

**LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST  
PUBLIC MEETING OF THE BOARD OF DIRECTORS**  
will be held at 9.30 am on Thursday 25 May 2023  
Inspire@ room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR

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**A G E N D A**

**LEAD**

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|-----------|---|------------|
| <b>1</b>  | <b>Sharing stories – Update on the work of the Service User Network (SUN), presented by the co-chairs</b>                                       |            |
| <b>2</b>  | <b>Apologies for absence (verbal)</b>   | <b>MM</b>  |
| <b>3</b>  | <b>Declarations of interests and any declarations of conflicts of interest in any agenda item (enclosure)</b>                                   | <b>MM</b>  |
| <b>4</b>  | <b>Minutes of the meeting held on 30 March 2023 (enclosure)</b>   | <b>MM</b>  |
| <b>5</b>  | <b>Matters arising (verbal)</b>   | <b>MM</b>  |
| <b>6</b>  | <b>Actions outstanding from the public meetings of the Board of Directors (enclosure)</b>   | <b>MM</b>  |
| <b>7</b>  | <b>Chief Executive’s report (enclosure)</b>   | <b>SM</b>  |
| <b>8</b>  | <b>Report from the Chief Operating Officer (enclosure)</b>  | <b>JFA</b> |
| <b>9</b>  | <b>Chief Financial Officer’s Report (enclosure)</b>   | <b>DH</b>  |
| <b>10</b> | <b>Safer Staffing Report (enclosure)</b>  | <b>CW</b>  |
| <b>11</b> | <b>Freedom to Speak up Guardian Annual Report (enclosure)</b>   | <b>JV</b>  |
| <b>12</b> | <b>Guardian of Safe-working Hours Annual Report (including the quarter 4 report) (enclosure)</b>  | <b>BA</b>  |
| <b>13</b> | <b>Report from the Chair of the Audit Committee for the meeting held on 18 April 2021 (enclosure)</b>   | <b>MW</b>  |
|           | <b>13.1 Ratification of the Terms of Reference for the Audit Committee (enclosure)</b>  | <b>MW</b>  |
| <b>14</b> | <b>Report from the Chair of the Quality Committee for the meeting held on 11 May 2023 (enclosure)</b>   | <b>FH</b>  |
| <b>15</b> | <b>Report from the Chair of the Mental Health Legislation Committee meeting held on 2 May 2023 (enclosure)</b>                                  | <b>KK</b>  |
| <b>16</b> | <b>Report from the Chair of the Workforce Committee for the meeting held on 4 May 2023 (enclosure)</b>  | <b>HG</b>  |
| <b>17</b> | <b>Report from the Chair of the Finance and Performance Committee for the meetings held on 25 April and 23 May 2023 (enclosure / to follow)</b> | <b>CHe</b> |

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|-----------|--|----------------|
| <b>18</b> | <b>Chair's report from the West Yorkshire Mental Health Learning disability and Autism Collaborative Committee in Common held on 26 April 2023 (enclosure)</b> | <b>MM / SM</b> |
| <b>19</b> | <b>Use of Trust Seal (verbal)</b>  | <b>MM</b>      |
| <b>20</b> | <b>Any other business</b>  | <b>MM</b>      |

The next meeting of the Board will held on Thursday 27 July 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
<b>EXECUTIVE DIRECTORS</b>								
<b>Sara Munro</b> Chief Executive	None.	None.	None.	<b>Trustee</b> 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.
<b>Dawn Hanwell</b> Chief Financial Officer and Deputy Chief Executive	None.	None.	None.	None.	None.	None.	None.	None.
<b>Chris Hosker</b> Medical Director	<b>Director</b> Trusted Opinion Ltd.	None.	None.	None.	None.	None.	None.	Partner: <b>Director</b> Trusted Opinion Ltd.

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

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

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

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

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors  
held on Thursday 30 March 2023 at 9:30 am  
in Cheer Room, The Studio, Riverside West, Whitehall Road Leeds LS1 4AW**

**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 MBE	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 R Cooper	Corporate Governance Officer
Mr K Betts	Governance Assistant
Ms K McKewan	Lead in the ICB for PICU redesign (for minute 23/019)
Harriet	Expert by experience (for minute 23/019)
Mrs R Pilling	Experience Co-ordinator (for minute 23/019)
Mr T Cooke	Chief Officer health Partnerships, Leeds City Council (minute 23/042)
Mr W Feroze	Strategy Partnership Development Manager, Leeds Health Partnerships Team (for minute 23/042)

Five members of the public observed the meeting

**Action**

**23/019**

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

**Sharing Stories** (agenda item 1)

Ms McKewan introduced the work being done across West Yorkshire in relation to the Psychiatric Intensive Care (PICU) transformation project, noting this looked to draw together how PICU services were provided across the region. She added the three main areas of focus were clinical, infrastructure and oversight to ensure there was consistency within the service. Ms McKewan also explained how the experiences of service users and carers were being included in the project.

Harriet advised that she was an expert by experience and explained how her positive experience of being treated on a PICU ward was being used to inform the provision of services in the future. Harriet also explained the benefits of



being treated on a PICU ward, rather than an acute mental health ward, and noted the importance of PICU wards in aiding recovery. She explained that on an acute ward the environment was not conducive to people with neurodiverse issues. She also explained how being placed out of area was not such a positive experience and explained that being close to family and normal support networks was important to service users. Harriett concluded with explaining that it was her positive experience of the care environment provided by PICU wards that had prompted her to get involved with the project to ensure the better provision of this service across West Yorkshire.

Miss McRae thanked Harriet and Ms McKewan for sharing their experiences of this valuable project. Mrs Forster Adams noted the comments about the environment on adult acute mental health wards not being suitable for people with autism and agreed to take these observations into both the autism training programme and the work to look at the physical environment across the Trust's estate.

Miss Grantham asked whether standardising practices and service provision across the region would benefit with the recruitment and retention of staff. Ms McKewan explained the project had generated some concern about the loss of autonomy over a particular bed base and decision making, but that part of the project was to ensure staff saw the benefits of providing the service within a system and having standard operating procedures. It was felt that not only would this aid with the retention of staff it would also help where staff were required to move around the system.

Dr Munro explained that one of the drivers for this piece of work was the lack of capacity in the system for PICU beds due to demand and the need to ensure people were not sent out of area. She also noted the importance of bringing together service provision across West Yorkshire to ensure the entirety of provision was best used to benefit service users.

Miss McRae **thanked** Ms McKewan and Harriett for talking about the PICU project and **acknowledged** the importance of this work. She also suggested that an update on this project would be something the Board would be interested in receiving at some point in the future.

**23/020**      **Apologies for absence** (agenda item 2)

No apologies for absence were received.

**23/021**      **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.

**23/022**      **Minutes of the previous meeting held on 26 January 2023** (agenda item 4)

The minutes of the meeting held on 26 January 2023 were **received** and **agreed** as an accurate record.

**23/023 Matters arising** (agenda item 5)

Dr Munro noted that in relation to the Larger Labels Project, she had provided an outline of the work to the Leeds Health and Wellbeing Board and they had asked for a fuller update on this project. She also noted the team overseeing the project had been connected with the National Learning Disabilities Team who were interested in knowing more about the project. Finally, Dr Munro reported that the Chief Pharmacist for West Yorkshire was undertaking a procurement exercise for labelling equipment and was looking at how this work could feed into the exercise and what needed to change.

**23/024 Actions outstanding from the public meetings of the Board of Directors** (agenda item 6)

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.

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

**23/025 Report from the Chief Executive** (agenda item 7)

Dr Munro presented her Chief Executive's report and drew attention to the key information it contained. In particular she highlighted the Synergi Leeds event that had showcased the journey of this project over the last four years. She added this was a partnership collaboration aimed at tackling systemic race inequality in mental health through grass roots investment, creative space events and securing senior leadership commitment.

Dr Munro then reminded the Board that Mrs Woffendin would be retiring early at the end of May 2023, and reported that following a competitive interview process, Nichola Sanderson, who was the current Deputy Director of Nursing had been appointed as the Director of Nursing Quality and Performance. Dr Munro added that Mrs Sanderson would be taking up this position on 1 June 2023.

On behalf of the Board, Miss McRae congratulated Mrs Sanderson on her appointment. She also advised the Board that Dr Munro had been named in the Health Service Journal's ranking of the top Chief Executives in 2023 and congratulated her on this award.

The Board noted the content of the report.

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

23/026

**Report from the Chair of the Quality Committee for the meetings held on 16 February and 16 March 2023** (agenda item 8)

The Board received the Chair's report from the Quality Committee meetings that had taken place on 16 February and 16 March 2023. Dr Healey drew attention to the two reports presented and highlighted a number of areas that had been discussed, including:

- The Doctors Disciplinary Champion and the request this was moved to the Workforce Committee. The Board agreed this change.
- A report which provided an update on the progress made by services in regard to a clinical practice review against the NICE guidance: 'Self-harm: Assessment, Management and Preventing Recurrence'. Dr Healey noted the committee had been informed of a number of pieces of work that were being undertaken in relation to this. She also noted a report would be presented to the committee's April meeting to summarise the work that had been undertaken at a Trustwide level.

Mr Wright observed the Quality Committee had established some principles around the length and circulation of agenda papers and asked if this was something other committees should consider. Mrs Hill noted that in discussions with Miss McRae it had been suggested this would be discussed in more detail in a future Board workshop. Mr Henry suggested that this discussion could be supplemented by a consideration of what could be provided through technology; what level of information should be included in the paper and what could be accessed through a system of "self-serve".

Miss McRae sought further information on the work outlined in the 16 March Chair's report in relation to self-harm and a consideration of what further centralised support might be required. She asked if this was something the Board needed to discuss in more detail. Dr Healey confirmed the committee was still to receive further assurances on this work and it was something the Board needed to be mindful of at the present time, but it should note this was a large change to the NICE guidelines.

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

23/027

**Ratification of the Terms of Reference for the Quality Committee** (agenda item 8.1)

The Board **ratified** the Terms of Reference for the Quality Committee noting the Board had agreed a change in the committee responsible for the Doctors' Disciplinary Champion and this change would be reflected in the Terms of Reference.

23/028

**Report from the Chair of the Mental Health Legislation Committee meeting held on 7 February 2023** (agenda item 9)

The Board received the Chair's report from the Mental Health Legislation Committee meeting that had taken place on 7 February 2023. In particular Mrs Khan drew attention to:

- The lack of data from the York Advocacy service. It was noted this matter had been ongoing for some considerable time and that the problem with obtaining the data was a lack of specificity in the contract. The Board suggested this committee close this action.
- The removal of the requirement to complete any Section 49 reports requested by the Court of Protection if the individual had not accessed the Trust's services. Dr Hosker supported this change as being something positive for Trusts and the burden this placed on clinicians.

Mrs Khan noted the Mental Health Legislation Committee had requested the Workforce Committee carry out an assessment on which service areas should be prioritised to receive cultural awareness training. It was suggested that rather than the Workforce Committee overseeing this, it should be something factored into the Health Inequalities work which was being led by Mrs Forster Adams.

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

23/029

**Report from the Chair of the Workforce Committee for the meeting held on 9 February 2023** (agenda item 10)

The Board received the Chair's report from the Workforce Committee meeting that had taken place on 9 February 2023. Attention was drawn in particular to a report on feedback and experiences from placement students which provided information on the quality and standards across the Trust's various learning environments. Miss Grantham noted the Committee had been assured on the mechanisms in place to support learners but had noted there were also a few challenges, including the Health Education England merger with NHS England and the potential funding implications of this; and secondly, the shortage of classroom space for face-to-face training.

With regard to classroom space this was noted as something that was currently under review.

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

23/030

**Ratification of the Terms of Reference for the Workforce Committee** (agenda item 10.1)

The Board **ratified** the Terms of Reference for the Workforce Committee.

23/031

**Report from the Chair of the Finance and Performance Committee for the meeting held on 28 March 2023** (agenda item 11)

The Board received the Chair's report from the Finance and Performance Committee meeting that had taken place on 28 March 2023. Attention was drawn to:

- The Chief Operating Officer's Report, noting some escalations from a service delivery perspective including the continued need to cap admissions to Red Kite View at 76% of the operational capacity, rather than the target of 85% due to ongoing medical staffing issues.
- An update on performance against the recording of cardiometabolic physical health checks within inpatient wards. The committee was assured that good progress was being made, and agreed that future reporting on performance would be done via the Chief Operating Officer's Report
- The final operational plan submission which considered the proposed organisational priorities for 2023/24 and noted that further work would be undertaken to set out the actions and timescales for delivery. Mr Henry reported the committee had been assured of the approach being taken to govern the delivery of the organisational priorities and productivity and efficiency programme; and noted the internal governance timetable for developing and submitting the Trust's Operational Plan.
- An update on progress being made against the main IT projects including a mandate from NHS England that all trusts must implement multifactor authentication by July 2023 (for those working remotely) and the arrangements being made to prepare for this.
- A cyber security update and assurances the Trust continued to maintain a robust position in relation to its cyber defences.

Mrs Khan asked about digital accessibility for all parts of the community, taking account of not only affordability at a time when there was a cost of living crisis but also issues around avoidance of digital solutions and a lack of knowledge of how to use and access these new solutions. Mr Henry noted the assurances the committee had received on the work ongoing in the city to address these issues and reach communities, noting the Trust was linked into this collaborative work through the Thrive by Design Team.

Mr Henry noted the committee had discussed there being a sub-committee which specifically looked at the PFI project. It was noted this would be an operational group rather than a Board sub-committee.

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

**Report from the Chief Operating Officer (agenda item 12)**

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. In particular she noted there would be a strike carried out by the Junior Doctors following the Easter weekend. She added there were robust arrangements in place to manage any impact this period of strike action might create.

With regard to service delivery, she noted that whilst there were a number of areas highlighted, there were 'green shoots' of stabilisation and improvement which could be seen, although in some services there were cultural and practice issues which continued to receive some focus.

Mrs Forster Adams then detailed the work in the Community Mental Health Teams to support the stabilisation of the service including the deployment of some staff into the team. As part of phase two of the work, she noted there would be work to look at supporting the community transformation project with executive oversight of the service through various routes. With regard to the Older Adult Inpatient Service, she reported this had now moved out of Business Continuity, and that to assist with achieving this the bed base had been reduced, adding this was in line with the agreed recovery and stabilisation plan.

With regard to the Leeds based Forensic services she reported this continued 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. She noted the case to improve the substantive establishment adding this had been positively received as part of the West Yorkshire Provider Collaborative and recruitment to these additional posts had commenced. She added that six health support worker posts had been appointed to, with an expectation to recruit to another six posts in line with plans for the service.

Mrs Forster Adams then reported on Red Kite View, noting an issue around temporary medical staffing absences which had resulted in the continued need to cap admissions to 76% of operational capacity against a target of 85%. She added this was under active review due to the extended period of reduced capacity in the general ward. Mrs Forster Adams also reported there had been a temporary pause of admissions to the Lapwing ward following concerns regarding the clinical case mix and specific needs of the service users who were currently in the service. She added the Trust had looked to provider collaborative colleagues for support to expedite the discharge of patients to enable a period of review, recovery, and service restoration.

The Board noted the position as reported in the Chief Operating Officer's report and the ways in which the areas of focus were being addressed. The Board discussed the solutions that were being put in place.

Mrs Khan asked about the ADHD service and the need to ensure there was sufficient capacity in the system to address the increasing waiting lists. Mrs Forster Adams advised that the Trust was working with the West Yorkshire ICB colleagues to lobby for prioritised investment to enable capacity to be

significantly increased. She also noted that solutions were being explored with partners across Leeds to look at a local solution to address access into ADHD and also autism services, although she noted the financial constraints this might encounter. In addition, Mrs Forster Adams noted that internally there was work to look at how the Trust might invest in the service and tackle some of the waiting times.

Miss McRae asked what the optimum case load was for Community and Intensive Home Treatment teams. Mrs Forster Adams advised this had been explored at the Finance and Performance committee and that it was different for different services. Miss McRae also noted that not only were all the region's mental health inpatient sites not on the priority supply list for power, they were not on the schedule as category A users for gas supplies. Mrs Forster Adams assured the Board this was being picked up through the Estates Strategy Group.

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

**23/033**

**Chief Financial Officer's Report (agenda item 13)**

Mrs Hanwell presented her Chief Financial Officer's Report, noting the Trust was achieving both capital and revenue plans as at month 11 in 2022/23 and there was a high degree of confidence in the forecast outturn delivery against these plans overall.

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

**23/034**

**2023/24 Operational Plan – final (agenda item 14)**

Mrs Hanwell presented the final draft of the 2023/24 Operational Plan. She noted this was part of a larger system plan which collated the information from all the individual plans in West Yorkshire.

Mrs Hanwell explained that the Finance and Performance Committee had looked at this in some detail and the committee had commented on the large number of priorities that had been outlined in the plan. She added there was further work to distil the key operational priorities and this was ongoing with senior managers. Miss Grantham asked how the priorities set out in the Operational Plan linked to the Quality Priorities previously discussed by the Board. Dr Munro noted the list contained a number of operational and contractual priorities and that work was ongoing to distil the strategic priorities. she added that a paper would be brought to the May Board meeting which would set out those strategic priorities for onward reporting to the Board in terms of progress.

The Board **received** and **endorsed** the Operational Plan for 2023/24 and **noted** the operational and contractual priorities as set out in the paper.

23/035

**Approval of the Standing Financial Instructions (SFIs)** (agenda item 15)

Mrs Hanwell noted the SFIs had been prepared in a standard template and the review had only resulted in minor changes. She added that in view of the new financial landscape in which the Trust now operated there would be a more wide-reaching review of financial procedures at a later date and this would likely result in further changes to the SFIs.

However, Mrs Hanwell assured the Board these were fit for purpose and asked the Board to approve the SFIs as presented. Miss Grantham asked what mechanism was in place to ensure the workforce was aware of their obligations under documents such as the SFIs. It was agreed the Workforce Committee should look at how this could be facilitated.

**HG / DS**

The Board **received** and **approved** the Standing Financial Instructions.

23/036

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

Mrs Woffendin provided an update in relation to progress across the Nursing, Professions and Quality directorate. She firstly reported that since the Panorama documentary relating to findings at the Edenfield Centre in Prestwich there had been several work streams within the Trust to monitor and evaluate the safety of our inpatient areas using the CQC fundamental standards framework as a basis for the evaluation to facilitate engagement with staff and patients. Mrs Woffendin reported there were lots of areas of good practice, adding there were some areas for further development that had been identified and these were being addressed.

Mrs Woffendin also provided assurance on the ongoing oversight of infection management, noting that since January 2023 there had been seven outbreaks of COVID-19, one flu outbreak and two gastroenteritis outbreaks across inpatient services. She added that all outbreaks were supported by frequent meetings between the IPC team and ward staff. In addition, she noted that she had daily oversight of all outbreaks and positive cases across the organisation.

In relation to service user and carer engagement, Mrs Woffendin noted the important work carried out in this area and thanked service users and carers for the time they give to supporting this work. Mrs Woffendin also paid tribute to the Safeguarding Team noting they had achieved the West Yorkshire Domestic Violence and Abuse Quality Mark, adding this was recognition of the Trust's commitment to supporting service users and their families affected by domestic violence and abuse. The Board acknowledged all the work done by the Safeguarding Team in ensuring the safety of service users.



Miss McRae noted the report referred to work to ensure there were clear parameters from ward to board and to agree seclusion timescales. Mrs Woffendin explained this was a review of the policy to ensure it was fit for purpose and that staff were clear as to when to escalate individual episodes. It was noted that episodes of seclusion were reported to the Quality Committee.

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

23/037

**Safer Staffing Report** (agenda item 17)

Mrs Woffendin presented the safer staffing report noting this drew on the requirements of the National Quality Board's Safer Staffing expectations. She noted it contained a high-level overview of data and analysis providing information on the position of all ward staffing against safer staffing levels for the retrospective periods from the 1 November 2022 to the 31 January 2023. Mrs Woffendin reported that in the period there had been two registered nurse breaches and that neither of these had resulted in any patient safety issues. Mrs Woffendin also referred to one breach of the working time directive again noting that this had been managed safely.

With regard to the tables at the end of the report, Mrs Woffendin assured the Board that whilst the colour coding had been reversed, the figures in the tables were correct.

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

23/038

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

Dr Hosker presented his Medical Director's report drawing attention to the planning that had already taken place to address the potential impact of the forthcoming Junior Doctors' strike.

He then spoke about the proactive approach to engagement with the higher trainees approaching consultant appointments, ensuring links were maintained through their training in order to discuss their career aims, and ensure these were connected with future consultant vacancies and opportunities.

Dr Hosker then noted there was an event to mark the passing of Professor Andrew Sims which would provide an opportunity to celebrate his life and contributions to psychiatry. The Board noted the death of Prof Sims and asked for its condolences to be recorded.

With regard to Pharmacy services, Dr Hosker noted the service had been operating in business continuity since July 2022 due to staffing levels. He noted the reasons for this were due to the service carrying numerous vacancies as well as having high levels of sickness. He explained some of

the work to address the vacancies and the expectation that the service would return to business as usual in May or June 2023.

Miss McRae asked about the timescale for NICE guidance on self-harm, noting it had taken nine months to complete the baseline assessment and asked if this was normal. The Board was advised that timescales were dependent on the level of change the guidelines brought. Dr Hosker assured the Board this was an in-depth piece of work but that some elements had been brought forward at the suggestion of the Quality Committee.

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

**23/039**

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

Dr Hosker presented the report noting this was provided to give assurance that doctors in training were safely rostered and their working hours were compliant with the Junior Doctors' contract 2016 and in accordance with Junior Doctors' Terms and Conditions of service.

He reported that in the period October to December 2022 there had been three exception reports but that none of these had resulted in patient safety issues.

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

**23/040**

**Director of People and Organisational Development Report** (agenda item 20)

Mr Skinner gave a detailed presentation of the Director of People and Organisational Development Report including compliance with mandatory training, noting there was a recovery plan in place, adding that compliance with targets had been impacted by staffing pressures across the Trust. He also reported on the work undertaken by the recruitment team to work with teams experiencing difficulty in recruiting to vacancies and to look at how to address the gaps in the workforce. He spoke about the work of the Resourcing Team, the development of the different roles in the Trust and the release of the 360 manager training package. He also outlined the work of the People Engagement Team to support the wellbeing of staff.

Mr Skinner noted the importance of not only recruiting staff to vacancies, but the retention of staff and outlined in detail the work being undertaken in these areas.

Miss McRae thanked Mr Skinner for his report and noted there would be a more in-depth discussion on strategic workforce issues at the April Board discussion session where some of the issues outlined in the report would be looked at in more detail.

The Board **received** the Director of People and Organisational Development report and **noted** the content.

23/041

**Accessible information standards update** (agenda item 21)

The Board **supported** the work being carried out in respect of the Accessible Information Standards and **noted** the areas for improvement.

23/042

**Leeds Health and Wellbeing Strategy refresh and engagement and endorsement** (agenda item 24)

Dr Munro introduced the Leeds Health and Wellbeing strategy, noting this was in the process of being refreshed and that Mr Cooke and Mr Feroze had been invited to hear the comments from members of the Board so these could be fed into the refresh work.

The Board considered the content of the report. It made specific reference to the context section noting this was valuable in understanding what the aim of the strategy was.

There was a discussion about how the Trust's senior leaders would be made aware of the content of the strategy and how the priorities in the document linked to the Trust's priorities. It was noted the Trust's responsibility in the delivery of the priorities in the Health and Wellbeing Strategy was to support their delivery as a partner in the city that provided mental health and learning disability services to the citizens of Leeds. It was also noted that the priorities in this Strategy would link into a number of other strategies and initiatives in Leeds.

In terms of links to the Trust's own priorities, Dr Munro noted there was a piece of work to refine these priorities, which would be linked to a wider horizon scan with the senior leadership team to ensure the Trust was sighted on wider priorities and the right connections were made. Dr Munro also noted there was work to refresh the Trust's self-assessment for the Anchors programme which would be brought back through the Executive Management Team and then to the Board for consideration in a strategic discussion session.

Mrs Khan asked about the priority around "making Leeds a city where children and young people's lives are filled with positive things to do", and how this would be achieved in the context of a cost of living crisis and cuts in funding. She also asked about the priority focused on "making Leeds a city where fears about crime and antisocial behaviour are no barrier to enjoying everything the community has to offer", given the challenges with crime in some communities.

Dr Munro noted these priorities were likely to be linked, with resources being focused on the areas of greatest need and that whilst achieving these would be hard in some areas of the community it was important to try to make some

progress and inroads. Mr Cooke echoed Dr Munro's comments and outlined some of the work currently being undertaken to support these priorities.

Miss McRae welcomed mental health being included in the strategy but observed that services for older people didn't seem to feature as much as it might. Mr Cooke noted this observation. He then outlined some of the work that was ongoing to achieve the priorities. He also noted the important links to housing and homelessness and how these played an important part in the health and wellbeing of citizens.

The Board **received** and **endorsed** the Leeds Health and Wellbeing Strategy.

**23/043 Board Assurance Framework** (agenda item 22)

Dr Munro presented the Board Assurance Framework noting this had been refreshed by the executive team and senior leads for the risks. She also noted this had been scrutinised in more detail by the various Board sub-committees

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

**23/044 Cyber security update report** (agenda item 23)

Mrs Hanwell presented the report and noted this had been looked at in detail at the Finance and Performance Committee. It was noted that robust arrangements were in place and assurances had been received at the committee meeting from the Chief Information Officer.

The Board **received** and **noted** the content of the cyber security update report.

**23/045 Chair's report from the West Yorkshire Mental Health Learning Disability and Autism Collaborative Committees in Common** (agenda item 25)

The Board **received** and **noted** the report from the Committees in Common.

**23/046 Annual Declarations for members of the Board** (agenda item 26)

The Board **received** a report on the annual declarations for members of the Board and **noted** the content.

**23/047 Use of the Trust's seal** (agenda item 27)

The Board noted the seal had been used once since the last meeting in respect of:

- Log 128 - Renewal of lease Unit A and A1, 34-36 Springwell Road, Leeds LS12 1AW between LYPFT and Holbeck Assets – signed 9 February 2023.

However, The Board noted that although this lease had been signed and sealed it had not been executed as the landlord sold the property without the prior knowledge of the Trust. Mrs Hanwell noted there was now a Tenancy at Will in place with the new landlord. She added there was work ongoing to look at a longer-term solution for premises for the NSCAP service.

The Board **noted** the use of the seal since the last meeting.

**23/048 Any other business** (agenda item 28)

There were no items of other business.

