with the guidance on reporting contained in Internal Audit Standards. The reporting system shall be reviewed at least every three years.

2.3.5 Managers in receipt of audit reports referred to them, have a duty to take appropriate remedial action within the agreed time-scales specified within the report. The Chief Financial Officer shall identify a formal review process to monitor the extent of compliance with audit recommendations. Where appropriate remedial action has failed to take place within a reasonable period, the matter shall be reported to the Audit Committee.

2.4 Financial Audit (External Audit)

2.4.1 Duties

The Foundation Trust is to have an External Auditor and is to provide the External Auditor with every facility and all information which he may reasonably require for the purposes of his functions under Part 2 of the Health and Social Care Act.

The External Auditor is to carry out their duties in accordance with Schedule 10 of the Health and Social Care Act and should comply with NHS England's Audit Code.

2.4.2 Appointment of External Auditor

The External Auditor is appointed by the Council of Governors following recommendation from the Audit Committee.

The Council of Governors at a General Meeting shall appoint or remove the Foundation Trust's External Auditor.

The Board of Directors may resolve that External Auditors be appointed to review and publish a report on any other aspect of the Foundation Trust's performance. Any such auditors are to be appointed by the Council of Governors.

2.4.3 The Foundation Trust shall comply with the Audit Code.

2.4.4 The Foundation Trust shall implement a procedure for considering and approving any additional services to be provided by the auditor.

2.4.5 Liaison with Internal Audit

The External Auditor will liaise with the Internal Audit function in order to obtain a sufficient understanding of internal audit activities to assist in planning the audit and developing an effective audit approach.

2.4.6 Access to Documents

The External Auditor of the Foundation Trust has a right of access at all reasonable times to every document, to which they are legally entitled, relating to the Foundation Trust, which appears to them necessary for the purpose of their functions under Part 2 of the Health and Social Care Act.

2.4.7 Public Interest Report

In the event of the External Auditor issuing a Public Interest Report the Foundation Trust shall:

- (a) Send the public interest report to the Council of Governors and the Board of Directors:
 - (i) At once if it is an immediate report; or
 - (ii) Not later than 14 days after conclusion of the audit.
- (b) Forward a report to NHS England within 30 days (or such shorter period as NHS England may specify) of the report being issued. The report shall include details of the Foundation Trust's response to the issues raised within the Public Interest Report.

2.5 Fraud and Corruption

- 2.5.1 The Chief Executive and Chief Financial Officer shall monitor and ensure compliance with all relevant laws, codes and contractual obligations governing the conduct of countering fraud and corruption.
- 2.5.2 The Trust shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) in accordance with relevant Counter Fraud Standards for Providers.
- 2.5.3 The LCFS shall report to the Chief Financial Officer and shall work with staff at the NHS Counter Fraud Authority in accordance with the NHS Anti-Crime Manual.
- 2.5.4 The Local Counter Fraud Specialist will provide a written report to the Audit Committee, at least annually, on counter fraud work within the Foundation Trust.

2.6 Security Management

- 2.6.1 The Chief Executive has overall responsibility for controlling and co-ordinating security.
- 2.6.2 The Foundation Trust shall promote and protect the security of people engaged in activities for the purposes of the health service functions of that body, service users, its property and its information. Whilst the legacy standards historically required in this respect no longer exist, they still provide an excellent framework for the management of security.

3. ALLOCATIONS, BUSINESS PLANNING, BUDGETS, BUDGETARY CONTROL AND MONITORING

3.1 Preparation and Approval of Business Plans and Budgets

3.1.1 The Chief Executive will compile and submit to the Board a Business Plan that considers financial targets and forecast limits of available resources. The Business Plan will contain:

- (a) a statement of the significant assumptions on which business planning is based;
- (b) details of major changes in workload, delivery of services or resources required to achieve the business plan.

3.1.2 Prior to the start of the financial year the Chief Financial Officer will, on behalf of the Chief Executive, prepare and submit budgets for approval by the Board. Such budgets will:

- (a) be in accordance with the aims and objectives set out in the Foundation Trust's Annual Business Plan and the commissioners' local delivery plans;
- (b) accord with workload, manpower and activity (where appropriate) plans;
- (c) be produced following discussion with appropriate budget holders;
- (d) be prepared within the limits of overall plans and available funds;
- (e) identify potential risks;
- (f) be based on reasonable and realistic assumptions; and

3.1.3 The Chief Financial Officer shall monitor financial performance against budget and business plan, periodically review them and report to the Board and Finance and Performances Committee. Any significant variances should be reported by the Chief Financial Officer to the Board of Directors as soon as possible, who shall be advised of action to be taken in respect of such variances.

3.1.4 All budget holders must provide information as required by the Chief Financial Officer to enable budgets to be compiled.

3.1.5 All budget holders will sign up to their allocated budgets at the commencement of each financial year.

3.1.6 The Chief Financial Officer has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.

3.2 Budgetary Delegation

3.2.1 The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation is set out and budget holders confirm in writing, accompanied by a clear definition of:

- (a) the amount of the budget;
- (b) the purpose(s) of each budget heading;
- (c) individual and group responsibilities;
- (d) authority to exercise virement;
- (e) achievement of planned levels of service;
- (f) the provision of regular reports.

3.2.2 The Chief Executive and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.

3.2.3 Non-recurring funds should not be used to finance recurrent activities

3.3 Budgetary Control and Reporting

3.3.1 The Chief Financial Officer will devise and maintain systems of budgetary control. These will include regular financial reports to the Board of Directors in a form approved by the Board of Directors containing:

- (i) Statement of Comprehensive Income;
- (ii) Statement of Financial Position, including movements in working capital;
- (iii) Risk Ratings, including analysis of liquidity and capital service cover positions;
- (iv) Cost Improvement Plans and Revenue Generation schemes performance against plan;
- (v) Cash Flow statement showing movements in cash and capital;
- (vi) capital project spend and forecast spending against plan;
- (vii) explanations of any material variances from plan;
- (viii) details of any corrective action where necessary and the Chief Executive's and/or Chief Financial Officer's view of whether such actions are sufficient;

- (b) monthly service reports for each service directorate, including costs, income and activity
- (c) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;
- (d) investigation and reporting of variances from financial, activity / workload and manpower budgets;
- (e) monitoring of management action to correct variances;
- (f) arrangements for the authorisation of budget transfers;
- (g) advising the Chief Executive and Foundation Trust Board of Directors of the consequences of changes in policy, pay awards and other events and trends affecting budgets and shall advise on the economic and financial impact of future plans and projects;
- (h) review of the bases and assumptions used to prepare budgets; and
- (i) regular monitoring meetings with the Chief Financial Officer, budget managers and relevant Director(s) of the service.

In the performance of these duties the Chief Financial Officer will have access to all budget holders and budget managers on budgetary matters and shall be provided with such financial and statistical information as is necessary.

3.3.2 Each budget manager is responsible for ensuring that budgets are managed within resources, both in terms of manpower and finance. Any requirement to transfer budgets must comply with the virement process:

- (a) officers shall not exceed the budget limit set;
- (b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement; and
- (c) no permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and manpower establishment as approved by the Board of Directors.

3.3.3 The Chief Executive is responsible for ensuring the best possible use of resources, both manpower and finances and for delivering value for money at all times.

3.3.4 The Chief Executive is responsible for identifying and implementing cost improvement plans and revenue generation initiatives in accordance with the requirements of the Annual Business Plan.

3.4 Capital Expenditure

The general rules applying to delegation and reporting shall also apply to capital expenditure.

3.5 Monitoring Returns

- 3.5.1 The Board of Directors are responsible for ensuring that the appropriate monitoring forms are submitted to NHS England / the Independent Regulator, at such frequency as is required.

4. ANNUAL ACCOUNTS, REPORTS AND PLANS

4.1 Accounts

4.1.1 The Foundation Trust is to keep accounts in such form as NHS England may, with the approval of the Treasury direct. The accounts are to be audited by the Foundation Trust's External Auditor. The following documents will be made available to the Comptroller and Auditor General for examination by request:

- (a) the accounts;
- (b) any records relating to them; and
- (c) any report of the External Auditor on them.

4.1.2 The Accounting Officer, via the Chief Financial Officer, shall ensure that the Foundation Trust prepares in respect of each financial year annual accounts in such form as NHS England may with the approval of the Treasury direct. In preparing its annual accounts, the Foundation Trust is to comply with any directions given by NHS England with the approval of the Treasury as to:

- (a) the methods and principles according to which the accounts are to be prepared;
- (b) the information to be given in the accounts;

and shall be responsible for the functions of the Foundation Trust as set out in Paragraph 25 of Schedule 7 of the Health and Social Care Act.

4.1.3 The annual accounts and any report of the External Auditor on them are to be presented to the Council of Governors at a General Public Meeting and made available to the public.

4.1.4 The Accounting Officer shall ensure the Foundation Trust:

- (a) sends copies of the final annual accounts and any report of the External Auditor to NHS England and once it has done so
- (b) lay a copy of those documents before Parliament.

4.1.5 Responsibility for complying with the requirements relating to the form, preparation and presentation of the accounts shall be delegated to the Chief Financial Officer.

4.2 Annual Report

4.2.1 The Accounting Officer shall ensure that the Foundation Trust prepares annual reports in accordance with the accounting policies and guidance given by NHS England and that these are sent to NHS England as required.

4.2.2 The Foundation Trust is to comply with any decision NHS England makes as to:

- (a) the form of the reports/returns;
- (b) when the reports are to be sent to them;
- (c) the periods to which the reports are to relate.

4.3 Annual Plans

4.3.1 The Foundation Trust is to give information as to its forward planning in respect of each financial year to NHS England. The document containing this information is to be prepared by the Directors, and in preparing the document, the Board of Directors must have regard to the views of the Council of Governors.

4.3.2 The Foundation Trust is required to provide the following types of information to NHS England:

- (a) **annual submissions:** plans, statutory reporting requirements of the Foundation Trust, and other annual requirements specified in the licence, as required;
- (b) **in-year submissions:** financial and service performance information is submitted on a monthly/quarterly basis;
- (a) **exception reports:** other information that may have material implications for the Foundation Trust's compliance, but which is not routinely requested by NHS England. These may relate to any in-year identified concerns relevant to the Foundation Trust's governance of quality (and therefore to the Trust's compliance with its licence);
- (c) **other information/ad-hoc reports:** following up specific issues identified as part of the annual planning process or in-year. This includes periodic reviews of the Foundation Trust's governance, where external reviews covering areas of governance have been conducted.

5. BANK AND GOVERNMENT BANKING SERVICE (GBS) ACCOUNTS

5.1 General

5.1.1 The Chief Financial Officer is responsible for managing the Foundation Trust's banking arrangements and for advising the Foundation Trust on the provision of banking services and operation of accounts.

5.1.2 The Board of Directors shall approve the banking arrangements.

5.2 Bank and GBS Accounts

5.2.1 The Chief Financial Officer is responsible for:

- (a) commercial bank accounts and Government Banking Service (GBS) accounts;
- (b) establishing separate bank accounts for the Foundation Trust's non-exchequer funds;
- (c) ensuring payments made from bank or GBS accounts do not exceed the amount credited to the account except where arrangements have been made;
- (d) reporting to the Board of Directors all arrangements made with the Foundation Trust's bankers for accounts to be overdrawn when utilising a working capital facility.

All accounts should be held in the name of the Foundation Trust. No officer other than the Chief Financial Officer shall open any account in the name of the Foundation Trust, or for the purpose of furthering Foundation Trust activities, or any Funds held on Trust Accounts.

5.3 Banking Procedures

5.3.1 The Chief Financial Officer will prepare detailed instructions on the operation of bank and GBS accounts which must include:

- (a) the conditions under which each bank and GBS account is to be operated;
- (b) the limit to be applied to any overdraft;
- (c) those authorised to sign cheques or other orders drawn on the Foundation Trust's accounts.

5.3.2 The Chief Financial Officer must advise the Foundation Trust's bankers in writing of the conditions under which each account will be operated.

- 5.3.3 The Chief Financial Officer shall approve security procedures for any cheques issued without a hand-written signature e.g. lithographed. Manually produced cheques shall be signed by the authorised officer(s) in accordance with the bank mandate.

All cheques shall be treated as controlled stationery, in the charge of a duly designated officer controlling their issue.

5.4 Tendering and Review

- 5.4.1 The Chief Financial Officer will review the commercial banking arrangements of the Foundation Trust at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the Foundation Trust's commercial banking business.

- 5.4.2 Competitive tenders should be sought periodically. The results of the tendering exercise should be reported to the Board of Directors. This review is not necessary for GBS accounts.

6. INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

6.1 Income Systems

6.1.1 The Chief Financial Officer is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.

6.1.2 All such systems shall incorporate, where practicable, in full the principles of internal check and separation of duties.

6.1.3 The Chief Financial Officer is also responsible for the prompt banking of all monies received.

6.2 Fees and Charges

6.2.1 The Chief Financial Officer is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health and Social Care or by Statute. Independent professional advice on matters of valuation shall be taken as necessary. Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered the appropriate guidance from the Department of Health and Social Care (Commercial Sponsorship – Ethical standards in the NHS) or NHS England shall be followed.

6.2.2 All employees must inform the Chief Financial Officer promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

6.3 Debt Recovery

6.3.1 The Chief Financial Officer is responsible for the appropriate recovery action on all outstanding debts, including formal follow up procedure for all debtor accounts. Overpayments should be detected (or preferably prevented) and recovery initiated.

6.3.2 Income not received should be dealt with in accordance with losses procedures.

6.3.3 Overpayments should be detected (or preferably prevented) and recovery initiated.

6.4 Security Of Cash, Cheques and Other Negotiable Instruments

6.4.1 The Chief Financial Officer is responsible for:

- (a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- (b) ordering and securely controlling any such bulk stationery stocks;

- (c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;
- 6.4.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.
- 6.4.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Chief Financial Officer.
- 6.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Foundation Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Foundation Trust from responsibility for any loss.
- 6.4.5 Any loss or shortfall of cash, cheques or other negotiable instruments, however occasioned, shall be monitored and recorded within the Finance Department. Any significant trends should be reported to the Chief Financial Officer and Internal Audit via the incident reporting system. Where there is prima facie evidence of fraud or corruption this should follow the form of the Foundation Trust's Counter Fraud procedure. Where there is no evidence of fraud or corruption the loss should be dealt with in line with the Foundation Trust's Losses and Special Payments Procedures.

7. LEGALLY BINDING CONTRACTS FOR THE PROVISION OF SERVICES

7.1 The Board of Directors of the Foundation Trust shall regularly review and shall always maintain and ensure the capacity and capability of the Foundation Trust to provide the mandatory goods and services as per the Provider Licence.

7.2 The Chief Executive, as the Accounting Officer, is responsible for ensuring the Foundation Trust enters into suitable legally binding contracts (LBC) with commissioners for the provision of NHS services. The Foundation Trust will follow the priorities contained within the schedules of the contract, and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:

- (a) the standards of service quality expected;
- (b) the relevant national service framework (if any);
- (c) the provision of reliable information on cost and volume of services;
- (d) the Performance Assessment Framework within the LBC;
- (e) that LBCs build where appropriate on existing partnership arrangements;
- (f) that LBCs are based on integrated care pathways.

7.3 The Chief Executive is to ensure that the Foundation Trust works with all partner agencies involved in both the delivery and the commissioning of the service required.

7.4 The Chief Executive, as the Accounting Officer, will need to ensure that regular reports are provided to the Board of Directors detailing actual and forecast income from LBCs for NHS services. All parties involved in LBCs for NHS services should agree a common activity currency for application across the ranges of services included in the contract.

7.5 Non Commercial Contracts

7.5.1 Where the Trust enters into a relationship with another organisation for the supply or receipt of other services – clinical or non-clinical, the responsible officer should ensure that an appropriate non-commercial contract is present and signed by both parties. This should incorporate:

- (a) A description of the service and indicative activity levels;
- (b) The term of the agreement;
- (c) The value of the agreement;
- (d) The lead officers;

- (e) Performance and dispute resolution procedures;
- (f) Risk management and clinical governance arrangements.

7.5.2 Non-commercial contracts should be reviewed and agreed on an annual basis or as determined by the term of the agreement so as to ensure value for money and to minimise the potential loss of income.

7.6 Partnership Agreements

When the Foundation Trust proposes to enter into a partnership arrangement to pool funds as outlined in section 75 of the Health and Social Care Act, the following procedures shall apply:

- (a) The Chief Executive shall demonstrate that the aim of the partnership arrangement is to improve services for users by raising standards and improving the quality and responsiveness of services;
- (b) The Chief Executive and partner organisations will jointly set out a written partnership agreement as identified in the Regulations;
- (d) The written partnership agreement must be specifically agreed by the Board.

7.7 Private Health Care

7.7.1 The Foundation Trust may seek private patient income, subject to the condition that it is not at the expense of NHS patients.

8. TENDERING AND CONTRACTING PROCEDURES

8.1 Duty to comply with Standing Financial Instructions

8.1.1 The procedure for making all contracts by or on behalf of the Foundation Trust shall comply with these Standing Financial Instructions.

8.2 EU Directives Governing Public Procurement

8.2.1 Directives by the Council of the European Union (EU) promulgated by the Department of Health & Social Care prescribing procedures for awarding all forms of contracts shall have effect as if incorporated in these Standing Financial Instructions.

8.2.2 The Foundation Trust shall comply as far as is practicable with the requirements of NHS England's guidance" in respect of capital investment and estate and property transactions. In the case of management consultancy contracts the Trust shall comply as far as is practicable with Department of Health & Social Care guidance "The Procurement and Management of Consultants within the NHS" (adopted as a separate guidance document by the Trust).

8.3 Formal Competitive Tendering

8.3.1 General Applicability

The Foundation Trust shall ensure that competitive tenders are invited for:

- the supply of goods, materials and manufactured articles;
- the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the DHSC);
- For the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); and disposals;

Where the Foundation Trust elects to invite tenders for the supply of healthcare services these Standing Financial Instructions shall apply as far as they are applicable to the tendering procedure.

NHS Supply Chain is the preferred procurement route of all goods for the Trust; if goods are not available via this method then the decision to use alternative sources must be documented. Where tenders or quotations are not required, because expenditure is below the levels defined 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, the Foundation Trust shall procure goods and services in accordance with procurement procedures approved by the Chief Financial Officer;

8.3.2 Exceptions and instances where formal tendering need not be applied

Formal tendering procedures need not be applied where:

- (a) the estimated expenditure or income does not, or is not reasonably expected to, exceed £50,000 over the length of the contract (cumulative value); public advertisement will be carried out, however, where required, in compliance with EU legislation as applicable.
- (b) the requirement is ordered under existing contracts.

8.3.3 Formal tendering and quotation procedures may be waived by officers to whom powers have been delegated by the Chief Executive:

- (a) in very exceptional circumstances where the Chief Executive decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate Foundation Trust record;
- (b) where the requirement is covered by an existing contract;
- (c) where CPC or other applicable framework agreements are in place and have been approved by the Board of Directors;
- (d) where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members;
- (e) where the timescale genuinely precludes competitive tendering but failure to plan the work properly would not be regarded as a justification for a single tender;
- (f) where specialist expertise is required and there is clear and convincing evidence readily at hand that it is available from only one source;
- (g) when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different parties for the new task would be inappropriate;
- (h) there is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering;
- (i) for the provision of legal advice and services providing that any legal firm or partnership commissioned by the Foundation Trust is regulated by the Law Society for England and Wales for the conduct of their business (or by the Standards Board for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise

in the area of work for which they are commissioned.

The Chief Financial Officer will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work.

- (j) the goods or materials to be supplied consist of repairs to parts for existing equipment or extensions thereto which, for practical reasons, must be from the same manufacturer;
- (k) a Framework Agreement has been established by other public sector bodies, including the Department of Health & Social Care, and the Head of Procurement has assessed its appropriateness to the Foundation Trust prior to utilisation;
- (l) where the market place has a limited number of suppliers below the minimum number required for quotation or tender exercises. (The type of research and evidence carried out must be documented on the waiver submission);
- (m) Where an extension to an existing contract can be evidenced to be more effective to the Trust than the alternative of a competitive exercise at that time. Initial approval by the Head of Procurement will be report to the Audit Committee via the Chief Financial Officer. This extension period must not breach EU thresholds; and/or
- (n) Where the Head of Procurement can evidence that cost efficiency can be realised by the Trust through negotiation and or mini competition carried out by the Procurement Department. A comparison of at least the current and proposed supplier must be evidenced. Initial approval by the Head of Procurement will be reported to the Audit Committee via the Chief Financial Officer.

8.3.4 The waiver process should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure. A Single Quotation or Tender Waiver form must be completed and approved in advance for any procurement in excess of £10,000 that has not followed the correct procurement procedure.

8.3.5 Where it is decided that competitive tendering or quotations is not applicable and should be waived the reasons should be documented in an appropriate Foundation Trust record and reported by the Chief Financial Officer to the Audit Committee in a formal meeting.

8.3.6 Fair and Adequate Competition

The Board of Directors shall ensure that an electronic system is in place to allow complete transparency of contract opportunities; this system should populate the government's contract finder portal.

Over EU threshold tender opportunities advertised should be subject to adequate pre-qualification criteria to ensure that appropriate suppliers are involved with the process.

The annual declaration of interests update will consider the need for all staff involved in the management and processing of tenders to be included the process.

8.3.7 Building and Engineering Construction Works

Competitive Tendering cannot be waived for new build and/or engineering construction works without Departmental of Health and Social Care approval.

8.3.8 Items which subsequently breach thresholds after original approval

Items estimated to be below the limits set in this Standing Financial Instruction for which formal tendering procedures are not used which subsequently prove to have a value above such limits shall be reported to the Chief Executive, and be recorded in an appropriate Foundation Trust record.

8.4 Contracting/Tendering Process

All tender processes shall be undertaken via the Procurement team utilising the Trusts E-Tendering system. Where an alternative tender process is considered this must be approved by the Chief Financial Officer and the tender process below must still be followed with the exception that tenders may be receipted and acknowledged by a third party but must be opened in line with the process in 8.4.3 below.

8.4.1 Invitation to tender

- (i) All invitations to tender shall state the date and time as being the latest time for the receipt of tenders.
- (ii) All invitations to tender shall state that no tender will be accepted unless:
 - (a) submitted via the Trust e-tendering portal that the opportunity was advertised on. No paper responses will be accepted.
 - (b) submissions meet the formal Trust procedure that has been laid down for e-tendering;
- (iii) Every tender for goods, materials, services or disposals shall embody such of the NHS Standard Contract Conditions as are applicable;
- (iv) Every tender for building or engineering works (except for maintenance work, when ESTATECODE guidance shall be followed) shall embody or be in the terms of the current edition of one of the Joint Contracts Tribunal Standard Forms of Building Contract or Department of the Environment (GC/Wks) Standard forms of contract amended to comply with legislation or, when the

content of the work is primarily engineering, the General Conditions of Contract recommended by the Institution of Mechanical and Electrical Engineers and the Association of Consulting Engineers (Form A), or (in the case of civil engineering work) the General Conditions of Contract recommended by the Institute of Civil Engineers, the Association of Consulting Engineers and the Federation of Civil Engineering Contractors. These documents shall be modified and/or amplified to accord with Department of Health & Social Care guidance and, in minor respects, to cover special features of individual projects.

8.4.2 Receipt, safe custody and opening of tenders

The Trust e-Tendering portal will record all responses to ITT documents that are submitted. The opening of tender responses will be carried out within the portal by the buyer responsible for the tender process. The system will capture information about who is involved with the electronic opening of Tenders.

The date and time of the opening process will be captured in the e-Tendering system.

8.4.3 Admissibility

- (i) If for any reason the designated officers are of the opinion that the tenders received are not strictly competitive (for example, because their numbers are insufficient or any are amended, incomplete or qualified) no contract shall be awarded without the approval of the Chief Executive.
- (ii) Where only one tender is sought and/or received, the Chief Executive and Chief Financial Officer shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money for the Foundation Trust.

8.4.4 Late tenders

- (i) Tenders received after the due time and date, but prior to the opening of the other tenders, may be considered only if the Chief Executive or their nominated officer decides that there are exceptional circumstances i.e. despatched in good time but delayed through no fault of the tenderer. This would require the responsible buyer to amend the deadline for receipt of tenders on the e-Tendering portal and should allow all bidders the opportunity to resubmit their own bid.

Note: this can only be done if the opening ceremony has not yet taken place.

- (ii) under no circumstances should a tender submission be allowed after the opening ceremony.

8.4.5 Acceptance of formal tenders

- (i) Any discussions with a tenderer which are deemed necessary to clarify technical aspects of their tender before the award of a contract will not disqualify the tender. These discussions should take place through the e-Tendering portal and any questions and subsequent answers are recorded and shared with all interested parties.

Note: no correspondence should be entered into outside of the e-Tendering portal.

- (ii) An award criteria should be prepared alongside the specification to be issued with the ITT. This will consider all aspects of the contract on offer, Price will always be a component of this evaluation.

It is accepted that for professional services such as management consultancy, the lowest price does not always represent the best value for money. Other factors affecting the success of a project include inter alia;

- (a) experience and qualifications of team members;
- (b) understanding of client's needs;
- (c) feasibility and credibility of proposed approach;
- (d) ability to complete the project on time.

Where other factors are taken into account in selecting a tenderer, these must be clearly recorded and documented in the contract file, and the reason(s) for not accepting the lowest tender clearly stated.

- (iii) No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the Foundation Trust and which is not in accordance with these Instructions except with the authorisation of the Chief Executive.
- (iv) The use of these procedures must demonstrate that the award of the contract was:
 - (a) not in excess of the going market rate/price current at the time the contract was awarded;
 - (b) that best value for money was achieved.
 - (c) All tenders should be treated as confidential and should be retained in line with the retention of records financial procedure and be made available for inspection to comply with the Freedom of Information Act.

8.4.6 Tender reports to the Board of Directors

Reports to the Board of Directors will be made on an exceptional circumstance basis only.

8.4.7 The Trust should ensure that firms submitting tenders follow industry good practice and as a minimum:

- (a) All suppliers should work to the Foundation Trust's terms and conditions of contract.
- (b) The Trust should confirm that firms tendering for work shall ensure that when engaging, training, promoting or dismissing employees or in any conditions of employment, shall not discriminate against any person because of colour, race, ethnic or national origins, religion or sex, and will comply with the provisions of the Equal Pay Act 1970, the Sex Discrimination Act 1975, the Race Relations Act 1976, the Disabled Persons (Employment) Act 1944, the Disability Discrimination Acts of 1995 and 2005 and the Equality Act 2005 and any amending and/or related legislation.
- (c) Firms shall conform at least with the requirements of the Health and Safety at Work Act and any amending and/or other related legislation concerned with the health, safety and welfare of workers and other persons, and to any relevant British Standard Code of Practice issued by the British Standard Institution. Firms must provide to the appropriate manager a copy of its safety policy and evidence of the safety of plant and equipment, when requested.
- (d) The Chief Financial Officer may make or institute any enquiries they deem appropriate concerning the financial standing and financial suitability of approved contractors.
- (e) The Director with lead responsibility for clinical governance may make such enquiries as is felt appropriate to be satisfied as to their technical / medical competence.

8.4.8 Quotation

General position re quotations

Quotations are required where formal tendering procedures are:

- (a) not applied;
- (b) not required and where the intended expenditure or income exceeds £10,000;
- (c) reasonably expected to exceed the limit defined in the Reservation of Powers to the Board of Directors and the Council of Governors and Schedule of Decisions/Duties Delegated by the Board of Directors (excluding vat

irrespective of recovery arrangements).

8.4.9 Competitive Quotations

- (a) Where quotations are required they should be advertised on the e-Tender portal. The invitations to quote should be based on specifications or terms of reference prepared by, or on behalf of, the Board of Directors;
- (b) Quotations should be received through the e-tendering Portal. No correspondence should be entered into outside of the agreed route.
- (c) All quotations should be treated as confidential, unless a Purchase Order is raised following the quotation process. This information will then become part of the freedom of Information act. All information should be retained on the e-tendering portal.
- (d) The Head of Procurement or a nominated officer should evaluate the responses based upon the award criteria issued with the ITQ. Price will be a consideration but not the only factor in deciding which response offers the best value.
- (e) For the purposes of this section where there is a Framework Agreement in place that has been established for use by Public Sector bodies the price contained therein may be used in lieu of a quotation(s).

8.4.10 Non-Competitive Quotations

Non-competitive quotations in writing may be obtained in the following circumstances:

- (a) the supply of proprietary or other goods of a special character and the rendering of services of a special character, for which it is not, in the opinion of the responsible officer, possible or desirable to obtain competitive quotations;
- (b) the supply of goods or manufactured articles of any kind which are required quickly and are not obtainable under existing contracts;
- (c) miscellaneous services, supplies and disposals;
- (d) where the goods or services are for building and engineering maintenance the responsible works manager must certify that the first two conditions of this SFI (i.e. (i) and (ii) of this SFI) apply.
- (e) when a written quotation has been received, this must be included when raising a requisition for the goods or services quoted. The subsequent Purchase Order should refer to the written quotation to prevent any discrepancy with invoicing.

8.4.11 Quotations to be within Financial Limits

No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the Foundation Trust and which is not in accordance with Standing Financial Instructions except with the authorisation of either the Chief Executive or Chief Financial Officer.

8.4.12 Authorisation of Tenders and Competitive Quotations

Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with, formal authorisation and awarding of a contract may be decided by the staff as defined in the Reservation of Powers to the Board of Directors and the Council of Governors and Schedule of Decisions/Duties Delegated by the Board of Directors. These levels of authorisation may be varied or changed. Formal authorisation must be put in writing. In the case of authorisation by the Board of Directors this shall be recorded in their minutes.

8.5. Private Finance for capital procurement (see overlap with SFI No. 12.8)

8.5.1 The Foundation Trust should normally test for PFI when considering significant capital procurement. When the Foundation Trust proposes to use finance which is to be provided by the private sector the following should apply:

- (a) The Chief Financial Officer/Chief Executive shall demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.
- (b) The business case must be referred to the DHSC Private Finance Unit (PFU), as appropriate (for example if a 'Deed of Safeguard' is required), for approval or treated as per current guidelines. The Foundation Trust must follow the guidance contained in NHS England "Significant Investment" guidance. Any investment over a certain size must be reported to NHS England who will assess the impact on our risk rating, which may ultimately preclude the Foundation Trust from progressing with PFI.
- (c) The proposal must be specifically agreed by the Foundation Trust Board of Directors in the light of such professional advice as should reasonably be sought in particular with regard to vires.
- (d) The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

8.6 Compliance requirements for all contracts

The Board of Directors may only enter into contracts on behalf of the Foundation

Trust within its Provider Licence and shall comply with:

- (a) the Foundation Trust's Standing Orders and Standing Financial Instructions;
- (b) EU Directives and other statutory provisions;
- (c) any relevant directions including the Capital Investment Manual, ESTATECODE and guidance on the Procurement and Management of Consultants;
- (d) such of the NHS standard contract conditions as are applicable.
- (e) contracts with Foundation Trusts must be in a form compliant with appropriate NHS guidance;
- (f) where appropriate contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited;
- (g) In all contracts made by the Foundation Trust, the Board of Directors shall endeavour to obtain best value for money by use of all systems in place. The Chief Executive shall nominate an officer who shall oversee and manage each contract on behalf of the Foundation Trust.

8.7 Personnel and Agency or Temporary Staff Contracts

The Chief Executive shall nominate officers with delegated authority to enter into contracts for the employment of other officers, to authorise re-grading of staff, and enter into contracts for the employment of agency staff or temporary staff service contracts.

8.8 Disposals

Competitive Tendering or Quotation procedures shall not apply to the disposal of:

- (a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or his nominated officer;
- (b) obsolete or condemned articles and stores, which may be disposed of in accordance with the policy of the Foundation Trust;
- (c) items to be disposed of with an estimated sale value of less than £10,000, this figure to be reviewed on a periodic basis;
- (d) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;

8.9 In-house Services

8.9.1 The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The Foundation Trust may also determine from time to time that in-house services should be market tested by competitive tendering.

8.9.2 In all cases where the Board of Directors determines that in-house services should be subject to competitive tendering the following groups shall be set up:

(a) Specification group, comprising the Chief Executive or nominated officer/s and specialist(s);

(b) In-house tender group, comprising a nominee of the Chief Executive, representative(s) of the in-house team and technical support;

(c) Evaluation team, comprising normally a specialist officer, a supplies officer and a Chief Financial Officer representative. For services having a likely annual expenditure exceeding £500,000, a non-executive should be a member of the evaluation team.

8.9.3 All groups should work independently of each other and individual officers may be a member of more than one group but no member of the in-house tender group may participate in the evaluation of tenders.

8.9.4 The evaluation team shall make recommendations to the Board of Directors or appropriate authority.

8.9.5 The Chief Executive shall nominate an officer to oversee and manage the contract on behalf of the Foundation Trust.

8.9.6 Applicability of SFIs on Tendering and Contracting to funds held in Foundation Trust (see overlap with SFI No. 17)

These Instructions shall not only apply to expenditure from Exchequer funds but also to works, services and goods purchased from the Foundation Trust's funds and private resources.

8.9.7 Cancellation of Contracts

Except where specific provision is made in model Forms of Contracts or standard Schedules of Conditions approved for use within the National Health Service, there shall be inserted in every written contract a clause empowering the Foundation Trust to cancel the contract and to recover from the contractor the amount of any loss resulting from such cancellation:

- if the contractor shall have offered, or given or agreed to give, any person any gift (exceeding local policy) or consideration of any kind as an inducement or reward for doing or forbearing to do or for having done or forborne to do any action in relation to the obtaining or execution of the contract of any other contract with the Foundation Trust;
- or for showing or forbearing to show favour or disfavour to any person in relation to the contracts or any other contract with the Foundation Trust;
- or if the like acts shall have been done by any person employed by him or acting on his behalf (whether with or without the knowledge of the contractor);
- or if in relation to any contract with the Foundation Trust the contractor or any person employed by him/her or acting on his/her behalf shall have committed any offence under the Bribery Act 2010.

8.9.8 Determination of Contracts for Failure to Deliver Goods or Material

There shall be inserted in every written contract for the supply of goods or materials a clause to secure that, should the contractor fail to deliver the goods or materials or any portion thereof within the time or times specified in the contract, the Foundation Trust may without prejudice cancel the contract either wholly or to the extent of such default and purchase other goods, or material of similar description to make good (a) such default, or (b) in the event of the contract being wholly cancelled the goods or material remaining to be delivered. The clause shall further secure that the amount by which the cost of so purchasing other goods or materials exceeds the amount which would have been payable to the contractor in respect of the goods or materials shall be recoverable from the contractor.

- 8.9.9 Contractors Involving Funds Held on Foundation Trust – shall do so individually to a specific named fund. Such contracts involving charitable funds shall comply with the requirements of the Charities Act.

9. TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF DIRECTORS AND EMPLOYEES

9.1 Remuneration and Terms of Service (see overlap with SO (Directors) No. 5)

9.1.1 In accordance with the Trust's Constitution (Annex 8 SO 5.1.1) the Board of Directors shall establish a Remuneration Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

9.1.2 The Committee will:

- (a) advise the Board of Directors about appropriate remuneration and terms of service for the Chief Executive and other executive directors:
 - (i) all aspects of salary (including any performance-related elements/bonuses);
 - (ii) provisions for other benefits;
 - (iii) arrangements for termination of employment and other contractual terms;
- (b) make such recommendations to the Board of Directors on the remuneration and terms of service of executive directors of the Board of Directors to ensure they are fairly rewarded for their individual contribution to the Foundation Trust - having proper regard to the Foundation Trust's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate;
- (c) monitor and evaluate the performance of individual executive directors; and
- (d) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

9.1.3 The Committee shall report in writing to the Board of Directors the basis for its recommendations. The Board of Directors shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of executive directors. Minutes of the Board of Directors meetings should record such decisions.

9.1.4 The Board of Directors will consider and need to approve proposals presented by the Chief Executive for setting of remuneration and conditions of service for those employees and officers not covered by the Committee.

9.1.5 The Foundation Trust will pay allowances to the Chair and Non-Executive Directors of the Board of Directors in accordance with the level of remuneration and terms and conditions agreed by the Council of Governors.

9.2 Funded Establishment

- 9.2.1 The workforce plans incorporated within the annual budget will form the funded establishment.
- 9.2.2 Amendments to funded establishments may only be varied with the authority of the Chief Financial Officer or nominated Finance representative. Such amendments will be recorded on the appropriate establishment control forms.

9.3 Staff Appointments

- 9.3.1 No directors of the Foundation Trust Board of Directors or staff may engage, re-engage or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:
- (a) unless authorised / delegated to do so by the Chief Executive; and
 - (b) within the limit of their approved budget and funded establishment.
- 9.3.2 The Board of Directors will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc., for employees.

