Leeds and York Partnership
NHS Foundation Trust

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST
PUBLIC MEETING OF THE BOARD OF DIRECTORS
will be held at 9.30 am on Thursday 27 July 2023
Inspire@ room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR

A G E N D A

		LEAD
1	**Sharing stories –** a presentation from the Recovery College about their Wellness Recovery Action Plan (WRAP) course	
2	**Apologies for absence** (verbal)	**MM**
3	**Declarations of interests and any declarations of conflicts of interest in any agenda item** (enclosure)	**MM**
4	**Minutes of previous meetings**	
4.1	**Minutes of the meeting held on 25 May 2023 (enclosure)**	**MM**
4.2	**Minutes of the extraordinary meeting held on 22 June 2023** (enclosure)	**MM**
5	**Matters arising** (verbal)	**MM**
6	**Actions outstanding from the public meetings of the Board of Directors** (enclosure)	**MM**
7	**Chief Executive's report** (enclosure)	**SM**
8	**2023/24 Organisational Priorities – quarter 1 progress report** (enclosure)	**SM**
9	**Report from the Chief Operating Officer** (enclosure)	**JFA**
10	**Report from the Chief Financial Officer** (enclosure)	**DH**
11	**Report from the Medical Director** (enclosure)	**CHos**
12	**Guardian of Safe Working Annual Report** (enclosure)	**BA**
13	**Annual RO and Medical Revalidation report** (enclosure)	**WN**
14	**Report from the Director of Nursing, Quality and Professions** (enclosure)	**NS**
15	**Safer Staffing Report** (enclosure)	**NS**
16	**Report from the Director of People and Organisational Development** (enclosure)	**DS**
17	**Approval of the Data Security and Protection Toolkit (self-certification)** (enclosure)	**DH**
18	**Cyber security update report** (enclosure)	**DH**

19	**EPRR Annual Report** (enclosure)	**JFA**
20	**Report from the Chair of the Audit Committee for the meeting held on 18 July 2023** (enclosure)	**MW**
21	**Report from the Chair of the Quality Committee for the meetings held on 6 June 2023** (enclosure)	**FH**
22	**Report from the Chair of the Workforce Committee for the meeting held on 8 June 2023** (enclosure)	**HG**
23	**Report from Leeds Committee of the WY ICB – 5 July 2023** (enclosure)	**SM**
24	**Use of Trust Seal** (verbal)	**MM**
25	**Any other business**	**MM**

The next meeting of the Board will held on Thursday 28 September 2023 at 9.30 am
Inspire@ room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR

AGENDA ITEM

3

Declaration of Interests for members of the Board of Directors

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

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

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

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Frances Healey Non-executive Director	None	None.	None	None	None	None	**Visiting Professor** University of Leeds **Advisory Role and Peer Reviewer** Research studies and potential research studies related to patient safety	None
Cleveland Henry Non-executive Director	**Director** 63 Argyle Road Ltd. *Property Management Company.*	None	None	**Chair of the Board of Trustees** Community Foundations For Leeds *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.*	None	None	**Group Delivery & Deployment Director** EMIS Group (Digital Health sector) *Provider of healthcare software, information technology and related services in the UK.*	Partner: **Lead Cancer Nurse** Leeds Teaching Hospitals NHS Trust

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Kaneez Khan Non-executive Director	**Director** Primrose Consultancy Yorkshire *Management Consultancy firm*	None	None	**Faith and Community Co-ordinator** Wellsprings Together *Charity which offers guidance for individual parish churches who are looking to reflect and develop their community activities in rural as well as urban areas.*	None	None.	None	None
Katy Wilburn Non-executive Director	**Non-executive Director** Thirteen Group *Housing Association*	None.	None.	**Trustee** Daisy Chain *A charity which supports and empowers autistic and neurodivergent individuals through the provision of holistic person-centred services, whilst promoting training, wellbeing, inclusion and acceptance regionally and nationwide.*	**Trustee** Daisy Chain *A charity which supports and empowers autistic and neurodivergent individuals through the provision of holistic person-centred services, whilst promoting training, wellbeing, inclusion and acceptance regionally and nationwide.*	None.	**Head of Transformation** First Choice Homes Oldham *Housing Association*	None.

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

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

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

		Executive Directors						Non-executive Directors						
		SM	**NS**	**DH**	**CHos**	**JFA**	**DS**	**MM**	**HG**	**KK**	**FH**	**CHe**	**MW**	**KW**
a)	Are they a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) have not been discharged?	No	No	No	No	No	No	No	No	No	No	No	No	No
b)	Are they a person who has made a composition or arrangement with, or granted a trust deed for, any creditors and not been discharged in respect of it?	No	No	No	No	No	No	No	No	No	No	No	No	No
c)	Are they a person who within the preceding five years has been convicted of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) being imposed on you?	No	No	No	No	No	No	No	No	No	No	No	No	No
d)	Are they subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986?	No	No	No	No	No	No	No	No	No	No	No	No	No
e)	Do they meet all the criteria for being a fit and proper person as defined in the Social Care Act 2008 (Regulated Activities) Regulations 2008.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Leeds and York Partnership NHS Foundation Trust

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Public Meeting of the Board of Directors held on Thursday 25 May 2023 at 9.30 am in Inspire@ room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR

Board Members — **Apologies**

Miss M McRae	Chair of the Trust
Mrs J Forster Adams	Chief Operating Officer
Miss H Grantham	Non-executive Director
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 (Deputy Chair of the Trust)

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
Mrs N Sanderson	Deputy Director of Nursing
Mr U Khan	Co-chair of the Service User Network (for minute number 23/050)
Ms T Francis	Co-chair of the Service User Network (for minute number 23/050)
Mrs R Pilling	Carer Coordinator (for minute number 23/050)

Four members of the public observed the meeting

Action

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

23/050 **Sharing stories – Update on the work of the Service User Network (SUN), presented by the co-chairs** (agenda item 1)

Miss McRae welcomed Usmaan Khan to the meeting and also noted that Tessa Francis had pre-recorded her message as she was unable to attend the meeting in person. Miss McRae explained that Mr Khan and Ms Francis were co-chairs of the Service User Network (SUN) and had been invited to the meeting to give an update on the work of the network. They explained their reasons for joining SUN, noting the valuable work and connections this provides for service users and carers and the way in which they can get involved and have their voice heard.

Mr Khan then described the ways in which he would like to see the network grow, get more people involved and make connections across the city. Mr Khan then asked the Board what it wanted from the SUN.

Mrs Woffendin paid tribute to the SUN, the way it had developed over the last few years and the way in which it had contributed to the development and delivery of the Patient Experience and Involvement Strategy. Miss Grantham suggested that the work of SUN could be replicated across the West Yorkshire ICB in order to link service users and carers within the system. Dr Healey spoke about research projects and the work she was aware of, whereby service users where co-contributors and co-authors of some of the research findings and papers. She then linked this to possible routes for career opportunities.

Mr Skinner noted the comments around career opportunities and invited a more detailed discussion about what these routes might look like. Mr Khan and Mr Skinner agreed to pick this up outside of the meeting. It was agreed that Mrs Pilling would forward Mr Kahn's contact details to Mr Skinner. **RP**

Mrs Khan then spoke about the experience of people of colour in regard to mental health and also noted that she was able to bring this and her own experience to the Board through her appointment as a non-executive director.

In conclusion Dr Munro explained the way in which service user and carer involvement has developed over the past few years. She also noted that the Clinical Services' Strategy had genuine co-production as a priority and that Mrs Forster Adams was progressing this within the Care Services' Directorate.

Mrs Pilling then paid tribute to Mrs Woffendin, noting this was the last Board meeting she would attend and to thank her for championing service user and carer experience and involvement. Mr Khan then extended an invitation to Mrs Sanderson to attend a SUN Network meeting, which Mrs Sanderson accepted.

The Board **thanked** Mr Khan for attending the meeting and also **thanked** Ms Francis for her contribution and **noted** the important work of the SUN Network and the valuable ideas brought to the meeting. It was **noted** the Board **supported** the SUN Network being a strategic partner to the Board in order to promote genuine co-production with service users and carers.

23/051 **Apologies for absence** (agenda item 2)

No apologies for absence were received.

23/052 **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.

23/053 **Minutes of the previous meeting held on 30 March 2023** (agenda item 4)

The minutes of the meeting held on 30 March 2023 were **received** and **agreed** as an accurate record.

23/054 **Matters arising** (agenda item 5)

There were no matters arising.

23/055 **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.

23/056 **Report from the Chief Executive** (agenda item 7)

Dr Munro presented her Chief Executive's Report to the Board. She noted in particular the latest position in relation to industrial action, adding the RCN were currently balloting members with an outcome expected on 23 June 2023. Mr Skinner noted that the ballot had been reframed and that if successful, strike action would likely affect most NHS organisations. Mr Skinner also noted the consultants were being balloted and the outcome of that would be known by the end of June.

Dr Munro then provided an update on the Collective Leadership work and the engagement with senior leaders in the Trust. She also updated the Board on the developmental work with executive directors' deputies to ensure there was shared clarity around role, remit and expectations, particularly as there were new deputies who had been recently appointed into their roles.

Mrs Forster Adams and Mrs Hanwell joined the meeting.

Dr Hosker thanked Dr Munro for including a thank you to Julie Robinson, noting the excellent leadership work and role modelling she was doing for consultants in the Trust. Miss Grantham then noted that bank staff in the NHS would be paid the percentage uplift under Agenda for Change, but not the one-off pay award that substantive staff would receive. She also noted the message that had been sent to the Trust's bank staff explaining the reasons for this. The Board noted the limited control it had over national pay policy and expressed concern at the impact this would have on pay for bank staff.

Dr Munro then advised the Board on the recent Panorama programme which had highlighted concerns around some private providers of ADHD services and the methods of diagnosis, noting one of the Trust's consultants, Dr Smith,

had taken part in the programme to set out what was good practice in terms of diagnosis. She noted that as a result of the programme there had been a number of people contacting the Trust's ADHD service with concerns about the questions this had raised in respect of the validity of their own diagnosis. Dr Munro advised that the Trust fully supported the comments made by Dr Smith in the programme which were not meant to undermine the diagnosis of ADHD as a condition more widely.

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

23/057 **Report from the Chief Operating Officer** (agenda item 8)

Mrs Forster Adams presented her Chief Operating Officer's report, noting that she would firstly summarise the information that was discussed in detail at the last Finance and Performance Committee meeting.

Mrs Forster Adams advised the Board that over the course of April and May, the Trust had moved from winter planning and response into planning for industrial action and that this had been the main activity for the EPRR function. She noted that during this planning phase there was the opportunity to factor in any learning from previous rounds of industrial action and modify the arrangements accordingly.

Mrs Forster Adams then outlined the information provided by service lines in terms of performance, detailing the areas the Finance and Performance Committee had focused on including: out of area placements and the impact these had had both financially, and on service user experience; an improvement in the performance of Community Mental Health Teams and caseload; and staff sickness including the impact this had on the delivery of services, noting the matter of staff sickness had been remitted to the Workforce Committee.

The Board received and discussed the Chief Operating Officer's report. It firstly discussed how the Trust responds to, and carries out benchmarking against external reports, and was assured on the places these reports were received, reviewed and discussed and where assurance was received on the actions and learning to come from these.

Miss McRae asked about OPEL, noting the report indicated this system was not fit for purpose. Mrs Forster Adams explained this comment had derived from there being no nationally prescribed way of calculating the OPEL level in an organisation. However, she noted that work was ongoing with colleagues in West Yorkshire to look at how this was applied in a mental health setting to bring some consistency to the calculation of individual levels and describe what the system pressures were.

Miss McRae also drew attention to a comment in the report in relation to 'missed opportunities to intervene earlier to either avoid admission or admit earlier with a view to discharge earlier', and asked what the factors were that caused this. Mrs Forster Adams explained that the 'Getting it Right First' Team had observed that intervening earlier could lead to better outcomes and

a reduction in acuity. She added that work was ongoing to look at where services were now, and how services might be able to intervene earlier, and that an update report would be presented to the Finance and Performance Committee.

In regard to CMHT caseload, Mrs Forster Adams agreed to include more detail in the next report about what level of caseload the teams were aiming for and what good looked like.

Miss McRae then asked about the impact of individualised funding by the Local Authority and the shortfall in the learning disability budget which had occurred as tenancies have become vacant. Mrs Hanwell explained how the Local Authority (LA) was now funding places. She noted the Trust did not have a formal contract with the LA, but had an arrangement in terms of funding and that work was ongoing to move to a more sustainable model in the future. Mrs Hanwell added that discussions would be taking place in terms of this.

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

23/058 **Chief Financial Officer's Report** (agenda item 9)

Mrs Hanwell presented her Chief Financial Officer's report. She highlighted the main points in the report, in particular she noted the focus on the four thematic areas which were: the substantive workforce; a reduction in the use of agency staff; out of area expenditure; and efficiency savings. She added there was an executive lead for each of these areas.

Mrs Hanwell advised the Trust was in a balanced position at month one, but it was early in the year and things might change as the year progressed and the system pressures become apparent.

Dr Healey noted the challenges outlined in the report and asked when there would be greater clarity on how these were going to be addressed. Mrs Hanwell indicated there would need to be clarity on these by month six to ensure the wider ICB financial plan was on track and the system was in balance.

Miss McRae asked about initiatives such as a system-wide approach to procurement to ensure best value for money. Mrs Hanwell explained that as part of the planning process efficiency savings across the system were being looked at and systematic ways of addressing these were being developed where the system working as a whole can make a difference.

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

23/059	**Safer Staffing Report** (agenda item 10) Mrs Woffendin presented the safer staffing report noting this covered the period 1 February to the 31 March 2023. She explained that during the period there had been four Registered Nurse breaches across this period which had occurred in the Forensic services at Clifton House and on Ward 2 at the Newsam Centre. Mrs Woffendin assured the Board that each of the breaches had been covered by other appropriate staff and that no patient safety issues had occurred as a result of these. Mrs Woffendin outlined the other information in the paper, including the nursing workforce challenges and the steps being taken to attract, recruit and retain nursing staff. Miss McRae asked about the Mental Health Optimal Staffing Tool (MHOST) and whether this would change what was recommended in terms of safer staffing levels. Mrs Woffendin explained the use of the tool had been paused during COVID and was being reintroduced. She added that due to staff changes during the COVID period, training had been undertaken with all staff who now needed to use the tool to determine safe staffing levels. The Board **received** the safer staffing report and **noted** the content.	
23/060	**Freedom to Speak up Guardian Annual Report** (agenda item 11) Mr Verity presented the Freedom to Speak up Guardian Annual Report. Miss McRae asked about the training 'Speak Up, Listen Up, Follow Up' and where this could be found. Mr Verity indicated it had been agreed this would not be mandatory for all staff but was available on the e-Learning system through a simple search. Miss McRae asked the non-executive directors to seek out this training. Mr Wright noted the report had referenced a member of staff reporting a negative consequence as a result of raising a concern. Mr Verity noted this particular feedback was linked to an ongoing external review and the executive directors would have more information on this. Dr Munro outlined the progress with the external review, noting the outcome report would be shared with the executive team. Mr Wright then noted this would be Mr Verity's last report before he left the role and thanked him for the way in which he had caried out the role and worked with him as Senior Independent Director. Mrs Woffendin echoed Mr Wright's comments and noted the contribution Mr Verity had made to the CQC inspection which had taken place in 2018. Mrs Woffendin also asked about the support the Freedom to Speak up Guardian role needed given the nature of the role in listening to and supporting staff. Mr Verity felt the level of support offered to him had been at the right level and that as well as internal support there was also external support through the Guardian network.	**NEDs**

Mr Henry noted the report indicated that the number of concerns raised had increased which was a tribute to the way in which Mr Verity had raised the profile of the role. Mr Henry also thanked Mr Verity for his honesty and integrity during the course of the meetings with him as the incoming Senior Independent Director.

Dr Munro then paid tribute to the way in which Mr Verity had carried out the role and raised the profile of speaking up. She also noted the way in which Mr Verity, as a clinical practitioner, had supported the staff vaccination programme during COVID.

The Board **received** the Freedom to Speak and **noted** the content. And **thanked** him for all his hard work and dedication during his time as the Freedom to Speak up Guardian.

23/061 **Guardian of Safe Working Quarter 4 Report** (agenda item 12)

Dr Hosker presented the Guardian of Safe Working quarter 4 report, noting the annual report would be presented at the July Board meeting. He noted there had been five exception reports but that none of these had led to any patient safety issues.

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

23/062 **Report from the Chair of the Audit Committee for the meeting held on 18 April 2023** (agenda item 13)

The Board received the Chair's report from the Audit Committee meeting that had taken place on 18 April 2023. In particular Mr Wright drew attention to:

- The discussions and assurances from the internal and external auditors in relation to the preparations for the audit of the annual accounts, noting there was an indication from both sets of auditors they would be giving clean audit opinions based on the work carried out so far.
- Internal audit reports, noting six of which had been returned with significant assurance and one of which was an advisory report.
- A recognition that internal audit reports should be referenced in the Board Assurance Framework as evidence of the level of assurance on those internal controls in place to mitigate risks, noting limited assurance reports would likely result in a gap being identified.
- A decision taken by the Audit Committee that where there was an internal audit report that had been undertaken on the recommendation of a Board sub-committee, the resulting report was not only seen by the Audit Committee but was also remitted to the committee which identified this area for audit.

	Finally, Mr Wright spoke about the issue of length of papers for Board sub-Committee meetings. Miss McRae suggested that this might be something that was picked up in the Well-led conversations as part of the Board Strategic Discussion programme. Miss Grantham also suggested that as part of that session there was an assurance piece on compliance with the new Code of Governance. Miss McRae suggested there was some further thought on how this was best done.	**CorpGov**
	The Board of Directors **received** the Chair's report from the Audit Committee and **noted** the matters reported on.	
23/063	**Ratification of the Terms of Reference for the Audit Committee** (agenda item 13.1)	
	The Board **considered** and **ratified** the changes to the Terms of Reference for the Audit Committee.	
23/064	**Report from the Chair of the Quality Committee for the meeting held on 11 May 2023** (agenda item 14) The Board received the Chair's report from the Quality Committee meeting that had taken place on 11 May 2023. In particular Dr Healey drew attention to: • The review of the findings from the NICHE independent investigation into Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust's Children's and Young People's Mental Health Inpatient Services. • An update on the progress made against the Patient and Carer Experience and Involvement Strategy, which launched in March 2020. • A continuation of the discussion on self-harm, noting it had received assurance that the Trustwide Clinical Governance Group had undertaken a detailed discussion about this with a number of actions agreed. • The Quality Report as it progressed through its production. Dr Healey added 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. • A report which provided a summary of the CQUIN work undertaken since summer 2022. Dr Healey noted the Trust's work relating to the CQUIN scheme had been stood down between March 2022 and summer 2022 due to the COVID pandemic but that this was now being looked at again following this pause.	
	The Board of Directors **received** the Chair's report from the Quality Committee and **noted** the matters reported on.	

23/065 **Report from the Chair of the Mental Health Legislation Committee meeting held on 2 May 2023** (agenda item 15)

The Board received the Chair's report from the Mental Health Legislation Committee meeting that had taken place on 2 May 2023. In particular Mrs Khan drew attention to:

- A discussion on the information the committee wanted to receive in regard to restrictive interventions, noting a recommendation would be brought back to the committee on the level and type of information it required.
- The lack of the number of advocates being available for Mental Health Act tribunal hearings noting this remained an issue.

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

23/066 **Report from the Chair of the Workforce Committee for the meeting held on 4 May 2023** (agenda item 16)

The Board received the Chair's report from the Workforce Committee meeting that had taken place on 4 May 2023. In particular Miss Grantham drew attention to:

- An update on Health Education England's (HEE) funding noting that work was ongoing to understand the implications of the merger with NHS England and the risk this would lead to a reduction in funding stream opportunities for the Trust in the future. However, she noted the Committee had been advised the HEE Continuing Professional Development funding had come through for 2023/24 with no reduction in value.
- An update on the West Yorkshire Staff Mental Health and Wellbeing Hub which would be funded at a system-wide level going forward.
- The review of the annual refresh of the Trust's People Plan, noting the committee had welcomed the introduction of an Impact Report which captured valuable qualitative feedback from staff.

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

23/067 **Report from the Chair of the Finance and Performance Committee for the meetings held on 25 April and 23 May 2023** (agenda item 17)

The Board received the Chair's report from the Finance and Performance Committee meeting that had taken place on 25 April and 23 May 2023. In particular Mr Henry noted:

- A review of the Chief Operating Officer's Report including: monitoring the risk of falls at the Mount; admission into acute wards; lessons learnt from the recent industrial action; and the risks associated with the vacant tenancies in the Specialist Supported Living Service. He added the Committee also discussed staff sickness levels in detail and agreed it would be useful if reports on the Trust's use of agency differentiated between cover for vacancies and cover for staff sickness.
- There had been an overview of financial performance which had indicated the Trust was achieving both capital and revenue plans at month 1; noting the West Yorkshire ICB forecast remains a deficit at this point in time as there were no plans in place to meet the residual financial gap, and noted the risks and challenges associated with this.
- An update on cyber security, noting the good progress being made against the key projects. The Committee discussed the upcoming rollout of the multi-factor authentication system which would 'go live' from July 2023 for all staff working remotely, and also heard that new cyber training software had been procured which could be tailored for specific groups of staff, including the Board.
- An update on progress with inpatient benchmarking, noting the committee was assured by the thorough approach being taken, and noted that it was too early to conclude findings at this stage. Mr Henry reported the committee had discussed the Trust's involvement in various benchmarking groups, and supported a move to focusing on more meaningful benchmarking with local partners at a West Yorkshire level.

The Board noted the cyber training that was being reviewed which could be tailored to the Board and that more details in regard to this would be circulated once the suite of training had been identified. The Board discussed the importance of being cyber security aware.

In terms of sustainability, Miss McRae indicated there was a further discussion to take place to identify a NED Champion for this area, but that she needed to better understand the needs of the role. She also reported that at the next Board to Board meeting there would be a further discussion about sustainability with the Board and Governors.

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

23/068 **Chair's report from the West Yorkshire Mental Health Learning disability and Autism Collaborative (WYMHAC) Committee in Common held on 26 April 2023** (agenda item 18)

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

23/069	**Use of the Trust's seal** (agenda item 19) The Board noted the seal had been used once since the last meeting: • Log 129 – Lease for Clifton House, Lease for Mill lodge and License of Alteration for Mill Lodge – 4 April 2023
	The Board **noted** the use of the seal since the last meeting.
23/070	**Any other business** (agenda item 20) Miss McRae noted this was the last public Board meeting for Mrs Woffendin before she took early retirement. The Board paid tribute to Mrs Woffendin for all her hard work and dedication during her time on the Board and for the enormous contribution she had made in developing the Nursing, Quality and Performance Directorate.
	There were no items of other business.
23/071	**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.

Leeds and York Partnership NHS Foundation Trust

Minutes of the Extraordinary Private Meeting of the Board of Directors held on Thursday 22 June 2023 at 13:30 This meeting was held virtually via teleconference facilities

Board Members

		Apologies
Miss M McRae	Chair of the Trust	
Mrs J Forster Adams	Chief Operating Officer	
Miss H Grantham	Non-executive Director	
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	
Mrs N Sanderson	Director of Nursing, Quality and Professions	
Mr D Skinner	Director for People and Organisational Development	
Mr M Wright	Non-executive Director (Deputy Chair of the Trust)	

All members of the Board have full voting rights

In attendance

Mrs C Hill	Associate Director for Corporate Governance

		Action
	Miss McRae opened the meeting at 08:00 and welcomed everyone.	
(P)23/038	**Apologies** (agenda item 1) Apologies were received from Mr Henry, Non-executive Director.	
(P)23/039	**Declarations of any conflict of interest in respect of any agenda items** (agenda item 2) There were no conflicts of interest declared in any agenda item.	
(P)23/040	**Report from the Chair of the Audit Committee for the meeting held 19 June 2023** (agenda items 3) Mr Wright provided a verbal report from the Audit Committee meeting that had taken place on 19 June 2023. He noted the committee had met to consider the Annual Accounts, ISA260 Report from the external auditors, the Head of Internal Audit Opinion, the Trust's Annual Report, the Trust's Quality Account as well as the year-end governance compliance statements and reports.	

He firstly reported the committee had considered the Annual Accounts and the auditor's report on these.

Mr Wright explained there were no items of any concern reported to the committee by either the internal or external auditors in relation to the findings from their work. He added the external auditors had a small amount of work still to complete at the point of the meeting, and that despite this residual work they had indicated they would be providing a clean opinion on the accounts. Mr Wright explained that one item that had been discussed at the meeting had been the treatment of a provision for redundancy costs. He added the auditors did not feel that all the conditions had been met to include this provision, but that it was not material and as such would not change the auditor's view of the accounts.

In regard to the value for money report, Mr Wright noted the auditors had commented on the approach to the Trust's efficiency savings and supported the Trust's suggestion that it carry out a benchmarking exercise in relation to these.

Mr Wright reported that the internal auditors had indicated that whilst some work was in the final stages of completion, the Head of Internal Audit Opinion would report significant assurance on the Trust's systems of internal control.

Mr Wright noted that Sharron Blackburn, who had been the Trust's Audit Manager, would be leaving the Trust and that Jonathan Hodgson would be joining the team in July. The Board noted the significant contribution Sharron had made to the audit of the Trust's systems and asked for its thanks to be extended to Sharron for her work over the years.

(P)23/041 **Adoption of the Trust's Annual Accounts 2022/23** (agenda item 4)

Mrs Hanwell presented the Annual Accounts for 2022/23, noting they had been given a clean audit opinion by the external auditors. Mrs Hanwell drew attention to the key points for the Board to note which were that: the financial position at the end of the year was a £1.5m surplus; and that operating income was £241.6m with the operating expenditure standing at £238.5m. She also reported that the financing cost was a net £1.5m which was due to an increase in interest received in year and that the cash in the bank was £122.4m with a total of taxpayer's equity of £130.9m.

Mrs Hanwell also reported on the provision for redundancies, noting this was the only item of any note which the auditors had referred to, and was pleased this had not resulted in any change to the accounts due to it falling below the measure of materiality.

The Board **received** and **adopted** the Annual Accounts for 2022/23 as presented.

(P)23/042	**Letter of Representation** (agenda item 9) Mrs Hanwell advised the Letter of Representation was a formal letter in a prescribed format which the Board was required to agree and submit to the Auditors. She noted this had been reviewed by the Audit Committee and was presented for the Board to adopt and to agree that it be signed by the Chief Executive. The Board **received** and **considered** the Letter of Representation and **agreed** this could be signed by the Chief Executive.
(P)23/043	**Approval of the Annual Report 2022/23** (agenda item 5) Dr Munro presented the Annual Report for 2022/23, noting the contents had been verified by the auditors. She thanked the members of staff who had contributed to the various sections and also to Miss McMann who had put together the final version of the document, noting there were one or two minor amendments to be made following comments from the Audit Committee. Dr Munro noted that to supplement the Annual Report there would be a more accessible document which was the Trust's Annual Review, she added this would be more accessible document for the public. The Board noted the next steps for the Annual Report, including the incorporation of the accounts into the final version prior to it being laid before Parliament. She also noted that this would then be presented to the Council of Governors at the July Annual Members' Meeting. The Board **supported** and **adopted** the content of the Annual Report for 2022/23.
(P)23/044	**Approval of the Annual Governance Statement** (agenda item 6) Dr Munro presented the Annual Governance Statement noting that once this was agreed by the Board it would be signed and incorporated into the Annual Report. She explained this had been reviewed by the auditors, who had confirmed it met the requirements of the NHS England guidance and that it was consistent with their view of the Trust's internal controls for risk. The Board also noted this had been reviewed by the Audit Committee which had recommended this be signed by the Chief Executive.