**23/049 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 13:10 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**

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**OPEN ACTIONS**

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>Report from the Chief Operating Officer</b> (minute 21/089 – agenda item 12 – July 2021)</p> <p>Dr Munro noted that once the details of the national inquiry into COVID-19 were known there would be an update provided to the Board in relation to the Trust's readiness</p>	<p><b>Sara Munro / Cath Hill</b></p>	<p>Date to be confirmed</p>	<p><b>ONGOING</b></p>
<p><b>Report from the Chief Operating Officer</b> (agenda item 13)</p> <p>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><b>Joanna Forster Adams</b></p>	<p>May Board of Directors' meeting</p>	<p><b>COMPLETED</b></p> <p>This has been included in the Chief Operating Officer's report</p>
<p><b>Approval of the Standing Financial Instructions (SFIs)</b> (minute 23/035 - agenda item 15 – March 2023)</p> <p><b>NEW</b> - Miss Grantham asked what mechanism was in place to ensure the workforce was aware of their obligations under documents such as the SFIs. It was agreed the Workforce Committee should look at how this could be facilitated.</p>	<p><b>Helen Grantham / Darren Skinner</b></p>	<p>This has been remitted to the Workforce Committee</p>	<p><b>THIS IS REQUESTED TO BE CLOSED AS A BOARD ACTION</b></p>

**CLOSED ACTIONS**

<p><b>ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)</b></p>	<p><b>PERSON LEADING</b></p>	<p><b>BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY</b></p>	<p><b>COMMENTS</b></p>
<p><b>Memorandum of Understanding – division of duties between the Chair and Chief Executive</b> (minute 23/004 - agenda item 4 – January 2023)</p> <p>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><b>Cath Hill</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p>
<p><b>Minutes of the previous meeting held on 24 November 2022</b> (Minute 23/005 - agenda item 5 – January 2023)</p> <p>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>	<p><b>Cath Hill</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p>
<p><b>Actions outstanding from the public meetings of the Board of Directors</b> (Minute 23/007 - agenda item 7 – January 2023)</p> <p>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>	<p><b>Sara Munro</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p>

<b>ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)</b>	<b>PERSON LEADING</b>	<b>BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY</b>	<b>COMMENTS</b>
<p><b>Report from the Chief Executive</b> (Minute 23/008 - agenda item 8 – January 2023)</p> <p>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>	<p><b>Cath Hill</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p>
<p><b>Report from the Chief Executive</b> (Minute 23/008 - agenda item 8 – January 2023)</p> <p>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><b>Joanna Forster Adams / Cath Hill</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p>
<p><b>Report from the Chair of the Quality Committee for the meetings held on 6 December 2022 and 10 January 2023</b> (Minute 23/009 - agenda item 9 – January 2023)</p> <p>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><b>Cath Hill</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p>



<p><b>ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)</b></p>	<p><b>PERSON LEADING</b></p>	<p><b>BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY</b></p>	<p><b>COMMENTS</b></p>
<p><b>Report from the Chair of the Audit Committee meeting held on 17 January 2023</b> (Minute 23/011 - agenda item 11 – January 2023)</p> <p>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><b>Darren Skinner</b></p>	<p>This action is to be scheduled for the Workforce Committee</p>	<p><b>THE BOARD IS ASKED TO CLOSE THIS AS AN ACTION FOR THE BOARD AS THE ACTION HAS BEEN REMITTED TO THE WORKFORCE COMMITTEE</b></p>
<p><b>Chief Financial Officer's Report</b> (Minute 23/014 - agenda item 14 – January 2023)</p> <p>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><b>Dawn Hanwell</b></p>	<p>March Board of Directors' meeting</p>	<p><b>COMPLETED</b></p> <p>This has been added to the agenda for the March private Board meeting</p>
<p><b>Future Board meeting dates</b> (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><b>Cath Hill / Corporate Governance Team</b></p>	<p>Management action</p>	<p><b>COMPLETED</b></p>

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**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Chief Executive's Report
<b>DATE OF MEETING:</b>	25 May 2023
<b>PRESENTED BY:</b> (name and title)	Dr Sara Munro – Chief Executive
<b>PREPARED BY:</b> (name and title)	Dr Sara Munro – Chief Executive

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

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

<b>RECOMMENDATION</b>
<p>The Board is asked to note the content of the report.</p>

## MEETING OF THE BOARD OF DIRECTORS

25 May 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

##### *Thank you Cathy*

Today is Cathy Woffendins last board meeting before she takes early retirement. Cathy has dedicated over 39 years to the NHS and over 5 years here at LYPFT providing inspirational leadership and being a simply fantastic colleague and team player. Leading through the most challenging times the NHS has faced Cathys expertise, passion and compassion has made a significant difference. Thank you Cathy.

##### *Service Pressures*

The NHS Staff Council has accepted the pay offer made by the Government for Agenda for Change staff in England. The pay award will be processed into relevant staffs wages in June 2023. However, the RCN have already instructed us they are re balloting all members in dispute with the pay award. The ballot is expected to go out the week commencing 22<sup>nd</sup> May 2023.

The pay dispute between Junior doctors and the Government continues and the BMA have now commenced a ballot of Consultants regarding pay.

The Industrial Action oversight group continues to meet to ensure we are well briefed and as prepared as we can be to mitigate the impact of industrial action both by staff within the NHS and other sectors where it impacts on staff's ability to work.

Whilst it has reduced, 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.

## Collective Leadership

The board will note that there is ongoing organisational development to embed a collective leadership approach to how we lead the Trust. In the last month we have held face to face events to support this work with excellent engagement and commitment shown. To note is development work between the executive team and deputies that is in the early stages focusing on purpose, responsibility and accountability. In addition, we have continued work from last year engaging with a wider range of leaders from across the trust focusing on how we can develop our relational coordination to improve collective outcomes for our service users. We are using the same evidence-based methodology of relational coordination that the board is engaging with so we can focus our efforts and over time measure our impact. Below are two graphics that show the work to date.





## NHS 75, Windrush Day 75 and our Big Thank you Events

There is a lot to celebrate in the next few months and our People Experience and engagement team are bringing it all together in our very own Big Thank You Events. This will encompass national celebrations of Windrush Day and the NHS 75<sup>th</sup> Birthday which will see some staff attend a service at Westminster Abbey on July 5<sup>th</sup>.

The NHS Assembly has been asked to produce a document for the NHS 75<sup>th</sup> Birthday which will help advise the Board of NHS England on the future direction of the service. A steering group has been developed that will deliver this and Rob Webster CEO for the ICS is on the steering group. Details have been circulated to NHS organisations and our communications and engagement team are looking at how best to cascade and contribute.

## 2. Our Partnerships

### *National Updates*

**The Hewitt Review was published on 4 April 2023** and a summary briefing from NHS Providers will be circulated. It is notable that there has been no ministerial response to the review from the Department of Health and Social Care (DHSC). The report was welcomed by the Chancellor of the Exchequer, for whom it was commissioned. As a system, West Yorkshire inputted into the Review via several different channels and the outcomes in the final report reflect support for the direction of travel for system working.

**The NHSE Leadership Team** held an engagement event for Trust and System CEOs on the 19<sup>th</sup> April 2023. Aside from updates on operational priorities and planning two main areas of focus for the day were:

- The launch of NHS Impact which is the improvement approach now being led by NHSE. It rings together many existing aspects of improvement such as GiRFT and is intended to be source of resources and support for organisations and systems to adopt and embed improvement as culture and a set of skills. There is significant variation across NHS organisations with some in the foothills of conversations and some such as us having a clear strategic framework and dedicated resource that supports improvement. However, we know we have more to do to embed this approach in all that we do but from the national discussions it was reassuring to reflect on our own progress and direction of travel being the right one.
- The second focus was on the operating model and relationship between NHSE, ICBs, places and organisations. There was a consensus from all parties involved and all parts of the country that we have more to do to be clear on accountability and responsibility to prevent duplication of effort and enable best use of resources. This work will continue in active dialogue led by the NHSE COO Steve Russell.

## ***West Yorkshire Integrated Care System***

Since the last board report the WY ICB has held a development session in private which used finance, performance, and assurance scenarios to test our ways of working. Outputs of this will inform the review of the operating model referenced below. The Board met in public on the 16<sup>th</sup> May which included a focused session on dental and oral health which is a key challenge for all regions in England. Other items included core performance and assurance reporting across places and pathways.

Prior to this a private extraordinary meeting was held to finalise the ICB financial position for 2023/24 prior to submission to NHSE. An extension was sought to the submission date to enable re-examination of operational and financial plans across the 5 places of West Yorkshire. The outcome of this was a balanced plan being submitted but with significant risk in terms of delivery. This will be discussed further in the private meeting.

### ***Strategic Capital Planning***

We have had a response from NHSE Chief Finance Officer to our joint letter with the ICB setting out the risks and options for our future estates pending the expiry of the PFI contract in 2028. A meeting is now being arranged for CEOs, CFOs and key regional and national colleagues including the NHSE CFO and we hope to have this meeting before the end of June.

At a meeting of executive teams from our MHLDA collaborative we focused on the various capital challenges each of our organisation faces and discussed how we can support one another as a sector. Each Trust has unique challenges in the current inpatient estate, and each requires a different solution. We have agreed to develop our own position statement for our sector and set out a 5-year vision that will form the basis for us to influence regionally and nationally as well as identify areas for closer working and collaboration to improve our facilities for our patients in a way that doesn't always rely on external support or approvals. We will share this with the board as the work develops.

**Leeds Place Committee of the ICB:** There has been no public meeting of the committee since the last report to the board.

### ***ICB Future Operating Models***

Work continues to progress on developing a new operating Model for the West Yorkshire ICB. This is a requirement of the decision made by the Secretary of State for Health and Social Care and ratified by NHSE to reduce running costs allowances of ICBs by 30% by April 2025. Tim Ryley, Accountable Officer for Leeds Place has been leading this work, engaging with partners and coordinating a programme board made up of staff from across the organisation. Staff communications and engagement remain a priority and this will be an important focus over the coming weeks, as will working with staff networks and unions.

Our MHLDA Committee in Common have discussed views on the operating model proposals and the collaborative executive teams met with Tim Ryley at an in-person event earlier this month to share the views and experiences from our sector. The aim is to have a draft agreed for formal consultation by July and final changes approved by the end of the calendar year to enable implementation ready for the start of 2024/2025 financial year.

**These changes must be seen in the context of changes to NHSE**, which is expected to consult on its new structures in the summer. The structure of NHSE will impact significantly on us as an organisation, with key areas such as regulation, performance, workforce, clinical networks and digital all being impacted.

Contd...



### 3. Reasons to be Proud

## Lisa & Mary to be recognised at West Yorkshire Policing Awards in June

Lisa Borricks, Deputy Head of Safeguarding, & Mary Allinson, COMHAD Specialist Practitioner, have been nominated under the category of 'Protection of Vulnerable Victims' for their amazing work in helping to secure the conviction of a child sex offender, resulting in a 25 year prison sentence.

Mary brought the victim's circumstances to a safeguarding supervision session facilitated by Lisa to discuss & seek further support & advice of what to do.

**Thank you for your dedication, Lisa & Mary!**



***Lisa:** "This case highlights the importance of safeguarding & the efforts made by staff to protect the most vulnerable. It's fantastic that we have been recognised."*



***Mary:** "I feel very pleased that this man can no longer hurt people & very proud of my former client for having the strength to follow through."*

Thank You Julie Robinson

“

I am writing as an old age consultant rather than DME. I just wanted to say a huge thank-you to you as our professional lead. You are so calm, positive, and innovative and it really boosts morale. Your support to develop and prevent burn out in the medical workforce in older people's services since COVID has not gone unnoticed and being our facilitator again at our away day Thursday led to excellent outcomes and praise from the Head of Ops too.

It is a pleasure working with you.

”

**- Dr Sharon Nightingale**

## Forensics Service

We provide a low secure inpatient service from a range of pathways, including from prison settings, medium secure, community & inpatient services

### Involving service users at Clifton House, York

Keep up the great work! #TeamLYPFT

- Restarted Monthly Patient Council meetings & hosted a BBQ which 40+ people enjoyed, including service users & staff
- Service User Reps invited to feedback views at the Clinical Governance Meetings
- Letters of appreciation from the Recruitment Department when service users have helped recruit
- A service user created & presented a slide deck for the staff Forensic Induction



## Emerge Leeds Conference

**Let's not call it "Personality Disorder":  
Hope & resilience within a broken system**

Conference on Friday 21 April facilitated by The Andrew Sims Centre, Leeds & York Partnership Foundation Trust (LYPFT) and partners.



*Jamie Scott, Clinical Lead: "A big thank you to Dawn and Sophie from Andrew Sims Centre for all their hard work with organising the event."*

## Leah completes London Marathon challenge

Well done to Leah Canning, a Healthy Living Advisor in Rehab & Recovery, who completed the 26mile London Marathon in 4 hours 55 mins raising £832 for Mental Health Research.

[www.justgiving.com/fundraising/leah-canning23](http://www.justgiving.com/fundraising/leah-canning23)

Leah used her training to help promote physical activity within the service - 'Wellbeing Runs' with colleagues on lunch breaks & promoted Healthy Living groups to service users.



**Mental health  
research**



## 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!

### Celebrating Acute Liaison Psychiatry Team (ALPS)

- Recruiting service users as part of the Fresh Start self-harm study
- Top recruiting site in the study
- Research helps to improve future services & gain a deeper understanding of the topic

Email: [research.lypft@nhs.net](mailto:research.lypft@nhs.net)



**Research &  
Development**



**Donna Hanson,  
Clinical Team  
Manager:**

“This programme has proved invaluable for some of the service users we see, where therapy can be difficult to access.”

**Dr Sara Munro  
Chief Executive  
18<sup>th</sup> May 2023**

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**AGENDA  
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**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Report from the Chief Operating Officer
<b>DATE OF MEETING:</b>	25 May 2023
<b>PRESENTED BY:</b>	Joanna Forster Adams: Chief Operating Officer
<b>PREPARED BY:</b>	Joanna Forster Adams : Chief Operating Officer Contributions from: Alison Kenyon: Deputy Director of Service Development Mark Dodd: Deputy Director of Service Delivery Andrew Jackson : EPRR Lead Edward Nowell : Performance and Information Manager

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

<b>EXECUTIVE SUMMARY</b>		
<p>The 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"> <li>• Winter 2022/23 Planning and Operating Arrangements (incorporating EPRR activity).</li> <li>• Service Delivery and Key Performance Escalations.</li> <li>• Service Development Update.</li> </ul>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper

**RECOMMENDATION**

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

## **MEETING OF THE BOARD OF DIRECTORS**

**MAY 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).
- Service Delivery and Key Performance Escalations (new format).
- Service Development Update.

#### **2. Winter 2022/23 Planning and Operating Arrangements (incorporating Emergency Preparedness Resilience and Response (EPRR) activity).**

##### **2.1. Planning and Management**

Over the course of April and May we have moved from winter planning and response to planning for industrial action (IA) which has been the main activity for the EPRR function. As we emerged from Winter, the Trust agreed to stand down the Enhanced

Winter Coordination Group and consolidate further planning activities into the Industrial Action Planning Group (IAPG).

The Industrial Action Tactical Group (IATG) remains the primary coordinating function for learning and planning for continued direct impacts of junior doctors' industrial action and/or indirect impacts of action affecting other NHS bodies.

## **2.2. Planning and Impact of Industrial Action**

The Trust had previously been planning for the indirect impact of NHS industrial action during the first months of 2023. This planning included ensuring our interface services – acute liaison services and Crisis Resolution Intensive Support Service (CRISS). Additionally, planning ensured that services were as prepared as possible from impacts of the ambulance service and potential delays in response.

The junior doctors strike impacted the Trust directly on two occasions 13-16 March (reported previously) and 11-15 April covered below. Response to these naturally required a more structured approach that involved planning across the medical directorate as well as Care Services.

## **2.3. Junior Doctors Strike**

The junior doctors' strike of 11-15 April 2023 posed significantly more challenge than the previous action; it was longer in duration (96 hours compared to 72), it ran from Easter bank holiday to the weekend and so essentially meant a period of 10 days of the Trust running a restricted service offer.

As in the March industrial action 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.

### **In hours pathway preparations**

The same methodology as in March was applied:

- 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. It became apparent that because of limitations on available medical staff the Trust also had no option but cover some rotas with junior doctors who had informed Medical Education that they were not taking action.

- Ensuring that the Trust had adequate cover for all out of hours shifts. The aim was to maintain the level operated in March's action, i.e.
  - 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.

However, it became apparent that maintaining this level was not achievable and hence on two days the Evening residential rota dropped to 3 staff on duty – the intelligence gained in debriefing medics after the March action gave confidence that this reduction was still safe.

### **Assessment**

Despite the challenges the Trust coped very well with the industrial action – no incidents were reported during debriefs held with on duty medical staff and the inpatient pathway maintained adequate medical staffing and cover.



In terms of workforce management some absences were noted that were not strike related and effective roster reporting of all staff to Care Service Management has been identified as an improvement needed. This is being pursued by senior Care Services staff in consultation with Medical staff.

In terms of strike numbers, the following numbers have been calculated and were reported to NHS England.

<b>Date (07:00-06:59 the next day)</b>	<b>Grade</b>	<b>Total doctors absent from work</b>	<b>Total doctors who should have been at work</b>
07:00 11 April to 06:59 12 April	Consultant	3	34
	Doctor in training	24	41
	Other staff grade e.g., speciality	0	18
07:00 12 April to 06:59 13 April	Consultant	1	35
	Doctor in training	26	51
	Other staff grade e.g., speciality	1	19
07:00 13 April to 06:59 14 April	Consultant	2	35
	Doctor in training	28	50
	Other staff grade e.g., speciality	1	17
07:00 14 April to 06:59 15 April	Consultant	2	32
	Doctor in training	27	50
	Other staff grade e.g., speciality	1	15

**Cancelled activity.**

The following is drawn from the return made to NHS England facilitated by the Trust's Echo reporting system. It should be noted that this level of cancelled activity

was lower than March and after discussion with medical staff it was probably because of activity being pared down in advance of the easter holiday period.

Service	10 Apr 23	11 Apr 23	12 Apr 23	13 Apr 23	14 Apr 23	15 Apr 23	Total
CMHT Adult North East					5		5
CMHT Adult North West				2			2
CMHT Adult South West				1			1
Liaison Outpatients			1				1
Memory Assessment ENE		3		3			6
Memory Assessment West				1			1
<b>A Total</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>7</b>	<b>5</b>	<b>0</b>	<b>16</b>
Perinatal Community			1				1
<b>C Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
CLDT West and South		2					2
<b>E Total</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
CMHT OPS SSE		1					1
<b>A Total</b>		<b>1</b>					<b>1</b>
	<b>0</b>	<b>6</b>	<b>2</b>	<b>7</b>	<b>5</b>	<b>0</b>	<b>20</b>

## Lessons Learned

While a formal debrief is pending the conclusion of industrial action some initial lessons have been identified that are being taken forward. These are:

- Use of e-roster by Medical staff for recording absence. There was uncertainty regarding availability of medical staff in work and delay in working out covering rosters. This meant the need to use time consuming manual systems by Medical Education to identify availability of Medical staff.
- Consideration of the out of hours medical rotas based on reported workload and more appropriate use of Medical staff on duty. The debrief system instituted during the IA revealed that previous assumptions about the intensity of out of hours medical needs may not be valid. Additionally, the need to ensure that ward staff understand the reasons when medical staff should be called. This has subsequently expanded into a full consideration of the Trust's entire on call system to develop better understanding and joint working across the various rotas.
- The OPEL (Operating Pressures Escalatory Levels) system at the Trust is not fit for purpose. The Trust declared its position to the ICB, and partners based on a system that is no longer accurate nor is capable of providing a correct measure of the pressures within the Trust. This needs significant revision and joint work between Informatics and the Care Service staff responsible for capacity, flow and bed management.
- Electronic Prescribing and Medicines Administration (EPMA) training for Medical staff who may need to cover night residential duties. Paper prescriptions had to be deployed for Medical staff who, due to their role in services who don't use EPMA, did not have the login or experience with EPMA.

These four issues are being developed into projects and will be monitored by appropriate governance groups.

## **Royal College of Nurses (RCN) and Unite**

RCN industrial action affecting both Leeds Teaching Hospitals and Leeds Community Health took place from 8pm or the beginning of the night shift on 30 April 2023 and ended at 11.59pm on 1 May 2023. Initially this was a no derogation period of industrial action but latterly some derogations were granted. While the Trust was not directly involved, it did take part in both city level and ICB meetings. Mutual aid capability between NHS provider bodies across West Yorkshire was limited but the Trust did ensure its interface services were briefed on possible difficulties and were at strength to assist in Leeds Teaching Hospitals' ED suites and wards where necessary.

Unite took industrial action at the Yorkshire ambulance Service on 1 May 2023. While the ambulance service reported much smaller impacts, mainly centred on their operations centres and NHS 111, than previous action, the Trust ensured inpatient services and SSL homes were adequately staffed with those with current Essential Life Support (ELS) or Immediate Life Support (ILS) skills.

### **3. Service Delivery and Key Performance Escalations**

The ongoing challenges faced in maintaining high quality service delivery, have been managed and monitored through our now well-established operational governance meetings including "winter" coordination meetings.

Service leadership teams continue to aim to maintain service delivery through ongoing disruption and set against the, now longstanding, context of significant levels of workforce vacancies (particularly in our core services).

A recent Board development session enabled a shared understanding of the issues we face as well as the work being undertaken to reshape the workforce, recruit and retain staff. Operationally managing workforce availability and effective deployment on a day-to-day basis remains the most significant challenge and risk. Previous reports have highlighted where these issues are most problematic and the stabilisation and recovery plans in place to maintain service delivery. Additionally, it should be noted that demand continues to rise in some service areas, and remains consistent with recent months in others, so that the risk of gaps in meeting these levels of demand is a key focus of Managers across the organisation.

Our workforce challenges, consistent with the wider picture in the NHS, manifests in the ongoing variation and variability in our performance against standards. The Deputy Director of Operations meets with Service Leadership Teams, Clinical Directors and our Performance Team as part of our regular governance cycle to maintain oversight on performance and key areas that impact on service delivery whilst also highlighting areas of good performance and practice.

### **3.1.Alert**

The key areas of concern have been identified through our governance arrangements and remain consistent with previous reports. (CQPR data contained in Appendix A). The following updates provide a formulated position in services where challenges and risks are most prevalent.

#### **3.1.1. Adult Acute Services:**

The CRISS Team has worked hard to achieve the 4hr target for Crisis Resolution assessments throughout the past two months with a marginal improvement since February to 62% in April. The waiting times for assessment have ranged from less than one hour to 45hrs. The longest wait was as a result of being unable to contact the service user on the day of referral then them declining the face-to-face assessment, this was finally agreed on the third day, and they were assessed by the Intensive Support Service. In addition to cases of this nature the service has identified a number of other reasons for delayed responses. There is a data quality issue that has impacted on the target data as some internal referrals have been wrongly recorded as being very urgent/emergency on Care Director. The team are working with the Information team to resolve this.

The biggest impact has been as a result of the workforce availability. The service has experienced a number of staff being absent due to sickness, upwards of 7% and maternity leave which has in turn further impacted on the already high level of vacancies across the Crisis Resolution (8 wte, 20%) and Street Triage (2.5 wte, 26%) Teams. This has resulted in most shifts being unable to have their full complement of 7 staff, at times as low as only 4 regular staff on duty, with Team and Operational Managers providing cover and the use of Bank/Agency staff to cover shifts.

The Service continues to actively recruit to its vacancies and is anticipating the recruitment of 5 qualifying students later this year, however given the number of vacancies across the Trust we do not expect this to resolve our shortages in the near future. As a result of the vacancies, the service has taken the decision to consolidate these two teams for a period of 6 months to attempt to stabilise the service. We do anticipate this may impact on some aspects of the service provision by increasing the response times to Police calls to the Street Triage Team which may increase the number of Section 136 referrals. The Operational Management Team are working closely with stakeholders to ensure we can provide the most responsive service with the resource available.

We have seen a reduced number of S136 referrals since December 2022 with a slight increase during April. The number of S136 referrals assessed within 3 hours remains low despite the reduced number overall. Whilst all assessments are commenced within the 3 hours of arrival at the suite, the time of the assessment has not been correctly recorded due to the inability of the service users to engage in the assessment as a result of being under the influence of alcohol or illicit substances for instance. We are working with the team to ensure that the assessment time is clearly recorded on Care Director to reflect that an assessment has been undertaken even if the service user remains unfit and is unable to be released from the S136.

We have seen a significant increase in demand for Acute beds over the latter part of winter. We have seen a steady increase in occupied bed days since December through January, with a slight reduction in February and March with this further increasing in April. It is difficult to attribute this to one single cause. Service users that are being admitted do appear to have more complex needs and are more acutely unwell, which has an impact on their length of stay. The service has explored the reasons for this and one of the reasons identified is somewhat linked to the reduced community support available to service users as a result of the staffing pressures within CMHT. We feel that there are missed opportunities to intervene earlier to either avoid admission or admit earlier with a view to discharge earlier.

As a result of this increased demand for Acute beds, we have experienced an increase in the need to use Out of Area Placements, this has followed the pattern of occupied bed days for LYPFT wards. We had planned to eliminate the use by the

end of the financial year 2022/23, however due to several issues we have been unable to achieve this. We have seen the number of bed days required steadily increase since December. We took the decision to block purchase a number of Acute and PICU beds with the Priory Group with the intent of disengaging from the contract at the beginning of April 2023. Due to the ongoing demand for Acute beds and therefore the use of OOA, we agreed to retain some of these beds, reducing the contract from 10 Acute (5xm & 5xf) and 5 PICU to 5 Acute (2xm & 3xf) and 3 PICU beds. PICU has been a particular area of increased demand with a number of service users requiring single sex provision. This is a key feature of the work being undertaken across West Yorkshire with regards to PICU provision.

We have experienced a higher degree of need and complexity on our acute wards resulting in longer stays and Delayed Transfers of Care (DToCs). Some of these delays have been because of limited access to suitable onward pathways, including accommodation. We have also identified some variation of clinical practice across our in-patient areas that has contributed to the impact on flow. We have commissioned a Multi-Agency Discharge Event (MADE) to enable us to further analyse these variations and factors that contribute to delays. This was originally scheduled for the 2<sup>nd</sup> May, however due to the RCN Industrial Action this has been rescheduled for the 6<sup>th</sup> June. We have also recently convened an In-Patient Flow Oversight Meeting in order to maintain clear oversight of actions being taken to manage capacity and demand.

### **3.1.2. Children and Young Peoples Services:**

Red Kite View has experienced some significant challenges throughout recent months. These has been as a result of challenging service users, significant damage to the environment and high rates of staff vacancies, particularly nursing posts, currently at 50%. The most significant challenge was on Lapwing (PICU) where a decision was agreed between LYPFT and the Provider Collaborative (PC) to pause the service for two weeks by moving or discharging the three service users and engaging the staff team in a programme of development. This development also included engaging with other PICUs across the country to share experiences and learning. The service reopened in early April with one of the service users being repatriated and is now fully functioning.

There remain some challenges with Red Kite View with regards to its operational governance processes resulting in the Clinical Director, Deputy Director of Operations and the Deputy Director for Nursing being tasked to support the service to support development in this area. This work will involve engaging with the Senior Leadership Team to support them delivering the service and ensuring there is clear decision-making processes in place to manage the complex nature of the service.