9.4 Processing Payroll

- 9.4.1 The Chief Financial Officer is responsible for:
- (a) specifying timetables for submission of properly authorised time records and other notifications;
 - (b) the final determination of pay and allowances; including verification that the rates of pay and relevant conditions of service are in accordance with current agreements;
 - (c) making payment on agreed dates; and
 - (d) agreeing method of payment.
- 9.4.2 The Chief Financial Officer will, via a contract with the payroll provider, issue instructions regarding;
- (a) verification and documentation of data;
 - (b) the timetable for receipt and preparation of payroll data and the payment of employees and allowances;
 - (c) maintenance of subsidiary records for pensions, income tax, national insurance and other authorised deductions from pay;

- (d) security and confidentiality of payroll information;
- (e) checks to be applied to completed payroll before and after payment;
- (f) authority to release payroll data under the provisions of the Data Protection Act and Freedom of Information Act;
- (g) methods of payment available to various categories of employee and officers;
- (h) procedures for payment by cheque, bank credit, or cash to employees and directors;
- (i) procedures for the recall of cheques and bank credits;
- (j) pay advances and their recovery;
- (k) maintenance of regular and independent reconciliation of pay control accounts;
- (l) separation of duties of preparing records and handling cash;
- (m) a system to ensure the recovery from those leaving the employment of the Foundation Trust of sums of money and property due by them to the Foundation Trust.

9.4.3 Appropriately nominated managers have delegated responsibility for:

- (a) submitting time records and other notifications in accordance with agreed timetables;
- (b) completing time records and other notifications in accordance with the Chief Financial Officer's instructions and in the form prescribed by the Chief Financial Officer;
- (c) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, Payroll and Human Resources must be informed immediately.

9.4.4 Regardless of the arrangements for providing the payroll service, the Chief Financial Officer shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

9.5 Contracts of employment

9.5.1 The Board of Directors shall delegate responsibility to an officer for:

- (a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Board of Directors and which complies with employment and Health & Safety legislation;
- (b) dealing with variations to, or termination of, contracts of employment.

10. NON-PAY EXPENDITURE

10.1 Delegation of Authority

10.1.1 The Board of Directors will approve the level of non-pay expenditure on an annual basis and the Chief Executive will determine the level of delegation to budget managers.

10.1.2 The Chief Executive will set out:

- (a) the list of managers who are authorised to place requisitions for the supply of goods and services which should be updated and reviewed on an on-going basis and annually by the Finance/Supplies Department;
- (b) the maximum level of each requisition and the system for authorisation above that level.

10.1.3 The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

10.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services (see overlap with Standing Financial Instruction No. 13)

10.2.1 Requisitioning

The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Foundation Trust. In so doing, the advice of the Foundation Trust's adviser on supply shall be sought. Where this advice is not acceptable to the requisitioner, the Chief Financial Officer (and/or the Chief Executive) shall be consulted.

10.2.2 System of Payment and Payment Verification

The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Foundation Trust. In so doing, the advice of the Head of Procurement shall be sought. Where this advice is not acceptable to the requisitioner, the Chief Financial Officer (and/or the Chief Executive) shall be consulted.

The Chief Financial Officer shall be responsible for the prompt payment of accounts and claims in accordance with the Better Payment Practice Code (BPPC). Employees are responsible for processing invoices in a timely manner. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

10.2.3 The Chief Financial Officer will:

- (a) advise the Board of Directors regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in Standing Financial Instructions and regularly reviewed;
- (b) prepare procedural instructions or guidance within the managed procurement framework on the obtaining of goods, works and services incorporating the thresholds;
- (c) be responsible for the prompt payment of all properly authorised accounts and claims;
- (d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. This may include interaction with the Foundation Trust's payment service provider. The system shall provide for:
 - (i) A list of Board directors/employees (including specimens of their signatures) authorised to certify invoices.
 - (ii) Certification that:
 - goods have been duly received, examined and are in accordance with specification and the prices are correct;
 - work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
 - in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
 - where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
 - the account is arithmetically correct;
 - the account is in order for payment.
 - (iii) A timetable and system for submission to the Chief Financial Officer of

accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.

- (iv) Instructions to employees regarding the handling and payment of accounts within the Finance Department.
- (e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions are set out in SFI No. 10.2.4 below.

10.2.4 Prepayments

Prepayments outside of normal commercial arrangements for example fully comprehensive maintenance contracts, rental, insurance, are only permitted where exceptional circumstances apply. In such instances:

- (a) prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to NPV);
- (b) The appropriate officer must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Foundation Trust if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;
- (c) the Chief Financial Officer will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold);
- (d) the budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.

10.2.5 Official Orders

Official Orders must:

- (a) be consecutively numbered;
- (b) be in a form approved by the Chief Financial Officer;
- (c) state the Foundation Trust's terms and conditions of trade;
- (d) only be issued to / accessed on-line by, and used by, those duly authorised by the Chief Executive.

The use of confirmation orders should be avoided wherever possible and should not be considered an official order. It is accepted that on occasion a confirmation order may be used in response to the immediacy of the requirement but this must be superseded by a Purchase Order as soon as is practically possible. Where there is a need to use confirmation orders for a specific requirement on a regular basis then the procurement process must be reviewed and consideration given to the application of a schedule of rates or a tender process to gain comfort over value for money. The use of confirmation orders will be monitored and reviewed monthly.

10.2.6 Duties of Managers and Officers

Managers and officers must ensure that they comply fully with the guidance and limits specified by the Chief Financial Officer and that:

- (a) all contracts (except as otherwise provided for in the Schedule of Decision/Duties Delegated by the Board of Directors), leases, tenancy agreements and other commitments which may result in a liability are notified to the Chief Financial Officer in advance of any commitment being made;
- (b) contracts above specified thresholds are advertised and awarded in accordance with EU rules on public procurement; and comply with the White Paper on Standards, Quality and International Competitiveness (CMND 8621);
- (c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health & Social Care (The Procurement and Management of Consultants in the NHS as adopted by the Trust:
- (d) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:
 - (i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;
 - (ii) conventional hospitality, such as lunches in the course of working visits;

(This provision needs to be read in conjunction with the Trust's Bribery and Corruption policy and in accordance with Standing Order Annex 8 No. 9 and the principles outlined in the national guidance contained in HSG 93(5) "Standards of Business Conduct for NHS Staff");
- (e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Financial Officer on behalf of the Chief Executive;
- (f) all goods, services, or works are ordered either on an official order or

otherwise in line with approved systems within the managed procurement framework;

- (g) verbal orders must only be issued very exceptionally - by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";
- (h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- (i) goods are not taken on trial or loan in circumstances that could commit the Foundation Trust to a future uncompetitive purchase;
- (j) changes to the list of employees and officers authorised to certify invoices are notified to the Chief Financial Officer;
- (k) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Chief Financial Officer;
- (l) petty cash records are maintained in a form as determined by the Chief Financial Officer;
- (m) orders are not required to be raised for certain exempt areas under the management procurement guidelines (e.g. utility bills, NHS Recharges; audit fees and ad hoc services). Payments must be authorised in accordance with the delegated limits set for non-pay.

10.2.7 The Chief Financial Officer shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the relevant guidance, eg ESTATECODE. The technical audit of these contracts shall be the responsibility of the relevant Director.

Under no circumstances should goods be ordered through the Foundation Trust for personal or private use.

10.2.8 Joint Finance Arrangements with Local Authorities and Voluntary Bodies

Payments to local authorities and voluntary organisations made under the powers of section 75 of the Health and Social Care Act shall comply with procedures laid down by the Chief Financial Officer which shall be in accordance with these Acts.

11. EXTERNAL BORROWING AND INVESTMENTS

11.1 Public Dividend Capital

- 11.1.1 On authorisation as a Foundation Trust the Public Dividend Capital held immediately prior to authorisation continues to be held on the same conditions.
- 11.1.2 Additional Public Dividend Capital may be made available on such terms the Secretary of State (with the consent of the Treasury) decides.
- 11.1.3 Draw down of Public Dividend Capital should be authorised in accordance with the mandate held by the Department of Health & Social Care, and is subject to approval by the Secretary of State.
- 11.1.4 The Foundation Trust shall be required to pay annually to the Department of Health and Social Care, a dividend on its Public Dividend Capital at a rate to be determined from time to time, by the Secretary of State.

11.2 Commercial Borrowing and Investment

- 11.2.1 The Foundation Trust may borrow money from any commercial source for the purposes of or in connection with its functions.
- 11.2.2 The Board of Directors must be made aware by the Chief Financial Officer of any utilisation of a working capital facility at the next appropriate Board of Directors meeting.
- 11.2.3 All long-term borrowing must be consistent with the plans outlined in the current annual plans and be approved by the Foundation Trust Board of Directors.
- 11.2.4 The Foundation Trust may invest money (other than money held by it as charitable trustee) for the purposes of or in connection with its functions. Such investment may include forming, or participating in forming, or otherwise acquiring membership of bodies corporate and/or participating in a joint venture(s).
- 11.2.5 The Foundation Trust may also give financial assistance (whether by way of loan, guarantee or otherwise) to any person for the purposes of or in connection with its functions.

11.3 Investment of Temporary Cash Surpluses

- 11.3.1 Temporary cash surpluses must be held only in such public and private sector investments in accordance with the appropriate policy.
- 11.3.2 The Finance and Performance Committee is responsible for establishing and monitoring an appropriate investment strategy and policy.
- 11.3.3 The Chief Financial Officer is responsible for advising the committee on investments

and shall report periodically concerning the performance of investments held.

- 11.3.4 The Chief Financial Officer will prepare detailed procedural instructions on investment operations and on the records to be maintained. The Foundation Trust's Treasury Management policy will incorporate guidance from NHS England as appropriate.

12. CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

12.1 Capital Investment

The Chief Executive:

- (a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;
- (b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- (c) shall ensure that the capital investment is not undertaken without the availability of resources to finance all revenue consequences, including capital charges.

12.2 For every major capital expenditure proposal the Chief Executive shall ensure (in accordance with the limits outlined in the scheme of delegation):

- (a) that a business case is produced setting out:
 - (i) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; and
 - (ii) the involvement of appropriate Foundation Trust personnel and external agencies; and
 - (iii) appropriate project management and control arrangements; and
- (b) that the Chief Financial Officer has certified professionally to the costs and revenue consequences detailed in the business case.

12.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of ESTATECODE and other relevant guidance.

12.4 The Chief Financial Officer shall assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with Inland Revenue guidance.

12.5 The Chief Financial Officer shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

12.6 The approval of a capital programme shall not constitute approval for expenditure on any scheme.

The Chief Executive shall issue to the manager responsible for any scheme:

- (a) specific authority to commit expenditure;
- (b) authority to proceed to tender;
- (c) approval to accept a successful tender.

The Chief Executive will issue a scheme of delegation for capital investment management in accordance with NHS England guidance and the Foundation Trust's Standing Orders.

12.7 The Chief Financial Officer shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.

12.8 Private Finance

The Foundation Trust should normally test PFI when considering capital procurement of a significant level. The process should be as described in SFI 8.5.

Any finance or operating lease entered into must be agreed by the Chief Financial Officer.

12.9 Asset Registers

12.9.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Chief Financial Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

12.9.2 The Foundation Trust shall maintain an Asset Register recording non-current assets to enable financial reporting in accordance with the requirements of International Financial Reporting Standards (IFRS). Guidance on the interpretations of the above is contained in the Department of Health & Social Care Group Accounting Manual (DHSC GAM) and the FT Annual Reporting Manual (FT ARM).

12.9.3 Additions to the non-current asset register must be clearly identified to an appropriate scheme manager and be validated by reference to:

- (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
- (b) stores, requisitions and wages records for own materials and labour including appropriate overheads;
- (c) lease agreements in respect of assets held under a finance lease and capitalised.

12.9.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

12.9.5 The Chief Financial Officer shall approve procedures for reconciling balances on non-current assets accounts in ledgers against balances on non-current asset registers.

12.9.6 The value of each asset shall be accounted for as per International Financial Reporting Standards using Modern Equivalent Asset Values as appropriate, the Department of Health & Social Care Group Accounting Manual and the Foundation Trust Annual Reporting Manual (FT ARM) issued by NHS England.

12.9.7 The Chief Financial Officer of the Foundation Trust shall calculate and pay capital charges as specified by the Department of Health & Social Care.

12.10 Protected Property

12.10.1 A register of Protected Property is required to be maintained in accordance with requirements issued by NHS England. The property referred to in CoS2 Condition 5 of the Provider Licence, which is to be protected, is limited to land and buildings owned or leased by the Foundation Trust (assets such as equipment, financial assets, cash or intellectual property will not be regarded as protected assets).

12.10.2 Protected property may not be disposed of without the approval of NHS England

12.10.3 The Foundation Trust is required to notify relevant bodies of the publication date of their plans to allow them to lodge any objections. Twenty-one days is allowed before the plans are then approved.

12.10.4 During the year when the proposed changes are made the Asset Register must be updated accordingly. The relevant bodies should then be notified that an updated Asset Register is available.

12.11 Security of Assets

12.11.1 The overall control of non-current assets is the responsibility of the Chief Executive advised by the Chief Financial Officer.

12.11.2 Asset control procedures (including non-current assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Chief Financial Officer. This procedure shall make provision for:

- (a) recording managerial responsibility for each asset;
- (b) identification of additions and disposals;
- (c) identification of all repairs and maintenance expenses which enhance the value of the assets;

- (d) physical security of assets;
- (e) periodic verification of the existence of, condition of, and title to, assets recorded;
- (f) identification and reporting of all costs associated with the retention of an asset;
- (g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

12.11.3 All significant discrepancies revealed by verification of physical assets to non-current asset register shall be notified to the Chief Financial Officer.

12.11.4 Whilst each Board Director and employee has a responsibility for the security of property of the Foundation Trust, it is the responsibility of Board Directors and senior employees in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Board of Directors. Any breach of agreed security practices must be reported in accordance with agreed procedures.

12.11.5 Any damage to the Foundation Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and employees in accordance with the procedure for reporting losses.

12.11.6 Where practical, assets should be marked as Foundation Trust property.

13. STORES AND RECEIPT OF GOODS

13.1 General position

Stocks are defined as those goods normally utilised in day to day activity, but which at a given point in time have not been used or consumed. There are two broad types of store:-

- (a) Controlled stores - specific areas designated for the holding and control of goods;
- (b) Wards & departments - goods required for immediate usage to support operational services.

13.1.1 Stores, defined above (for immediate use) should be:

- (a) kept to a minimum;
- (b) subject to annual stock take or perpetual inventory procedures; and
- (c) valued at the lower of cost and net realisable value.

13.2 Control of Stores, Stocktaking

13.2.1 Subject to the responsibility of the Chief Financial Officer for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Chief Executive. The day-to-day responsibility may be delegated to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Chief Financial Officer. The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer; the control of any fuel oil and coal of a designated estates manager.

13.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/Pharmaceutical Officer. Wherever practicable, stocks should be marked as National Health Service property.

13.2.3 The Chief Financial Officer shall set out procedures and systems to regulate the stores including records for receipt of goods, issues from and returns to stores, and losses.

13.2.4 Stocktaking arrangements shall be agreed with the Chief Financial Officer and there shall be a physical check, the extent of which shall be determined by the Chief Financial Officer, at least once a year.

13.2.5 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Chief Financial Officer.

- 13.2.6 The designated Manager/Pharmaceutical Officer shall be responsible for a system approved by the Chief Financial Officer for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles.

The designated Officer shall report to the Chief Financial Officer any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI No. 14 Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

13.3 Goods supplied by NHS Supply Chain

For goods supplied via the central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note and notify the Chief Financial Officer who shall satisfy themselves that the goods have been received before accepting the recharge. This will be achieved through sample checking and tolerance levels. The Finance Department will make payment on receipt of an invoice. This may also apply for high-level low volume items such as stationery.

13.4 Issue of Stocks

The issue of stocks shall be supplied by an authorised requisition note and a receipt for the stock issued shall be returned to the designated officer. Where a 'topping up' system is used, a record shall be maintained as approved by the Chief Financial Officer. Regular comparisons shall be made of the quantities issued to wards/departments etc. and explanations recorded of significant variations.

All transfers and returns shall be recorded on forms/systems provided for the purpose and approved by the Chief Financial Officer.

14. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

14.1 Disposals and Condemnations

14.1.1 Procedures

The Chief Financial Officer must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers. Material disposals will be defined annually with reference to the Trust's capital plan and replacement program. Responsibility for the approval of material disposals will rest with the Chief Financial Officer.

14.1.2 When it is decided to dispose of a Foundation Trust asset, the head of department or authorised deputy will determine and advise the relevant persons of the estimated market value of the item, taking account of professional advice where appropriate. The relevant person shall be:

- (a) non-current assets: Estates Strategy Steering Group (noting the limits pertaining to protected assets);
- (b) office equipment (furniture, fixture and fittings): Head of Procurement;
- (c) IT equipment: Head of I M & T.

14.1.3 All unserviceable articles shall be:

- (a) condemned or otherwise disposed of by an employee authorised for that purpose by the Chief Financial Officer;
- (b) recorded by the Condemning Officer in a form approved by the Chief Financial Officer which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Chief Financial Officer.

14.1.4 The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Chief Financial Officer who will take the appropriate action.

14.2 Losses and Special Payments

14.2.1 Procedures

The Chief Financial Officer must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments. Reference should be made to the Counter Fraud procedures regarding the action to be taken both by persons identifying a suspected fraud and those persons responsible for investigating it.

14.2.2 Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Executive and the Chief Financial Officer or inform an officer charged with responsibility for responding to concerns involving loss or fraud, confidentiality. This officer will then appropriately inform the Chief Financial Officer and/or Chief Executive.

Where a criminal offence is suspected, the Chief Financial Officer must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Chief Financial Officer must inform the relevant Local Counter Fraud Specialist (LCFS).

The Chief Financial Officer will liaise appropriately with the LCFS, the NHS Counter Fraud Authority and the External Auditor regarding all frauds.

14.2.3 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Chief Financial Officer must immediately notify:

- (a) the Board of Directors; and
- (b) the External Auditor; and
- (c) NHS Counter Fraud Authority.

14.2.4 The Board of Directors shall approve the writing-off of all losses and special payments in accordance with the Reservation of Powers to the Board of Directors and Council of Governors and Schedule of Decisions/Duties Delegated by the Board of Directors.

14.2.5 The Chief Financial Officer shall be authorised to take any necessary steps to safeguard the Foundation Trust's interests in bankruptcies and company liquidations.

14.2.6 For any loss, the Chief Financial Officer should consider whether any insurance claim can be made.

14.2.7 The Chief Financial Officer shall maintain a Losses and Special Payments Register in which write-off action is recorded.

14.2.8 No special payments exceeding delegated limits (£500,000 and above) shall be made without the prior approval of the Board of Directors.

14.2.9 All losses and special payments must be reported to the Audit Committee as scheduled by that committee.

15. INFORMATION TECHNOLOGY

15.1 Responsibilities and duties of the Chief Financial Officer

15.1.1 The Chief Financial Officer, who is responsible for the accuracy and security of the computerised financial data of the Foundation Trust, shall, in conjunction with Information and Knowledge Services Department:

- (a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Foundation Trust's data. This includes programs and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the UK enactment of the General Data Protection Regulation (GDPR), the Computer Misuse Act 1990 and Freedom of Information Act 2000;
- (b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission, output and final destruction to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- (c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
- (d) ensure that adequate controls exist to maintain the security, privacy, accuracy and completeness of financial data sent via transmission networks;
- (e) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Director may consider necessary are being carried out.

15.1.2 The Chief Financial Officer shall need to ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation. This may be through the use of mutually agreed test services and in conjunction with ICT where necessary.

15.1.3 The Director responsible for information technology shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about our Foundation Trust that we make publicly available.

15.2 Responsibilities and duties of other Directors and Officers in relation to computer systems of a general application

15.2.1 In the case of computer systems which are proposed for general applications (i.e. normally those applications which the majority of the NHS in the Region wishes to sponsor jointly) all responsible directors and employees will send to the Chief Financial Officer:

- (a) details of the outline design of the system;
- (b) in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.

15.3 Contracts for Computer Services with other health bodies or outside agencies

The Chief Financial Officer shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

Where personal data is processed on the Foundation Trust's behalf by another organisation, this must be reflected in the Foundation Trust's registration with the Information Commissioner and the Chief Financial Officer shall periodically seek assurances that adequate controls are in operation.

15.4 Risk Assessment

The Senior Information Risk Officer (SIRO) shall ensure that risks to the Foundation Trust arising from the use of IT are effectively identified, considered and appropriate action taken to mitigate or control the risk. This shall include the preparation and testing of appropriate disaster recovery plans.

15.5 Requirements for Computer Systems which have an impact on corporate financial systems

Where computer systems have an impact on corporate financial systems the Chief Financial Officer shall need to be satisfied that:

- (a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;
- (b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
- (c) Chief Financial Officer staff have access to such data;
- (d) Such computer audit reviews as are considered necessary are being carried out.

16. PATIENTS' PROPERTY

- 16.1 The Foundation Trust has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.

Personal property shall mean all personal valuables such as electrical goods, furniture, allowance order books, bank/building society books, credit cards, and jewellery.

- 16.1.1 Personal property of patients unable to manage will not automatically be placed in safe custody but it is important for staff to acknowledge that they have a duty to safeguard the property of those who are unable to manage their affairs while in hospital. (This will include those admitted who are confused but it is unlikely that unconscious, dying or deceased patients will be admitted to a Leeds and York Partnership NHS FT Unit/Ward.)

- 16.2 The Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission by:

- notices and information booklets; (notices are subject to sensitivity guidance)
- hospital admission documentation and property records
- the oral advice of administrative and nursing staff responsible for admissions

The Foundation Trust will not accept responsibility or liability for patients' property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.

- 16.3 The Chief Financial Officer must provide detailed written instructions on the collection, custody, investment, recording, safekeeping and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.

- 16.4 A patient's property record, in a form determined by the Chief Financial Officer, shall be completed in respect of the following:

- (a) property handed in for safe custody by any patient (or guardian as appropriate); and
- (b) property taken into safe custody having been found in the possessions of:
 - mentally disordered patients
 - confused and/or disorientated patients
 - unconscious patients
 - patients dying in hospital
 - patients found dead on arrival at hospital

- (c) A record shall be completed in respect of all persons in category b, including a nil return if no property is taken into safe custody.

- 16.5 Where Department of Health & Social Care instructions require the opening of separate accounts for patients' moneys, these shall be opened and operated under arrangements agreed by the Chief Financial Officer.

- 16.6 In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, Small Payments Act 1965), the production of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.

- 16.7 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.

- 16.8 Where patients' property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

17. FUNDS HELD ON TRUST (CHARITABLE FUNDS)

17.1 Corporate Trustee

17.1.1 Standing Order Annex 8 No. 2.3 outlines the Foundation Trust's responsibilities as a corporate trustee for the management of funds it holds on trust.

17.1.2 The discharge of the Foundation Trust's corporate trustee responsibilities are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.

17.1.3 The Chief Financial Officer shall ensure that each trust fund which the Foundation Trust is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

17.2 Accountability to Charity Commission and Secretary of State for Health

17.2.1 The trustee responsibilities must be discharged separately and full recognition given to the Foundation Trust's dual accountabilities to the Charity Commission for charitable funds held on trust and to the Secretary of State for all funds held on trust.

17.2.2 The Reservation of Powers to the Board of Directors and the Council of Governors and the Schedule of Decisions/Duties Delegated by the Board of Directors make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Foundation Trust Board directors and Foundation Trust officers must take account of that guidance before taking action.

17.3 Applicability of Standing Financial Instructions to funds held on trust

17.3.1 In so far as it is possible to do so, most of the sections of these Standing Financial Instructions will apply to the management of funds held on trust.

17.3.2 The over-riding principle is that the integrity of each trust fund must be maintained with statutory and trust fund obligations met. Materiality must be assessed separately from Exchequer activities and funds.

17.4 Reporting

17.4.1 The Chief Financial Officer shall ensure that regular reports are made to the Board of Trustees with regard to, inter alia, the receipt of funds, investments and expenditure.

17.4.2 The Chief Financial Officer shall prepare annual accounts in the required manner, which shall be submitted, to the Board of Trustees acting on behalf of the corporate trustee within agreed timescales.

17.4.3 The Chief Financial Officer shall prepare an annual trustees' report and the required returns to the Charity Commission for adoption by the Charitable Funds Committee.

17.5 Accounting and Audit

17.5.1 As Corporate Trustee arrangements must be made to ensure that a financial auditor is appointed to provide an independent audit review of the accounts in accordance with the Charity Commission legislation.

17.5.2 The Chief Financial Officer shall maintain all financial records to enable the production of reports as above and to the satisfaction of internal audit and the financial auditor.

17.5.3 Distribution of investment income to the charitable funds and the recovery of administration costs shall be performed on a basis determined by the Chief Financial Officer.

17.5.4 The Chief Financial Officer shall ensure that the records, accounts and returns receive adequate scrutiny by internal audit during the year. He/she will liaise with the financial auditor and provide them with all necessary information, as required by the current legislation governing the administration of charities

17.5.5 The Board of Trustees shall be advised by the Chief Financial Officer on the outcome of the annual audit.

18. ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT (see overlap with SO Annex 8 No. 9)

The Chief Executive shall ensure that all staff are made aware of the Foundation Trust policy on acceptance of gifts and other benefits in kind by staff. This policy follows the guidance contained in the Department of Health & Social Care circular HSG (93) 5 'Standards of Business Conduct for NHS Staff' and is also deemed to be an integral part of the Standing Orders and Standing Financial Instructions

The Foundation Trusts Hospitality, Sponsorship and Gifts Policy and Procedure should be followed at all times and consideration should also be given to the Trusts Bribery and Corruption policy in this area.

19. RETENTION OF RECORDS

19.1 Context

All NHS records are public records under the terms of the Public Records Act 1958 section 3 (1) – (2). The Secretary of State for Health and all NHS organisations have a duty under this Act to make arrangements for the safe keeping and eventual disposal of all types of records. In addition, the requirements of the General Data Protection Regulation (GDPR) and the Freedom of Information Act 2000 must be achieved.

19.2 Accountability

The Chief Executive and senior managers are personally accountable for records management within the organisation. Additionally, the organisation is required to take positive ownership of, and responsibility for, the records legacy of predecessor organisations and/or obsolete services. Under the Public Records Act all NHS employees are responsible for any records that they create or use in the course of their duties. Thus any records created by an employee of the NHS are public records and may be subject to both legal and professional obligations.

The Chief Executive shall be responsible for maintaining archives for all documents required to be retained under the direction contained in Department of Health & Social Care guidance; Records Management Code of Practice.

19.3 Types of Record Covered by The Code of Practice

The guidelines apply to NHS records of all types (including records of NHS patients treated on behalf of the NHS in the private healthcare sector) regardless of the media on which they are held:

- Patient health records (electronic or paper based)
- Records of private patients seen on NHS premises;
- Accident and emergency, birth and all other registers;
- Corporate and Administrative records (including e.g. personnel, estates, financial and accounting records, notes associated with complaint-handling);
- X-ray and imaging reports, output and other images;
- Photographs, slides and other images;
- Microform (i.e. fiche / film)
- Audio and video tapes, cassettes, CD-ROM etc.
- Emails;
- Computerised records;
- Scanned records;
- Text messages (both out-going from the NHS and in-coming responses from the patient)

- 19.4 The records held in archives shall be capable of retrieval by authorised persons.
- 19.5 Records held in accordance with latest Department of Health & Social Care guidance “Records Management Code of Practice” shall only be destroyed at the express instigation of the Chief Executive, or designated officer, in line with DHSC guidelines. Details shall be maintained of records so destroyed.

20. RISK MANAGEMENT AND INSURANCE

20.1 Programme of Risk Management

The Chief Executive shall ensure that the Foundation Trust has a programme of risk management, in accordance with current Department of Health & Social Care assurance framework requirements, which must be approved and monitored by the Board of Directors.

The programme of risk management shall include:

- (a) a process for identifying and quantifying risks and potential liabilities;
- (b) engendering among all levels of staff a positive attitude towards the control of risk;
- (c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
- (d) contingency plans to offset the impact of adverse events;
- (e) audit arrangements including; internal audit, clinical audit, health and safety review;
- (f) a clear indication of which risks shall be insured;
- (g) arrangements to review the risk management programme.

The existence, integration and evaluation of the above elements will assist in providing a basis to make a Statement on the effectiveness of Internal Control within the Annual Report and Accounts as required by current Department of Health & Social Care guidance.

20.2 Insurance

The Board of Directors shall decide if the Foundation Trust will insure through the risk pooling schemes administered by NHS Resolution, obtain commercial insurance or self-insure for some or all of the risks covered by the risk pooling schemes. If the Board of Directors decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/public liability) covered by the schemes this decision shall be reviewed annually by the Board of Directors.

20.3 Arrangements to be followed by the Board of Directors in agreeing Insurance cover

Where the Board of Directors decides to use the risk pooling schemes administered by NHS Resolution, the Medical Director shall ensure that the arrangements entered

into are appropriate and complementary to the risk management programme. The Medical Director shall also ensure that documented procedures cover these arrangements.

Where the Board of Directors decides not to use the risk pooling schemes administered by NHS Resolution or obtain commercial insurance for one or other of the risks covered by the schemes, the Medical Director shall ensure that the Board of Directors is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Chief Executive will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.

All the risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'deductible'). The Chief Executive should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

20.4 Insurance arrangements with commercial insurers

As a Foundation Trust, the Board of Directors need to consider the adequacy of insurance cover recognising the Public Benefit Corporation status. Foundation Trusts may decide to enter into top-up commercial insurance arrangements, for example

- Directors and Officers Liability
- Property Damage
- Private Finance Initiatives (as may be required by consortium members)
- Motor vehicle insurance (including third party liability)
- Business interruption (Increased Cost of Working and Loss of Income)
- Income generation activities (if different from business activities already covered)
- Other as agreed by the Board of Directors

20.5 Compensation Claims

20.5.1 The Foundation Trust is committed to effective and timely investigation and response to any claim which includes allegations of clinical negligence, employee and other compensation claims. The Foundation Trust will follow the requirements and note the recommendations of the Department of Health & Social Care, and NHS Resolution in the management of claims. Every member of staff is expected to co-operate fully, as required, in assessment and management of each claim.

20.5.2 The Foundation Trust will seek to reduce the incidence and adverse impact of clinical negligence, employee and other litigation by:-

- Adopting prudent risk management strategies including continuous review.
- Implementing in full the NHS Complaints Procedure and the Ombudsman's Principles, thus providing an alternative remedy for some potential litigants.
- Adopting a systematic approach to claims handling in line with the best current and cost effective practice.

- Following guidance issued by the NHS Resolution relating to clinical negligence.
- Achieving the Standards for Better Health.
- Implementing an effective system of Clinical Governance (including the review of serious untoward incidents)

20.5.3 The Chief Executive is responsible for managing clinical negligence: for managing the claims process and informing the Foundation Trust Board of Directors of any major developments on claims related issues.

**AGENDA
ITEM**

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MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Director of Nursing, Quality and Professions report
DATE OF MEETING:	30 March 2023
PRESENTED BY: (name and title)	Cathy Woffendin, Director of Nursing, Professions and Quality / Director for Infection Control and Prevention
PREPARED BY: (name and title)	Cathy Woffendin, Director of Nursing, Professions and Quality / Director for Infection Control and Prevention and members of the Nursing, Quality and Professions Directorate and members of the Nursing and Professions directorate

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

EXECUTIVE SUMMARY		
<p>The purpose of this report is to provide a quarterly update to Trust board members in relation to progress across the Director of Nursing, Professions and Quality and Director for Infection Prevention and Control portfolios and areas of responsibility.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
	No	

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

Meeting of the Trust Board of Directors

30 March 2023

Director of Nursing, Quality and Professions Quarterly Report

1. Closed Culture Panorama Work

Since the Panorama documentary there are several work streams that are in progress to monitor and evaluate the safety of our inpatient areas, to facilitate this we have used the CQC fundamental standards framework to guide us through areas of engagement with staff and patients. We continue to evaluate the "Have Your Say" (friends and family) feedback and ensure this is fed directly back to the wards and any feedback via complaints PALS compliments are triangulated and discussed as part of individual and group supervision. We have a robust relationship with advocacy, and they have a consistent presence within our inpatient wards outside of tribunal hearings to enable therapeutic relationships to be established. Areas for further development are an increase in peer support workers across all our inpatient sites, we continue to have a robust approach to peer to peer reviews across the trust and we have agreed to extend this approach across our neighbouring trusts to increase greater oversight and learning. Our Freedom to Speak up Guardian is well established within the wards, and routinely used. The CRISP services are also well established across our inpatients and staff have given very positive feedback from their experience of this service.

We will continue to work with neighbouring organisations and the national team to ensure we are part of the ongoing national work and continue to build on our practical work for example using videos from service users as they describe their experience in a PMVA situation through PMVA training. We will refine the escalation of episodes of seclusion so there are clear parameters from ward to board and agree seclusion timescales. In conjunction with the triangulation of all forms of data to ensure our dashboards are giving us all the data and soft intelligence we require, and we have already started to improve the reporting and oversight of seclusion and, use of restrictive practice data to Quality Committee.

2. Patient Safety Incident Response Framework (PSIRF):

We are currently working through the implementation milestones set out by NHS England and are currently concluding the second milestone related to Diagnostic and Recovery. As part of this work, we have mapped our current processes against the required standards for PSIRF and developed a plan to address areas where improvement is required to support the transition to new ways of working. This will be taken to the PSIRF oversight group to monitor progress against actions.

We have commenced the third milestone covering Governance and Quality Monitoring. As an organisation we are required to define the oversight structures that will be required once we have implemented PSIRF. Commissioners will no longer be providing oversight in the same way as they currently do and will not routinely receive patient safety incident investigation reports to review. We are working with our ICB and Provider Collaborative colleagues to ensure that we have in place appropriate mechanisms to provide assurance in respect of our new processes.

The Patient Safety Team are currently mapping out the training requirements that will be required within the organisation both from an incident management and oversight perspective. We will consider who are the key people within the organisation that will require training and how this can be delivered. Training for lead investigators is currently through HSIB or via one of the companies that sit on NHS England's Training Provider Framework.

Learning From Patient Safety Events (LFPSE)

LFPSE will replace the way we currently report patient safety incidents via the National Reporting and Learning System and serious incidents that we report through the Strategic Executive Information System (StEIS). We have met the required actions for the test site that was due for completion by 31 March 2023. The next steps are to update the Trust Incident Reporting form to align with the mandated taxonomy, by 30 September 2023, in line with NHS England reporting requirements. This will include a process to inform staff of any changes in the way we currently report patient safety incidents.

3. Infection Prevention and Control/Physical health

Smokefree:

Work continues to progress towards a refresh of the nicotine management and smoke free procedure in line with the aspirations of the Long-Term Plan. This includes a review of the type of e-cigarettes provided by the Trust to improve the service user experience whilst maintaining compliance with health and safety requirements. A band 5 Senior Smokefree Advisor has been appointed and they will oversee the work of the Healthy Living Advisors and support ward staff and service users. 8 Healthy Living Advisors have now received enhanced smokefree training and are starting to work with service users. Next steps for the workstream will be to introduce improved training on the Learn platform, design service user information, including a specific leaflet for community service users preparing smokers for admission into a non-smoking environment, developing the idea of a 'quit kit' to give to smokers on admission, and working with local stop smoking services to support a smoke free discharge pathway.

Infection Prevention/outbreaks:

The team continues to support staff in the management of covid infection prevention and outbreak management. Since January 2023 there have been 7 outbreaks of covid, one flu outbreak and two gastroenteritis outbreaks across inpatient services. All outbreaks are supported by frequent meetings between the IPC team and ward staff. In addition, the Director of Infection Prevention and Control continues to have daily oversight of all outbreaks and positive cases across the organisation.

Vaccination:

All Trust staff were offered flu and covid vaccination over autumn and winter. The IPC team vaccinated over 56% of patient facing clinical care staff, and 48% of Trust staff for flu. Whilst below previous years, this is higher than in many peer organisations. which were reported as 48% of patient facing clinical care staff were vaccinated for covid, and 48% of Trust staff for flu. Work has commenced following recent notification of the Covid 19 Spring booster campaign which will begin on Monday 17th April 2023 and conclude on Friday 30th June 2023

Physical Health:

Progress is being made on several physical health e-learning training packages which are currently in the test phase. A training package for venepuncture is being externally procured for nursing staff and the team is looking to how future training can be provided to meet the ongoing

training needs of staff. The prevention of pressure ulcers is a key priority for the physical health team and collaborative work with partner organisations has reached consensus on a new e-learning package for staff. This will be available on Learn shortly and is supported by a review of the Trust procedure and a new screening and assessment tool on CareDirector (Purpose T). The collaborative is now seeking to develop a patient held pressure ulcer passport to support risk awareness as people move through the health and care system. The annual health check form on CareDirector is now live. This has been introduced to promote a holistic review of service user physical health needs for those who are inpatients for 12 months or longer. It can also be used to record the cardiometabolic monitoring in this group.