	The Board **approved** the content of the Annual Governance Statement (and **agreed** this should be signed by the Chief Executive and be incorporated into the Annual Report.
(P)23/045	**Declarations required by the NHS Provider Licence including the Corporate Governance Statement** (agenda item 8) Dr Munro presented the paper outlining the declarations that were recommended for the Board to make in relation to compliance with the NHS Provider Licence. She noted these had been scrutinised by the Audit Committee at its June meeting and that it had supported the proposed declarations of compliance. Dr Munro also noted this was a look back, and was a review of the old provider licence which did not include the provisions that were now included in the new licence around co-operation and working in partnership for example.
	The Board **received**, **considered** and **agreed** the statements of compliance that it would make in regard to the requirements of the NHS Provider Licence.
(P)23/046	**Compliance with NHS Improvement's NHS Foundation Trust Code of Governance** (agenda item 7) Mrs Hill presented agenda item 7, noting this document provided assurance as to the way in which the Trust had complied with the Foundation Trust Code of Governance over the previous year. She explained this review had been undertaken in relation to the old version of the Code of Governance, not the new version that had come into effect on 1 April 2023. She added this was an important document which was completed each year; that it had been looked at in some detail by the Audit Committee and was presented to the Board for it to agree the public declarations it would make in the Annual Report in relation to compliance and the explanations on areas of non-compliance.
	The Board **received**, **considered** and **agreed** the statements of compliance that it would make in regard to the requirements set out in the Foundation Trust Code of Governance.
(P)23/047	**Approval of the Quality Account 2022/23** (agenda item 10) Mrs Sanderson presented the Quality Account for 2022/23. She noted this had been reviewed on a number of occasions by the Quality Committee in terms of its content and had also been presented to the Audit Committee where the process for its production had been reviewed and assured on.

	Mrs Sanderson paid tribute to the staff who had undertaken a huge amount of work to produce the report and asked for the Board to thank Miriam Blackburn for her outstanding work in coordinating the collation of the information and bringing this together. Dr Healey noted the report was showing 0% across the year for the number of patient deaths during the reporting period where they had been judged to be "more likely than not to have been due to problems in the care provided to them". Dr Healey noted this had been picked up by the Quality Committee and discussed. She observed that this had been included this year as it was now part of the regulations and was a reflection of the findings from the cases reviewed. Mrs Sanderson explained that the percentage set out in the report was a correct reflection of the Trust's current process of investigation, but that the way reviews would be carried out in the future, and the language that would be used to describe the events will change which will allow a more nuanced discussion and conclusion.
	The Board **received** and **approved** the content of the Quality Account for 2022/23.
(P)23/048	**Annual report for the Audit Committee for 2022/23** (agenda item 11) Mr Wright presented the Annual Report for the Audit Committee. Miss Grantham noted in particular the progress that had been made in relation to the Health and Safety arrangements as detailed in the report.
	The Board **received** and **noted** the Annual Report from the Audit Committee for its work during 2022/23.
(P)23/049	**Annual report from the Quality Committee for 2022/23** (agenda item 12)
	The Board **received** and **noted** the Annual Report from the Quality Committee for its work during 2022/23.
(P)23/050	**Annual report from the Mental Health Legislation Committee for 2022/23** (agenda item 14)
	The Board **received** and **noted** the Annual Report from the Mental Health Legislation Committee for its work during 2022/23.

(P)23/051	**Annual report from the Workforce Committee for 2022/23** (agenda item 15)
	The Board **received** and **noted** the Annual Report from the Workforce Committee for its work during 2022/23.
(P)23/052	**Annual report from the Finance and Performance Committee for 2022/23** (agenda item 13)
	The Board **received** and **noted** the Annual Report from the Finance and Performance Committee for its work during 2022/23.
(P)23/053	**Any other business** (agenda item 16) There were no items of other business.

At the end of the meeting the Chair thanked everyone for attending and closed the meeting at 16:10

NHS
Leeds and York Partnership
NHS Foundation Trust

Cumulative Actions Report for the Public Board of Directors' Meeting

AGENDA ITEM

6

OPEN ACTIONS

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
Report from the Chief Operating Officer (minute 21/089 – agenda item 12 – July 2021) 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	**Sara Munro / Cath Hill**	Date to be confirmed	**ONGOING**
Sharing stories – Update on the work of the Service User Network (SUN), presented by the co-chairs (minute 23/050 - agenda item 1 – May 2023) **NEW -** Mr Skinner noted the discussions around career opportunities and invited a more detailed discussion about what these routes might look like. Mr Khan and Mr Skinner agreed to pick this up outside of the meeting. It was agreed that Mrs Pilling would forward Mr Kahn's contact details to Mr Skinner.	**Rachel Pilling**	Management action	**COMPLETED**

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
Freedom to Speak up Guardian Annual Report (minute 23/60 - agenda item 11 – May 2023) **NEW -** Mr Verity presented the Freedom to Speak up Guardian Annual Report. Miss McRae asked about the training 'Speak Up, Listen Up, Follow Up' and this could be found. Mr Verity indicated it had been agreed this would not be mandatory for all staff but was available on the e-Learning system through a simple search. Miss McRae asked the non-executive directors to seek out this training.	**Non-executive directors**	Management action	
Report from the Chair of the Audit Committee for the meeting held on 18 April 2023 (minute 23/062 - agenda item 13 – May 2023) **NEW -** It was suggested that as part of that session there was an assurance piece on compliance with the new Code of Governance. Miss McRae suggested there was some further thought on how the best way to do this for the Board.	**AD for Corporate Governance**	Management action	

Leeds and York Partnership
NHS Foundation Trust

CLOSED ACTIONS

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
Report from the Chief Operating Officer (agenda item 13) 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.	**Joanna Forster Adams**	May Board of Directors' meeting	**COMPLETED** This has been included in the Chief Operating Officer's report
Approval of the Standing Financial Instructions (SFIs) (minute 23/035 - agenda item 15 – March 2023) 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.	**Helen Grantham / Darren Skinner**	This has been remitted to the Workforce Committee	**THIS IS REQUESTED TO BE CLOSED AS A BOARD ACTION**

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
7

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Chief Executive's Report
DATE OF MEETING:	27 July 2023
PRESENTED BY: (name and title)	Dr Sara Munro – Chief Executive
PREPARED BY: (name and title)	Dr Sara Munro – Chief Executive

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

EXECUTIVE SUMMARY

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

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

RECOMMENDATION

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

MEETING OF THE BOARD OF DIRECTORS

27 July 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

Industrial Action and EPRR

Over the past two months the Trust has safely managed further periods of industrial action taken by the BMA. I am grateful for the hard work of so many teams and departments to ensure safe rota cover. Unfortunately, we have seen more disruption to routine care, in particular outpatient provision that was stood down as a last resort but unavoidable. At the time of writing further action has been announced by consultants for August. Planning work is already underway given the peak holiday period, closeness to rotation of junior doctors and being directly adjacent to a bank holiday weekend.

The Board will be aware that the election by the RCN to take further industrial action did not meet the threshold to proceed.

The government position on all pay awards for staff in the NHS for 2023/24 has been announced with the Prime Minister stating there will be no further negotiation.

In addition to coordinating the trusts response to industrial action I want to note my thanks to the EPRR team and colleagues across departments for managing and responding to a range of incidents in the past few weeks including adverse weather, travel disruption and incidents within IT systems and infrastructure.

Community Mental Health Teams

The temporary action taken to address the level of risk in service delivery in our CMHTs – most notably the redeployment of staff - will come to an end at the end of next month. Transition plans have been agreed to support the return of staff as well as ensure community teams can re model how they are working without the additional staff. Progress has been made on recruitment to the teams though vacancies do remain. Changes that were made to referral, screening and triage processes will continue so that other teams will continue to do more of this directly e.g., perinatal, Emerge, AOT etc which does reduce the volume of referrals the CMHT has to manage. During the past 6 months the core team have been able to focus on existing caseloads to deliver more interventions and move more people through the service. As a result, we have seen a reduction in caseloads, but this continues to be an area of focus to ensure we are providing effective interventions in a timely way to support people in their recovery and discharge from the service. The next phase of improvement transformation is the whole community mental health transformation programme with 3 teams going live in September and full roll out of the new model taking place by the end of the financial year.

Appraisals and Training

In line with the wider focus on improving uptake of training, supervision, and appraisals for colleagues I am pleased to confirm that all executive appraisals have now been completed along with health and wellbeing reviews and compliance thresholds met for compulsory training. More detail on agreed objectives and review outcomes will be reported to the remuneration committee in due course.

Recruitment Update

I am delighted to inform the board that we have recruited to two key positions.

Associate Director for Corporate Governance – Clare Edwards will be joining us from the 1st September in this post and I am grateful that Cath Hill has agreed to stay on to support Clare with her induction and handover. Clare has held a range of senior governance roles in NHS organisations, and I am confident will be a fantastic addition to the team. I will save the formal farewells for Cath until the next public board meeting.

Freedom to Speak Up Guardian – Shereen Robinson will be our new guardian from the 16th of October and brings a wealth of experience in leading culture change, people management,

inclusion and diversity across NHS, local authority and HEE sectors. John has agreed to stay with us to handover and Shereen will be joining us for some induction days in September before her official start date. Watch this space for details of a farewell bash for John.

2. Our Partnerships, National and Local

Leeds Academic Health Partnership

The partnership held a development discussion at the last meeting to discuss in detail the aims of the LAHP and how these are aligned and prioritised with wider city ambitions. The summary will be circulated separately but unsurprisingly key themes were tackling wider inequalities that are socio economic and impact on health and wellbeing; use of data, AI and digital transformation; embedding research and transforming the workforce models for the future.
See summary notes.

Leeds Events

There have been several events in Leeds in the past month which I wanted to make the board aware of as it highlights the ongoing work led through the council and health and care partnership to tackle inequalities and the widening impact of deprivation both for citizens and for staff. Firstly, a conference was held in collaboration between the council, public health, and Leeds Beckett university with Professor Chris Witty and Sir Chris Wormald as keynote speakers. The focus was very much on how we embed public health approaches to improving outcomes with data and evidence shared on the impact of the pandemic. The following week saw the official launch of Leeds as a Marmot City. Professor Marmot is world renowned for his work, research, and policy influences on tackling health inequalities at a grass roots level to improve outcomes. Leeds is partnering with Professor Marmot over the next two years to support the work we are doing to reduce variation in outcomes for people which is heavily determined by socioeconomic factors. The publication of this year's public health annual report titled 'In our shoes' gives a detailed insight into the lived experiences of children and young people of Leeds through the pandemic which also forms part of the work already described – using direct accounts, data and intelligence to focus where more action is needed to improve longer term outcomes both health and economic. Finally, we held a celebration event for the Springboard programme which is a leadership development programme for women across health and care in Leeds run by the Leeds Health and Care Academy. The programme exists to support women with their career development and overcome the known barriers to career opportunities based on gender. There were many compelling accounts from colleagues in all sectors on how the programme has made a real

difference in the personal and professional lives and we will continue to support colleagues from the Trust to benefit from this programme.

Leeds office of the ICB

At the latest public meeting held on the 5th of July the following comprised key agenda items;

- Healthy Leeds Plan was signed off that forms part of the WY ICB 5-year strategy; this is a requirement from NHSE for all ICBs to engage, consult and publish. It was acknowledged this will flex and change year on year reflecting local need and changes in national policy and standards.
- System financial challenges
- Local Care Partnerships; progress and risks going forward.
- Risks: organisational ones included for the first time. Just those top risks that we have identified have system impact and dependencies, so we have put forward OAPs/flow, CMHT and neurodiversity waiting lists.

West Yorkshire Integrated Care Board

The ICB held a public board meeting on the 18th of July 2023. There was a focused discussion on community services in our system and the work of the newly established community services provider collaborative. (We will be facilitating a session on the work of the Mental Health Learning Disability and Autsim collaborative in September.) Other key topic areas covered in the meeting include:

- Confirmation of the submission of annual reports and accounts (approved at an extra ordinary board meeting).
- NHS 75 celebrations.
- Industrial action, impact both on performance (access, safety and waiting times) and finance.
- Financial challenges and actions.
- ICB Future Operating Models.
- Risk registers for places and the ICB.
- West Yorkshire joint forward 5-year plan approved for publication and will be reviewed annually.

NHS75 Report

In celebration of the 75th birthday of the NHS, the NHS Assembly has taken the opportunity to reflect on where we have come from, where the NHS is now and how it needs to change to meet future needs. The NHS75 Report highlights the significant progress undertaken since the inception of the NHS and the pride in which people in the NHS, alongside its partners, take in making a real difference to patients. The report sets out the need for three shifts in how it delivers care in the future which are entirely consistent with the West Yorkshire ICB Strategy and joint forward plan:

• **Preventing ill health** – shifting funding to evidence-based measures to prevent and manage coronary heart disease and other causes of ill health such as smoking and obesity.

• **Personalisation and participation** – ensuring that people are able to maintain control of their own care, alongside continuity of care with their clinicians.

• **Co-ordinated care, closer to home** - moving further faster on integrating care in our neighbourhoods and ensuring better out of hospital care in our communities for those with complex needs and frailty.

NHS Workforce Plan

The long-awaited NHS Workforce Plan was launched on Friday 30 June 2023 and sets out an ambitious plan for the biggest increase in training numbers in the NHS 75-year history with record numbers of nurses, doctors, dentists, allied health professionals and other key healthcare staff to address the gaps in the current workforce and meet the challenge of a growing and ageing population. The plan is backed by investment from government and was created in collaboration with NHS staff and experts, with a focus on the three pillars of Train, Retain and Reform. We recognise that the plan is a long-term plan and therefore workforce increases will not change overnight but the plan is seen as a once in a generation opportunity to put staffing on a sustainable footing and includes a range of new routes into the health professions which we will want to ensure, widen further the ways into joining the workforce for our local communities. A fuller briefing will be prepared for the September board including an assessment of what this means for our own People Plan and shared workforce actions in the Leeds Health and Care Academy and West Yorkshire Provider collaborative.

NHSE has also published an Equality Diversion and Inclusion improvement plan which acknowledges the importance of embedding EDI to create positive and inclusive work environments to aid retention and recruitment, and improve staff experience, which all result in better patient outcomes. The plan acknowledges intersectionality in its overarching high impact actions as well as interventions by protected characteristic. Our Trust EDI lead Caroline Bamford is reviewing the national plan and assessing our own programme of work against this and will brief the board and workforce committee in September.

ICB Operating Model

Considering the required 30% reduction in running costs the ICB is continuing its work to review the overall Operating Model. An initial set of proposals has been developed. There is a recognition that there are opportunities to reduce duplication and consolidate in some areas, whilst continuing to recognise and further enable the integration of our places and provider collaboratives.

These initial proposals are currently being engaged on with staff and wider system partners ahead of further refinement through the latter part of the summer and early autumn. The current intention is to start formal consultation with staff at the end of September 2023 and to implement the revised operating model from April 2024. It is important to note the personal impact for individuals who will be affected by the changes.

3. Reasons to be Proud

The main focus of the reasons to be proud is of course the celebrations for NHS75, Windrush Day 75 and our Big Thank you Events including the Carnival attended by over 400 staff at the Chow Down in Leeds on the 30th June. There have been lots of photos and messages shared through Trust internal and external communication channels so I will only cover a small amount in this report.

The WREN hosted a session where colleagues shared their own personal stories and connection to the Windrush generation., We acknowledge that diversity is the foundation of the NHS but we must continue to tackle discrimination head on.

Many colleagues have shared their own personal stories of why they joined the NHS and what it means to them. We also were delighted 5 colleagues were able to attend the national celebration

of NHS 75 in a service held at Westminster Abbey on the 5th July. Dawn Hanwell hosted an extra special all staff huddle on the 5th of July featuring many of the stories I have shared below.

Big Thank You Festival

NHS 75

Teams across LYPFT have been hosting local events between 19 June and 14 July and I suspect some will run into the next couple of weeks.
Our Arts & Minds Network came together at Kirkstall Abbey on 28 June.

Development Manager, Linda Boyles:

"It's a chance to step out of the clinical environment & have a bit of fun together & to celebrate & appreciate our team's dedication & hard work – we don't get the chance to do this every day!"

Sharing staff stories

NHS 75

What inspired you to join the NHS and what motivates you to continue this important work?

We have been sharing staff stories,
enabling your voices to be heard and celebrated....

NHS 75

NHS
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NHS Foundation Trust

What's your story?

Dr Tariq Mahmood

Consultant Psychiatrist,
Adult Mental Health - Acute Inaptients Service

"I feel as though my life's work is not finished and that I am still contributing.

"I feel to be able to continue to serve in the NHS is truly an honour and I just don't want to stop the work that I love."

NHS 75

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What's your story?

Michelle Higgins

Head of Physical Health and Infection Prevention Control

"You do give a lot of yourself to the job, but equally you receive a lot in return. You will have great days and terrible days, but you will never be experiencing them alone."

NHS 75

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Leeds and York Partnersh
NHS Foundation Tr

What's your story?

Nicola Binns

Associate Practitioner, EMERGE Leeds
Staff Clinical Governor

"Seeing and being part of people's journeys i mental health is what keeps me inspired."

NHS 75

Leeds and York Partners
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What's your story?

Dr Miriam Isaac

Consultant Psychiatrist in the National Deaf Child and Adolescent Mental Health Service

"Being in a compassionate career is not alwa easy, but we get the chance every day to positively impact people's lives."

#NHS75 Westminster Abbey

NHS 75

More Reasons to be Proud

Trust gets Gold!! Employer Recognition Scheme Gold Award for 2023 Supporting our Armed Forces community

Leeds and York Partnership NHS Foundation Trust has received the Employer Recognition Scheme Gold Award for 2023, for our support of the Armed Forces community.

As a forces-friendly employer, our support makes a real difference to a group of people who play a crucial role in UK defence and those who are helping to nurture and inspire the next generation through their involvement with the cadet movement.

Joanna Forster Adams, Chief Operating Officer and Emergency Accountable Officer said:

"We are proud to be an NHS Trust that supports people who've served in our armed forces, both as an employer and as a caring organisation. We recognise the value that veterans, reservists, cadets and their families bring to society, and we go the extra mile when it comes to supporting them to be part of Team LYPFT. The Gold Award is a fantastic achievement and a testament to our commitment."

Pets as Therapy (PAT) Impact Award

Pets As Therapy volunteer Ian Mobley received a 2023 PAT Impact Award for his work at St Mary's Hospital, Leeds. Along with his dog Indie, the PAT Team are regular visitors, spending time with service users on the ward. PAT Volunteer Ian Mobley said:

"I was so surprised when I found out we'd been nominated for a PAT Impact Award and had won. To see the young people brighten up when Indie comes on the ward is reward enough. I've been told Indie's visits really changes the mood of the young service users and staff alike. Knowing that just by simply taking Indie to St Mary's Hospital and letting him be him, and the impact he has, is the best feeling in the world."

Well done, Ian and Indie!!

The 2023 PAT Impact Awards were launched as part of Pets As Therapy's 40th-anniversary celebrations.

NIHR Award for COMIC Research team

The COMIC research team who conduct research specific to children and young people have been highly commended in the category of best public engagement contribution. This is for their work on establishing a Young Persons Advisory Network across Yorkshire to inform their research.

Dr Sara Munro
Chief Executive
20th July 2023

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
8

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	2023 – 2024 Organisational Priorities Quarter 1 Progress Report
DATE OF MEETING:	27 July 2023
PRESENTED BY: (name and title)	Dawn Hanwell, Chief Financial Officer
PREPARED BY: (name and title)	Amanda Burgess, Head of the PMO

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

EXECUTIVE SUMMARY

This report provides a summary of the Trust's progress against our 2023 – 2024 organisational priorities. This is our first progress report of 2023/24 and is set out to provide an overall summary of the progress we have made against each of the high-level objectives taken from directorate Strategic Plan's.

In total we have 104 high-level objectives and 223 underpinning tasks for delivery. At the end of quarter one we have:

- 17 tasks that have been completed
- 84 tasks are reporting a rating of green (on track)
- 16 tasks are reporting a rating of amber (action incomplete – implementation slipped but will be delivered on time)
- 5 tasks are reporting a rating of red (action incomplete – timescales not achievable)
- 1 task has been suspended

Incorporated into this report are the high-level themes emerging that align with our five core strategic plans. These themes correspond with the interdependent tasks, detailed at appendix two.

The Gantt chart at **appendix two** details all our interdependent tasks. The information displayed is based upon the successor's team tasks i.e. it is the successor team whose start or end date is controlled by the predecessor.

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

RECOMMENDATION

The Board of Directors are asked to:

- Consider our position against our 2023/24 organisational priorities (appendix one).
- Be assured as to the systems and processes in place for monitoring and supporting the delivery of each high-level objective and underpinning tasks.
- Consider the Gantt chart at appendix two setting out the interdependent tasks, noting the key themes emerging align with our five core strategic plans.
- Note that quarterly reporting will be undertake in tiers:
    - **Board of Directors:** Will receive a report demonstrating the progress we are making against each of the objectives in our strategic plans.
    - **Senior Management Team:** Will receive a report detailing the progress we are making against the high-level tasks that will enable to delivery of the overarching objectives.
    - **Directorate governance/relevant Board sub-committee's:** Usual reporting will continue at a local level against the detailed task delivery.

Leeds and York Partnership
NHS Foundation Trust

MEETING OF THE BOARD OF DIRECTORS

THURSDAY 27 JULY 2023

2023 – 2024 ORGANISATIONAL PRIORITIES QUARTER 1 PROGRESS REPORT

1. Purpose

This report provides a summary of the Trust's progress against our 2023 – 2024 organisational priorities. This is our first progress report of 2023/24 and is set out to provide an overall summary of the progress we have made against each of the high-level objectives taken from directorate Strategic Plan's.

Included as part of this report is a summary of our interdependent tasks and the themes emerging, that link back to our five core strategic plans.

2. 2023/24 priorities status summary

As a Trust we have five core strategic plans (Quality, Care Services, Estates, Digital, People). In addition to our core strategic plans, we also have in place a further seven cross-cutting plans. All our plans describe a set of deliverables for delivery which have been refined to generate our 2023/24 organisational priorities. Our strategic planning framework provides a structure that aligns our individual, team and directorate high-level objectives and underpinning tasks.

A breakdown of all our strategic plans, by directorate is set out in table below.

Directorate	Strategic Plan
Operations	Care Services Strategic Plan
Workforce and OD	People Plan
Finance, Health Informatics, Estates & Procurement	Digital Plan Estates Plan Green Plan
Medical	Quality Plan Medical Plan Research & Development Plan
Nursing, Quality & Professions	Psychological Professions Plan Allied Health Professions Plan Nursing Plan Patient Experience Plan

All our plans have milestones detailed in an overarching Gantt chart. This has been developed to provide a picture of the large-scale priorities we have to deliver over the next one to five years, with a particular focus on the first year (2023/24). We now need to begin reporting on the progress we are making against all our priorities on a quarterly basis.

2.1 Progress we have made at the end of quarter one

Each lead has assessed the progress they have made at the end of quarter one with all underpinning tasks, to determine how we are delivering each overarching objective. A summary of the progress

we have made can be found at **appendix 1**. This Gantt chart includes a traffic light system to identify if each task has been completed (blue), on track (green), action incomplete – implementation slipped but will be delivered on time (amber) and action incomplete – timescales not achievable (red).

In total we have 104 high-level objectives and 223 underpinning tasks for delivery. At the end of quarter one we have 17 tasks that have been completed. 184 are reporting a rating of green (on track). One task has been suspended.

The following sections will provide a summary exception report for the tasks rating as amber or red.

2.2 Priorities with a rating of amber (action incomplete – implementation slipped but will be delivered on time)

At the end of quarter one we have 16 tasks with an amber rating. These tasks are as follows:

- **Digital Plan:**
  - **Deployment of a Patient Portal**
    - **Deliver technical solution and conduct controlled trials:** A presentation on the Patient Portal functionality has been conducted with Advanced. NHS England are looking to present on NHS Login, however delays have occurred in achieving this. The intention is for the programme to continue, as planned, with a controlled trial within the current financial year.
    - **Presentation through NHS login. Trust wide deployment of Patient Portal where appropriate:** NHS England have been unable to provide timescales for the delivery of the log-in for the Care Director portal at this time.
  - **Assess and co-design an inclusive digital transformation programme for the Trust**
    - **Deploy and embed the inclusive transformation programme Trust-wide:** Deployment has commenced with early adopters. Although some of the timescales have slipped, we will still achieve the overall delivery date.

- **Care Services Plan: Adult Acute Create**
  - **Capacity and flow through the acute pathway that enable a reduction in the number of people placed out of area**
    - Our aim is to eliminate inappropriate out of area placements linked to our efficiency area of focus. The adult acute service has had an extremely challenging few months with demand being high (particularly female) and the complexity of need within the service also being high. A request has been made to increase contracted beds to support the increase in demand for out of area beds. To aid wider partner discussions concerning our out of area placement pressures, we have increased participation in our morning demand meeting by including system partners. We also held a successful MADE event with partners in June. A new inpatient oversight group has been set up which will assist in addressing internal delays.
  - **Ensuring safe staffing levels across our adult acute services**
    - **Complete a skill mix review across our inpatient services:** 25 new preceptees are commencing in post from 1 July 2023 within the service, approximately four per area. We are experiencing continued challenges within the crisis service, resulting in both the Crisis and Street Triage teams merging for six months to aid service pressure. Delivery timescales have been changed to reflect challenges experienced and Trust-wide work from 30 June 2023 to 31 October 2023.
  - **Complete a review of the crisis pathway that will determine the future of the Crisis Assessment Unit**
    - **Conclude the evaluation of the Crisis Assessment Unit:** The Oasis review has been completed, with the outcome scheduled to go through the service clinical and operational governance meetings in September. Delivery timescales have been reviewed to reflect the delay in concluding the Oasis review work from 30 June 2023 to 27 October 2023.

- **Care Services Plan: Community & Wellbeing**
  - **Transition WAA CMHS out of BC, into stabilisation and recovery. Recovery is aligned with a move to a transformed population/community-based approach**
    - **We are collectively redesign the way we deliver our services (Assertive Outreach Team, Emerge, Forensic Outreach Team) exploring pathway interfaces, service alignments and service offer to identify and implement improvements.** Our Community Mental Health Teams are out of business continuity with caseloads reducing. As the service stabilises, significant work remains led by deputy/clinical directors exploring our future cross-Trust community offer. Workshops are continuing to take place with our deployed colleagues all returning by end of August 2023. Furthermore, the enhanced offer development for Community Transformation is due to start in November 2023. Our internal LYPFT work will dovetail into this.

  - **To progress all service developments inclusive of Community Transformation, EIP, Rough Sleepers Mental Health Service, Urgent Treatment Centres and Physical Health Services.**
  - **Improved mental health understanding and response within Urgent Treatment Centres**
    - We are continuing to develop our mental health services in the community as a part of the Community Transformation programme. This includes workforce modelling, model operationalising, pilot roll out and full staff consultation. The community transformation pilots are scheduled to start in October 2023 (previously September). These slight delays have been because of the Leeds Mental Wellbeing Service Board assurances required. Rough Sleeper recruitment is well underway with the service rollout planned for October 2023. Physical health continues to rollout the citywide depot service. Urgent Treatment Centres progressing slowly across the system and ARMs increase continues.

  - **To understand the experience and care quality through implementing and utilising outcome measures, audits, service evaluations and feedback to truly improve care.**
    - **Improvements made from the Community Mental Health Service User Survey:** We have made improvements resulting from the Community Mental Health Service User Survey 2022 with improved scores for 2023 in at least two areas. We are currently awaiting the latest results. Outcome measures are a challenge to complete for all community services, however we are working with the teams to improve uptake. The Community Transformation Programme also provides the opportunity to improve outcome measure collection further.
    - **Introduction and use of routine outcome measures (ReQol, DIALOG+) with over 65% of service users having two or more recorded:** The NHS roadmap identifies the need to use three outcome measures for transformed services. Progress in the use of outcome measures is slower than anticipated. We are using the learning from the teams that are progressing well i.e. Early Intervention Team and from across other regions, including the use of Dialog+ app to improve outcome recording.

  - **To improve collective leadership throughout our teams through the creation of psychological safety, role clarity and clear expectations teams/individuals hold of each other.**
    - **Each Team to develop service/team objectives, using team/service away days:** We have a process in place for the cascading of service line objectives, with the rollout yet to take place. We are undertaking positive work to review all roles across the service and are planning team/service away days as part of objective development.