### **3.1.3. Forensic Service:**

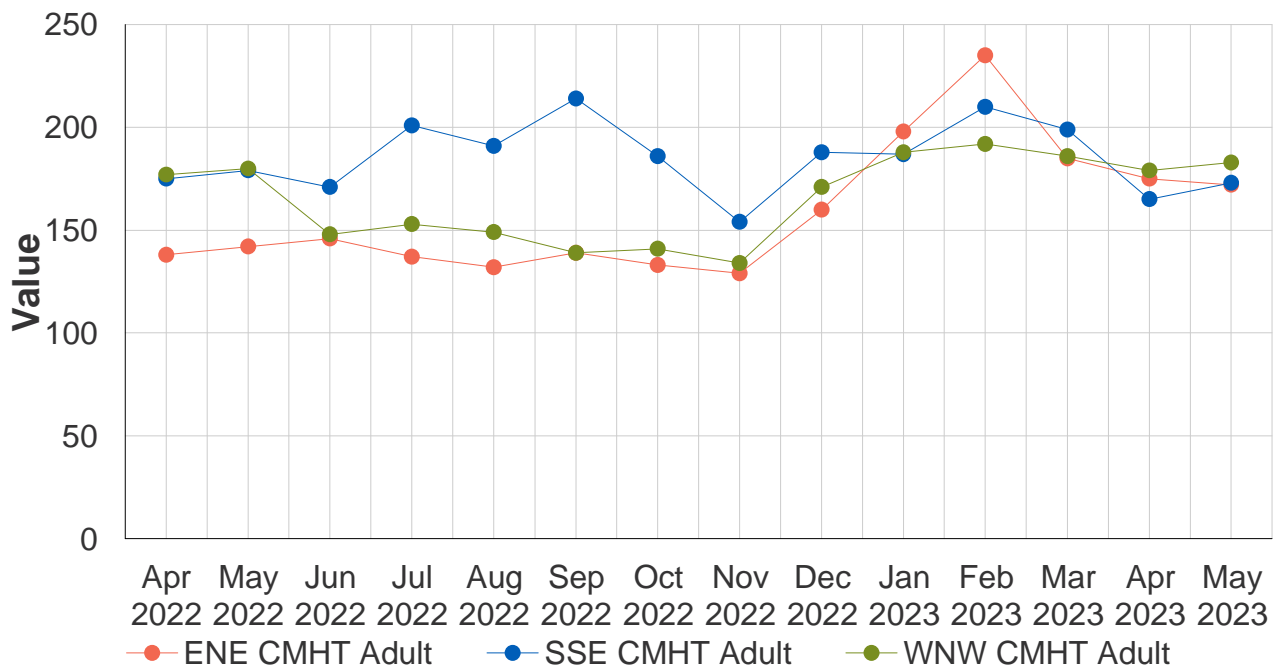
The Forensic Service continues to experience high RN vacancy rates across the in-patient service. We also have a high number of substantive RC vacancies, 5 out of 6, all currently supported by Agency Locums. We are continuing with our recruitment for all posts with varying degrees of success. The service at Newsam Centre has been able to secure additional funding, approximately £900k, from the PC to improve the ward staffing compliment in line with other providers across the ICB. The service is currently developing a mobilisation plan for the recruitment of these additional posts, most of which are Support Worker and AHP roles. The Newsam Service continues to remain under increased PC surveillance as a result of concerns raised during a PC Quality visit last year. Concerns were raised regarding restrictive practices, staffing levels and care delivery. The service has developed an action plan in collaboration with the PC which is progressing well.

### **3.1.4. Community and Wellbeing Service:**

Our community mental health services continue to experience significant workforce challenges. Currently the service is experiencing the highest rate of vacancies (42 wtes) however the turnover of staff has slowed somewhat over the past 12 months to 12.43%, a possible indication of the staff team becoming more stable. We are continuing to work closely with our Third Sector colleagues and have successfully recruited 7 out of the proposed 9 key workers via North Point. We have also undertaken a significant amount of work to support the service over recent months and the staff deployed into the service are having a positive impact to the morale of the service. We are continuing to develop the community offer in Leeds that will support the service with the ongoing pressures it is facing. Emerge, AOT and FOT are completing proposals that will see them closer aligned to CMHT in order to improve flow and alleviate some of the pressure as a result.



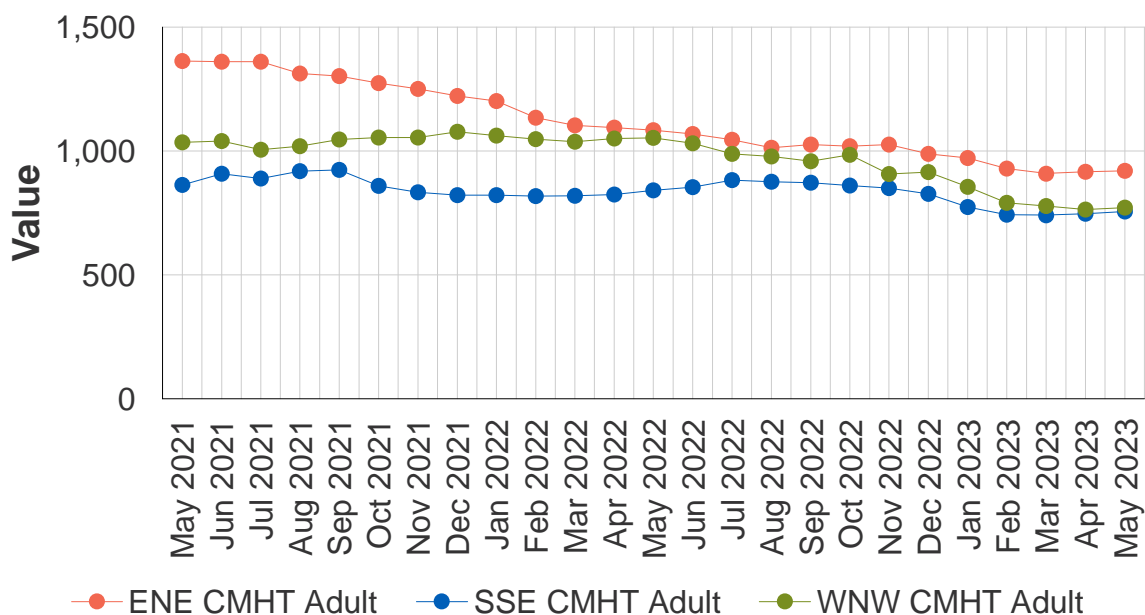
Whilst we continue to see a deterioration in the 15-day wait to first contact we had taken the decision to change the way the service was delivered as a result of the workforce challenges and did implement a waiting list for the first time in its history. The service has adjusted their delivery model to re-establish the triage, assessment and brief intervention functions with the locality teams in order to improve their responsiveness to referrals. The triage function ensures the service users are responded to in an appropriate timeframe based on their individual level of need. The service is now in the process of recovering the paused allocations from earlier in the year as a result of staff being deployed into the service. There has been a slight improvement on the number of service users waiting to access the service since the beginning the year as staff have been deployed form other areas of the Trust, see graph 1.



**Graph 1** Referrals waiting for first face-to-face.

As part of the stabilisation work, the service has worked with our Informatics Team to identify those service users who may be ready or discharge from the service. As a result of this work, we are seeing a reduction month on month of the overall caseload for the service from 2975 in May 2022 to 2446 in May 2023 (see graph 2). Individual caseloads remain higher than we would want but we are seeing an improving picture. Through the approach to triage, assessment and brief interventions, the

service aims to maintain the recovery focus for service users to ensure they are accessing the right service at the right time.



**Graph 2** CMHT Caseload.

### 3.1.5. Children and Young Peoples Services:

Mill Lodge continues to maintain agreed levels of occupancy with a stable workforce, with a contract variation in place to continue to provide 10 beds. This supports the case for the development of the Alternative to Hospital Service with support from the PC, which is currently progressing. This will provide the equivalent of a day service to young people that would alternatively have been admitted to hospital, with a focus on those with an eating disorder.

The completion of HoNOSCA/GBO across both in-patient services has significantly decreased over Quarter 4 2022/23. The service has identified that the target is based on the full completion of the assessment which for some young people have been difficult to achieve due to levels of engagement or the appropriateness of the assessment for some individuals. The service is working with the Care Director Team to ways to develop recording methods to improve compliance.

### **3.1.6. Eating Disorders, Rehabilitation and Gender Services:**

CONNECT has experienced an increased demand across both the community and in-patient elements of the service. We have seen steady increase in waits for the community service over the past 2 years. Caseload numbers have also increase to year high of 106, whilst we have also seen an increased vacancy rate of up to 29%. Many of the posts have now been recruited to with individuals yet to take up their posts. We are monitoring this closely to ensure we are able to improve our response with the increased capacity.

YCED (Wd6) has worked hard in collaboration with the PC to re-establish its contracted bed base following it being reduced as a result of the high of vacancies of RNs. The ward has successfully recruited to most of the RN vacancies and as such are moving back to a position of full occupancy. We have also been able to re-open all out NG beds as this is an area we are seeing an increase in demand across the system.

Complex Rehabilitation out of area placements continue to present a financial risk to the Organisation. We have experienced an increased demand for placements over recent years culminating in a £2.7m overspend at year end 2022/23. The service has developed an improvement plan, working closely with the ICB, to identify ways to bring the spend back under control.

The Gender Service continues to see high rates of referrals, although we have seen a slight decrease during the end of 2022. There is no evidence to suggest, at this stage, that this has been sustained, all indications are that this is a seasonal variation at the time. We have experienced a decrease in clinical contacts more recently, possibly due to vacancies, sickness, and the deployment of staff into Community and Wellbeing Services. The service is developing the use of a Patient Initiated Follow Up (PIFU) process. Most of the service users engaged within the service only require follow up as a minimum of 6 monthly, with a high number of service users not requiring this level of input for various reasons. It is hoped that this will enable the service to free up clinical time to focus its attentions on first contact appointments, thereby being more responsive to the waiting list.

### **3.1.7. Forensic Service:**

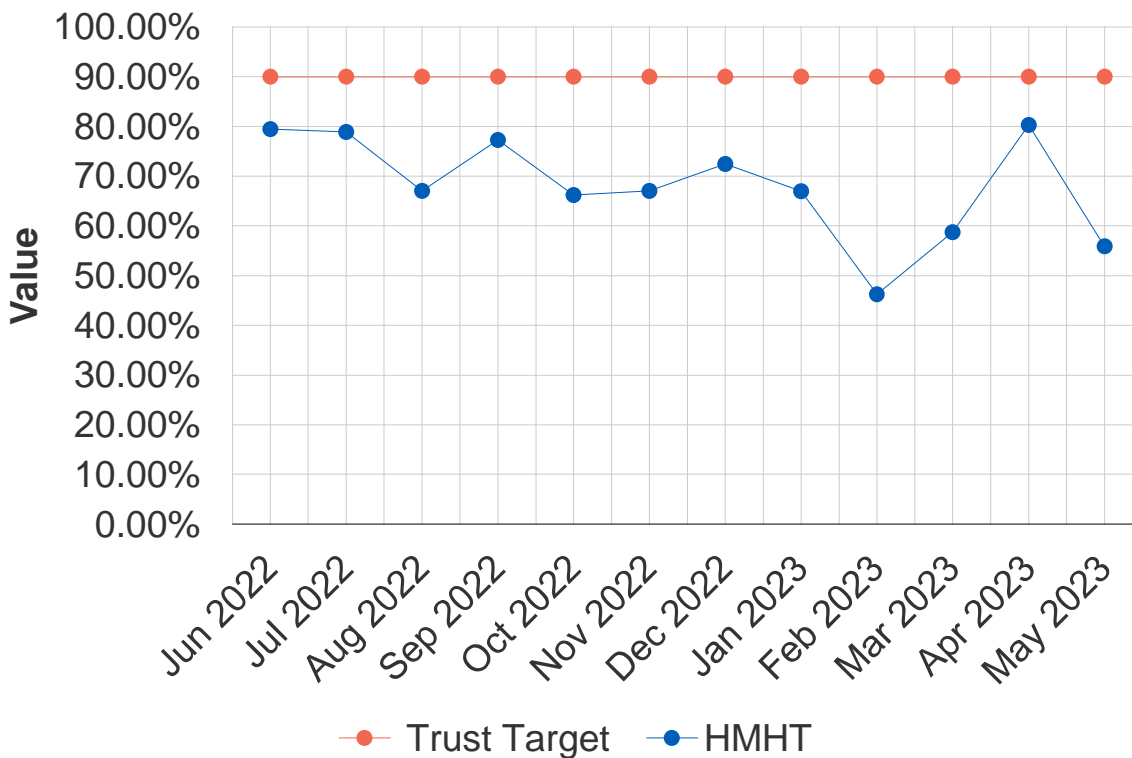
Clifton House has experienced some significant challenges with regards to the high level of need within the in-patient service. In collaboration with the PC, it was agreed to continue to conduct access assessments whilst admitting to the service on a case-by-case basis to ensure the service was able to be responsive to the mix of service users whilst being able to meet the needs of the individuals. It has felt that this has had a positive effect on the service enabling them to maintain high quality of care and patient safety.

### **3.1.8. Learning Disability Service:**

The Specialist Supported Living Service (SSL) has a number of vacant tenancies which are having a significant impact on the budget for the service. Since the Local Authority moved to individualised funding, we have experienced a shortfall in the budget as tenancies have become vacant. The service is meeting with the Deputy Director for Service Delivery and Deputy Director of Finance to develop a cost options appraisal to be shared with the COO and CFO in an attempt to resolve the cost pressure.

### **3.1.9. Liaison and Perinatal Service:**

Liaison Psychiatry has seen an increase in referrals to its Hospital In-reach Team during the latter part of winter rising from an average of 150 per month to an average of 200 per month January to March returning back to the norm in April. We have seen an increase in delayed transfers of care from LTHT into LYPFT in-patient services which has had some impact. The service is also investigated how referrals are recorded to determine if there is a recording error. The service will monitor all referrals for the next few months to ensure they are recorded correctly to accurately reflect their activity. The In-reach team continue to fall short of the target for seeing referrals in 24hrs, see graph 3. The response rate improved in April as the rate of referrals reduced.



**Graph 3** Liaison Hospital In-Reach Referrals seen within 24hrs.

The Acute Liaison Psychiatry Service (ALPS) has maintained a response rate of 75-80% to all referrals within 1 hour. This has been despite anticipate increased demand as a result of winter pressures and industrial action. This has been sustained since October of last year, with the exception of January this year when the response rate dipped to 70% as a result of staff vacancies and absences.

We have seen an increased waits for admission to the National In-patient Centre for Psychological Medicine (NICPM) due to low bed numbers and the absence of a substantive Psychiatrist. The service has closed the waiting list to referrals from outside of Leeds. The Psychiatrist has been recruited with a start date pending. The service will increase occupancy once they are in post, which is anticipated to be August 2023.

**3.1.10. Older Peoples Service:**

We have seen an increased rate of referrals to the Intensive Care Homes Team (ICHT) raising to 30 in April as 50% increase from February and March, work is

ongoing to understand these changes in demand and if they are expected to continue.

The Young People with Dementia Service also is experiencing poor performance and is an outlier in terms of the whole service with regards to average wait from referral to face-face contact. This is being addressed by the Operations Manager and Clinical Lead with the CTM and Consultants to understand the causes and to agree necessary actions to improve performance.

### **3.1.11. Regional and Specialist Services:**

The Neuro-developmental Service continues to experience high rates of referrals and long waiting lists as previously reported in depth. The service is continuing to monitor trends and evaluate ways of responding including working across the ICB to develop different ways of responding to the demand.

The Veteran's Service has seen an increased turnover in staff over the period of mobilisation of Op Courage. The leadership team for the service shared their experience and service model changes at the most recent Council of Governors.

The National Gambling Service is anticipating an upsurge in referrals in response to the White Paper released on the 7<sup>th</sup> April. This will be monitored by the service and reviewed by through the Quality, Delivery and Performance (QDaP) meeting.

## **3.2. Assure**

### **3.2.1. Adult Acute Services:**

We have seen an improvement in the number of DToCs on our acute wards during February and March this year from approximately 16% in January to 10.6% in March. Due to the changes in male capacity within the Rehab Service at the Askets, we have been able to move some service users that had been waiting for admissions to that service. We have also seen improved flow into our Complex Rehab (Wd5) and our Forensic Services.

### **3.2.2. Community and Wellbeing Service:**

The ECT service had faced significant challenges recently in delivering the number of treatments it can offer. This has been as a direct result of having suitably trained

staff to deliver the treatments. The service has worked closely with colleagues in LTHT to train staff to the required level of competency and has been able to increase the number of treatments available. The service is now moving to being able to offer the full service of 10 treatments per week.

### **3.2.3. Children and Young Peoples Services:**

We have seen a number of Covid19 outbreaks in our in-patient service, both service users and staff testing positive. These have resolved as anticipated without any service users or staff experiencing significant health problems.

The National Deaf CAMHS Service has secured additional funding for a pilot project working with service users between the ages of 18-25. This is an area of development for young people transitioning from CAMHS services identified through NHSE. The service is currently developing their project plan for the development of this service.

### **3.2.4. Eating Disorders, Rehabilitation and Gender Services:**

Complex Rehabilitation (Wd5) has received an additional £500k to improve the staffing model to improve clinical delivery to ensure we are able to fully meet the needs of the client group on Ward 5. This also includes some cross cutting roles across the Rehabilitation Services to improve the physical outcomes for service users across the whole pathway, these include Dietitians and Speech & Language Therapists. The service has developed a mobilisation plan that sets out a clear recruitment trajectory with a spending plan for each of the posts. This has recently been signed off at the Financial Planning Group.

In order to respond to the delays within the Acute In-patient Service for men requiring rehabilitation placements, Asket House and Asket Croft reconfigured its bed base to increase the number of male beds available. At the time we were seeing increased demand for male beds whilst experiencing reduce female demand with increasing female capacity. This has had a positive impact, albeit slightly, on the flow within the Acute and Complex Rehab Services. What this has shown is the ability to be able to flex depending on demand at any given time.

### **3.2.5. Learning Disability Service:**

The Hydrotherapy and Rebound Therapy service at 4 Woodlands Square has recently restarted since closing at the start of the pandemic. There remain questions about the sustainability of the service with the Finance Team requesting a review. This is due to start May 2023 to determine the cost/benefit of the service and scope out potential future provision.

The service is further developing the Intensive Support Team (IST) by reviewing the delivery model with a view to enhancing the out of hours LD expertise via an on-call system. The service is currently working through the delivery model and staffing for the service.

### **3.2.6. Liaison and Perinatal Service:**

The Perinatal Service has struggled to meet the rolling 12-month trajectory of new women seen despite the consistent referral numbers of approximately 70 per month. The service continues to work with partners and Third Sector organisations to raise awareness of the service and improve access. The service continues to achieve the 14-day target for first contact for routine referrals, currently at 94%. This is being managed via the Duty and Urgent Assessment Team (DUAT) and will continue to be reviewed to ensure the service remains responsive.

### **3.2.7. Older Peoples Service:**

There had been a lot of interest in the role of Dementia Liaison Mental Health Practitioner with the service being able to successfully recruit to the 3 posts, (2 x permanent and 1 x temporary).

### **3.2.8. Regional and Specialist Services:**

The NGS has recently been awarded the contract for delivering the service within the Northwest of England and the service in South Yorkshire. The service has consistently achieved high rates of completion within the NHS Data set. This has been achieved through the return of the self-completion form used as service users access the service.



## **4. Service Development Update**

### **4.1. Crisis Transformation**

A review of the number and complexity of projects surrounding crisis care has been undertaken within Leeds. Consequently, a Crisis Transformation Programme will pull together each of the following strands into a single programme to ensure integration and alignment of developments. The elements include the following projects.

The trust has been leading the implementation of the redesign of crisis services as part of the implementation of the Leeds Mental Health Strategy to improve access to crisis services. There are three key work strands.

1. To improve accessibility of services, through integration of information sharing and better partnership working.
2. To develop a consistent and compassionate workforce across the system
3. To ensure the environment in which services are delivered are appropriately therapeutic.

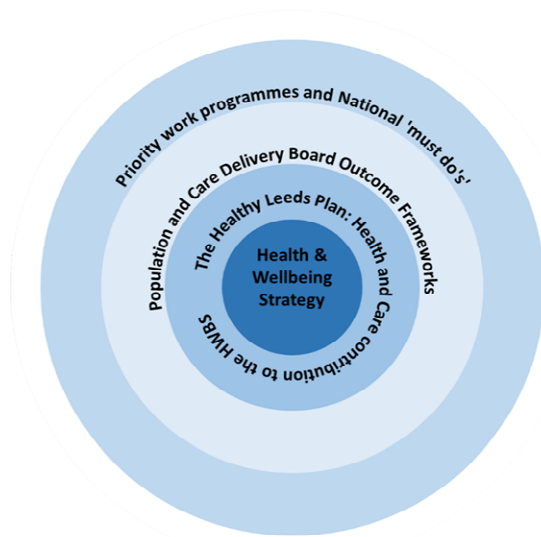
The Leeds office of the ICB is undertaking a detailed review (Optimising Value of Crisis Services) to determine the efficacy and efficiency of all services provided across the whole crisis pathway, this includes provision by LYPFT and the third sector. This will determine if aspects of the pathway need to be reconfigured.

The NHS Long Term plan specifies that everyone will be able to access timely, 24/7 mental health crisis support through NHS 111 by 2028/9. The implementation of this commitment is being led through the West Yorkshire ICB in partnership with the Yorkshire Ambulance Service who manage the 111 system in Yorkshire.

Consideration of these programmes of work alongside the interdependences with the Community Mental Health Transformation Programme will be combined into the oversight of the Crisis Transformation Board with representation from people with lived experience and all sectors. The trust will continue to provide the leadership to this Transformation Programme.

## 4.2. Refresh Health Leeds Plan

The Health Care Partnerships teams within Leeds City Council is leading a review of the Healthy Leeds Plan and evaluating the effectiveness of each of the Population Health Boards within the City by considering the alignment with the healthy Leeds Plan goals, the individual boards outcome frameworks, the NHS National Priorities and the current workstreams and financial position as described in the following schematic



### The Healthy Leeds Plan outlines:

- the **health and care contribution** to delivery of the Health and Wellbeing Strategy.
- the **high level ambitions to improving outcomes** for the people of Leeds both collectively and at a population level

### Refreshing the Healthy Leeds Plan:

- Refresh our ambition for how the Health and Care System in Leeds needs to change over the next 5 years and how this will be measured through refined strategic indicators
- Describe the Leeds Health and Care Partnership approach to population health, reflecting the work of the Population/Care Delivery Boards, the outcomes they are aiming to achieve and the infrastructure that has been put in place to achieve this.
- The Healthy Leeds Plan doesn't represent all system activity but those priorities we will work on together as a Health and Care system
- Meet the requirements of the Joint Forward Plan (NHS Planning Guidance 2023/24)

Two system goals have been identified.

- To reduce avoidable unplanned care utilisation across health care settings through a focus on keeping people well
- Increase early identification and intervention (of both risk factors and actual physical and mental illness).

In order to translate these system goals into meaningful actions for each of the population health boards a three-stage process is being followed

- Identification of the area of avoidable unplanned care utilisation that seems disproportionate.
- Work with people, communities, staff and review evidence to identify the root cause and or solution.
- Implement test and refine the solution.

The following table is a summary of the approach being taken by the Mental Health Population Board. This is in draft format and is shared with the board for information.

Outcome	People in Leeds with a serious mental illness receive care at the right time and in the right place			
Measure	Reduction in the number of out of area placements for people with a serious mental illness in Leeds			
Intermediate outcomes	People in Leeds are proactively supported within the community		People in Leeds have timely access to crisis support	People in Leeds are discharged in an appropriate, timely and supported way
Workstreams	<b>Community Mental Health Transformation</b> <ul style="list-style-type: none"> <li>- New integrated care model</li> <li>- Increase capacity in psychological therapies</li> <li>- workforce</li> </ul>	<b>IAPT</b> <ul style="list-style-type: none"> <li>- Reduce waiting lists</li> </ul>	<b>Mental Health Crisis</b> <ul style="list-style-type: none"> <li>- Review and evaluation of crisis models</li> </ul>	<b>Inpatient flow</b> <ul style="list-style-type: none"> <li>- Acute Care Excellence Programme</li> <li>- Inpatient Flow oversight Group</li> <li>- Rehab Service Review</li> </ul>
National objectives	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	Increase the number of adults and older adults accessing IAPT treatment	Work towards eliminating inappropriate adult acute out of area placements	Reduce out of area placements  Continue to address health inequalities and deliver on the Core20PLUS5 approach (SMI Health checks)

### 4.3. Community Mental Health Transformation programme

The programme has entered its final year of additional funding. As from April 2024, the transformation of services needs to be embedded into a business-as-usual model. In order to ensure the smooth transition urgent attention is being given to the delivery model, structure and governance. A mapping of all existing funding of Community Services across the system is being undertaken to determine the complete envelope of resources to support the programme in addition to the new money made available through the NHS long-term plan.

There has been a delay to the development of the older people’s model within the Transformation programme, due to the previous lack of clinical capacity. Given there has been a successful recruitment to the clinical lead post, the development of the model is now underway with the full proposal to be tested later in the year.

The programme is facing several challenges where solutions are being worked through, these include.

- The future delivery model.
- Estates solutions for the colocation of teams
- Interoperability of clinical information systems

- The implementation of the community Mental Health Framework (moving away from the Care Programme Approach)

There are actions in place to address each of these issues and further updates will be brought to the Board.

The Programme team recently received positive feedback on the progress being made from a deep dive with the West Yorkshire Programme Senior Responsible Officer. The team have also been chosen to present a paper at a national conference on transformation. It is positive to see that despite the challenges the Leeds Transformation is being acknowledged as best practice.

## **5. Summary**

We continue to see significant delivery challenges within our Adult Acute and Community and Wellbeing Services that have impacts on the care delivery for our service users. Whilst some of our services have seen improvements in recruitment, workforce availability remains an area of concern across all areas. Our teams continue to work hard to ensure we meet the needs of our populations by providing safe and compassionate care.

Care Services have responded well to the impact of the Industrial Action we have experienced over recent months by pulling together and covering any gaps in service delivery, and we will continue to have mechanisms in place to respond to any future strike action.