4. Head of Nursing and Professional Lead Nurses

Clinical Supervision:

The Professional Leads for Nursing have continued to progress the proposal to support increased compliance of clinical supervision through the ability to offer a variety of clinical supervision models which are more responsive and flexible to meet the needs of the Nursing workforce. The current stage is to pilot the changes in an identified clinical area focussing in one service for a 3-month period before evaluating the effectiveness.

The pilot will evaluate the proposal for clinical supervision for nurses; providing a variety of options for nursing colleagues to engage in clinical supervision in a way that is responsive to the changing clinical demands, and which best meets their professional development needs. During the pilot nursing staff will be encouraged to use these options as a form of clinical supervision, with the aim to evaluate if these options increases compliance with clinical supervision, improve staff wellbeing and positively impact on the quality of care delivered.

Restorative Clinical Supervision groups delivered by a Professional Nurse Advocate will also be available to access in the clinical areas during the pilot stage. The restorative model of clinical supervision is recognised as an approach to support reflective practice that can help build practitioners' resilience by focusing on the supervisee experience, aiming to sustain their wellbeing and their motivation at work. To date these groups have been focussed in a small number of clinical areas. Feedback is being collected via a Smart Survey link which to date has received positive feedback, supervisees have reported a reduction in stress and/or improvement in well-being through attending these groups.

Health Care Support Workers:

On the 19 January 2023 LYPFT facilitated a Health Care Support Worker Conference which included key speakers Cathy Woffendin, Executive Director of Nursing, Professions and Quality and Rachel Hall NHS England Health Care Support Worker Programme Lead. A key focus for the event was to celebrate and recognise the invaluable contribution of health care support workers in our clinical areas and provide various workshops which focused on key areas such as progression opportunities. This event was successful in meeting the above objectives with attendees also reporting in the evaluation survey that the conference was both enjoyable and informative.

The Professional Lead Nurses have recently focussed on the development of a competency framework for Health Care Support Workers. The purpose of the framework is to ensure that all Health Care Support Workers have clear competencies aligned to their role to aide high-quality learning and support career progression which in turn is likely to improve retention of this staff group and increase the governance to deliver high quality care to service users. The competency framework is currently being tested out with clinical services and being progressed through appropriate governance routes.

Medicines competencies

Further work is currently being progressed to develop a competency framework for medicines administration for Registered Nurses and Nursing Associates with the aim to create a competency assessment that can be used within clinical services that compliments the current eLearning packages and consolidates medicines awareness. The package will in turn support the identification of any knowledge or skills gaps for Nursing staff, while promoting a learning culture and encouraging competence, confidence and proficiency to ensure safe medications management for our service users.

Quality & Safe Peer Reviews:

The programme of peer-led quality and safety reviews allow services an opportunity to demonstrate the quality of care being provided and focus on ways to further develop. We continue to work to the annual schedule, which 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. The current toolkit has been developed to support the visits which is aligned to the CQC Key Lines of Enquiry (KLOE's), however as the CQC statutory framework will be imminently changing, work has

commenced to align the Peer and Quality reviews to the new framework and the CQC Quality Statements which will form the basis of the new toolkit. A pilot will take place in Q2.

3 Quality & Safe Peer Reviews have been completed since December 2022. 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 has been identified. Further work to strengthen the governance process has been developed to ensure that an action plan is agreed following each visit and oversight is progressed through the services Clinical Governance structure.

CQC Updates/Changes:

CQC Engagement Meetings:

Monthly engagement meetings with the CQC to review any outstanding enquiries, including information in relation to serious incidents and complaints have recently taken a 2 month pause on the request of the CQC and their response to winter pressures. However, these meetings are planned to re-commence in March with the Forensics Service who will be attending as an 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.

In December 2022, the CQC confirmed that the introduction of their new statutory framework assessment approach would be deferred until late 2023 to allow learning to be embedded from the pilot. Until the CQC implement the new regulatory approach they will continue to regulate using their existing approach, including registering, monitoring and inspecting against their existing key questions and key lines of enquiry (KLOEs)

The interim Clinical Governance Lead for CQC/Professional Lead for Nursing will continue to liaise with the CQC relationship owner to keep well-informed of the implementation of the new regulatory model. The Clinical Governance Regulation Team and Professional Lead for Nursing present updates to the Unified and Trust wide Clinical Governance forums and have commenced attending local governance meetings to share updates with clinical services.

5. Patient and Carer Experience and Involvement Team:

Patient and Carer Experience and involvement Governance Groups:

The overarching Patient Experience and Involvement Strategic Steering Group (PEISSG) and the 3 strategic subgroups are now all co-chaired by people with lived experience of either using services or caring for people who have used services. Mel White is the most recent recruit to be welcomed as co-chair of the Experience Strategic subgroup. This appointment demonstrates the steps being taken by LYPFT to ensure that a platform is provided for lived experience voices to be heard and influence decision making across the Trust.

Have Your Say measure (HYS):

The Have Your Say measure includes the Family and Friends Test (FFT) feedback question. Services have received increased support from the PET team over the last year to increase the numbers of service users and carers encouraged to provide feedback via the Trust wide HYS measure. There is still further work to do particularly in terms of widening the accessibility methods but the take up of feedback has seen an overall improvement. Most feedback is received via the online survey link, with smaller numbers of people completing the HYS postcards. The majority of feedback received is overwhelmingly positive and is a great boost to share with our staff.

HYS results for the past quarter are:

	No. of responses	% Positive	% OK/don't know	% Negative
November 22	125	96%	2%	2%
December 22	101	90%	8%	2%
January 23	141	92%	3%	5%

In January 2023 we appointed a part time fixed term band 6 Involvement Coordinator, to the team. The Involvement Coordinators main role is to support the working age inpatient wards to introduce sustainable processes to ensure that they are capturing feedback from service users and carers via the HYS measure. Further support and training will be provided to show staff how they can act on feedback and importantly, to think how they will let service users and carers know what has been introduced, as a direct result of listening to feedback.

Triangle of Care audit:

The Trust last year was awarded 2-star accreditation to the Triangle of Care framework. Part of this accolade involves demonstrating that we continue to ensure that the 6 standards of the TOC framework are embedded in clinical practice. The Patient Experience Team conducted an audit across our WAA inpatient wards and WAA CMHT's to evaluate how the first 2 standards are being satisfied.

Results have identified that further learning and awareness is required to support staff to satisfy the first 2 standards. Recommendations and a supportive action plan have been identified. A further audit will take place in January 2024 to see if improvements have been made.

Peer Reviews:

Members of the Patient Experience Team have continued to be part of the Peer Review Team, visiting Woodlands Square, Red Kite View and PICU over the last Quarter. Service user and carer perspectives are captured in order to identify areas of good practice to celebrate with staff and to identify aspects of care and support which can be improved upon.

Service User Network Meeting:

The SUN meeting goes from strength to strength. Members voted to hold the meetings online and face to face on alternate months, to ensure that meetings are accessible to all. Currently, more members join the meetings when they are held online. Service users from Asket Croft (Rehab and Recovery Service) have recently joined some of our online meetings. This has given SUN members an appetite to think about different ways in which people are currently admitted to our inpatient units and can be encouraged to join SUN meetings.

Paul Frazer will step down from his role as co-chair of the SUN group after the March meeting. Paul has been a fantastic co-chair for the past 4 years and is committed to spreading the message about the benefits of getting involved. We are currently advertising for a new chair to help co facilitate the SUN group alongside our other co-chair, Tessa Francis. We hope to appoint a new co-chair at the April SUN meeting where a celebration event will take place to welcome the new co-chair and to say goodbye and thank you to Paul. Paul will remain a valued member of the SUN meetings.

Service user and carer involvement:

In this reporting period, people with lived experience have been involved in the following projects:

- Review of the Cost-of-Living Booklet for service users.
- PICU project – helping to design PICU environments and pathways across the West Yorkshire ICS.
- Helping to design the environment for the new Women’s Complex Service at Parkside Lodge.
- Co-producing a supportive recruitment module for people with lived experience who get involved in the Trusts recruitment process.
- Reducing the use of restrictive practice working party.
- Values based recruitment task and finish group.
- Helping to think how the faith rooms across the Trust can be used more effectively.

Chaplaincy Team:

The recommendations from the 2022 SWYFT review of LYPFT Chaplaincy practice continues to be progressed and has played a major part in updating the governance around pastoral and spiritual care. Initial improvements include a clearer pathway on Care director for referrals to the service and a coproduced review of the faith room space at the Becklin Centre. The learning from the faith room review will be shared across faith rooms on all sites.

Increased visibility of the chaplaincy service now includes the Pastoral Assistant undertaking spiritual services and regular ward visits at the Mount.

Sadly, our two chaplains are leaving the Trust. Reverend Michael Mkpadi will retire at the end of July 2023 after 15 years’ service with LYPFT. Father Sam Cowling-Green will take up a promotion at another organisation at the beginning of March 2023 after 2 years’ service. We would like to take this opportunity to express our appreciation to them both for all the spiritual and pastoral services they have provided to the trust for both colleagues and service. Plans for recruitment to these posts are underway.

Positive and Safe:

The Positive and Safe working group are pleased to announce that we are working in partnership with the British Institute of Human Rights (BIHR) to deliver training for staff across LYPFT and

partner organisations. This training is the first step in an ambitious aim to be a Human Right focused organisation where staff are empowered to advocate for the safeguarding of our service users' rights and put Human Rights at the centre of decision making. The first few sessions have been very well received and the BIHR have feedback how engaging and motivated our staff are throughout the training sessions and discussions.

The Positive and Safe service user and carer reference group is going from strength to strength. This is currently a small but committed group with ambitious aims to grow and develop their role within the reducing restrictive practice agenda. The group is currently working on the development of a service user and carer information leaflet on the use of restrictive practice within LYPFT. This is in line with the Mental Health Units (Use of Force) Act 2018 and will include working with the PMVA team to explore how the service user voice is heard within the training.

6. Safeguarding

The sexual safety policy was ratified at the LYPFT Policy and procedures group in January 2023, it was developed in response to the review in 2018, that was carried out by the Care Quality Commission (CQC) of sexual safety incidents across Mental Health Trusts in England. They identified that people who used Mental Health Inpatient Services did not always feel that staff kept them safe from unwanted sexual behaviour. Following the review, the CQC published standards and guidance to improve sexual safety on mental health and learning disability inpatient pathways however these standards should be adhered to where applicable for our service users receiving care in the community (National Collaborating Centre for Mental Health. Sexual Safety Collaborative: Standards and guidance to improve sexual safety on mental health and learning disabilities inpatient pathways. London: National Collaborating Centre for Mental Health; 2020).

The purpose of the sexual safety policy is to promote best practice in relation to sexual safety, to protect all service users and staff of LYPFT, it aims to increase staff knowledge and awareness around sexual safety and recognise the potential risk of harm and enable interventions to be put in place to manage and reduce the level of risk, while ensuring that service user rights are respected and sets out the responsibilities of staff in relation to sexual safety.

Domestic violence and abuse West Yorkshire Quality Mark

LYPFT safeguarding team has achieved the West Yorkshire Domestic Violence and Abuse Quality Mark, this is recognition of our commitment to supporting service users and their families affected

by Domestic Violence and Abuse. To achieve the Quality Mark, a self-assessment was completed against a set of standards regarding training, policies and how learning is shared across LYPFT in response to Domestic violence and abuse, this was submitted to the safeguarding and domestic abuse team within the safer stronger communities' team at Leeds City Council, when they awarded the quality Mark, the LYPFT submission was described as "solid". The safeguarding team will now launch a pilot of their domestic violence and abuse training with the quality mark accreditation.

The Quality Mark is valid for the next three years and it promotes consistent and high-quality service provision to women, children and men affected by domestic violence and abuse and encourages agencies, employers, and community organisations to make tackling domestic violence and abuse their business. The Quality Mark demonstrates all the unseen work that goes on behind the scenes to support not only our service users and their families, but our colleagues too.

Safeguarding Allegations against staff training

The training package was developed in collaboration with Human Resources (HR) business partners, this was co-delivered. We are still awaiting formal feedback but informal feedback at the end of the session was that it was well received by managers. There was definitely substance to the training being face to face, staff reported it being an opportunity to work with colleagues in group work sessions and they got a lot from it. They all reported that this training was something that has long been needed.

Safeguarding Compulsory Training

Currently level 3 training is being offered via e-learning and delivered by safeguarding specialist practitioners via MS Teams. Level 1 and 2 safeguarding adults and children training continues to be available and accessed as an E learning package. However due to business continuity, some staff do not have availability to attend training, or sometimes they book on to training and then need to cancel, however, level 3 figures have only slightly increased 2% since December. To increase the compliance further, the safeguarding team are developing a level 3 E learn package in a form of a video which was recorded on the 27th of February to give staff more choice and flexibility, through increasing accessibility.

Domestic abuse and the impact on children audit

The audit results were positive in terms of practice, it was evident that staff recognised the impact of domestic abuse on the child and the child as a victim, and they followed the safeguarding policy and made referrals to children's social care and the outcome was documented in clinical records with the rationale for decision making. Improvements need to focus on record keeping and documentation and these findings will be disseminated via clinical governance, safeguarding supervision and Lead Practitioner forums.

Professional Challenge

A theme in recent national and local Child safeguarding practice reviews identify professional challenge as an area for improvement. The Safeguarding team have delivered a thematic safeguarding supervision session to CAMHS inpatient units on professional challenge and plan to disseminate to other areas during 2023.

Parental Mental Health and the impact on children This training has been delivered internally and externally to the early help hub as a pilot. there has been a positive response from the pilot groups. Leeds Safeguarding Children Partnership would like LYPFT safeguarding team to deliver this training as a multiagency training offer and this has been agreed for twice a year. The training package is in line with current West Yorkshire Consortium procedures on parental mental health.

Situation Background Analysis and Recommendation (SBAR) learning library.

The safeguarding team produce (SBAR) briefings in response to learning from reviews and national and local updates. These are shared at clinical governance meetings and uploaded onto the safeguarding team intranet page, to ensure they are accessible to all staff at any time.

7. AHP and Social Work update

International Recruitment:

We now have 3 international nurses working in the organisation. Supporting appropriately trained and experienced mental health nurses into the country remains a challenge. However, the level of interest remains high and as they are a valuable addition to the workforce we are working with a wider group of agencies and beginning to directly recruit individuals.

We have achieved our target of recruiting 4 international Occupational Therapists and will continue to support a further cohort in the next financial year as the quality of applicants remains high.

AHP Faculty:

The AHP faculty has now received a commitment for substantive funding from the ICB. This means that they can continue their work supporting organisations to develop their AHP workforce plans and support the enhancement of the diversity of the AHP workforce. The plan is that the faculty will remain housed within LYPFT for the foreseeable future and be supported by the AHP council.

New Menu Pilot:

A new menu pilot has been taking place in Forensic services at the Newsam Centre. This was initiated in response to service user requests to improve the food and to address the rapid weight gain experienced in these services. Not only have the menu's been reviewed to be healthier but have been modernised to reflect changes in eating habits. They include premium sandwiches/wraps, fewer hot puddings, more vegetables, vegetarian and vegan options and more international and spicy food. During the 3-month pilot there have been significant improvements and positive outcomes. Service user feedback has been excellent including comments, 'amazing food, really enjoying the new menus', 'we look forward to food more'. Although the core menu is more expensive than the original menu there was a lesser requirement for more costly alternative 'cultural' menus and the food waste reduced by more than 10% helping with sustainability. But perhaps the most promising outcome was the stabilisation of the service user's weight. All but one service user either maintained their weight and a few lost weight during the 3 month period. This is significant for a population that historically gains weight consistently during their inpatient stay and have poorer health outcomes as a result.

8. Psychological Professions Highlights

Workforce development and risk

Increasing access to psychological therapies for people with severe mental health priorities is a national priority for NHSE and Community Mental Health transformation. We have recently published our Psychological Therapies Strategy and in line with our strategic aims [Leeds and York Partnership NHS Foundation Trust -Psychology \(leedsandyorkpft.nhs.uk\)](https://www.leedsandYork.nhs.uk/psychology) we are pleased to report staff from different professional backgrounds are now accessing HEE funded training courses.

Many of these courses require sharing of confidential highly sensitive patient information, and for the requisite Information Governance to be in place. However, the Information Sharing Agreements and Data Protection Impact Assessments have not been included in the HEE procurement process for many universities and consequently Gail Harrison, Professional Lead for Psychological Professions has had to work with Carl Starbuck, LYPFT IG lead and 5 universities/ Trust partners to address this omission. These agreements are needed to ensure staff can view their clinical material in their supervision sessions with the courses and submit necessary assignments.

Dr Harrison has escalated this issue to Health Education England with the hope this can be resolved at contractual stage in future procurement processes as the activity associated with the liaison with the different institutions has been extremely time consuming. Also, the impact upon staff has been significant, for example, two of our staff who were completing such courses alongside their substantive role had to defer their places this academic year because the timescale for completion of this IG work meant their studies were delayed. Two others have been unable to share information in a timely way hindering their timely progression.

The Deputy Director of Psychological Professions has recommended that the current requirement of this Trust level negotiation for this IG issue in relation to psychological therapy training courses is placed on the relevant risk registers, given the risk associated with staff not completing courses.

Workforce New Starters

LYPFT continues to be an organisation which attracts talented psychological professional colleagues, and we are pleased to announce that Dr Romana Farooq, Consultant Clinical Psychologist, has joined the Mill Lodge Team in York.

LYPFT now host both West Yorkshire ICS' Adult (substantive) and Children and Young People's Psychological Professions Workforce Leads. Dr Gail Harrison will be the adult lead alongside her professional lead role and Dr Kath Davies, Consultant Clinical Psychologist, will be the CYP lead. The organisation is taking a leadership role with regards to supporting the growth and expansion of the psychological professions across the ICS.

Synergi Leeds Partnership

Sharon Prince, Deputy Director of Psychological Professions continues to be the SRO for Priority 2 of the Mental Health Strategy; focused on reducing the risk of mental health act detentions for BME groups. A documentary screening about work in the city to tackle racial inequity in mental health services is to be screened on 22 March at Seven Arts Centre, with system leaders and other stakeholders in attendance. The Creative Spaces programme for the next 18 months entitled 'Remembering what is forgotten' has successfully secured nonrecurrent funding. There is both regional and national interest in this work, aspects of which are being evaluated by Professor Stephen Coleman, from Leeds University.

Cathy Woffendin,
Director of Nursing, Quality and Professions/
Director for Infection Prevention and Control
17 March 2023

**AGENDA
ITEM**

17

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Safer staffing
DATE OF MEETING:	30 March 2023
PRESENTED BY: (name and title)	Cathy Woffendin, Executive Director of Nursing, Professions and Quality / Director of Infection Prevention and Control
PREPARED BY: (name and title)	Linda Rose Head of Nursing and Patient Experience Alison Quarry, Professional Lead Nurse Julie Poxton, Professional Lead Nurse Jennifer Connelly, Professional Lead Nurse Adele Sowden, E-Rostering Team Manager

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

EXECUTIVE SUMMARY

Leeds and York Partnership NHS Foundation Trust (LYPFT) provides inpatient care across 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 1st November 2022 to the 31st January 2023.

The exception reports identify x2 Registered Nurse breaches across this period. They occurred at Asket Croft on the 5th November and Riverfields on the 9th December 2022. The metric was not breached in full in January 2023, and does not feature in the compliance data, however, on the 13th of January 2023 the night shift on Ward 2N (f) did not have an RN on duty for 2 hours from 2200hrs to midnight.

This paper also notes a breach of the European working time directive on 2 Woodland Square on the 6th December 2022.

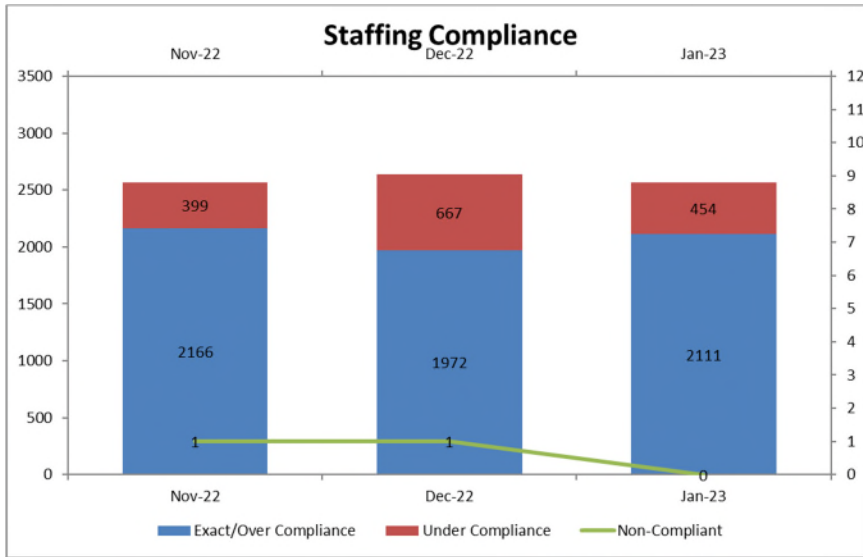
The paper includes a brief update of the WAA and OPS CMHT following on from the 6-month Safer staffing paper.

	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
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Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	No	
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RECOMMENDATION
<p>The Board is asked to:</p> <ul style="list-style-type: none">• Discuss and note the content of the 2 monthly report.• Be assured of the arrangements in place to monitor, support and mitigate the impact of reduced staffing levels and skill mix in relation to quality and safety in inpatient settings.

Safer Staffing: Inpatient Services – November 2022, December 2022 and January 2023



	Number of Shifts		
	November	December	January
Exact/Over Compliance	2166	1972	2111
Under Compliance	399	667	454
Non-Compliant	1	1	0

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

Mitigating Factors:

Reduced RN fill rates are being partially mitigated in many of our units by increasing Healthcare Support Worker (HSW) duties through Bank and Agency staffing to reach minimum staffing numbers. Ongoing improvements to the recruitment strategy and a multi-professional approach to a review of establishments, continues to be progressed.

Narrative on Data Extracts Regarding LYPFT Staffing Levels on x28 Wards during November 2022, December 2022, and January 2023

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 November and December 2022, the compliance data demonstrated a decrease in the number of shifts which were staffed exactly as planned or staffed above the planned number of Registered Nurse (RN) and Health Support Worker (HSW) duties. During January 2023, the compliance data showed an increase in the number of shifts which were staffed exactly as planned or staffed above the planned number of Registered Nurse (RN) and Health support worker (HSW) duties.

Under Compliant Shifts:

During November 2022 and January 2023, the compliance data demonstrates a decrease in the number of shifts which were staffed exactly as planned or staffed above the planned number of Registered Nurse (RN) and Health support worker (HSW) duties. During December there was an increase in the number of shifts that had fewer than the planned number of RN and HSW staff on each shift. Where there are fewer than planned RN staff on shift it is usual for one or more extra HSWs to back fill the vacant duty and ensure safe staffing levels, where a RN is not available to fill the shift.

*(Note this differs from the unify report in Appendix A which shows the total hours over the month rather than on a shift-by-shift basis).

Non-Compliant Shifts:

This metric represents the number of shifts where no Registered Nurses were on duty. This metric was breached once on the 5th November 2022 at Asket House and once on

the 9th December 2022 on Riverfields Ward. The metric was not breached in full in January 2023, and does not feature in the compliance data, however, on the 13th of January 2023 the night shift on Ward 2N (f) did not have an RN on duty for 2 hours from 2200hrs to midnight.

Exception reports (non-compliant shifts)

Asket House (5th November 2022 NIGHT duty) This breach occurred following a late notification of sickness absence. The staffing escalation procedure was followed but as the attempts to fill the duty were unsuccessful, it was agreed with the on-call manager that the RN from Asket Croft would be required to take charge across both units. This included administering medication and holding the medication keys for both clinical areas. There were no incidents recorded that were a consequence of having only one RN take charge across both Asket units.

Riverfields (9th of December 2022 NIGHT duty) This breach occurred following a late notification of sickness absence. The staffing escalation procedure was followed; however, the on-

call manager was unsuccessful in attempts to fill the vacant RN duty at short notice. To mitigate the absence of a RN on duty, the number of substantive HSWs from the service were increased and the RN on Westerdale held the medication keys for Westerdale and Riverfields. All evening medication was administered by the RN on the late duty before leaving the ward. No Incidents were recorded during this duty.

Ward 2 Newsam (f) (13th of January 2023 (10pm to midnight) This 2-hour breach occurred as an Agency nurse had been booked to pick up the vacant shift, but the alternate plan put in place for an RN from Ward 5 Newsam to provide cover if the agency could not confirm was not escalated in a timely way. The duty CTM was subsequently alerted to the issue at midnight and cover was then provided by Ward 4 Newsam. The duty CTM also spoke with staff on ward 2 (f) to establish the detail of the error and clarified that the late shift RN had administered medication prior to leaving and had handed the medicine keys over to the RN on Ward 2 (m). No Incidents were recorded during this duty.

Service area updates

Working age adult (Becklin Wards 1,3,4 and 5, Newsam ward 1 (PICU) and 4) The vacancy factor remains high, with 36% band 5 RN vacancies and 15% band 6 RN vacancies.

There are also 2 x band 6 OT vacancies across the service. Retention of band 5 OTs has been highlighted as an area of concern with x 2 band 5s due to leave the service in March following reduced OT leadership within the service to support development.

Predominantly short-term sickness absence of 8% exceeds the trust target of 4.9%. Additional staffing above the planned establishment is as a result of enhanced observations, particularly across wards 4 and 5 Becklin, and ward 4 Newsam. In addition to utilising additional HSWs and bank and agency staffing to backfill the gaps, ward 1 and ward 5 Becklin have also been provided with support from the responsive workforce team during this period.

The service has received significant interest from student nurses who are due to qualify in September 2023 and will be holding career conversations and interviews during March. A workforce plan is being developed to expand clinically non-registered and multi-professional roles to enable the service to respond more proactively to workforce supply pressures.

Older Peoples Services (Mount wards 1, 2, 3 and 4)

This service remains in business continuity.

The current vacancy rate is 30% and is compounded by a sickness absence rate of 8%. Though staff turnover in the service remains low, nearly a third of absences have been recorded as non-work-related stress and colleagues are being

supported through the appropriate wellbeing support. There remains a significant reliance on bank and agency RNs to mitigate against vacant duties. Ward 4 at the Mount has experienced higher levels of staff shortages than other wards due to a covid outbreak in January which required the ward to close for a period of 2 weeks. However, the service was supported by the deployment of the responsive workforce enabling the provision of continuity of care through consistent bank HSWs.

The requirement for additional staffing above the planned establishment has been particularly prevalent on wards 1 and ward 2 who have continued to experience high levels of enhanced observation and engagement with an average of x 4 service users consistently requiring this intervention. The ongoing recruitment campaign has successfully resulted in x 2 Band 5 RNs and x1 Band 6 RN being appointed. x2 Student Nurses have also expressed a preference to work in the service when they qualify in September/October 2023.

Mill Lodge

Mill Lodge has been able to recruit successfully, reducing their vacancy rate to 11% across the service. The sickness absence rate however remains above trust target at 7.25% with 41% associated with mental health/stress/anxiety (non-work related). Colleagues are currently being supported through appropriate wellbeing support and RN unavailability continues to be mitigated through the use of substantive RN's working additional duties and HSW backfill. Sickness absence has included periods of long-term sickness which has at times affected the skill mix on the ward particularly around the availability of support for Preceptees and newly recruited RNs. The remaining vacancies are currently part of the existing recruitment campaign focussed on attracting experienced nurses able to contribute to the delivery of the required support.

Red Kite View (Skylark and Lapwing)

Skylark Ward's staffing is significantly affected with a 50% RN vacancy rate and a 30% HSW vacancy rate. This is further compounded by a current sickness absence rate of 10.6% though this improved during January. High levels of bank and agency staffing have been required to meet the service staffing requirements in addition to the responsive workforce

deployed to RKV to proactively provide continuity of care through consistent bank HSWs aligned to the service. The service forecast that staffing deficits will remain over the next 3 months with gradual improvements anticipated through the current recruitment pipeline. This includes successfully recruiting x 2 RN's who are due to take up posts and a series of further RN and HSW interviews taking place in February.

Asket House and Asket Croft (Rehabilitation and Recovery wards)

Asket House and Asket Croft currently have no RN or Allied Health Professional (AHP) vacancies. As one of the few service areas that are fully recruited to, the service is equipped to support service users in bespoke recovery work. However, as both units are frequently well staffed, staff on duty are often temporarily deployed to other clinical areas to help provide safer staffing levels across the Trust. This creates some anxiety for staff deployed to clinical areas they are less familiar with. Colleagues are supported through the

leadership team to access regular clinical supervision to reduce the impact on staff wellbeing.

Sickness absence rates remain low at Asket House and is predominantly short-term. Asket Croft has had x2 RNs on long term absence and the service has worked closely with Asket House to share resource and support one another.

Newsam Ward 5 (Locked Rehabilitation)

Ward 5 Newsam's RN vacancy rate remains significant at 42%. The gap is mitigated through reliance on bank and agency RNs and increased numbers of HSWs to fill outstanding duties. A sickness absence rate of 8.2% has required AHPs to move toward a more multi-disciplinary model of care, carrying out generic duties as well as profession specific duties. The leadership team is progressing a business case to improve staff retention and the quality of care provided through the development of more senior experienced nursing posts.

Newsam ward 6 Yorkshire Centre for Eating Disorders (YCED)

Ward 6 remains in business continuity with a 46% RN vacancy rate. Substantive staff working additional hours supported by Bank and agency staff has helped to mitigate against the gaps and the ward has also been supported by the responsive workforce team. A high frequency of short-term sickness absence, added to workforce pressures and the wellbeing of the team. The leadership team are working with the Continuous Improvement Team to support strategies around resilience and motivation of the workforce during this challenging period. The service has been able to successfully recruit x 4 band 6 RNs who are due to commence in post in the coming weeks. This supports the plan in place to exit business continuity by April 2023 following the commencement of those new appointments.

Mother and baby unit

The vacancy rate is 8.6% and there have been no significant staffing concerns. Sickness absence rates are slightly above trust target at 6.9% with absences being predominantly short-

term. There have been a small number of occasions where some of the staff team have been deployed to other services. The leadership team have placed a recent focus on staff wellbeing and additional reflective forums have been carried out. Support sessions are offered to staff following deployment and an away day has been planned.

Crisis assessment unit (CAU)

The CAU has an RN vacancy rate of 31% which has been exacerbated by periods of short-term sickness absence at 5.77% which has required the use of bank and agency to cover the gaps. Due to renovation work in the service that commenced in November 2022 staffing has been increased by x 1 additional HSW each shift to manage any potential impact on the service. The service has been able to use this resource flexibly to support the acute inpatient service when capacity has allowed.

NICPM

NICPM has a 31% RN vacancy rate which has required a high use of bank and agency staff, to support safer staffing levels. Sickness absence rates have increased slightly over recent

months to 6.6%, with one band 5 RN being absent for a few months which impacted on staffing availability. The NICPM also has 3 preceptee RNs that cannot take charge of the ward at present and require the support of another RN on each clinical duty. The unit have done some work to review the AHP establishment, as dieticians and AHPs are built into the roster but not counted for safer staffing numbers.

Newsam wards (Forensic wards 2 (F), 2(A&T) and 3)

There remain ongoing challenges with RN cover as the vacancy factor across the service ranges from 12.5% to 50%. This is further compounded by sickness absence which during December was heightened across all 3 wards (with a range of 14.6% to 32.7%) but is showing improvement in January 2023 (with a range of 8.1% to 15.9%). Management of sickness absence has included referrals to occupational health, additional bespoke individual support and staff wellbeing support.

The vacancy and sickness absence gaps have been mitigated through the support of the responsive workforce; several bank

RNs who pick up regular shifts across the wards and several substantive staff who regularly work overtime/bank to help cover the shortfall. There have also been occasions where other services have supported the teams through local deployment, and this has included CTMs (Clinical Team Managers), and Matrons providing clinical cover. Additional HSWs in post on temporary contracts have allowed flexing between skill mix. The temporary contracts are coming to an end on 31st March, but the service has now recruited several HSWs to permanent posts. Recruitment is ongoing and another Preceptee started last week on Ward 2 A&T, and career conversations are being progressed with a further x2 Preceptees. A Band 6 RN post is currently out to advert, and a further Band 5 advert will go out again shortly.

Clifton House (Forensic wards Riverfields, Westerdale and Bluebell)

There is currently a 13% vacancy rate at Clifton House which includes x 3 B6 RN vacancies and x5 B5 RN vacancies. The vacancy gaps have been mitigated through the block booking of x 2 Agency RNs who work predominantly night duties. Day time shifts remain difficult to fill through bank and agency

staffing due to the shifts not attracting an unsocial enhancement and/or providing the flexibility of hours which many of our temporary workforce require. Substantive staff have in addition worked additional hours to support the outstanding duties. The service has an 8.4% sickness rate, however no themes in reasons for absence have been identified. Westerdale and Bluebell have been supported by the responsive workforce to reach optimum staffing levels while providing continuity of care to the service users.

The ongoing recruitment drive has seen an increased focus towards the local York Universities and the enhanced relationships has included an increase in the frequency of attendance at open days. The service has reviewed nursing placements to offer more 3rd year nursing student placements with a view to increasing the likelihood of students selecting the service to commence their Nursing careers upon qualifying.

2 and 3 Woodland Square

There is currently a 9% vacancy rate across the two wards at Woodland Square which includes x2 B5 RN vacancies. Staff

turnover is low for both wards with current turnover at 0% at 2 WSQ and 4.4% at 3 WSQ. The sickness absence rate for both wards fell below the trust target during the data period with 2 WSQ at 1.92% and 3WSQ at 4.4% respectively.

The service received a late notification of RN sickness absence on the night duty of 6th December 2022 and as a result the service was not able to source a suitably skilled replacement for the duty on 2WSQ. The RN on the late shift subsequently took a break before commencing on the night shift until the covering RN arrived with significant adjustment to the Early shift times being made. This was in breach of the European working time directive (EWTD).

During the months of November and December the inpatient staff team had been required to support the Intensive Support Team (IST) through deployment as they were experiencing significant unavailability through long-term sickness. However, sickness rates have since improved.

Other updates

Safer staffing group

Matrons and Ward Managers attended a first training session held in January facilitated by NHSE on the use of the MHOST tool, an evidence-based acuity and dependency tool which supports the reviewing of staffing establishments. This had been requested following significant changes in leadership teams and those using the tool since this training was first delivered in LYPFT in 2018. A follow up face to face training session in April will be carried out to ensure we have sufficient staff with the required knowledge and skills to use the tool, and it has been strongly recommended that we do not collect any MHOST data until the training and assessment has been provided to ensure all data collected is an accurate representation of our patient acuity and dependency.

As noted in the Woodland Square update, there are exceptional occasions where the European Working Time Directive (EWTD) is breached. The Safer Staffing group have added EWTD as a standing agenda item to ensure the oversight and escalation process has been followed should

any breaches occur. A breach occurs where staff have not had a minimum of 11 hours' continuous rest in every 24-hour period.

The deployment of staffing has continued to occur across the organisation beyond the covid-19 pandemic response to support staffing levels. The Deployment and staffing group has therefore published a clearly defined position on the challenge(s), principles and the expectations linked to reasonable management requests for the deployment of staff which aims to support both colleagues and operational management of staffing.

Working Age Adult and Older Peoples Services Community Mental Health Teams

Following on from the six-month safer staffing report where an update was provided regarding community mental health teams staffing, the below provides a brief update of the current position.

- Working Age Adult (WAA)

The WAA CMHT remains in business continuity with ongoing and significant pressures as reflected in the Trust's risk register relating to workforce challenges and clinical impact.

There are currently 42.0 WTE Vacancies in the WAA CMHT which includes x14.75 WTE vacancies for Band 6 RNs and x7.88 WTE vacancies for Band 5 RNs across the service. Sustained and depleted staffing levels in WAA CMHT's has resulted in increased caseload sizes for staff, ranging from 50-70 allocations per care coordinator. The sickness absence rate in WAA CMHT is 7.7% of which 54% is related to stress/mental health. This has been identified as a combination of personal and work-related stress. Though Bank and agency staffing has been used to support the reduction of vacancies, significant gaps remain.

A short-term plan to mitigate the risk has resulted in the temporary re-deployment of 14.69 FTE colleagues across the organisation for a period of 3-6 months to support the stabilisation of the service while further work is being progressed to recruit to new posts consisting of registered and non-registered staff. This will take the total amount staff redeployed to the CMHT to 23.29 WTE.