- **Care Services Plan: Learning disability services**
  - **Working collaboratively with our Local Authority commissioning partners we will redesign the delivery and leadership model for our Specialised Supported Living Service (SSL)**

- **Recommence planning and negotiation with Leeds City Council (LCC) contracts and commissioning partners re SSL contract:** Meetings are underway between the Trust, LCC and WYICB colleagues to agree next steps for the SSL service and which option to proceed with.
- **Design affordable management model for the delivery of SSL, derived from a detailed options appraisal:** We have undertaken initial design and options planning for the SSL service. Senior colleagues from across the Trust and WYICB are meeting to progress to a full model design in collaboration with Leeds City Council.

- **Care Services Plan: Regional & Specialist Services**
  - **Determine the future of operating model for NSCAP following the outcome of the tender process.**
    - **Implementation of NSCAP review phases 1 – 3:** A proposal has been developed and approved through governance for the review of the NSCAP service. Governance arrangements have been established for the project which incorporates the cessation of the small clinical provision, review of the NSCAP workforce and review of the future accommodation requirements that meet the revised service needs.
  - **Improving our services for people with a gambling addiction**
    - We are underway with the mobilisation of the expanded gambling clinics across the northeast and northwest. Delays have been experienced for the recruitment to the Clinical Team Manager post and finalise the estate operating model. It is the intention to finalise these plans by quarter 3.

2.3 Priorities with a rating of red (action incomplete – timescales not achievable)

At the end of quarter one we have 5 tasks with a red rating. These tasks are as follows:

- **Estates Plan**
  - **Enabling key clinical service changes through our estate**
    - The renovation of Parkside Lodge to become a male 16 bed complex care facility is on hold. This is a West Yorkshire programme of work requiring the collective agreement from each place that establishing a complex care facility is the right thing to do. Through a series of joint workshops, all places have agreed that this type of facility is not the right approach at the present time. Other alternative options are currently being explored.

- **Digital Plan:**
  - **Feed data to GP systems directly from Care Director**
    - The plan to send GP letters and patient discharge notifications directly to GP systems has been delayed. This is due to a technical issue which has delayed the testing of the link between Big Hand and Care Director. Work is still planned to deliver this within this calendar year.

- **Care Services Plan: Learning Disability Services**
  - **Working collaboratively with our system partners address the challenges related to the system ATU and determine whether there is a need for 'emergency admission', crisis, or 'step-up' beds for LD respite services in Leeds (aligned to respite and IST)**
    - As part of the ATU provider collaborative we are participating in a scoping review to explore if there is a need for emergency respite beds in Leeds. An initial design workshop has taken place with the WYICB, LCC and LD teams in June 2023. Further work to take place with finance colleagues on the model, with potential to seek both capital and revenue funding.

- **Care Services Plan: Regional and Specialist Services**
  - **Improving mental health services for people with autism and ADHD:**

- We have produced a two business cases setting out a series of options for how we might improve the delivery of our autism diagnostic and ADHD services. To date both business cases have not been approved due to the significance of the funding required, alternative options are being explored to maintain the situation through permanent roles rather than secondments. Currently the secondments run out at the end of August. The objective as set out currently will not be achieved. The intent is to review the objective pending the outcome of the business case process.

3. Cross-cutting themes and interdependent tasks

Back in September 2022 for the first planning workshop we presented the first iteration of our priorities categorised by theme. We have refreshed this work based upon our finalised list of priorities to firstly understand the interdependencies between tasks and secondly to provide an understanding of the themes. Whilst the picture is complex a pattern is emerging.

There are a number of themes emerging that are not dissimilar to where we began back in September. These themes demonstrate an alignment with our core five strategic plans and our four efficiency areas of focus. A summary of the themes is described in the table below.

Strategic Plan	**Theme**
Care Services Strategic Plan	Health equity Community transformation Out of area placements
People Plan	Agency use Vacancy management Recruitment/retention Appraisal Leadership/OD Staff recognition/reward
Digital Plan	Datix replacement Improving SW systems/processes
Estates	Safe, secure estate/workforce Mill Lodge
Quality Plan	Research and development Outcomes Patient safety incident response framework (PSIRF)

These themes are interdependent on several individuals/teams collaborating in order to be successfully delivered. The interdependent tasks show a need to align timescales; what we need in place for delivery by one team to enable another team to progress the next step. Sequencing and collective working is important, so all parties hold in mind all requirements. The Gantt chart at **appendix two** details all our interdependent tasks. The information displayed at appendix two is based upon the successor's team tasks i.e. it is the successor team whose start or end date is controlled by the predecessor.

4. Recommendations

The Board of Directors are asked to:

- Consider our position against our 2023/24 organisational priorities (appendix one).
- Be assured as to the systems and processes in place for monitoring and supporting the delivery of each high-level objective and underpinning tasks.
- Consider the Gantt chart at appendix two setting out the interdependent tasks, noting the key themes emerging align with our five core strategic plans.
- Note that quarterly reporting will be undertake in tiers:

- **Board of Directors:** Will receive a report demonstrating the progress we are making against each of the objectives in our strategic plans.
- **Senior Management Team:** Will receive a report detailing the progress we are making against the high-level tasks that will enable to delivery of the overarching objectives.
- **Directorate governance/relevant Board sub-committee's:** Usual reporting will continue at a local level against the detailed task delivery.

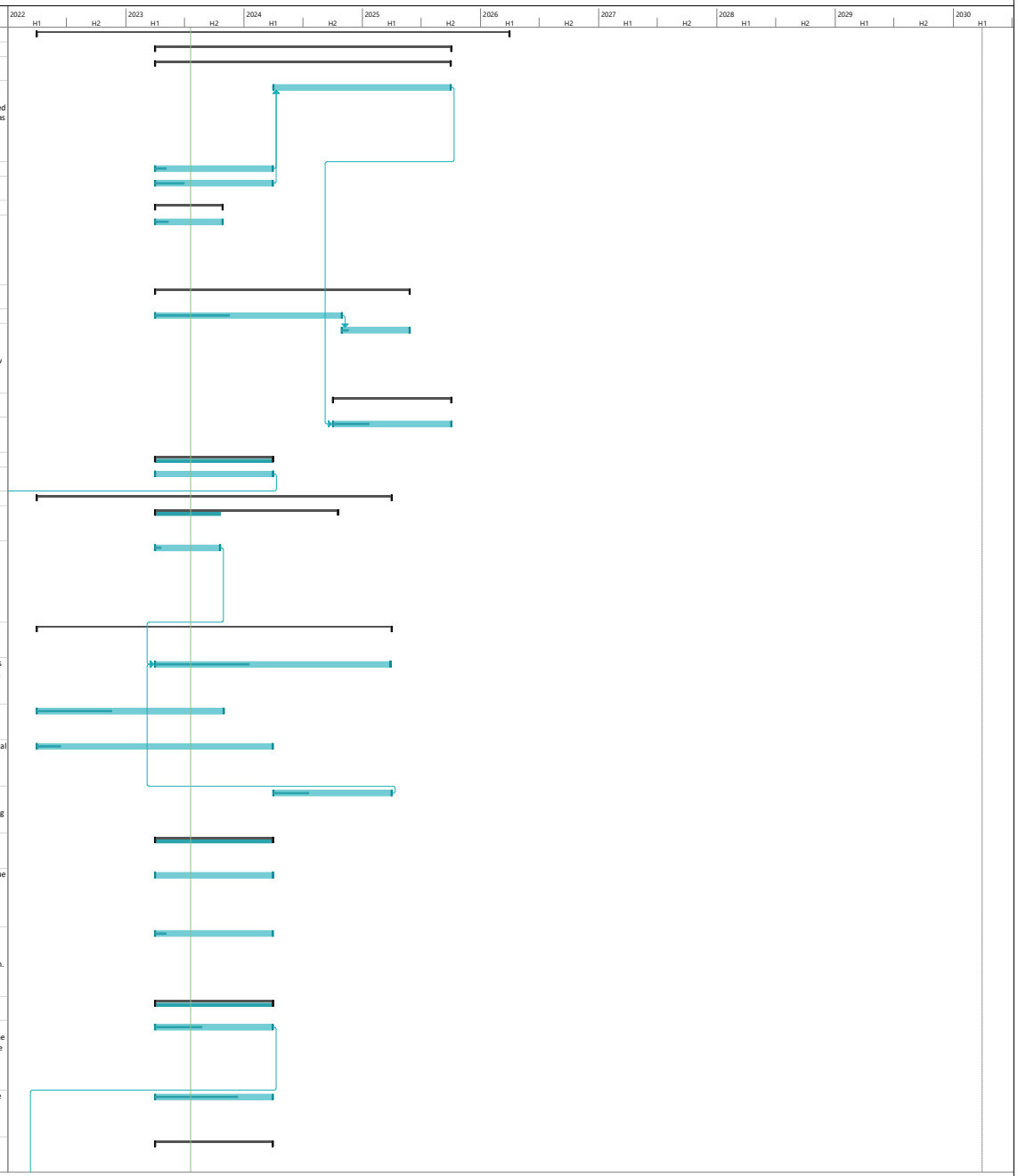
Dawn Hanwell
Chief Financial Officer

Amanda Burgess
Head of the Programme Management Office

21.07.23

Trust Organisational Priorities 2023 - 2030: Quarter 1 Progress Report

ID	Task Mode	RAG	Task Name	Duration	Start	Finish	Lead	% Complete	Progress Update
1			**Care Services Strategic Plan**	**1042 days**	**Fri 01/04/22**	**Mon 30/03/26**	**J.Forster-Adams**	30%	
2			**Adult Acute**	654 days	Sat 01/04/23	Thu 02/10/25	L.McDonagh	18%	
3			**Create capacity and flow through the acute pathway that enable a reduction in the number of people placed out of area**	652 days	Sat 01/04/23	Tue 30/09/25	L.McDonagh	10%	
4			Eliminate inappropriate out of area placements	392 days	Mon 01/04/24	Tue 30/09/25	L.McDonagh	0%	The service has had an extremely challenging few months with demand being high (particularly female) and the complexity of need within the service also being high. A request has been made to increase contracted beds to support the increase in demand.
5			Reduce unwarranted clinical variation	262 days	Sat 01/04/23	Fri 29/03/24	L.McDonagh	10%	Plan in place with actions in progress.
6			Formulation to be embedded across the acute inpatient service	262 days	Sat 01/04/23	Fri 29/03/24	L.McDonagh	25%	Pilot completed across 2 wards now being extended across the service.
7			**Ensuring safe staffing levels across our adult acute services**	149 days	Sat 01/04/23	Thu 26/10/23	L.McDonagh	20%	
8			Complete a skill mix review across our inpatient services	151 days	Sat 01/04/23	Thu 26/10/23	L.McDonagh	20%	25 new preceptees starting from 1 July within the service, approximately 4 per area. Continued challenges within the crisis service, resulting in both the Crisis and Street Triage teams merging for six months. Timescales changed to reflect challenges
9			**Complete a review of the crisis pathway that will determine the future of the Crisis Assessment Unit**	561 days	Sat 01/04/23	Mon 26/05/25	L.McDonagh	32%	
10			Develop and implement a new model for CRISS	413 days	Sat 01/04/23	Mon 28/10/24	L.McDonagh	40%	Proposal to SDG in August 2023
11			Conclude the evaluation of the Crisis Assessment Unit	151 days	Tue 29/10/24	Mon 26/05/25	L.McDonagh	10%	Oasis review complete and being presented at the service clinical governance meeting then SDG in September. Timescales reviewed to reflect the delay in concluding the Oasis review work from 30/06/23 to 27 October 2023.
12			**Ensuring high quality, therapeutic inpatient care which is close to home**	262 days	Wed 02/10/24	Thu 02/10/25	L.McDonagh	30%	
13			Build up team to be providing both therapeutic and activities for service users (linked to skill mix review and elimination of OOAP)	262 days	Wed 02/10/24	Thu 02/10/25	L.McDonagh	30%	Psychology and OT recruitment under way.
14			**Health Inequalities**	262 days	Sat 01/04/23	Sun 31/03/24	J.Forster-Adams	0%	
15			Develop and implement a health inequalities delivery plan	262 days	Sat 01/04/23	Sun 31/03/24	J.Forster-Adams	0%	In the process of recruiting a new Head of Equity.
16			**Community and wellbeing**	783 days	Fri 01/04/22	Tue 01/04/25	J.Faulkner	28%	
17			**Transition WAA CMHS out of BC, into stabilisation and recovery. Recovery is aligned with a move to a transformed population/community-based approach**	406 days	Sat 01/04/23	Fri 18/10/24	J.Faulkner	10%	
18			Collectively redesign the way we deliver our services (AOT, Emerge, FOT) exploring pathway interfaces, service alignments and services offer to identify and implement improvements.	145 days	Sat 01/04/23	Wed 18/10/23	J.Faulkner	10%	Service out of BC, caseloads reducing as with service stabilises, significant work remains led by Deputy/clinical directors with cross-Trust community offer, workshops continuing, deployed colleagues return end of Aug 23. Transformation to start Nov. 23.
19			**To progress all service developments inclusive of Community Transformation, EIP, Rough Sleepers Mental Health Service, Urgent Treatment Centres and Physical Health Services**	783 days	Fri 01/04/22	Tue 01/04/25	J.Faulkner	29%	
20			Ongoing development of Mental Health Services in the Community as a apart of the community transformation. This includes workforce modelling, model operationalising, pilot roll out and full staff consultation.	522 days	Sat 01/04/23	Fri 28/03/25	J.Faulkner	40%	Community Transformation progressing. Pilots due to start in Oct 23, staff engagement starts in September.
21			Established Rough Sleeper Mental Health Service	413 days	Fri 01/04/22	Mon 30/10/23	J.Faulkner	40%	Rough Sleepers Service has recruited to B4, B3 admin, 8b Therapy. Shortlisted for B6. Roll out for Oct on time
22			Improved Mental Health understanding and response within Urgent Treatment Centres	522 days	Fri 01/04/22	Fri 29/03/24	Kellie McLoughlin	10%	Very little developments relating to UTC, Mental Health now in the strategy. Operational Manager building closer ties to LYPFT crisis/same day services.
23			Development of psychological interventions for people with SMI, within both primary care therapies and therapies as part of the enhance offer	262 days	Mon 01/04/24	Tue 01/04/25	Fiona Lowis & Alex Perry	30%	Developments continue, challanged by retention and recruitment for current small offer, plans are to work with partners, including ICB to shape and develop the offer
24			**To understand the experience and care quality through implementing and utilising outcome measures, audits, service evaluations and feedback to truly improve care**	262 days	Sat 01/04/23	Sun 31/03/24	J.Faulkner	5%	
25			Improvements made resulting from the Community Mental Health Service User Survey 2022 with improved scores for 2023 in at least 2 areas.	262 days	Sat 01/04/23	Sun 31/03/24	J.Faulkner	0%	Awaiting results of service user survey, outcome measures are a challenge to complete for all community service. Transformation provides the opportunity to tackle this.
26			Introduction and use of routine outcome measures (ReQol, DIALOG+) with over 65% of service users having two or more recorded	262 days	Sat 01/04/23	Fri 29/03/24	D.Thrush	10%	NHS roadmap clearly identifies need to use three outcome measures for transformed services, development is slow. Early intervention team currently at 30% completion. Learning from other regions, including use of Dialog+ app
27			**Improve the wellbeing for all, including self, making it central to what we do**	262 days	Sat 01/04/23	Sun 31/03/24	J.Faulkner	55%	
28			Ongoing Workforce development, to create a diverse workforce where recruitment, retention and development is a priority for all colleagues and all roles.	262 days	Sat 01/04/23	Fri 29/03/24	J.Faulkner	40%	Wellbeing continues to remain central, with additional data being produced and used by the service line. Improvement in retention with the WAA CMHS, and increase of 12 preceptees joining the service. Work with third sector to support workforce diversity.
29			For at least 85% of team members to have an appraisal and career conversation at least annually	262 days	Sat 01/04/23	Fri 29/03/24	J.Faulkner	70%	Currently at 72% completion across the service line. Data from career conversations is being used to support service planning and understanding
30			**To improve collective leadership througout our teams through the creation of psychological safety, role clarity and clear expectations teams/individuals hold of each other**	260 days	Sat 01/04/23	Fri 29/03/24	J.Faulkner	25%	



Trust Organisational Priorities 2023 - 2030: Quarter 1 Progress Report

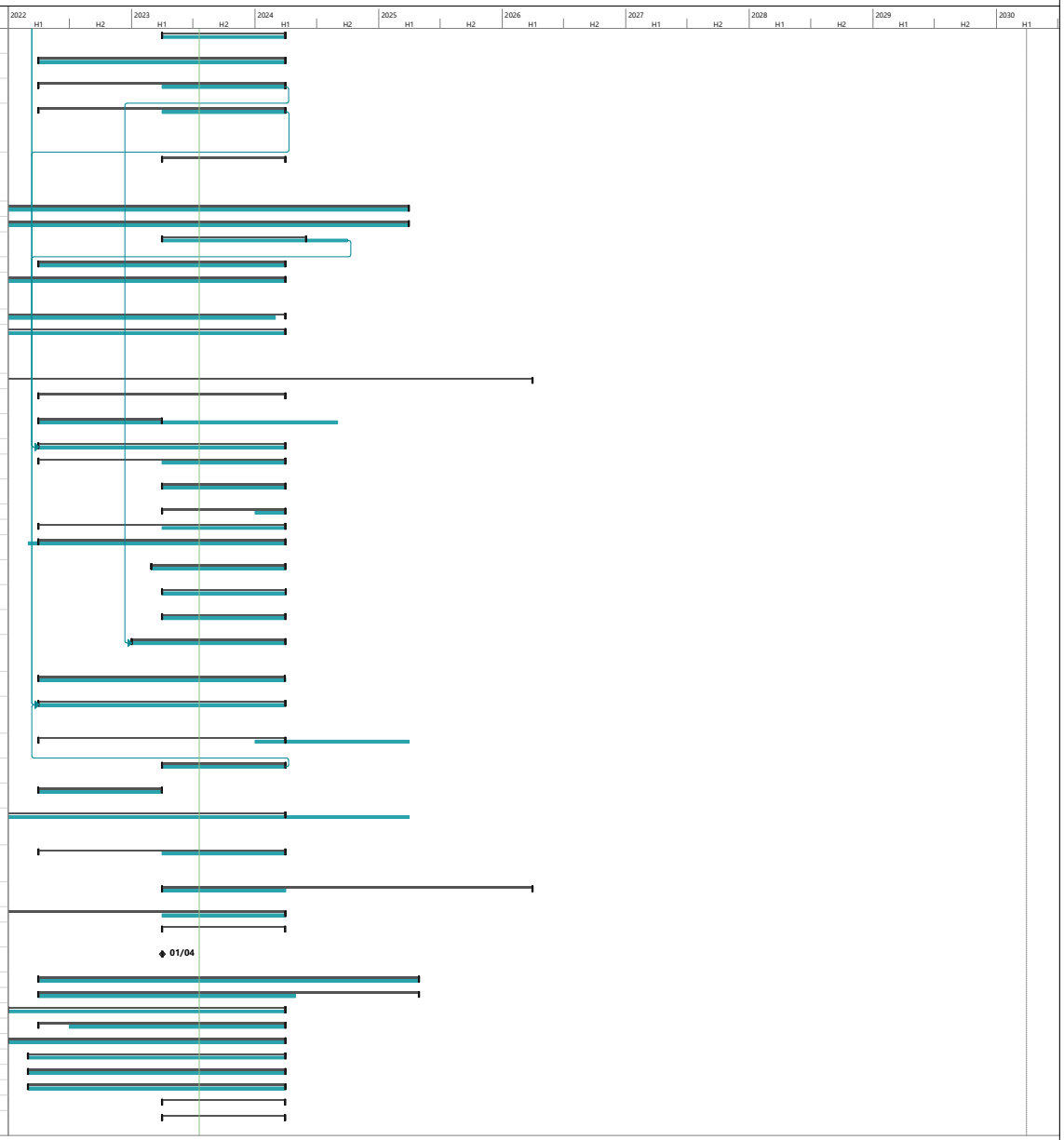
ID	Task Mode	RAG	Task Name	Duration	Start	Finish	Lead	% Complete	Progress Update
31			Each Team to develop service/team objectives, using team/service away days.	154 days	Sat 01/04/23	Wed 01/11/23	J.Faulkner	0%	Cascading of service line objectives to take place, positive work ongoing in terms of reviewing all roles. Away days have not as yet taken place, or objective development. Services are working on this.
32			To establish a role development working group, where all roles are considered and defined (including both long established roles e.g. nursing, and the newer 'non-clinically registered' roles).	262 days	Sat 01/04/23	Fri 29/03/24	Debbie Thrush	40%	
33			**Older people's services**	262 days	Sat 01/04/23	Sun 31/03/24	E.Townsley	38%	
34			**Maintain safe staffing numbers, improve experience and outcomes across our older adult inpatient services**	262 days	Sat 01/04/23	Sun 31/03/24	E.Townsley	38%	
37			**Expansion of The Willow model with the opening of Dolphin Manor**	262 days	Sat 01/04/23	Sun 31/03/24	E.Townsley	25%	
40			**Support people to remain in their own homes as much as possible by contribute to the development of the older adults aspects of the Community Transformation Programme**	262 days	Sat 01/04/23	Sun 31/03/24	E.Townsley	50%	
43			**Forensic services**	781 days	Sat 01/04/23	Mon 30/03/26	S.Russo	47%	
44			**Create capacity and flow through our Leeds forensic inpatients and improving our forenstic outreach (FOT) provision**	781 days	Sat 01/04/23	Mon 30/03/26	S.Russo	46%	
50			**Implementation of the new safer staffing model across our Leeds forensic services.**	262 days	Sat 01/04/23	Sun 31/03/24	S.Russo	50%	
53			**Learning disability services**	262 days	Sat 01/04/23	Sun 31/03/24	P.Johnstone	14%	
54			**Working collaboratively with our Local Authority commissioning partners we will redesign the delivery and leadership model for our Specialised Supported Living Service.**	522 days	Fri 01/04/22	Sun 31/03/24	P.Johnstone	2%	
55			Recommence planning and negotiation with LCC contracts and commissioning partners re SSL contract	43 days	Fri 01/09/23	Mon 30/10/23	P.Johnstone	10%	Meetings held with finance and JFA/DH to agree potential options. JFA and DH to meet with council and ICB director partners to agree next steps and which option to proceed with.
56			Design affordable management model for the delivery of SSL, derived from a detailed options appraisal	152 days	Fri 01/09/23	Sun 31/03/24	P.Johnstone	0%	Initial design and options in place. Requires a decision from commissioners and Trust EMT to progress to full model design in collaboation with Leeds City Council.
57			**Improving our Health Facilitation Team offer**	153 days	Sat 01/04/23	Tue 31/10/23	P.Johnstone	20%	
59			**Working collaboratively with our system partners address the challenges related to the system ATU and determine whether there is a need for 'emergency admission' , crisis, or 'step-up' beds for LD respite services in Leeds (alligned to respite and IST)**	522 days	Fri 01/04/22	Sun 31/03/24	P.Johnstone	20%	
60			Participate in a scoping review with partners	219 days	Sat 01/04/23	Tue 30/01/24	P.Johnstone	20%	Initial design workshop taken place with ICB, LCC and LD teams in June 2023. Working with finance colleagues on the model, potential to seek both capital and revenue funding.
61			**Perinatal and liaison**	781 days	Fri 01/04/22	Mon 31/03/25	P.Fotherby	12%	
62			**Working towards our focus of providing more care in the community, early intervention and prevention, we will increase our perinatal community provision**	522 days	Fri 01/04/22	Fri 29/03/24	P.Fotherby	17%	
66			**With support from the WY ICS continue to provide a NICPM service**	262 days	Sat 01/04/23	Sun 31/03/24	P.Fotherby	10%	
68			**Working with our partners in LTHT to improve the experience of those presenting to the Emergency Department in mental health crisis**	782 days	Fri 01/04/22	Mon 31/03/25	P.Fotherby	5%	
71			**Children and young people**	262 days	Sat 01/04/23	Sun 31/03/24	N.Mant	10%	
72			**Introduce the Alternative to Hospital Service in both Mill Lodge to provide a service for children and young people with eating disorders/disordered eating, reducing length of stay and admissions for young people with these presentations.**	260 days	Sat 01/04/23	Fri 29/03/24	N.Mant	10%	
74			**Implement a pilot assessment service within NDCAMHS for Young People aged 18-25 to better understand the needs of this population informing a future business case for intervention**	522 days	Fri 01/04/22	Sun 31/03/24	N.Mant	10%	
76			**Ensure the stability of Red Kite View**	522 days	Fri 01/04/22	Sun 31/03/24	N.Mant	10%	
78			**Rehabilitation, eating disorders and gender identity**	262 days	Sat 01/04/23	Sun 31/03/24	R.Carroll	42%	
79	✓		**Reducing the number of complex rehab out of area placements**	262 days	Sat 01/04/23	Sun 31/03/24	R.Carroll	100%	
82			**Complete R&R and AOT review and implement recommendations for a Complex Psychosis Service**	327 days	Sat 01/04/23	Mon 01/07/24	R.Carroll	32%	
88			**Continue the development of the West Yorkshire Complex Rehabilitation Enhanced Support Team (CREST)**	262 days	Sat 01/04/23	Sun 31/03/24	R.Carroll	50%	
92			**Development of our locked and rehabilitation pathways**	262 days	Sat 01/04/23	Sun 31/03/24	R.Carroll	50%	
94			**Introduction of a community eating disorders service to support people who do not meet the referral criteria for CONNECT.**	262 days	Sat 01/04/23	Sun 31/03/24	R.Carroll	10%	
97			**Gender ID: continuing waiting list management**	262 days	Sat 01/04/23	Sun 31/03/24	R.Carroll	25%	
100			**Regional & Specialist Services**	262 days	Sat 01/04/23	Sun 31/03/24	D.Rowley	30%	
101			**Determine the future of operating model for NSCAP following the outcome of the tender process**	262 days	Sat 01/04/23	Sun 31/03/24	D.Rowley	10%	
102			Implementation of phases 1 - 3	262 days	Sat 01/04/23	Fri 29/03/24	D.Rowley	10%	Proposal developed and presented to SDG/FPG; High level MOC plan developed; Project Group established and 1st meeting held; Estates discussion planned for July 23
103			**Improving mental health services for people with autism**	262 days	Sat 01/04/23	Sun 31/03/24	D.Rowley	25%	
104			Rollout of autism training for LYPFT staff	262 days	Sat 01/04/23	Fri 29/03/24	D.Rowley	50%	Job advert is out to support the coordiantion and devlopment of training. Service provides some training but efficiency will be improved once successful candidate is in post.
105			Subject to the autism business case outcome, implementation of the agreed option	262 days	Sat 01/04/23	Sun 31/03/24	D.Rowley	0%	Business case not approved due to no funding. Options being explored to maintain situation through permanent roles rather than secondments. Secondments run out at the end of August. Objective will not be achieved and requires revising.
106			**Improving our services for people with ADHD**	262 days	Sat 01/04/23	Sun 31/03/24	D.Rowley	0%	