**Joanna Forster Adams**

**Chief Operating Officer**

**Contributors:**

**Andrew Jackson**

**EPRR Lead**

**Mark Dodd**

**Deputy Director of Operations**

**Alison Kenyon**

**Deputy Director of Service Development**

**May 2023**

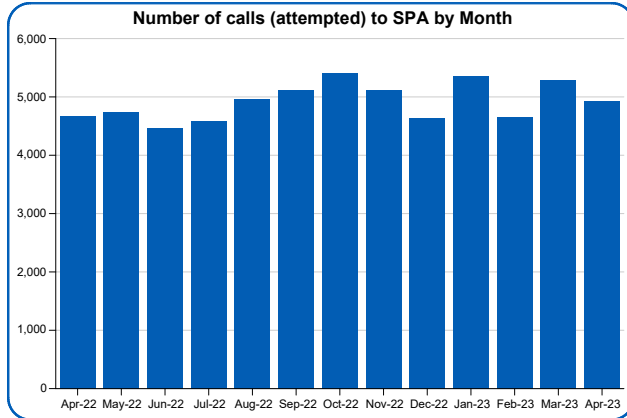
## Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Feb 2023	Mar 2023	Apr 2023
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	42.0%	39.8%	30.4%
Percentage of ALPS referrals responded to within 1 hour	-	76.6%	75.6%	77.1%
Percentage of S136 referrals assessed within 3 hours of arrival	-	30.0%	43.3%	16.2%
Number of S136 referrals assessed	-	30	30	37
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	80.0%	45.9%	54.5%	56.4%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	87.0%	94.9%	93.9%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	56.5%	51.5%	57.1%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Feb 2023	Mar 2023	Apr 2023
Gender Identity Service: Number on waiting list	-	4,147	4,242	4,284
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	-	30.44	50.8	47.38
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	82.8%	77.5%	78.8%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	-	3.2%	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	-	25.0%	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	-	94.4%	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	85.0%	-	93.7%	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	863	-	765	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	-	9.6%	-
Services: Our acute patient journey	Target	Feb 2023	Mar 2023	Apr 2023
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	46.4%	34.9%	68.9%
Crisis Assessment Unit (CAU) length of stay at discharge	-	4.79	4.47	4.38
Liaison In-Reach: attempted assessment within 24 hours	90.0%	53.2%	68.8%	82.7%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	98.7%	97.8%	98.8%
Becklin Ward 1 (Female)	-	99.0%	102.8%	99.7%
Becklin Ward 3 (Male)	-	97.9%	97.9%	100.0%
Becklin Ward 4 (Male)	-	99.7%	92.2%	96.5%
Becklin Ward 5 (Female)	-	98.2%	96.2%	100.0%
Newsam Ward 4 (Male)	-	98.8%	100.2%	97.8%
Older adult (total)	-	98.4%	98.2%	96.9%
The Mount Ward 1 (Male Dementia)	-	94.6%	92.4%	97.6%
The Mount Ward 2 (Female Dementia)	-	97.6%	101.1%	93.1%

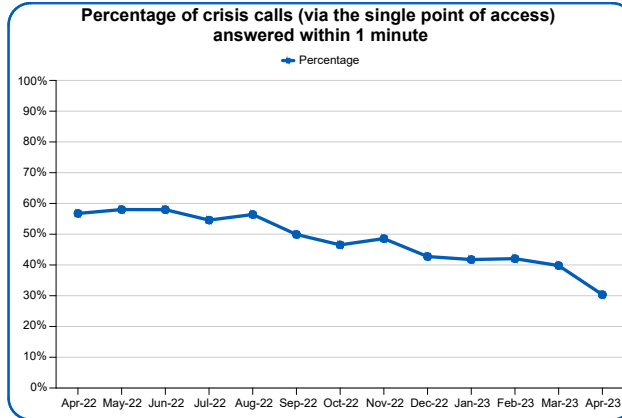
## Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Feb 2023	Mar 2023	Apr 2023
The Mount Ward 3 (Male)	-	99.1%	94.5%	97.7%
The Mount Ward 4 (Female)	-	100.8%	103.4%	98.3%
Percentage of delayed transfers of care	-	15.6%	12.4%	11.6%
Total: Number of out of area placements beginning in month	-	8	4	10
Total: Total number of bed days out of area (new and existing placements from previous months)	330	466	419	469
Acute: Number of out of area placements beginning in month	-	5	1	7
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	268	206	189
PICU: Number of out of area placements beginning in month	-	2	1	3
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	168	168	190
Older people: Number of out of area placements beginning in month	-	1	2	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	30	45	90
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90.0%	-	77.2%	-
Services: Our Community Care	Target	Feb 2023	Mar 2023	Apr 2023
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	72.7%	80.5%	81.2%
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	80.0%	72.1%	79.7%	79.7%
Number of service users in community mental health team care (caseload)	-	3,468	3,446	3,421
Percentage of referrals seen within 15 days by a community mental health team	80.0%	43.7%	59.9%	66.7%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	52.5%	56.1%	49.3%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	42.0%	45.3%	52.1%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	66.7%	80.0%	69.2%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	-	77.8%	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	-	79.3%	-
Services: Clinical Record Keeping	Target	Feb 2023	Mar 2023	Apr 2023
Percentage of service users with NHS Number recorded	-	99.1%	99.2%	99.2%
Percentage of service users with ethnicity recorded	-	75.7%	75.9%	76.7%
Percentage of service users with sexual orientation recorded	-	35.2%	35.8%	37.6%
Services: Clinical Record Keeping - DQMI	Target	Nov 2022	Dec 2022	Jan 2023
DQMI (MHSDS) % Quality %	95.0%	91.8%	91.8%	91.7%

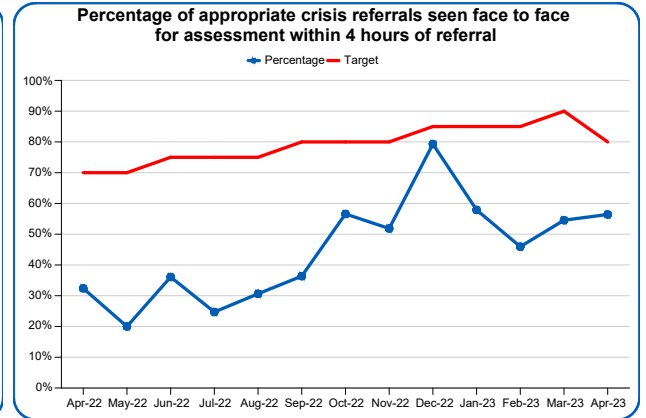
Services: Access & Responsiveness: Our Response in a crisis



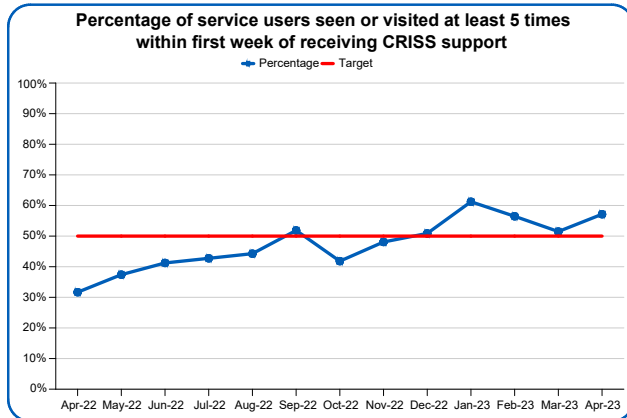
Number of calls : April 4,942



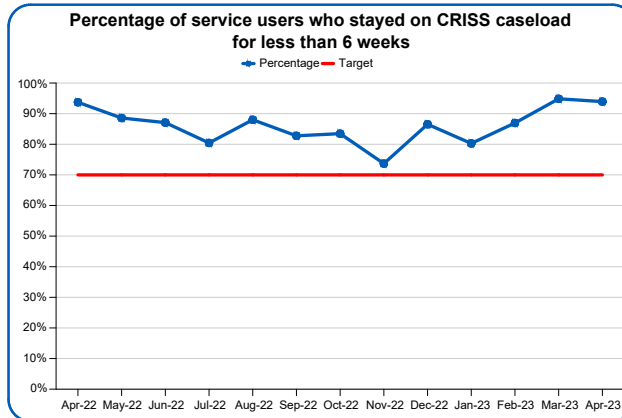
Local target - within 1 minute: April 30.4%



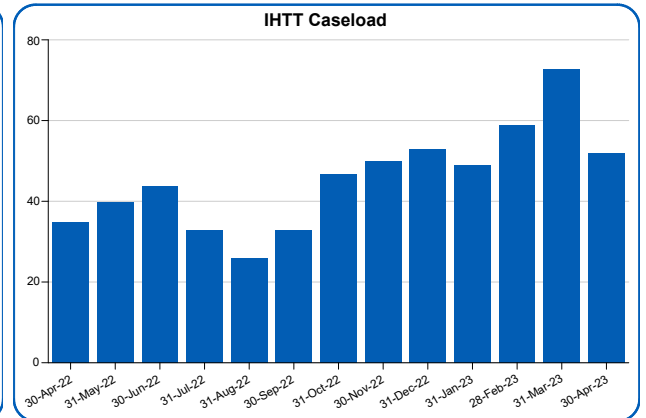
Contactual Target 80%: April 56.4%



Contractual Target 50%: April 57.1%

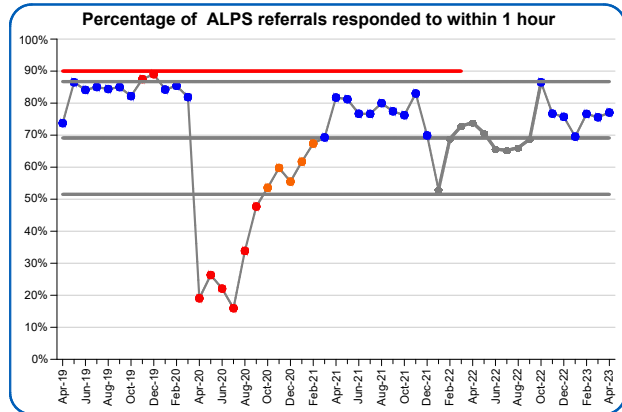


Contractual Target 70%: April 93.9%

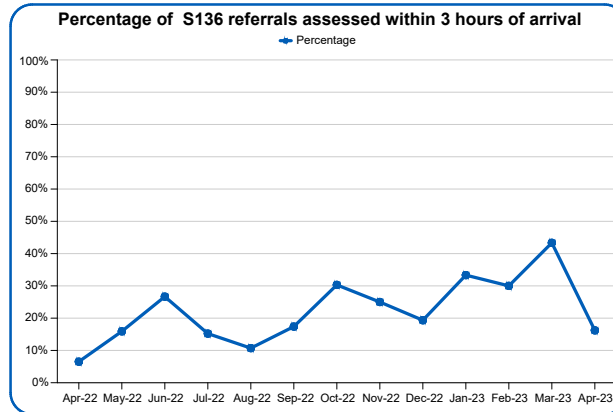


Caseload: April 52

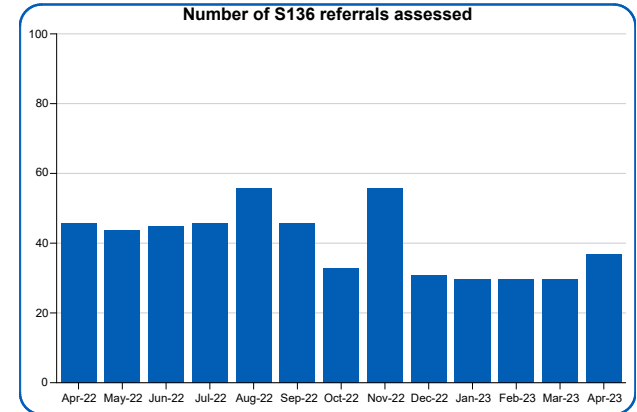




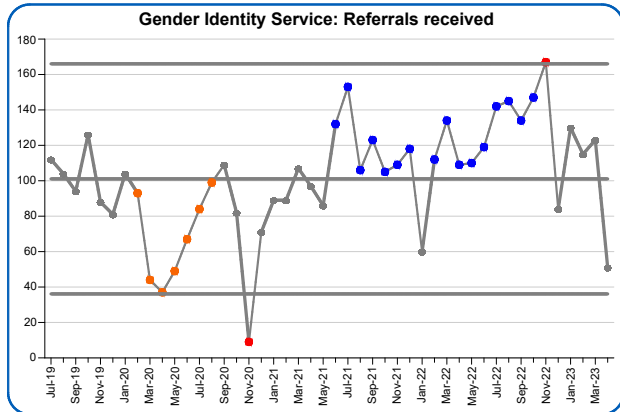
Contractual Target : April 77.1%



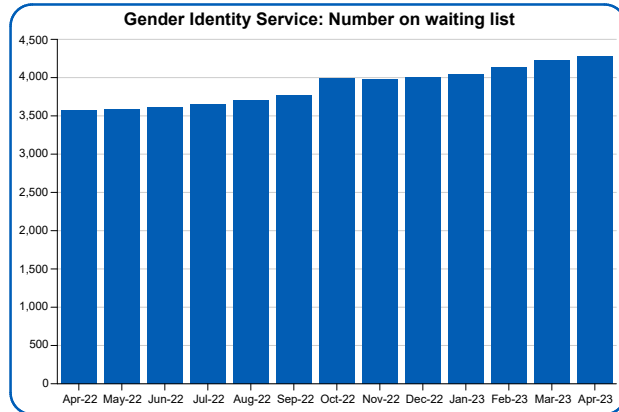
Contractual Target : April 16.2%



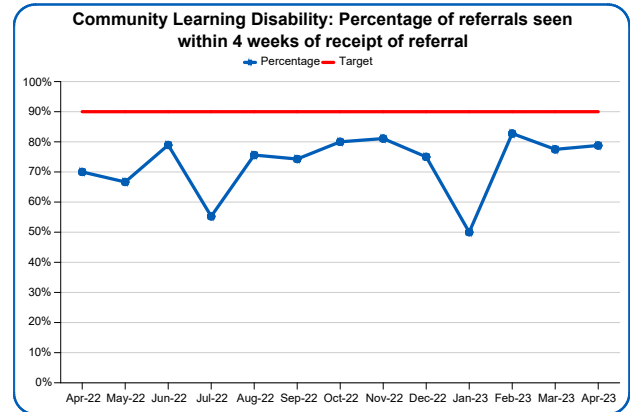
Total referrals assessed: April 37



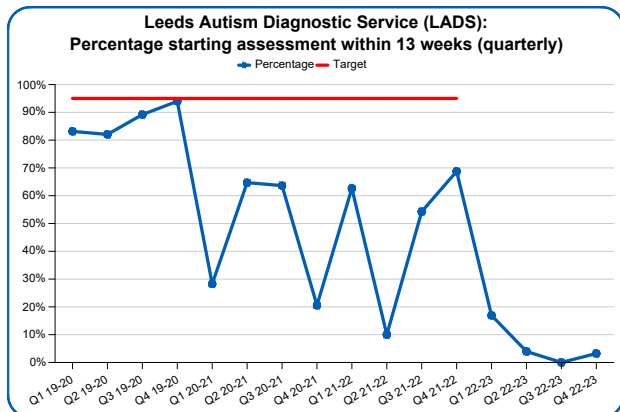
Total referrals: April 51



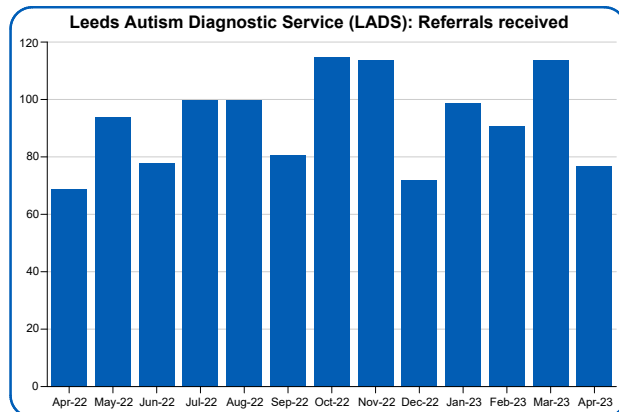
Number on waiting list: April 4,284



Contractual Target 90%: April 78.8%



Contractual Target : Q4 3.2%

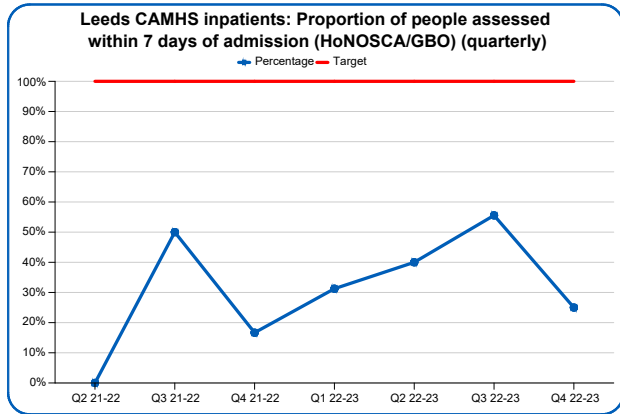


Local measure: April 77

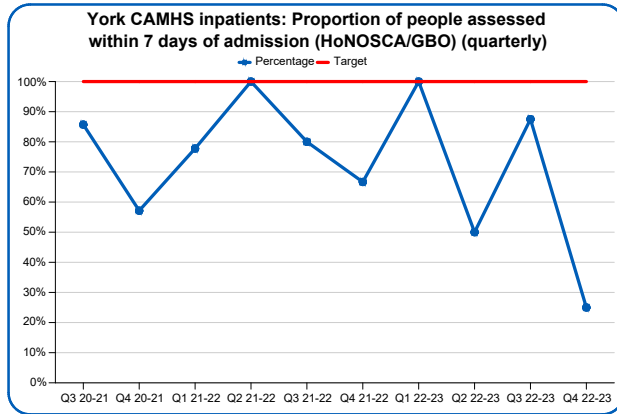
SPC Chart Key

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

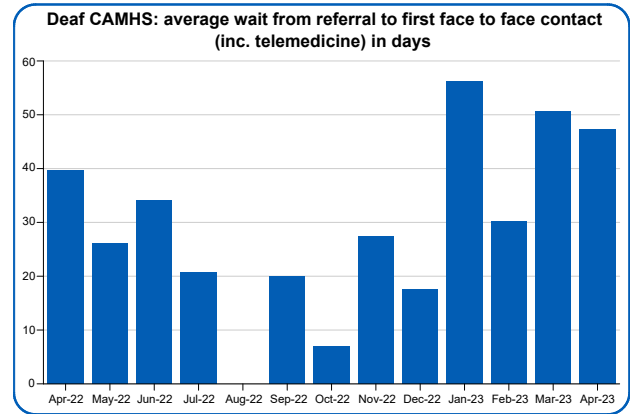
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services (continued)



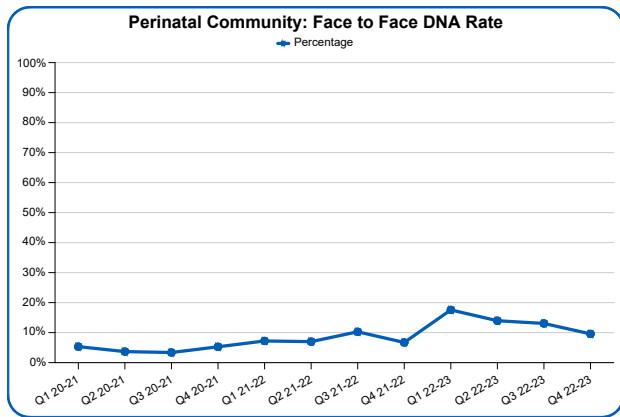
Contractual Target 100%: Q4 25.0%



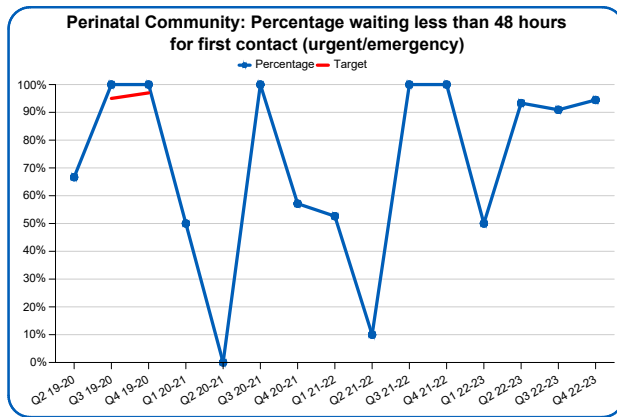
Contractual Target 100%: Q4 25.0%



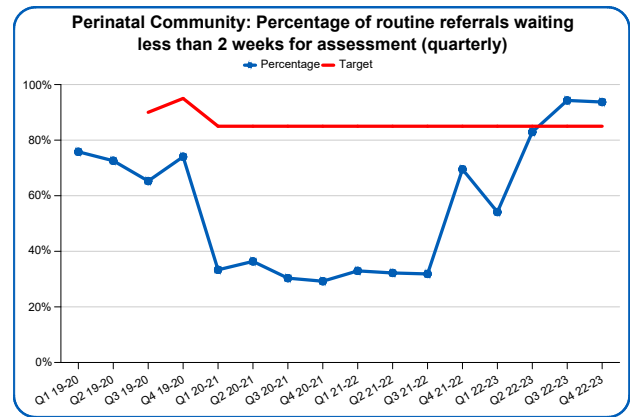
Local measure: April 47



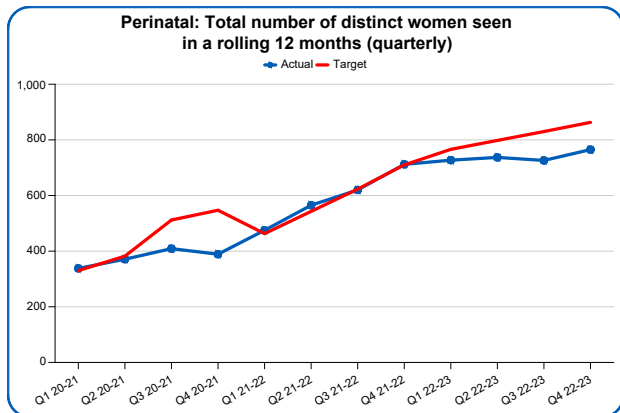
Contractual measure: Q4 9.6%



Contractual Target tba: Q4 94.4%

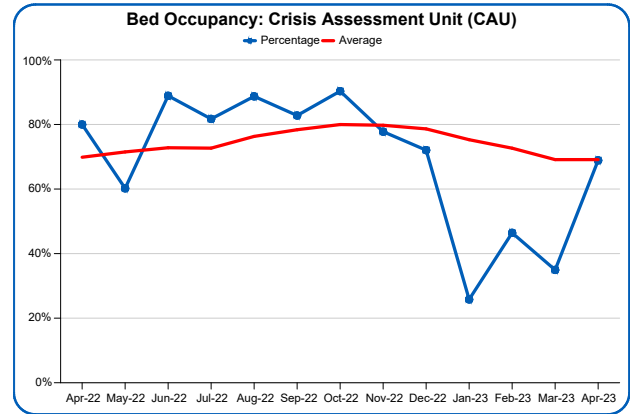
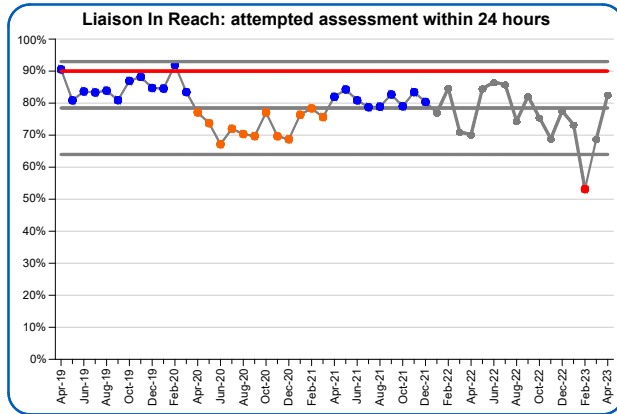
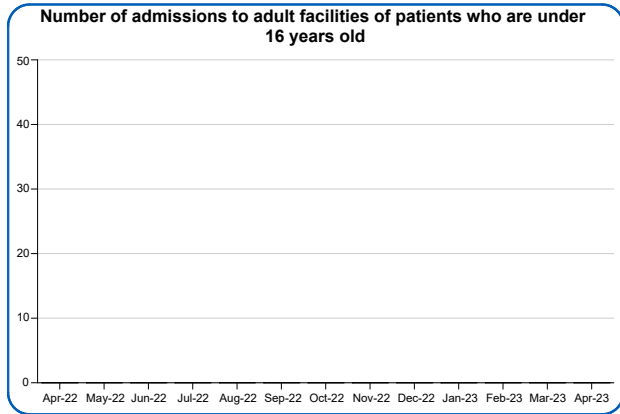


Contractual Target 85%: Q4 93.7%



Local measure 863: Q4 765

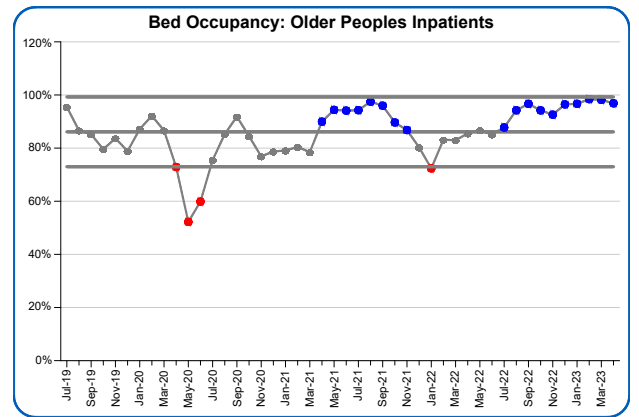
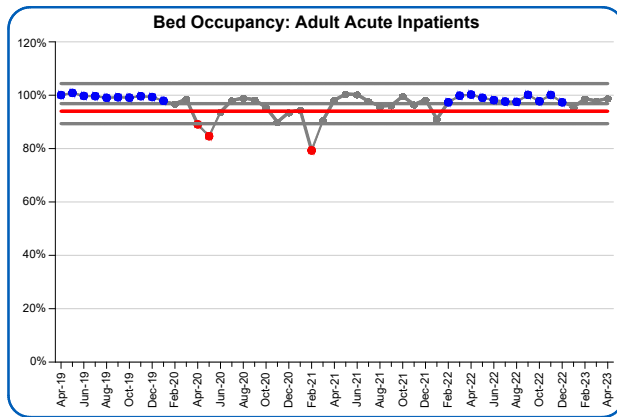
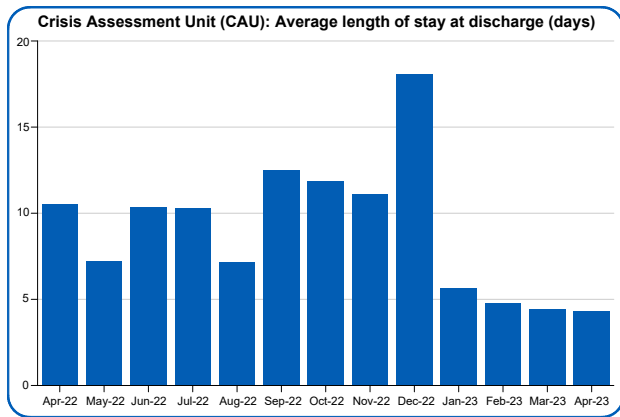
Services: Our acute patient journey



National (NOF) No target : April 0

Contractual Target 90%: April 82.7%

Local measure: April 68.9%



Local measure: April 4 days

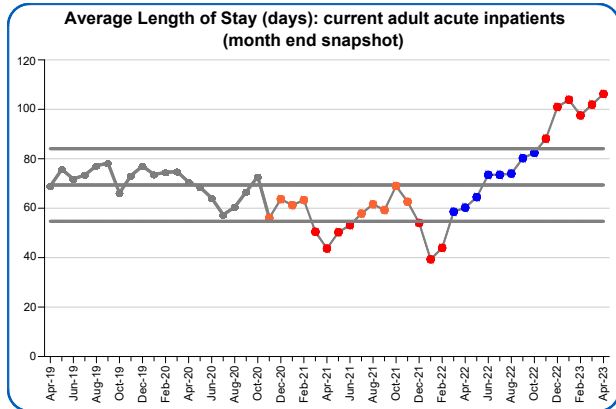
Contractual Target 94%: April 98.8%

Local measure and target : April 96.9%

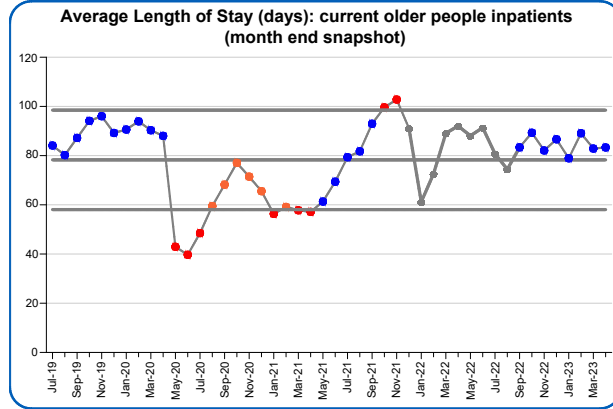
SPC Chart Key

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- Lower process limit
- Actual
- Target

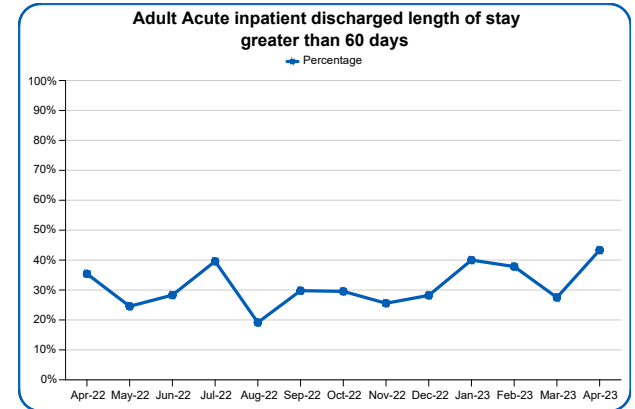
Services: Our acute patient journey (continued)