Work has commenced to evaluate workstreams that have been developed to improve the efficiency of the service. The service governance forums will hold responsibility for monitoring and evaluating the outcomes.

- Older Peoples Service (OPS)

The OPS CMHT remains active on the trust's risk register as a reflection of significant registered professional vacancies and unavailability, which is more prominent in the West OPS CMHT. This is primarily due to a combination of maternity leave and sickness absence. The vacancy and unavailability rate is currently x7.0 WTE across the service and is impacting on both caseload sizes and the ability to assess new referrals within the 15-day target. The sickness absence rate within the service is 6.46% and 21.53% of this sickness absence is related to stress/mental health. This has been identified as a combination of personal and work-related stress. In recent months the OPS CMHT has paid staff from other OPS services overtime to cover duty work and assessments, to help mitigate against the staffing pressures. However, this arrangement ceased in late December 2022 as the staff

concerned were required to offer additional hours in their own services.

Summary

The challenges and pressures faced by inpatient services in terms of recruitment of staff, acuity and dependency of patients remain, despite several improvement initiatives taking place. In some areas, RN vacancies sit at 50% and have been compounded by sickness absence rates above the trust target. Our workforce risks remain high, on the risk register and of the x28 wards, only one service (Asket House and Asket Croft) have been able to fully recruit to their RN posts. Recruitment progress is however, slowly being made with a few services expecting new staff to be in post over the coming months and good news in terms of the nursing student workforce preferencing our services as they approach registration.

In the interim, deployment and redeployment remain key requirements to enable services to function safely both in inpatients and the community teams.

Triangulation of information across this period does not evidence that any patient safety risks or incidents occurred as a direct consequence of staffing levels, however, there is evidence of the impact the challenges are having on staff wellbeing and resilience across the organisation. The breach of the European working time directive on Ward 2 Woodland Square demonstrates staff dedication to the safety of the people using our services; however, this is not the preferred outcome that we would wish to see as an organisation, and it must remain the exception.

Focus on the retention of our workforce remains key in reducing staffing pressures and therefore health and

wellbeing support from a strategic perspective will continue to remain in place for as long as colleagues require it, ensuring the right support is available at the right time for our staff.

Recommendations:

The Board is asked to:

- Discuss and note the content of the 2 monthly report.
- Be assured of the arrangements in place to monitor, support and mitigate the impact of reduced staffing levels and skill mix in relation to quality and safety in inpatient settings.

APPENDIX A

Safer Staffing: Inpatient Services – November 2022

Fill rate indicator return

Staffing: Nursing, Care Staff and AHPs

Ward name	Cumulative count	Care Hours Per Patient Day (CHPPD)							Day				Night				Allied Health	
		Registred	Non-registred	Registred	Non-registred	Registred	Non-registred	Overall	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill
WardName	PatientCo	CHPPD_R	CHPPD_N	CHPPD_R	CHPPD_N	CHPPD_R	CHPPD_N	CHPPD_O	AvgFR_RN	AvgFR_NN	AvgFR_RN	AvgFR_NN	AvgFR_RN	AvgFR_NN	AvgFR_RN	AvgFR_NN	AvgFR_RA	AvgFR_NR
2 WOODLAND SQUARE	115	9.3	7.7	0.0	0.0	1.2	0.0	18.2	105%	133%	100%	-	100%	100%	-	-	100%	-
3 WOODLAND SQUARE	91	10.3	19.3	0.8	0.7	0.0	0.0	31.2	82%	156%	100%	100%	97%	132%	100%	-	-	-
ASKET CROFT	540	1.7	2.5	0.0	0.0	1.1	0.0	5.2	96%	78%	-	-	113%	105%	-	-	100%	-
ASKET HOUSE	327	2.3	2.9	0.0	0.0	0.8	0.0	6.1	105%	68%	-	-	97%	134%	-	-	100%	-
BECKLIN CAU	140	8.1	19.1	0.8	0.0	0.4	0.0	28.4	94%	133%	100%	-	88%	144%	100%	-	100%	-
BECKLIN WARD 1	682	2.1	5.9	0.0	0.0	0.2	0.0	8.2	79%	237%	-	-	79%	299%	100%	-	100%	-
BECKLIN WARD 3	658	2.0	3.8	0.1	0.1	0.3	0.2	6.4	69%	201%	100%	100%	75%	194%	100%	100%	100%	100%
BECKLIN WARD 4	620	2.0	5.5	0.1	0.0	0.4	0.2	8.2	69%	268%	100%	-	63%	269%	100%	-	100%	100%
BECKLIN WARD 5	657	1.9	4.2	0.0	0.0	0.2	0.0	6.3	62%	190%	-	-	82%	169%	-	-	100%	-
MOTHER AND BABY AT THE MOUNT	209	7.0	9.3	0.4	0.0	0.0	0.0	16.7	106%	70%	100%	-	81%	170%	100%	-	-	-
NEWSAM WARD 1 PICU	331	4.0	14.6	0.0	0.0	0.6	0.4	19.6	73%	161%	-	-	75%	230%	-	-	100%	100%
NEWSAM WARD 2 FORENSIC	319	2.7	11.2	0.0	0.0	0.0	0.4	14.3	71%	270%	-	-	97%	257%	-	-	-	100%
NEWSAM WARD 2 WOMENS SERVICES	180	5.4	11.9	0.0	0.0	0.8	0.8	19.0	84%	178%	-	-	101%	148%	-	-	100%	100%
NEWSAM WARD 3	404	2.1	5.4	0.0	0.0	0.6	0.3	8.4	64%	175%	-	-	95%	141%	-	-	100%	100%
NEWSAM WARD 4	596	2.2	3.6	0.0	0.1	0.4	0.0	6.2	64%	209%	-	100%	86%	142%	-	100%	100%	-
NEWSAM WARD 5	487	2.2	4.4	0.0	0.0	0.6	0.3	7.4	75%	107%	-	-	74%	134%	-	-	100%	100%
NEWSAM WARD 6 EDU	266	3.8	11.2	0.0	0.0	1.1	0.5	16.6	85%	267%	-	-	61%	217%	-	-	100%	100%
NICPM LGI	150	8.0	5.9	0.0	0.0	2.6	0.0	16.5	108%	53%	-	-	91%	147%	-	-	100%	-
RED KITE VIEW GAU	390	3.9	8.6	0.4	0.0	0.1	0.3	13.3	54%	110%	100%	-	37%	182%	100%	-	100%	100%
RED KITE VIEW PICU	87	18.4	60.6	0.0	0.0	0.0	0.0	78.9	56%	156%	-	-	55%	224%	-	-	-	-
THE MOUNT WARD 1 NEW (MALE)	417	3.0	11.7	0.0	0.0	0.0	0.0	14.7	99%	154%	-	-	72%	250%	-	-	-	-
THE MOUNT WARD 2 NEW (FEMALE)	427	2.3	14.6	0.4	0.4	0.0	0.0	17.7	83%	305%	100%	100%	50%	315%	100%	-	-	-
THE MOUNT WARD 3A	549	1.8	5.3	0.2	0.0	0.0	0.0	7.4	73%	166%	100%	-	119%	186%	100%	-	-	-
THE MOUNT WARD 4A	682	1.7	5.9	0.0	0.1	0.0	0.0	7.7	86%	203%	-	100%	137%	284%	-	100%	-	-
YORK - BLUEBELL	210	4.8	9.3	0.3	0.5	0.8	0.7	16.4	92%	75%	100%	100%	100%	98%	-	-	100%	100%
YORK - MILL LODGE	224	6.1	10.9	0.1	0.0	2.2	1.3	20.6	80%	132%	100%	100%	74%	153%	-	-	100%	100%
YORK - RIVERFIELDS	160	5.3	8.7	0.0	0.0	0.0	0.0	14.0	67%	149%	-	-	107%	100%	-	-	100%	-
YORK - WESTERDALE	305	3.1	9.1	0.0	0.3	0.4	0.5	13.4	43%	193%	-	100%	97%	126%	-	100%	100%	100%

* Allied health professionals refers only to Occupational therapists that are included in the ward establishment

Safer Staffing: Inpatient Services – December 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	7.9	7.1	0.1	0.0	0.5	0.0	15.6	84%	130%	100%	-	100%	100%	-	-	100%	-
3 WOODLAND SQUARE	98	8.6	15.7	1.3	1.1	0.0	0.0	26.8	63%	140%	100%	100%	50%	120%	100%	100%	-	-
ASKET CROFT	576	1.7	2.1	0.0	0.0	0.6	0.0	4.4	105%	69%	-	-	116%	90%	-	-	100%	-
ASKET HOUSE	347	2.3	2.5	0.0	0.0	0.9	0.0	5.7	101%	64%	-	-	100%	103%	-	-	100%	-
BECKLIN CAU	134	8.4	22.6	0.5	0.0	0.2	0.0	31.7	84%	135%	-	-	84%	162%	100%	-	100%	-
BECKLIN WARD 1	655	2.1	4.8	0.0	0.0	0.2	0.0	7.1	75%	184%	-	-	67%	219%	-	-	100%	-
BECKLIN WARD 3	674	1.9	3.4	0.2	0.1	0.2	0.2	6.0	65%	200%	100%	100%	77%	175%	100%	100%	100%	100%
BECKLIN WARD 4	660	2.0	5.4	0.1	0.0	0.4	0.2	8.1	65%	307%	100%	-	78%	254%	100%	-	100%	100%
BECKLIN WARD 5	623	2.0	4.5	0.0	0.0	0.2	0.0	6.7	69%	172%	-	-	66%	176%	-	-	100%	-
MOTHER AND BABY AT THE MOUNT	216	6.5	7.0	0.2	0.0	0.0	0.0	13.7	94%	52%	100%	-	82%	121%	-	-	-	-
NEWSAM WARD 1 PICU	366	3.6	11.5	0.0	0.0	0.5	0.3	15.9	72%	129%	-	-	67%	198%	-	-	100%	100%
NEWSAM WARD 2 FORENSIC	341	2.6	9.6	0.0	0.0	0.0	0.0	12.6	69%	212%	-	-	100%	231%	-	-	-	100%
NEWSAM WARD 2 WOMENS SERVI	203	4.8	14.3	0.0	0.0	0.5	0.7	20.2	72%	233%	-	-	107%	198%	-	-	100%	100%
NEWSAM WARD 3	414	2.4	5.2	0.0	0.0	0.4	0.3	8.2	79%	154%	-	-	111%	145%	-	-	100%	100%
NEWSAM WARD 4	617	2.0	3.8	0.0	0.1	0.2	0.0	6.2	56%	197%	-	100%	76%	166%	-	100%	100%	-
NEWSAM WARD 5	509	2.1	4.2	0.0	0.0	0.3	0.2	6.8	76%	100%	-	-	68%	133%	-	-	100%	100%
NEWSAM WARD 6 EDU	254	4.0	13.4	0.0	0.0	1.4	0.6	19.4	79%	315%	-	-	58%	246%	-	-	100%	100%
NICPM LGI	146	8.5	5.4	0.0	0.0	2.1	3.8	15.9	86%	38%	-	-	86%	116%	-	-	100%	-
RED KITE VIEW GAU	373	4.0	8.5	0.8	0.0	0.3	0.0	13.6	47%	110%	100%	-	41%	165%	100%	-	100%	-
RED KITE VIEW PICU	118	12.5	39.1	0.2	0.0	0.0	0.1	51.8	62%	99%	100%	-	59%	146%	100%	-	-	100%
THE MOUNT WARD 1 NEW (MALE)	423	3.0	12.8	0.0	0.0	0.0	0.0	15.8	119%	199%	-	-	76%	275%	-	-	-	-
THE MOUNT WARD 2 NEW (FEMALE)	460	2.2	14.5	0.2	0.6	0.0	0.0	17.5	71%	305%	100%	100%	63%	325%	100%	100%	-	-
THE MOUNT WARD 3A	606	1.7	5.6	0.2	0.0	0.0	0.0	7.5	63%	204%	100%	-	138%	208%	100%	-	-	-
THE MOUNT WARD 4A	657	1.9	5.6	0.0	0.1	0.0	0.0	7.6	93%	199%	-	100%	136%	238%	-	100%	-	-
YORK - BLUEBELL	216	4.4	9.9	0.2	0.5	0.7	0.6	16.3	75%	82%	100%	100%	104%	99%	-	100%	100%	100%
YORK - MILL LODGE	207	6.8	10.3	0.2	0.0	2.0	1.4	20.6	72%	98%	100%	-	62%	142%	-	-	100%	100%
YORK - RIVERFIELDS	153	5.2	8.8	0.0	0.0	0.7	0.0	14.8	56%	133%	-	-	97%	107%	-	-	100%	-
YORK - WESTERDALE	273	3.9	10.4	0.0	0.4	0.2	0.2	15.2	47%	189%	-	100%	100%	136%	-	100%	100%	100%

* Allied health professionals refers only to Occupational therapists that are included in the ward establishment

Safer Staffing: Inpatient Services – January 2023
 Fill rate indicator return
 Staffing: Nursing, Care Staff and AHPs

Ward name	Cumulative count	Care Hours Per Patient Day (CHPPD)							Day				Night				Allied Health	
		Registered	Non-registered	Registered	Non-registered	Registered	Non-registered	Overall	Average e fill	Average e fill	Average e fill	Average e fill	Average e fill	Average e fill	Average e fill	Average e fill	Average e fill	Average e fill
2 WOODLAND SQUARE	94	10.7	9.4	0.0	0.0	1.5	0.0	21.6	87%	124%	-	100%	100%	103%	-	-	100%	-
3 WOODLAND SQUARE	90	10.0	18.4	1.6	1.0	0.0	0.0	30.9	80%	159%	100%	100%	61%	129%	100%	100%	-	-
ASKET CROFT	558	1.7	2.4	0.0	0.0	0.7	0.0	4.8	93%	76%	-	-	117%	94%	-	-	100%	-
ASKET HOUSE	347	2.4	2.4	0.0	0.0	1.1	0.0	5.9	106%	66%	-	-	100%	103%	-	-	100%	-
BECKLIN CAU	48	26.2	65.2	3.2	0.0	0.2	0.0	94.8	90%	169%	100%	-	94%	157%	100%	-	100%	-
BECKLIN WARD 1	634	2.2	4.2	0.0	0.0	0.2	0.0	6.6	72%	161%	-	-	81%	179%	-	-	100%	-
BECKLIN WARD 3	668	2.0	3.8	0.1	0.1	0.4	0.0	6.4	70%	206%	100%	100%	73%	191%	100%	100%	100%	-
BECKLIN WARD 4	642	2.1	4.7	0.1	0.0	0.3	0.0	7.3	70%	231%	100%	-	76%	231%	100%	-	100%	-
BECKLIN WARD 5	611	2.0	4.6	0.1	0.0	0.2	0.0	6.9	59%	195%	100%	-	87%	167%	-	-	100%	-
MOTHER AND BABY AT THE MOUNT	172	9.1	8.7	0.6	0.0	0.0	0.0	18.4	110%	56%	100%	-	82%	116%	100%	-	-	-
NEWSAM WARD 1 PICU	352	4.3	10.1	0.0	0.0	0.7	0.0	15.0	82%	123%	-	-	80%	144%	-	-	100%	-
NEWSAM WARD 2 FORENSIC	341	2.7	12.3	0.0	0.0	0.0	0.0	15.0	70%	335%	-	-	101%	287%	-	-	-	-
NEWSAM WARD 2 WOMENS SERVICES	217	5.0	20.2	0.0	0.0	0.7	0.0	25.8	88%	431%	-	-	103%	316%	-	-	100%	-
NEWSAM WARD 3	403	2.4	5.5	0.0	0.0	0.4	0.0	8.2	76%	157%	-	-	101%	152%	-	-	100%	-
NEWSAM WARD 4	628	2.0	4.3	0.0	0.2	0.1	0.0	6.6	54%	333%	-	100%	92%	177%	-	-	100%	-
NEWSAM WARD 5	499	2.2	4.4	0.0	0.0	0.4	0.0	7.0	83%	99%	-	-	66%	139%	-	-	100%	-
NEWSAM WARD 6 EDU	251	4.1	12.7	0.0	0.0	1.9	0.0	18.7	89%	247%	-	-	53%	248%	-	-	100%	-
NICPM LGI	171	6.6	5.9	0.0	0.0	2.0	0.0	14.6	87%	43%	-	-	69%	168%	-	-	100%	-
RED KITE VIEW GAU	358	4.2	9.2	0.6	0.0	0.3	0.0	14.4	61%	105%	100%	-	50%	183%	100%	-	100%	-
RED KITE VIEW PICU	121	12.2	33.3	0.0	0.0	0.0	0.0	45.5	74%	85%	-	-	89%	122%	-	-	-	-
THE MOUNT WARD 1 NEW (MALE)	426	3.6	15.1	0.0	0.0	0.0	0.0	18.7	119%	234%	-	-	95%	319%	-	-	-	-
THE MOUNT WARD 2 NEW (FEMALE)	445	2.5	13.8	0.3	0.4	0.0	0.0	17.0	80%	268%	100%	100%	64%	324%	100%	100%	-	-
THE MOUNT WARD 3A	570	2.0	5.7	0.3	0.0	0.0	0.0	7.9	72%	183%	100%	-	155%	217%	100%	-	-	-
THE MOUNT WARD 4A	657	1.9	6.1	0.0	0.1	0.0	0.0	8.1	93%	212%	-	100%	148%	245%	-	-	-	-
YORK - BLUEBELL	232	4.5	10.8	0.0	0.4	0.7	0.0	16.4	96%	81%	-	100%	97%	133%	-	-	100%	-
YORK - MILL LODGE	251	5.4	9.5	0.1	0.0	1.5	0.0	16.5	69%	126%	100%	-	65%	136%	-	-	100%	-
YORK - RIVERFIELDS	174	5.1	8.0	0.0	0.0	0.5	0.0	13.6	65%	142%	-	-	100%	103%	-	-	100%	-
YORK - WESTERDALE	248	4.3	12.9	0.0	0.6	0.4	0.0	18.3	48%	227%	-	100%	103%	157%	-	-	100%	-

* Allied health professionals refers only to Occupational therapists that are included in the ward establishment

**AGENDA
ITEM**

18

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Medical Director's Report
DATE OF MEETING:	30 March 2023
PRESENTED BY: (name and title)	Dr Chris Hosker. Medical Director
PREPARED BY: (name and title)	Dr Chris Hosker. Medical Director & Directorate SLT

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s) <input type="checkbox"/>		
S01	We deliver great care that is high quality and improves lives.	✓
S02	We provide a rewarding and supportive place to work.	✓
S03	We use our resources to deliver effective and sustainable services.	✓

EXECUTIVE SUMMARY		
<p>The purpose of this report is to inform the Board of Directors of the current state of the Medical Directorate and in doing so provide assurance that it is functioning in a way that promotes the success of the Trust, its patients, its staff and the wider public, while also managing any current risks that are positioned as potential barriers to that success. The paper's scope therefore covers the key functions that sit within the Medical Directorate and provides an update of key work within each one.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
	No	

RECOMMENDATION
<p>That the Board of Directors considers the information contained within the report and remains assured that the medical directorate is providing its key functions in a way that is in line with successfully achieving the Trust's objectives.</p>

MEETING OF THE BOARD OF DIRECTORS

30 March 2023

MEDICAL DIRECTOR'S REPORT

1. EXECUTIVE SUMMARY

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

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

2. DIRECTORATE OVERVIEW

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

Since the last report the directorate has had to work closely with operational and professional colleagues in order to mitigate the impact of the junior doctors' industrial action. I am hugely grateful to those who created the cover plans and to our consultants and speciality doctors who worked extra overnight shifts to maintain the on call rotas and who covered the day to day work during that period. We are now preparing for further disruption between the 11th and 13th April 2023.

The Directorate continues to provide leadership across key improvement projects as follows:

- A 4th cohort completed an IHI 90 day learning cycle for clinical outcomes in March 2023
- A higher trainee to consultant day was hosted through the ASC by LYPFT in March 2023
- A medical leadership day was hosted through the ASC by LYPFT in March 2023
- Clinical Lead development continued with a facilitated development day being held in December 2022
- International recruitment efforts continued with directorate attendance at International Career Conferences through February, March and April 2023 (Calgary, Toronto and Dublin)

- The Quality Strategic Plan continues to be refreshed with the 9 IHI conditions for quality to flourish having been redrafted to be bespoke for LYPFT (now called the Learning, Culture and Leadership framework)
- The R&D strategy has been agreed and published and the annual research day was held in March 2023

3. CORE DIRECTORATE FUNCTIONS

3.1 Personnel and structure changes:

Medical Professional Development Centre /Andrew Sims Centre (ASC)

The Medical Directorate Managers job title (held by Vickie Lovett) has been rebranded to reflect the duties and responsibilities of the role and is now Head of Medical Development and Operations.

The junior doctors industrial action which took place over the 13th, 14th and 15th March has been the priority of the team and close involvement has been required in the Industrial Action Planning Group and Industrial Action Tactical Group. This work has extended to TEWV and LCH to ensure all services were included in the wider system planning aimed at keeping our patients safe during this period.

The Andrew Sims Centre (ASC) continue to manage some medical rotas on behalf of care services and remuneration has now been agreed by the Head of Operations and is being worked through with finance colleagues.

Educational staff doctor update

The 6 international educational staff grade doctors recruited have settled well into their various teams. Early indications are that they have rapidly become core members of their teams and it was great to welcome 4 of them to our recent medical leadership day. A meeting of their clinical supervisors revealed positive feedback and we are looking forward to their careers developing further in LYPFT. This initiative has made some inroads into reducing expenditure into locum SAS doctor roles and we are now planning to expand the scheme.

Engagement with higher trainees approaching consultant appointments

We are taking a proactive approach to engagement with links being maintained with higher trainees right through their training, via regular meetings to discuss future career aims that dovetail these with future consultant vacancies and opportunities. Initial feedback is promising, and effects should become apparent when some candidates will complete their training by the end of 2023.

Medical Education Centre

There have been staffing challenges within the team due to a resignation and sickness absences. A review of the administrative structure has taken place and in budget, we have appointed Gemma Hudson band 7 Medical Education Manager and a further band 4.

The team priorities are on maintaining the out of hours 1st and 2nd tier on-call rotas for doctors in training (excluding Red Kite View), delivering medical education from the Royal College of Psychiatrists and Health Education England and 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 as the Trust's systems have evolved but haven't fed through to the team. 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

In Q3 Two Appointment Advisory Committees (AACs) have taken place with two substantive consultant appointments made (Complex Rehabilitation and Ward 5 Newsam Centre). A Trust locum consultant in working age Liaison had also been appointed and moved temporarily to the NICPM post following the retirement of Dr Peter Trigwell. No appointments were made for the Forensic Posts at Newsam, Working Age Adult Inpatient, Learning Disabilities, West WAA CMHT, Rough Sleepers and Eating Disorders, despite these being re-advertised.

A total of six overseas doctors were offered posts on the ESD (Educational Specialty Doctor) Scheme and have since commenced in the following clinical services; East CMHT Working Age Adult, Adult Acute Ward 4 Becklin Centre, Forensic Newsam Centre, Perinatal inpatient, Older

Peoples Services Inpatients and Working Age Adult SISS. These appointments have released four agency doctors.

An additional three substantive posts have been filled for Specialty Doctors (Red Kite View CAMHS, and 2 in West WAA CMHT). Recruitment has taken place for Eating Disorders and a substantive appointment was made in Q3.

Consultant vacancies continue in the York Forensic service (3), Leeds Forensic service (2) Working Age Adult Inpatients (2), Eating Disorders Connect (3), Older Peoples IHTT (1), Learning Disabilities (2), West WAA CMHT (2).

There continues to be an increase in additional agency spending due to Consultant and SAS Doctor vacancies. Some of the increase is also attributable to regular requests for increase agency rates for both new posts and rate increase requests from our current agency doctors. This inflation is in line with the national picture.

Agency spend details

As of the 5th March there were 33 agency doctors booked within LYPFT.

There are two agency bookings, one in older people's services and one in ADHD services where there are already appointed substantive doctors. Both agency bookings have been extended and approved by the Head of Operations until the end of Q4 to help manage service pressures in these areas.

Work taking place:

The work which has been taking place 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 is ongoing. Following the submission of 3 specific consultant vacancies, which were included on the advertising website, several CVs were received, however none fulfilled the person specification with regards to qualifications and competencies. The Medical Director has attended an overseas recruitment event in Calgary, Canada with a further two events planned in March (Toronto) and April (Dublin). LYPFT is providing medical representation to these events. There has been some interest following the Calgary event

with one CV being followed up in conjunction with the Royal College of Psychiatrists with regards to transferable qualifications.

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.

A task and finish group has been developed led by the Professional Lead, SAS Tutor and SAS Advocate to look at the specialist grade post and develop a pathway along with service needs. The group will look at existing SAS doctors to work towards becoming recognised for what they are doing now, to identify support and supervision needs and to develop a clear offer for those wishing to become s12 approved, Approved Clinician approved and to follow the CESR pathway (an alternative route to enable these Drs to then apply for Consultant posts).

Higher trainees

The Professional Lead and Clinical Director (responsible for recruitment and retention) continue to have career discussions with higher trainees who are working at LYPFT.

On 6th March, the Andrew Sims Centre hosted an event for the Higher Trainees across Yorkshire and the Humber “From Higher Trainee to Consultant: Your Career in our Hands” (appendix A). The purpose of the event was to provide information to understand the opportunities available at LYPFT and a consultant. A workshop led by a higher trainee to understand the barriers and opportunities of applying for a consultant post in Leeds took place and we are currently collating feedback and evaluation to take forward which will be reported in the next board report.

Medical recruitment challenges and mitigation plans

Adult Acute Services	<p>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. The Educational Specialty Doctor (recruited as part of the international recruitment) was not placed on the acute ward due to the uncertainties of the agency consultant and was therefore placed at SISS instead.</p>
Working Age (WAA) Community + Wellbeing Service	<p>WAA South CMHT has one LTFT consultant vacancy (a retirement) and one LTFT consultant on a career break. There are recruitment plans in place for the resignation and agency cover is currently in place to provide backfill for the career break. There continue to be two agency Specialty Doctors as recruitment to South CMHT has been unsuccessful. These posts will be included in the next Sd recruitment round for August start.</p> <p>WAA West CMHT has two consultant vacancies, and agency consultants are in place covering the vacancies and these jobs currently out to advert.</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 but covered internally. One substantive acting consultant is on a phased return back to work as of April 2023.</p> <p>Ward 5, Newsam Centre have recently appointed a substantive consultant who is starting June 2023. Cover is currently being maintained by the CREST consultant whilst the vacancy remains with external agency locums.</p>
Forensic services	<p>York forensic based psychiatry is wholly provided by agency doctors overseen by the clinical and medical lead. AACs scheduled in October received no applicants and so forensics continues to remain a hot spot of medical recruitment challenges.</p> <p>The Leeds forensic service has two consultant vacancies, both of which are one of which are covered by agency locums.</p>
Older Peoples Services	<p>Agency cover remains in place for the IHTT consultant. The Specialty Doctor vacancy was covered by two LTFT agency doctors one of whom have been given notice.</p> <p>Four consultant posts have been advertised with a planned AAC date of 27th March and 4 applicants have been offered interview.</p>
Learning Disability	<p>There are two consultant vacancies. The service is continuing to review the service and what is needed with regard to staffing levels. There is one agency Consultant in post but is due to finish in June 2023.</p>
CAMHs Services	<p>Red Kite View currently has one consultant on long term absence. The workload is being covered internally with some annual leave cover provided by an agency doctor (who is currently covering Mill Lodge).</p>

At Mill Lodge one substantive consultant is on a career break for 12 months and workload is being covered by agency. The substantive consultant on a career break is returning back to cover a period of annual leave and then will return back on a career break.
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Current state of medical line management

There continues to be a high number of vacancies for the medical line manager roles. As doctors are not applying for these roles, the line management structure is being reviewed to develop more attractive posts by creating areas of responsibility. This work is ongoing.

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 post went to advert multiple times, but had no applicants.

Job planning status update

The Medical Professional Lead and Head of Medical Development and Operations are reviewing 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.

Clinical Excellence Awards

The 2023-24 Local Clinical Excellence Awards (LCEAs) scheme is designed to recognise and reward consultant colleagues who perform 'over and above' the standard expected of their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions.

NHS Employers, the British Medical Association (BMA) and HCSA have been unable to reach agreement on a new scheme in respect of LCEAs. In the absence of a national agreement, LYPFT have developed a scheme through a Task and Finish group attended by the Professional Lead, Head of Medical Development and Operations and the Medical Workforce Race Equality Standards (MWRES) Lead. The Task and Finish group is chaired by colleagues in workforce and consultation of the scheme has been taking place with joint local negotiation committees (JLNCs). Collaborative work is starting to take place to deliver workshops to consultants providing information on the new

scheme and colleagues from the BMA will also attend. The workshops are planned to take place in April, May and June.

3.3 Specialty Doctor and Associate Specialist (SAS) Advocate update

The SAS wellbeing day received great feedback with people keen for further such days. Hence the next away day will again focus wellbeing and team building.

The role has involved more individual support for SAS colleagues as well as group support of the newly appointed SAS doctors over recent months. Welcome and induction meetings have been held with the international doctors who have started in the Trust as well as three further SAS doctors more recently appointed. An informal meal out is planned shortly.

A full day induction pilot lead by Dr Abhi Inglis has taken place with regional SAS Tutors and Advocates in attendance to enable feedback and any tweaks to be made so this can be rolled out.

We have an upcoming meeting to go through the requirements of the SAS Charter to assess how the Trust is performing against these standards and an ongoing task and finish group to work toward formation of Specialist roles within the Trust.

A repeat survey of wellbeing will be rolled out shortly.

A presentation will be given to raise the profile of the advocate role at the Medical Leadership Day. The nationwide SAS advocate network is now established where knowledge and ideas are shared.

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

Sadly, we learnt of the passing of Professor Andrew Sims and the Trust will be hosting a free CPD event on 28th June 2023 to celebrate his life and contributions to Psychiatry. Within the past 12 months, the Andrew Sims Centre (ASC) team ran more events and training programmes than previous and are back to working business as usual since the pandemic. ASC are delighted to have co-organised and supported large internal events such as the Healthcare Support Worker and Higher Trainee to Consultant conferences. ASC are supporting events with external Trusts and HEE such as Foundation Doctor Psychiatry Simulation Programme.

3.5 Medical Education

The Trust received excellent feedback from HEE at the Monitoring the Learning Environment meeting on 4th November 2022. HEE reported that LYPFT GMC survey data is consistently excellent. Clinical supervision, and clinical supervision out of hours feature frequently in the high score list.

Continuing with the good news, Dr Monique Schellhase was awarded the National Royal College of Psychiatrists 'Specialty Doctor of the Year' award. Dr Prakash Hosalli has been awarded 'Trainer of the Year' and Dr Anna Taylor awarded 'Core Trainee of the Year' at the HEE Yorkshire and Humber School of Psychiatry Awards in November 2022. They will both now be put forward for the Royal College of Psychiatrists national awards this coming year.

As we continue to be innovative in enabling consultant recruitment from our junior doctors, LYPFT is hosting our first Higher Trainee conference 'From Higher Trainee to Consultant: Your career in our hands' in March 2023. The agenda set for the conference is based on feedback on what makes a good consultant post from the West ICS Trainee Enhancement Forum.

Finally, the most recent challenge for MELM (Medical Education Leadership and Management Team) was the up-and-coming Junior doctor industrial action from the 13th to 16th March 2023. MELM worked closely with the Industrial Action Planning Group and Industrial Tactical Group to ensure patient safety during the 72 hours by co-ordinating necessary 'acting down' of our SAS and consultant workforce.

3.6 RESPONSIBLE OFFICER

Appraisal and revalidation

In the last quarter (Q3) 26 appraisals were undertaken and 4 recommendations for revalidation were approved by the GMC. There were no missed appraisals.

A new GMC-approved e-medical appraisal format has been developed in consultation with representatives of the Trust's appraisal platform (L2P) and will go live in Q1 2023/24. In preparation for this a series of awareness and training events have been delivered this quarter for all doctors

(consultant, SAS and Trust doctors) to ensure all are fully sighted on the necessary changes to the process. Positive early feedback has been received and the impact of this new format will be evaluated once fully embedded.

Managing concerns about medical staff

A revised Managing Concerns About Medical Colleagues (Maintaining High Professional Standards) policy been submitted to the Joint Local Negotiating Committee for consultation prior to ratification by the Policies and Procedures committee in Q4 2023/24 in light of new relevant guidance received from the BMA.

Since the last report the Medical Directorate has hosted NHS-Resolution Case Investigator training for doctors and workforce colleagues which was well received. It has increased the number of MHPS-trained investigators and workforce support for any future investigations thus ensuring resilience. Since the last report 1 preliminary (informal) investigation has taken place and has concluded regarding a doctor who was at the time working in the Trust and 1 preliminary (informal) investigation remains ongoing and 1 new (formal) investigation has begun regarding doctors currently working in the Trust. Both investigations are expected to conclude by the end of this quarter.

A peer review of practice took place in Q3 in accordance with NHSE recommendations. A draft report of their findings has been received which is currently being reviewed.

4 CLINICAL LEADERSHIP AND QUALITY OF CARE

A Clinical Leads Development Day took place on the 14th of December 2022. The day was planned, organised and facilitated by a Clinical Director and external coach. 17 of the 20 Clinical Leads from across the organisation attended the event along with Clinical Directors and Medical Director. The event provided an opportunity for sharing the Clinical Leadership vision for the organisation along with a summary of outcomes of evidence from literature review, surveys, focus groups and exit interviews detailing the importance and role of good clinical leadership in the delivery of high-quality care. A variety of activities were organised to support participants to begin to apply learning from the day to themselves, their service leadership teams and to the group as a leadership community. These activities centred on the top 6 performing behaviours of leaders as identified by the Corporate Leadership Council. Evaluation and feedback forms were completed by participants, and a report

detailing the feedback received has been completed the outcomes of which will be used to shape and inform the development of future events. The aim is to run 4 formal events per year, the focus and content of such will be co-designed with Clinical Leads, Clinical Directors and Medical Director.

5 MEDICINES SAFETY

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 GPhC registered staff (Pharmacists and Pharmacy Technicians) continues to prove challenging (and time-consuming), due to a national shortage of registered pharmacy professionals which is unlikely to resolve in the near future. Pharmacy managers have worked with the HR/ OD team to mitigate this and have successfully recruited to new roles for non-registered staff recently, including a Business/ Operations Manager and a dispensary co-ordinator for each of the two dispensaries. These new roles will relieve registered staff of their operational tasks thus enabling them to focus on their professional roles.

Some of the staff on long term sick are starting to return to work. However, the phased return to work alongside the significant amounts of AL mean it'll be several months until they're working their full hours.

With senior pharmacy staff currently providing frontline services there is very limited capacity to progress any new medicines governance or pharmacy service development work.

It is hoped that the combination of the above will see the pharmacy service moving out of BC around May/ June time and allow the resumption of paused work and progression of longer-term strategies to increase training capacity and improve staff retention.

The covid Spring booster vaccination campaign for eligible patient will run from April until June 2023 and is likely to involve the use of a newer vaccine (VidPrevtyn Beta).

6 CLINICAL INFORMATION MANAGEMENT

Over the last period we have worked with the organisation's front line to redesign the LYPFT care plan. This is a substantial simplification of the process with a clear focus on it being service-user centric. The new process went live on the 20th of February 2023.

The digital change team have continued to support the front line, focussing on the CMHTs. The team aim to help redeployed CMHT staff with Caredirector and to help streamline clinical processes. Currently the focus for our clinical systems staff is delivering document management. This strand of our digital strategy will move the Trust far closer to entirely digital records. It will give a searchable view of all records going back many years and is expected to improve the quality of care we provide. The first service will be going live in March.

Another innovation is the delivery of electronic prescribing of depots for community patients. A pilot will begin in April but is dependent on capacity in the community teams. Finally, the team are working to deliver much anticipated links from Caredirector to GP systems (eDANs), Patient Portal, Outlook diaries and the NHS Spine.

7 RESEARCH AND DEVELOPMENT

In December 2022 we launched the Trust's Research strategy. A short film was created alongside the strategy to showcase what Research is about within the Trust. In January 2023 our webpages were re launched with new branding and images. This was accompanied with a media release, again highlighting the role of Research within the organisation. These activities were the culmination of a year worth of work to raise the profile of research within the organisation. We also ran 2 engagement events in February. One was for children and was held at York Leisure Centre. It gave children and parents/carers the opportunity to learn about mental health research for children. We showcased a range of the interventions we have researched including lego, nature, soothe boxes and virtual reality games. The second event was held in Leeds and was to thank anyone who had taken part in research with us. We joined up with other relevant agencies to offer a free, drop in event in the centre of Leeds.