Trust Organisational Priorities 2023 - 2030: Quarter 1 Progress Report

ID	Task Mode	RAG	Task Name	Duration	Start	Finish	Lead	% Complete	Progress Update
107			Subject to the ADHD business case outcome, implementation of the agreed option	262 days	Sat 01/04/23	Fri 29/03/24	D.Rowley	0%	Business case not approved due to no funding. Options being explored to maintain situation through permanent roles rather than secondments. Secondments run out at the end of August. Objective will not be achieved and requires revising.
108			**Improving our services for people with a gambling addiction**	262 days	Sat 01/04/23	Sun 31/03/24	D.Rowley	10%	
109			Mobilisation of the expanded clinics across the NE and NW	262 days	Sat 01/04/23	Fri 29/03/24	D.Rowley	10%	Mobilisation plan in place. Delays in recruitment to CTM post and estates plan still to be finalised. Plan for recruitment and estates to be finalised in quarter 3.
110			**Connectivity of the Emerge service across the primary care network linked with the rollout of Community Transformation**	262 days	Sat 01/04/23	Sun 31/03/24	D.Rowley	25%	
112			**As part of Forward Leeds improve services for people with an addiction**	262 days	Sat 01/04/23	Sun 31/03/24	D.Rowley	40%	
114			**Improving our services for Veterans and supporting Trust Commitment to the Armed Forces Covenant**	262 days	Sat 01/04/23	Sun 31/03/24	D.Rowley	68%	
117			**Our Digital Plan**	**805 days**	**Tue 01/03/22**	**Mon 31/03/25**	**B.Fawcett**	29%	
118			**Deployment of a Patient Portal**	372 days	Sat 01/04/23	Sat 31/08/24	B.Fawcett	0%	
119			Deliver technical solution and conduct controlled trials	262 days	Sat 01/04/23	Sun 31/03/24	B.Fawcett	0%	Presentation of Patient Portal functionality conducted with Advanced. NHS E looking to present on NHS Login but delays have occurred in achieving this. Programme planned to continue on with controlled trial in current financial year.
120			Presentation through NHS login. Trust wide deployment of Patient Portal where appropriate	262 days	Sat 01/04/23	Sun 31/03/24	B.Fawcett	0%	NHS England unable to give timescales on delivery of log-in for Care Director portal at this time
121			**Develop the link to the Yorkshire & Humber care record**	522 days	Fri 01/04/22	Sun 31/03/24	B.Fawcett	3%	
124			**Assess and co-design an inclusive digital transformation programme for the Trust**	522 days	Fri 01/04/22	Sun 31/03/24	B.Fawcett	60%	
125	✓		Build an Inclusive Digital Transformation Programme in collaboration with Thrive by Design	261 days	Fri 01/04/22	Thu 30/03/23	B.Fawcett	100%	Programme designed with Thrive by Design and reporting into IMSG.
126			Deploy and embed the inclusive transformation programme trust wide	262 days	Sat 01/04/23	Fri 29/03/24	B.Fawcett	20%	Deployment started with early adopters but wider deployment held back with reource challenges in CMHT and requirement for further evidence of impact from IMSG
127			**Deployment of Electronic Document Management System**	261 days	Mon 01/04/24	Mon 31/03/25	B.Fawcett	0%	
130			**Replace/ retire the need for physical smart cards across the Trust**	261 days	Mon 01/04/24	Mon 31/03/25	B.Fawcett	15%	
134			**To ensure that Trust defences against cyber threats are affective**	522 days	Fri 01/04/22	Sun 31/03/24	B.Fawcett	30%	
137			**Streamline the process for on-boarding staff**	522 days	Fri 31/03/23	Mon 31/03/25	B.Fawcett	0%	
140			**Flexible but safe access to trust system from any location**	261 days	Fri 01/04/22	Fri 31/03/23	B.Fawcett	45%	
143			**Present key data generated by LYPFT systems through the Yorkshire & Humber Care Record and Professional Portal**	262 days	Sat 01/04/23	Sun 31/03/24	B.Fawcett	0%	
145			**Integration of Care Director with the NHS SPINE**	284 days	Tue 01/03/22	Fri 31/03/23	B.Fawcett	90%	
147			**Feed data to GP systems directly from Care Director**	393 days	Tue 01/03/22	Thu 31/08/23	B.Fawcett	80%	
148			Send GP letters and patient discharge notifications directly to GP systems	393 days	Tue 01/03/22	Wed 30/08/23	B.Fawcett	80%	Technical issue delayed testing of the link between Big Hand and Care Director. Work plan to deliver in this calendar year.
149			**Strategic Estates Plan**	**1761 days?**	**Fri 01/10/21**	**Fri 30/06/28**	**D.Hanwell**	19%	
150			**Develop our PFI Estate**	1696 days	Fri 01/10/21	Fri 31/03/28	J.Campbell	25%	
152			**Enabling key clinical service changes through our estate**	262 days	Sat 01/04/23	Sun 31/03/24	J.Campbell	31%	
153			Renovation of Parkside Lodge to become a male 16 bed Complex Care Facility.	502 days	Sun 01/05/22	Fri 29/03/24	J.Campbell	10%	Programme on hold
154			Renovation of Mill Lodge to enable the opening of an eating disorders day service	262 days	Sat 01/04/23	Fri 29/03/24	J.Campbell	15%	Competitive costs being sought and the Trust will have at least 3 costs (inc. NHSPS) by 14.7.23. All quotes will be reviewed and agreement reached on a preferred contractor.
155			Renovation of the seclusion facility at the Newsam Centre to ensure in-line with agreed standards	262 days	Sat 01/04/23	Fri 29/03/24	J.Campbell	20%	The Design Team engaged following receipt of the costs received from M&E, Principle Designer, Civil Engineer with PO being prepared. Legal documentation (Deed of Variation) is being progressed between the SPV, Trust and legal teams and due soon.
156			Undertake a benchmarking exercise with our PFI provider. This will incorporate our catering provision.	242 days	Sat 01/04/23	Fri 01/03/24	J.Campbell	50%	We anticipate the benchmarking exercise being complete by the first week of July. The outcome will be reported back to ESG in September.
157			Renovation of our inpatient wards as part of the PFI lifecycle arrangement	242 days	Sat 01/04/23	Fri 01/03/24	J.Campbell	85%	Received a lifecycle report from the SPV. Exercise required to understand what is SPV funded and what Trust capital may be required. Discussions being progressed on the PFI. Formal requests made for the lifecycle programme.
158			**Owned Estate**	1696 days	Fri 01/10/21	Fri 31/03/28	J.Campbell	12%	
163			**Organisational preparedness for the ceasation of our PFI concession in 2028**	1631 days	Fri 01/04/22	Fri 30/06/28	J.Campbell	10%	
165			**Ensuring our services are safe and secure**	782 days	Fri 01/04/22	Mon 31/03/25	J.Campbell	40%	
167			**Working with partners on new developments**	805 days	Tue 01/03/22	Mon 31/03/25	J.Campbell	11%	
171			**Optimising our Estate**	894 days?	Wed 01/06/22	Sat 01/11/25	J.Campbell	26%	
174			**Green Plan**	**261 days**	**Fri 01/04/22**	**Fri 31/03/23**	**J.Campbell**	19%	
175			**Achieve Our Sustainable targets**	262 days	Sat 01/04/23	Sun 31/03/24	J.Campbell	28%	
178	✓		**SDAT Assessment**	522 days	Fri 01/04/22	Sun 31/03/24	J.Campbell	100%	
180			**Networking, Comms & Engagement**	2087 days	Fri 01/04/22	Sun 31/03/30	J.Campbell	17%	
199			**Review Bottled Water Provision**	261 days	Mon 01/04/24	Mon 31/03/25	J.Campbell	7%	
203			**Cooking, Food Provision and Waste Review**	261 days	Mon 01/04/24	Mon 31/03/25	J.Campbell	13%	
212			**Trust Transport Strategy**	522 days	Mon 01/04/24	Tue 31/03/26	J.Campbell	15%	
215			**Climate Change & Resiliance**	262 days	Sat 01/04/23	Sun 31/03/24	J.Campbell	20%	
217			**IT Equipment & Printing**	782 days	Fri 01/04/22	Mon 31/03/25	J.Campbell	2%	
221			**Energy, Cooling, Water: Improve Efficiency, Management & Monitoring**	783 days	Sat 01/04/23	Tue 31/03/26	J.Campbell	25%	
225			**Our Medical Strategy**	**522 days?**	**Fri 01/04/22**	**Sun 31/03/24**	**C.Hosker**	50%	

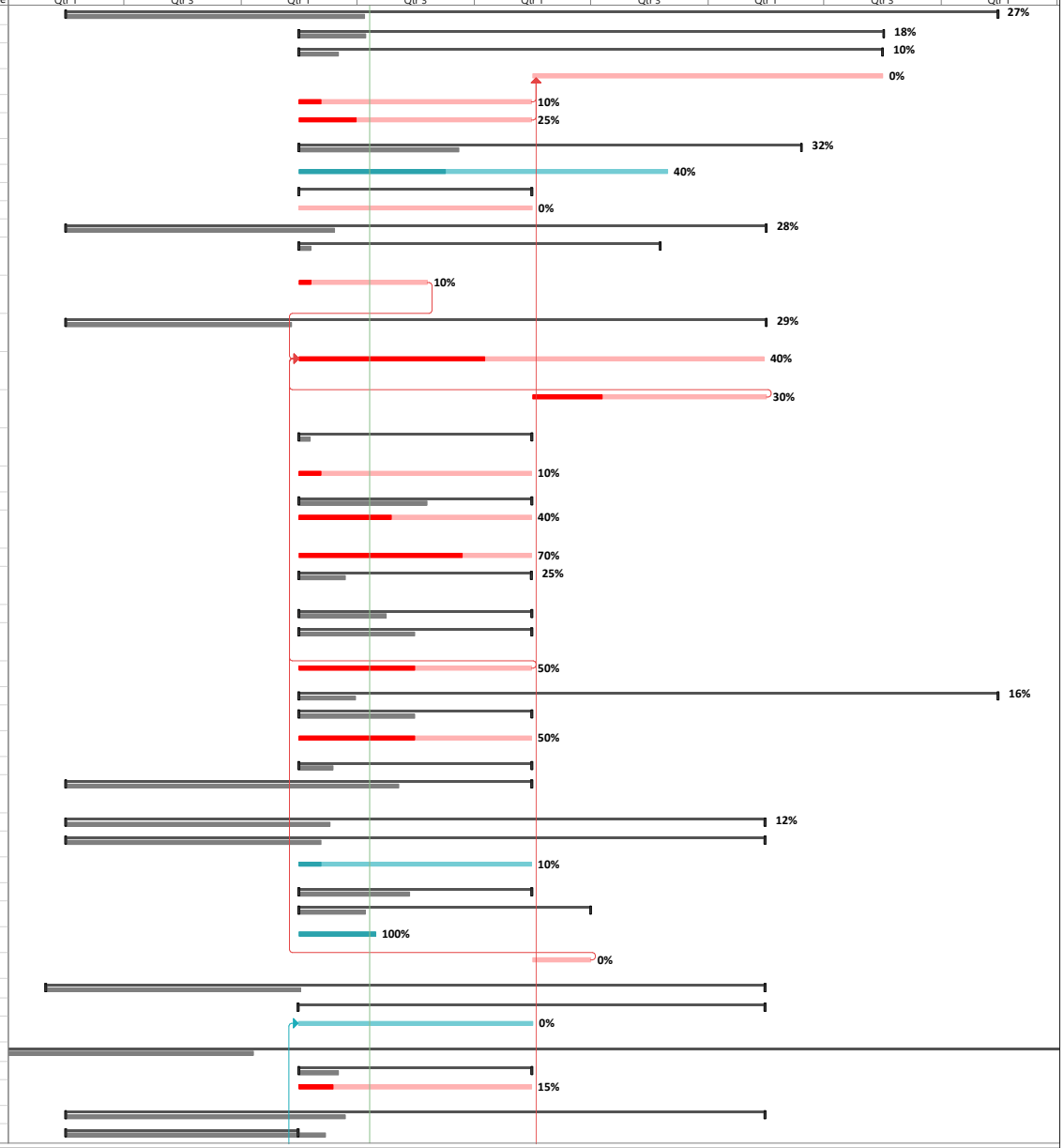
Trust Organisational Priorities 2023 - 2030: Quarter 1 Progress Report

ID	Task Mode	RAG	Task Name	Duration	Start	Finish	Lead	% Complete	Progress Update
226			**We wish to continue to maintain the high standards of medical appraisal and revalidation**	262 days	Sat 01/04/23	Sun 31/03/24	V.Lovett	40%	
229			**We wish to continue to maintain the current high standards by which concerns regarding doctors are managed**	522 days	Fri 01/04/22	Sun 31/03/24	V.Lovett	60%	
234			**We wish to continue to maintain our excellent medical education and training.**	522 days	Fri 01/04/22	Sun 31/03/24	V.Lovett	60%	
236			**We want to foster a culture of inclusion and belonging in our medical workforce that allows us to train and recruit future psychiatrists and healthcare professionals, and be able to work together to deliver sustainable patient care**	522 days	Fri 01/04/22	Sun 31/03/24	V.Lovett	15%	
239			**All consultants and SAS doctors have a clear agreed job plan which links with the doctor's appraisal and vice versa where they have protected time to focus on career development as a medical leader.**	260 days?	Sat 01/04/23	Sun 31/03/24	V.Lovett	60%	
242			**Nursing Strategy**	**1566 days**	**Mon 01/04/19**	**Mon 31/03/25**	**N.Sanderson**	53%	
243			**Improving Retention**	1043 days	Thu 01/04/21	Mon 31/03/25	L.Rose	50%	
245			**Implementation of the Patient Safety Incident Response Framework (PSIRF)**	306 days	Sat 01/04/23	Fri 31/05/24	C.Wardle	15%	
250			**Improved service user experience**	522 days	Fri 01/04/22	Sun 31/03/24	S. Marshall	63%	
253	✓		**Carers want to feel valued as a partner in care. Together we need to develop dedicated carer support across the organisation and with city wide partners.**	1044 days	Wed 01/04/20	Sun 31/03/24	L.Rose	100%	
255			**Implementing research, development and new technologies**	783 days	Thu 01/04/21	Sun 31/03/24	L.Rose	50%	
257			**Need to increase the number of people who become involved in how are services are provided, including people from diverse backgrounds to meet the needs of people living in our communities.**	1306 days	Mon 01/04/19	Sun 31/03/24	L.Rose	50%	
259			**The People Plan**	**1303 days?**	**Thu 01/04/21**	**Tue 31/03/26**	**D.Skinner**	47%	
260			**Ensure our people have access to the full range of well-being support, physical, psychological, financial and emotional**	521 days?	Fri 01/04/22	Sun 31/03/24	F.Dodd	89%	
265	✓		**Promote a psychologically safe culture and environment which challenges stigma and values the lived experience**	261 days	Fri 01/04/22	Fri 31/03/23	F.Dodd	100%	
267			**Keep our people protected, safe and well at work**	522 days	Fri 01/04/22	Sun 31/03/24	F.Dodd	19%	
271			**Ensure our leaders will have the knowledge, skill and expertise to support wellbeing in the workplace**	522 days	Fri 01/04/22	Sun 31/03/24	F.Dodd	0%	
273			**Give our people a voice, listening, acting on feedback and involvement in decision making**	262 days	Sat 01/04/23	Sun 31/03/24	F.Dodd	50%	
277			**Embed Equality, Diversity and Inclusion in the culture of our Trust**	262 days	Sat 01/04/23	Sun 31/03/24	F.Dodd	70%	
280			**Grow collective leaders that reflect Trust values**	522 days	Fri 01/04/22	Sun 31/03/24	F.Sherburn & A.Ear	40%	
282			**Provide a working environment of civility and respect for our people**	522 days	Fri 01/04/22	Sun 31/03/24	H.Tetley	46%	
286			**Improve the experience of those people with a protected characteristic as identified by the Equality Act 2010**	284 days	Wed 01/03/23	Sun 31/03/24	F.Dodd	0%	
289	✓		**Develop an agile workforce who can deliver effectively in their roles**	262 days	Sat 01/04/23	Mon 01/04/24	H.Tetley	100%	
291			**Continue to build a culture of innovation and improvement in our approach to people development, systems and processes**	262 days	Sat 01/04/23	Sun 31/03/24	F.Sherburn & A.Earnshaw	20%	
293			**Develop Organisational Development (OD) and change management support to facilitate new ways of working and delivering care**	327 days	Sun 01/01/23	Sun 31/03/24	F.Sherburn & A.Earnshaw	24%	OD consultancy model agreed and beging piloted with a small number of services to test approach.
297			**Provide accessible and intuitive software solutions to support People and OD initiatives**	521 days	Fri 01/04/22	Fri 29/03/24	A. McNichol	5%	
300			**Deliver an effective workforce plan, which focuses on recruitment and retention and future supply pathways, and which incorporates Trust Learning Needs Analysis (LNA)**	522 days	Fri 01/04/22	Sun 31/03/24	F.Sherburn & A.Earnshaw	57%	
304			**Develop and deliver the best experience for those who join the Trust**	522 days	Fri 01/04/22	Sun 31/03/24	F.Sherburn & A.Earnshaw	69%	
308			**Develop and implement an innovative approach to talent development, and which aligns to the Trust Workforce plan**	262 days	Sat 01/04/23	Sun 31/03/24	F.Sherburn & A.Earnshaw	50%	
310			**Work with partner organisations to deliver joint leadership and career development programmes**	261 days	Fri 01/04/22	Fri 31/03/23	F.Sherburn & A.Earnshaw	30%	
312			**Promote the one Leeds workforce model, removing barriers to cross-organisational and cross-functional working to enable new models of service delivery**	783 days	Thu 01/04/21	Sun 31/03/24	H.Tetley	50%	
317			**Work with partner organisations to collaborate on introducing and embedding new roles and the sharing of resources where this benefits the system**	522 days	Fri 01/04/22	Sun 31/03/24	F.Sherburn & A.Earnshaw	50%	
319			**Embed reward and recognition in our Trust to create a culture of our staff feeling valued**	783 days	Sat 01/04/23	Tue 31/03/26	F.Dodd	5%	
322			**Psychological Professions Strategic Plan**	**783 days**	**Thu 01/04/21**	**Sun 31/03/24**	**S.Prince**	35%	
323			**All psychological practice is safe, caring and compassionate, effective, cost effective, responsive and well led.**	260 days	Sat 01/04/23	Fri 29/03/24	S.Prince	35%	
326	✓		**To focus on workforce development to ensure the sustainability of our skilled and knowledgeable staff.**	0 days	Sat 01/04/23	Sat 01/04/23	S.Prince	100%	
328			**Quality Strategic Plan**	**804 days**	**Fri 01/04/22**	**Wed 30/04/25**	**R.Wylde & C.Mone**	45%	
329			**Embedding clinical outcome measures across our clinical services**	804 days	Fri 01/04/22	Wed 30/04/25	R.Wylde & C.Money	45%	
332			**Research & Development**	**587 days**	**Sat 01/01/22**	**Sun 31/03/24**	**S.Cooper**	7%	
333			**Create a culture of research being core business**	522 days	Fri 01/04/22	Sun 31/03/24	S.Cooper	5%	
335			**Developing a skilled workforce**	587 days	Sat 01/01/22	Sun 31/03/24	S.Cooper	5%	
337			**Actively engage a network of key stakeholders**	545 days	Tue 01/03/22	Sun 31/03/24	S.Cooper	10%	
339			**Effectively disseminate research outputs and Impact**	545 days	Tue 01/03/22	Sun 31/03/24	S.Cooper	5%	
341			**Influence regional and national agendas**	545 days	Tue 01/03/22	Sun 31/03/24	S.Cooper	10%	
343			**Finance Strategy**	**260 days**	**Sat 01/04/23**	**Fri 29/03/24**	**J.Saxton**	**25%**	
344			**We use our resources to delivery effective and sustainable services**	260 days	Sat 01/04/23	Fri 29/03/24	J.Saxton	25%	



Organisational Priorities 2023 - 2024: Interdependent Tasks

ID	RAG	Task Name	Duration	Start	Finish	Lead	% Complete
1		**Care Services Strategic Plan**	**1042 days**	**Fri 01/04/22**	**Tue 31/03/26**	**J.Forster-Adams**	**27%**
2		**Adult Acute**	**654 days**	**Sat 01/04/23**	**Thu 02/10/25**	**M.Cushley**	**18%**
3		**Create capacity and flow through the acute pathway that enable a reduction in the number of people placed out of area**	**652 days**	**Sat 01/04/23**	**Tue 30/09/25**	**M.Cushley**	**10%**
4		Eliminate inappropriate out of area placements	392 days	Mon 01/04/24	Tue 30/09/25	M.Cushley	0%
5		Reduce unwarranted clinical variation	262 days	Sat 01/04/23	Fri 29/03/24	M.Cushley	10%
6		Formulation to be embedded across the acute inpatient service	262 days	Sat 01/04/23	Fri 29/03/24	M.Cushley	25%
9		**Complete a review of the crisis pathway that will determine the future of the Crisis Assessment Unit**	**561 days**	**Sat 01/04/23**	**Mon 26/05/25**	**M.Cushley**	**32%**
10		Develop and implement a new model for CRISS	413 days	Sat 01/04/23	Mon 28/10/24	M.Cushley	40%
14		**Health Inequalities**	**262 days**	**Sat 01/04/23**	**Sun 31/03/24**	**J.Forster-Adams**	**0%**
15		Develop and implement a health inequalities delivery plan	262 days	Sat 01/04/23	Sun 31/03/24	J.Forster-Adams	0%
16		**Community and wellbeing**	**783 days**	**Fri 01/04/22**	**Tue 01/04/25**	**J.Faulkner**	**28%**
17		**Transition WAA CMHS out of BC, into stabilisation and recovery. Recovery is aligned with a move to a transformed population/community-based approach**	**406 days**	**Sat 01/04/23**	**Fri 18/10/24**	**J.Faulkner**	**10%**
18		Collectively redesign the way we deliver our services (AOT, Emerge, FOT) exploring pathway interfaces, service alignments and services offer to identify and implement improvements.	145 days	Sat 01/04/23	Wed 18/10/23	J.Faulkner	10%
19		**To progress all service developments inclusive of Community Transformation, EIP, Rough Sleepers Mental Health Service, Urgent Treatment Centres and Physical Health Services**	**783 days**	**Fri 01/04/22**	**Tue 01/04/25**	**J.Faulkner**	**29%**
20		Ongoing development of Mental Health Services in the Community as a apart of the community transformation. This includes workforce modelling, model operationalising, pilot roll out and full staff consultation.	522 days	Sat 01/04/23	Fri 28/03/25	J.Faulkner	40%
23		Development of psychological interventions for people with SMI, within both primary care therapies and therapies as part of the enhance offer	262 days	Mon 01/04/24	Tue 01/04/25	Fiona Lowis & Alex Perry	30%
24		**To understand the experience and care quality through implementing and utilising outcome measures, audits, service evaluations and feedback to truly improve care**	**262 days**	**Sat 01/04/23**	**Sun 31/03/24**	**J.Faulkner**	**5%**
26		Introduction and use of routine outcome measures (ReQol, DIALOG+) with over 65% of service users having two or more recorded	262 days	Sat 01/04/23	Fri 29/03/24	D.Thrush	10%
27		**Improve the wellbeing for all, including self, making it central to what we do**	**262 days**	**Sat 01/04/23**	**Sun 31/03/24**	**J.Faulkner**	**55%**
28		Ongoing Workforce development, to create a diverse workforce where recruitment, retention and development is a priority for all colleagues and all roles.	262 days	Sat 01/04/23	Fri 29/03/24	J.Faulkner	40%
29		For at least 85% of team members to have an appraisal and career conversation at	262 days	Sat 01/04/23	Fri 29/03/24	J.Faulkner	70%
30		**To improve collective leadership througout our teams through the creation of psychological safety, role clarity and clear expectations teams/individuals hold of each other**	**260 days**	**Sat 01/04/23**	**Fri 29/03/24**	**J.Faulkner**	**25%**
33		**Older people's services**	**262 days**	**Sat 01/04/23**	**Sun 31/03/24**	**E.Townsley**	**38%**
40		**Support people to remain in their own homes as much as possible by contribute to the development of the older adults aspects of the Community Transformation Programme**	**262 days**	**Sat 01/04/23**	**Sun 31/03/24**	**E.Townsley**	**50%**
42		Engagement with all aspects of the Community Transformation Programme, including model development and engagement	262 days	Sat 01/04/23	Fri 29/03/24	E.Townsley	50%
43		**Forensic services**	**781 days**	**Sat 01/04/23**	**Tue 31/03/26**	**S.Russo**	**16%**
50		**Implementation of the new safer staffing model across our Leeds forensic services.**	**262 days**	**Sat 01/04/23**	**Sun 31/03/24**	**S.Russo**	**50%**
51		To recruit to vacant posts, utilising recruitment incentives, new skill mixes for wards and media campaigns	262 days	Sat 01/04/23	Fri 29/03/24	S.Russo	50%
53		**Learning disability services**	**262 days**	**Sat 01/04/23**	**Sun 31/03/24**	**P.Johnstone**	**14%**
54		**Working collaboratively with our Local Authority commissioning partners we will redesign the delivery and leadership model for our Specialised Supported Living Service.**	**522 days**	**Fri 01/04/22**	**Sun 31/03/24**	**P.Johnstone**	**2%**
61		**Perinatal and liaison**	**781 days**	**Fri 01/04/22**	**Mon 31/03/25**	**L.McDonagh**	**12%**
68		**Working with our partners in LTHT to improve the experience of those presenting to the Emergency Department in mental health crisis**	**782 days**	**Fri 01/04/22**	**Mon 31/03/25**	**L.McDonagh**	**5%**
69		Engagement with the project team in the redesign of the high risk assessment room and safe flexible space at LGI and SJUH EDs.	262 days	Sat 01/04/23	Fri 29/03/24	L.McDonagh	10%
78		**Rehabilitation, eating disorders and gender identity**	**262 days**	**Sat 01/04/23**	**Sun 31/03/24**	**R.Carroll**	**42%**
82		**Complete R&R and AOT review and implement recommendations for a Complex Psychosis Service**	**327 days**	**Sat 01/04/23**	**Mon 01/07/24**	**R.Carroll**	**32%**
83		Develop a place-based clinical pathway for comlpex psychosis, aligning the existing R&R, AOT and Newsam WS.	87 days	Sat 01/04/23	Sun 30/07/23	R.Carroll	100%
86		Community Transformation implement wave 2 upscaled complex psychosis pilot across PCN footprint	66 days	Mon 01/04/24	Mon 01/07/24	R.Carroll	0%
117		**Our Digital Plan**	**805 days**	**Tue 01/03/22**	**Mon 31/03/25**	**B.Fawcett**	**26%**
137		**Streamline the process for on-boarding staff**	**522 days**	**Fri 31/03/23**	**Mon 31/03/25**	**B.Fawcett**	**0%**
138		Assessment of the tools available to replace the SW process	262 days	Fri 31/03/23	Mon 01/04/24	B.Fawcett	0%
149		**Strategic Estates Plan**	**1761 days?**	**Fri 01/10/21**	**Fri 30/06/28**	**D.Hanwell**	**19%**
152		**Enabling key clinical service changes through our estate**	**262 days**	**Sat 01/04/23**	**Sun 31/03/24**	**J.Campbell**	**31%**
154		Renovation of Mill Lodge to enable the opening of an eating disorders day service	262 days	Sat 01/04/23	Fri 29/03/24	J.Campbell	15%
165		**Ensuring our services are safe and secure**	**782 days**	**Fri 01/04/22**	**Mon 31/03/25**	**J.Campbell**	**40%**
174		**Green Plan**	**261 days**	**Fri 01/04/22**	**Fri 31/03/23**	**J.Campbell**	**19%**



Critical
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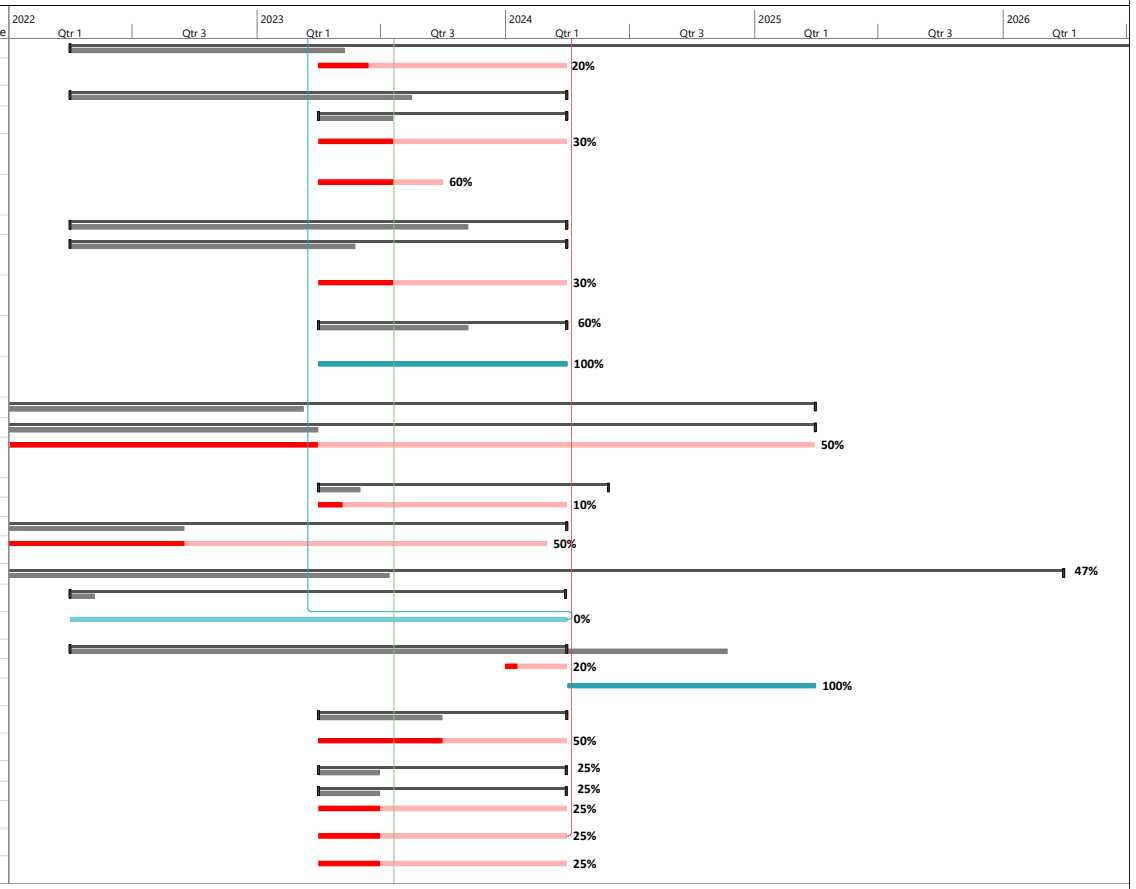
Baseline
Baseline Split
Baseline Milestone
Milestone
Summary Progress
Summary
Manual Summary
Project Summary
External Tasks
External Milestone
Inactive Task
Inactive Milestone
Inactive Summary
Deadline