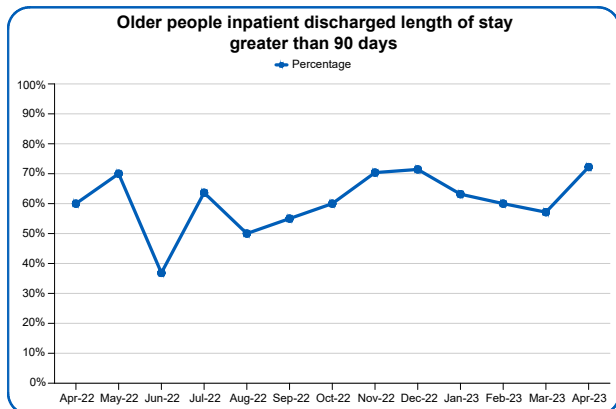
Local tracking measure: April 106 days



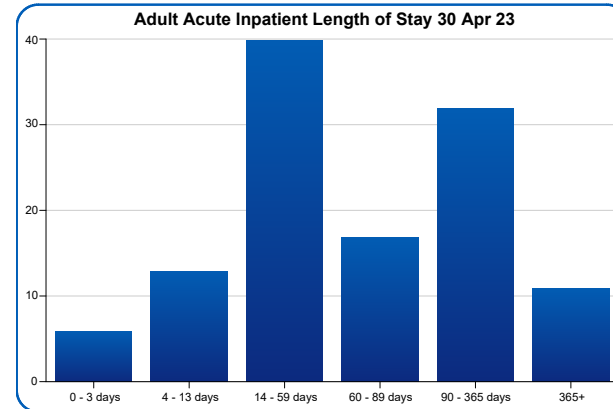
Local tracking measure: April 83 days



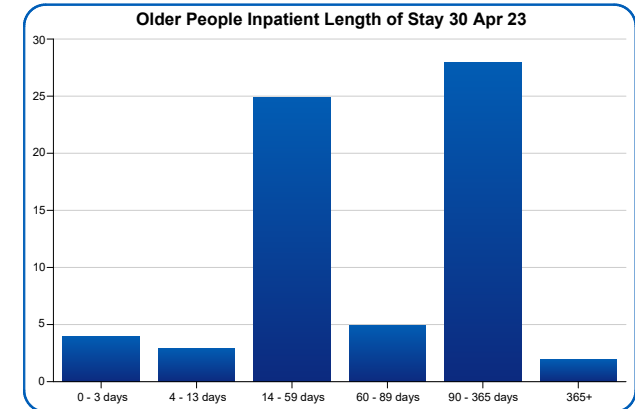
National (LTP): April 43.3%



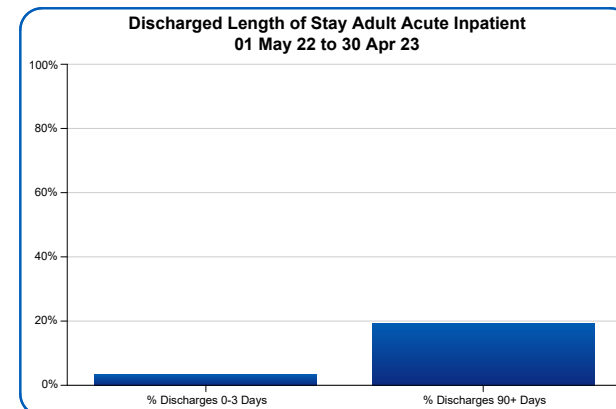
National (LTP): April 72.2%



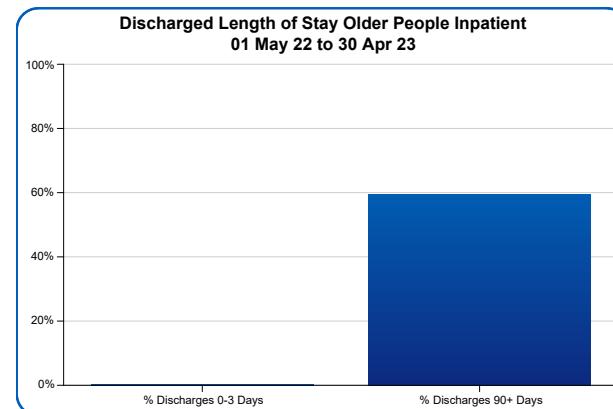
Local activity: 43 people with LOS 90+ days



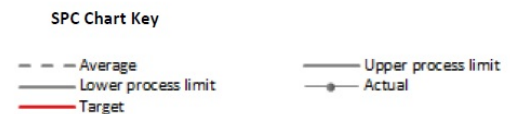
Local activity: 30 people with LOS 90+ days



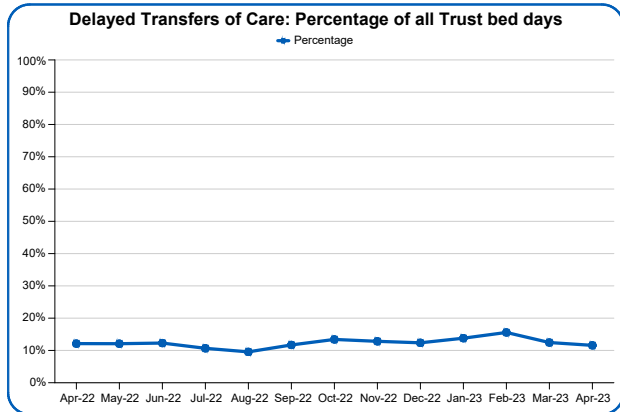
Local activity: % discharged LOS 90+ days = 19.6%



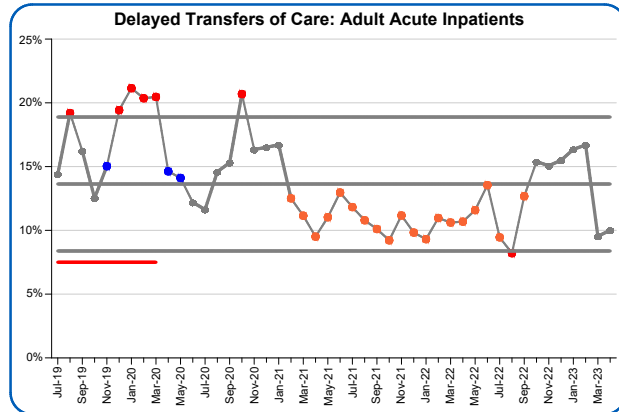
Local activity: % discharged LOS 90+ days = 59.8%



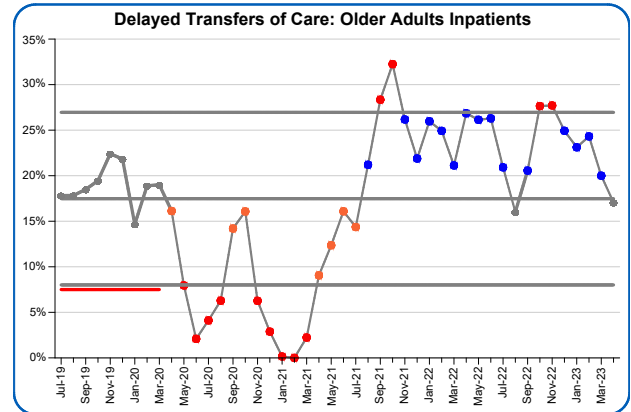
Services: Our acute patient journey (continued)



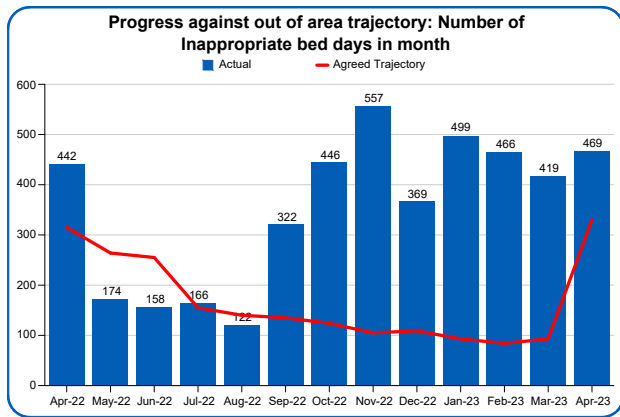
Local tracking measure: April 11.6%



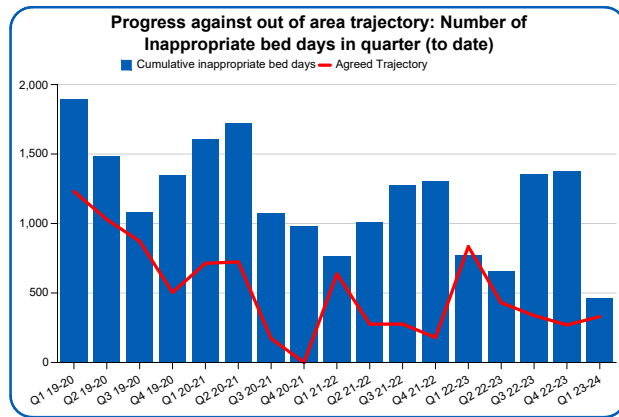
Local tracking measure: April 10.0%



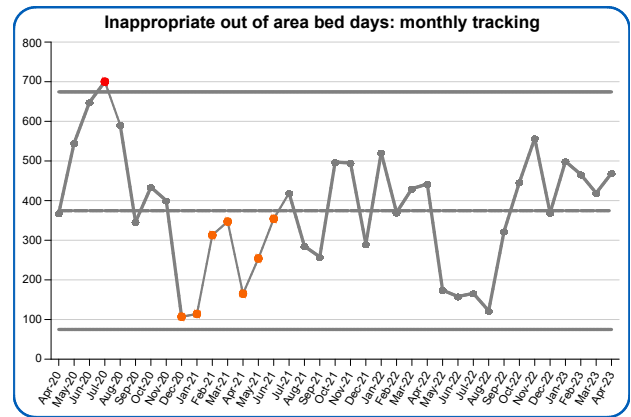
Local tracking measure: April 17.1%



Nationally agreed trajectory (330): April 469 bed days



Nationally agreed trajectory (Q1: 330): Q1 469 bed days

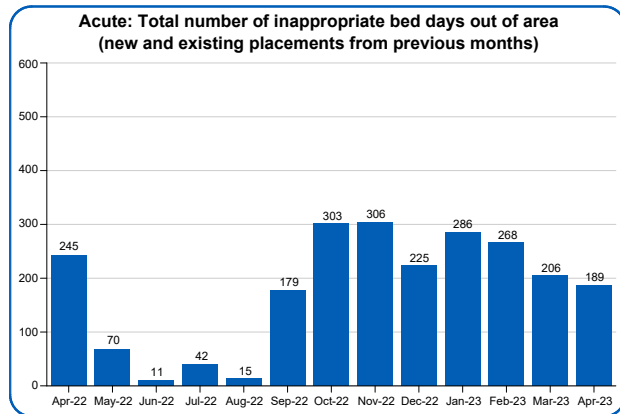


Local tracking measure: April 469 bed days

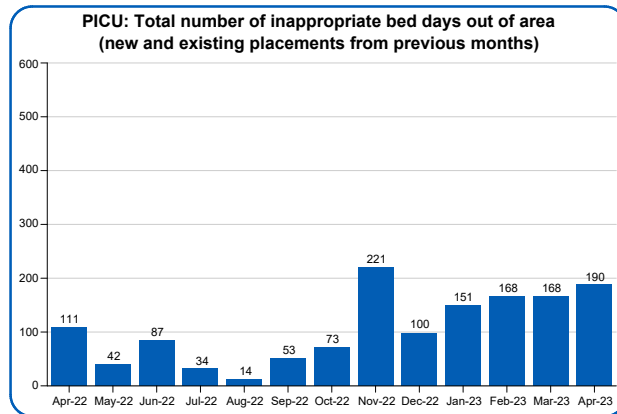
SPC Chart Key

- Average
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- Upper process limit
- Target
- Actual

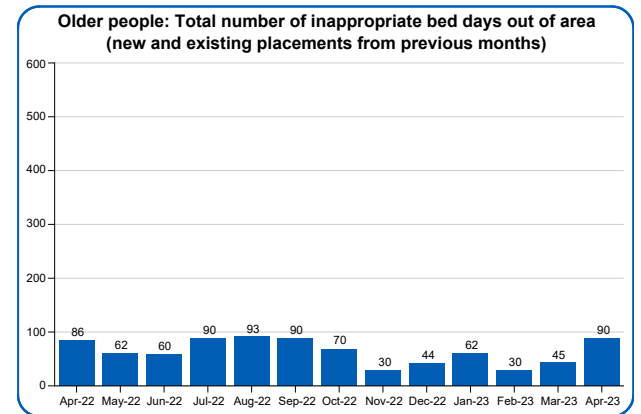
Services: Our acute patient journey (continued)



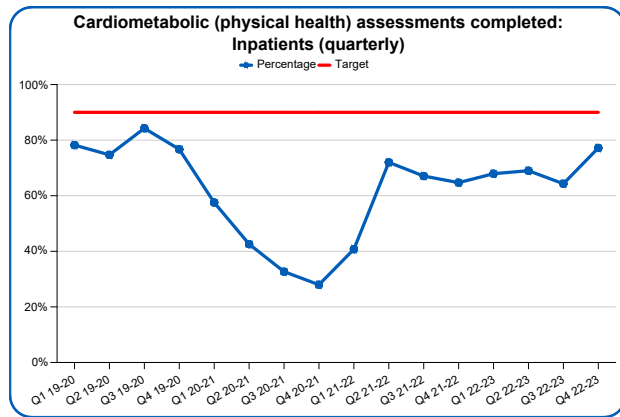
Nationally agreed trajectory (): April 189 days



Nationally agreed trajectory (): April 190 days

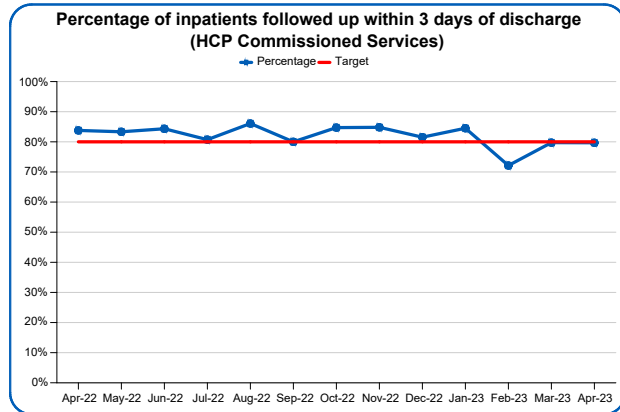


Local measure : April 90 days

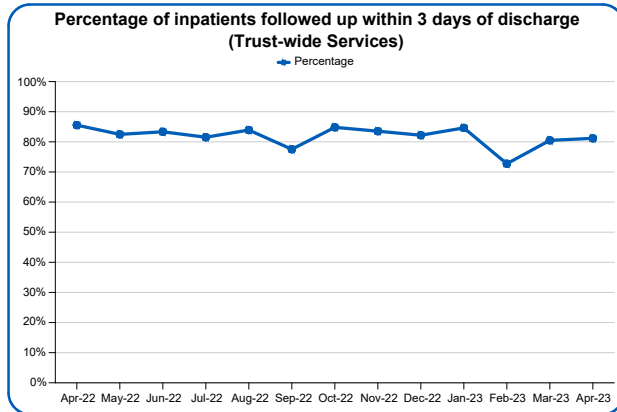


Contractual target 90%: Q4 77.2%

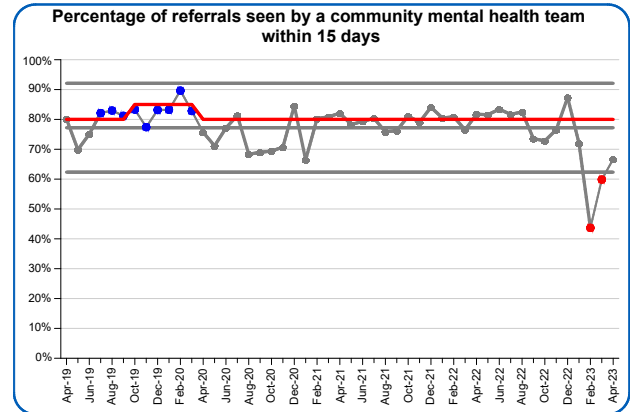
Services: Our community care



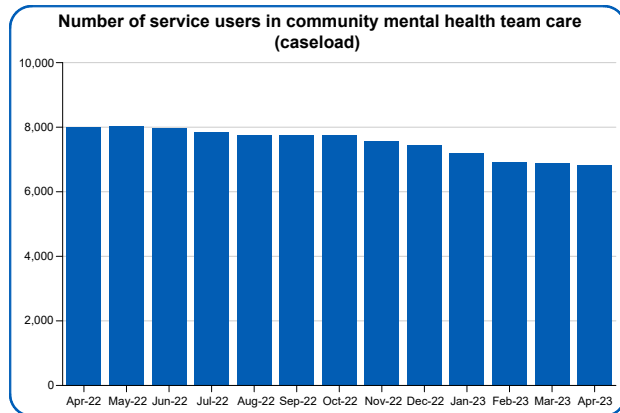
Contractual target 80%: April **79.7%**



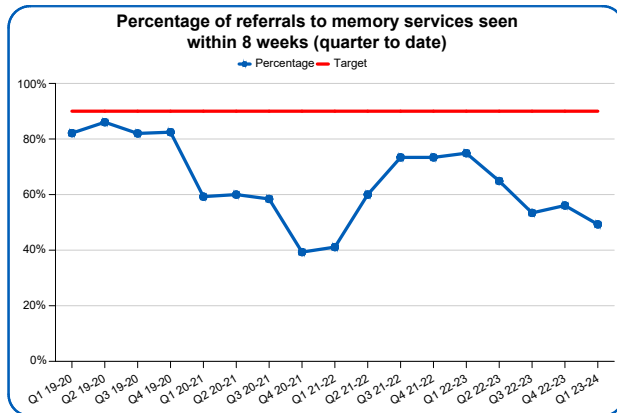
Local Tracking Measure 80%: April **81.2%**



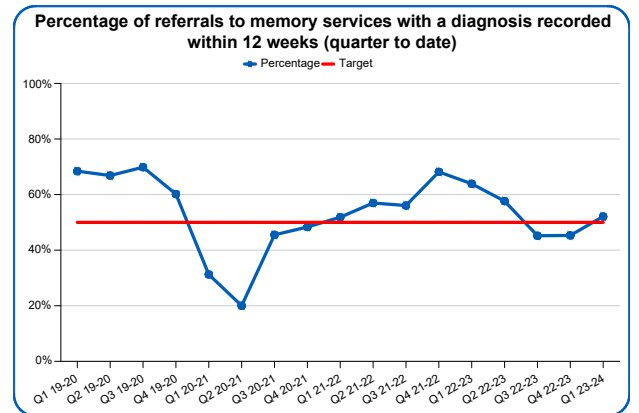
Contractual target 80%: April **66.7%**



Local measure : April **3,421**



Contractual target 90%: Q1 23-24 **49.3%**

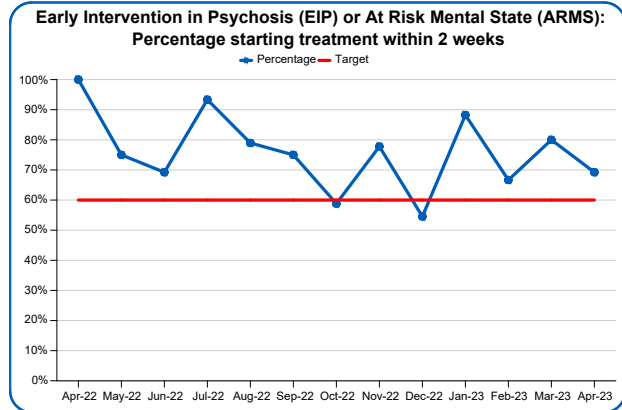


Contractual target 50%: Q1 23-24 **52.1%**

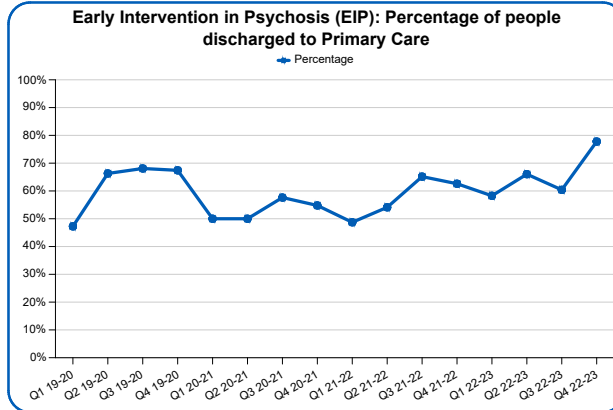
SPC Chart Key

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

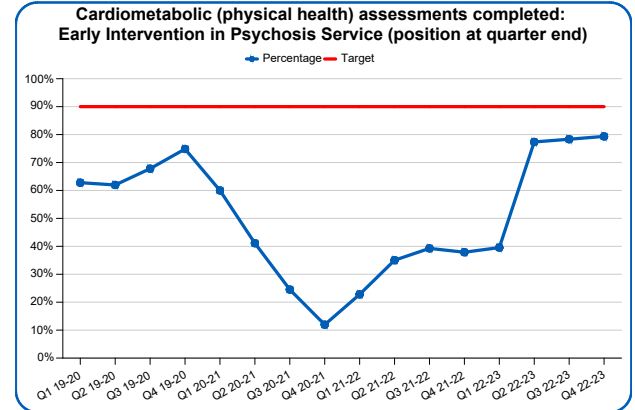




Contractual target 60%: April 69.2%

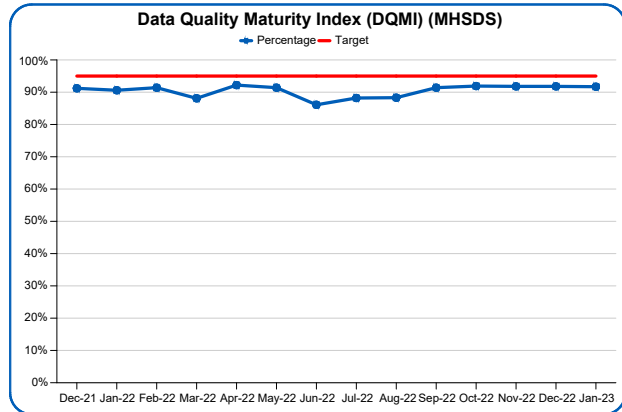


Contractual target tbc: Q4 77.8%

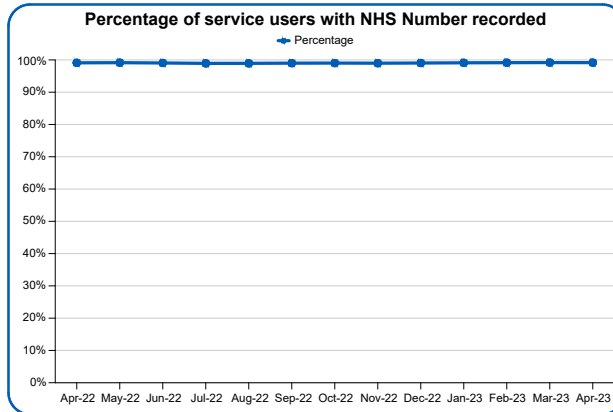


Contractual target 90%: Q4 79.3%

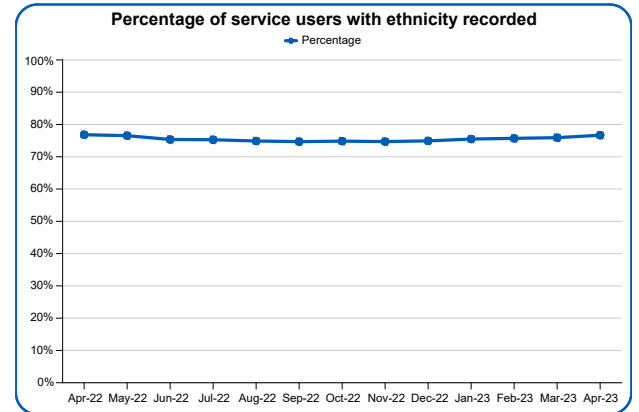
Services: Clinical Record Keeping



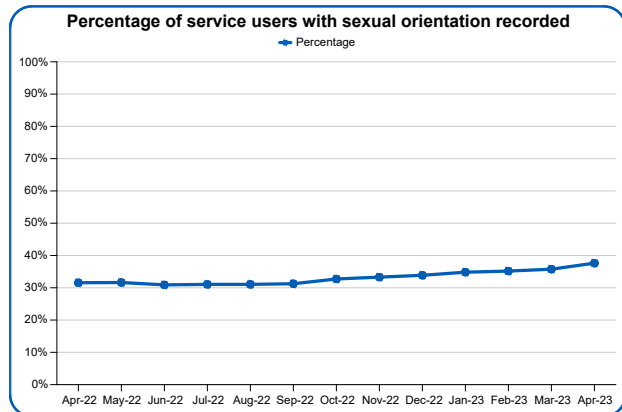
CQUIN / NHSOF Target 95%: January 91.7%



Local measure: April 99.2%



Local measure: April 76.7%



Local measure: April 37.6%

**AGENDA  
ITEM**

**9**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Chief Financial Officer Report - Month 1
<b>DATE OF MEETING:</b>	25 May 2023
<b>PRESENTED BY:</b>	Dawn Hanwell, Chief Financial Officer, and Deputy Chief Executive
<b>PREPARED BY:</b>	Jonathan Saxton, Deputy Director of Finance

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

<b>EXECUTIVE SUMMARY</b>		
<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 1 in 2023/24 and the West Yorkshire system has now submitted a break-even plan, although there still remains a £25m risk to delivery of this system plan.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes, please set out what action has been taken to address this in your paper
	<b>No</b>	

<b>RECOMMENDATION</b>
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>Note achievement of the revenue plan position as at month 1.</li> <li>Note the capital expenditure position of £135k.</li> </ul>

## MEETING OF THE BOARD OF DIRECTORS

25 MAY 2023

### CHIEF FINANCIAL OFFICER REPORT

#### 1 Introduction

This report provides an overview of financial performance at month 1 2023/24. It should be noted that there has been no requirement for formal external reporting in month 1 due to focus on year end and finalising planning. The information is provided for internal review only. We have shared our position informally with the West Yorkshire ICB. Work continues across the ICB to manage the overall planning position due to the challenges in delivering an overall breakeven system position (see below).

#### 2 Financial Performance 2023/24

At month 1 the Trust reported an actual I&E surplus of £39k as shown below:

Table 1

Income & Expenditure Budget Position	Budget Annual £'000	Month 1		
		Budget YTD £'000	Actual YTD £'000	Variance YTD £'000
<b>Income:</b>				
Patient Care Income	209,835	17,486	17,404	(83)
Other Income	30,713	2,559	3,140	580
<b>Total Income</b>	<b>240,548</b>	<b>20,046</b>	<b>20,543</b>	<b>498</b>
<b>Expenditure:</b>				
Pay Expenditure	(169,120)	(14,093)	(13,962)	131
Non Pay Expenditure	(63,113)	(5,259)	(6,306)	(1,047)
Reserves & Contingency	(11,815)	(985)	(235)	750
Efficiency Target	3,500	292	0	(292)
<b>Total Expenditure</b>	<b>(240,547)</b>	<b>(20,045)</b>	<b>(20,503)</b>	<b>(458)</b>
<b>Surplus/ (Deficit)</b>	<b>0</b>	<b>0</b>	<b>39</b>	<b>39</b>

The key variances against budget identified at Month 1 are:

#### Income

- Commercial activities have significantly over-achieved by £400k in the month, this is offset by expenditure in non-pay.

- The increase in the bank of England base rate has created a £50k increase in interest receivable.

#### Pay

- Bank and Agency costs were £1m each in month 1, offset by £2.2m underspend on substantive vacancies, resulting in a net underspend of £0.4m (detail in Appendix 2b). Recognising this is only month 1, the trend in agency is concerning as at the current rate this would project a full year overall cost higher than the spend level in 22/23. The task group which will be working on agency cost reductions has now been set up as part of the efficiency planning process.