During this time period we have opened 6 new studies. This includes some complex interventions around increasing physical activity in those with severe mental health. We continue to expand the Research Experience programme. Originally designed for student mental health nurses this year we have expanded to AHP students as well as using the principles of the programme to support qualified

staff. The NIHR are now supporting this programme and it will be piloted nationally with a formal evaluation.

8 IMPROVEMENT AND KNOWLEDGE SERVICE

The department continues to strive towards a vision that builds a culture within the Trust that uses knowledge and improvement to provide outstanding mental health and learning disability services. We do that via offering support, coaching, training and facilitate activities and projects to make changes that matter to our service users, carers, staff, partners, and the wider community.

Since the last update, the department has completed its annual report, using the new Annual Service Report framework which included the completion of the Learning, Culture and Leadership (formally Safe Effective Reliable Care) maturity matrix, along with each area of the department having identified areas to develop over the next year.

The current activity (March 2023) that the Improvement & Knowledge Service is supporting is shown in the table below:

Service Line	Clinical Audit	Continuous Improvement	People & Change
Adult Inpatients (n=20)	10	10	0
Children & Young People (n=10)	3	7	0
Community & Wellbeing (n=19)	5	14	0
Corporate & Other (n=18)	10	4	4
Eating Disorders, R&R and Gender (n=7)	4	1	2
Forensics (n=3)	2	1	0
Learning Disabilities (n=7)	4	2	0
Liaison & Perinatal (n=5)	4	1	0
Older People Services (n=19)	10	9	0
Regional & Specialist (n=3)	2	1	0

Table – Summary of the number of projects by service lines supported by the I&K Service

The library space has been closed to staff since the beginning of the pandemic and it was giving back to the Library & Knowledge Service in August 2022. Due to the impact of the pandemic on the way we work and communicate and the new Hybrid Trust Policy, it was clear that a change on the existing space was required. In November 2022, a survey was sent out to collect feedback from staff on how the pandemic shaped the way they used the library space and what they needed from the Library space to support their new way of working. The results showed that staff still need the library for hard books and journals but also highlighted that requests for online books and Journals have

increased since the pandemic. However, when we asked what type of facilities are required from staff, the top 3 answers were: Quiet spaces, study area and hot desks.

In January 2023, fundings were granted to the Library & Knowledge Service to transform, with support from the Estate Department, the Library space into a Learning Centre. The Library space will still contain hard books and some journals but part of the space will have hot desks, a large meeting room (for 12 people) and 2 small quiet rooms utilised for video call, phone conversation or 1:1 meeting. The work is already ongoing, and the new Library & Learning Centre should be re-opening to the staff on the w/c 17th April (soft-launch) while the big opening is scheduled for the following week.

Each year the service is responsible to put together the Trust Clinical Audit Priority Programme for next financial year (2023/24). The Programme contains mainly national requirements, any audits requested by external organisation (i.e., CQC, ICS) and internal priorities under specific requirements (i.e. actions from incidents review, CQUINs, Accreditation) identified by services. The engagement process with services and managers started in December 2022 and draft programme was presented and agreed at the March TW CG meeting. The programme will be presented at the April (13th) Quality Committee meeting for final approval.

The National Institute for Health and Care Excellent (NICE) published on the 7th September 2022, a new guidance on self-harm (assessment, management and preventing recurrence). The guideline covers assessment, management and preventing recurrence for children, young people and adults who have self-harmed. Under the request of the Quality Committee, relevance of the guidance was prioritised and sent out to the identified NICE Lead of each service on 27/09/2022. All information was collected and presented by the Improvement & Knowledge Service at the December (1st) Trustwide Clinical Governance for approval, as per Trust procedure (C-052). 18 services declared the guidance as “Relevant” for their own service, while 3 services declared it as for “Information Practice”. On the 2nd December 2022, an email with attached baseline assessment was sent out to those services that identified the guidance as relevant for completion (deadline: 2nd April 2023). The baseline assessment tool is an Excel spreadsheet produced by NICE. There is a unique baseline assessment tool for every NICE Guideline and used to identify any gaps in clinical practice. If recommendations are partially or not met, activities must be agreed within the service and monitored by the Improvement & Knowledge Service.

We have made some great strides in our plans to build improvement capability and capacity across the Trust. (Priority - World Class Clinical Leadership & teams that deliver high quality services).

Work is still progressing to finalise the plan, but we have been able to build some strong foundations over the past few months by building working relationships with other areas of the Trust such as Clinical Governance, Informatics, Service Development, Strategic Development and Organisational Development teams.

The natural alignment of the improved Annual Service Quality Reports and the introduction of the Learning, Culture and Leadership framework are also supporting delivery of the plan and will continue to be key components to build improvement capability and capacity as they are embedded across the Trust.

9 MENTAL HEALTH LEGISLATION COMPLIANCE

The Mental Health Legislation team continue to provide compulsory and bespoke training to individuals and teams, with compliance figures remaining stable despite the trust wide staffing challenges and the ongoing problems previously highlighted with the Learn system.

Top Level by Requirement Title

Report database last refreshed on 01/03/2023 at 01:53:24

KEY: 0-74% 75-84% 85-100%

Requirement	Number compliant	Number non-compliant	Total Headcount	Compliance status
Mental Capacity Act and DoLS Level 2	901	168	1069	84%
Mental Health Act (Inpatient) Level 2	306	87	393	78%
Mental Health Legislation Awareness Level 1	1452	230	1682	86%
Overall:	2659	485	3144	85%

A programme of human rights training provided by the British Institute of Human Rights has commenced across the trust. The awareness sessions have been well received and attended by a varied cross-section of the workforce, although not attracting full attendance.

A number of qualitative audits have been undertaken looking at mental capacity and best interest recording in clinical teams. While it is encouraging to see more assessments are being carried out, the recording of the majority of assessments falls below the standard required to evidence compliance with the Mental Capacity Act. To support staff, the trust's mental capacity assessment form has been revised and accompanying guidance provided. A particular area of concern highlighted by the audits are assessments undertaken by doctors within the trust, especially concerning service users already subject to restrictions under Mental Health Act where human rights considerations are particularly acute. Bespoke training is being considered for medical staff.

9 CONCLUSION

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.

10 RECOMMENDATION

The Board are asked to consider the information contained within this report on the key functions of the medical directorate and to be assured that the work being conducted is commensurate with the challenges being faced and in line with the wider Trust strategy

Dr Christian Hosker

Medical Director

23 March 2023

**AGENDA
ITEM**

19

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Guardian of Safe Working Quarterly Report Quarter 3: 1 October 2022 to 31 December 2022
DATE OF MEETING:	30 March 2023
PRESENTED BY: (name and title)	Dr Chris Hosker, Medical Director
PREPARED BY: (name and title)	Dr Ben Alderson, Guardian of Safe Working Hours

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

EXECUTIVE SUMMARY		
<p>The purpose of this report is to give assurance to the board that doctors in training are safely rostered and that their working hours are compliant with the Junior doctors contract 2016 and in accordance with Junior doctors terms and conditions of service (TCS). Key points to note are</p> <ul style="list-style-type: none"> • There have been 3 exception reports and 0 patient safety issues recorded in this period • Junior Doctors Forum met in February 2023. The Guardian will take up the position of Training Programme Director for Core Psychiatrist (West Yorkshire) later in 2023. They are enquiring with the BMA if this will be in conflict with the TCS to continue as the Guardian. JDF members have been asked to raise any concerns they hold about this before the next JDF. 		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
	No	

RECOMMENDATION
<p>The Board of Directors are asked:</p> <ol style="list-style-type: none"> i. 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 ii. To provide constructive challenge where improvement could be identified within this system.

MEETING OF THE BOARD OF DIRECTORS

DATE 30.03.2023

Guardian of Safe Working Hours Report

Quarter 3 October 2022 to December 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 01.10.2022 to 31.12.2022.

2 Quarter 3 Overview

Vacancies		There are 39 Core trainees and 2 NIHR posts					
		There are 5 vacancies in the Higher Trainee establishment					
Rota Gaps		October		November		December	
		CT	HT	CT	HT	CT	HT
	Gaps	9	6	31	11	37	17
	Internal Cover	9	6	27	11	29	17
	Agency cover	0	0	2	0	0	0
	Unfilled	0	0	2	0	8	0
Fill Rate		100%	100%	94%	100%	78%	100%
Exception reports (ER)		1	0	1	0	1	0
		There were 3 ERs raised during this reporting period. No ERs related to patient safety issues.					
Fines		None					
Patient Safety Issues		None					

Junior Doctor Forum (JDF)	<p>Meeting held in February 2023.</p> <ul style="list-style-type: none"> • There were 3 exception reports in the reporting period. All were made by CT's. None of these related to patient safety incidents. The CT's were satisfied with outcomes taken in each situation and there were no repeat ER's for the same issues. • The Guardian explained to JDF that they will be taking up the role of Training Programme Director for Core Psychiatrist (West Yorkshire) later in 2023. The Guardian is exploring if there will be conflict in the roles and if so will liaise with the Director of Medical Education. The Guardian asked JDF members to share any concerns they hold about this before the next JDF. • It was acknowledged that the BMA were in the process of considering a ballot for junior doctors and had issued rate card guidance. The BMA representative was clear to explain that disputes were not with LYPFT but were aimed at the Government.
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3 Conclusion

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

4 Recommendations

The Board of Directors are asked:

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

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

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Board Assurance Framework as at the end quarter 3
DATE OF MEETING:	30 March 2023
PRESENTED BY: (name and title)	Sara Munro – Chief Executive
PREPARED BY: (name and title)	Cath Hill – Associate Director for Corporate Governance

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

EXECUTIVE SUMMARY

Overall responsibility for the BAF sits with the Chief Executive and this is administered by the Associate Director for Corporate Governance who has a co-ordinating role in respect of the information and for ensuring the document moves through its governance pathway effectively and provides check and challenge to the content.

The BAF is populated with the eight strategic risks from the Strategic Risk Register. Each risk is assigned to a lead executive director. Each individual risk has been:

- Refreshed on behalf of the lead director by the relevant senior manager to ensure that: the content is up to date; it adequately describes the controls and assurances in place; the gaps are adequately described; and any high level actions are articulated
- Provided to the lead executive director who has ensured the details overall are up to date as at the end June.

The BAF as a whole has been:

- Presented to those Board sub-committee named as an assurance receiver in order for them to be assured of the completeness of the detail and that it has received sufficient and appropriate assurance in relation to the risks and that any gaps are being sufficiently managed. Where the committee feels that it hasn't received sufficient assurance it may require a further detailed report.

The Board is reminded that it is presented here for assurance on its completeness as at the end of December 2022.

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

RECOMMENDATION

The Board is asked to:

- Receive the BAF and to be assured of its completeness and that it has been scrutinised by its sub-committees

BOARD ASSURANCE FRAMEWORK OVERVIEW											
Strategic Objective	Risk appetite	Strategic Risk	Quarterly Assurance Rating				Changes in strategic risk score	Executive Lead	Assuring Committee	Current Risk Score	Change
			Q1	Q2	Q3	Q4					
1. We deliver great care that is high quality and improves lives	It is classed as 'high' in relation to that openness but the board would not take risks that either compromise our reputation or the safety of our patients. It is classed as 'high' with the core regulatory and legislative frameworks within which it has a licence to operate.	(SR1) (Risk 636) If there is a breakdown of quality including safety assurance processes, we risk not being able to maintain standards of safe practice, meeting population health needs and compliance with regulatory requirements.	Partial (remains same)	Partial (remains same)	Partial (remains same)		(November 2022) Having considered the interconnectivity of the strategic risks, the risk score for SR1 has reduced from 16 to 12. This recognises that the risk is well controlled and has robust governance arrangements in place. In relation to staffing, workforce issues are specifically picked up in SR3, but it should be noted that any issues around safe staffing as a consequence of those workforce issues have robust reporting arrangements and these arrangements are reflected within this strategic risk scoring of 12 for SR1.	Cathy Woffendin (Director of Nursing, Professions and Quality)	Quality Committee	12	→
		(SR2) (Risk 829) There is a risk that we fail to make the improvements outlined in the Quality Strategic Plan and that this has an impact on how we understand and act on the care of those who use our services.	Partial (remains same)	Partial (remains same)	Partial (remains same)		(November 2022) The score for this risk has been increased from 8 to 12 to reflect the interconnectivity there is with the workforce risk / issues and the ability to make quality improvements within a workforce that has its current challenges.	Chris Hosker (Medical Director)	Quality Committee	12	↑
		(SR8) (Risk 1111) There is a risk we fail to understand, plan and deliver services that meet the health needs of the population we serve.	NEW N/A	Partial (remains same)	Partial (remains same)		(November 2022) It was agreed this risk score will stay the same because we are as far ahead as we can be with the work and the systems processes and procedures needed at this point are in place and effective.	Joanna Forster Adams (Chief Operating Officer)	Finance and Performance Committee	12	→
2. We provide a rewarding and supporting place to work		(SR3) (Risk 1109) There is a risk that we fail to deliver a culture and environment that recruits, retains, and attends to the wellbeing of staff to enable them to be their best and deliver quality services now and in the future.	NEW N/A	Partial (remains same)	Partial (remains same)		(November 2022) the risk score for SR3 has been increased from 12 to 16 due to the scale of the workforce risk and the direct impact this is having on the ability to provide current services.	Darren Skinner (Director of HR)	Workforce Committee	16	↑

<p>3. We use our resources to deliver effective and sustainable services</p>	<p>have a risk appetite which is 'open' to considering all potential options and solutions to ensure compliance with its duty of care to staff and patients or compromise compliance</p>	<p>SR4. (Risk 619) There is a risk that a lack of financial sustainability results in the destabilisation of the organisation and an inability to meet our objectives.</p>	Partial (remains same)	Partial (remains same)	Partial (remains same)		<p>(November 2022) it has been agreed that this score will remain the same as the financial position is currently stable and well controlled. It was however, recognised that this might change with the emerging financial regime.</p>	Dawn Hanwell (Chief Financial Officer)	Finance and Performance Committee	8	→
		<p>SR5. (Risk 615) Due to an inability to provide adequate working and care environments we risk being unable to deliver safe and effective services.</p>	Partial (remains same)	Partial (remains same)	Partial (remains same)		<p>(November 2022) the score for SR5 has been increased from 8 to 12 as there is a known risk around national capital availability and the constraints this brings to developing our estate.</p>	Dawn Hanwell (Chief Financial Officer)	Finance and Performance Committee	12	↑
		<p>SR6. (Risk 635) As a result of insecure, inadequate and poorly utilised digital technologies there is a risk the quality and continuity of services is compromised.</p>	Partial (remains same)	Partial (remains same)	Partial (remains same)		<p>(November 2022) there are effective and well managed controls in place in relation to our digital and cyber security arrangements.</p>	Dawn Hanwell (Chief Finance Officer)	Finance and Performance Committee	8	→

Strategic Objective	1. We deliver great care that is high quality and improves lives			Risk appetite		
				3 - Open ('High')		
Strategic Risk			Initial Risk Score	4	Committee	Quality Committee
(SR1) (Risk 636) If there is a breakdown of quality including safety assurance processes, we risk not being able to maintain standards of safe practice, meeting population health needs and compliance with regulatory requirements.			Current Risk Score	12	Executive lead	Cathy Woffendin (Director of Nursing, Professions and Quality)
Assurance rating (quarterly) (limited, partial, significant)	Q1 (end June 2022)	Q2 (end September 2022)	Q3 (end December 2022)	Q4 (end March 2023)		
	Partial	Partial	Partial			

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Risk Lead / responsible director	Overseeing group	Q1 (end June 2022)	Q2 (end September 2022)	Q3 (end December 2022)	Q4 (end March 2023)
803	Our current information system does not enable us to carry out live monitoring of the use of urgent treatment on inpatient wards. The Code of Practice states that hospital managers should monitor the use of these exceptions to the certificate requirement to ensure that they are not used inappropriately or excessively.	Oliver Wyatt / Chris Hosker	Mental Health Operational Group	6	6	6	

Key controls in place		Assurance that controls are effective	Date
Ref	The main controls/systems in place to manage principal risks	Sources of assurance that demonstrate the controls are effective	Date of assurance
SR1	Governance structures in place which sets out where Quality, safety, compliance and performance are discussed and assurance is received and provided	Following an internal restructure of our 2 operational caregroups to 9 service lines and an internal consultation of a future model of clinical governance and a focus on strengthening clinical and professional leadership the new Unified Clinical Governance arrangements commenced in July 22. The monthly meeting has representative from 9 operational service lines, Clinical Directors Heads of Clinical Governance, Professional leads, chaired by the Deputy Director of Nursing, with monthly reports to TWCG and issues escalated to Quality Committee and other relevant sub committees as required. A Clinical governance toolkit has also been produced and is shared with all new NEDs as part of their induction pack. In addition there is executive oversight of the reporting arrangements through the executive led groups with assurance reports to the board sub committees which will identify any risks to quality, safety, compliance or performance impacting on regulatory requirements. The organisation commissioned Deloitte to undertake a Well Led Review, the findings of which were fed back in Jan 22 with positive recognition that work was underway to move to one overarching governance meeting, in addition the Governance Assurance Accountability and Performance framework [GAAP] was audited and given significant assurance. Our current Organisational CQC rating is GOOD following the last inspection in 2019.	Jan-22
SR1	Head of Clinical Governance and Regulation Team in place to oversee compliance with CQC standards, risk registers, serious incidents and the implementation of the new Patient Safety Incident Response Framework	CQC peer reviews recommenced from April 22, with a focus on ensuring previous actions have been embedded and sustained within service areas. Reports from all peer reviews are provided through the Trusts governance structures and updates provided to Trust wide Clinical Governance to ensure oversight. Regular updates in relation to risks, serious incidents are discussed at LIMM and TIRG and any areas of concern are reported to Quality Committee or provided to trust Board through the quarterly DON reports and updates from the Quality Committee chairs report. In April 22 a Board development session was held to appraise board members of the organisational preparedness and planned changes to the CQC framework. A task and finish group has been set up to develop a PID to oversee the implementation of the new Patient Safety Incident Review Framework, progress of which is reported through to TWCG and Quality Committee. PSIRF workshops have been established from February 2023 for all staff and NEDs to attend	Jul-22
SR1	Annual process in place for reporting on the controls in place in relation to risk to compliance incorporating the Annual Governance Statement Compliance with the provider Licence	The Annual Governance Statement was signed off by the Audit Committee, the Auditors and the Chief Executive for 2021/22. Self certification were signed off by the board for 2021/221 which also highlighted if there were any risks to compliance for 2021/22 and how these would be addressed. The Board has also confirmed compliance with all standards of the Provider licence and the self certification and this has been published on the Trust Website	Jun-22
SR1	Serious Incident reporting and investigation process in Place	NHSE investigation reports were presented to CQC inspectors as part of the Well Led Review which received an overall CQC rating of GOOD. All Si reports are investigated under the current Serious Incident Framework and reported through our Internal governance arrangements with opportunities to share learning. Quarterly reports are provided to Quality Committee. In addition an audit on Learning from deaths was undertaken in April 2019 which gave significant assurance	May-19

Significant gaps in control / assurance		Actions	Deadline
Ref	The main areas of weakness which result in ineffective or absent controls / assurance	Actions required to mitigate the weakness	Target date for completion
SR1	Establishment of the ICB and changes to system working since July 22	Terms of Reference considered as part of system groups and expectations and internal and external reporting structures are being agreed with relevant representation across partner organisations	Dec-23
SR1	Ongoing risk of future Covid variants and other associated infections which may impact on our ability to deliver same standard of care to our service users	Booster programme for both flu and Covid 19 in place. Clear PPE guidance in place across the organisation with access to IPC team for advise and guidance. Director of Infection Prevention and Control[DIPC] receives daily outbreak reports from the IPC team advising of number of positive cases across the organisation and provides monthly updates to Quality Committee and escalates to executive colleagues as required. In addition clear outbreak management of infections is in place for all staff as guidance DIPC also attends NHSE external meetings to obtain national and regional updates	Mar-23

Strategic Objective	1. We deliver great care that is high quality and improves lives			Risk appetite		
				3 - Open ('High')		
Strategic Risk			Initial Risk Score	9	Committee	Quality Committee
SR2. (Risk 829) There is a risk that we fail to make the improvements outlined in the Quality Strategic Plan and that this has an impact on how we understand and act on the care of those who use our services.			Current Risk Score	12	Executive lead	Chris Hosker (Medical Director)
Assurance rating (quarterly) (limited, partial, significant)	Q1 (end June 2022)	Q2 (end September 2022)	Q3 (end December 2022)	Q4 (end March 2023)		
	Partial	Partial	Partial			

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end June 2022)	Q2 (end September 2022)	Q3 (end December 2022)	Q4 (end March 2023)
	There are no contributory risks on the risk register						

Key controls in place		Assurance that controls are effective	Date
Ref	The main controls/systems in place to manage principal risks	Sources of assurance that demonstrate the controls are effective	Date of assurance
SR2	Quality Plan	The Quality Strategic Plan is now under review, however the 5 core areas will remain unchanged.	Sep-22
SR2	The IHI 'Safe Effective Reliable Care Framework' has been adopted and adapted for the organisation	This was set out in the Strategic Quality Plan which was reviewed by the Trustwide Clinical Governance Group, the Quality Committee and the Board	Sep-18
SR2	Improvement methodology adopted and adapted for the organisation	IHI methodology has been adopted and is being rolled out and embedded across the Trust	Mar-19
SR2	"The culture of innovation and improvement needs to be developed" The revised Service Annual Reports	The revised Service Annual Reports template was supported by the Clinical Directors, Medical director, Clinical Governance and signed off at TWCG. As of Jan 23, all new Service Annual Reports will be based on the revised template and services will continue to be offered support when completing them.	Feb-23

Significant gaps in control / assurance		Actions	Deadline
Ref	The main areas of weakness which result in ineffective or absent controls / assurance	Actions required to mitigate the weakness	Target date for completion
SR2	The establishment of a multi-disciplinary group to support change (from local teams to organisational wide priorities)	To continue to develop the relationship between specific support services for example Continuous Improvement Team, Informatics and Organisational Development Team.	ongoing
SR2	The culture of innovation and improvement needs to be developed	This is linked to the work around collective leadership, the rollout of the revised Service Annual Reports (supported via the QuIK group) and the building improvement capacity and capability programme.	ongoing

Strategic Objective	2. We provide a rewarding and supporting place to work			Risk appetite		
				3 - Open ('High')		
Strategic Risk			Initial Risk Score	12	Committee	Workforce Committee
SR3. (Risk 1109)There is a risk that we fail to deliver a culture and environment that recruits, retains, and attends to the wellbeing of staff to enable them to be their best and deliver quality services now and in the future.			Current Risk Score	16	Executive lead	Darren Skinner (Director of HR)
Assurance rating (quarterly) (limited, partial, significant)	Q1 (end June 2022)	Q2 (end September 2022)	Q3 (end December 2022)	Q4 (end March 2023)		
	N/A New risk	Partial	Partial			

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end June 2022)	Q2 (end September 2022)	Q3 (end December 2022)	Q4 (end March 2023)
604	Inability to attract and retain the right workforce supply to meet service plans and needs. This will negatively impact on service user/patient experience and quality of care as well as staff wellbeing.	Angela Earnshaw/ Fiona Sherburn	Retention and Resourcing Group	16	16	16	
308	Staff do not experience a high quality and supportive PDR. Rates remain below target. This will impact on morale, staff retention and career development as well as the delivery of the workforce plans	Angela Earnshaw/ Fiona Sherburn	Talent and OD Group	8	8	12	
211	Leaders and managers will not have the skills and capacity to lead and manage staff, teams and services well and lead collectively. This may impact on staff morale and motivation as well as wellbeing.	Angela Earnshaw/ Fiona Sherburn	Talent and OD Group	8	8	8	
343	The Trust is not able to cover substantive staffing shortfalls using temporary staffing.	Andrew McNichol	Retention and Resourcing Group	16	16	16	
733	The NHS Pay Award 2022 may result in strike action of particular professional groups impacting on the ability to staff services safely.	Holly Tetley	People Employment Group	8	8	6	
734	The national Cost of Living challenges impact on colleagues' ability to attend work	Holly Tetley/Frances Dodd	People Employment Group/People Experience Group	6	6	6	

Key controls in place		Assurance that controls are effective	Date
Ref	The main controls/systems in place to manage principal risks	Sources of assurance that demonstrate the controls are effective	Date of assurance
SR3	Workforce plans in place. Service and Trust wide, . Workforce Matrix in place. Trust wide Retention plan and Apprenticeship Strategy/ implementation plan in place. Systemwide work underway to support join recruitment and selection events and share learning.	HEE review of workforce plans, Recruitment and Retention Group monitor plans which are overseen by the Workforce Committee. Workforce planning KPIs form part of the People Plan dashboard which are reviewed at Workforce Committee and appropriate sub groups	Feb-23
SR3	Clear policy in place to support new PDR process along with a Career Conversation Toolkit for staff and managers. Oversight of compliance by Workforce Committee with an Appraisal compliance task and finish group in place with clear actions that are monitored and reviewed monthly. Compliance reports sent monthly to services.	Compliance discussed at Workforce Committee and its sub groups. Monitoring of compliance at the task and finish group with remedial action taken as necessary	Feb-23
SR3	Trust wide Leadership and Management pathway in place. Access to Leadership Academy programmes such as Mary Seacole. Collective Leadership phase two programme in place. Monitoring of attendance overseen by Workforce Committee and its sub groups.	Monitoring by Workforce Committee and Talent and OD group using the People Plan dashboard.	Feb-23
SR3	The Trust has a well-established in-house Bank workforce of both bank only and substantive staff with a bank contract. On-going recruitment plan in place. Neutral vendor arrangement in place with a collective of 10 agencies which is overseen by the Workforce Alliance framework as our tier 1 provider. Access is also available to registered suppliers as a tier 2 option.	Fill rates are monitored reports to safter staffing and recruitment and retention groups.	Feb-23

SR3	Workforce plan in place to address business critical services during strike action. Strong relationships with trade union colleagues to understand appetite for strike action.	EPPR Team fully aware and plans in place. Monitoring by JNCC, JLNC and People Employment Team.	Feb-23
SR3	Cost of Living Task and Finish group established to review and propose supportive measures to address challenges associated with the cost of living increases.	EMT oversee and approve support measures as these are developed and implemented. Recently meeting approved 11 recommendations (05/11/22).	Feb-23

Significant gaps in control / assurance		Actions	Deadline
Ref	<i>The main areas of weakness which result in ineffective or absent controls / assurance</i>	<i>Actions required to mitigate the weakness</i>	<i>Target date for completion</i>
SR3	SupplySide of staff is a national risk.	International Recruitment to help mitigate national supply issues. Further upskilling on new roles to support services and fill vacancies.	Apr-23
SR3	Staff /management engagement in the importance of appraisals is low. Capacity issues impacting on compliance issues. New PDR system has appeared to have negatively impacted on compliance rates.	Line manager training on the importance of high quality PDRs. Training and support on moving to a new PDR system.	Apr-23
SR3	Capacity to release staff to attend the programme	Engagement with services on the importance of leadership and management development. Blended approach being offered along with a development hub to ensure learners can access development opportunities in a flexible manner.	Apr-23
SR3	Temporary staffing availability and inclusive cultures on the wards.	The temporary staffing register provides temporary workers the ability to choose the shifts and wards on which they wish to work.Engagement with managers about supporting bank staff to integrate into their team/service. Bank Staff Survey, Bank Forums and Bank Staff Awards to support the engagement of bank workers.	Jan-23

Strategic Objective	3. We use our resources to deliver effective and sustainable services			Risk appetite		
				3 - Open ('High')		
Strategic Risk			Initial Risk Score	8	Committee	Finance and Performance Committee
SR4. (Risk 619) There is a risk that a lack of financial sustainability results in the destabilisation of the organisation and an inability to meet our objectives.			Current Risk Score	8	Executive lead	Dawn Hanwell (Chief Financial Officer)
Assurance rating (quarterly) (limited, partial, significant)	Q1 (end June 2022)	Q2 (end September 2022)	Q3 (end December 2022)	Q4 (end March 2023)		
	Partial	Partial	Partial			

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end June 2022)	Q2 (end September 2022)	Q3 (end December 2022)	Q4 (end March 2023)
649	Provider Collaborative Risks: CAMHS tier 4 (Red Kite View) revenue gap and Provider Collaboratives risks for CAMHS and Adult Eating Disorders as Lead provider and risk share implications associated with other Provider Collaboratives in development (WY Secure and HC&V CAMHS and Secure Provider Collaboratives). Risk impact relates to spend on out of area placements above baseline funding levels. In addition, similar risk linked to HC&V provider collaboratives for CAMHS and Adult Secure.	David Brewin / Dawn Hanwell	Finance & Performance Committee	9	9	9	
651	Failure to achieve ongoing CIP requirements and demonstrate efficient and effective care will lead to a deterioration in the financial position.	David Brewin / Dawn Hanwell	Finance & Performance Committee	9	9	9	
834	The Trust is vulnerable to fraud by inadequate systems and processes or those in a position to bypass controls. The risk is both internal and external and involves intent to evade detection	Gerard Enright / Dawn Hanwell	Audit Committee	5	5	5	
731	Increasing agency spend could cause a deterioration in the Trusts regulatory Finance Score.	David Brewin / Dawn Hanwell	Financial Planning Group	9	9	9	
907	Change in ICS regulation and the impact this will likely have on the financial regime	David Brewin / Dawn Hanwell	Financial Planning Group	9	9	9	
908	Reliance on non-core income to support underlying financial position	David Brewin / Dawn Hanwell	Financial Planning Group	9	9	9	
949	Changes to the capital funding regime may impact on the ability to secure sufficient capital (CDEL) allocations to deliver our long term capital planning objectives, including reprovision of PFI. Capital resources are allocated to each ICS to help address ICS priorities, there is a risk that LYPFT capital requests may not be prioritised in the context of the other ICS priorities. The operational methodology used for allocating capital resources between organisations may not benefit LYPFT, and be lower than historic planned levels. The Health & Social Care bill introduced a requirement to manage within capital allocations, however there is a risk that other system partners do not.	David Brewin / Dawn Hanwell	Financial Planning Group	12	12	12	

Key controls in place		Assurance that controls are effective	Date
Ref	The main controls/systems in place to manage principal risks	Sources of assurance that demonstrate the controls are effective	Date of assurance
SR4	Good working relationships established with system partners. Actively engaging with place and ICB and provider collaborative partners and putting forward proposals that promote efficient and effective models of care.	Signed contracts with key commissioners in place, minutes of discussions with place, ICB and provider collaborative partners demonstrate good working relationships and good progress on key priority investments including agreeing the safer staffing business case and access to mental health investment standard growth in 21/22 and 22/23, based on a list of jointly agreed priority investments in efficient and effective models of care. Further positive joint working with NHS E and West Yorkshire mental health providers resulted in agreeing a funding baseline for CAMHS Provider Collaborative and NHSE approval to operate as Lead Provider. Throughout 2022/23 we have continued to engage in regular and positive dialogue with Leeds place based colleagues to promote efficient and effective models of care. Evidence of growing business from existing partners including CAMHS and adult secure developments in North Yorkshire, Community Transformation developments in Leeds and West Yorkshire as lead for Complex Rehab pathway, and winning tenders provides further assurance.	Jun-22
SR4	Commissioning activity around new and existing business is monitored through the Financial Planning Group: attended by Chief Financial Officer, Chief Operating Officer and Director of Nursing, Professions and Quality.	Agendas and minutes from Financial Planning Group and further assurance provided to Finance & Performance Committee in relation to new and existing business. Service reviews with commissioners demonstrate there is a process of providing assurance to the executive directors in relation to commissioning activity. Minutes of meeting demonstrating and evidencing assurance.	Jun-22
SR4	Oversight by Finance and Performance Committee: in relation to financial and clinical impact of tenders, in the context of the overall sustainability of the organisation.	Assurance papers are provided to the Finance and Performance Committee which is scrutinised by the non-executive directors on behalf of the Board.	Jun-22
SR4	Tender opportunities are reviewed by Financial Planning Group on a case by case basis along with considerations of whether to bid or not bid on any given tender. (led and including executive directors)	Operational metrics are presented to the Financial Planning Group for assurance in respect of tender opportunities. Follow-up audit carried out and significant assurance provided.	Jun-22
SR4	Partnership working arrangements in Leeds and ICB level, to ensure strategic influence is maintained on how resources are distributed and management of system wide risks (including city wide Director of Finance forum, Partnership Executive Group).	Minute of the emerging citywide governance and decision making meetings, including Director of Finance Group show a level of assurance on the partnership working arrangements across the city. Minutes of West Yorkshire Mental Health CFOs group (includes lead ICB CFO for mental health) and other key strategic partnership roles (Programme Director for WYICS MHLDA and CCG Lead CFO for mental health) provides evidence of maintaining influence on how resources are distributed. Minutes of numerous WYICS MHLDA work streams including Transformation funding opportunities we have secured and business cases for ATU and complex care. LYPFT dedicated finance input to support WY ICS mental health work streams ensures visibility of funding opportunities and assurance that funding is distributed fairly. LYPFT CFO is the ICS CFO Capital lead on the ICS capital and estates Board, which influences capital allocation within the ICS.	Jun-22
SR4	As part of the Operational planning for 2023/23 financial year the Trust will develop a Cost Improvement Programme to deliver the efficiencies required to meet agreed financial trajectories, assist productivity and improve outcomes and the experience for our service users.	A paper was approved at FPG in March 2023 to produce a full CIP for the 2023/24 financial year focussing on 4 key areas: 1. Reducing agency spend 2.Reducing out of area pressures (complex rehab and adult acute) 3.Reducing our vacancy position by looking at opportunities to redesign within existing establishment 4.Exploring all opportunities/categories to improve productivity and efficiency The Trust will utilise the data available through Model Hospital, Lord Carter, benchmarking and improvement programmes to identify priorities for productivity and efficiency improvement. As part of our previous CIP governance, the FPG will continue to provide oversight of our whole programme	Mar-23
SR4	Regular ongoing dialogue with Provider Collaborative partners to agree risk share and actions to minimise and mitigate financial risk Regular monitoring of Provider Collaborative activity levels. Regular engagement with NHS E to ensure the baseline funding for provider collaborative/NCMs is sufficient. Performance metrics developed to track performance and progress against financial target. LYPFT exposure to c34% of the Provider Collaborative financial risk via proposed risk share for WY Provider collaborative based on population. Risk impact relates to spend on out of area placements above baseline funding levels. In addition, similar risk linked to HC&V provider collaboratives for CAMHS and Adult Secure, value yet to be agreed for risk share. Red Kite View staffing and non pay proposal discussed and agreed with partners and reflected within the overall CAMHS Tier 4 Provider Collaborative expenditure plans. Provider collaborative go live for CAMHS Tier 4 is contingent on securing sufficient funding to cover expenditure plans.	Signed Adult Eating Disorders Provider Collaborative risk share agreement. Confirmation from Chief Financial Officers of each provider within the collaborative that the risk share proposals for Adult Secure and CAMHS Tier 4 provider collaboratives are agreed (final sign off once funding baselines confirmed prior to go live dates). Activity and finance monitoring returns presented to WY Specialised MHLDA Programme Board.	Jul-21
SR4	Robust budgetary control framework and budget holder training in place	There is online training on Staffnet and opportunity to attend Finance Skills Development courses for all budget holders. Financial training for managers is also an integral part of the management essential training programme that is being developed. The internal audit of the budgetary and accounting control framework has provided significant assurance.	Apr-22

SR4	Consistent achieved of organisational plans in the context of system control targets.	Accounts audited at the end of 2021/22 to verify the financial outturn. Monthly reporting in 22/23 provides assurance that the Trust is on track to achieve the LYPFT element of the system control target.	Jul-21
SR4	Participate in capital planning forum across the ICS	Longer term capital requirements under review and development of 5 year capital plan as part of ICS capital regime. CFO engaged in ICS capital working group and ICS Capital Board to influence strategic approach to capital planning and allocations. Submitted Expression of Interest relating to new hospitals programme to register our financial requirements.	Apr-22
SR4	Financial modelling and forward forecasting in place to identify risks early.	Financial Plans submitted to NHSE included a detailed assessment of cost pressures and commissioning intentions based on wide ranging engagement within the Trust. Subsequently, monthly financial monitoring returns and quarterly forecasting provided to NHSE, Leeds Place based forecasting and ICS reporting and forecasting update each month.	Jun-22