Organisational Priorities 2023 - 2024: Interdependent Tasks

ID	RAG	Task Name	Duration	Start	Finish	Lead	% Complete
180		**Networking, Comms & Engagement**	**2087 days**	**Fri 01/04/22**	**Sun 31/03/30**	**J.Campbell**	**17%**
182		Develop and implement an incentive scheme and reward staff for tracking and reducing their own carbon footprint.	262 days	Sat 01/04/23	Fri 29/03/24	J.Campbell	20%
225		**Our Medical Strategy**	**522 days?**	**Fri 01/04/22**	**Sun 31/03/24**	**C.Hosker**	**50%**
226		**We wish to continue to maintain the high standards of medical appraisal and revalidation**	**262 days**	**Sat 01/04/23**	**Sun 31/03/24**	**V.Lovett**	**40%**
227		Undertake an analysis of the current training/support provided to doctors and, if appropriate, develop an annual update training programme focusing on appraisal and revalidation	262 days	Sat 01/04/23	Fri 29/03/24	V.Lovett	30%
228		Recruit, train and support a further 3-6 appraisers to provide us with sufficient capacity to deliver the number of annual appraisals needed to support the revalidation requirements of the doctors who have a prescribed connection with the	132 days	Sat 01/04/23	Fri 29/09/23	V.Lovett	60%
234		**We wish to continue to maintain our excellent medical education and training.**	**522 days**	**Fri 01/04/22**	**Sun 31/03/24**	**V.Lovett**	**60%**
236		**We want to foster a culture of inclusion and belonging in our medical workforce that allows us to train and recruit future psychiatrists and healthcare professionals, and be able to work together to deliver sustainable patient care**	**522 days**	**Fri 01/04/22**	**Sun 31/03/24**	**V.Lovett**	**15%**
238		Complete an analysis of leavers in the past three years to have a baseline of reasons and services with low retention and develop an action plan. This includes the offering of exit interviews for consultants and SAS doctors.	262 days	Sat 01/04/23	Fri 29/03/24	V.Lovett	30%
239		**All consultants and SAS doctors have a clear agreed job plan which links with the doctor's appraisal and vice versa where they have protected time to focus on career development as a medical leader.**	**260 days?**	**Sat 01/04/23**	**Sun 31/03/24**	**V.Lovett**	**60%**
240		Develop and implement with OD and external partners a leadership development programme pathway, with clear internal and external offers which can match the particular needs of different roles.	262 days	Sat 01/04/23	Sun 31/03/24	V.Lovett	100%
242		**Nursing Strategy**	**1566 days**	**Mon 01/04/19**	**Mon 31/03/25**	**N.Sanderson**	**51%**
243		**Improving Retention**	**1043 days**	**Thu 01/04/21**	**Mon 31/03/25**	**L.Rose**	**50%**
244		Reduce turnover in nursing staff leaving the organisation by ensuring clinical teams reflect the scope of nursing practitioners at every level	1043 days	Thu 01/04/21	Fri 28/03/25	L.Rose	50%
245		**Implementation of the Patient Safety Incident Response Framework (PSIRF)**	**306 days**	**Sat 01/04/23**	**Fri 31/05/24**	**C.Wardle**	**15%**
246		Procurement of a Risk Managememet System	262 days	Sat 01/04/23	Fri 29/03/24	C.Wardle	10%
255		**Implementing research, development and new technologies**	**783 days**	**Thu 01/04/21**	**Sun 31/03/24**	**L.Rose**	**50%**
256		Develop and implement a portfolio of research opportunities for nursing staff	762 days	Thu 01/04/21	Thu 29/02/24	L.Rose	50%
259		**The People Plan**	**1303 days?**	**Thu 01/04/21**	**Tue 31/03/26**	**D.Skinner**	**47%**
297		**Provide accessible and intuitive software solutions to support People and OD initiatives**	**521 days**	**Fri 01/04/22**	**Fri 29/03/24**	**A. McNichol**	**5%**
298		Develop and implement an intuitive, integrated workflow management solution to replace the SW process	522 days	Fri 01/04/22	Sun 31/03/24	A. McNichol	0%
304		**Develop and deliver the best experience for those who join the Trust**	**522 days**	**Fri 01/04/22**	**Sun 31/03/24**	**F.Sherburn & A.Earnsha**	**69%**
306		Evaluate the effectiveness of onboarding and the impact on retention and delivery of c	66 days	Mon 01/01/24	Fri 29/03/24	F.Sherburn & A.Earnsha	20%
307		Evaluate the use of work experience/internships in terms of experience and recruitment impact. Continuous improvement of the scheme	261 days	Mon 01/04/24	Mon 31/03/25	F.Sherburn & A.Earnshaw	100%
308		**Develop and implement an innovative approach to talent development, and which aligns to the Trust Workforce plan**	**262 days**	**Sat 01/04/23**	**Sun 31/03/24**	**F.Sherburn & A.Earnshaw**	**50%**
309		Roll out of talent management framework with supporting infrastructure to support succession planning/linked to internal recruitment and a 'grow our own' model,	262 days	Sat 01/04/23	Fri 29/03/24	F.Sherburn & A.Earnshaw	50%
343		**Finance Strategy**	**260 days**	**Sat 01/04/23**	**Fri 29/03/24**	**J.Saxton**	**25%**
344		**We use our resources to delivery effective and sustainable services**	**260 days**	**Sat 01/04/23**	**Fri 29/03/24**	**J.Saxton**	**25%**
346		Develop and monitor a plan to reduce agency spend (medical and non-medical)	262 days	Sat 01/04/23	Fri 29/03/24	J.Saxton	25%
347		Develop and monitor a plan to reduce out of area placements (complex rehab and adult acute)	262 days	Sat 01/04/23	Fri 29/03/24	J.Saxton	25%
348		Develop and monitor a plan to reduce our vacancy position by looking at opportunities to redesign within existing establishment	262 days	Sat 01/04/23	Fri 29/03/24	J.Saxton	25%



Critical | Task | Manual Task | Duration-only | Baseline Milestone | Summary | External Tasks | Inactive Milestone
Critical Split | Split | Start-only | Baseline | Milestone | Manual Summary | External Milestone | Inactive Summary
Critical Progress | Task Progress | Finish-only | Baseline Split | Summary Progress | Project Summary | Inactive Task | Deadline

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM

9

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Report from the Chief Operating Officer
DATE OF MEETING:	27 July 2023
PRESENTED BY:	Joanna Forster Adams: Chief Operating Officer
PREPARED BY:	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

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

EXECUTIVE SUMMARY

The 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:

- Emergency Preparedness, Resilience and Response (EPRR) Planning and Management (focus on Industrial Action).
- Service Delivery and Key Performance Escalations.
- Service Development Update.

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

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

MEETING OF THE BOARD OF DIRECTORS

July 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:

- Emergency Preparedness, Resilience and Response (EPRR) Planning and Management (focus on Industrial Action).
- Service Delivery and Key Performance Escalations.
- Service Development Update.

In summary, the most significant risks and challenges faced and experienced by our services continue to be workforce supply (where we continue to have material vacancies in our core services), sustained demand in our core mental health and more specialist services, and ongoing disruption as a result of the impact of industrial action and incidents.

Primarily these are set out in the "Alert" section of the service delivery and performance section of this report but as a very high-level summary the most concerning issues as Chief Operating Officer include:

- Sustained pressure in our Acute inpatient services where this has resulted in a prolonged period of out of areas placements (above our planned trajectory). Notwithstanding the quality and experience issues well documented for our service users, the financial challenge at the end of quarter 1 is approximately £700k.

- Vacancies and workforce availability in our:

    - Community Mental Health Services.

    - Children and Young People's Red Kite View Unit.

    - Medical staff in Forensic Services (currently covered by locum medical staff).

- Risk of further disruption due to Industrial Action, incidents and preparation for Winter pressures.

- Growing (or significant) waiting times in Neurodiversity services, Gender Identity services, Chronic Fatigue service.

Overarching these key risks and challenges, is the relentless and sustained pressure this creates for staff working across our services. Whilst working towards sustainable solutions, ensuring we support staff wellbeing so they can continue to provide high quality, safe and effective care is our priority with the support of colleagues from the broader Organisation.

2. EPRR Planning and Management

Industrial action has continued through June and into July with additional junior doctors' industrial action and new action by Consultant Medical staff. Industrial Action Planning Group meetings have been maintained switching to Incident Coordination Groups during periods of industrial action.

In June a brief period of very hot weather prompted the Trust to activate heatwave arrangements. Lessons learned from 2022 meant that the heatwave planning group was already established and hence could respond to distribution of cooling devices, fans and bottled water rapidly.

2.1. EPRR Planning Activity

Long range planning has started for winter 2023/2024. A regional planning session was held in July and indications are that winter 2023 /2024 is again going to be very difficult.

Additional disruptive issues, not least of which could be continuing industrial action are expected as well as potential, if a bad winter, for power outage vulnerabilities that surfaced in autumn 2022.

Additional OPEL (Operating Pressures Escalatory Levels) planning guidance is scheduled to be issued on 8th August 2022. This will signal a need to redesign the Trust's OPEL alerting and monitoring systems in light of new guidance – the need to review this was also indicated as initial debrief findings from the junior doctors industrial action.

2.2. Planning and Impact of Industrial Action

2.2.1. Junior Doctors Industrial Action

Junior doctors' industrial action in July was the longest single period of action thus far in the ongoing dispute. Commencing at 7am on the 13th July and ending at 7am on the 18th July. The action covered a full weekend for the first time and ended 48 hours before planned action by Consultant Medical Staff.
Whilst the objectives were consistent with previous periods of industrial action (maintaining patient safety and minimising disruption for Service Users) we faced additional challenges due to the longevity of the period of action and the inclusion of a weekend. The number of shifts requiring cover was increased and volunteers to provide cover has been diminishing over the course of the early summer.

Planning to maintain patient safety and minimise disruption for Service Users followed the same process as the three previously reported. Focussing on safe cover of rosters in and out of hours.
The willingness of Consultants to volunteer to cover on call/ on duty rotes normally staffed by junior doctors reduced further in June and then again in July.

Work was undertaken to understand the reduction in the number of Consultants offering to cover during industrial action. Feedback was varied but amongst the more significant views were:

- Remuneration rates (in comparison to other sectors and Organisations)
- Provision of cover for the Consultants in hours services (and disruption/delays for Service Users)
- Time off in lieu arrangements
- Concerns about the skills and practice needed to cover a junior doctor shift.

Initial fill rates on the on-call shifts were low (at approximately 30%) and a decision was reached to increase the hourly rate offered for cover, and an improved time off in lieu arrangement. This led to additional volunteers but as in previous instances of industrial action, the on call/ on duty medical rotas only became adequately staffed by enabling junior doctors not taking industrial action to cover rotas.

Planning for managing the in-hours pathway was also more challenging. This was due to the delays in completing the out of hours pathway so that leave and recovery time for medical staff taking overnight duties could be factored in. Ultimately, the in hours pathway was also adequately resourced.

In advance of, and during this period of industrial action, we implemented our incident command arrangements. We can report that:

- There were no patient safety incidents during the period as a result of industrial action.
- Our rosters were safely maintained/covered.
- Cancelled appointments due to disruption caused by industrial action totalled 19.

2.2.2. Consultant Medical staff action 07:00 20th July to 07:00 22nd July 2023

The British Medical Association (BMA) received its mandate to implement its previously announced two-day strike. This action coming close to the junior doctors' industrial action caused significant difficulties in planning for the impacts.

The level of cover the BMA would guarantee to support was “Christmas Day” cover. In our organisation only inpatient, crisis and emergency response services would ordinarily be in operation over the Christmas bank holiday period.
Like other organisations, our planning assumption has been to maintain safe care across our services, again looking to minimise disruption wherever possible. Our tactical team have worked collectively, but primarily Julie Robinson, Consultant Perinatal Psychiatrist & Professional Lead for Psychiatry, the Medical Education and Medical Directorate team have worked with operational colleagues through a robust evaluation of where we can provide Responsible Clinician (RC) cover which enables us to have planned/confirmed arrangements for:

- Consultant on duty cover
- Consultant on call arrangements
- Junior doctors working arrangements and supervision.
- Responsible Clinician (RC) cover and rota
- Risk assessment of services
- Identification of where services can safely operate (with the risk of doctors identified as cover being unavailable to work/cover at short notice)
- Identification of services where risk is such that we are reducing or changing their operating arrangement.

This has evolved and developed iteratively since the 10th July with oversight through the Incident governance arrangements established. We have been able to minimise the impact of the disruption with most services being assessed as safe to work relatively normally. 4 services have been assessed as unable to undertake routine junior doctor outpatient activity including Older Adult community services, LD community services, Assertive Outreach and Rehabilitation services where activity has been reduced. In total 26 scheduled appointments delayed as a result of industrial action.
As of 20th July, we can report that we have maintained 98% of planned cover (with 2% unplanned absence). This means that 58% of our Consultant doctors are in work. At this stage there are no identified incidents or patient safety issues.

Additional dates for Consultant doctors' industrial action have been announced on the 24th and 25th August leading into the bank holiday weekend. Planning has commenced.
A further update will be provided verbally at Trust Board on the 26th July.

2.3. Service Delivery and Key Performance Escalations

The ongoing challenges faced in maintaining high quality service delivery, have been managed and monitored through our operational governance arrangements. Care Services has recently reviewed the Operational Governance arrangements following an advisory audit by Audit Yorkshire. The aim is to ensure that Care Services have a robust and standard approach to the operational governance process that has clear lines of reporting and shows the interface with other governance processes. We have successfully appointed a Head of Operational Governance (commencing mid-August 2023) to support service leadership teams in implementing and delivering its processes.

As part of our Trust governance arrangements, the Executive Performance and Oversight Group (EPOG) meets with service line leadership teams regularly. Each of the service lines report the challenges they face, performance issues and actions they have taken to address any concerns. The EPOG's provide service line leadership teams, in addition to performance oversight, the opportunity to showcase recent developments they have undertaken and to celebrate their successes. Two recent EPOG's have been with our Older Peoples Service leadership team and Children & Young Peoples leadership team. Both services have been able to demonstrate their effectiveness despite significant workforce and other challenges.

The Forensic Service has recently been part of an external review with Attain, facilitated by their consultant Ingrid Steele. The aim was to explore the culture and climate across the service and identify ways the service can further develop under the new leadership team. The Deputy Director of Operations and Clinical Director for Forensics has been working with Ingrid and members of the Executive Team to provide feedback to the Forensic Senior Leadership Team, current staff and those who have left the service. A number of staff engagement workshops have been scheduled throughout August including a number of individual sessions coordinated by the Deputy Director of Operations. These sessions will enable all the service staff

to hear the same feedback and provide them the opportunity to reflect on what they have heard and identify areas for development.

3. Alert

This section sets out the key areas of concern for care services that have been identified through the Operational Governance arrangements. These updates relate to the areas where service face most challenge and where risks are highest.

Acute Service Line – Inpatient Capacity

We continue to see sustained pressure for inpatient Acute beds, in particular across our female wards. This has resulted in high numbers of out of area placements. The position at the end of June the position is set out in table 1 below. We are also fully utilising the Crisis Assessment Unit and the Oasis Crisis beds to capacity during this time reducing any flexibility in the system. This has also impacted on people awaiting transfer from Leeds Teaching Hospitals as several service users have been delayed, either on medical wards or within the emergency department, waiting for acute mental health beds. As reported previously, a steady rise in levels of complex need in the service user group and as a result longer stays as a result. The service has also experienced increased delayed transfers of care, 12 on acute wards and 2 on PICU.

Table 1

ion at June 30th	Current OOA placements	Waiting for admission
Male Acute	6	1
Male PICU	3	
Female Acute	18	10
Female PICU	2	
TOTAL	31	11

The newly established Inpatient Flow Oversight group led by the Chief Operating Officer is part of the efficiency programme for 2023/24 within the Trust.

It has three primary objectives as set out in the table below:

Objective	How the group / committee will meet this objective
Ensure our internal	Understand and have oversight of Service Line and Care services Flow management arrangements.

processes for managing patient flow are robust, effective, efficient and ensure patient safety and quality outcomes are central to our decision making and management.	Take action where the objective is not fully achieved. Coordinate action where internal delays or transfers do not meet the objective.
Agree strategic and tactical approach for progressing necessary System level action, support and response.	To use intelligence to formulate the key areas where we are not able to optimise efficiency due to gaps, delays or inadequacies in our health and care system. To formulate who, how and where best to progress a response to these issues. To monitor progress (and continue to identify gaps), including the progress of our MADE action plan.
Agree and Monitor improvement plans and resultant performance and financial trajectories.	Will ensure we have a shared understanding of the ambition and expectations of the plan. Oversee progress and delivery of the plan. Design and support appropriate oversight dashboards.

As part of our programme to improve flow and address the longstanding issues of delayed transfers of care, we convened a MADE (Multi agency discharge event) in June.

Over 50 colleagues from LYPFT, LTHT, LCH, 3rd sector, Housing and social care and other system partners participated in the event. Visits to each of the inpatient wards, observation of processes and practices to manage system flow, conversations with medical staff, clinical teams and service users, resulted in a number of consistent and recurring themes emerging. Findings have now been collated into a single action plan; the implementation of which will be overseen through the IFOG. A summary of the key themes was:

- Variability in practice across wards to manage and support flow of service users through the system. Resulting in people's ongoing care being delayed or disrupted.

- The purpose of admissions not consistency being documented or understood by all members of the MDT.

- The reason for delay in discharge relate in the main to availability of specialist placements, supported living environments, access to social housing or private tenancies and awaiting funding of complex care packages. There are also some delays waiting for adjustments to housing such as deep cleans, managing infestations minor adaptations etc.

- Ward based staff are not always aware of the full range of support services available in the community.

Attendees on the day have said the event was very helpful to improving the flow of service users through the system and should be repeated. Impact of the actions will be monitored through IFOG with the aim of better supporting our service users and their ongoing care.

In relation to our efficiency plans for out of area placement expenditure, at the end of Quarter one we are slightly ahead of recovery plan in respect of complex rehabilitation but are £700k off plan due to the high levels of Acute and Older Adult out of area placements. As of 20th July, our placements have reduced to 21.

At the Financial Planning Group in July, we agreed to extend our contract for purchasing additional independent sector capacity (similar to the arrangements established through winter 2022/23). This was agreed as part of our recovery plan arrangements.

Children and Young Peoples Services: Red Kite View Staffing

Red Kite View continues to face significant registered nursing vacancies, with 70% vacancies on Lapwing (PICU) and 55% on Skylark (the General Adolescent Unit). Posts that have been recruited to, with these being taken up over the next 6 months, see table 2.

The provider collaborative was pleased to hear that our general adolescent unit occupancy has increased in line with our plans following the brief period of reduced Medical cover. We have also been supported in maintaining occupancy in PICU at 67% in light of workforce challenges. Nonetheless we are reviewing this on a case-by-case basis aiming to support the care of young people from West Yorkshire as close to home as possible.

The service continues to review each potential new admission to ensure the service can meet the service users' individual needs.

Table 2

Role	Start date	Ward
NA x 1	June	Lapwing
Band 6	July	Lapwing
Preceptee x 2	September	Skylark
Preceptee x 2	September	Lapwing
Preceptee x 2	November	Lapwing
Preceptee x 2	January	Skylark
Overseas B6	In process – no start date	Skylark

As set out earlier in this report, CYPMH leadership team members joined with Executive colleagues as part of our Performance Oversight arrangements. These issues were fully discussed, and the Executive team were confident that robust and well managed decisions, actions and plans were in place.

Neuro-developmental waiting lists

As previously reported, the Neuro-Developmental Service continues to see high rates of referrals and subsequent long waiting times. The service continues to work with the Trust and ICB to identify different ways of being able to respond to this demand. The service has seen an increase in complaints for the ADHD service in relation to the waiting times following the services participation in the Panorama documentary recently. The service is responding to these and providing support to those individuals involved.

Forensic Service: Medical staffing position

Across Forensic services we have 6wte Medical Consultant posts. 5 of these are currently covered by agency medics. This remains a concern in terms of the potential

risk of key staff leaving at short notice. Nonetheless, these staff are integrated well into the multidisciplinary service and are working well with colleagues and service users. The leadership team are being supported by medical directorate colleagues to explore recruitment options including seeking mutual aid from neighbouring Organisations. We have seen a marginal improvement in registered nursing numbers across the service and anticipate this will further improve as preceptees come into post through September and October.

3.1. Advise

Adult Acute Services: Crisis Response

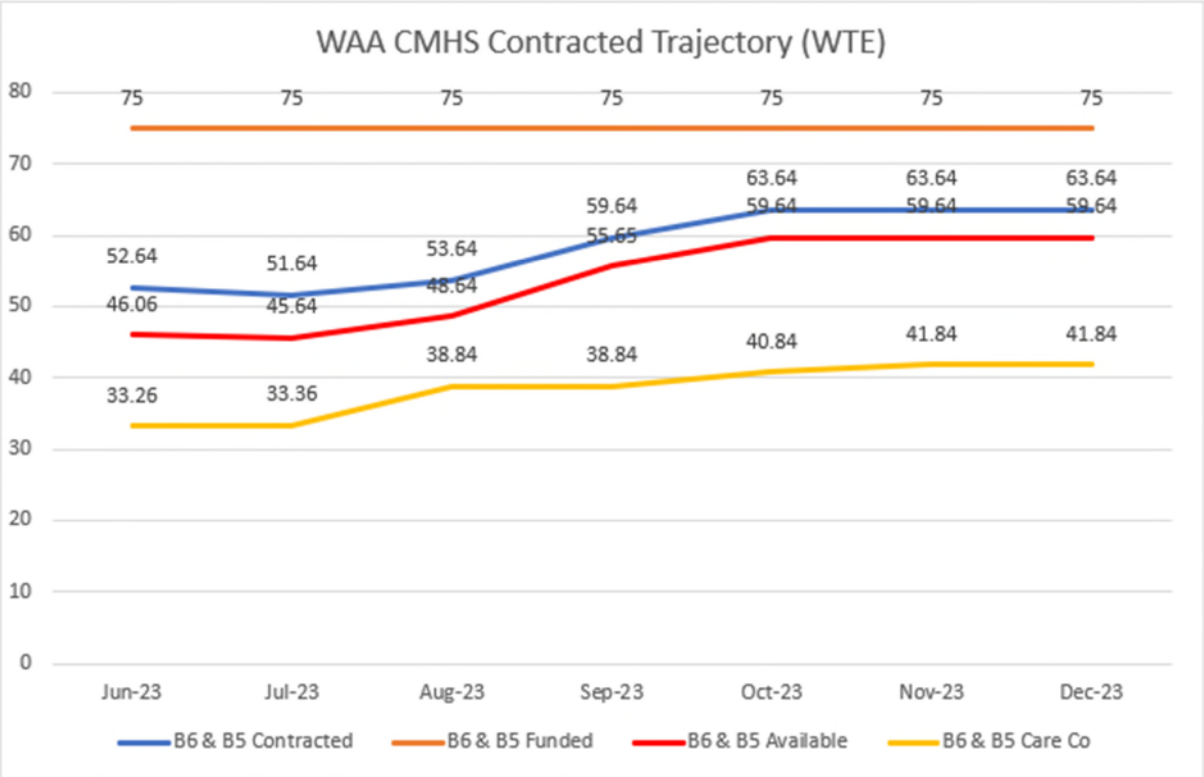
Through May and June, we have seen an improvement in meeting the Crisis 4-hour target (75 and 80% respectively). This is despite the staff shortages the team has experienced. The service has resolved many of the recording issues previously identified which is felt to have helped with the improvement, this will be continued to be monitored over coming months.

As signalled in May, we have now merged the Crisis and Street Triage Teams due to staff shortages which is felt to be having a positive impact on response times. Staff in the service continue to deliver both aspects of the care delivery with a shared approach from both. This approach will continue for a period of six months to enable both services to continue to recruit into vacant posts. The merger will be evaluated nearer the end of the six-month period to determine what next steps are taken.

Community and Wellbeing Service: Vacancies and workforce availability

Our working age community mental health teams (CMHT's) continue to experience significant workforce challenges. Currently the service is experiencing the highest number of vacancies at 49wte. Since the action taken in February to stabilise the service (the deployment of staff from other specialities) we have seen an increase in retention and an improvement in recruitment. Staff deployed into CMHT's as part of our stabilisation plan will be returning to their substantive roles through August as previously committed to them. This is enabled by the recruitment plan set out in graph 1. The service has historically run with approximately 11 vacant posts at any one time, they feel they will be more aligned to pre-business continuity levels of staffing by the end of the year. The leadership team expects to see the number of

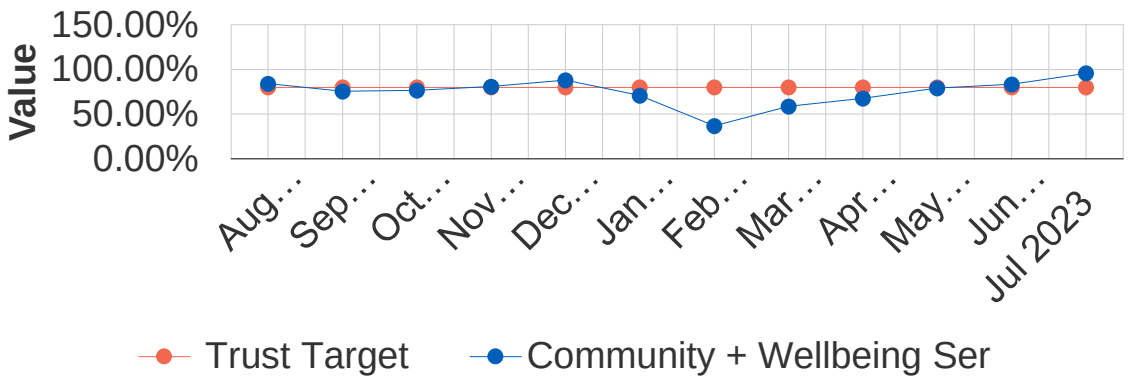
staff suitably qualified staff to undertake the care coordinator role within 6-8 months of employment as they complete their preceptorship. Additional support has been made available from the Practice Learning Facilitation Team (PLDT) to support the workforce with the preceptorship programme. We continue the development of non-clinically registered roles (18 in total) within the service, in line with our community transformation programme.