#### Non-Pay

- Adult acute out of area patient expenditure is £160k higher than budget in month. The actions to improve this position and trajectory will be managed through the Patient Flow group set up to oversee the work of the acute care excellence programme.
- Complex rehabilitation patient out of area expenditure is £220k over current budget. Additional Mental Health Investment Standard (MHIS) funds have been agreed that will be moved from reserves to offset this once the expenditure trajectory has been approved at Financial Planning Group. Actions to oversee the improvement in this trajectory will also be overseen in the Patient Flow group.
- Commercial activities expenditure is £400k over budget that is offset by additional income.

#### Reserves & Contingency

- The Trust negotiated increases in MHIS and Service Development Funding (SDF) during planning that is currently held in reserves resulting in the £750k underspend. When expenditure trajectories for these developments are agreed at Financial Planning Group, funding will be moved to service budgets.

#### CIP Target

- The 23/24 Efficiency target of £3.5m generates a £292k overspend as at M1. Work has begun to implement the 4 key areas identified to meet this efficiency challenge and deliver the full target in year.

A summary variance analysis of all care services and corporate budget areas is included at appendix 2c as an overview.

### **3 Capital Expenditure**

As at the end of April, capital expenditure for 2023/24 is reported as £135k compared to the planned position of £245k and detailed in Appendix 1.

The Trust utilised £110k of operational capital (Integrated Care Board envelope) in M1 against a plan of £230k. Expenditure in month includes additional VAT recovery in month of £60k within the Electronic Document Management (EDM) scheme.

In month capital spending was mainly focussed on completing schemes that started in 2022/23. These included the corporate hub at St Mary's House and the ongoing implementation of Electronic Document Management.

As previously noted, there continues to be an element of delivery risk for our overall programme due to supply chain/contractor availability but given the level of work ongoing and the reduced capital programme for 2023/24, it is expected that this will be manageable.

#### **4 Better Payment Practice Code (BPPC)**

Cash position remains strong with a cash balance of £ £125.3m, and liquidity is strong with cover for 119 operating expenditure days

Our overall cumulative better payment practice code (BPPC) performance remained strong, achieving 94.3% of bills paid within target by number (97.0% by value).

#### **5 Single Oversight Framework**

There has not been a revision to the NHS Oversight Framework 2022/23, therefore the same metrics remain in place at this point;

##### **5.1 Financial efficiency - variance from efficiency plan**

The Trust efficiency plan is profiled across the financial year, as the Trust is still in the development stage of the efficiency plan, this has led to a £292k overspend in April. This overspend is currently being mitigated through underspends elsewhere.

It is expected that the entirety of the £3.5m budgeted efficiency target will be identified during the year.

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

As at month 1 the Trust achieved this metric, reporting a £39k surplus.

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

The Trust's annual agency spending plan for 2023/24 is £8.9m. As at April the Trust has incurred £1m, a continuation at this rate would generate a £3.1m overspend.

Agency expenditure has been identified as one of the 4 efficiency thematic workstreams. The governance around this workstream is being developed, once established and implemented it is anticipated that agency expenditure will be reduced.

#### **6. Planning Update**

As previously reported the initial West Yorkshire system revenue plan has not been balanced over the course of the planning process. Work has continued to identify improvements and some additional non recurrent resource has recently been agreed. Overall the system was challenged with a residual £25m planning gap at the end of April, and in discussion it was agreed to distribute this pressure across the 5 places on a fair shared basis, of which £8.6m was given to Leeds Place. As a place Leeds has work to do to meet its plan targets and this may have further implications for the Trust.

## **7 Conclusion**

The Trust is achieving both capital and revenue plans as at month 1 in 2023/24 and the West Yorkshire system has now submitted a break-even plan, although there still remains a £25m risk to delivery of this system plan.

## **8 Recommendation**

The Board of Directors is asked to:

- Note achievement of the revenue plan position as at month 1.
- Note the capital expenditure position of £135k.

Jonathan Saxton

**Deputy Director of Finance**

19 May 2023





CAPITAL PROGRAMME - at 30 April 2023	Year to Date			
	Annual Plan £'000	YTD Plan £'000	Actual Spend £'000	YTD Variance £'000
<b>Estates Operational</b>				
Health & Safety /Fire/Accessibility/ Backlog	300	0	14	(14)
Security review	150	0		0
Cold water taps to bedrooms	100	50		50
<b>Sub-Total</b>	<b>550</b>	<b>50</b>	<b>14</b>	<b>36</b>
<b>IT/Telecomms Operational</b>				
IT Network Infrastructure	150	0	123	(123)
Server/Storage	30	0		0
Cyber security	50	0		0
<b>Sub-Total</b>	<b>230</b>	<b>0</b>	<b>123</b>	<b>(123)</b>
<b>Estates Strategic Developments</b>				
Newsam Centre (Doors)	75	0		0
Red Kite View	50	0		0
St Marys House, main house	1,080	150	29	121
Sustainability & Green Plan	150	0	2	(2)
Seclusion Review	400	0	1	(1)
Safes	119	30		30
<b>Sub-Total</b>	<b>1,874</b>	<b>180</b>	<b>32</b>	<b>148</b>
<b>IT Strategic Developments</b>				
Integration System	50	0		0
Voice recognition	140	0		0
EPR developments	50	0		0
Electronic document management	277	0	(60)	60
EPMA Community model	100	0		0
Smartphones	60	0		0
<b>Sub-Total</b>	<b>677</b>	<b>0</b>	<b>(60)</b>	<b>60</b>
<b>Contingency Schemes</b>				
Contingency	305	0	1	(1)
2022/23 Completed Schemes				0
<b>Sub-Total</b>	<b>305</b>	<b>0</b>	<b>1</b>	<b>(1)</b>
<b>PDC Funded Schemes</b>				
Electronic document management (PDC)	922	0		0
MH UEC (PDC)	581	0		0
<b>Sub-Total</b>	<b>1,503</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>New Leases</b>				
Lease Cars	200	15	27	(12)
Leased Buildings	1,000	0		0
<b>Sub-Total</b>	<b>1,200</b>	<b>15</b>	<b>27</b>	<b>(12)</b>
<b>Total Capital Spend</b>	<b>6,339</b>	<b>245</b>	<b>137</b>	<b>108</b>
<b>Disposals</b>				
ICS	0	0	(2)	2
Leased	0	0		0
<b>Sub-Total</b>	<b>0</b>	<b>0</b>	<b>(2)</b>	<b>2</b>
<b>Total NBV Disposed of</b>	<b>0</b>	<b>0</b>	<b>(2)</b>	<b>2</b>
<b>Capital Funding Source:</b>				
ICS Operational Capital	3,636	230	109	121
Public Dividend Capital (PDC)	1,503	0	0	0
IFRS16 Leased Assets	1,200	15	27	(12)
<b>Total</b>	<b>6,339</b>	<b>245</b>	<b>135</b>	<b>110</b>

**AGENDA  
ITEM**

**10**

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Safer staffing
<b>DATE OF MEETING:</b>	25 <sup>th</sup> May 2023
<b>PRESENTED BY:</b> (name and title)	Cathy Woffendin, Executive Director of Nursing, Professions and Quality / Director of Infection Prevention and Control
<b>PREPARED BY:</b> (name and title)	Linda Rose Head of Nursing and Patient Experience Alison Quarry, Professional Lead Nurse Julie Poxton, Professional Lead Nurse Jennifer Connelly, Professional Lead Nurse Adele Sowden, E-Rostering Team Manager

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

**EXECUTIVE SUMMARY**

Leeds and York Partnership NHS Foundation Trust (LYPFT) provides inpatient care across 28 wards (Red Kite View is split into the General adolescent unit and PICU). This report is the two monthly update and draws on the requirements of the National Quality Board's (NQB) Safer Staffing expectations. It contains a high-level overview of data and analysis providing Trust Board members with information on the position of all wards staffing against safer staffing levels for the retrospective periods from the 1<sup>st</sup> February 2023 to the 31<sup>st</sup> March 2023.

The exception reports identify x4 Registered Nurse breaches across this period. They occurred in the Forensic services at Clifton House (Westerdale Ward) on the 16<sup>th</sup> and 17<sup>th</sup> February 2023 (night shifts); and on Ward 2 A&T Newsam Centre on the 9<sup>th</sup> of February 2023 (15:00-20:00) and the 16<sup>th</sup> of February 2023 (07:00 12:00).

This paper also notes breaches of the European working time directive.

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

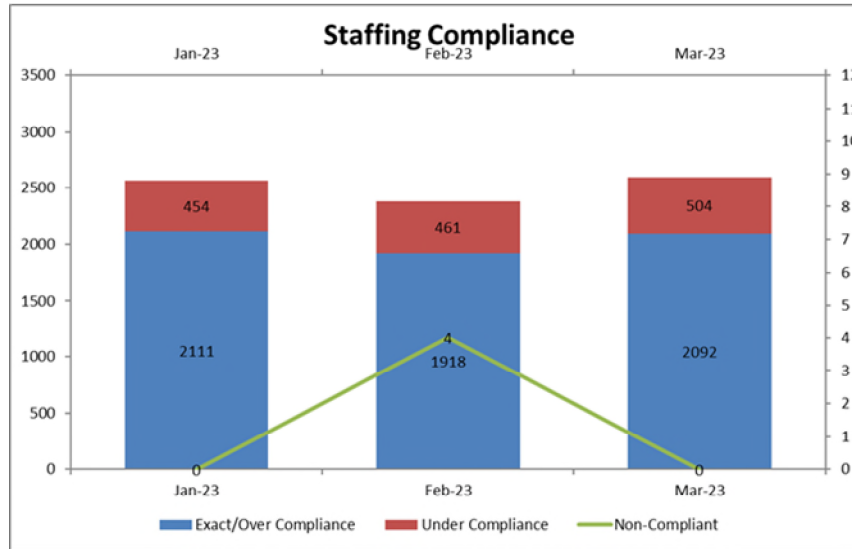
**RECOMMENDATION**

The Board is asked to:

- 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 – February and March 2023



**Risks: Registered** Nursing vacancies continue to be a major theme across the focused 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.

	Number of Shifts		
	January	February	March
Exact/Over Compliance	2111	1918	2092
Under Compliance	454	461	504
Non-Compliant	0	4	0

### Narrative on Data Extracts Regarding LYPFT Staffing Levels on x28 Wards during February and March

**2023:** 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 specialty 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 depending on the current patient group.

### **Exact or Over Compliant shifts:**

From February to March 2023, the compliance data demonstrated 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 February and March 2023, the compliance data demonstrates 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 an 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 was breached four times during February and occurred in the Forensic service at Clifton House and the Forensic service at the Newsam Centre.

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

#### **Clifton House**

- Riverfields ward on the 16th of February 2023 (Night Duty) and the 17th of February 2023 (Night Duty). The breaches were supported by Westerdale Ward.

The x 2 breaches occurred due to sickness absence within the service. The duty on the 17th of February was

expected to be re-filled by a Bank RN, however, was subject to a late cancellation. The staffing escalation procedure was enacted; however, RN cover was not identified and therefore to mitigate the absence of a RN on duty, the number of substantive HSWs from the service were increased. The RN held the medication keys for both Westerdale and Riverfields. The RN based themselves on Westerdale, the Assessment and Treatment ward whereby acuity and dependency is deemed higher than Riverfields, a recovery and rehabilitation ward where a significant proportion of service users self-medicate as part of their recovery plan. On the 17th of February, evening medication was administered by the RN on the late duty before leaving the ward. The On-Call CTM was available to provide support to the service where necessary throughout the duties. Incident reports were completed to reflect the breach in RN cover; however, no other incidents were recorded during these duties.

### **Newsam Centre**

- Ward 2 (A+T) on the 9th of February 2023 (15:00-20:00) and the 16th of February 2023 (07:00-12:00)

The breaches occurred following an administrative error, whereby the nurse on duty had unintentionally allowed registration with the Nursing and Midwifery Council (NMC) to lapse. Safeguards are in place in HR which ensure the checking of the current registration of every Registered Nurse working within the Trust. On this occasion the system did not pick up the lapse with this individual. The reason for this has been identified and rectified resulting in a system change by the workforce team to avoid a recurrence of the error. A Duty of Candour letter was also issued to every service user that was receiving care and treatment on the ward on the relevant dates this occurred, in addition to the leadership team having a face-to-face discussion with service users to explain the breaches and to offer apologies regarding the incident.

## **Service area updates**

### **Working age adult (Becklin Wards 1,3, 4 and 5), Newsam ward 1 (PICU) and Newsam ward 4**

The vacancy factor across the Acute Inpatient and PICU service remains high, with a 40% RN vacancy rate and 27% Occupational Therapist (OT) vacancy rate across the service. Sickness absences, which are predominantly short-term, remain at 8%, which exceeds the trust sickness absence target of 4.9%. No themes have been identified in relation to short-term absence.

RN staffing pressures which have occurred across the acute wards have resulted in a reduced number of RN against planned establishment. The women's service (wards 1 and 5) have reported receiving a small number of complex CAMHS transitions within the data period concerned and an increase in service users presenting

with challenging behaviours particularly around self-harm and violence and aggression which is reflected in the service incident reporting. The service has therefore been required to increase staffing numbers to reflect enhanced observations to manage the associated risks. This has been predominantly provided by bank and agency staffing and in addition the responsive workforce has been deployed to ward 1 and ward 5 to cover predicted staffing gaps while providing a greater level of continuity of care. Deployment of staffing across the service continues to take place to maintain safe staffing numbers and provide the appropriate skill set to deliver care to this service user group. Covid outbreaks in both the male and female wards compounded staffing pressures and resulted in short term ward closures during the data period.

The service to date has successfully recruited x 19 Preceptee RNs who will commence in September/October 2023.

A workforce strategy is currently being developed to expand clinically non-registered and multi-professional roles to enable the service to respond more proactively to

workforce supply pressures while maintaining the quality of care provided.

### **Older Peoples Services (Mount wards 1, 2, 3 and 4)**

This service continues to focus on the recovery plan aligned to the ongoing and significant staffing deficits of RN/RNA in the service which has included the closure of 10 beds across the service, the introduction of a second Matron to support safety and quality and the ongoing work focused on recruitment and retention.

The current vacancy rate across the service is 28% which is further compounded by a sickness absence rate of 7.68% which has remained consistent over the data period. The RN vacancy rate averages at 35% across the service and of those a third of absences have been recorded as non-work-related stress with colleagues being supported through the appropriate wellbeing support. However, positively staff turnover in the service remains low at 4.7% against a target of 10%.

There have been no RN breaches however on x 1 occasion the RN from the Late duty was required to remain on duty beyond their shift time until a RN from within the building was deployed.

There remains a significant reliance on bank and agency RNs to mitigate vacant duties. The service has positively seen a bank to substantive conversation of a RN.

A number of HSWs of posts have been successfully appointed to however there remains 4 outstanding posts which will shortly be re-advertised. The service has had a x 1 B6 join the service and x 1 B5 awaiting to commence in post.

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 3 service users consistently requiring this intervention.

Career conversations with Leeds and York Student Nurses and interviews for Student Nurses external to Leeds and York have been taking place who, if



successful will commence when they qualify in September/October 2023.

### **Mill Lodge**

Mill Lodge has been able to recruit successfully to vacant RN posts reducing their current vacancy rate to 6% across the service with an additional preceptee RN commencing on qualification in September/October. The service has no HSW or Occupational Therapy posts. The sickness absence rate has also reduced to 5% in line with trust target which is reflected in a reduction of sickness absence 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 the use of HSW to provide backfill.

The service experienced its first covid outbreak which resulted in several short-term absences of staff in line with IPC Guidance. The service was working to

established staffing numbers and had no Naso Gastric feeds at that time, which alleviated any pressures because of the covid-19 outbreak.

### **Red Kite View (Skylark and Lapwing)**

The service is currently operating at a 56% RN vacancy rate and a 27% average vacancy rate across the service. This is further compounded by a current sickness absence rate of 11% on Sky Lark and 7% on Lapwing, both wards recording an average of 50% relating to mental health and stress, including work and non-work related which is being supported through our wellbeing procedures.

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 has successfully recruited Occupational Therapy, Occupational Therapy Assistant and Social Worker post and therefore aligning the MDT roles to support clinical

activity and embedding to specific wards has been essential.

Successful recruitment has taken place with x 2 RN's and x 6 preceptee RN's who are due to qualify in September/October which will in turn will see the RN vacancies decrease. In addition, x 3 HSWs have been appointed to the service and x interviews for x 1 RNA are due to take place. Outstanding vacant posts are currently being advertised.

X 1 breach of Working Time Directive occurred during the data period at RKV whereby a RN has worked returned to duty several hours before she was rostered to do so due to administration error. This led to the RN working without the required rest period/day and night duty being worked in the same 24-hour period.

### **Asket House and Asket Croft (Rehabilitation and Recovery wards)**

Asket Croft have successfully recruited to x 1 RN (9%) vacancy resulting in no RN vacancies remaining. The service has maintained a low vacancy rates for OTs and HSWs, currently at 7% respectively. Asket Croft have had x3 RNs on long term sickness absence and the service has worked closely with Asket House to share resources across the service to ensure safety and quality is maintained.

Asket House currently has a 5% RN vacancy, however the service has increased the OT provision following a skill mix review. In addition, there has been x 1 RN commence employment who is currently carrying out their induction period. Sickness absence rates remain low at Asket House, and absences are predominantly reflective of short-term absences. Substantive staff have voluntarily worked additional duties to support any vacant duties resulting from sickness and any non-effective duties and therefore a reduced reliance on bank and agency staffing.

Where the service has had above required staffing numbers, colleagues have been able to provide support to other services across LYPFT through temporary

deployment. Colleagues are supported through the leadership team to access regular clinical supervision to reduce any potential impact on staff wellbeing.

### **Newsam Ward 5 (Locked Rehabilitation)**

Ward 5 Newsam's RN vacancy rate remains at 42%. RN vacancies are mitigated through the use of bank and agency staffing and the service aims to support the use of a small number of RNs through block booking where possible to provide continuity of care to the service user group. The ward has also increased the numbers of HSWs above establishment to provide backfill and ensure safe staffing numbers are maintained.

Sickness absence rates have seen a slight increase to 15% across the data period with a number of short-term absences and x 1 RN long term absence. The service has recently had a business case approved to increase senior RN roles to support the leadership across the service.

### **Newsam ward 6 Yorkshire Centre for Eating Disorders (YCED)**

Ward 6 has successfully recruited 4 x band 6 RNs who commenced employment in March reducing the RN vacancy rate to 10%. The service has moved out of business continuity as a result of the successful recruitment and into their recovery plan. Staff morale has positively improved, and the ward has seen a reduction in incidents relating to violence and aggression, which were reported as zero in March.

In February, the ward reported higher levels of acuity and dependency including enhanced observations and as a result increased the staffing numbers above planned establishment. This resulted in a higher usage of bank and agency staff however the service aimed to use regular bank/agency HSWs to support with the consistency and continuity of care.

The ward has an overall sickness absence rate of 6.5% with a high frequency of short-term sickness absence, 49% of which is attributed to stress and mental health.

The leadership team are working with the Continuous Improvement Team, HR and the wellbeing service to support strategies around resilience and the wellbeing of the workforce as part of the service recovery plan.

### **Mother and baby unit**

The ward has no current RN vacancies and an overall staffing vacancy rate of 10% with no reported concerns relating to staffing. In March, there was a higher rate of RNs on annual leave which caused some staffing pressures, however these were successfully covered by substantive staff working extra shifts. Sickness absence rates report slightly above the trust target at 6.5% with absences being predominantly short-term and some being covid-19 related. There have been a small number of occasions where some of the staff team have been deployed to other services, and leadership roles supporting safe staffing numbers. The leadership team have placed a recent focus on staff wellbeing and additional reflective forums have been held, particularly in

support of staff deployments. The ward has successfully recruited a Preceptee RN who is due to commence employment in September 2023.

### **Crisis Assessment Unit (CAU)**

The CAU has a current RN vacancy rate of 12% and an overall staffing vacancy rate of 12%. Staffing pressures have been affected by periods of short-term sickness absence including covid-19 related absences and in addition there has been x 1 HSW and x1 RN long term sickness absence. The wards overall sickness absence rate is 6%. In February, the service was required to increase staffing levels above establishment to account for estates work and ensuring a safe environment which reverted back in March as the estates work was successfully completed.

### **NICPM**

NICPM has a 31% RN vacancy rate and 25% HSW vacancy rate which has required the use of bank and agency staff to support safer staffing levels. Sickness absence rates have seen a slight decreased reducing to

6% following x 1 RN returning from a period of long-term sick absence. The unit has recently reviewed the skill mix of the staffing establishment and clinical model to include AHPs with the safer staffing numbers. There is an ongoing recruitment drive to recruit to outstanding vacancies and the service has successfully appointed x 2 preceptee RNs to commence in September and x2 RNs awaiting start dates following pre-employment checks.

#### **Newsam wards (Forensic wards 2 (F), 2(A&T) and 3)**

Ward 2 (female) has RN vacancies of 30.6% (3.0wte) and a full complement of HSW's. Sickness absence is low for both RN's and HSW's.

Ward 2 A+T has RN vacancies of 40% (4.0wte) and although sickness absence for RN's improved in March it remains above the trust target at 17.8%. This relates to 4 members of staff on long-term sick (x1RN and x3 HSW). None of the absences are work related. HSW posts have been fully recruited to and a new CTM has come into post which has been positively received.

Ward 3 has RN vacancies of 20% (2.0wte) and HSW posts are fully recruited. RN sickness remained above the trust target at 13.8% and HSW sickness at 11.2%. Sickness absence is related to physical health conditions. A new CTM has also come into post.

All three wards are due to have a preceptee start in September with a recruitment plan for the remaining Band 5 posts. The posts have been re-advertised, and further interviews will take place shortly. There remain a small number of HSW vacancies which form part of the recruitment drive and x2 x responsive workforce staff continue to support Ward 2 A&T in the interim.

#### **Clifton House (Forensic wards Riverfields, Westerdale and Bluebell)**

There is currently a 17% vacancy rate at Clifton House which includes x 4 B6 RN's and x5 B5 RN's. The vacancy gaps have been mitigated through the block booking of x 2 Agency RNs who predominantly work 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 a 7.52% sickness rate, however no themes in reasons for absence have been identified albeit there has been an increase in long term sickness absence.

The ongoing recruitment drive has seen an increased focus towards the local York Universities and the service are working closely with LYPFT's Practice Learning and Development Team to increase opportunities for Student RNs. The service has successfully seen one of the HSWs transition to a Trainee Nursing Associate. The TNA will qualify in May and take up a Registered Nursing Associate post within the service.

## **2 and 3 Woodland Square**

2WSQ is currently experiencing staffing challenges with a current overall vacancy rate of 30% which includes a 27% RN vacancy across both wards. The vacancies also include an occupational therapy post within the service which was provided by a band 5 rotational OT who has

recently left the service securing a substantive position in the trust. The service therefore intends to recruit a permanent band 6 OT which will enable the delivery of specific specialist interventions such as sensory integration.

Staff turnover has increased in 2WSQ with current turnover at 8.33%. This rate remains at 0% at 3 WSQ.

The sickness absence rate for both wards fell below the trust target of 4.9% during the data period with 2 WSQ at 1.9% and 3WSQ at 4.62% respectively.

## **Other updates**

- **Mental Health Optimal Staffing Tool (MHOST) Training**

The MHOST is an evidence-based acuity and dependency tool which supports the review of staffing establishments within the NHS. Training was first delivered in LYPFT in 2018 but since this time, significant changes in leadership and teams has therefore required

a refresh of the training to ensure competence in using the tool.

Current Matrons, Ward Managers and Charge Nurses attended follow up face to face training in April facilitated by NHSE on the use of the tool and on completion of the training, all attendees carried out an inter-rater reliability assessment to provide assurance that the required standard had been met to appropriately assess the levels of care required by patients as defined by the tool. LYPFT now have sufficient staff with the required knowledge to use the tool and as a result the safer staffing group will work together with operational colleagues to devise an implementation plan aligned to inpatient services establishment reviews.

- **The Safer staffing steering group**

The European Working Time Directive (EWTD) is health and safety legislation designed to protect employees from working excessive hours, however, there are exceptional occasions where this is breached. A breach occurs where staff have not had a minimum of 11 hours'

continuous rest in every 24-hour period. Any potential breach must be escalated in order to ensure robust oversight. Data on breaches are now brought to the Safer staffing steering group as a standing agenda item. There was x 1 breach recorded during the data period at RKV which resulted from an administration error and a RN commencing duty prior to the required rest period being completed.

The Safer staffing group have been focusing on how the recently disseminated guidance on 'the principles of deployment' can support preceptees more effectively to ensure that the preceptorship status is known and therefore may in turn inform decision making when the staffing escalation process is enacted particularly out of hours.

### **Summary**

The ongoing 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. We continue to see

in some clinical areas, RN vacancies above 40% which 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 a small number of services have been able to successfully recruit to all RN vacancies.

Staffing pressures 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. The Responsive Workforce Team, a group of registered/unregistered staff temporarily contracted to be deployed peripatetically to respond to short-notice service needs continue to be a necessity. Whilst their initial deployment into services is based on forecasted staffing shortages, they may be required to redeploy at short notice should a more pressing staffing need present itself across another ward and/or service.

In addition, we continue to see the roles that usually sit outside of safer staffing numbers taking up position to deliver or support clinical care - Practice development

nurses; Occupational therapists; Band 6 staff working clinical shifts instead of having management days and Ward managers going into the clinical numbers. The daily deployment of staffing continues to be a necessity to ensure safe staffing numbers are being maintained and as a result guiding principles have been developed to support clinical staff and managers when applying these principles to balance safety with staff wellbeing.

A number of services in their commitment to ensuring patients receive the highest quality care whilst in receipt of services are currently developing and/or implementing workforce models which support the introduction of multi professional roles and non-registered roles acknowledging the need for a different approach due to significant gaps in the Nursing profession. These changes to establishment are reviewed through the safer staffing group and learning shared across services.

Recruitment and retention therefore remains an organisational priority. Services have focused on recruitment campaigns specific to their own areas which is currently being further enhanced by a 2-week Trustwide recruitment event taking place in May/June.



The campaign aims to source supply and signpost to vacancies with all services interviewing over a 2-week period. It is however, acknowledged that our reliance on newly registered nurses is our most significant means of recruiting Band 5 RNs into the organisation despite our continuous attempts to attract experienced RNs. Significant work has taken place to enable a seamless recruitment process for Leeds and York Student Nurses with 32 local students currently selecting their clinical service of choice. Despite the lower numbers of Student Nurses through our local universities, extensive efforts have been applied to encourage LYPFT as employer of choice and approx. 32 out of area Student Nurses are currently undergoing career conversations who have applied to work in LYPFT.

LYPFT continues to place a clear focus on staff wellbeing, and this must continue as a means of providing focus on retaining existing and newly recruited staff.