Significant gaps in control / assurance		Actions	Deadline
Ref	The main areas of weakness which result in ineffective or absent controls / assurance	Actions required to mitigate the weakness	Target date for completion
SR4	Weakening of financial governance and controls as consequence of focus on clinical operational work and reduced capacity to attend to efficiency plans.	Fully re-establish our process for identifying longer-term CIPs (gap in control) during COVID response. Mitigated by current underlying run rate. Trustwide engagement in Strategic Planning events, in conjunction with budget rebasing exercise (engaging Care Groups to target areas for consideration) to inform and develop our approach to identifying longer term cost improvement plans. The approach involves full diagnostic and full sharing of information relating to cost pressures, agency spend, service line financial performance, action planning to address income and expenditure mismatches. Undertake self assessment of financial governance which will be subject to an internal audit.	Dec-22
SR4	Excess expenditure not covered by exceptional income	Mitigated by current underlying run rate, and our enhanced focus on corrective actions/plans to mitigate significant cost pressures. Financial Planning Group principles and business case process for assessing cost pressures and investment requests that are not supported by additional income.	Oct-22

Strategic Objective	3. We use our resources to deliver effective and sustainable services			Risk appetite		
				3 - Open ('High')		
Strategic Risk			Initial Risk Score	8	Committee	Finance and Performance Committee
SR5. (Risk 615) Due to an inability to provide adequate working and care environments we risk being unable to deliver safe and effective services.			Current Risk Score	12	Executive lead	Dawn Hanwell (Chief Financial Officer)
Assurance rating (quarterly) (limited, partial, significant)	Q1 (end June 2022)	Q2 (end September 2022)	Q3 (end December 2022)	Q4 (end March 2023)		
	Partial	Partial	Partial			

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end June 2022)	Q2 (end September 2022)	Q3 (end December 2022)	Q4 (end March 2023)
9	The majority of operational estate is not under the direct ownership/control of the Trust and is managed through contract/lease arrangements with third parties. (NHS Property services and Equitix). There is risk of unacceptable delays in executing identified environmental changes and also responsiveness to maintenance requests if these contracts are not robustly managed and process are not clearly understood by all parties involved (3 way relationships exist with sub contracting arrangements between property owners, maintenance providers and Trust staff)	David Sanderson / Dawn Hanwell	Estates Steering Group	6	6	6	
125	The estate is not being used in an agile manner due to it being inflexible	David Sanderson / Dawn Hanwell	Estates Steering Group	6	6	6	
128	Delay in rolling out clinical strategy to which the SEP is aligned may result in delays or the provision of interim solutions, resulting in abortive costs	David Sanderson / Dawn Hanwell	Estates Steering Group	4	4	4	
700	The Trust does not have a dedicated decant facility capable of receiving service users evacuated from a ward or unit due to an emergency - fire, flood, loss of power or other environmental/ security threat.	Andrew Jackson	Emergency Preparedness Resilience and Response Group	12	12	12	
1008	Sustainability -The Trust is unable to meet the NHS Carbon Neutral requirements by 2040 and to implement a sustainable culture within the organisation	David Sanderson / Dawn Hanwell	Estates Steering Group	12	12	12	
1010	The trust is unable to maintain the condition of all our properties to Category B standard (as defined by NHSI/E) through financial constraints, inability to access areas to undertake improvements or changes to operational practice	David Sanderson / Dawn Hanwell	Estates Steering Group	9	9	9	

Key controls in place		Assurance that controls are effective	Date
Ref	The main controls/systems in place to manage principal risks	Sources of assurance that demonstrate the controls are effective	Date of assurance
SR5	Surveys, Audits of the Physical environment	6 facet survey/ Premises assurance Model (PAM)/ Patient Led Assessment of the care environment (PLACE)/ Estates Return Information Collection (ERIC)/ Internal Audit	Jul-22
SR5	sustainability programmes and improvements	Sustainability working groups established, Sustainability team established	Sep-22
SR5	Dedicated backlog maintenance within capital budget	Capital planning documentation	Jul-22
SR5	Policy and procedures to manage the estate	Polies, procedures and standard operating procedures	Jul-22

Significant gaps in control / assurance		Actions	Deadline
Ref	The main areas of weakness which result in ineffective or absent controls / assurance	Actions required to mitigate the weakness	Target date for completion
SR5	Healthcare Planning Exercise / Discussions with NHSE/ IPA	SOC being developed, Ongoing meetings	Oct-22

Strategic Objective	3. We use our resources to deliver effective and sustainable services			Risk appetite			
				3 - Open ('High')			
Strategic Risk				Initial Risk Score	12	Committee	Finance and Performance Committee
SR6. (Risk 635) As a result of insecure, inadequate and poorly utilised digital technologies there is a risk the quality and continuity of services is compromised.				Current Risk Score	8	Executive lead	Dawn Hanwell (Chief Finance Officer)
Assurance rating (quarterly) (limited, partial, significant)	Q1 (end June 2022)	Q2 (end September 2022)	Q3 (end December 2022)	Q4 (end March 2023)			
	Partial	Partial	Partial				

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end June 2022)	Q2 (end September 2022)	Q3 (end December 2022)	Q4 (end March 2023)
8	Failure to derive maximum clinical and business benefits from digital technologies	Bill Fawcett / Dawn Hanwell	Information Steering Group	6	6	6	
105	The danger of a cyber-attack to the Trust's ICT infrastructure through malicious hacking or system virus infection.	Bill Fawcett / Dawn Hanwell	Information Steering Group	12	12	12	
1088	The threat of power cuts over the winter of 2022/23 could mean a loss of power to St Mary's House or Becklin Centre which host the two key data centers for the trust. Both sites has emergency generator capability but if these were to fail then critical digital systems would be taken off line.	Bill Fawcett / Dawn Hanwell	Information Steering Group	N/A New risk	N/A New risk	6	

Key controls in place		Assurance that controls are effective		Date
Ref	The main controls/systems in place to manage principal risks	Sources of assurance that demonstrate the controls are effective		Date of assurance
SR6	Monthly calls between Procurement and the ICT department led by the CIO	Procurement processes have now been implemented. The Procurement team have a processes in place to ensure all requisitions are scrutinised and processed within Trust policy and best practice. Junior Buyers raising orders are trained to check category codes (E Class) and ensure that descriptions on purchase orders are clear, they know to query any orders for cloud software, website maintenance and telephony with IT directly to ensure that what is being ordered is in line with current Trust policies. All orders over £5k will escalate to the category lead for additional checks and approval. Weekly Junior Buyers meetings are held to provide a forum for discussion around workloads and to flag any issues that have been raised in the week so the whole team can discuss and learn from them. Any orders raised incorrectly would be discussed in this forum. The e class Category codes ensure an additional level of approval prior to budgetary approval. This technical approval is used to ensure that relevant IT colleagues have sight of requisitions prior to budgetary approval as well as providing procurement additional assurance that any requisitions they receive to process are known and approved by IT. Category codes that carry a technical approval also mean that buyers can return requisitions that have not been raised with the correct category.		Jan-23
SR6	CareCert alerts are received from NHS Digital on a weekly basis to key stakeholders within Informatics. These alerts are reviewed and actioned regularly within the teams.	The monitoring of these alerts are overseen by the Information Governance Group (IGG) on a monthly basis and the CIO oversees the process. A new Cyber monitoring system has been installed to provide detailed reporting on vulnerabilities.		Jan-23
SR6	The ICT infrastructure has firewalls, intrusion prevention, virus protection software and e-mail protection systems that are continually updated to prevent attack. A working programme to improve our awareness and response to threats is in place. Alerts received from NHS Digital are closely monitored, actioned on a regular basis.	Penetration testing was conducted by an independent accredited organisation (SEC-1 LTD) Nov 2022. This included internal and external testing of the infrastructure to highlight any serious issues or vulnerabilities. Internal audit also provided significant assurance on the IT security and housekeeping arrangements. The ICT infrastructure has firewalls, intrusion prevention, virus protection software and e-mail protection systems that are continually updated to prevent attack. A Phishing exercise was conducted in November 2022 and a further Phishing exercise is planned in April 2023. A working programme to improve our awareness and response to threats is in place. Alerts received from NHS Digital are closely monitored, actioned on a regular basis. This reports into Information Governance Group (IGG). CareCert alerts are received from NHS Digital on a weekly basis to key stakeholders within informatics. these alerts are reviewed and actioned regularly within the teams. Data security and protection toolkit audit Cyber security audit IG Toolkit in particular information security which includes patching		Feb-23
SR6	Data security and protection toolkit audit	Internal audit of data security and protection toolkit provided moderate risk rating but high assurance. The Penn task has now been completed and this rating has been revised upwards. The DSP toolkit for 2023 will also take account of this.		Feb-23
SR6	Cyber Security audit	DSP Toolkit audit on data security and protection provided significant assurance in August 2022		Aug-22
SR6	Requirement to test the Trusts defences against a cyber attack	Conduct a Penetration test exercise across the Trust to expose weaknesses in the Trusts cyber defences with follow up action programme to address areas of concern.		Nov-22
SR6	IG Toolkit in particular Information security which includes patching, updating of systems, malware, cyber security etc.	DSP Toolkit audit on data security and protection provided significant assurance in August 2022		Aug-22
SR6	Procurement review all web site expenditure with IT prior to giving approval to purchase.	Procurement and IT meet monthly to assess all technology procurements over £10K for the Trust.		Feb-23

Significant gaps in control / assurance		Actions	Deadline
Ref	The main areas of weakness which result in ineffective or absent controls / assurance	Actions required to mitigate the weakness	Target date for completion
SR6	Cultural and staff ability and aptitude was preventing optimum and appropriate use of technology	Work with staff through Digital Change Team and Thrive by Design and OD team to understand the barriers to using technology and provide the necessary help and support. Thrive by Design implementation of digital inclusion programme through 2022.	Sep-23
SR6	Requirement to improve knowledge of staff of the dangers of a cyber attack on the Trust	Conduct Phishing exercises across the Trust to expose the dangers of opening suspicious e-mails with follow up programme.	Oct-23

Strategic Objective	3. We use our resources to deliver effective and sustainable services			Risk appetite			
				3 - Open ('High')			
Strategic Risk			Initial Risk Score	12	Committee	Finance and Performance Committee	
SR7. (Risk 1110) If we fail to achieve solutions for PFI provision we will incur quality and financial risks for the organisation.			Current Risk Score	16	Executive lead	Dawn Hanwell (Chief Finance Officer)	
Assurance rating (quarterly) (limited, partial, significant)	Q1 (end June 2022)		Q2 (end September 2022)		Q3 (end December 2022)		Q4 (end March 2023)
	N/A New		Partial		Partial		

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end June 2022)	Q2 (end September 2022)	Q3 (end December 2022)	Q4 (end March 2023)
1006	demise of PFI in 2028	Dawn Hanwell	Estates Steering Group	16	16	16	
1010	Condition of property	Dawn Hanwell	Estates Steering Group	12	12	9	
125	Using sub optimal premises	Dawn Hanwell	Estates Steering Group	9	9	6	

Key controls in place		Assurance that controls are effective	Date
Ref	<i>The main controls/systems in place to manage principal risks</i>	<i>Sources of assurance that demonstrate the controls are effective</i>	<i>Date of assurance</i>
SR7	Healthcare planning exercise	Work with our healthcare planners PWC has concluded. We now have a Board approved Care Services Strategic Plan which outlines our future clinical strategy and requirements for bed base.	Nov 2021 - Sept 2022
SR7	Development of Strategic Outline Case	Draft version of the SOC presented to the Board in December 2022. Final version incorporating a revised financial case to be approved by Board in March 2023.	Mar-23
SR7	Discussions with Treasury, NHSE, ICB	Awareness at National and Regional Level around the pending issues with the PFI demise	Sep-22
SR7	Lifecycle Maintenance	Ongoing Lifecycle maintenance of properties - both PFI and lease and owned	Feb-23
SR7	Stakeholder engagement	Continuing to engage with stakeholders across the WYICS concerning the Trust's PFI scenario. Support received from WYICS CE. Log of engagement in place.	Mar-23
SR7	Care Services Strategic Plan	Board of Directors ratified the Care Services Strategic Plan	Sep-22

Significant gaps in control / assurance		Actions	Deadline
Ref	<i>The main areas of weakness which result in ineffective or absent controls / assurance</i>	<i>Actions required to mitigate the weakness</i>	<i>Target date for completion</i>
SR7	Long term Estates Plans concerning the PFI Estate	Development and approval of the SOC for submission to NHSE. Continue to refine the SOC shortlist in preparation for compilation of the Outline Business Case (OBC).	Sep-23

SR7	IPA (Infrastructure & Projects Authority) PFI expiry checklist	Complete a table top review of the Trust's level of compliance with the PFI expiry checklist ahead of our next review in July 2023.	Jul-23
SR7	Development of governance and assurance framework to establish, manage and monitor PFI expiry strategy	Developing an internal governance group associated with preparing for the cessation of the PFI concession.	ongoing
SR7	Stakeholder engagement / communication strategy	Development of communication and lobbying campaign concerning the Trust's PFI concession expiry. Continue to engage with DHSC / IPA / NHSE to seek support and guidance	Ongoing

Strategic Objective	1. We deliver great care that is high quality and improves lives			Risk appetite			
				3 - Open ('High')			
Strategic Risk				Initial Risk Score	12	Committee	Finance and Performance Committee
SR8. (Risk 1111) There is a risk we fail to understand, plan and deliver services that meet the health needs of the population we serve.				Current Risk Score	12	Executive lead	Joanna Forster Adams (Chief Operating Officer)
Assurance rating (quarterly) (limited, partial, significant)	Q1 (end June 2022)	Q2 (end September 2022)	Q3 (end December 2022)	Q4 (end March 2023)			
		Partial	Partial				

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end June 2022)	Q2 (end September 2022)	Q3 (end December 2022)	Q4 (end March 2023)
TBC	There a number of services which have long waits to access assessment and treatment, delaying diagnosis and treatment and not meeting a number of populations groups health needs. Services include Gender, ADHD, LADS, CFS, MAS	Mark Dodd:Deputy Director of Service Delivery	Operational Delivery and Performance group	16	16	16	
TBC	Lack of (or inadequate use of) public health intelligence to inform resource allocation.	Carl Money (Head of Performance) and Alison Kenyon (Deputy Director of Service Development)		N/A	12	12	
TBC	Community Transformation Programme is not realised within timescales	Josef Faulkener (Head of Operations)		N/A	9	9	
TBC	There are a number of services who due to workforce challenges (vacancies and absence) are not able to deliver the expected capacity or quality of care impacting on recovery rates and clinical outcomes for service users. These include CMHT's, Forensics, LD Psychology	Mark Dodd:Deputy Director of Service Delivery	Operational Delivery and Performance group	16	16	16	
TBC	People who have an SMI are more likely to smoke, be overweight, abuse addictive substances, be unable to work, be in the lower socioeconomic groups and die earlier than the general population.	Joanna Forster Adams (Chief Operating Officer)/Cathy Woffendin (Director of Nursing and Professions)	Service Development Group	N/A	16	16	

Key controls in place		Assurance that controls are effective	Date
Ref	The main controls/systems in place to manage principal risks	Sources of assurance that demonstrate the controls are effective	Date of assurance
SR8	Robust performance monitoring and actions to address waiting times	QDAP Reports at Operational Delivery Group with summarised performance reporting through Chief Operating Officer Report.	Jan-23
SR8	People Plan implementation	Workforce Committee Performance reports and updates on delivery of the People Plan	Feb-23
SR8	Monitoring of the ethnic mix of detained patients. Reduction in Restrictive Practices inequalities work led by Wendy Tangen. Engagement with the Synergi programme, WREN, health inequalities	MHL committee and Service Development Group	Jan-23

SR8	Participate as partners in the Population Health Boards of the Leeds Office of the ICB to influence the prioritisation of the mental wellbeing of the population and improve the health inequalities and disadvantages people with an SMI experience	Addressing Health Inequalities through Service Delivery Group	Jan-23
SR8	Community Transformation Programme infrastructure established with Executive level involvement and oversight/progress reports to Trust Board.	Updates provided to the Board each month through the Chief Operating Officers report. Routine oversight through the LYPFT Service Development Group	Jan-23
SR8	Annual Service Quality Reports	Quality Committee	Jan-23

Significant gaps in control / assurance		Actions	Deadline
Ref	<i>The main areas of weakness which result in ineffective or absent controls / assurance</i>	<i>Actions required to mitigate the weakness</i>	<i>Target date for completion</i>
SR8	Analytics regularly reviewed in Service Development Group in relation to population health needs,	Establishment of a set of data and information which informs decision making in respect of service development	Jul-23
SR8	Systematised ways of working at Service level to understand their populations and measure performance of achieving health care needs,	Head of Performance and Deputy Director of Service Delivery to enhance the format of QDAP process to ensure that this is development and embedded as business as usual.	Jul-23
SR8	Care Service Strategic Plan implementation programme under development with measures to be established to measure compliance.	Service Development Group	Jul-23
SR8	There is an annual plan relating to Addressing Health Inequalities through Services Delivery - this needs to be developed into a strategy for the Organisation which steers progress.	Chief Operating Officer to develop the infrastructure to enable this.	Jul-23

**AGENDA
ITEM**

23

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Cyber Security Updates
DATE OF MEETING:	30 March 2023
PRESENTED BY: (name and title)	Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive
PREPARED BY: (name and title)	Bill Fawcett, Chief Information Officer Hergy Galsinh, Head of Network Services & Cyber Security

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

EXECUTIVE SUMMARY		
12	Cyber Security Dashboard (enclosure)	
	<ul style="list-style-type: none"> • Deployment of password protection software completed • Phishing exercise conducted in October 2022 and planned Spring 2023 (Results analysed and staff have been informed) • Privileged Access Management system for servers on-going and targeted to complete by September 2023 • New Cyber Security Analyst employed • Multi-Factor Authentication system trial completed and roll-out commencing across the trust July 2023 • Pen Test scheduled completed 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 (in progress). • Review of ongoing PEN Test has been approved and planned to procure and deploy July 2023 	
<p>The Trust maintains a robust position and continues to invest the appropriate technologies to improve our cyber defenses still further.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No' 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



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 planned completion by September 23



Network security

- New firewalls upgraded/Cloud firewall to be completed.
- Protecting the networks from attack.
- Multi-Factor Authentication trial completed. Rollout to start July 23
- New back-up software installed.



Engagement and Training

(Collaboratively build security that works for people within the organisation)

- Network & IT policies created covering acceptable and secure use of systems.
- DSP mandatory training includes cyber security training.
- Phishing exercise planned in Spring 23.
- Cyber training software procured.



Malware prevention

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



Removable media controls

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



Incident Management

(Plan your response to cyber incidents in advance)

- Establish and test incident and disaster recovery capability.
- Establish a new cyber incident response plan (new)

Secure configuration

- Password management system procured and deployed.
- Apply security patches however many devices are not connected to the network (hybrid working).
- Baseline build for devices has been completed.

Logging and Monitoring

- Establish strategy & policies
- CareCERT reporting to and from NHSE including critical incidents.
- Resources to monitor of critical systems On-going PEN Test software (new).
- Establish new software for security information logging.

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

MEETING OF THE BOARD OF DIRECTORS

AGENDA ITEM
24

PAPER TITLE:	Leeds Health and Wellbeing Strategy refresh update- A strategy to 2030
DATE OF MEETING:	30 March 2022
PRESENTED BY: (name and title)	Sara Munro – Chief Executive
PREPARED BY: (name and title)	Wasim Feroze - Strategy Partnership Development Manager Leeds Health Partnerships Team

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

EXECUTIVE SUMMARY		
<p>Since 2012 it has been a statutory requirement to have a Health and Wellbeing Strategy. The current Leeds Health Wellbeing Strategy (HWS) covers the period of 2016-21 providing a framework for improving health and for making Leeds the best city for health and wellbeing. This paper provides an update on the refreshed strategy, the challenges for the city and the priorities that have emerged from conversations with Health and Wellbeing Board and key stakeholders.</p> <p>The current working draft of the Leeds Health and Wellbeing Strategy refresh is attached to this report. This draft will be further developed and strengthened by continued engagement with stakeholders and groups.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No' No	If yes please set out what action has been taken to address this in your paper

RECOMMENDATION
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Note the updates to the refresh of the Leeds Health and Wellbeing Strategy • Note the work that has been undertaken across the Partnership as part of the refresh of the Health and Wellbeing Strategy • Endorse the approach and provide further comments on the attached working draft of the Strategy.

Subject: Leeds Health and Wellbeing Strategy refresh update- A strategy to 2030

Summary

Since 2012 it has been a statutory requirement to have a Health and Wellbeing Strategy. The current Leeds Health Wellbeing Strategy (HWS) covers the period of 2016-21 providing a framework for improving health and for making Leeds the best city for health and wellbeing. This paper provides an update on the refreshed strategy, the challenges for the city and the priorities that have emerged from conversations with Health and Wellbeing Board and key stakeholders.

The current working draft of the Leeds Health and Wellbeing Strategy refresh is attached to this report. This draft will be further developed and strengthened by continued engagement with stakeholders and groups.

1. Context for Leeds

- 1.1 It is particularly important that the refresh of the Leeds Health and Wellbeing Strategy has a strong focus on tackling inequality and improving both the quality and peoples experience of health and care. This is because a number of long-term challenges have been exacerbated post-Covid.
- 1.2 This also means being clear about the extent of challenges such as waiting times for primary and secondary care, access to NHS dentistry, healthy life expectancy, workforce and recruitment concerns and the impact of challenging financial settlements on all services. The strategy should emphasize how this has impacted on real people and their lives through clear person-based narratives.
- 1.3 This narrative also needs to be aspirational further supported through innovation and change, but must also have a balance and be realistic of the levers available and what the optimum service level can be given resource constraints and what is achievable.
- 1.4 The financial pressure on households has also intensified with the impact of the cost-of-living crisis, seeing rising inflation and prices of food, fuel and energy, all of which disproportionately impact low-income households. In many cases these households were already struggling with poverty and low wages. Linked to this is the impact of winter on people's health with potential impacts of winter illnesses including flu and Covid. The impact of financial hardship and fuel poverty further presents risks to people's health – both physical and mental. The refreshed HWS must consider the impact of the cost-of-

living crisis and how this will affect people's health, building on the breadth of work underway across the city from a range of partners.

1.5 The HWS refresh also provides an opportunity to both outline the principles by which the Leeds health and care system operates as well as showing how we build on the strong partnerships in the city. A partnership also made up of a dedicated workforce such as nurses, doctors, therapists, pharmacists, clinical staff and health support workers. Aligning closely to key strategic ambitions and plans including the Best City Ambition and two other key city pillars in Inclusive Growth and Zero Carbon, as well as the West Yorkshire Partnership Strategy and Healthy Leeds Plan, the strategy will reset our continued relentless focus on improving the health of the poorest the fastest. It will be by a renewed commitment from a cross section of partners in health and care and beyond to tackle health inequalities and the impacts of poverty.

2. The West Yorkshire Partnership Strategy and Healthy Leeds Plan

2.1 Improving health and wellbeing outcomes for people and communities across the city will also be supported and delivered together with a range of connecting strategies, plans and commitments. Therefore, it is key that the Leeds HWS refresh also aligns to established and developing strategies such as the Healthy Leeds Plan and West Yorkshire Partnership Strategy. Whilst these plans are distinct in focus, they will all contribute to tackling health inequalities in Leeds following a life course approach, including giving people the best start in life, living well, ageing well and dying well.

2.2 In line with our ethos of subsidiarity, the West Yorkshire Partnership Strategy has been built from neighbourhoods and places to ensure that work is locally led. The place strategies including the Leeds Health and Wellbeing Strategy forms the foundation of the overall Integrated Care Strategy and the refreshed approach will continue to be key in influencing at the regional level. All partners will work together so that people can thrive in a trauma informed, healthy, equitable, safe and sustainable society. This plan is overseen and owned by the NHS West Yorkshire Integrated Care Board closely aligned to the Leeds Health and Wellbeing Strategy.

2.3 Local places including the Leeds Health and Care Partnership are delivering the Health and Wellbeing Strategy together, overseen by the Health and Wellbeing Board and the Leeds Committee of the NHS West Yorkshire Integrated Care Board.

2.4 The approach to the refreshes of both the place and West Yorkshire strategies has been inclusive. There has been the opportunity for all members of the Partnership and the wider system to be involved through a networked approach to engagement. Teams developing these strategies continue to work closely and updates of the development of the refreshes and working drafts of the HWS refresh and West Yorkshire Partnership Strategy have been presented together at the Leeds Health and Wellbeing Board. The HWB connection with the Leeds Committee of the West Yorkshire Integrated Care Board is further strengthened by the link representation of members on both

committees including the Independent Chair of the Leeds Committee of the WY ICB and the ICB Accountable Officer (Leeds Place).

2.5 The Healthy Leeds Plan sets out how the Leeds Health and Care Partnership will work together to improve outcomes for everyone in our city. This Plan will be delivered by bringing together key partners in Population Boards focused on a range of priorities such as supporting access to key cancer services. The overarching system goals will directly support the Health and Wellbeing Strategy priorities such as ‘the best care in the right place at the right time’ and key outcomes such as ‘people living longer and having happier healthy lives’.

2.6 The relationship of these strategies will remain key as we move from development to delivery and in the next phase of the development of a five-year Joint Forward Plan building on existing local strategies and plans.

3. Background

3.1 Since 2012 it has been a statutory requirement to have a Health and Wellbeing Strategy. The Health and Care Act 2012 added new sections into the 2007 Act highlighting that a “Joint Health and Wellbeing Strategy” is a strategy for meeting the needs identified in Joint Strategic Needs Assessment. In setting priorities for partners to address locally determined needs, making best use of local assets and tackling wider determinants of health, health and wellbeing strategies outline key priority areas for improving people’s health and reducing health inequalities.

3.2 The current Leeds [Health Wellbeing Strategy](#) (HWS) covers the period of 2016-21 providing a framework for improving health and for making Leeds the best city for health and wellbeing. The current strategy highlights that wellbeing starts with people and everything is connected. As we grow up and as we grow old, the people around us, the places we live in, the work we do, the way we move and the type of support we receive, will keep us healthier for longer. Focusing on twelve priorities, the HWS articulates the aspiration of how Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. This vision aims to support people to build resilience, live happier, healthier lives, do the best for one another and to have access to the best care possible.

3.3 Progress has been measured against the 21 indicators and updates provided to the Health and Wellbeing Board throughout this period including as part of yearly reviews.

3.4 The HWS in Leeds has widely been recognised as an example of good practice (including by the Kings Fund and Health Foundation) and was one of the first to integrate economic development priorities into the health system. The same approach has been applied by other areas across England. The levels of leadership and strong buy-in and ownership of the strategy has also been noted by key bodies such as the Care Quality Commission (CQC).

3.5 Though Leeds had made some good progress on improving the health and wellbeing of the people of Leeds progress made against some of the indicators has been impacted by the growing health inequalities exacerbated by the pandemic.

3.6 Responding to the individual and system impact of the cost-of-living crisis means that a refreshed focus on tackling health inequalities is even more important now than it has been in the past.

3.7 Work was initiated in early 2020 to review and refresh the Strategy but this was put on hold due to the Covid-19 pandemic. At the HWB development session in February 2020, the Board considered proposals and agreed an approach for extending the HWS to 2023. Work was undertaken including starting the process in drafting a refreshed strategy with further engagement with the HWB in a session in June 2020. This report provides an update on the refreshed HWS as we progress the development of city's strategic framework to address health inequalities.

3.8 Further key developments since 2016

3.9 There have been a number of further key developments since the current HWS was agreed. The following is not an exhaustive list but highlights some of the key changes which will inform the HWS refresh and the city's health and care partnership in tackling health inequalities:

- **Living with Covid – the impact of the pandemic:** The impact of the Covid-19 pandemic has been felt by all communities in Leeds, but for some the impact has been greater. During 2020, clear trends and evidence emerged nationally showing that Covid-19 mortality and morbidity impacted more severely on certain groups in our population with disproportionate impacts dependent upon age, gender, pre-existing conditions, ethnicity and deprivation. The pandemic has also intensified and exacerbated existing mental health inequalities and groups who were already at risk of poor mental health are more likely to have struggled during the pandemic. Long Covid and other potential long term impacts of the pandemic on health inequalities will be a key focus of health and care partners in Leeds over coming years.
- **Health and care integration– building on the strengths of health and care partnerships:** The response to the pandemic highlighted the strength of partnerships in Leeds. This partnership is made up of organisations including Leeds City Council, NHS, the Integrated Care Board, Voluntary, Community and Social Enterprise (VCSE) and Healthwatch Leeds and it has grown from the strength to strength. The Leaving No one Behind Health inequalities Covid Vaccination programme is one of many examples where partners have worked tirelessly to ensure that every part of the city has had access to the vaccine. Moreover, the work to improve health and care delivery for local people has not stopped and the Local Care Partnerships (LCPs) across the city further developing innovative partnership working at community level to support local health needs, for example by integrating employment support into pilot GP practices. As the health and care system

navigates these challenges, it has also gone through further transformation with the Health and Care Act 2022 establishing Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) across England in July 2022. Along with all partners, the ICBs and ICPs are central to the new architecture for health and care integration and maintain a responsibility for bringing together key health and care partners to jointly assess population health needs and agreeing a health and wellbeing strategy.

- **Best City Ambition:** With the increasing focus on population health needs and the determinants of good health and wellbeing, it is vital that the HWS refresh firmly connects to key strategic ambitions at a local level which influence directly or indirectly people's health needs and outcomes. The [Best City Ambition](#) (BCA) sets out an overall vision for the future of Leeds, shared amongst partners and communities in the city. At its heart is the mission to tackle poverty and inequality and improve quality of life for everyone who calls Leeds home. The Ambition champions a Team Leeds approach and describes how stakeholders in the city have committed to work together. The goals and priorities it includes are structured around the three pillars of Health and Wellbeing, Inclusive Growth and Zero Carbon – all key strategic ambitions going through a process of refresh too. The Ambition was produced in response to the findings of the 2021 Leeds Joint Strategic Assessment and, through the approaches, policy goals and breakthrough priorities it establishes, seeks to drive improvement over the next decade.
- **Enabling local strategies, plans and ambition:** As mentioned earlier in this report, alongside the BCA there are the Three Pillar strategies (Inclusive Growth, Net Zero and Health and Wellbeing), wider key health and care connecting plans such as the West Yorkshire Partnership Strategy, Healthy Leeds Plan and Children and Young People Plan (currently also undergoing a refresh) and a cross section of strategic ambitions (some under development) for example the Age Friendly, Better Lives Strategy, Mental Health strategy, Food Strategy, Culture Strategy, Digital, Physical Activity Ambition, with organisational priorities across the system. It is vital all are working in alignment with the HWS refresh given their key influence in tackling health inequalities. Moreover, connecting the strategy to key vision and work already underway across partners e.g. Anchor networks will be important too. Rooted in the priorities of the HWS will be a firm commitment to fairness and a key part of achieving this will be our focus in becoming a Marmot City by taking action to reduce health inequalities and looking at this with a social determinants of health lens. Work is underway to agree a plan to reduce inequalities with an initial focus on Best Start in Life and Health and Housing.
- **Interface with national strategies, approaches and relationships:** It is important that the local HWS refresh also balances the national approaches and strategies whilst also focusing on local priorities. These include NHS priorities linked to tackling health inequalities outline in legislation and in key plans such as the [NHS Long Term Plan](#) and [Core20PLUS5](#). Leeds has also launched the [Health and Social Care Hub](#) bringing together the Department of Health and Social Care (DHSC) and various local partners to improve health outcomes across the region. Utilising key

partnership working at all levels to improve health outcomes locally will be key to driving improvements in people's health.

3.10 Significantly new to the Strategy refresh approach will be the degree of development the HWB has undertaken in relation to hearing and including the voice of health inequalities in its work. Since the current Strategy, and in part as a response to the pandemic, the HWB has established significant and multiple mechanisms for hearing, planning and responding to those communities most likely to experience inequalities.

3.11 The Tackling Health Inequalities Group is a subgroup of the Board and is an advisory and challenge body for the Board's and partners actions and impact on inequalities. The Board's Allyship programme has paired HWB members with key third sector organisations in the city supporting direct insight into particular geographies and communities. The Board is also an active participant in a Kings Fund supported programme to bring insight from the most under served communities to the forefront of health and care decision making (Healthy communities together).

3.12 The Big Leeds Chat detailed further in this report has also taken an approach towards specific events with communities within Leeds or representative groups/organisations. The HWB has further supported the development of the Communities of Interest Network – a network of organisations which support specific communities, often underserved, to collaborate and support better health and care planning and delivery. Finally, the Board has influenced and supported the core governance of the West Yorkshire Integrated Care Board and the Leeds local team and partnership governance towards embedding tackling health inequalities as a core purpose. The mechanisms are key to the refresh, the refinement of its actions and reaffirms the Strategy's continuing ambition to reduce inequalities.

3.13 The Health and Wellbeing Board considered the broad principles and approach to the HWS refresh on the 27 September 2022, and it was highlighted that this is not a complete rewrite of the current Health and Wellbeing Strategy in Leeds but builds on the strengths of the current Strategy, informed by a strong evidence base of intelligence/analysis from a variety of sources and engagement exercises to understand the health inequality challenges in the city as well as the lived experiences and health and care priorities of people and communities. The following includes examples of sources which will inform the development of the HWS refreshed priorities and outcomes:

3.14 **Joint Strategic Assessment (JSA) 2021 Findings**

3.15 The [JSA](#) is a reliable source of data about key demographic, socio-economic and health trends in Leeds. Key findings from the JSA include:

- Stalling of improvements in life expectancy for people living in low income areas and growth in concerns about mental health across all communities. The gap in life expectancy between some of our most and least affluent areas is illustrated

by a difference in life expectancy of 13 years for women and 11 years for men. In terms of wider comparisons, Leeds lags regional and national averages for female life expectancy with a recent Lancet report highlighting that one area of Leeds (Leeds Dock, Hunslet and Stourton) has the lowest female life expectancy in England).

- The population is growing and becoming more diverse, and as each year passes demographic trends are reflected in our oldest generations. Older people from diverse ethnicities, cultures and communities of interest who have a particular identity or experience can also face specific challenges as their established networks and support diminish over time. We also know that many older people are more likely to have multiple long-term conditions with socio-economic inequalities being a key influencing factor.
- The city's population has also continued to become more diverse, in terms of age, countries of origin and ethnicity. These changing demographics highlight a growing number of older people, and the profile of young people becoming more diverse and focused in communities most likely to experience poverty.
- Covid-19 has had a profound impact on children and young people with increasing mental health challenges. The importance of closing the educational attainment gap for the children and young people most likely to be experiencing poverty and disadvantage will be a priority for partners over coming years.
- Achieving net zero carbon ambitions by 2030 will be challenging and efforts should focus on four fundamental issues for health: minimising air pollution, improving energy efficiency to reduce fuel poverty, promoting healthy and sustainable diets, and prioritising active travel and public transport.
- As we focus on longer term recovery and growth - a focus on skills and life-long learning will be a central element, for young people and those people who will need to renew their skills.

3.16 Big Leeds Chat 2021- priorities from people and communities

3.17 The Health and Wellbeing Board (HWB) has made a firm commitment to being led by the people of Leeds, acknowledging that people should be at the centre of health and care decision making. Under the leadership of the HWB, the People's Voices Partnership (PVP) was established to bring together listening teams across the Leeds health and care partnership, so they could better collaborate on improving the engagement 'experience' of local people, work together to improve insight, to champion the voices of local people in decision making, and to ensure that the voices of those living with inequalities are better heard.

3.18 The Big Leeds Chat is a key element of this engagement and is a series of innovative, citywide conversations with senior leaders from across the health and care system together with the public to listen to people's experiences around health and wellbeing and find out what matters most to them. The Big Leeds Chat in 2021 involved 43 'conversations' (in-person discussion forums open to all people) taking

place with both geographical communities, communities of interest and young people organisations. These took place at a number of venues between September and November, 2021. Ten key themes emerged from these conversations and formed the basis for 10 Big Leeds Chat Statements (where the HWB agreed on 28 April 2022 to support governance arrangements to progress each Statement):

1. Make Leeds a city where children and young people's lives are filled with positive things to do.
2. Make Leeds a city where there are plentiful activities in every local area to support everyone's wellbeing.
3. Make Leeds a city where people can use with services face-to-face when they need to.
4. Make Leeds a city where people feel confident they will get help from their GP without barriers getting in the way.
5. Make Leeds a city where each individual community has the local facilities, services and amenities they need.
6. Make Leeds a city where fears about crime and antisocial behaviour are no barrier to enjoying everything the community has to offer.
7. Make Leeds a city where services acknowledge the impact of the pandemic on people's mental health and where a varied range of service- and community-based mental health support is available.
8. Make Leeds a city with affordable activities that enable everyone to stay healthy.
9. Make Leeds a city where green spaces are kept tidy and welcoming, because services understand the vital role they play in keeping people well.
10. Make Leeds a city where everyone can get around easily on public transport, no matter their location or mobility needs.