Graph 1

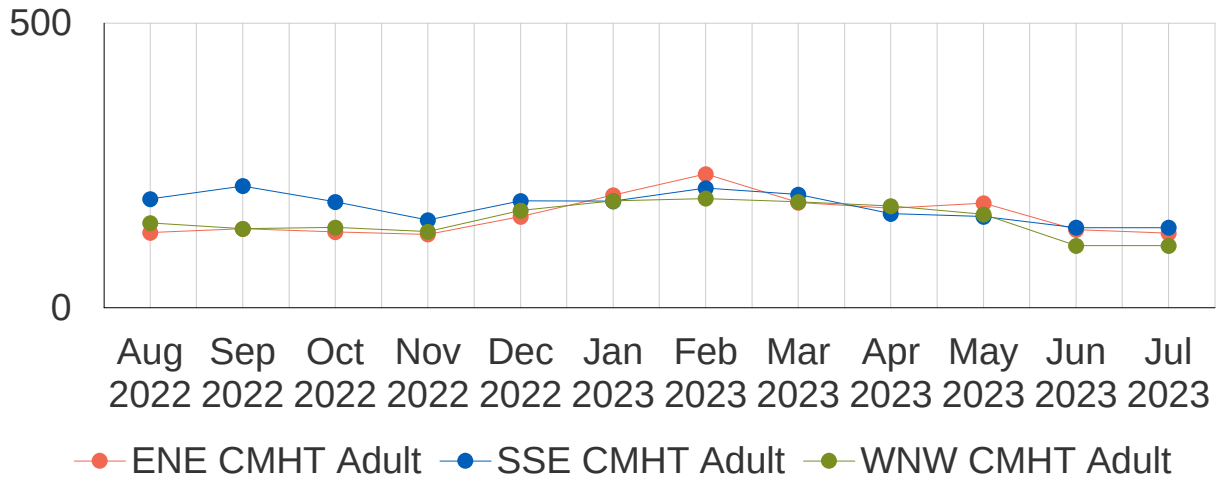
There has been a focus on reducing caseload sizes held by care coordinators primarily through effective caseload management. Additionally, the roles taken on by deployed staff have been hugely beneficial in diverting work outside care coordination; including roles in triage, assessment and brief interventions. This work has seen individual caseloads reduce to approximately 30-40 maximum. The service has taken a different approach to allocation, thorough regular caseload management meetings and are developing and embedding a complexity dashboard to ensure a clinically appropriate distribution of the caseload across the teams.

The target for referrals to be seen for assessment within 15 days has significantly improved since February, see graph 2. This is attributed to the actions taken in our stabilisation plans and includes the support of deployed staff. There is a potential risk that this deteriorates as deployed staff return to their home teams. In order to plan for this, the service has developed and currently implementing a training package for the service staff to maintain the same approach to triage and assessment of referrals.



Graph 2

The service has made significant improvements in recovering the number of referrals waiting to access the service since the recent pause in allocations, see graph 3.



Graph 3

Children and Young Peoples Services

The alternative to hospital admission provision for Mill Lodge is progressing with the supported from the North Yorkshire and Humber provider collaborative (NYH PC). The clinical staffing model has been developed and agreed, there are ongoing negotiations regarding the capital costs due to significant increase for the estate developments which is being managed through the Finance Planning Group.

We have struggled to recover and sustain the completion of the HoNOSCA/GBO (Health of the nation outcome scale and goal-based outcomes measures) across both in-patient services. A deep dive into each of the admissions during Q1 2023/24 has concluded that there has been recording issues where the final finalising of the tool has not been completed. Members of the leadership team are working with the Care Director team and their staff to improve the reporting of this measure.

Eating Disorders: Community Service

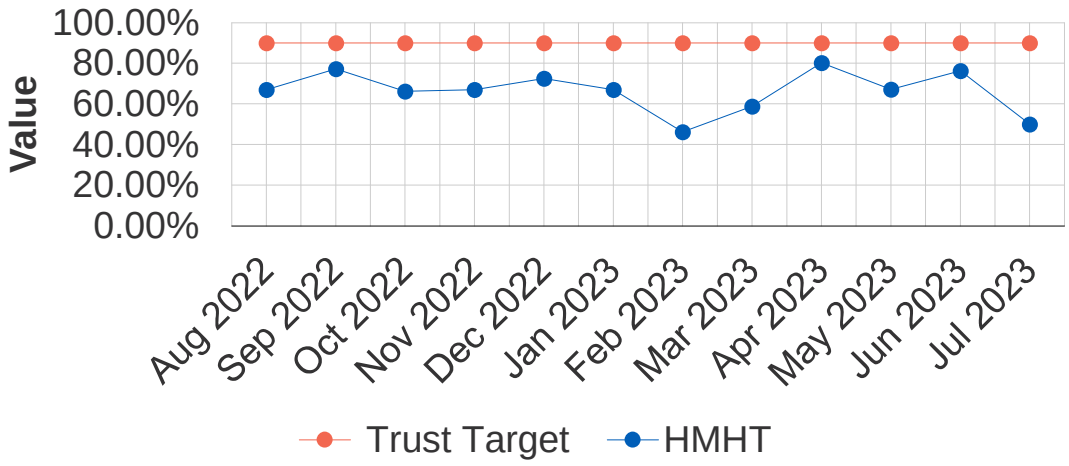
CONNECT (our community eating disorders service) continues to experience increased demand, reflecting the picture nationally for eating disorders. The community service caseload has steadily increased over the last 12 months but remains within the usual range of the service over two years. The community team contacts have remained relatively static at 600 per month over the last two years despite increased agile and virtual working. Efficiency gains are anticipated given the reduction in travel time; therefore, further investigation is being undertaken to identify areas for productivity improvements.

Forensic Service: York

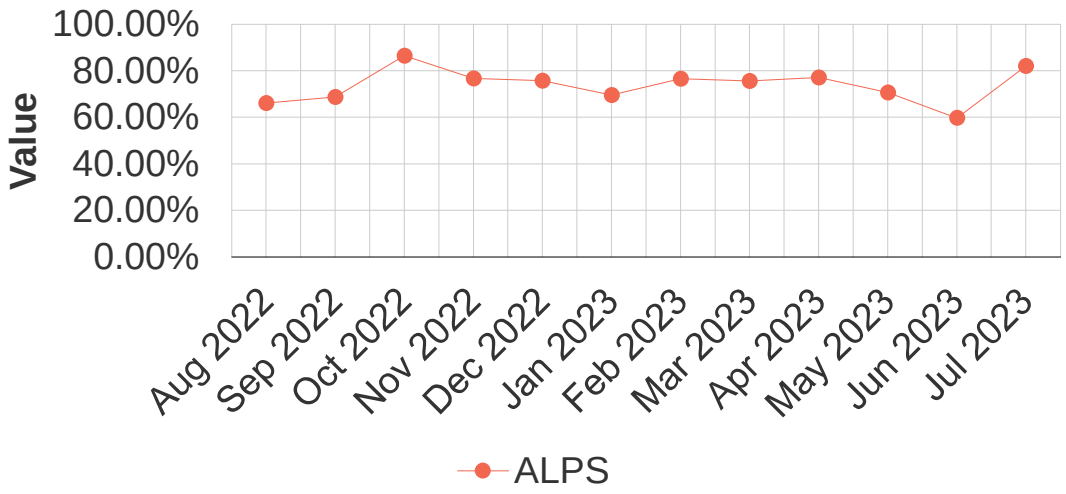
Westerdale Ward at Clifton House continues to manage admissions on a case-by-case basis in collaboration with the NYH PC. There remain some significant challenges particularly with regards to the need of an individual service user and the impact this has on the staffing and management of the environment, which has resulted in the seclusion area being taken out of use. This is being monitored regularly though meetings with the PC who are supporting the exploration of alternative options for the service user involved to ensure they are more suitably placed.

Liaison Services and update on Chronic Fatigue Performance

Liaison Psychiatry has seen referrals to its Hospital Mental Health Team (HMHT) resume to normal levels through May and June at the rate of between 160 and 180 per month. HMHT continue to fall short of the target for seeing referrals in 24hrs, see graph 4. The response rate improved in April as the rate of referrals reduced however this did decline in May recovering in June slightly. The ALPS team saw a slight deterioration in meeting the 1hr target through May and June, see graph 5, despite referrals remaining at similar levels throughout. The HMHT and ALPS teams have experienced multiple short-term sickness, vacancies, and problems with flow into the Acute and OPS in-patient services requiring additional input from the teams which in turn has delayed the response to new referrals. The team are currently reviewing data to better understand trends around referral timings and the increase of MHAs referrals to determine when and how to better deploy staff to respond to this changing demand.



Graph 4



Graph 5

The average wait from referral to first assessment within the Myalgic Encephalomyelitis (ME)/Chronic Fatigue Service (CFS) has decreased in July to 116 days (145 days in June) although the number of people on the waiting list remains high at 175. This is due to new referrals coming through the service, and internal waiting list for 1-1 therapy. The service has recently engaged with a project lead from the Joint Collaborative Forum of the West Yorkshire Association of Acute Trusts (WYAAT) and West Yorkshire Mental Health, Learning Disability & Autism (WYMHLDA) Collaborative who aims to map existing pathways and current provision of ME/Chronic Fatigue Service across the West Yorkshire and Harrogate region. Additionally, they plan to model the future demand particularly understanding the current impact of long covid and how this demand relates to current capacity. They will share their findings and make recommendations on future provision to the Joint Collaborative. The project lead is aware that whilst NICPM (National inpatient centre for psychological medicine) is a unit that specialises in severe and complex medically unexplained symptoms, it also provides inpatient care for patients who are severely affected by Myalgic Encephalomyelitis/Chronic Fatigue Syndrome. We will continue to be heavily involved in the work to ensure that the recommendations made meet the needs of the population we serve.

Older Peoples Service: Inpatient Capacity

The in-patient service has seen a sustained demand for beds particularly for people with dementia with unusually complex and high levels of care needs within the client

group. This has resulted in a small number of out of area admissions however this has reduced to nil during the early part of July. Despite this and the temporary closure of 10 beds last year, the service has been responsive to the demand for beds and has, on the most part, been able to meet this level of demand. We did have a small number of delayed transfers between LTHT and our wards in April and May however demand has since reduced enabling swifter clinically led transfers.

The Older Adult team are working with colleagues in Liaison Psychiatry to examine recent data relating to delays of transfer from LTHT and how they will work together to avoid any unnecessary delays in the future. The Urgent Care Service has also seen an improved response form the in-patient service seeing a 40% reduction in waiting times for admissions from the community.

3.2. Assure

Adult Acute Services: Female inpatient Ward 1

Ward 1 Becklin has recently faced some significant challenges with their staffing, leadership, and their ability to respond to complex service users (transitioning from young people's services). As a result, the service moved senior staff into the ward to support the strengthening of the MDT and support their leadership development. The ward did close to admissions for a period of 2 weeks to enable this work to take place. With this intensive support the ward has flourished with the MDT leading their improvements in practice and are continuing with their planning to further develop as a team.

The women's service has seen an increased positive response from the 'Have your say' feedback with some good suggestions of areas for development that the service is keen to explore.

Children and Young Peoples Services: Mill Lodge performance and future changes

Mill Lodge has achieved the target occupancy rate of over 85% (with a reduced bed base) as an enabler to the development of a day service eating disorders unit. The service has seen an improved flow of service users through the service and are more responsive to referrals for admissions.

Learning Disability Service: West Yorkshire Assessment and Treatment (ATU) Provision

Representatives from the service engaged in a learning event prompted by significant (and previously reported) challenges experienced with regards to admissions to the regional ATUs. The event was facilitated by the coordinating provider Bradford District Care Trust, with some significant learning taking place that will support the further development of the service into a successful Provider Collaborative. Members of the leadership team are currently engaging in the development of a set of actions to progress this as it has been recognised as a key area of concern for our work together as a West Yorkshire mental health, learning disabilities and autism collaborative.

We continue to have several vacancies in tenancies in our Supported Living Service. These result in a significant contract income shortfall since the move to individualised funding. We are currently liaising with colleagues in the Leeds ICB and Leeds City Council to agree how best we support this shortfall as a Health and Care system. An update will be provided in Autumn 2023.

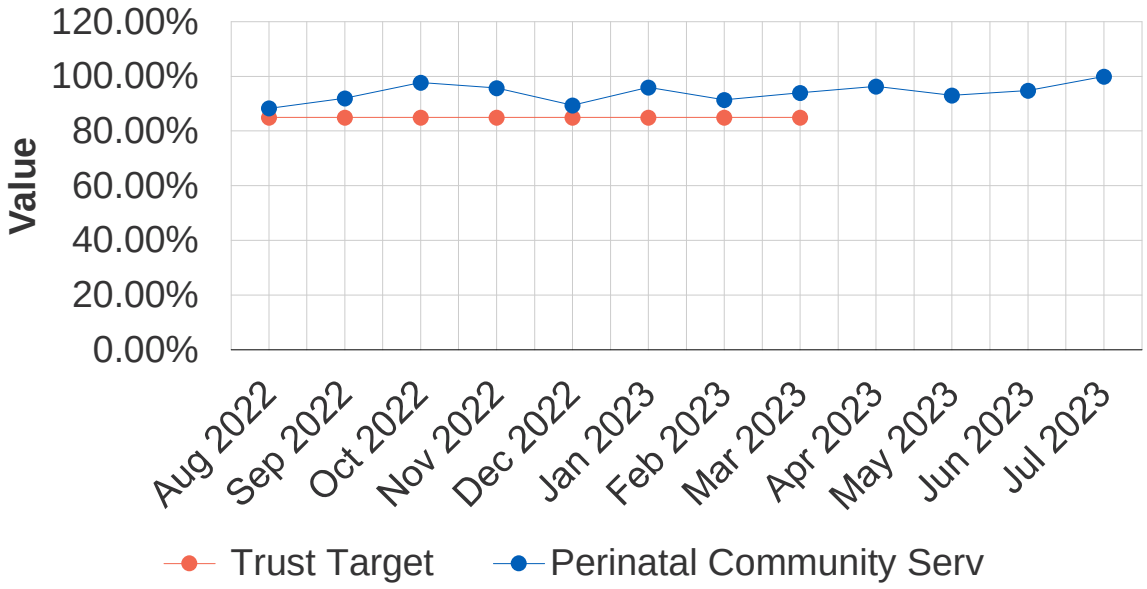
Liaison

The estates work to enable ALPS to work effectively in Emergency departments has commenced at Leeds General Infirmary. This is great news particularly heading towards winter where we see our highest level of demand through emergency departments. We also have a date for completion of the work at St James University Hospital which is programmed for mid November 2023. A working group has been established to oversee the planning and delivery of the space in SJUH at LGI. It has These developments are a real opportunity to create a fit for purpose space for a 24/7 MH team in ED.

The Admiral Nurse Service has been fully launched across St James Hospital, and they have since received a small number of referrals. As the service becomes embedded into LTHT they expect the activity to increase.

Perinatal community service

The “Improvement in Access Target” for routine appointments is being maintained with 93% of women having their first contact in less than 14 days in May increasing to 94% in June, see graph 7. The Duty and Urgent Assessment Team (DUAT) continues to function well, with a review of this pilot being underway.



Graph 7

Older Peoples Service: Functional Service Improvements and the development of partnerships in our Memory Assessment Service.

The in-patient service has made some changes in relation to their MDT working which has seen improved flow within the functional pathway. This has been supported by the pilot of Social Worker in-reach into the inpatient service to identify need earlier during the service users’ admission. We are now scoping out the need to develop some dedicated housing support for the functional wards to ensure the service can respond effectively to this area of need.

The Memory Assessment Service is negotiating with the Alzheimer’s Society in order further develop the Memory Support Worker role. Early indications are positive with their being mutual agreement that there is a greater need to focus on efficiencies of the service provision.

4. Service Development Update

4.1. Annual Operational Plans

With the agreement of the contract and resource allocation for the Trust, Service Lines within Care Services are now implementing their agreed operational plans within the agreed financial allocations. Reporting and monitoring of progress is undertaken at the Service Development and Planning Group and update reports will be provided to the Board. To date, progress on delivery is on schedule.

4.2. Community Mental Health Transformation

The transformed model for the community mental health services is in the final stages of preparation for go live at the beginning of October. This is slightly later than had been anticipated. It has been key to ensure that all partners and service users are ready for the transition to the new way of working before it is mobilised and it has been identified that further work needs to be undertaken with the Leeds Mental Wellbeing Service provided by Leeds Community Healthcare, this is underway and will be completed before the revised go-live date.

There are a number of other remaining risks to delivery, but each has mitigating actions in place to reduce the impact they will have on the programme. These include:

- Staffing pressures within the Community Mental Health Teams
- IT systems interoperability and information sharing
- Expectations to having the capacity to transition to business as usual, the transformation programme funding ends April 2024.
- The Older People's model is in development and will not be ready for testing until later in the year.

4.3. Health Equity and Inequalities

Despite a great response to the advertisement for our Head of Health Equity post, we were unable to appoint in this round. We anticipate that we will recruit towards

the end of the summer/early autumn. In the meantime, focus on the health inequalities plans for each service line continues. Measures have been put in place to ensure the focus and attention on reducing inequalities is not impacted on by not having this post filled.

LYPFT is participating in the 2023 NHS Equality Delivery System assessment with Leeds system partners focussed this year on the needs of Children and Young People with Mental Health Needs. Results of this assessment will be shared in due course.

4.4. Leeds Mental Health Strategy

The Trust is a key delivery partner in the delivery of the Leeds Mental Health Strategy, a summary of the key components of the strategy are shown below.

Under priority 6 there are two key workstreams Community Mental Health Transformation and the newly named Crisis Transformation Programme. At the July meeting of the Leeds Scrutiny Board (Adults Health and Active Lifestyles) members of the Mental Health Strategy Delivery Group presented an update on the

implementation of the strategy. Members of the scrutiny committee were interested in hearing details of the prevention workstream aimed at improving the mental well being of the population, they were also interested in the hearing about the implementation of the community mental health transformation programme and the impact expected on the wider system and to hear how it would impact on the provision for people with complex mental health needs and the interface with the new complex rehabilitation service. There was also considerable interest on the impact of the service changes on people with complex learning disabilities and neurodiversity. It was positive to see the in-depth focus on mental health services from the scrutiny committee.

5. Summary

We continue to manage a range of challenges in the delivery of consistent and sustainable high-quality care for all people needing our support. It has been helpful to highlight the most significant challenges we face set out in the service delivery section of this report, but it is important to note the improvements made in some services where we are seeing progress in line with our recovery and reset work. Looking to the future, we have seen some improvement in successful recruitment particularly in our more specialist provision. However, workforce availability in our core service remains a major concern where demand continues to be high.

We are undoubtedly seeing increased collaboration across service lines and there have been amazing examples of people coming together to manage these challenges and ongoing disruption. A big thank you to everyone involved for their hard work and continued care and compassion.

Joanna Forster Adams

Chief Operating Officer

Contributors:

Andrew Jackson, EPRR Lead

Mark Dodd, Deputy Director of Operations

Alison Kenyon, Deputy Director of Service Development

July 2023

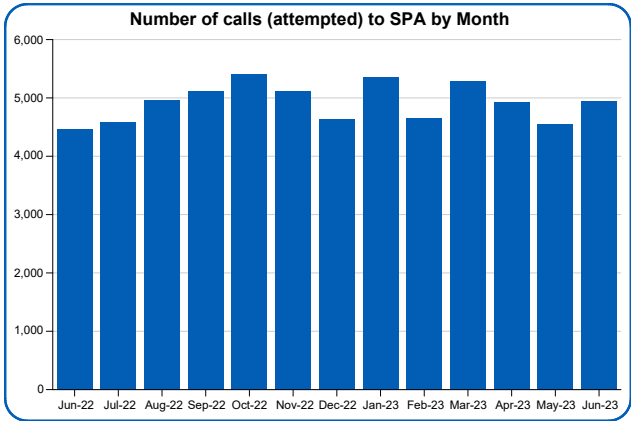
Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Apr 2023	May 2023	Jun 2023
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	30.4%	29.6%	30.9%
Percentage of ALPS referrals responded to within 1 hour	-	77.1%	70.7%	59.7%
Percentage of S136 referrals assessed within 3 hours of arrival	-	16.2%	28.1%	25.7%
Number of S136 referrals assessed	-	37	32	35
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%	56.4%	62.2%	57.1%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	93.9%	96.3%	94.8%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	57.1%	50.6%	56.4%
Percentage of CRISS caseload where source of referral was acute inpatients	-	9.9%	10.0%	11.4%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	**Target**	**Apr 2023**	**May 2023**	**Jun 2023**
Gender Identity Service: Number on waiting list	-	4,284	4,346	4,453
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	-	47.38	70.4	39.64
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	78.8%	72.7%	72.7%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	-	-	7.6%
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	-	-	42.9%
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	-	-	100.0%
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	-	-	-	94.5%
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	766	-	-	792
Perinatal Community: Face to Face DNA Rate (quarterly)	-	-	-	12.6%
Services: Our acute patient journey	**Target**	**Apr 2023**	**May 2023**	**Jun 2023**
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	68.9%	72.0%	85.6%
Crisis Assessment Unit (CAU) length of stay at discharge	-	4.38	11.44	8.15
Liaison In-Reach: attempted assessment within 24 hours	90.0%	82.7%	74.8%	79.0%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	98.8%	99.7%	101.0%
Becklin Ward 1 (Female)	-	99.7%	98.5%	104.8%
Becklin Ward 3 (Male)	-	100.0%	99.1%	99.7%
Becklin Ward 4 (Male)	-	96.5%	102.3%	100.6%
Becklin Ward 5 (Female)	-	100.0%	99.1%	100.6%
Newsam Ward 4 (Male)	-	97.8%	99.4%	99.4%
Older adult (total)	-	96.9%	92.4%	91.0%
The Mount Ward 1 (Male Dementia)	-	97.6%	99.3%	100.0%
The Mount Ward 2 (Female Dementia)	-	93.1%	88.4%	78.7%

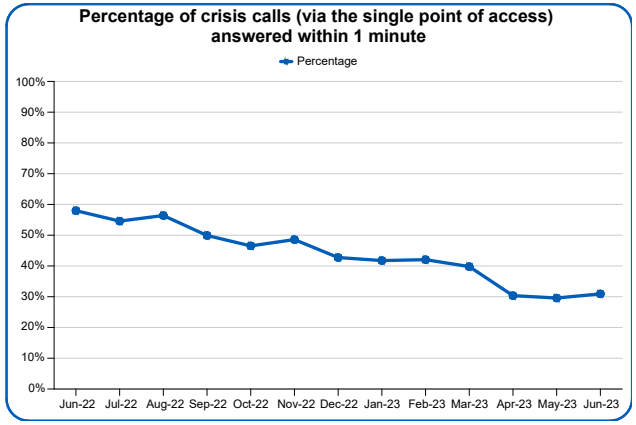
Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Apr 2023	May 2023	Jun 2023
The Mount Ward 3 (Male)	-	97.7%	84.8%	85.5%
The Mount Ward 4 (Female)	-	98.3%	97.7%	99.2%
Percentage of delayed transfers of care	-	11.6%	11.3%	11.8%
Total: Number of out of area placements beginning in month	-	10	7	13
Total: Total number of bed days out of area (new and existing placements from previous months)	330	469	682	633
Acute: Number of out of area placements beginning in month	-	7	3	12
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	189	381	399
PICU: Number of out of area placements beginning in month	-	3	4	1
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	190	238	174
Older people: Number of out of area placements beginning in month	-	0	0	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	90	63	60
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	80.0%	-	-	78.9%
Services: Our Community Care	**Target**	**Apr 2023**	**May 2023**	**Jun 2023**
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	81.2%	77.0%	82.7%
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	80.0%	79.7%	76.3%	81.7%
Number of service users in community mental health team care (caseload)	-	3,421	3,440	3,434
Percentage of referrals seen within 15 days by a community mental health team	80.0%	66.7%	76.6%	82.8%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	49.3%	51.0%	48.8%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	52.1%	43.9%	41.3%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	69.2%	52.4%	62.5%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	-	-	63.3%
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	-	-	82.0%
Services: Clinical Record Keeping	**Target**	**Apr 2023**	**May 2023**	**Jun 2023**
Percentage of service users with NHS Number recorded	-	99.2%	99.1%	99.1%
Percentage of service users with ethnicity recorded	-	76.7%	78.3%	79.7%
Percentage of service users with sexual orientation recorded	-	37.6%	40.1%	42.2%
Services: Clinical Record Keeping - DQMI	**Target**	**Jan 2023**	**Feb 2023**	**Mar 2023**
DQMI (MHSDS) % Quality %	95.0%	91.7%	92.0%	92.0%

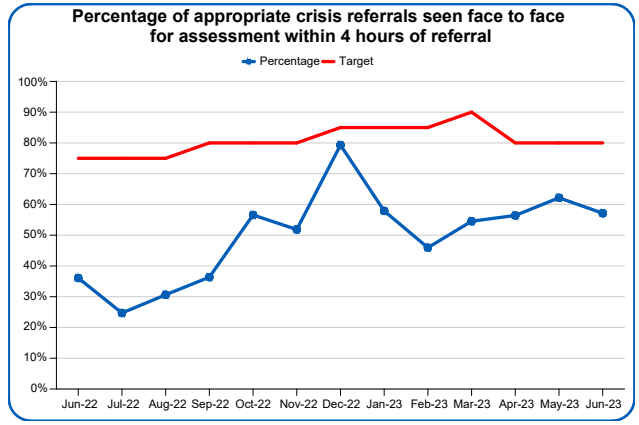
Services: Access & Responsiveness: Our Response in a crisis



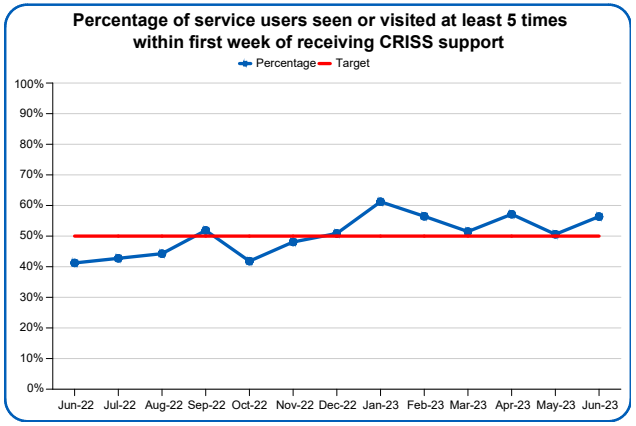
Number of calls : June 4,948



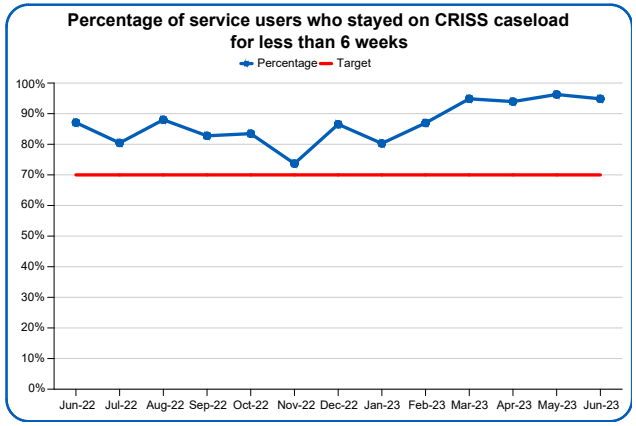
Local target - within 1 minute: June 30.9%