**Recommendations:**

The Board is asked to:

- Discuss and note the content of the 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 Feb 23

Fill rate indicator return

Staffing: Nursing, Care Staff and AHPs

Ward name	Cumulative count	Care Hours Per Patient Day (CHPPD)							Overall	Day				Night				Allied Health	
		Registe red	Non-registe red	Registe red	Non-registe red	Registe red	Non-registe red	Overall		Averag e fill	Averag e fill	Averag e fill	Averag e fill	Averag e fill	Averag e fill	Averag e fill	Averag e fill	Averag e fill	
WardName	PatientCoi	CHPPD_RI	CHPPD_NI	CHPPD_RI	CHPPD_NI	CHPPD_RI	CHPPD_NI	CHPPD_O	AvgFR_RN	AvgFR_NR	AvgFR_RN	AvgFR_NR	AvgFR_RN	AvgFR_NR	AvgFR_RN	AvgFR_NR	AvgFR_RA	AvgFR_NR	
2 WOODLAND SQUARE	92	9.9	8.4	0.0	0.0	1.3	0.0	19.6	87%	118%	-	-	100%	100%	-	-	100%	-	
3 WOODLAND SQUARE	86	8.7	17.6	1.0	1.3	0.0	0.0	28.7	110%	146%	100%	100%	100%	134%	100%	100%	-	-	
ASKET CROFT	505	1.6	2.5	0.0	0.0	0.6	0.0	4.6	97%	80%	-	-	100%	98%	-	-	100%	-	
ASKET HOUSE	308	2.3	2.3	0.0	0.0	1.1	0.0	5.7	104%	55%	-	-	100%	100%	-	-	100%	-	
BECKLIN CAU	78	13.7	32.0	2.0	0.0	0.1	0.0	47.9	85%	141%	100%	-	91%	140%	100%	-	100%	-	
BECKLIN WARD 1	610	1.9	4.5	0.0	0.0	0.1	0.0	6.6	66%	185%	-	-	74%	213%	-	-	100%	-	
BECKLIN WARD 3	603	2.0	3.4	0.1	0.2	0.2	0.2	6.1	68%	182%	100%	100%	81%	183%	-	100%	100%	100%	
BECKLIN WARD 4	594	2.0	3.8	0.2	0.0	0.3	0.2	6.5	65%	207%	100%	-	73%	180%	100%	-	100%	100%	
BECKLIN WARD 5	605	1.9	4.7	0.0	0.0	0.2	0.0	6.8	63%	190%	100%	-	76%	207%	-	-	100%	-	
MOTHER AND BABY AT THE MOUNT	183	7.3	8.2	0.3	0.0	0.0	0.0	15.8	104%	64%	100%	-	82%	127%	-	-	-	-	
NEWSAM WARD 1 PICU	265	5.0	15.2	0.0	0.0	0.8	0.2	21.2	88%	136%	-	-	69%	208%	-	-	100%	100%	
NEWSAM WARD 2 FORENSIC	308	2.7	12.1	0.0	0.0	0.0	0.4	15.2	69%	299%	-	-	100%	286%	-	-	-	100%	
NEWSAM WARD 2 WOMENS SERVICES	196	4.9	21.0	0.0	0.0	0.7	0.6	27.1	90%	438%	-	-	100%	327%	-	-	100%	100%	
NEWSAM WARD 3	364	2.4	5.6	0.0	0.0	0.4	0.3	8.7	78%	166%	-	-	98%	155%	-	-	100%	100%	
NEWSAM WARD 4	581	1.9	3.3	0.0	0.1	0.0	0.0	5.4	53%	277%	-	100%	93%	144%	100%	-	100%	-	
NEWSAM WARD 5	448	2.2	4.3	0.0	0.0	0.5	0.3	7.4	77%	104%	-	-	73%	127%	-	-	100%	100%	
NEWSAM WARD 6 EDU	217	4.2	11.9	0.0	0.0	1.4	0.4	18.0	85%	245%	-	-	52%	203%	-	-	100%	100%	
NICPM LGI	156	8.2	4.4	0.0	0.0	2.0	0.0	14.6	106%	34%	-	-	91%	125%	-	-	100%	-	
RED KITE VIEW GAU	315	4.0	9.3	0.5	0.0	0.3	0.0	14.1	56%	111%	100%	-	51%	158%	100%	-	100%	-	
RED KITE VIEW PICU	139	9.1	27.1	0.1	0.0	0.0	0.0	36.3	77%	88%	100%	-	82%	131%	-	-	-	-	
THE MOUNT WARD 1 NEW (MALE)	371	3.3	15.4	0.0	0.0	0.0	0.0	18.7	119%	221%	-	-	91%	312%	-	-	-	-	
THE MOUNT WARD 2 NEW (FEMALE)	410	2.7	13.9	0.3	0.3	0.0	0.0	17.2	95%	260%	100%	100%	69%	332%	100%	-	-	-	
THE MOUNT WARD 3A	555	2.0	4.8	0.3	0.0	0.0	0.0	7.1	69%	181%	100%	-	127%	173%	100%	-	-	-	
THE MOUNT WARD 4A	593	2.0	5.7	0.0	0.1	0.0	0.0	7.9	90%	201%	-	100%	116%	243%	-	100%	-	-	
YORK - BLUEBELL	224	4.1	8.4	0.0	0.5	0.5	0.5	13.9	88%	74%	-	100%	100%	101%	-	-	100%	100%	
YORK - MILL LODGE	191	6.1	11.2	0.0	0.0	1.9	1.5	20.7	70%	122%	-	-	63%	136%	-	-	100%	100%	
YORK - RIVERFIELDS	168	4.4	7.5	0.0	0.0	0.9	0.0	12.8	58%	136%	-	-	100%	111%	-	-	100%	-	
YORK - WESTERDALE	211	4.4	13.6	0.0	0.5	0.3	0.6	19.5	47%	219%	-	100%	97%	155%	-	-	100%	100%	

\* Allied health professionals refers only to Occupational therapists that are included in the ward establishment

APPENDIX A

Safer Staffing: Inpatient Services March 23

Fill rate indicator return

Staffing: Nursing, Care Staff and AHPs

Ward name	Cumulative count	Care Hours Per Patient Day (CHPPD)								Overall	Day				Night				Allied Health								
		Registe red	Non-registe	Registe red	Non-registe	Registe red	Non-registe	Registe red	Non-registe		Averag e fill	Averag e fill	Averag e fill	Averag e fill	Averag e fill	Averag e fill	Averag e fill	Averag e fill	Averag e fill								
WardName	PatientCo	CHPPD	RNCHPPD	NCHPPD	RNCHPPD	NCHPPD	RNCHPPD	NCHPPD	RNCHPPD	NCHPPD	O	AvgFR	RN	AvgFR	NR	AvgFR	RN	AvgFR	NR	AvgFR	RN	AvgFR	NR	AvgFR	RA	AvgFR	NR
2 WOODLAND SQUARE	70	13.1	9.7	0.0	0.0	0.0	0.0	0.0	22.8	75%	83%	-	-	100%	100%	-	-	100%	100%	-	-	-	-	-	-	-	-
3 WOODLAND SQUARE	108	7.4	17.1	0.8	1.6	0.0	0.0	0.0	26.9	77%	200%	100%	100%	103%	134%	-	-	100%	100%	-	-	-	-	-	-	-	-
ASKET CROFT	578	1.5	2.4	0.0	0.0	0.6	0.0	0.0	4.6	86%	88%	-	-	113%	95%	-	-	100%	100%	-	-	100%	100%	-	-	-	-
ASKET HOUSE	435	1.9	2.2	0.0	0.0	1.1	0.0	0.0	5.2	110%	79%	-	-	103%	100%	-	-	100%	100%	-	-	100%	100%	-	-	-	-
BECKLIN CAU	65	16.3	36.7	2.2	0.0	0.0	0.0	0.0	55.1	81%	126%	100%	-	94%	128%	100%	-	-	100%	100%	-	-	-	-	-	-	-
BECKLIN WARD 1	701	1.8	6.4	0.0	0.0	0.1	0.0	0.0	8.3	59%	269%	-	-	78%	322%	-	-	100%	100%	-	-	100%	100%	-	-	-	-
BECKLIN WARD 3	668	1.9	2.9	0.1	0.2	0.3	0.2	0.0	5.6	63%	174%	100%	100%	76%	144%	100%	100%	100%	100%	-	-	100%	100%	-	-	-	-
BECKLIN WARD 4	629	2.0	4.6	0.0	0.0	0.3	0.2	0.0	7.2	62%	211%	100%	-	76%	229%	100%	-	-	100%	100%	-	-	100%	100%	-	-	-
BECKLIN WARD 5	656	2.1	4.3	0.0	0.0	0.1	0.2	0.0	6.7	62%	181%	-	-	100%	89%	165%	-	-	100%	100%	-	-	100%	100%	-	-	-
MOTHER AND BABY AT THE MOUNT	221	6.3	6.5	0.4	0.0	0.0	0.0	0.0	13.2	91%	50%	100%	-	87%	117%	-	-	100%	100%	-	-	100%	100%	-	-	-	-
NEWSAM WARD 1 PICU	292	4.8	12.8	0.0	0.0	0.8	0.2	0.0	18.6	72%	124%	-	-	82%	159%	-	-	100%	100%	-	-	100%	100%	-	-	-	-
NEWSAM WARD 2 FORENSIC	365	2.6	10.3	0.0	0.0	0.3	0.3	0.0	13.5	76%	276%	-	-	100%	278%	-	-	100%	100%	-	-	100%	100%	-	-	-	-
NEWSAM WARD 2 WOMENS SERVICES	226	4.6	16.8	0.0	0.0	0.5	0.4	0.0	22.4	83%	298%	-	-	106%	282%	-	-	100%	100%	-	-	100%	100%	-	-	-	-
NEWSAM WARD 3	403	2.2	5.9	0.0	0.0	0.3	0.4	0.0	8.8	70%	194%	-	-	97%	153%	-	-	100%	100%	-	-	100%	100%	-	-	-	-
NEWSAM WARD 4	652	2.0	3.6	0.0	0.0	0.0	0.0	0.0	5.6	62%	200%	100%	-	79%	160%	100%	-	-	100%	100%	-	-	100%	100%	-	-	-
NEWSAM WARD 5	507	2.1	4.2	0.0	0.0	1.1	0.3	0.0	7.6	65%	104%	-	-	82%	123%	-	-	100%	100%	-	-	100%	100%	-	-	-	-
NEWSAM WARD 6 EDU	245	4.9	11.5	0.0	0.0	1.8	0.7	0.0	18.9	112%	236%	-	-	55%	200%	-	-	100%	100%	-	-	100%	100%	-	-	-	-
NICPM LGI	179	7.1	4.5	0.0	0.0	1.6	0.0	0.0	13.2	90%	49%	-	-	88%	123%	-	-	100%	100%	-	-	100%	100%	-	-	-	-
RED KITE VIEW GAU	365	3.9	10.2	0.4	0.0	0.3	0.0	0.0	14.9	66%	106%	100%	-	78%	134%	100%	-	-	100%	100%	-	-	100%	100%	-	-	-
RED KITE VIEW PICU	77	14.2	50.0	0.3	0.0	0.1	0.1	0.0	64.8	60%	98%	-	-	81%	123%	100%	-	-	100%	100%	-	-	100%	100%	-	-	-
THE MOUNT WARD 1 NEW (MALE)	401	3.3	15.8	0.0	0.0	0.0	0.0	0.0	19.1	107%	245%	-	-	84%	309%	-	-	100%	100%	-	-	100%	100%	-	-	-	-
THE MOUNT WARD 2 NEW (FEMALE)	470	2.3	13.3	0.3	0.4	0.0	0.0	0.0	16.2	78%	280%	100%	100%	61%	353%	100%	100%	100%	100%	-	-	100%	100%	-	-	-	-
THE MOUNT WARD 3A	586	2.1	5.8	0.2	0.0	0.0	0.0	0.0	8.1	71%	197%	100%	-	75%	222%	100%	-	-	100%	100%	-	-	100%	100%	-	-	-
THE MOUNT WARD 4A	673	1.9	6.3	0.0	0.1	0.0	0.0	0.0	8.2	77%	227%	-	-	100%	280%	-	-	100%	100%	-	-	100%	100%	-	-	-	-
YORK - BLUEBELL	246	4.0	10.2	0.5	0.1	0.4	0.6	0.0	15.9	84%	87%	100%	100%	103%	129%	-	-	100%	100%	-	-	100%	100%	-	-	-	-
YORK - MILL LODGE	245	4.6	9.2	0.4	0.0	1.4	1.3	0.0	16.9	58%	122%	100%	-	70%	143%	-	-	100%	100%	-	-	100%	100%	-	-	-	-
YORK - RIVERFIELDS	160	4.9	8.1	0.0	0.0	1.0	0.0	0.0	14.1	53%	121%	-	-	100%	97%	-	-	100%	100%	-	-	100%	100%	-	-	-	-
YORK - WESTERDALE	227	4.5	15.4	0.0	0.7	0.4	0.5	0.0	21.5	62%	315%	-	-	100%	100%	178%	-	-	100%	100%	-	-	100%	100%	-	-	-

**\* Allied health professionals refers only to Occupational therapists that are included in the ward establishment**

**AGENDA  
ITEM**

**11**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Update Report from the Freedom To Speak Up Guardian
<b>DATE OF MEETING:</b>	May 25 <sup>th</sup> 2023
<b>PRESENTED BY:</b> (name and title)	John Verity - Freedom To Speak Up Guardian
<b>PREPARED BY:</b> (name and title)	John Verity - Freedom To Speak Up Guardian

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

<b>EXECUTIVE SUMMARY</b>		
<p>This is the Twelfth and final report from the present Freedom to Speak Up Guardian which sets out the work of the Guardian in particular raising awareness of how to raise concerns.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>  <b>No</b>	If yes please set out what action has been taken to address this in your paper

<b>RECOMMENDATION</b>
<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• Receive the report from the Freedom To Speak Up Guardian</li> <li>• Note the content</li> <li>• Support the work being undertaken</li> <li>• Be assured that staff are aware of how to and are raising concerns in the appropriate way.</li> </ul>

## MEETING OF THE BOARD OF DIRECTORS

### Freedom to Speak up Guardian 6 monthly update report.

25<sup>th</sup> May 2023

#### 1. Introduction and background

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

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

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

#### 2. Freedom to Speak Up Ambassadors

Freedom to Speak up Ambassadors (FTSUAs) were appointed in 2020 to ensure greater diversity in routes to raise concerns. You can find out more about each of the current Ambassadors and find their individual FTSUA email addresses via the link below.

<http://staffnet2/supportservices/HumanResources/Freedom-To-Speak-Up/Pages/FTSU-Ambassadors.aspx>

Sadly, we said farewell to one of valued FTSUAs Dr Victoria Savage in late autumn. However, we are happy to welcome Charlotte Bates to the team who works within our Recovery Team at Asket House and extends the intersectionality's of the FTSU team as Charlotte also remains one of our service users. Charlottes insight and pathway is an incredible resource, and we are presently planning on Charlotte meeting some of our senior managers, to discuss her experiences of inpatient and out of area care.

Charlotte has requested delivering a PowerPoint to the Board, Clinical Teams and other colleagues of which the Guardian has helped Charlotte prepare. Charlotte has regular contact with our CEO, with both the CEO and Guardian embracing what Charlotte brings to LYPFT and the FTSU team.

### **3. National E-Learning Roll Out**

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

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

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

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

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

All 3 e learning packages are available via our digital learning platform. Training is not mandatory but is actively encouraged in induction, staff forums and through the proactive work undertaken by the Guardian and ambassadors who regularly advise staff on the importance and impact of a speak up culture and signpost staff to the online resources.

#### **4. Internal audit report**

No Internal audit since November 2021.

#### **5. Regional and national networking**

The Guardian attends regional meetings which is a great opportunity to network, provide peer support, listen, and learn as a FTSUG community.

The national conference was also held in person this year which the Guardian attended on the 9<sup>th</sup> of March which focused on the theme of 'Making Speaking Up Business as Usual'.

The Guardian also attends Lunch and Learn sessions hosted by the National Guardians Office which shares learning from across the country.

#### **6. Freedom To Speak Up Guardian Annual Report**

The quarter 4 data from organisations have only recently been submitted to the centre and therefore the national annual report is not yet published. It will be covered in the next board report.

#### **7. NHS Staff Survey Results**

The National Guardian Annual Conference closed with the National Staff Survey statistics which sadly indicated an overall decline within Staff Survey headings around raising concerns. This is consistent with LYPFT in some areas but not all our areas have declined.

The Guardian has reviewed LYPFT staff survey results and uplifted relevant areas of the Staff Survey. There are areas of positivity and areas that identified give an opportunity for work to be



targeted during 2023. The present Guardian will discuss these findings with the new Guardian in due course.

*Promise element 3: We each have a voice that counts / raising concerns.*

2021- 68% 2022- 68% LYPFT with 68% Average

*Q23b My organisation acts on concerns raised by patients / service users.*

2021-74.5% 2022-72.5% with average 74%

*Q19a I would feel secure raising concerns about unsafe clinical practice.*

2021-78% 2022-76.6% with Average 76.7%

*Q19b I am confident that my organisation would address my concern.*

2021- 63.4% 2022- 60.2% with Average 61.5%

*Q23e I feel safe to speak up about anything that concerns me in this organisation.*

2021- 68.6% 2022- 70.8% with Average 67%

*Q23f If I spoke up about something that concerned me, I am confident my organisation would address my concern.*

2021- 56.4% 2022- 57.8% with Average 55%

## **8. FTSU concerns reporting period November 2022 – April 2023**

The total number of concerns raised were 32 which is a notable increase in concerns raised for this period. The same period last year was 16. However out of the 32 concerns raised only 4 were raised by staff from culturally diverse backgrounds. This is despite continued attendance at both the bank staffing forum and the WREN network meetings. The Guardian will discuss this in the initial handover period with the new Guardian to heighten awareness.

The demographic data does not represent a sample high enough to warrant any concrete percentages, as returns remain very low (along with feedback forms). However, from the Guardians raw data it shows 21 Females and 11 Males raising concerns throughout this period. There are no other gender specific indicators that the Guardian can present.

Feedback forms remain low and again this may be attributed to the business of staff, acuity and staffing, however the responses except where yes was entered are as below. One of our external reviews taking place will capture the 3 points entered below and will be reflected on when the review concludes.

*Q6 Has your concern been addressed?*

Yes, but to be fair to John he has done what he can, my concerns are now part of a bigger picture and is being dealt with via an external review.

*Q8 Have you suffered any negative consequences as a result of raising your concern?*

I have been omitted from key decision making and communications.

*Q9 Is there anything else you would have liked the Guardian to have done for you? Actions to be taken quicker however again, this is not his fault, the process has taken too long in my opinion, and some staff have left the Trust because of this.*

## **9. Raising Concerns – Professional groupings**

The professional Groupings within this update are 15 Nurses, 8 HSW, 4 AHPs and 3 Admin Colleagues with 1 concern raised anonymously within this period, The ratio was similar to the May 2022 update report with frontline staff, as expected, predominantly raising concerns.

## **10. Whistleblowing cases**

There have been no cases of whistleblowing reported since the last report via the FTSU route. Any potential whistleblowing or items of public interest are directly discussed with our CEO and NED/SID responsible for Whistleblowing. However, a potential whistleblowing case was reported, and the whistleblowing policy followed to include, and involving our CEO/ COO/ Head of Safeguarding and NED. The anonymised person was supported by the Guardian directly and assurances were given, and accepted, that all policies and procedures were correctly followed with the person happy to retract the concern once the assurances were given. There was no case to answer.

## **11. Themes**

There were 6 process issues raised which included mileage payment issues (1), safe fob access and exit to one of our estate buildings (1), employment issue (1) Covid protocol questioned but retracted (1) disability awareness alert (1). Stolen bike and security (1) and on-going car parking issues (1).

The remaining concerns are covered in the reviews taking place within 6 of our LYPFT sites with 5 internal reviews and 1 external review. There is some overlap of staff/ patient and environmental safety/ elements of bullying and harassment issues that the Board are aware of. Our CEO / COO and Associate Director of Employment are kept informed of all issues. Outcomes of these reviews should be made available for the November 2023 Annual report.

## **12. Outcomes**

Most concerns can be closed soon after being raised. Concerns that remain 'open' are those that are currently being signposted or where the individual is deciding on their next steps. Individuals who raise concerns are kept informed of progress and concerns are only closed when the process has been completed, where the individual concludes the process, or where it is agreed that the Guardian cannot help with the matter any further. There are currently 7 concerns still open, and the Guardian is working with these staff to bring about a satisfactory conclusion. Feedback forms and Equality Opportunities Monitoring returns are very low with the feedback forms indicating no opportunities for improvement noted.

No feedback was received on how the Freedom To Speak Up: Raising Concerns at Work Policy and Procedure is being utilised. However, this will remain a request when sending out further feedback forms once the unified and aligned national policy is available. Mentioned later in this report.

## **13. Learning from external reports**

To ensure that we promote a learning culture and have in place best practice we have benchmarked ourselves against the key findings and recommendations for any case reviews carried out by the National Guardian's Office (NGO).

The next report to benchmark will be University Hospitals Birmingham NHS Trust. The Guardian was hoping for this to be reviewed before this update report. The Guardian has carried out an initial reading of documentation and at this point feels very little will come from this report to strengthen our governance processes around speaking up.

Of the Kark Review one of the recommendations is to ensure the Fit and Proper Person Test be carried out and called for processes to ensure greater accountability for leaders, including a focus upon behaviour which suppresses the ability of people to speak up about serious issues in the health service. “This recommendation must be implemented as a matter of urgency.”

Previous conversations between the Associate Director for Corporate Governance and the Guardian have given assurances that the Fit and Proper Person Test is routinely carried out at LYPFT.

In response to the BBC investigation into University Hospitals Birmingham NHS Trust, Dr Jayne Chidgey-Clark, National Guardian for the NHS said:

“It is not acceptable that dedicated workers who have spoken up to protect their patients have been treated in this way. One worker said that the hospital was “more interested in protecting its own reputation than what’s happening on the wards.”

“Not listening to people who speak up, and treating them as the problem, is a greater risk to the reputation of an organisation, and – most importantly – can put patients’ lives at risk. This behaviour silences workers, not only in this Trust, but across health care. The negative impact this might have on patients, cannot be tolerated.”

Other reports benchmarked are:

- Blackpool Teaching Hospitals NHS Foundation Trust
- North West Ambulance Services NHS Trust
- Whittington Health NHS Trust
- Brighton and Sussex University Hospitals NHS Trust
- Royal Cornwall Hospitals NHS Trust

- Nottinghamshire Healthcare NHS Foundation Trust
- Derbyshire Community Health Services NHS Trust
- Northern Lincolnshire and Goole NHS Foundation Trust
- Southport and Ormskirk Hospital NHS Trust

The Guardian is working with other colleagues re Lessons Learned/ Sharing learning from incidents with the aim to centralise a Lessons Learned repository for staff to safely access. Colleagues involved include our Head of Communications, Head of Information Governance/Data Protection Officer, Patient Safety Manager, Library and Knowledge Lead, Independent Investigation Lead, Advanced Clinical Pharmacist and our Head of HR Operations, recently added is our CQC relationship manager, with this work being prepared for delivery to our Trustwide Unified Clinical Governance Meeting. It is forecast that this will be complete and ready for inclusion within the November 2023 Annual report.

#### **14. Freedom to Speak up- A reflection and planning tool.**

The Freedom to Speak up- A reflection and planning tool is now at an enhanced draft and through agreement with our CEO it is going to be absorbed within the new Guardian induction giving the opportunity for the new Guardian to work jointly with Board Members once appointed.

NHSE will request a copy of this in January 2024 with an expectation this will be embedded into the November 2023 Annual Board report ready for collection.

#### **15. Freedom to Speak Up policy for the NHS Version 2, 1 September 2022**

The Freedom to Speak Up policy for the NHS is now at an enhanced draft and through agreement with our CEO it is going to be absorbed within the new Guardian induction giving the opportunity for the new Guardian to work jointly with our Human Resources Business Partner and present through policy procedural processes.

This policy aligns the policies nationally and localised information has now been added and updated. The overarching suggestion is using titles not names, so the Policy remains where possible in date. NHSE will request a copy of this in January 2024 with an expectation this will be embedded into the November 2023 Annual Board report ready for collection. The LYPFT Freedom

To Speak Up: Raising Concerns at Work Policy and Procedure will remain as a resource until the new national policy goes through the requested policy procedural process.

## **16. FTSU Vision and Strategic Policy**

The Guardian is pleased to report the above has been reviewed and is now live on our Raising Concerns staffnet page. This was completed with the input of our Associate Director for Corporate Governance and CEO. No changes have been made since the last board report.

## **17. Conclusion**

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

Finally, the Guardian will be leaving the role on 31/8/2023 after taking up the role in 2017. The Guardian has given his supervisor 6 months' notice and assurance that before leaving will, where possible, ensure the new Guardian will be embedded into the role.

Thank you to all Board members for the support given since 2017.

John Verity

**Freedom to Speak Up Guardian**

**15 May 2023**

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**AGENDA  
ITEM**

**12**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Guardian of Safe Working Quarterly Report Quarter 4: 1 January 2022 to 31 March 2023
<b>DATE OF MEETING:</b>	25 May 2023
<b>PRESENTED BY:</b> (name and title)	Dr Chris Hosker, Medical Director
<b>PREPARED BY:</b> (name and title)	Dr Ben Alderson, Guardian of Safe Working Hours

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

<b>EXECUTIVE SUMMARY</b>		
<p>The purpose of this report is to give assurance to the board that doctors in training are safely rostered and that their working hours are compliant with the Junior doctors contract 2016 and in accordance with Junior doctors terms and conditions of service (TCS). Key points to note are</p> <ul style="list-style-type: none"> <li>• There have been 5 exception reports with 0 patient safety issues recorded in this period</li> <li>• Junior Doctors Forum met in May 2023. The Guardian will leave their role and the end of May and Dr Asquith (Consultant psychiatrist) will take over from 1 June 2023.</li> </ul>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

<b>RECOMMENDATION</b>
<p>The Board of Directors are asked:</p> <ol style="list-style-type: none"> <li>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</li> <li>ii. To provide constructive challenge where improvement could be identified within this system.</li> </ol>

**MEETING OF THE BOARD OF DIRECTORS**

**DATE 25.05.2023**

**Guardian of Safe Working Hours Report**

**Quarter 4 January 2023 to March 2023**

**1 Executive Summary**

The purpose of this quarterly report is to give assurance to the board that doctors in training are safely rostered and that their working hours are compliant with the [Junior doctors contract 2016](#) and in accordance with [Junior doctors terms and conditions of service \(TCS\)](#). The report includes the data from 01.01.2023 to 31.03.2023.