3.19 **Leeds Best City Ambition– Health and Wellbeing**

3.20 As outlined earlier, Health and Wellbeing represents one of the three pillars contained in the Best City Ambition. The Ambition describes a vision that in 2030 Leeds “will be a healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, people are living healthy lives for longer, and are supported to thrive from early years to later life.” A series of priorities underpin this vision, capturing issues including equal access to services, safe and welcoming communities, children having a great start in life, building connected communities which enable people to be physically active, and the imperative to improve poor quality housing to support good health and wellbeing.

3.21 The Ambition also launched five breakthrough priorities – targeted areas of work where cross-city teams will collaborate to tackle a specific and well-define challenge or opportunity. Many of the breakthroughs have a clear link to health and wellbeing, and indeed some have secured support from the Health and Wellbeing Board. The priorities are:

- Better homes for health and wellbeing
- Promoting mental health in the community
- Inclusive green jobs

- Learning outcomes for social mobility
- Responding to the cost-of-living crisis

3.22 Consultation and engagement to support development of the Best City Ambition was delivered through a mixture of face to face and online discussions, workshops and surveys. This included discussions at all ten of Leeds's community committees, in addition to engagement with equality hubs, community forums, city partners, the third sector, local community organisations and small groups of citizens directly. Some of the key headlines related to Health and Wellbeing highlighted the importance of:

- Ensuring better and more equal access to essential services in health and education and promoting care closer to home
- Ensuring children in all areas of the city have access to best start in life
- Access to green spaces, providing a place to be active and safe for play
- Improved mental health, wellbeing, and reduced loneliness
- Tackling poverty, particularly recognising the lifelong impacts of child poverty and its role in deepening inequalities

3.23 **National research and analysis**

3.24 Alongside key local and regional data and intelligence sources, there is also a rich set of analyses which continue to inform our understanding of the impact of health inequalities and links to determinants of health. Data from sources such as the Office for Health Improvement and Disparities (OHID) regional dashboards linked to areas for example like Housing and Health and Employment and Health will complement local analysis.

3.25 Additionally, the team responsible for developing the strategy will work closely with local universities and national think-tanks like the Kings Fund, Wellcome Trust and Health Foundation to ensure the strategy is informed by the latest local, national and international best practice.

3.26 **Approach to the Leeds Health and Wellbeing Strategy refresh -What will look familiar?**

3.27 The Leeds Health and Wellbeing Strategy 2016 – 2021 is embedded across the health and care partnership by all partners and is widely seen as one of the most effective nationally providing a strong strategic direction of health and care priorities. Owned by the city and overseen by an effective Leeds Health and Wellbeing Board, it has been recognised by organisations like the Local Government Association as innovative and delivery focused.

3.28 Informed by the engagement with HWB members and key stakeholders, a key approach to the HWS refresh will be maintaining elements of what works effectively with the current strategy and updating parts which will further strengthen our focus in tackling health inequalities.

3.29 Key elements of the current strategy approach which will remain in relation to how the Health and Wellbeing Board utilises the strategy:

- Working with local people and communities, 'anchor organisations' and broader partners and networks that have a significant influence on the health and wellbeing of communities (people and geographical).
- A continued focus of the united partnership as a central 'place board', responsible for aligning and driving the work of partners behind shared ambitions.
- Taking an asset-based, population health approach to tackle the wider determinants of health.
- Making further progress on health and care integration and prevention
- A continued commitment to long term financial sustainability - sharing or integrating resources, focusing on outcomes and seeking value for money.

3.30 Several strong features of the current strategy remain relevant today and key to our ambitions and priorities. These broadly include the following:

- Wellbeing starts with people: this will remain a key focus to ensure that the refreshed strategy retains the effective approach of people at the heart of everything we do to improve health outcomes. The strength in our communities is a key asset and supporting a health and care system powered by our diverse communities will be vital.
- The strategy is always informed and rooted in evidence such as the JSA and people's voices.
- Continues to follow a whole life course framework that will seek to achieve improved outcomes ensuring the best start in life and ageing well.
- A relentless focus on addressing health inequalities and improving the health of the poorest the fastest and being the best city for health and wellbeing supported by five clear outcomes.
- Everything is connected principle backed by inclusive partnership and a unifying narrative context focused on shared priorities to achieve our agreed vision.
- Setting the long term, strategic direction for a wide range of partners who directly and indirectly influence health outcomes.
- Measuring progress continuously and consistently.
- Continue to be outward facing and sharing good practice: unifying strategy that is recognisable and shared locally, nationally and internationally.

3.31 **Strengthening our ambition and priorities– a strategy to 2030**

3.32 Informed by engagement with the HWB and the refreshed work exercise which took place in 2020, several key principles will inform the approach to update the HWS refresh priorities: Updating the language of the strategy to reflect the current context; alignment with key strategies and plans; further clarity about the inter-relationships between the priorities whilst also being clearer what each pertain to; creating opportunity to emphasise key areas of work more explicitly which were previously 'hidden' within other priorities; ensuring that the breadth of partners can 'see themselves' in the priorities and how they can contribute and going further in directly including evidence and statistics against priorities to clearly measure where we are making progress.

- 3.33 With these principles in mind, the HWS refresh will cover the period from 2023 to 2030 – firmly aligning with the key connected strategies such as the Best City Ambition and the other two strategic pillars in the city which are also currently undergoing reviews.
- 3.34 It is vital also that the refresh HWS also connects and is aligned to key delivery plans and strategies which all contribute to improving the health and wellbeing of people and communities who live, work and visit Leeds. In recognition of this it is proposed that the HWS refresh also has a strong narrative reflecting the determinants of health and health and care integration whilst retaining priorities which respond to the findings of the JSA and engagement with the public. It is proposed that within each of the refreshed priorities clear actions are developed which can be driven forward via existing partnerships groups.
- 3.35 **Recent developments and headline feedback from engagement**
- 3.36 The Leeds Health Partnerships Team has continued to engage with and update key partners and relevant forums, committees and Boards to inform the development of the refresh HWS.
- 3.37 A series of events including two Leeds Health and Wellbeing Board (HWB) workshops (in October 2022 and January 2023) have taken place and the development of aligned strategies (such as Inclusive Growth, Climate and the Marmot City Commitment) has also informed the refresh HWS strategy drafting. Conversations with key partners will be continuing over coming months until a final draft HWS is presented to Health and Wellbeing Board later in 2023.
- 3.38 Feedback from colleagues in children’s services, public health, third sector, social care and economic development has helped refine the language and achieve clearer focus on each of the twelve priorities. Further comments, particularly from people themselves in the Big Leeds Chat, from elected members, the third sector and Healthwatch Leeds has emphasised the importance of reflecting real peoples experience of accessing services and the post-pandemic challenges.
- 3.39 Recent engagement has also highlighted the importance of the HWS refresh having an even stronger focus on tackling inequality and the wider determinants that drive demand for healthcare whilst at the same time focusing on improving the quality of provision via the Healthy Leeds Plan and Population Boards. This also includes working to drive improvements in peoples experience of health provision and being clear about the extent of the challenges the system faces.

Issues highlighted include:

- Challenges accessing GP appointments in some areas particularly for older people who are digitally excluded

- Increasing waiting times and targets missed for elective care pathways including cancer
- Challenges meeting demand for mental health services despite effective service provision once services are accessed e.g. children's services and neurodiversity
- Access to NHS dentistry for both children and adults
- Increasing numbers of people presenting with long term conditions and disabilities and the subsequent impact on healthy life expectancy
- Inequalities evident in accessing some services and subsequent treatment/prescribing patterns showing disadvantages for some groups, for example access to vaccinations for black and minority groups and to hormone replacement therapy for women living in more deprived areas of the city
- Workforce issues such as recruitment, sickness and workplace stress post-pandemic
- Concern about the ongoing and increasing impact of challenging financial settlements on all services.
- There is a strongly expressed view that the strategy should emphasize how these factors have impacted on real people and their lives through clear person-based narratives that build on user-focused conversations at the Health and Wellbeing Board

3.40 The below points include some of the additional key headlines from recent engagement which will be further incorporated into the development of the refreshed HWS including the up to date thinking on the 12 draft proposed refreshed priorities:

- Clarity about the role of all partners in the delivery of the strategy recognising the important role of the whole ecosystem of health and care in delivering work which improves people's health and wellbeing outcomes.
- Articulating clearly how the strategy relates to tackling health inequalities in neighbourhoods and communities across Leeds recognising different parts of the city will have different needs.
- Ensuring an effective balance of data and lived experiences to track progress of strategy delivery, including utilising further key citizen engagement opportunities like the Big Leeds Chat to measure progress.
- Importance of citizen involvement in conversations about their health and care and access to services including communities of interest groups.
- Strong support for maintaining the direction of the current strategy with refinements to reflect the current context post-Covid including new NHS governance, demographic changes and the cost of living crisis
- The need to articulate a clear narrative to underpin priority areas that explains the changes the health and care system and its partners need to make over coming years whilst ensuring that a 'golden thread' of prevention, integration and reducing inequality runs through the strategy
- Ensure this narrative is rooted in a #TeamLeeds approach that places a focus on how people feel about, and engage with, the health and care system. This should also be asset based and community focused

- Keep twelve priorities but don't group into sub-headings as this adds complexity
- Clarify key indicators but work closely with partners to ensure these are meaningful and can clearly be used to explain progress and improved outcomes by 2030
- Use clear delivery plans for priority areas that don't currently have existing plans in particular the re-prioritised work on housing, employment, inequality and research
- Ensure the Health and Wellbeing Board has a balance between 'deep dives' into key priorities and understanding progress across the system as a whole
- The strategy shouldn't impose new plans where those already exist but should align to existing plans for example the Healthy Leeds Plan and Mental Health Strategy.
- Consider the addition of transport and culture as key areas influencing health.

3.41 **Developing approach to the working draft of Leeds Health and Wellbeing Strategy refresh**

3.42 The current working draft is attached at Appendix 1 of this report. This draft will be further developed over the coming months, further strengthened by continued engagement with stakeholders and groups.

3.43 In response to recent feedback, to further enhance our approach to the refresh of the HWS, we will:

- Describe a clear narrative of both the health inequality challenges and how we want the city to look like by 2030 under each priority
- Have citizen involvement and communities of interest at the heart of our approach including thinking more innovatively about how we further embed the voices of communities in how we measure progress
- Action plans for key areas with existing approaches – not creating any duplication of established plans and priorities
- A stronger alignment to existing key strategies including at the city and regional level.

3.44 The HWS refresh will be a strategy to 2030 to provide flexibility to changing national priorities and enable longer term planning. The framework of the strategy will have focused priorities with equality, diversity and inclusion at the heart supported by clearer outcomes.

3.45 Engagement with the Health and Wellbeing Board and partners has also supported the development of the 12 proposed priorities in the working draft attached to this report. These priorities are:

- 1) A Child Friendly and Age Friendly City where people have the best start and age well
- 2) Strong, engaged and well-connected communities
- 3) Improving housing for better health
- 4) Safe and sustainable places that protect and promote health and wellbeing

- 5) A city where everybody can be more active, more often
- 6) A strong economy with good local jobs for all
- 7) Maximise benefits of world leading research, innovation and health and care technology
- 8) Promoting prevention and improving health outcomes through an integrated health and care system
- 9) An inclusive, valued and well-trained workforce
- 10) Support for carers and enable people to maintain independent lives
- 11) The best care in the right place at the right time
- 12) A mentally healthy city for everyone

3.46 **Partnership principles**

3.47 The effective health and care partnerships in Leeds is one of our key strengths and the response to the Covid-19 is a recent example of what can be achieved collectively when faced with unprecedented challenges. As we enter a new part of the journey of health and care integration, the Team Leeds approach continues to be vital as we support one another to make Leeds the best it can be and the best city for health and wellbeing.

3.48 In sharing ideas and learning, working in genuine partnership and being ambitious about our collective impact the values which underpin our partnership will be clearly articulated in the HWS refresh as we navigate the challenges in the short, medium and long term.

3.49 **Indicators and measuring progress**

3.50 The current strategy has 21 indicators to measure progress against and linked to this work has been undertaken to identify outcomes, metrics and indicators for the key strategies and plans such as Healthy Leeds Plan.

3.51 Further work will be progressed to simplify and consolidate the number of different metrics and indicators within the refreshed Leeds HWS Strategy and ensure there is alignment with strategies such as the Best City Ambition performance framework (under development), Healthy Leeds Plan and connect to wider connecting strategies such as the West Yorkshire Partnership Strategy.

3.52 The final Strategy indicators should be at the population level and align to the outcomes described in the Strategy whilst also supported with gathering lived experiences to help with understanding the wider impact of our partnership work.

3.53 It is important that the progress continues to be reported to the Health and Wellbeing Board. The Board continually reviews, and challenges actions taken forward reflecting on the progress annually, commissioning a review directed by the Health and Wellbeing Board. It will continue to be guided by the Leeds Health and Wellbeing Strategy and summarises the actions and updates from those who have brought items to the Board and an overview of progress around the priorities and indicators of the Leeds Health and Wellbeing Strategy.

3.54 In understanding lived experiences, we will explore opportunities in

connecting to wider performance frameworks such as the Social Progress Index (SPI). Designed by the Social Progress Imperative, a global non-profit organisation based in Washington DC, the SPI first launched in 2014 and is now used across the world, including by the United Nations, as a comprehensive measure of real quality of life.

3.55 **Visual identity**

3.56 During the Strategy refresh work, the Health and Wellbeing Board considered using an enhanced visual identity which built on the approach utilised in the current strategy and recent developments in the communications of the Leeds Health and Care Partnership.

3.57 A refreshed approach to the look and feel of the strategic documents will be more representative of people who live and work in Leeds to better represent the diversity of the communities of Leeds. It is proposed that approach is used throughout the new Strategy.

3.58 The communications plan behind the HWS refresh is also in development. Through our communications we want to tell the story of the health and care in Leeds and the Leeds Health and Wellbeing Strategy in a clear, consistent and concise way, using content that is memorable and shareworthy. As a result of our communications, we want:

- Stakeholders who will enable the delivery of the Strategy to be enthused to act and buy-into the aims and priorities. This includes extending the call-to-act beyond the health and care system, public sector organisations, and the third sector
- All people who live and work in Leeds to see the benefits of the Strategy for them, and for all of Leeds
- To enhance Leeds' reputation, locally, nationally and internationally, as a city that is proactive in tackling health and wellbeing, through collaborative working, led by a strong Health and Wellbeing Board.

4. **Timeline and Next Steps**

4.1 As we make progress in the development of the HWS refresh, we are building on the review work which has already taken place before the pandemic and more recent cross partnership engagement. Moreover, as the two other pillars (Inclusive Growth and Zero Carbon) are also being reviewed the timeline below seeks to ensure as close alignment as possible in producing the HWS refresh.

4.2 There will be two phases in the development of the HWS refresh:

Phase 1: high level timeline to July 2023:

- **September 2022- December 2022:** Further development in refining strategy via HWB engagement and wider stakeholder engagement.

- **January 2023-May 2023:** Further committee engagement including Health and Wellbeing Board; Executive Board and Health and Care partnership organisational bodies engagement for endorsement and comments.
- **June 2023-July 2023:** Final design of the refreshed HWS document and associated products; Engagement across health and care partnership workforces promoting HWS refresh and formal public launch of HWS refresh

Phase 2: from July 2023:

- The second phase will be to work with the Leeds Health and Wellbeing Board and partners to agree clear plans under each of the priorities. This second phase should include capturing existing work underway which are contributing to the delivery of the HWS.

5. Recommendations

- Board members are asked to note the updates to the refresh of the Leeds Health and Wellbeing Strategy
- Note the work that has been undertaken across the Partnership as part of the refresh of the Health and Wellbeing Strategy
- To endorse the approach and provide further comments on the attached working draft of the Strategy.

6. Appendix

Appendix 1: Developing working draft of the refresh of the Leeds Health and Wellbeing Strategy.

The Leeds Health and Wellbeing Strategy 2023-2030

'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest'

Foreword

Hello and Welcome to the Leeds Health and Wellbeing Strategy.

Our last strategy was developed in 2016 and there is so much to be proud of in our achievements since then. This has been driven by a united partnership of the council, NHS, public sector, a thriving Voluntary, Community and Social Enterprise (VCSE) network, businesses, education, academia, and organisations championing the voices of our communities, such as Healthwatch Leeds.

The most significant event since our last strategy was developed is undoubtedly the pandemic. The city's response showed how we all came together to take care of each other, supported by our resilient communities. We saw 62,000 people in health and care work together with hundreds of volunteers, to make sure people had food, medicines and wellbeing checks. We also delivered an extraordinary vaccine roll out programme embedded in our local communities with over 1.8 million doses given in Leeds.

None of this would have been possible without the strong foundation of our partnership working supported by a 'Team Leeds' ethos and approach.

Many lives were tragically lost during the pandemic and each person will never be forgotten. We now need to navigate a world which has seen health inequalities grow because of the pandemic and continuing to get worse. This is because of new challenges such as the cost-of-living crisis which will be experienced differently by different communities and across generations. The impacts of poverty are particularly felt in our most socially and economically challenged parts of the city. This highlights the importance of focusing improvements on health outcomes across the whole life course from preconception, birth and childhood, through the transition to adulthood and older age.

Breaking the cycle of poverty and poor health is more important than it has ever been. This strategy sets out the blueprint of how we plan to make a difference and improve health and wellbeing outcomes of people in Leeds, whilst learning from the experience of the past few years.

Leeds is a forward looking, great northern city and the innovation, creativity, and commitment of partners to work together to improve health and wellbeing outcomes of our people has never wavered. We recently reaffirmed our ambition to tackle poverty and inequality with our Best City Ambition. Our determination to deliver positive outcomes for people has led us to commit to becoming a Marmot City. We have a solid foundation to drive this forward with a strong economy, exceptional schools, colleges and universities, a vibrant and diverse population and growing sectors such as digital health, data and medical technology. All are key to creating a healthier, greener and inclusive place for people to live, work and visit.

It is the people of Leeds, our greatest asset, that are at the heart of driving the ambition we set in 2016 to be the best city for health and wellbeing. We know that people want to see care that is communicated well, coordinated and compassionate. We will work together to deliver this, reaffirming our vision to be a health and caring city for all ages where people who are the poorest improve their health the fastest. This will remain key to our new Health and Wellbeing Strategy to the year 2030, which sets our long-term plan to respond to the great health and care challenges we face as a city.

This strategy is launched at a time of transformation in our health and care integration journey. The creation of the Integrated Care Boards and Integrated Care Partnerships as part of wider health and care system in Leeds provides a significant opportunity to further progress our priorities

so that they are positively felt by all communities in the city. We will look to partnerships at all levels, neighbourhood, local, regional and national to deliver our vision.

The success of this strategy will continue to be determined by how people feel and the real difference we are making in improving their health and wellbeing outcomes. It is important to acknowledge that currently people are frustrated by long waits for some services including ambulance services and accident and emergency. Accessing NHS dentistry remains hard across Leeds and some GP practices are overstretched despite working valiantly to serve their communities. Social care remains chronically underfunded and workforce challenges exist in all sectors.

As a Health and Wellbeing Board, we believe we can deliver stronger services that are integrated and effective, but we acknowledge the extent of the challenge. We remain committed to our shared vision and this is a moment where we cannot afford to fail. We won't be able to do this alone and we must all play an active part, but we believe by working together, with compassion and care as one Team Leeds, we can deliver positive changes for all our communities.

Councillor Fiona Venner

Chair of the Leeds Health and Wellbeing Board

What is the Leeds Health and Wellbeing Board?

Wellbeing starts with people; our connections with family, friends and colleagues; the behaviour, care and compassion we show one another; the environment we create to live together. We all have a part to play in Leeds being a healthy city with high quality services.

The Health and Wellbeing Board (HWB) helps to achieve our ambition of Leeds being a healthy and caring city for all ages, where people who are the poorest, improve their health the fastest. The Board exists to improve the health and wellbeing of people in Leeds and to join up health and care services.

The Leeds Health and Wellbeing Board is made up of a group of senior representatives from organisations across Leeds, including Leeds City Council, the NHS, the Integrated Care Board, the voluntary and community sector and Healthwatch, which ensures the views of the public are fully represented and acted on. There is also a cross-party political representation, with meetings chaired by the Executive Member for Adult and Children's Social Care and Health Partnerships.

The Board meets regularly throughout the year, including via formal public meetings and development workshops. We get an understanding of the health and wellbeing needs and assets in Leeds by completing a Leeds Joint Strategic Assessment (JSA), which gathers information together about people and communities in our city. The latest JSA was produced in 2021.

Listening to people is central to the work of both the Health and Wellbeing Board and partners across the city, with findings feeding into strategic planning and service delivery. The Board works collectively, with the strengths and assets of Leeds people, to oversee, influence and shape action to ensure Leeds is a healthy city with high quality services.

By 2030 people's health and wellbeing outcomes will be...

Section to clearly describe the clear outcomes we want to see in Leeds for people and communities over their life course. This will be illustrated with for example statistics which state the current position of a particular identified health and care challenge and what improvements we need to see by 2030 to enable people to have the best start, live well, work well and age well.

The challenges and opportunities

The diverse cultures, strong economy, vibrant partnership working, and the excellent services are just some of the many strengths which make Leeds a great place to live, learn, work and visit. However, not everyone is benefitting from what the city has to offer and there are unacceptable health inequality gaps.

Stalling improvements in life expectancy for people living in low-income parts of the city demonstrates the significant health and care challenge we face. The gap in life expectancy between some of our most and least affluent areas is 13 years for women and 11 years for men. This gap is even wider between some communities such as the Gypsies and Travellers communities in Leeds, with the average life expectancy around 50 years of age compared to the city's population of around 78 years. More widely, the Leeds Dock, Hunslet and Stourton area of the city has the lowest female life expectancy in England and over 170,000 people in the city live in areas ranked amongst the most deprived 10% nationally.



The city is also responding to the long-term developing impacts of the Covid-19 pandemic which are being felt by all communities in Leeds. The evidence however shows the risk of death and specific illnesses and conditions affect some groups disproportionately depending on their age, gender, pre-existing conditions, ethnicity and deprivation. The pandemic also worsened existing mental health inequalities amongst children and young people, who were already at high risk of poor mental health.

Moreover, nationally we are seeing an emerging picture of how the pandemic has likely contributed to worsening inequalities. This includes the link between economic inactivity due to ill health and how the cost-of-living crisis further risks increasing this inequality gap.

These great challenges will be a key focus in this long-term strategy, and we will consistently review progress to ensure we remain flexible to the changing context over the coming years.

Building thriving communities & Improving health and wellbeing

Building thriving communities where people live happier and healthier lives requires that all the right ingredients are in place. These are often referred to as the determinants of good health and wellbeing. This strategy recognises that if we are to tackle health inequalities, we must recognise

the influence of people's socio-economic conditions on their health outcomes. This means the best start to life, good education; inclusive, stable and well-paid jobs; quality homes that are affordable and safe are some of the key ingredients to improving people's health and wellbeing. Alongside this environmental sustainability and equity in decision-making across the whole system is also vital.

The growing and changing demographics in the city highlights the profile of young people becoming more diverse and focused in communities most likely to experience poverty. In 2021 almost 24% of children (under 16) were estimated to live in poverty in Leeds, compared to 19% nationally. A growing ageing population means we must continue to focus on how we further support older people, many of whom live alone, to maintain connections with other people and to access support that meets their needs.

To be the best city for health and wellbeing everyone must work together to do the best for one another and provide the best care possible when needed.

Hearing the voices of people living with inequalities

The Leeds Health and Wellbeing Board has made a firm commitment to being led by the people of Leeds, who are at the centre of health and care decision making. Under the leadership of the Board, the People's Voices Partnership (PVP) was established to bring together listening teams across the Leeds Health and Care Partnership to ensure that the voices of those living with inequalities are better heard.

The Big Leeds Chat is a key element of this engagement and is a series of innovative, citywide conversations between senior leaders from across the health and care system and the public. These conversations are focussed on listening to people's experiences around health and wellbeing and finding out what matters most to them. The Big Leeds Chat in 2021 involved 43 'conversations' taking place with local communities, communities of interest and young people's organisations. Ten key themes emerged from these conversations and formed the basis for 10 Big Leeds Chat Statements, which have informed the priorities in the Leeds Health and Wellbeing Strategy and will be progressed through the work of the Leeds Health and Wellbeing Board:

1. Make Leeds a city where children and young people's lives are filled with positive things to do.
2. Make Leeds a city where there are plentiful activities in every local area to support everyone's wellbeing.
3. Make Leeds a city where people can use services face-to-face when they need to.
4. Make Leeds a city where people feel confident they will get help from their GP without barriers getting in the way.
5. Make Leeds a city where each individual community has the local facilities, services and amenities they need.
6. Make Leeds a city where fears about crime and antisocial behaviour are no barrier to enjoying everything the community has to offer.
7. Make Leeds a city where services acknowledge the impact of the pandemic on people's mental health and where a varied range of service- and community-based mental health support is available.
8. Make Leeds a city with affordable activities that enable everyone to stay healthy.
9. Make Leeds a city where green spaces are kept tidy and welcoming, because services understand the vital role they play in keeping people well.
10. Make Leeds a city where everyone can get around easily on public transport, no matter their location or mobility needs

The Tackling Health Inequalities Group is a subgroup of the Board and will continue to act as an advisory and challenge body for the Board's and partners' actions and impact on inequalities.

Our Communities of Interest Network brings the voices of people from 24 different communities experiencing the greatest health inequalities closer to decision-making, including representing their views to the Board.

The How Does It Feel for Me project is allowing users of health and care services to share their experiences as they move through different parts of the system. The Co-Production Network further brings together health and care partners, working together to strengthen our approaches to co-production, which enables us to involve people at all stages of change. People's voices are also at the heart of our service transformation programmes, for example the ongoing work to transform community mental health services.

To get a direct insight into the needs of marginalised communities, the Leeds Health and Wellbeing Board has developed The Allyship programme which connects Board members with key third sector organisations in the city.

This will all remain a key component in ensuring the priorities of all communities guide the work of the Health and Wellbeing Board and the delivery of this strategy.

Improving access to quality health and care services

Good health is about physical, mental, and social wellbeing. As more people continue to experience multiple long-term conditions, health and care services need to adapt to these changes. People in Leeds have told us they want to feel confident they will get the help needed from services without barriers getting in the way. We will continue to focus on this as one integrated health and care system which will improve people's health. We will also be focussed on reducing health inequalities across the entire population to build and maintain the best long-term health possible for everyone.

Having access to quality health and care services remains a key priority in this strategy. It is vital that we have timely and person-centred care and whilst the cost of providing high quality care continues to rise, we must continue to work hard to deliver this for the people of Leeds. This will ensure people's health and wellbeing can be better, fairer and sustainable.

Our system will continue to promote wellbeing and prevent ill health recognising people have different needs, and what good health looks like varies between people. By looking at our population in this way we can better understand what people need, to address the challenges they face. It will also support the Health and Care Partnership to provide high-quality services, which are easier to access and navigate, effectively meeting people's needs.

We will further develop our localities and neighbourhood-based community building approach such as Asset Based Community Development and Local Care Partnerships. This is where people and organisations work together as equal partners actively involved in the design and delivery of health and care supported by their communities.

One integrated system focused on improving health and wellbeing outcomes

Improving health services needs to happen alongside maintaining financial sustainability. This remains a major challenge. Rising cost pressures and sustained and increasing demand of health and care services means making the best use of the collective resources across organisations. This will continue to help us to develop the city's health and care system which has seen its own recent transformation supported by a strengthened governance structure including at the city level

with the establishment of The Leeds Committee of the West Yorkshire Integrated Care Board (ICB). The ICB will make decisions about the best way to allocate resources across the city to have the biggest impact on improving health outcomes and people's experiences and reducing inequalities.

Our health and care workforce is also facing increasing pressures. It is vital that we continue to work together to make Leeds the best place to train and work at any age and to support our colleagues to flourish in safe and inclusive workplaces. We have a highly motivated, creative and caring workforce in our city, working hard to deliver high quality care for people in Leeds. It will remain important that we continue to build a strong workforce and support people. Many of whom live as well as work in the city and play a key role in helping to reduce inequalities and delivering care for the future.

Connecting strategies to better tackle health inequalities

This Health and Wellbeing Strategy is about how we put in place the best conditions in Leeds for people to live fulfilling lives in a healthy city with high quality services. Everyone in Leeds has a stake in creating a city which does the very best for its people. This strategy is our blueprint for how we will achieve that. It is led by the partners on the Leeds Health and Wellbeing Board and it belongs to everyone.

Improving health and wellbeing outcomes for people and communities across the city will also be supported and delivered together with a range of connecting strategies, plans and commitments. Each of these will help us to deliver our ambition to be the best city for health and wellbeing. We have taken a life course approach to tackling health inequalities. This means we will consider the biggest issues at each stage of a person's life from early years to older age. It will take a concerted effort across all levels - local, regional and national. An approach which recognises that a diverse range of factors including social, economic and environmental circumstance, influence a person's physical and mental health and wellbeing outcomes.

The following strategy and plans will be key in helping to deliver improved health and wellbeing outcomes for the people and communities in Leeds and we will ensure there is a clear and strong alignment across all to ensure the most effective delivery of the city's health and wellbeing strategic priorities:

Best City Ambition: The Best City Ambition is our overall vision for the future of Leeds to 2030. At its heart is our mission to tackle poverty and inequality and improve quality of life for everyone who calls Leeds home. The Best City Ambition aims to help partner organisations and local communities in every part of Leeds to understand and support the valuable contribution everyone can offer – no matter how big or small – to making Leeds the best city in the UK. As part of the Best City Ambition five breakthrough projects have been established specifically on promoting mental health in the community; better homes for health and wellbeing; inclusive green jobs; learning outcomes for social mobility and responding to the cost-of-living crisis. These will be driven by a diverse group of people and organisations drawn from all parts of Leeds. This group will agree a clear end goal to deliver progress on these key areas of focus.

Leeds Inclusive Growth Strategy: The Leeds Inclusive Growth Strategy sets out how we aim to make the city a healthier, greener and inclusive economy that works for everyone. The strategy details how we will harness partnerships across the city to improve the health of the poorest the fastest linking to people and communities with place and productivity. The Leeds Anchor Network will play a key role as part of our place-based approach to inclusive growth and community wealth

building. Together with organisations using their economic power and human capital in partnership with communities to mutually benefit the long-term wellbeing of both.

Net Zero ambition: Leeds has committed to be carbon neutral by 2030. Tackling climate change will mean that we focus on reducing pollution and promoting cycling, walking and the use of public transport whilst also promoting a less wasteful, low carbon economy. The Leeds Health and Care Commitment will be one of many key components of addressing poor health outcomes. This Commitment is a set of principles and actions to work towards being a resilient, sustainable health and care system that mitigates the impact of climate change.

Healthy Leeds Plan: The Healthy Leeds Plan sets out how the Leeds Health and Care Partnership will work together to improve outcomes for everyone in our city. It details the areas where we know we can make a difference to people's health in Leeds and outlines how we will know we have been successful. This Plan will be delivered by bringing together key partners in Population Boards focused on a range of priorities such as supporting access to key cancer services and people who have a learning disability or who are neurodivergent.

West Yorkshire Partnership Strategy: The West Yorkshire Partnership Five-Year strategy is the vision for the future of health, care and wellbeing in the region, where all partners are working together so people can thrive in a trauma informed, healthy, equitable, safe and sustainable society. This plan is overseen and owned by the NHS West Yorkshire Integrated Care Board. Closely aligned to the Leeds Health and Wellbeing Strategy, and developed with the Leeds Health and Wellbeing Board, the delivery of the West Yorkshire Partnership strategy ambitions is set out in a Joint Forward Plan.

Leeds Marmot City Commitment: Building on the city's long history of working to address health inequalities, Leeds has committed to become a Marmot City. This involves working in partnership with the Institute of Health Equity to take a strategic, whole-system approach to improving health equity. Working collaboratively with partners and communities, we will work together to achieve a fairer Leeds for everyone. There will be an initial focus on the Best Start and Housing priorities of this work with progress being overseen by the Leeds Health and Wellbeing Board.

Our partnership principles

We will continue to work in ways that support our Team Leeds approach. The following key principles developed by the Leeds Health and Care Partnership, will underpin how we work together to deliver on our ambition and vision set in this strategy:

We start with people: working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce.

We are Team Leeds: working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude

We deliver: prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.

What is the Leeds Health and Care Partnership?

We know that people's lives are better when those who deliver health and care work together.

The Leeds Health and Care Partnership (LHCP) includes health and care organisations from across Leeds: Leeds City Council, NHS partners, Voluntary, Community and Social Enterprise organisations, Healthwatch Leeds, Local Care Partnerships, Leeds GP Confederation and the Leeds Office of the NHS West Yorkshire Integrated Care Board.

We are also part of the wider West Yorkshire Health and Care Partnership which is an 'Integrated Care System' working to improve the health and wellbeing of people across West Yorkshire.

DRAFT

Building on what we have achieved

- *To include case studies of key achievements of the current HWS – illustrative examples included below to provide an idea of what could be included in this section.*
- *Organisations on the HWB will be asked to provide case study examples*

Case study example: Lincoln Green employment and skills project

Through our Health and Wellbeing Strategy and our Inclusive Growth Strategy, we are committed to developing a strong local economy that everyone can benefit from. The city's biggest employers are collaborating on projects via the Anchors Institution Network which support this commitment, including supporting people from poorer communities into employment.

Lincoln Green is one of the poorest communities in Leeds and was among the 1% most deprived wards nationally. The majority of households are on a very low income (74% on less than £15k), and its residents also experience some of the greatest health inequalities in Leeds. As such, Lincoln Green has been identified as a priority neighbourhood.

As a committed member of the Anchor Institution Network, Leeds Teaching Hospital Trust (LTHT), collaborated with Leeds City Council (LCC) and local charity Learning Partnerships, to deliver a bespoke recruitment process and employment programme, supporting the residents of Lincoln Green to be better equipped to successfully gain employment at LTHT.

In total, 130 people attended an employability programme, which helped improve IT skills, confidence building, application and interview skills, among others. 59 of those were successful in achieving an offer of permanent employment with LTHT

Due to the success of this programme, other Anchor Institution Network members are developing similar projects, supporting more people from poorer communities into good quality employment.

Case study example: Utilising the benefits of technology and innovation

Leeds is a hub of digital transformation. We are home to 160 med-tech and health informatics companies and home to 22% of all digital health jobs in England. This means we are perfectly placed to benefit from the power of health and care innovation and technology.

The Leeds Academic Health Partnership has been collaborating with West Yorkshire and Harrogate Cancer Alliance, local NHS trusts, and with Leeds based company PinPoint Data Science Ltd. to develop a new blood test which will support GPs to better triage patients who are showing symptoms of cancer.

This new blood test was developed using a form of Artificial Intelligence known as 'machine learning' to analyse a broad range of signals in the blood and combines with general, anonymised patient information to produce a single number: the chance that a patient has cancer.

It has been designed as a decision support tool, providing GPs with more information and enabling them to more effectively triage patients when they first present with symptoms. This revolutionary test is currently being evaluated across West Yorkshire, and if approved for full implementation, promises to deliver shorter referral waiting times, reduced patient anxiety and improved early cancer detection.

Summary on a Page

Leeds Health and Wellbeing Strategy 2023-2030

Our ambition:
Leeds will be the best city for health and wellbeing

Our vision:
Leeds will be a healthy and caring city for all ages where people who are the poorest improve their health the fastest

5 Outcomes

- 1 People will live longer and have happier, healthier lives
- 2 People will live full, active and independent lives
- 3 People's quality of life will improve with access to quality services
- 4 People will be actively involved in their health and care, supported by their communities
- 5 People will live in healthy, safe and sustainable places



Indicators
TBA

We live our
Partnership Principles

We start with people
We deliver
We are Team Leeds

12 Priorities

A Child Friendly and Age Friendly City where people have the best start and age well

Why is this important?

Communities in Leeds have continued to grow, with greater diversity and a growing younger and ageing population. This developing picture is more evident in communities which face the greatest inequalities. Moreover, the legacy of Covid-19 and its impact means our commitment to be a caring city for everyone is vital. This will mean we can support people to thrive in their early years and later life.

There are now around 9,500 babies born in Leeds every year. Ensuring the best start in life provides important foundations for good health and wellbeing throughout life, enabling successful and enriching futures for our children and young people. This is also why one of the city's breakthrough projects, and the initial focus of our Marmot City commitment, is on early years.

We know the Covid-19 pandemic has further amplified the challenges facing young people. This is why targeted actions which make the most of every child's potential remains an important goal for the city as we continue to re-set and transform services. This will further affect the health of families too, recognising that our priorities can help to tackle challenges such as the disproportionate impact on women from Black ethnic backgrounds who are four times more likely to die during childbirth.