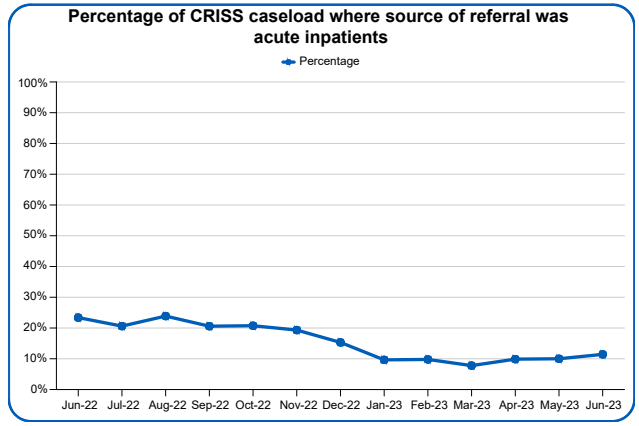
Contactual Target 80%: June 57.1%



Contractual Target 50%: June 56.4%

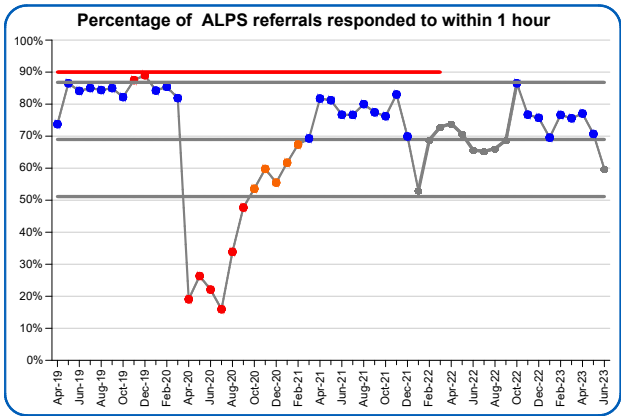


Contractual Target 70%: June 94.8%

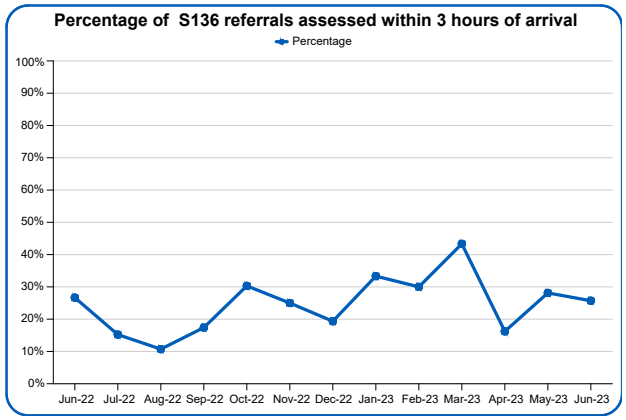


Contractual Target tba: June 11.4%

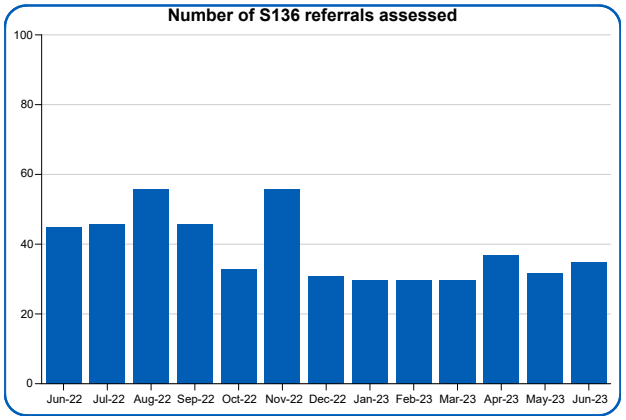
Services: Access & Responsiveness: Our Response in a crisis (continued)



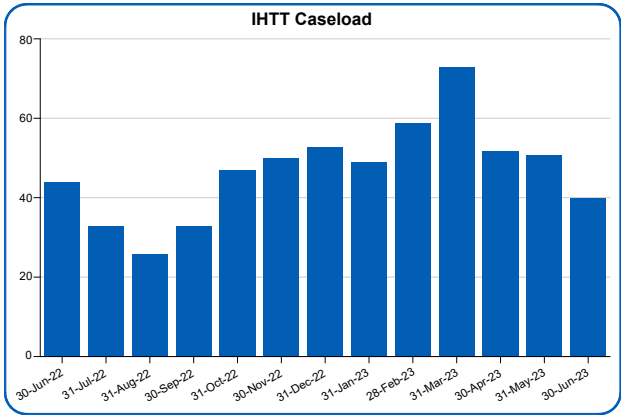
Contractual Target : June 59.7%



Contractual Target : June 25.7%

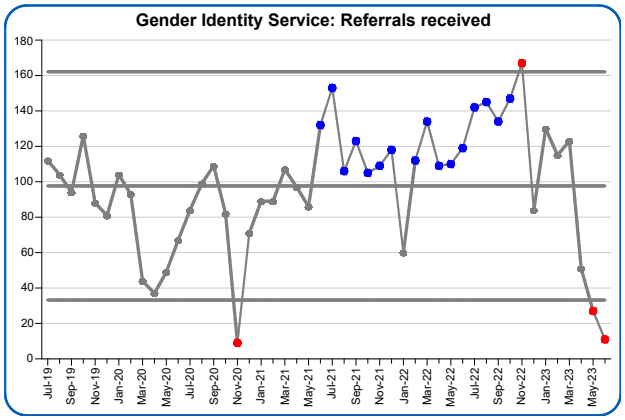


Total referrals assessed: June 35

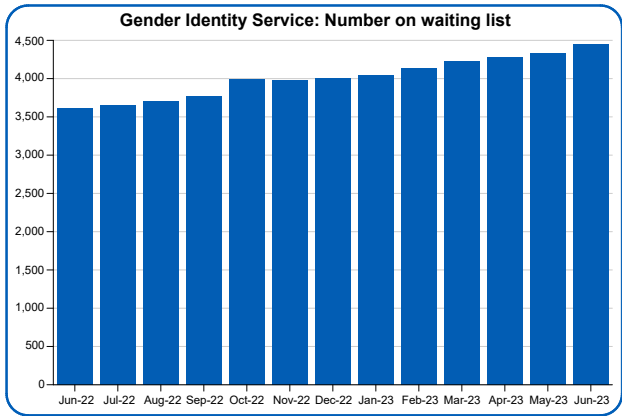


Caseload: June 40

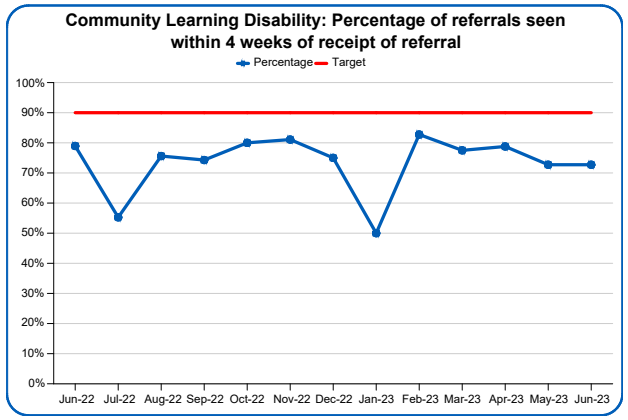
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services



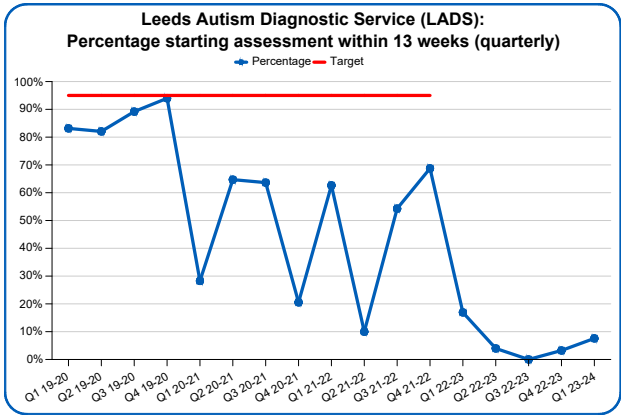
Total referrals: June 11



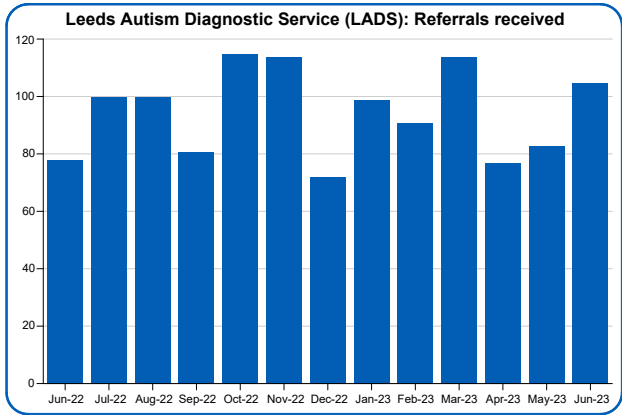
Number on waiting list: June 4,453



Contractual Target 90%: June 72.7%

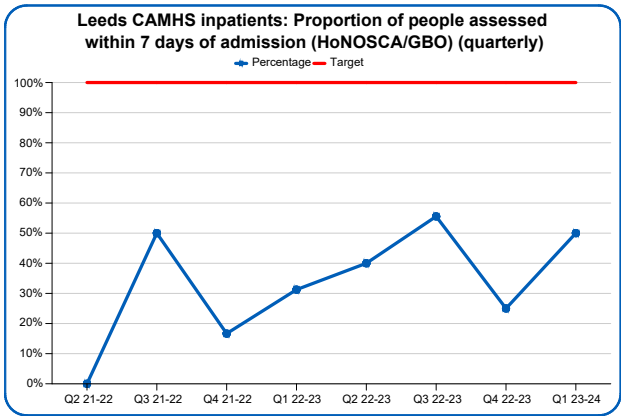


Contractual Target : Q1 7.6%

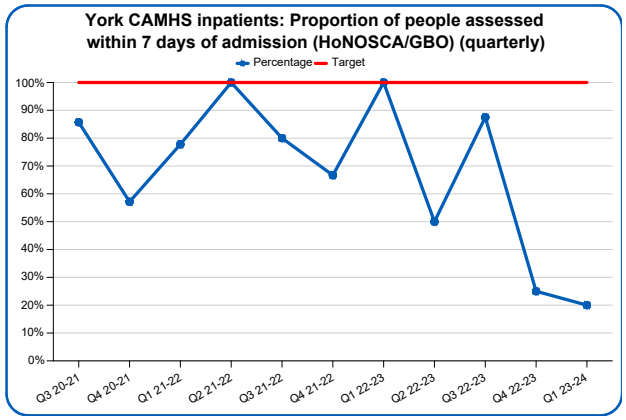


Local measure: June 105

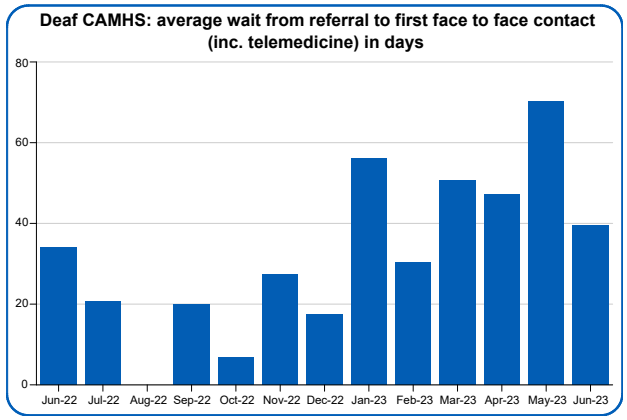
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services (continued)



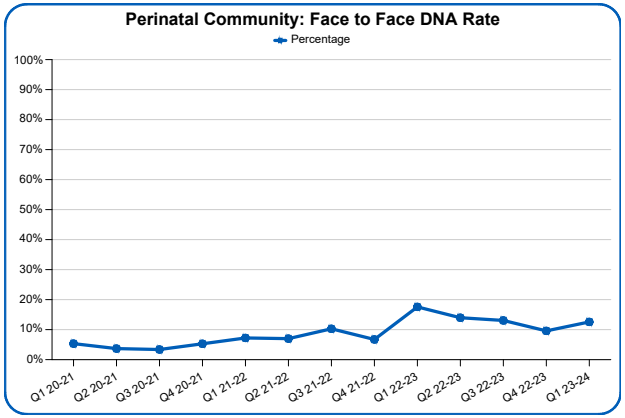
Contractual Target 100%: Q1 50.0%



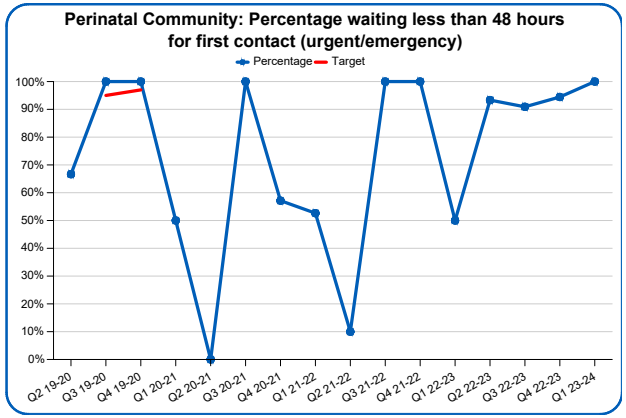
Contractual Target 100%: Q1 20.0%



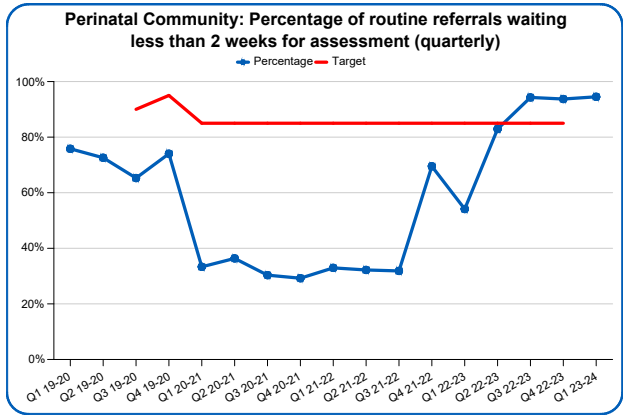
Local measure: June 40



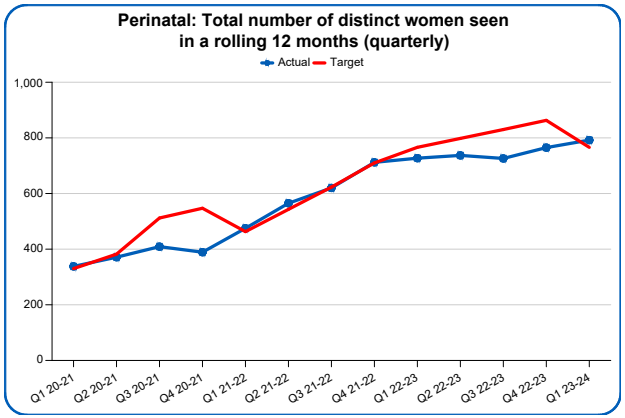
Contractual measure: Q1 12.6%



Contractual Target tba: Q1 100.0%

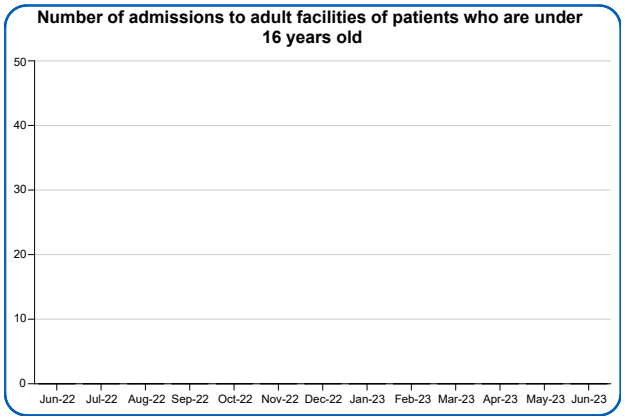


Contractual Target : Q1 94.5%

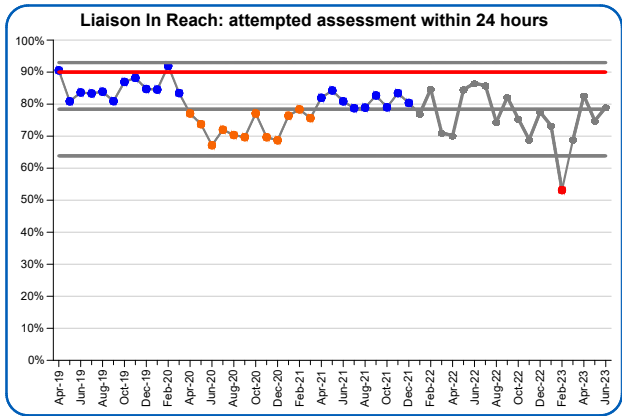


Local measure 766: Q1 792

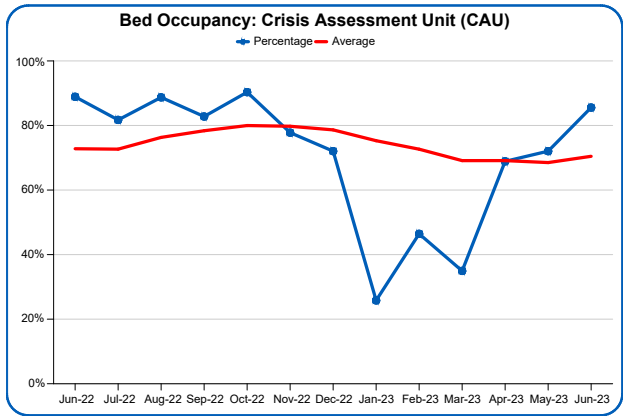
Services: Our acute patient journey



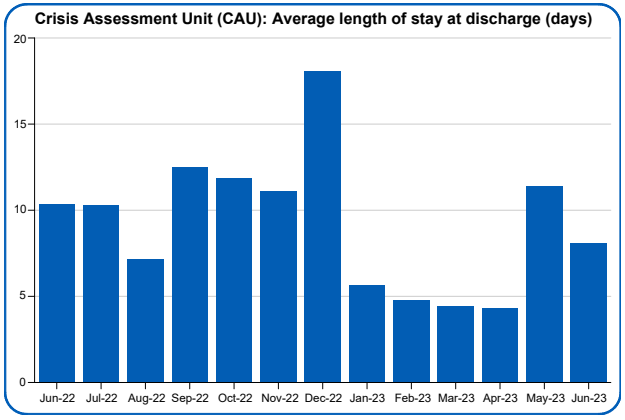
National (NOF) No target : June 0



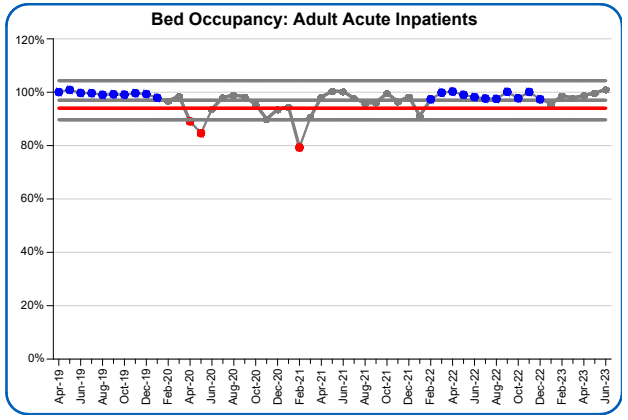
Contractual Target 90%: June 79.0%



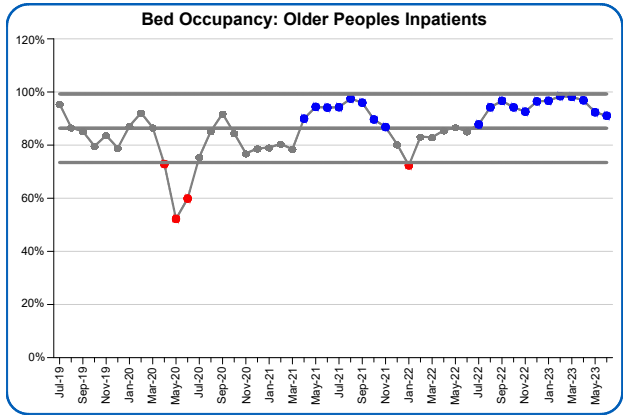
Local measure: June 85.6%



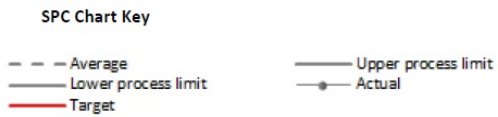
Local measure: June 8 days

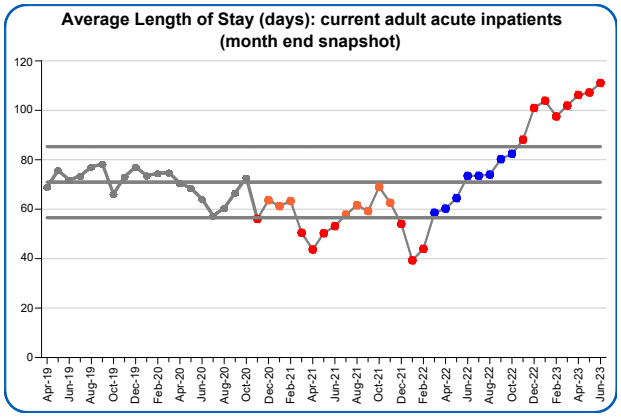


Contractual Target 94%: June 101.0%

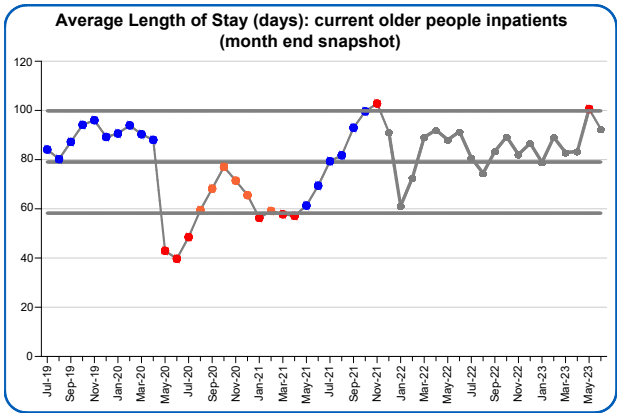


Local measure and target : June 91.0%

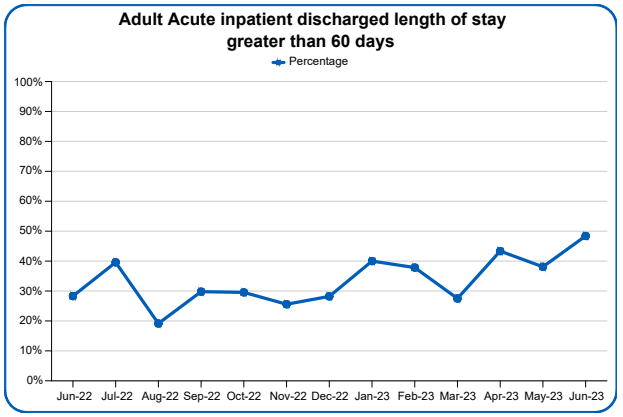




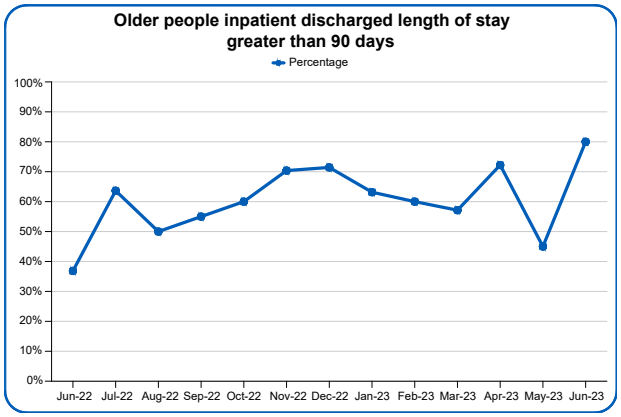
Local tracking measure: June 111 days



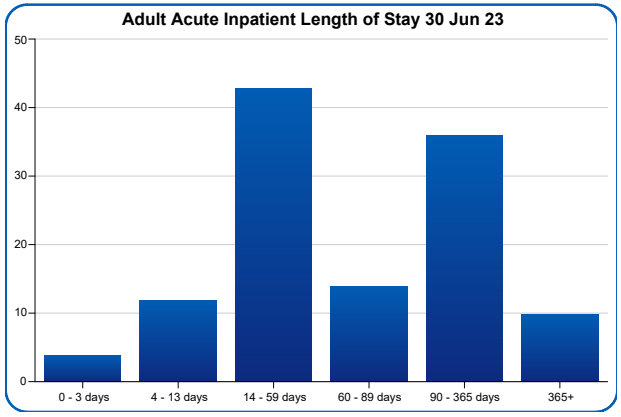
Local tracking measure: June 92 days



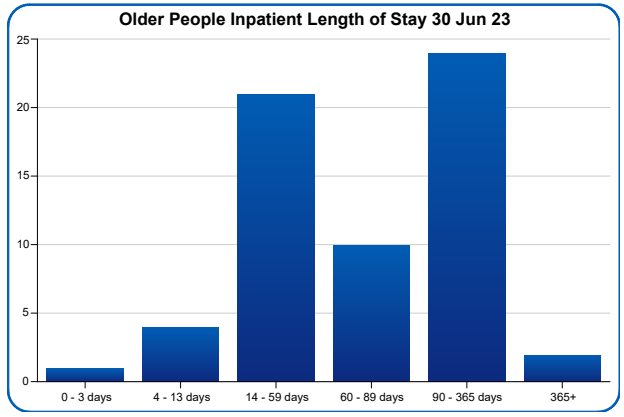
National (LTP): June 48.4%



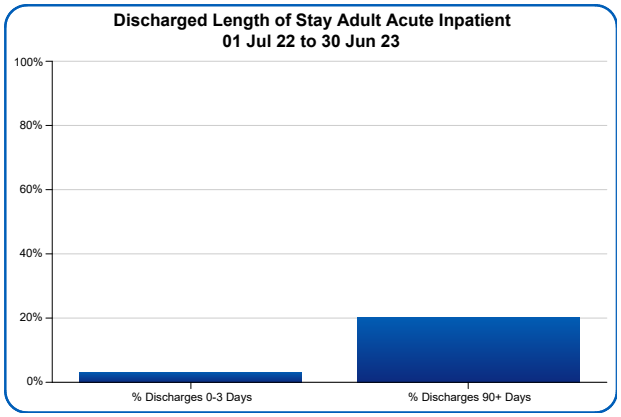
National (LTP): June 80.0%



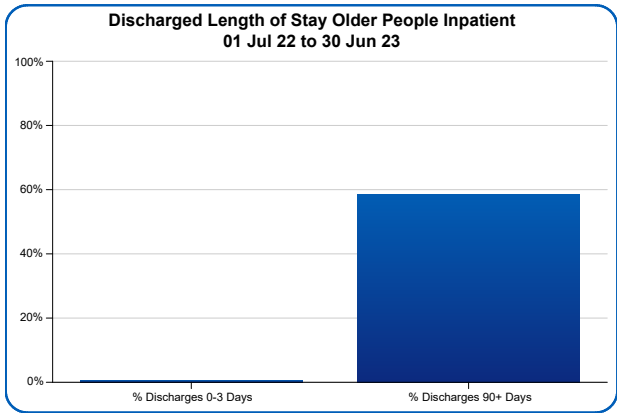
Local activity: 46 people with LOS 90+ days



Local activity: 26 people with LOS 90+ days

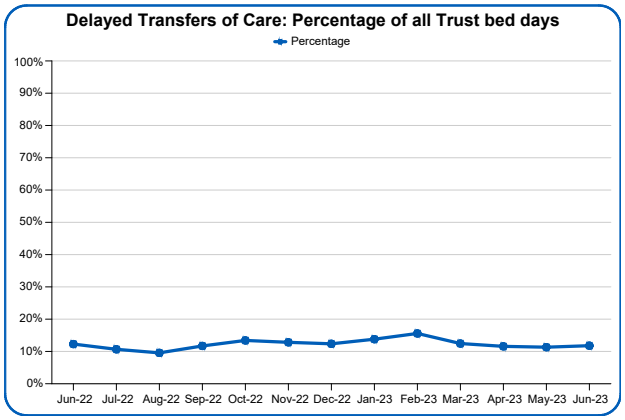


Local activity: % discharged LOS 90+ days = 20.4%

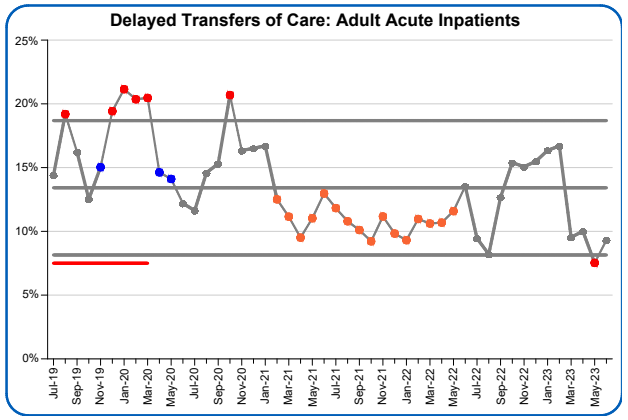


Local activity: % discharged LOS 90+ days = 58.7%

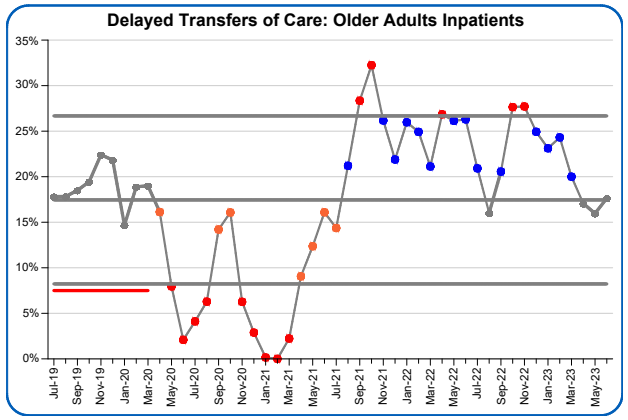
Services: Our acute patient journey (continued)