**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		January		February		March	
		CT	HT	CT	HT	CT	HT
	Gaps	37	16	8	8	23	13
	Internal Cover	35	16	8	8	21	13
	Agency cover	0	0	0	0	2	0
	Unfilled	2	0	0	0	0	0
Fill Rate		95%	100%	100%	100%	91%	100%
Exception reports (ER)		There were 5 ERs raised during this reporting period. No ERs related to patient safety issues or missed training opportunities. All relate to time worked over. In 4 cases TOIL as the resolution and payment for time worked in the other case. This was in line with the individual Drs preferences.					
Fines		None					
Patient Safety Issues		None					



<p>Junior Doctor Forum (JDF)</p>	<p>Meeting held in May 2023.</p> <ul style="list-style-type: none"> <li>• There were 5 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.</li> <li>• The Guardian explained to JDF that they will be taking up the role of Training Programme Director for Core Psychiatrist (West Yorkshire) in June 2023 and is therefore leaving this post. Dr Asquith will take over as Guardian from June 1 2023.</li> <li>• It was acknowledged that the BMA had balloted junior doctors and that 1 period of Industrial Acton had taken place in this reporting period. No ER's relate to planned industrial action</li> <li>• It was explained to the JDF that a recommendation has been made to the Trust that locum rates should match the highest paying service in the West Yorkshire locality for Mental Health Trusts. The Core trainees were pleased to hear that this recommendation was being made.</li> </ul>
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### 3 Conclusion

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

### 4 Recommendations

The Board of Directors are asked:

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

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

## Chair's Report

**AGENDA  
ITEM**

**13**

<b>Name of the meeting being reported on:</b>	Audit Committee
<b>Date your meeting took place:</b>	18 April 2023
<b>Name of meeting reporting to:</b>	Board of Directors – 25 May 2023
<b>Key discussion points and matters to be escalated:</b>	
<b>Issues to which the Board needs to be alerted:</b>	
<ul style="list-style-type: none"> <li>The Committee wish to alert the Board to the issue of the quantity of paperwork received for Board sub-committee meetings, in particular noting that the paperwork for this meeting ran into 462 pages in length.</li> </ul>	
<b>Issues to advise the Board on:</b>	
<ul style="list-style-type: none"> <li>The Committee received seven internal audit reports, six of which were returned with significant assurance and one of which was advisory only. It was agreed by Audit Yorkshire on recommendation of the Committee that the “Data Quality” report should be renamed, as the report did not relate to data quality in a general sense but focused specifically on patient data.</li> <li>Audit Yorkshire advised that all future reports that are returned with a ‘limited assurance’ or lower should be added as potential gaps in controls in the Board Assurance Framework.</li> <li>The Board of Directors is asked to consider a process in which internal audit reports could be referred to relevant Board Sub-Committees for their attention in the event that the report is relevant to the ongoing work of that Sub-Committee.</li> <li>The Audit Committee received and approved the Draft Internal Audit Plan for 2023/24.</li> <li>The Audit Committee received and approved the £98,000 External Audit Fee for 2022/23. This increase in fee related to changes in scope in ISA 315 revised and ISA240 auditing standards.</li> </ul>	

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

- The Draft Head of Internal Audit Opinion for 2022/23 was received and demonstrated an overall significant assurance. The finalised Head of Internal Audit Opinion is due to be received at the extraordinary Audit Committee meeting in June 2023.
- The Committee was assured by the progress reported in the Fire Drill update. The Committee noted that all of the deferred fire drills and fire inspections that were postponed during the Covid-19 pandemic were scheduled to be caught up on by the end of July 2023, and that no significant risks had been identified in this area.
- The External Audit Team have completed the vast majority of the Value for Money Risk Assessment and that this did not identify any significant risks in terms of financial sustainability; governance; and improving economy, efficiency, and effectiveness.

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

- The Committee agreed that the Quality Committee should receive assurance on the Internal Audit advisory "CQC Preparedness Report".

**Report completed by:**

Martin Wright, May 2023.

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**MEETING OF THE BOARD OF DIRECTORS**

**AGENDA  
ITEM  
13.1**

<b>PAPER TITLE:</b>	Terms of Reference for the Audit Committee
<b>DATE OF MEETING:</b>	25 May 2023
<b>PRESENTED BY:</b> (name and title)	Martin Wright, Non-executive Director
<b>PREPARED BY:</b> (name and title)	Kieran Betts, Corporate Governance Assistant

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	
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 Committee last approved changes to its Terms of Reference in October 2021 which were then subsequently ratified by the Board of Directors in November 2021. The Committee last reviewed its Terms of Reference in October 2022, where it was determined that amendments to the review pathway of the Quality Report would be necessary. These changes have been made in the approved version presented for the Board's consideration.

The following changes to the Audit Committee's Terms of Reference have been made to the version ratified by the Board of Directors in November 2021 (all amendments are highlighted in yellow):

- Page 1 – Amendments to the role descriptions of Non-executive Directors, as defined by the Code of Governance for NHS Provider Trusts, NHS England 2022.
- Page 3 – Amendments to the role of Associate Non-executive Directors who attend the meeting to allow for them to contribute to the meeting in circumstances that would support their development and understanding.
- Page 4 – Amendments made to the process in which the Corporate Governance Team will provide meeting support to the Committee. Added a timeline for the production and sharing of draft minutes with the Chair of the Committee. Added a formal deadline for the submission and distribution of papers to be shared with the Committee.
- Page 6 – Amendments made to the process in which the Committee will be assured in respect of the process for delivering the Quality Report. The Committee will now only seek assurance on the process of producing the Quality Report and not the content of the report itself.

- Page 6 – Specified that the Committee will be collectively responsible for carrying out the duty of the Safety and Risk Champion, and the Health and Safety Champion
- Page 9 – Added a sentence which specifies that the Audit Committee has a duty to work in collaboration with other Board sub-committees to ensure that matters are not duplicated.
- Page 11 – Added that the role of the Chair of the Audit Committee meeting can be deputised by either of the two regular Non-executive Director members in the event that the assigned chair is unable to attend the meeting.

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 and ratify the revised Terms of Reference.

## AUDIT COMMITTEE

### Terms of Reference

(Approved by the Committee on 18 April 2023  
To be ratified by the Board of Directors on 25 May 2023)

#### 1 NAME OF COMMITTEE

The name of this committee is the Audit Committee.

#### 2 COMPOSITION OF THE GROUP / COMMITTEE

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

##### Members

Title	Role in the committee
Non-executive Director (Chair of the Committee)	<p>Committee chair and responsible for evaluating the assurance given and identifying if further consideration / action is needed.</p> <p style="background-color: yellow;">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 style="background-color: yellow;">(Code of Governance for NHS Provider Trusts, NHS England 2022)</p>
2 Non-executive Directors	<p>Responsible for evaluating the assurance given and identifying if further consideration / action is needed.</p> <p style="background-color: yellow;">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</p>

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

### Attendees

Title	Role in the committee	Attendance guide
Chief Financial Officer	Key responsibilities regarding audit and reporting	Every meeting
Internal Audit representation	Independent assurance providers	Every meeting
External Audit representation	Independent assurance providers	Every meeting
Local Counter Fraud representation	Independent assurance providers	Dependant on the agenda
Associate Director for Corporate Governance	Committee support and advice	Every meeting

The chair of the Audit Committee shall be seen as independent and therefore must not chair any other governance committee either of the Board of Directors or wider within the Trust.

Executive directors and other members of staff may attend by invitation in order to present or support the presentation of agenda items / papers to the committee. In particular, executive directors will be invited to attend a meeting where a limited assurance report has been issued by Internal Audit and is on the agenda to be discussed.

The Chair of the Trust and the Chief Executive will be invited to attend the Audit Committee once per year.

### 2.1 Governor Observers

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

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

## **2.2 Associate Non-executive Directors**

Associate Non-executive Directors will be invited to attend Board Sub-committee meetings as part of their induction. They will be in attendance at the meeting, in the capacity of observer only, unless invited to contribute ~~(in exceptional circumstances)~~ by the Chair **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 2. Attendees do not count towards this number.

**Deputies:** Non-executive directors do not have deputies. Non-core non-executive directors may be asked to attend if there is a risk to the meeting not being quorate.

Attendees should nominate a deputy to attend in their absence. A schedule of deputies, attached at appendix 1, this should be reviewed at least annually to ensure adequate cover exists.

**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.

**Alternate chair:** If the Chair of the Audit Committee is not available the meeting shall be chaired by one of the other non-executive directors.

## **4 MEETINGS OF THE COMMITTEE**

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

**Frequency:** The Audit Committee will normally meet as required but will in any case meet no fewer than four times per year.

**Urgent meeting:** Any of the committee members may, in writing to the chair, request an urgent meeting. The chair will normally agree to call an urgent meeting to discuss the



specific matter unless the opportunity exists to discuss the matter in a more expedient manner (for example at a Board meeting).

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

~~The Associate Director for Corporate Governance will ensure there are minutes of the meeting and that appropriate support for the meeting is provided. The minutes will be provided to the Chair of the committee for checking.~~

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

### **Private Sessions of the Committee**

At least once a year the committee will meet privately with representatives from internal audit and external audit.

At the discretion of the chair of the committee, it may also choose to meet privately with the Director of Finance and any other key senior officer in the Trust as may be required.

Members of the committee will also meet together in private at a frequency determined by the Chair.

## **5 AUTHORITY**

**Establishment:** In accordance with the NHS Act 2006 and the Code of Governance the Board of Directors is required to establish an Audit Committee as one of its sub-committees.

**Powers:** The committee is a non-executive committee of the Board of Directors and has no executive powers. The committee is authorised by the Board of Directors to seek assurance on any activity. It is authorised to seek any information or reports it requires from any employee, function, group, or committee; and all employees are directed to co-operate with any request made by the committee.

The committee is authorised by the Board of Directors to obtain outside legal or other independent professional advice and to secure the attendance of persons outside the Trust with relevant experience and expertise if it considers this necessary.

**Cessation:** The Audit Committee is a standing committee in that its responsibilities and purpose are not time limited. While the functions of the Audit Committee are required by statute the exact format may be changed as a result of its annual review of its effectiveness.

In addition, the Trust should periodically review its governance structure for continuing effectiveness and as a result of such a review the Board may seek to alter the format or the number of non-executive director core members of the Audit Committee.

## 6 ROLE OF THE COMMITTEE

### 6.1 Purpose of the Committee

The purpose of the Audit Committee is to provide the Board of Directors with assurance that:

- Clinical, financial reporting, compliance, risk management, and internal control principles and standards are being appropriately applied and are effective, reliable, and robust
- An effective governance framework is in place for monitoring and continually improving the quality of health care provided to service users to enable the Trust's strategic objectives to be achieved.

Objective	How the group / committee will meet this objective
We deliver great care that is high quality and improves lives	The Audit Committee has a core responsibility to scrutinise the Trust's governance arrangements to determine that these are operating effectively and that the Trust is able to provide high quality care through these arrangements.
We use our resources to deliver effective sustainable care	The Audit Committee exercises scrutiny of the annual financial reporting of the organisation; on-going financial health; and controls designed to deliver efficiency, effectiveness, and economy for all Trust functions

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

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

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

### 6.3 Duties of the group / committee

Notwithstanding any area of business on which the committee wishes to receive assurance the following shall be those items on which the committee shall receive assurance:

#### Board Assurance Framework

- Be assured that the organisation has in place an effective Board Assurance Framework

- Be presented with the Board Assurance Framework and receive assurance that this presents the up-to-date position in respect of controls, assurances and that gaps are being addressed, and be assured as to the completeness of the information included in the Framework
- Use the Board Assurance Framework to inform the committee's forward work plan, in particular focussing on those gaps that pose a major risk to the organisation.

### Quality Report

- Be assured in respect of the process for delivering the Quality Report with the submission of a paper which explains how the Quality Report has been populated.
- Be presented with the final version of the Quality Report before being presented to the Board
- Be presented with the audit opinion on the Quality Report and be advised as to the findings and be assured that the recommendations are being addressed by management and be assured that there are no (or otherwise) significant findings.

### Risk Management

- Receive assurance as to the Risk Management Process (including structures processes and responsibilities for managing key risks), including the process for capturing and reviewing high and extreme risks
- Carry out the duties of Safety and Risk Champion.

### Health and Safety

- Receive an annual report and regular update reports on health and safety management within the Trust
- Have oversight quarterly of the progress against the Health and Safety action plan
- Carry out the duties of the Health and Safety Champion.

### Compliance and Disclosure Statements

- Be assured of the action taken by officers who have operated outside of the tender and quotation procedures
- Be presented with notification of any waivers of the Standing Financial Instructions and Standing Orders (for the Board of Directors and Board of Governors) and be assured of their appropriateness.

## **Annual Accounts and Annual Report**

- Be presented with and review the main items / contentious items in the Annual Accounts, taking advice from the Chief Accounting Officer and the External Auditors as to accuracy, prior to advising the Board if the Accounts can be adopted
- Be presented with the ISA260 Report on the Annual Accounts and be assured as to the findings and the management actions agreed, also be assured that either there were no (or otherwise) significant findings
- Be presented with a periodic report setting out the progress against the recommendations made in the ISA 260 reports (pertaining to the last set of annual accounts) and be assured as to progress against recommendations / action plans.

## **Annual Governance Statement and Head of Internal Audit Opinion**

- Be presented with the draft Annual Governance Statement and have an opportunity to input to the content
- Be presented with the final version of the Annual Governance Statement and be assured that it provides an accurate picture of the processes of internal control within the organisation
- Be presented with the Head of Internal Audit Opinion and be assured that this is an accurate assessment of the Trust and also be assured that the opinion is in accordance with the Annual Governance Statement.

## **Registers**

- Be presented with the Losses and Special Payments Report to be assured as to the appropriateness of payments made and that control weaknesses have been addressed
- Be presented with the Sponsorship Register to be assured that it is complete, and that sponsorship received by the organisation / individuals is appropriate and has been applied for according to the procedure
- Be presented with the Hospitality Register to be assured that it is complete, and that hospitality received by individuals is appropriate, proportionate, and unable to be considered an inducement and has been recorded according to the procedure
- Be presented with the register of Management Consultants to be assured that it is complete and that consultants have been appointed appropriately, and according to the procedure.

## **Internal Audit**

- The committee shall ensure there is an effective Internal Audit function established by management that meets mandatory NHS Internal Audit

standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board of Directors. This will be achieved by:

- Consideration of the provision of the Internal Audit service, the cost of the audit function and (where the service is provided in-house) any questions of resignation and dismissal
- Review and approval of the Internal Audit strategy, operational plan, and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation
- Consideration of the major findings of Internal Audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources
- Ensuring that the Internal Audit function is adequately resourced and has appropriate standing with the organisation.

### **External Audit**

- The committee shall review the work and findings of the External Auditor. In addition to this the committee will:
  - Make recommendations to the Council of Governors as to the appointment, reappointment, termination of appointment and fees of the External Auditor, and if the Council of Governors rejects the Audit Committee's recommendations, it will prepare an appropriate statement for the Board of Directors to be included in the Trust's Annual Report
  - Review the audit program of work and fees and discuss with the External Auditor, before audit work commences, the nature and scope thereof
  - Review External Audit reports together with the management response, and the annual governance report (or equivalent)
  - Consider whether it is appropriate and beneficial to the Trust for the External Auditor to undertake investigative and advisory work for the Trust.

### **Counter Fraud**

- The committee's responsibilities regarding counter fraud are governed by Section 47 of the Base Model Contract between Foundation Trusts and PCTs and Schedule 13 of this contract and the duties of the Audit Committee are set out in this contract specifically that:
  - The committee shall allow the Local Counter Fraud Specialist service (LCFSs) to attend Audit Committee meetings

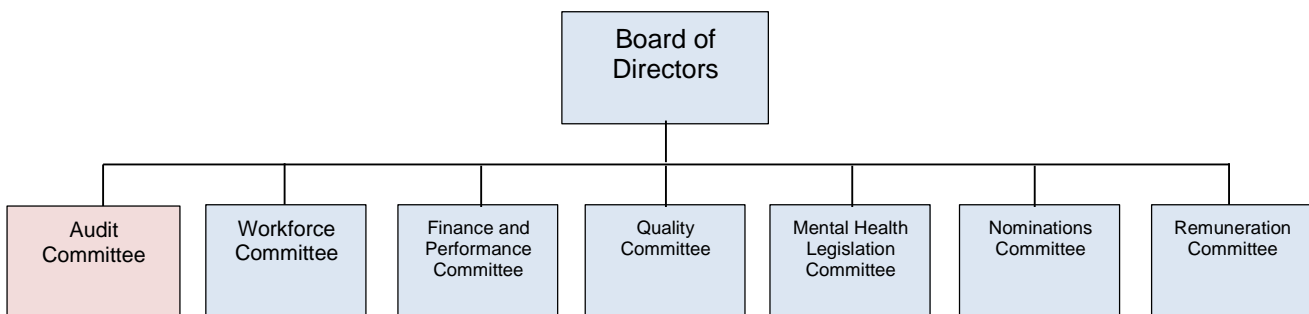
- The committee shall receive a summary report of all fraud cases from the LCFs
- The committee shall receive reports from the LCFs regarding weaknesses in fraud related systems
- The committee shall receive and review the LCFs' Annual Report of Counter Fraud Work
  - The committee shall receive the LCFs' annual work plan for comment.

## 7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES

The Audit Committee is the primary governance committee providing an overarching governance role, having a direct relationship with other Board sub-committees.

The Board sub-committees will provide one of the main sources of assurance to the Audit Committee. However, this assurance will be validated by the work of, and reports from other sources of assurance including, but not exclusively, Internal Audit, External Audit, and Counter Fraud Services.

The following is a diagram setting out the governance structure in respect of 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 group / 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 in respect of the work of the group / committee
- Ensuring the Chair's report is submitted to the Board as soon as possible.
- Ensuring that governor observers are offered an opportunity at the end of the meeting to raise any points of clarification.

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

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

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

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

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

**Schedule of deputies**

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)
Non-executive Director (Chair of the Committee).	Either one of the Non-executive Directors.

Attendee (by job title)	Deputy (by job title)
Chief Financial Officer	Deputy Director of Finance
Associate Director for Corporate Governance	Head of Corporate Governance



**Chair's Report**

<b>Name of the meeting being reported on:</b>	Quality Committee
<b>Date your meeting took place:</b>	11 May 2023
<b>Name of meeting reporting to:</b>	Board of Directors – 25 May 2023

**Key discussion points and matters to be escalated:**

**Issues to which the Board needs to be alerted:**

- The committee reviewed the findings from the NICHE independent investigation into Tees, Esk and Wears Valley (TEWV) NHS Foundation Trust's Children's and Young People Mental Health Inpatient Services (CYPMHS). The committee agreed that it would be beneficial for the Board of Directors to hold a strategic discussion to consider how the Trust could strengthen its systems for detecting and avoiding those issues raised by this report and other reports. It suggested that this session also focused on 'ward to board' and what it means to be a well led organisation. It noted that there had been an offer from colleagues at TEWV to share their reflections on the situation and suggested that this could also take place as part of the strategic discussion.

The committee suggested some interim measures which included:

- A request for the quality committee to receive data on how many self-harm incidents relate to ligatures and how much restrictive practice relates to prone restraints
- A request for the Director of Nursing, Professions and Quality to confirm whether the use of nasogastric tube feeding was included as a risk on the Trust's risk register
- A request for further assurance on assurance on the processes in place for capturing patient voices, specifically from younger people
- A request for the NICHE report to be shared with a number of groups and individuals.

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

- 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 received an update on the progress made against the Patient and Carer Experience and Involvement Strategy, which launched in March 2020. It was pleased to hear that an internal audit on the implementation of the Patient and Carer Experience and Involvement Strategy had received an opinion of high assurance and that that three individuals with lived experience had been nominated as the co-chairs to the Patient Experience and Involvement Strategic Steering Group and its subgroups. It commended the Team for its work and agreed that it was assured on the systems and processes in place to involve, and collect feedback from, the Trust's service users and carers.

- The committee approved the Clinical Audit Priority Plan and was assured on the priority topics for 2023/24.
- The committee received a report which provided data from quarter four (Q4) for PALS activity, the concerns and complaints handling process, compliments, claims, central alert system, incidents, serious incidents and inquests. It noted that that the most reported type of incident in Q4 was self-harm and of those incidents, 94% involved female service users. It received reassurance that the Trustwide Clinical Governance Group had a detailed discussion about this with a number of actions agreed. The committee discussed issues related to its champion role and requested a report on how the implementation of the Patient Safety Incident Response Framework (PSIRF) would impact the data received by the committee. 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 Quality Account for 2022/23. It acknowledged the efforts that had gone into the production of the Quality Account, despite challenges such as industrial action and business continuity. It agreed to approve the report, subject to a number of amendments, and thanked those involved. It noted that a report would be made to the Audit Committee on 19 June to provide assurance on the process undertaken to develop the Quality Report, with the Board of Directors having final sign off on 22 June 2023.
- The committee approved its Quality Committee Annual Report for 2022-23. It acknowledged that an agreement had been made for reports to be no more than 12 pages long and queried whether the template for the annual report should be reviewed.

**Issues to advise the Board on:**

- The committee received a report which provided a summary of the CQUIN work undertaken since summer 2022, noting that all of the Trust's work relating to the CQUIN scheme had been stood down between March 2022 and summer 2022 due to the Covid-19 pandemic. The committee had a discussion about the prioritisation of CQUIN work and a potential need for dedicated staff to be appointed for this work.

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

- The committee agreed that the findings from the NICHE investigation into TEWV NHS Foundation Trust's CYPMHS should be shared with the Mental Health Legislation Committee.
- The committee discussed an action which related to benchmarking data on registered nurse vacancies. It noted the update provided and agreed that this action should be discussed further by the Workforce Committee.

**Report completed by:**

Dr Frances Healey, May 2023

## Chair's Report

**AGENDA  
ITEM**

**15**

<b>Name of the meeting being reported on:</b>	Mental Health Legislation Committee
<b>Date your meeting took place:</b>	Tuesday 2 May 2023
<b>Name of meeting reporting to:</b>	Board of Directors (25 May 2023)
<b>Key discussion points and matters to be escalated:</b>	
<b>Issues to which the Board needs to be alerted:</b>	
None.	
<b>Issues to advise the Board on:</b>	
<ul style="list-style-type: none"> <li>In March 2023, it was agreed by the quality committee that the MHLC would receive data on the use of restrictive interventions on service users from different ethnic backgrounds. At its May meeting, the MHLC agreed that the Reducing Restrictive Practice Group would decide what data and information should be included in the Use of Restrictive Interventions on Service Users report, such as ethnicity and gender among other characteristics. This would then be reported to the Mental Health Legislation Committee to ensure that work was being done to identify and address potential unequal restrictive intervention treatment carried out by the Trust.</li> <li>The Committee was informed that the lack of advocates being available upon request at Mental Health Act tribunal hearings remained an issue. The Committee has committed to receiving a report after current service pressures have subsided which will investigate the underlying causes for this reported lack of advocacy, including whether any service users have been negatively impacted as a result of not receiving an advocate.</li> </ul>	
<b>Things on which the Board is to be assured:</b>	
<ul style="list-style-type: none"> <li>The Committee received the annual report from Synergi-Leeds, a project for addressing mental health inequalities experienced by minority ethnic groups, for information and assurance.</li> </ul>	

- The Committee received and was assured by the Mental Health Detentions report for 2022-23 which provided analysis on acute Mental Health Act detention rates by different ethnic groups.
- The Committee was informed that the Mental Health Act Managers (MHAM) Forum had raised issues with the number of experienced MHAMs that would be leaving the Trust in the next 12 months. The Committee was assured that the issues reported by the MHAMs Forum had been considered and refuted by the Mental Health Legislation Team. It was informed that a refresh of the cadre of the MHAMs was planned and fell in-line with the usual patterns of recruitment and retention, and that the team foresaw no issues in maintaining current service provision.
- The Committee received feedback from the MHAM Forum. It was assured that MHAMs would be assessing the quality of interpreting services provided at Mental Health Act tribunal hearings and would provide this feedback back to the Committee.
- The Committee received and was assured by the Mental Health Legislation Activity Report for Quarter 4 2022.
- The Committee received and approved its Annual Report for 2022-23.

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

None.

**Report completed by:**

Kaneez Khan – May 2023

## Chair's Report

**AGENDA  
ITEM**

**16**

<b>Name of the meeting being reported on:</b>	Workforce Committee
<b>Date your meeting took place:</b>	4 May 2023
<b>Name of meeting reporting to:</b>	Board of Directors – 25 May 2023
<b>Key discussion points and matters to be escalated:</b>	
<b>Issues to which the Board needs to be alerted:</b>	
<ul style="list-style-type: none"> <li>No issues to which the Board needs to be alerted.</li> </ul>	
<b>Issues to advise the Board on:</b>	
<ul style="list-style-type: none"> <li>The Committee received an update on Health Education England (HEE) funding and heard that work was ongoing to understand the implications of the merger with NHS England / Improvement which could lead to a reduction in funding stream opportunities for the Trust in the future. However, the Committee was pleased to note that the HEE Continuing Professional Development funding had come through for 2023/24 with no reduction in value.</li> <li>The Committee received an update on the West Yorkshire Staff Mental Health and Wellbeing Hub which would be funded at a system level going forward (it had previously been funded through NHS England). The Committee noted this positive news, in the context that some hubs in other regions could not be maintained and were having to close.</li> <li>The Committee reviewed and supported the annual refresh of the Trust's People Plan and welcomed the introduction of an Impact Report which captured valuable qualitative feedback from staff. The Committee also received a detailed update on the People Plan dashboard and noted progress with the People Plan roadmaps which included revised objectives for 2023 and provisional objectives for 2024. The Committee discussed performance relating to staff absence as a consequence of stress and anxiety and asked how the Trust benchmarked with other organisations in the sector. The Committee was concerned to note that the quality issues with the data held by central systems prevented the Trust from being able to fully benchmark with other organisations in the sector and this presented a challenge and a barrier to learning from good practice elsewhere.</li> </ul>	

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

- The Committee was assured by the approach taken to date regarding civility and respect within the workplace; noted that six services had been identified as requiring more specific intervention and were part of a diagnostic project; and supported Ms Prest reporting key themes back to the Committee in due course. The Committee also discussed the relationship between civility and respect and psychological safety and noted that further consideration was needed around how to link the two strands of work.
- The Committee reviewed and approved its Annual Report for 2022/23 ahead of submission to the Board of Directors in June 2023, and noted the positive developments the Committee had made over the last year.
- The Committee received the latest version of the Board Assurance Framework, reviewed Strategic Risk 3, and was assured that it was being appropriately controlled.

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

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

**Report completed by:**Helen Grantham  
May 2023

## Chair's Report

**AGENDA  
ITEM**

**17**

<b>Name of the meeting being reported on:</b>	Finance and Performance Committee
<b>Date your meeting took place:</b>	25 April 2023
<b>Name of meeting reporting to:</b>	Board of Directors – 25 May 2023
<b>Key discussion points and matters to be escalated:</b>	
<b>Issues to which the Board needs to be alerted:</b>	
<ul style="list-style-type: none"> <li>No issues to alert the Board on.</li> </ul>	
<b>Issues to advise the Board on:</b>	
<ul style="list-style-type: none"> <li>The Committee noted that the Trust had provisionally (subject to external audit) achieved both capital and revenue plans in 2022/23 and noted that the Trust had submitted a break-even plan for 2023/24, within the context of the overall system plan still being in deficit. The Committee also received an update on agency spending which was now monitored at system level.</li> <li>The Committee received the Estates and Clinical Environments Report and discussed the flooring issue in the circulation spaces at the Mount and requested further assurance around where the increased risk of falls was being monitored and if this was being followed through in terms of additional staffing requirements. The Committee also discussed the catering pilot and noted this had been extended until the PFI benchmarking exercise had taken place in order to get a better understanding of the expected cost pressure in terms of soft facilities management.</li> </ul>	
<b>Things on which the Board is to be assured:</b>	
<ul style="list-style-type: none"> <li>The Committee reviewed the latest version of the Board Assurance Framework and was assured that the risks were being adequately controlled.</li> <li>The Committee reviewed and approved its Annual Report for 2022/23 ahead of submission to the Board of Directors in June 2023.</li> </ul>	

- The Committee reviewed the proposed amendments and approved the Terms of Reference for the Finance and Performance Committee, subject to the additional amendments to ensure consistency with other Board subcommittee terms of reference.

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

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

**Report completed by:**

Name of Chair and date: Cleveland Henry – May 2023



## 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:** 26/04/2023

Key discussion points and matters to be escalated from the discussion at the meeting:
<b>Alert/Action:</b>
<ul style="list-style-type: none"> <li>No items.</li> </ul>
<b>Advise:</b>
<ul style="list-style-type: none"> <li>There are challenges around the PMH transformation due to static financial flow and some lack of understanding of the NHSE expectations.</li> </ul>
<b>Assure:</b>
<ul style="list-style-type: none"> <li>Stakeholder and provider collaborative workshops are taking place to explore the future MHLDA operating model.</li> <li>The MHLDA Collaborative is connecting with Primary Care for ED and Physical Health Monitoring.</li> <li>PMH EOI has been completed and will be presented to the NHSE panel, this recommends LYPFT to be the Lead Provider.</li> <li>There is an expectation that the MHLDA Collaborative bank will be launched once re-procurement has taken place.</li> <li>International recruitment has been successful for some psychiatrist roles.</li> </ul>

**Report completed by:** Keir Shillaker, WY MHLDA Programme Director **Date:** 09/05/2023

**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.