Today around 25% of people living in Leeds are 60 and above. The over 80s population is the demographic rising the fastest. The number of people in Leeds living beyond 80 is expected to rise by approximately 50% in the next 20 years. We want to be the Best City to Grow Old In. This is what underpins our Age Friendly Leeds ambition, creating a place where people age well. Where older people are valued, feel respected and appreciated and seen as the assets they are as employees, community connectors, volunteers, carers, investors and consumers.

Older people face health and care inequalities. For example, they are more likely to have multiple long-term health conditions which disproportionately affect older people living in our poorest communities. Inequalities in older age are cumulative and have a significant impact on a person's health, wellbeing and independence.

By 2030 we will...

See improved outcomes in the earliest period in a child's life, from before conception to age two. We will see parents and babies supported to create the conditions where stress is reduced, and positive bonds and attachments can form. We will work together to offer parents-to-be and new parents targeted pathways informed by women and families to improve communications, support and care before, during and after pregnancy. Care will be delivered in an integrated way such as 'Building the Leeds Way' which is a long-term vision to transform healthcare facilities across Leeds Teaching Hospitals for patients and staff.

It is also vital that we remain committed to our goal to halve stillbirths and neonatal deaths. We will deliver a strength-based localised offer where community maternity services will understand more about the locality they work in and the partners and people they work with. We will build on the outstanding social work and support journey in the city, ensuring consistent quality across all our work with vulnerable children and young people. We must remain committed to the 'Think Family, Work Family' approach, delivering solutions which are coordinated around the relationships, needs and assets in families and the wider community. This is alongside improving the mental health of

children and young people and parents and carers. We will do this by, taking a ‘whole family’ approach to mental health.

Making Leeds a Child-Friendly City for our children and young people must also be guided by a truly inclusive approach. Working as a partnership across health and care services, joining up practices which also deliver positive outcomes for children and young people with special educational needs and disabilities and additional needs.

Children and young people need to have a safe, healthy, and balanced diet to improve health and wellbeing outcomes. Leeds has taken a whole system strength focused approach to tackling child obesity to transform the way people’s health and social care needs are supported. We must continue to focus on reducing child obesity building on the learning of pre-pandemic years. These priorities highlight the importance of wider factors such as the environment and learning influencing our health and wellbeing.

The reality of climate change also means there will be more frequent and intense weather extremes. The impact of fuel poverty also requires a continued focus on addressing the health challenges which may be affected by these circumstances such as reducing excess winter deaths. Furthermore, addressing the clear link between frailty and deprivation must remain a focus whilst delivering on the objective to ensure that people will die well and have a good death. This will need to be supported by person centred, holistic and accessible palliative and end-of-life care with personalised support for carers, families and friends.

Across all ages we must challenge the impacts of poverty, recognising the scale and effects of poverty on all communities, young and old. Working together we can mitigate these impacts on health and wellbeing outcomes and to support every child’s journey into secure adulthood. This too, will ensure that the relationship between older and younger generations is defined by mutual support and compassion.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Strong, engaged and well-connected communities

Why is this important?

Connecting to our richly diverse communities across the city is vital if we are to address their health and care needs and improve health and wellbeing outcomes. The city’s response to the pandemic highlighted what can be achieved when different organisations work together through communities to achieve shared goals. Harnessing the strength of these partnerships will remain crucial as we continue to tackle health inequalities in the coming years. This includes supporting diverse communities such as vulnerable groups, people in poverty, migrants, refugees and asylum seekers, the homeless and people with disabilities.

Pride in our communities and places are vital assets in a sustainable future for the city and its local centres. We know that whilst the Covid-19 pandemic demanded the use of digital platforms and tools for people to remain connected; this equally led to a hunger for more communities to connect with their friends, neighbours and fellow Leeds residents in person. Tackling loneliness and supporting people to keep well is vital with access to activities that are affordable, easy to get to and are balanced between in-person and digital. Access is also linked to stronger connections and making Leeds a city where people can connect with services when they need to remain important.

Work on this priority will be guided by the three Cs: Communication, Compassion and Coordination

By 2030 we will...

Have improved residents' access to digital equipment and the internet through superfast broadband.

To support strong, engaged and well-connected communities, we will build on the important work and approaches which have successfully led to transforming services and support for communities across Leeds. We will further develop the strength-based model of social work driving key work such as Street Support programme. Our well-established neighbourhood networks and the Asset Based Community Development (ABCD) approach will be vital too. Moreover, supporting digital inclusion remains important, building on the development of innovative ways to use digital to better connect people, including those living with dementia in Leeds.

Develop services that support people to access the right support when they need it, and to thrive using their individual and community assets. This will remain key in helping to reduce health inequalities in Leeds whilst also considering the impacts of the wider social determinants on people within localities.

Have reduced social isolation and loneliness, particularly where it is affecting vulnerable groups and people with high levels of need. We will commit to developing communities where no one is lonely, with diverse opportunities for people to live healthy, active and happy lives.

Support key enablers which connect our communities with a sustainable, affordable, inclusive and healthy transport network, and placemaking which encourages people to be physically active. They are crucial in enabling people to get around the city easily and safely and making it easier for people to access essential services such as health and groceries. Making it easy and safe for people to walk and cycle to services, core amenities, and facilities is not just good for health but essential for sustainable and local neighbourhoods too.

The focus of the Health and Wellbeing Board and partners will be to see progress informed by what people are telling us matters to them. This includes making Leeds a city where everyone can get around easily on public transport, no matter their location or mobility needs.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Improving housing for better health

Why is this important?

Housing plays a critical role as a wider determinant of health. Meeting the city's housing needs and providing high quality, safe, affordable homes in inclusive communities is a key priority. This will also mean we can support places where residents have close access to services and amenities. Improving housing for health is a key commitment in our plan to be a Marmot City and is a breakthrough project in our Best City Ambition. This demonstrates our strong city commitment to improve outcomes on this priority area which all partners will be key to helping deliver.

Proactive and preventative housing solutions support people to live independently and minimise preventable health and social care interventions, which need to be a key feature to improve people's health and wellbeing. The opportunities provided by innovative digital and technology

solutions will be increasingly significant too, not only in supporting people to be healthy and independent in their home but also in creating healthier living environments.

By 2030 we will...

Have made clear progress in ensuring that adaptations, minimising hospital admissions and streamlining hospital discharges are linked to housing needs. We will also ensure that key referral pathways for those affected by homelessness and mental health support are collaborative.

Have developed a whole system approach to supporting independence of children and young people, and adults as part of an integrated system to achieving cost-effective solutions and positive outcomes for people. Supporting diverse housing options tailored to individual needs will be a key element of this such as extra care housing. Supporting people to live in housing that can accommodate future support and care needs in an environment that promotes social inclusion and active independence will be important too.

Have made significant progress in addressing the impact of fuel poverty by improving health and wellbeing through increasing affordable warmth without increasing carbon emissions. Crisis intervention for vulnerable people in cold homes will also need to be a key part of tackling poverty and health inequalities.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Safe and sustainable places that protect and promote health and wellbeing

Why is this important?

Health protection and promotion has always played a key part in tackling health inequalities. The response to the Covid-19 pandemic highlighted the vital role of our health protection system which responded rapidly and innovatively to an unprecedented and constantly shifting context. This also placed intense demands and disruption on key services, settings and workplaces across the city. As we continue to live with Covid, it is crucial that health protection and promotion continues to prioritise and work with communities most vulnerable to the impact of Covid-19.

By 2030 we will...

Have a Leeds health protection system which encourages people and systems to adopt safer behaviours and to build community resilience to any future pandemic. This will be by following public health advice, in common with longstanding ways of managing other infectious respiratory illnesses such as influenza or the common cold. The health protection system will also focus on wider prevention priorities such as the impact of poor air quality reducing the incidence of tuberculosis and excess winter deaths.

Enabling every community in the city to have safe, connected and sustainable spaces to access green spaces can improve mental and physical health across all ages. We must continue to provide a wide range of opportunities for people to access quality services. People being physically active in our green spaces is vital so that everyone can enjoy being active, no matter what their abilities or interests. This can also help to reduce the incidence and severity of conditions such as obesity, heart disease, diabetes, anxiety and depression in people of all ages and backgrounds.

We want Leeds to be a welcoming city, accessible to all where children and young people have safe spaces to play and have fun; and where older people feel safe too.

Achieving this priority means expanding the network of Safe Places across the city, where a person with a learning disability can go and ask for help if they are lost, frightened or in difficulty.

People with disabilities have a right to live in the community, to move around within it and to be able to access all the places available. To enable this, we must create places where people have safe and accessible facilities available which meets their needs.

We must remain committed to support victims and survivors including those who have experienced domestic violence and abuse, to have housing options where they can live safely and be supported. This will mean improving responses and increase support to victims and survivors with complex needs (especially mental health needs) in safe accommodation.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

A city where everybody can be more active, more often

Why is this important?

Embedding physical activity into everyday life provides a unique opportunity to contribute to improving the health and happiness of people, families and communities and can help to tackle deepening inequalities. We can reduce obesity, become more socially connected and recover better from health problems whilst also contributing to a healthier place, a greener city and a stronger local economy.

Physical activity levels in the city have been significantly affected by the Covid-19 pandemic. This has particularly affected specific groups disproportionately, including women, young people, disabled people, those with a long-term health conditions and ethnic minorities. 1 in 4 of all adults in Leeds are inactive, 1 in 3 older people are inactive, and only half of children have had the recommended one hour of physical activity a day. Inequalities have widened and lifestyle habits have changed – leading to less active and more sedentary hours.

By 2030 we will...

Have made significant progress in supporting the delivery of city's Physical Activity Ambition, focusing our efforts to address this challenging emerging pattern of physical inactivity and driving a radical cultural shift to increase physical activity over the long term.

It is important that people in Leeds feel they can be more active. A key element of this will be creating an environment where physical activity is the easiest choice to be active every day, working with people to understand the drivers affecting their physical activity levels.

It also means exploring and delivering innovative solutions to active travel with a whole system approach to health improvement and tackling health inequalities. Strong infrastructure, creative planning and behaviour change can help create active travel as an accessible, safer, healthier, more environmentally friendly option than driving. This crucially has the potential to address health disparities and deliver positive health and well-being outcomes for people in Leeds, including in the communities which face the most social and economic challenges.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

A strong economy with good local jobs for all

Why is this important?

Leeds has seen a significant increase in the number of people in the city who live in areas that are ranked in the most deprived 10% nationally. More than 70,000 adults are facing in-work poverty. Economic inactivity nationally is also on the rise significantly affecting people over 50 and highlighting the need to improve employment outcomes for all, including refugee and asylum seekers, people with mental health, learning disabilities and physical health problems.

A good job is really important for good health and wellbeing of working age people. Focusing on improving people's health and wellbeing is key to delivering an economy that works for everyone and where the benefits of economic growth are distributed fairly across the city, creating opportunities for all. This will include raising the bar on inclusive recruitment, better jobs, and healthy workplaces. It will mean encouraging people who have been economically inactive back into the workplace; maximising employment and skills opportunities; developing clear talent pipelines and supporting good quality careers education.

Leeds economy has many strengths including our digital health, medical technology, and health data sectors, supported by a wealth of talent and a huge concentration of innovative organisations, which means we are well placed to develop as a location of choice for health and social care businesses. Our key health and care institutions will also be vital to driving inclusive growth in the city. The Innovation Arc vision is a key example of this - a series of innovation neighbourhoods, formed around the city's natural anchors of our main universities, the proposed adult and children's hospitals, and major private sector partners.

By 2030 we will...

Have built on our thriving partnerships in the city, utilising the strong network of organisations such as our Leeds Anchor Institutions Network, where partners share a commitment to using their place-based economic, human and intellectual power to better the long-term welfare of their local communities. Specifically supporting the joined-up work with a targeted approach to economic and health interventions in the most socially and economically challenged communities will be vital.

We must also do all we can to continue to promote the health and wellbeing of the workforce and reduce social inequalities through how people are employed. We will build on successful projects, such as the Lincoln Green project which linked employment opportunities to people living in their local areas, the One Workforce programme, and the Leeds Health and Care Talent pipeline. All will be key to delivering an economy that is accessible for all.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Maximise benefits of world leading research, innovation and health and care technology

Why is this important?

Leeds has an ambition to deliver growing cross-city research capacity and making Leeds a test bed for innovation and new technologies, including in health and care and the delivery of a just transition to net zero. New technology can give people more control of their health and care and enable more coordinated working between organisations. Advances in research, innovation and technology also enable us to better understand the causes of ill-health, strengthen diagnosis of medical conditions, and develop more effective treatments. This will further contribute to tackling

health inequalities by enabling us to focus innovation on improving the health of the poorest the fastest

By 2030 we will...

Have made further progress in delivering our place-based and person-centred approach. This will be focused on integrating healthcare and wider services in every community across the city supported by key organisations across sectors. The NHS, council, VCSE organisations and key partnerships such as the Leeds Academic Health Partnership will all be vital to achieve the best outcomes for local people.

So that we can ensure the best start in life, we will utilise modern data technologies and techniques to understand what determines a person's health, life chances from birth through to old age and improve service delivery. To support people to live and age well, we will work to deliver health and wellness services tailored for individuals and ensuring that people's information follows them through their journey regardless of the organisation they are interacting with. To have a city which works well, we must deliver 21st Century connectivity and infrastructure that provides the backbone for world-class service delivery. We will achieve this by building on existing collaborative work and improving information flow between organisations. This will create a thriving digital community, modern infrastructure and skilled workforce which will attract new and established businesses to Leeds.

We must also support and empower people to effectively manage their own conditions in ways which suit them. This means continuing to support digital inclusion and enabling people to be more confident to access their information and contribute to their records.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Promoting prevention and improving health outcomes through an integrated health and care system

Why is this important?

In Leeds, we have focused on early intervention and have developed and sustained prevention approaches over time, which has helped to deliver improved outcomes and excellent services for people across the city. This can also support in improving healthy life expectancy and narrowing the health inequality gap.

Investing and scaling up prevention and using asset-based approaches to build community capacity, must continue to be at the centre of our approach to tackling poverty and health inequalities. This approach focuses on what people can do, not what they can't.

Our health and care needs are changing: our lifestyles are increasing our risk of preventable disease and are affecting our wellbeing. Whilst people living longer is a positive development it also brings with it specific health and care challenges, with more multiple long-term conditions like asthma, diabetes, and heart disease, and with avoidable and unfair differences in health between different groups of people increasing.

By 2030 we will...

Have further developed our whole city approach driven by all partners to promote wellbeing and preventing ill health. The refreshed Healthy Leeds Plan will be a key component in helping to deliver this.

There are some specific areas where we can make a really big difference to prevent ill-health and deliver actions to reduce the causes, leading to improvements in health lifestyles. We need to maintain a continued focus on healthy diets, stopping smoking and harmful drinking.

Building on the strong foundation of key work such as the outstanding Forward Leeds drug and alcohol treatment service in Leeds will help to drive progress on this priority. There will be further opportunities in the additional funding to the city's Drug and Alcohol partnership to support adults and young people who are struggling with drugs and alcohol issues, through dedicated prevention, early intervention, and tailored programmes.

Supporting investment in evidence-based prevention services where we know this will improve health outcomes is essential, particularly in the most socially and economically challenged parts of the city. So too is investment in areas that deliver greater prevention across disease pathways and targeted prevention programmes. These help to promote healthy ageing, supporting people known to be at high risk of developing long term physical and mental health conditions.

The way we work together as one integrated health and care system in Leeds will also be key to delivering improved health and wellbeing outcomes for everyone across the city. The recent development of our integrated care partnership in Leeds provides a great opportunity to build on the strengths of existing Team Leeds approach and partnership principles to tackle health inequalities.

How we look at people's health is also guiding how we reduce health inequalities across the entire population, over the whole life course, and also recognising the influence of the determinants of health. This approach understands people have different needs, and what good health looks like varies between people. We will look at the population of Leeds as a few defined groups of people who have similar health and care needs. By looking at our population in this way, we can better understand what people need to address the challenges they face. We can also tailor better care and support for individuals and their carers, design more joined-up and sustainable health and care services and make better use of public resources to the benefit of people and communities.

This approach will be key to helping deliver key ambitions like delivering the best in cancer care for the people of Leeds. 1 in 2 people will develop some form of cancer during their lifetime. In Leeds 4,100 people are diagnosed with cancer each year. As an integrated system we will work with all communities to ensure that everyone affected by cancer has access to the same high-quality care with more cancers being diagnosed earlier.

In key areas where we want to see better health outcomes like cancer, learning disability and neurodiversity, maternity and end-of-life care, the city's Population Boards will play a key role. These Boards will ensure key partners are involved in designing new ways of working which will improve health and wellbeing and ensure decisions are coordinated to improve every aspect of health and care. Population Boards will include doctors, public health experts, charities, the local council, and health system leaders who are responsible for improving the population segment's health and wellbeing.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

An inclusive, valued and well-trained workforce

Why is this important?

We have a highly motivated, creative and caring workforce in our city, working hard to deliver high quality care for people in Leeds. Our health and care workforce were at the frontline of our city-wide response to the Covid-19 pandemic. As we move into the next phase of integrated health and care and rebuild from the pandemic, they will remain key to help deliver change and support the best possible health and wellbeing for the people of Leeds.

We have 62,000 people who work in health and care in Leeds and we want to further progress in making Leeds the best place to train and work in at any age. The Leeds Health and Care Academy, in partnership with our local schools, colleges and universities will play a central role in developing focused interventions that promote social mobility across the life course and widen opportunities for working in health and care.

By 2030 we will...

Be progressing our work to deliver for everyone in Leeds by working with communities. We will be providing opportunities for skills, jobs and wealth creation. We will be engaging and recruiting those in our communities facing the most social and economic challenges and inspiring the next generation of the health and care workforce.

The One Workforce approach in Leeds health and care is a key element of ensuring no part of our health and care workforce is left behind and is based on common purpose and deep partnership working. Joint planning and connecting care closer to home in a stable way for the wider workforce will be key to driving this approach. So too will be addressing gaps in services through attracting, training and recruitment, and removing barriers to enable new models of service delivery. We must also remain committed to learning together to ensure our workforce is delivering 21st century care, helping to ensure we will achieve our workforce ambitions in Leeds.

This must further focus on how the type of job roles and ways of working shift in focus to prevent ill-health, narrow inequalities in the workforce and improve health and wellbeing. City-wide workforce analysis and planning will also be key to better enable us to deliver our shared workforce priorities responding effectively to the needs of the future in a changing health and care system. Better data sharing and building capability across our city must be part of this approach.

Valuing our health and care workforce also means supporting their health and wellbeing. From GPs, nurses, cleaners, receptionists, social workers, care home and home care staff, third sector workers – all must be supported to ensure we have a healthy and well-trained workforce. These workers are part of the city's health and care system and who are the first to come into contact with people accessing services. It is vital these groups are supported to work in a healthy and safe working environment and to maintain their own physical and mental health and wellbeing.

We want to see a truly inclusive workforce free from discrimination, that reflect the communities that we serve, and to benefit from the perspectives and skills that our richly diverse population brings to the workplace.

We further need to ensure that our future leaders reflect this diversity and build on pioneering work already underway in the city such as delivering the Workforce Race Equality Standard across children's and adult social care.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Support for carers and enable people to maintain independent lives

Why is this important?

In Leeds, we know that people are ageing with multiple long-term health conditions. There is also an increase in the likelihood of having more than one long-term condition in the most socially and economically challenged parts of the city.

Cases of diabetes, respiratory disease, dementia and cardiovascular disease will continue to increase as the population of Leeds grows and ages.

Carers, including unpaid carers, continue to play a vital role in supporting people across the city. It is estimated that Leeds has 75,000 carers which is around 1 in 10 people. Carers come from all walks of life, all cultures and can be of any age. Being a young carer can affect school attendance, educational achievement and future life chances. Carers are more likely to have a long-term physical or mental health conditions and we know that unpaid carers have been particularly affected by the Covid-19 pandemic with increased time spent caring and fewer opportunities to take breaks.

By 2030 we will...

Be delivering an approach which continues to focus on the way care is provided to enable people to better manage their own health conditions. We must focus on supporting people to maintain independence and wellbeing within local communities for as long as possible. Supporting people through a crisis can also have a transformational impact, really helping them to flourish.

Care must be person-centred, coordinated around all of an individual's needs through networks of care rather than single organisations treating single conditions. To have more active involvement in health and care we all need to make the most appropriate use of services. This means having better and more coordinated and inclusive information, which will make it easier for people to access the services they need, when they need them by.

We will also need to improve the way we identify carers including unpaid carers and must recognise, value and support carers, putting them at the heart of everything we do.

This means that in order to reduce the health inequalities that carers experience due to their caring role, we must support shared aims and values. This is supported by taking a strong partnership approach to ensure that carers in Leeds stay mentally and physically healthy for longer.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

The best care in the right place at the right time

Why is this important?

The integration of care in the community is crucial. The transformative potential of organisations working together at a neighbourhood level to meet local needs has been emphasised further with the Covid-19 pandemic.

Outcomes for people can vary depending on where, when and how they are supported. We know that getting the right help and support at the right time can help people to manage their daily lives as independently as possible. Delivering the right type of care can address people spending more time in hospital than they need.

By 2030...

We will be further delivering population-based, integrated models of care with services which meet local needs. These services will be supported by multidisciplinary teams which help to achieve more independent and safe outcomes and help more people stay at home, whilst improving the experience for people, carers, and staff.

Better, integrated and co-ordinated partnerships and approaches supported with co-operation; communication and coordination can also help in getting people back home after a hospital stay. Rooted in neighbourhoods and communities, with coordination between primary, community, mental health and social care. They will need to ensure care is high quality, accessible, timely and person-centred. Providing care in the most appropriate setting will ensure our health and social care system can cope with surges in demand with effective urgent and emergency care provision.

Building on models like Local Care Partnerships (LCPs) will be vital. LCPs include a range of people working together, regardless of the employing organisation, to deliver joined-up collaborative care that meets the identified population's needs. Each partnership includes statutory organisations, third sector (community groups) and elected members, alongside local people, to develop services that support people to access the right support when they need it and thrive using their individual and community asset.

Population health management must also be key to driving proactive, data-driven approaches. This will help inform the way we provide health and care support for local people, whilst also, tackling some of the biggest health priorities. Through targeted interventions to prevent ill-health we can improve the care and support for people with ongoing health conditions.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

A mentally healthy city for everyone

Why is this important?

Our vision for Leeds is to be a mentally healthy city for everyone. The impact of the Covid-19 has exacerbated the mental health challenges in the city. People living in poorer parts of Leeds are more than twice as likely to experience anxiety and depression but are least likely to complete treatment for these types of conditions. Rates of both suicide and self-harm admission (being cared for in hospital) are also higher in poorer areas of the city. The highest rates of suicide are found in middle aged men, and girls and young women have the highest rates of being admitted into hospital because of self-harm. We also know that ethnic minority communities in the city are more likely to be admitted into a mental health setting in crisis.

Good housing and employment, opportunities to learn, financial inclusion and debt are all key determinants of emotional wellbeing and good mental health. Improving mental health is everyone's business. It will take the collective determination of all strategic partners, businesses and communities to help achieve the city's vision.

By 2030 we will...

See significant progress in progressing positive outcomes in people's mental health across all ages including through the work of the city's breakthrough project on promoting mental health in the community and building on the Leeds Mental Health Framework. This will also in part be delivered through the Leeds Mental Health Strategy and focus on improving services alongside other key strategies and action plans like The Leeds Future in Mind Strategy. This co-ordinates work to promote emotional wellbeing, and to prevent and treat mental health problems in children and young people.

Targeted mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm will be at the centre of our focus over the coming years. We will also work together with partners to reduce over-representation of people from ethnic minority communities admitted in crisis.

Education, training and employment will also be more accessible to people with mental health problems.

Improving transition support and developing new mental health services for 14- to 25-year-olds will also be vital alongside all services recognising the impact that trauma or psychological and social adversity has on mental health.

Timely access to mental health crisis services and support and ensuring that people receive a compassionate response will further help to deliver this priority.

Support older people to access information and appropriate treatment that meets their needs and to improve the physical health of people with serious mental illness.

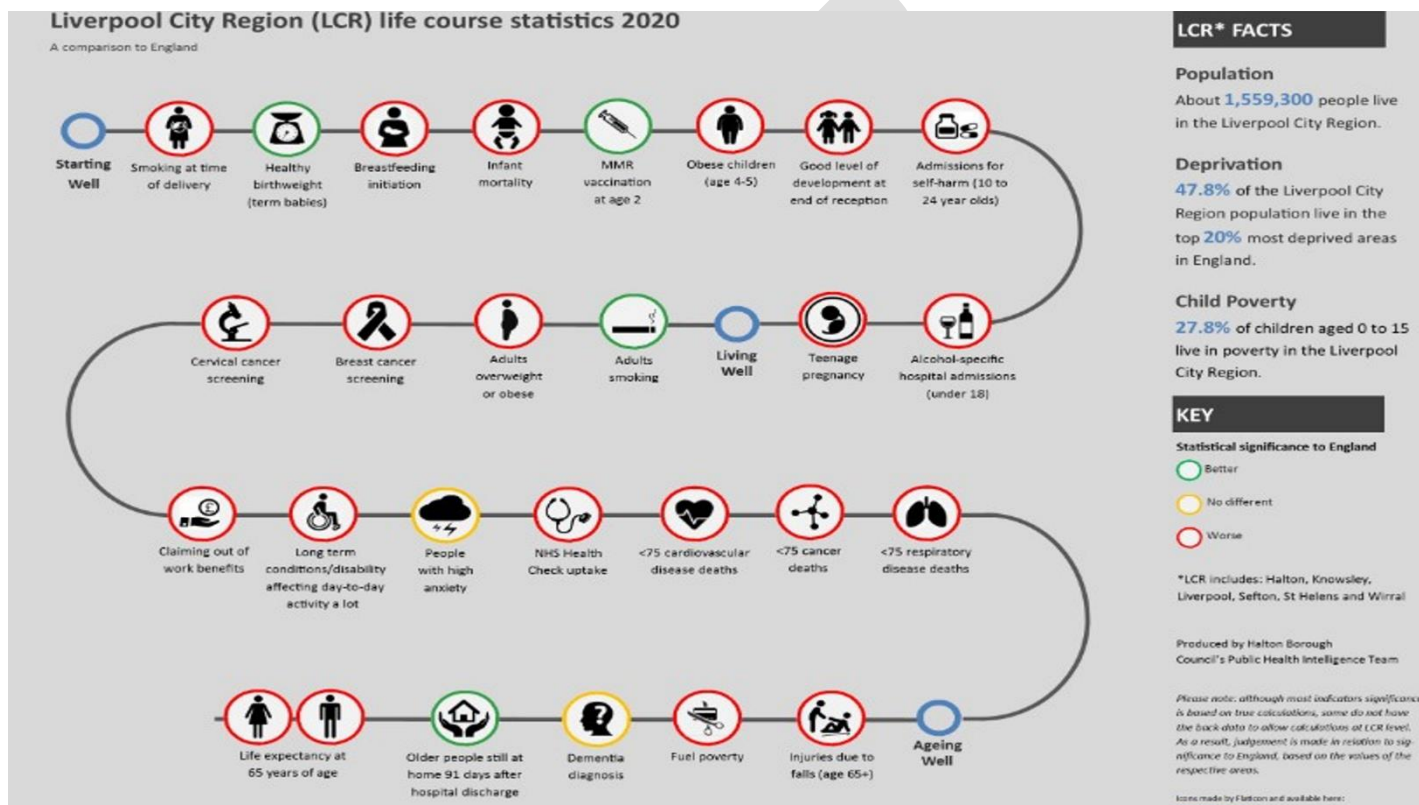
Working together we can help to realise a city where people of all ages and communities live longer and lead fulfilling, healthy lives.

A clear action plan is in place to deliver this priority through the Mental Health Strategy Delivery Group and will be linked into the Health and Wellbeing Board and relevant partners.

How will we know we are making a difference?

Measuring progress of our 12 priorities

- Single page describing indicators presented as part of life-course approach in strategy
- Presented similarly to Liverpool City Region infographic example below



Health and Wellbeing is everyone's business

Leeds Health and Wellbeing Board:

- Provide leadership and direction to help and influence every partner and stakeholder in Leeds to achieve the 5 outcomes for all people and communities in the city.
- Further embed the Board's city-wide expectation to ensure the voices of everyone in Leeds are reflected in the design and delivery of strategies and services.
- Provide a public forum for decision making and engagement across health and wellbeing.
- Continually ask what we are all doing to reduce health inequalities, create a sustainable system and improve wellbeing.

People

- Take ownership and responsibility for promoting personal health and wellbeing.
- Be proactive and confident in accessing services which are available.
- Get involved in influencing and making change in Leeds.

Local communities:

- Support vulnerable members of the community to be healthy and have strong social connections.
- Take ownership and responsibility for promoting community health and wellbeing.
- Make best use of community assets and leadership to create local solutions.

Other Boards and Groups

- Work closely and jointly with partnership boards and groups to support the priorities of the Leeds Health and Wellbeing Strategy.
- Create clear action plans and strategies which help achieve specific priorities and outcomes of the Leeds Health and Wellbeing Strategy.
- Promote partnerships wherever possible, working as one organisation for Leeds.

Health and Care organisations

- Provide and commission services which support the priorities of the Leeds Health and Wellbeing Strategy.
- Make plans with people, understanding their needs and designing joined-up services around the needs of local populations.
- Provide the best quality services possible, making most effective use of 'the Leeds Pound' - our collective resource in the city.

How to get involved

The Health and Wellbeing Strategy will be a live document which will be shaped by what partners, people and communities are telling us. This will ensure that we can respond to any new or emerging developments which will influence achieving our ambition and vision.

There are loads of ways that you can get involved with the work of the Health and Wellbeing Board. Listening to the community and hearing about the experiences of people's health and

wellbeing is vital to the Board. Detailed below are some of the ways you can get involved with the Board.

- Asking questions to the Health and Wellbeing Board
- Social media
- Public Engagement e.g. via Big Leeds Chat/How does it Feel for Me?

DRAFT

Escalation and Assurance Report

Report from: West Yorkshire (WY) Integrated Care System (ICS) Mental Health, Learning Disability & Autism (MHLDA) Committee-in-Common
Date of the meeting: 25/01/2023

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert/Action:
<ul style="list-style-type: none"> • Staffing pressures continue to be felt across workstreams. • NHSE have not awarded expected funding for the regeneration of estates to the Complex Rehabilitation Programme, there are current meetings taking place to review alternative solutions.
Advise:
<ul style="list-style-type: none"> • The CinC will take the working discussion document on the Relationship between the CinC and the MHLDA Partnership Board to Trust Board for comments. • Funding beyond 23/24 for the MH WB Hub is being discussed due to NHSE ceasing this allocation.
Assure:
<ul style="list-style-type: none"> • The MHLDA core team are forming a clinical network to encourage strong relationships with Primary Care MHLDA leads. • LYPFT will be submitting an EOI to be the coordinating provider of the PMH Provider Collaborative on behalf of Yorkshire and Humber, progress updates will continue to be received at future CinC meetings. Trust Boards to be sighted on this area. • An LD Challenge comms campaign is being dispersed across the collaborative to raise the service profile and encourage new workforce supply, there have been positive results from past comms work with an increase demand for university courses. • The CYP helpline NightOWLS will be recurrently funded by all places.

Report completed by: Keir Shillaker, WY MHLDA Programme Director **Date:** 01/02/2023

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

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Board of Directors' annual declarations
DATE OF MEETING:	30 March 2023
PRESENTED BY: (name and title)	Merran McRae, Chair of the Trust
PREPARED BY: (name and title)	Kerry McMann, Head of Corporate Governance

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

EXECUTIVE SUMMARY

At least annually, all members of the Board of Directors are required to complete a declaration of interest form and a fit and proper person declaration. For Non-executive Directors (NEDs) only, a declaration of independence is required. This is in line with NHS England's Code of Governance for NHS Provider Trusts.

This paper shows the declared interests for directors and that all have declared themselves to be fit and proper. For the declarations made by the NEDs in relation to their independence, a matrix of these is attached. All have declared their independence.

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

RECOMMENDATION

The Board is asked to note:

- The declared interests
- That all directors have declared themselves to be fit and proper
- That all NEDs have declared they are independent

Declaration of Interests for members of the Board of Directors

Name	Directorships, including Non-executive Directorships, held in other organisations (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
EXECUTIVE DIRECTORS								
Sara Munro Chief Executive	None.	None.	None.	Trustee Workforce Development Trust <i>Organisation helping employers in the public, private and charity sector to develop their workforce through increasing productivity, improving learning supplies and helping to boost the skills of their employees.</i>	None.	None.	None.	None.
Dawn Hanwell Chief Financial Officer and Deputy Chief Executive	None.	None.	None.	None.	None.	None.	None.	None.
Chris Hosker Medical Director	Director Trusted Opinion Ltd.	None.	None.	None.	None.	None.	None.	Partner: Director Trusted Opinion Ltd.
Cathy Woffendin Director of Nursing, Quality and Professions	None.	None.	None.	None.	None.	None.	None.	None.

Name	Directorships, including Non-executive Directorships, held in other organisations (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 information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
Joanna Forster Adams Chief Operating Office	None.	None.	None.	None.	None.	None.	None.	Partner: Director of Public Health Middlesbrough Council and Redcar and Cleveland Borough Council Partner: Chair The Junction Charity <i>Works to empower children, young people and their families to embrace life with confidence, facing life's challenges in a positive way.</i>
Darren Skinner Director of People and Organisational Development	Director Skinner Consulting Ltd.	None.	None.	None.	None.	None.	None.	None.

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 information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
NON-EXECUTIVE DIRECTORS								
Merran McRae Chair	Director Finnbo Ltd <i>Management consultancy</i>	None.	None.	Trustee Hollybank Trust <i>Provider of teaching, residential care and a range of therapies and enrichment activities for children, young people and adults with disabilities.</i> Trustee Yorkshire Sculpture Park <i>Independent charitable trust and registered museum.</i>	None.	None.	None.	Partner: Director Finnbo Ltd <i>Management consultancy</i>
Helen Grantham Non-executive Director	None	None.	None	None	None	None	None	Partner: Director and co-owner Per Call Ltd <i>Co-owner of the company that provides marketing and website services to self-employed builders, roofers, gardeners</i>

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 information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
Frances Healey Non-executive Director	None	None.	None	None	None	None	Patient Safety Consultant National Patient Safety Team at NHS England <i>Advisory roles and peer review for research studies and potential research studies related to patient safety</i> Visiting Professor University of Leeds Advisory Role and Peer Reviewer Research studies and potential research studies related to patient safety	None
Cleveland Henry Non-executive Director	Director 63 Argyle Road Ltd. <i>Property Management Company.</i>	None	None	Trustee Community Foundations For Leeds <i>Supports thousands of charities and voluntary groups across the city, addressing inequalities and working together to help create opportunities for those that need help the most.</i>	None	None	Group Delivery & Deployment Director EMIS Group (Digital Health sector) <i>Provider of healthcare software, information technology and related services in the UK.</i>	Partner: Lead Cancer Nurse Leeds Teaching Hospitals NHS Trust

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 information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
Kaneez Khan Non-executive Director	Director Primrose Consultancy Yorkshire <i>Management Consultancy firm</i>	None	None	Faith and Community Co-ordinator 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>	None	None.	None	None
Martin Wright Non-executive Director	None.	None.	None.	Trustee Roger's Almshouses (Harrogate) <i>A charity providing sheltered housing, retirement housing, supported housing for older people.</i>	None.	None.	None.	None.

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

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

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

Annual Declaration of Non-executive Director Independence

The Code of Governance for NHS Provider Trusts requires the Board to determine to what extent non-executive directors are independent in character and judgement and whether there are relationships or circumstances which are likely to affect or could appear to affect their judgement.

Name	Has been an employee of the Trust within the last two years.	Has, or has had within the last two years, a material business relationship with the Trust directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the Trust.	Has received or receives additional remuneration from the Trust apart from a director's fee, participates in the Trust performance-related pay scheme, or is a member of the Trust's pension scheme.	Has close family ties with any of the Trust's advisers, directors or senior employees.	Holds cross-directorships or has significant links with other directors through involvement in other companies or bodies.	Has served on the Board for more than six years from the date of their first appointment.	Any other reason you wish to declare. This should include any political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)
Merran McRae Chair	None.	None.	None.	None.	None.	None.	None.
Helen Grantham Non-executive Chair	None.	None.	None.	None.	None.	None.	None.
Frances Healey Non-executive Director	None.	None.	None.	None.	None.	None.	None.
Cleveland Henry Non-executive Director	None.	None.	None.	None.	None.	None.	None.
Kaneez Khan Non-executive Director	None.	None.	None.	None.	None.	None.	None.
Martin Wright Non-executive Director	None.	None.	None.	None.	None.	None.	None.