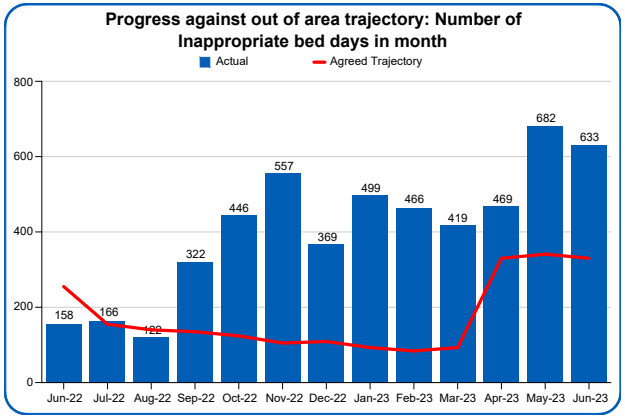
Local tracking measure: June 11.8%



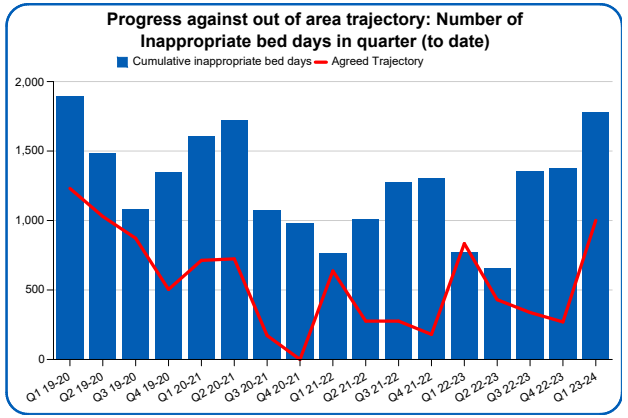
Local tracking measure: June 9.3%



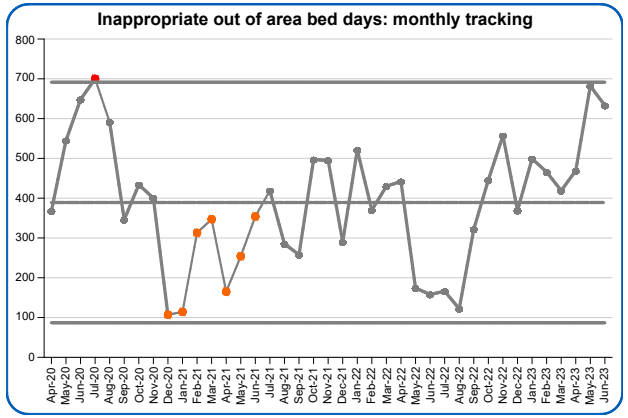
Local tracking measure: June 17.6%



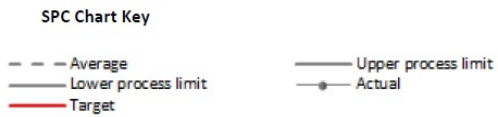
Nationally agreed trajectory (330): June 633 bed days



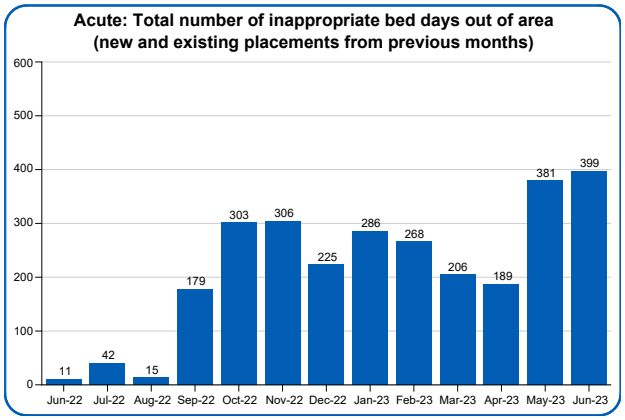
Nationally agreed trajectory (Q1: 1,001): Q1 1,784 bed days



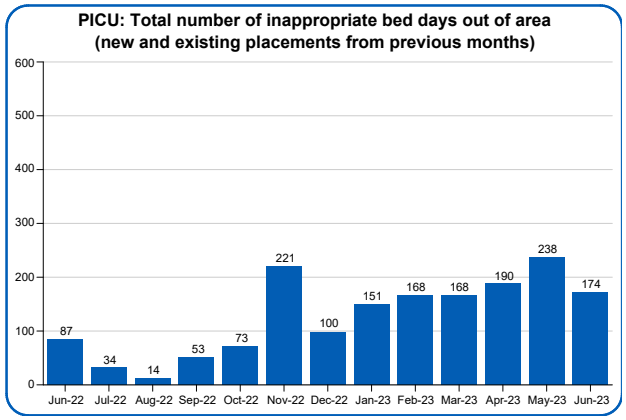
Local tracking measure: June 633 bed days



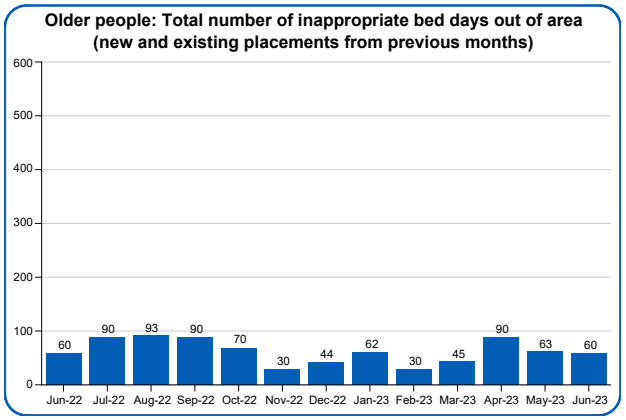
Services: Our acute patient journey (continued)



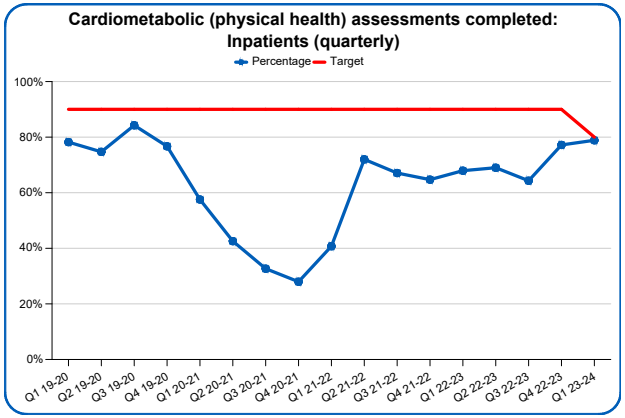
Nationally agreed trajectory (): June 399 days



Nationally agreed trajectory (): June 174 days

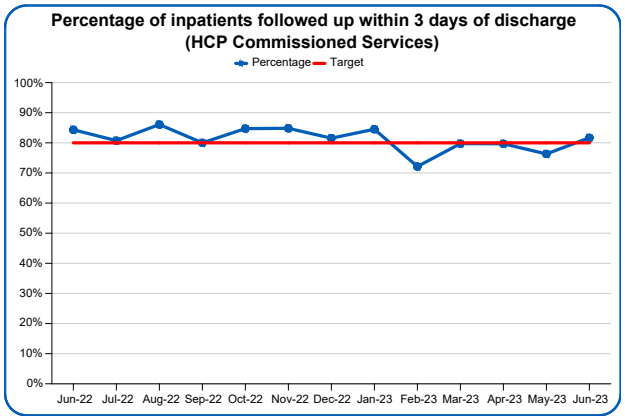


Local measure : June 60 days

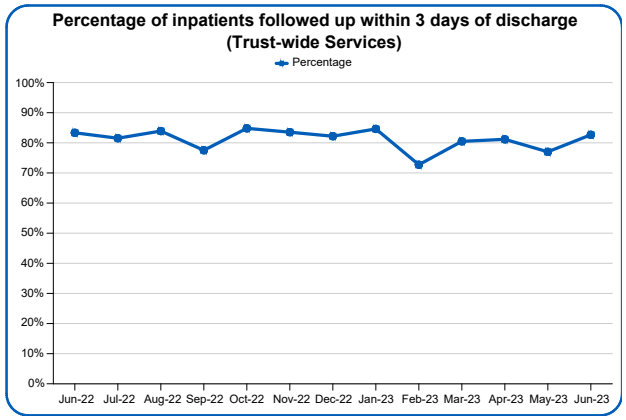


Contractual target 80%: Q1 78.9%

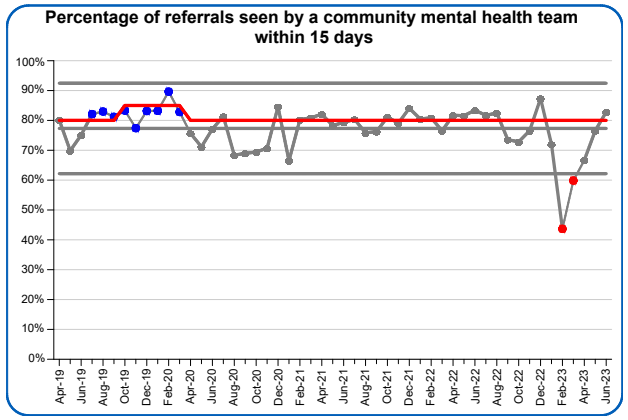
Services: Our community care



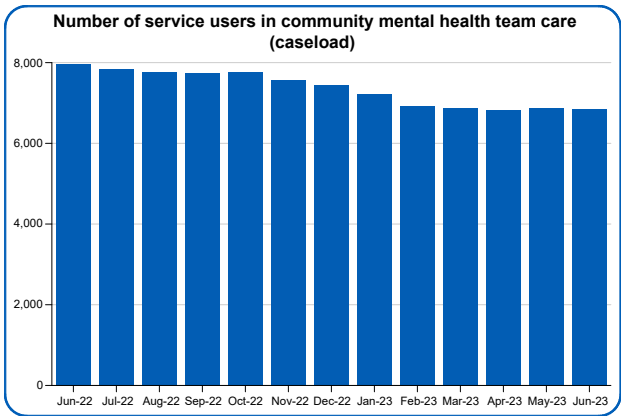
Contractual target 80%: June 81.7%



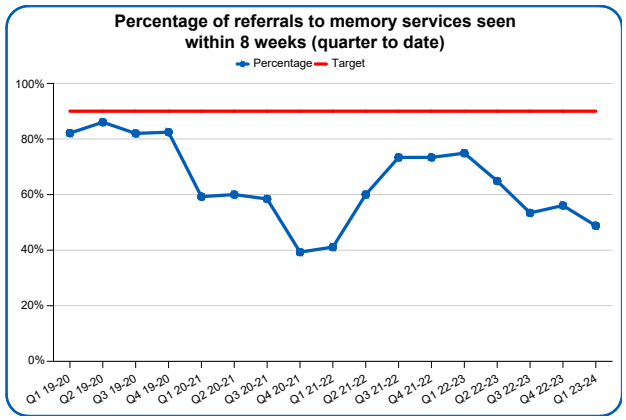
Local Tracking Measure 80%: June 82.7%



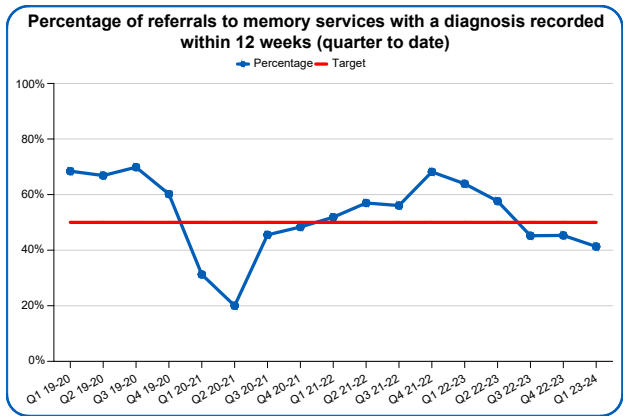
Contractual target 80%: June 82.8%



Local measure : June 3,421



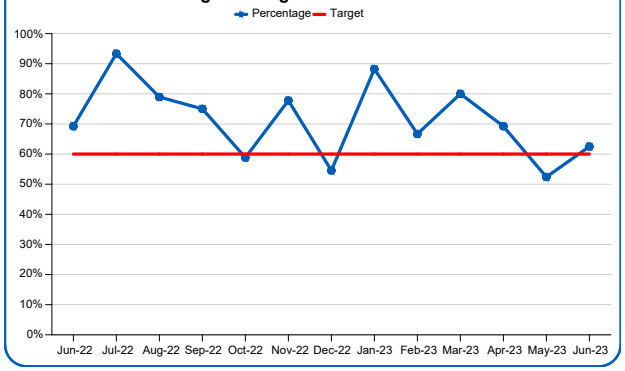
Contractual target 90%: Q1 23-24 48.8%



Contractual target 50%: Q1 23-24 41.3%

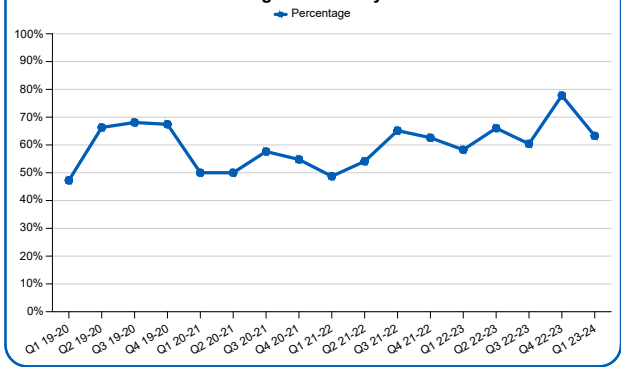
Services: Our community care (continued)

Early Intervention in Psychosis (EIP) or At Risk Mental State (ARMS): Percentage starting treatment within 2 weeks



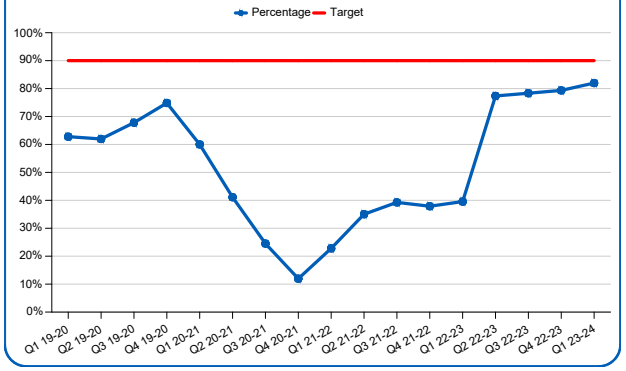
Contractual target 60%: June 62.5%

Early Intervention in Psychosis (EIP): Percentage of people discharged to Primary Care



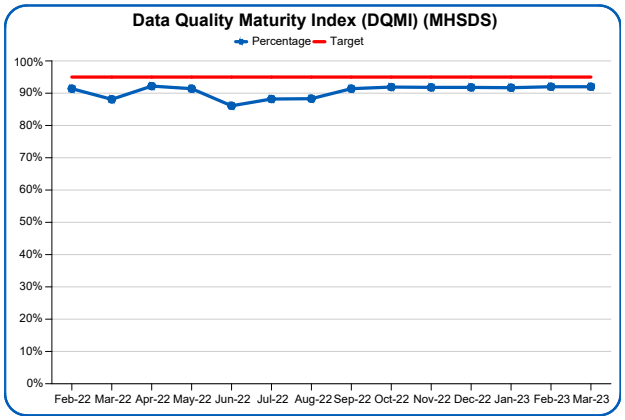
Contractual target tbc: Q1 63.3%

Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (position at quarter end)

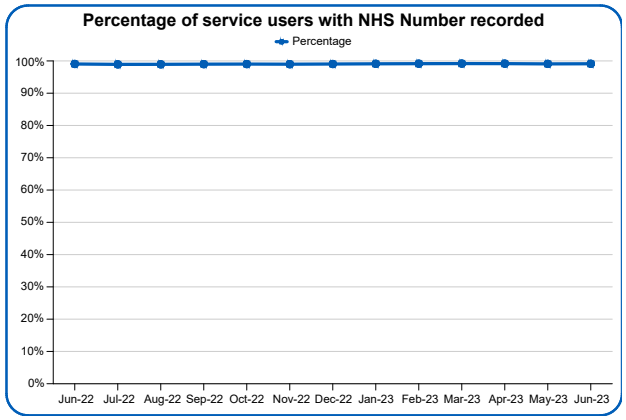


Contractual target 90%: Q1 82.0%

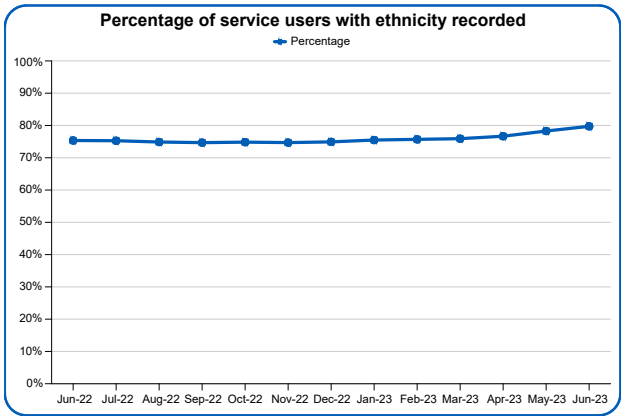
Services: Clinical Record Keeping



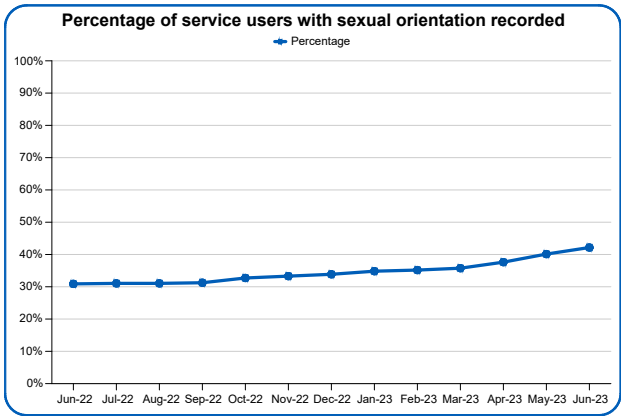
CQUIN / NHSOF Target 95%: March 92.0%



Local measure: June 99.1%



Local measure: June 79.7%



Local measure: June 42.2%

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
10

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	CHIEF FINANCIAL OFFICER REPORT - MONTH 1
DATE OF MEETING:	27 July 2023
PRESENTED BY:	Dawn Hanwell, Chief Financial Officer, and Deputy Chief Executive
PREPARED BY:	Jonathan Saxton, Deputy Director of Finance

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

EXECUTIVE SUMMARY

This report provides an overview of financial performance at month 3 2023/24. It also provides a brief update on some other key areas of work in the Directorate.

The Trust's financial performance has further deteriorated in month to a year to date £0.2m deficit. Focus needs to be on reducing key areas of expenditure such as OAPs and agency that are being taken forward in the efficiency groups. The position needs to be taken with consideration of the wider system's financial challenge that could further impact on the Trusts efficiency target. Enhanced financial governance controls are now in place across the system.

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

RECOMMENDATION

The Board of Directors is asked to:

- Note the revenue and capital position at month 3 and the actions being taken to ensure plan is delivered, in the context of the wider system challenges.
- Note other progress updates.

MEETING OF THE BOARD OF DIRECTORS

27 JULY 2023

CHIEF FINANCIAL OFFICER REPORT

1 Introduction

This report provides an overview of financial performance at month 3 2023/24. It also provides a brief update on some other key areas of work in the Directorate.

2 Year to date Income and Expenditure Performance 2023/24

At month 3 the Trust reported an income and expenditure deficit of £0.2m, against our planned breakeven position. The details and reasons for key variances are attached at appendix A. The position has deteriorated overall since month 2 due to some ongoing key pressure areas and unidentified efficiencies. However, there is work ongoing (described below) to focus on our efficiency priorities. We are undertaking very detailed forecasts across all expenditure budgets to determine the scale of risk to delivery of an overall breakeven position. At this stage we do not anticipate this to be a significant risk and are still forecasting achievement of breakeven for the year in or reporting to the Integrated Care Board (ICB). The wider ICB position is noted below and this has some implications for our financial governance processes.

3 Capital Expenditure

As at the end of June, capital expenditure for 2023/24 is reported as £0.7m compared to the planned position of £1m (details in Appendix B).

The Trust utilised £0.6m of operational capital envelope at month 3, which is slightly behind plan. The variance is mainly due to the timing of expenditure on the St Marys House Corporate Hub/Trust Headquarters which has experienced some minor delay, however, at this stage the planned occupation date of October is still anticipated. There has also been some slight delay on the installation of safes and the scheme to install cold water taps to inpatient bedrooms, all of which are progressing.

Public Dividend Capital (PDC) capital expenditure is phased later in year. PDC for 2023/24 includes funding to support the Trusts Electronic Document Management project rollout (£0.9m) and Mental Health Urgent and Emergency care (MH UEC) funding of £0.6m which was agreed last year as part of a 3 year plan. Work is ongoing with partners across West Yorkshire in the Complex Care programme to agree plans for how the MH UEC capital may be utilised as original plans to develop a West Yorkshire wide Complex Emotional Needs facility is not progressing, as the clinical pathway has developed and changed making this no longer a West Yorkshire wide requirement.

We have also recently been notified of potentially up to £6m PDC funding to support the development of 6 additional inpatient perinatal beds for the Yorkshire and Humber Provider Collaborative. We have expressed interest (alongside Humber Teaching Trust) in providing this facility and are progressing a design brief to make alterations at the Mount to accommodate this. NHS England will confirm which provider can take this scheme forward in due course. As part of the criteria for decision is the ability of the provider to expediate a scheme in year and capital is only available for use in 2023/24, the Trust is proceeding at risk with the design work.

4 Efficiencies

At planning stage the unidentified efficiency challenge was identified as £3.5m. Since this point, the non-medical 5% agenda for Pay award has been approved. As this was funded through tariff it has left the Trust with a £0.75m cost pressure that has been added to the efficiency target, resulting in the target rising to £4.25m for the financial year.

The approach to meeting the efficiency challenge is through 4 thematic areas, below describes the progress to date.

4.1 Agency Expenditure

A task group has been formed and is chaired by the Medical Director. Draft terms of reference have been developed and an agency data dashboard has been created to review and track expenditure during the year. One of the first aims of this group is to look into any non-clinical agency being used by the Trust which has already seen improvements in this area of expenditure.

4.2 Patient Flows & Out of Area Placements

A task group has been formed and is chaired by the Chief Operating Officer. Terms of reference have been drafted and a dashboard that shows the current position of Adult Acute, Older peoples and Complex Rehab OAPs has been created that details activity and financial performance against the respective trajectories. Initial aims are ensuring that patient flow internal governance procedures are robust and collating patient data to help identify the future actions.

4.3 Reducing Vacancies

A task group has been established and chaired by the Director of People & Organisational Development and draft terms of reference have been created. An early action out of this group has been to create a Vacancy Management Panel to have full oversight of recruitment. This will support the work of the wider task group which has created a work plan for the year. The requirement for a Vacancy Management group is linked to the ICB position (see below) but is not a punitive mechanism to reduce recruitment, more an aid to ensuring appropriate recruitment.

4.4 Productivity Group

An efficiency database of all potential efficiency schemes has been built. This is taken from the category lists produced by NHS England, Lord Carter reports, benchmarking and improvement programmes.

The Programme Management Office and Finance teams have met with services and departments to review the database to determine the breadth of viable areas that could be scoped. If viable, the schemes will be quantified and a quality impact assessment (QIA) will be completed to determine any impact on patient safety, outcomes and experience.

Once this feasibility exercise has been completed a short list will be developed which can be reviewed alongside the QIA's to agree the final list. Monitoring and reporting progress against each scheme will be undertaken on a quarterly basis.

5 ICB Income and Expenditure Financial Position

The ICB position at month 3 is a £31.1m deficit against a planned £8.8m deficit resulting in the ICB being £22.3m off plan at the end of quarter 1. The key drivers of this variance are the under-delivery against high-risk efficiencies, excess inflationary and pay award pressures, costs associated with Industrial Action and other pressures specific to individual organisations.

As the system in aggregate is off plan NHS England requires the ICB to introduce a series of enhanced financial controls across all organisations The ICB has issued guidance to all providers to ensure that maximum value can be obtained through these controls as well as ensuring organisations collectively meet the requirements set out by NHS England. The Trust is working through these controls to ensure that the requirements are met without adversely impacting on direct care. Evidence is required to give assurance that the Trust is complying with these controls, and this is largely being achieved through existing financial governance arrangements, supported by the task group work as noted above.

6 Commercial Activities

The Board is aware that the procurement activities of the Commercial Procurement Collaborative Limited Liability Partnership which ran with 3 other NHS trusts has now been insourced by NHS Supply Chain, following the national retender process for category procurement services. All staff smoothly transferred across to NHS Supply Chain from 4th May and all company activity ceased. The process has now started to formally close the Company and LYPFT finance team is leading on the production of a final set of accounts by December 2023. In addition, as the registered address for the Company, LYPFT has agreed to electronically store all legal documentation for the required statutory periods.

The North of England Commercial Procurement Collaborative (NOECPC) which the Trust hosts was successful in retaining its category in the NHS Supply Chain national retender exercise. The slightly revised category scope is Facilities and Office Solutions category, this incorporates the previous Hotel services with office solutions being a new additional component. The new contract started on 5 July 2023 to is due to run to 31 March 2027, with an option to extend for 2 years. 6 new employees transferred to the team from 5 July 2023 from the previous office solutions provider to support the new contract.

7 Procurement

Work has been ongoing with the new Head of Procurement, who commenced in post in April to strengthen the procurement function and service. The team has been operating with significant vacancies for some considerable time but is now fully recruited to all key roles.

A significant piece of work has been the development and implementation of GHX solutions, a web based electronic procurement system which is widely used in health. This software is aimed at ensuring purchasing processes are right first time, by streamline ordering processes and increasing the utilisation of catalogues. This will improve the accuracy and timeliness of payment of invoices. Ease of use for the requisitioner is also a driver for this project and an additional benefit is that stakeholders will be able to order and approve goods using a mobile phone app. The GHX solutions include, catalogue creation and management, the business-to-business exchange

of purchase order information, inventory management, and an app-based solution for ordering approval and receipting. This can create shopping lists and favourites to enhance the ease in which requisitioners can purchase. A small number of pilots have been agreed and welcomed by stakeholders in both clinical and non-clinical areas to test. It is anticipated that full go live will be achieved by December with the Procurement Team currently building the required data sets to support this. It will be a significant efficient and effective improvement in the Trusts procurement processes.

The procurement and finance teams are having a joint away day in July to connect and discuss how they can work better together. There is clearly a need for close cooperation in some aspects of their work, including the implementation of GHX solutions as noted above.

8 Conclusion

The Trust's financial performance has further deteriorated in month to a year to date £0.2m deficit. Focus needs to be on reducing key areas of expenditure such as OAPs and agency that are being taken forward in the efficiency groups. The position needs to be taken with consideration of the wider system's financial challenge that could further impact on the Trusts efficiency target. Enhanced financial governance controls are now in place across the system.

9 Recommendation

The Board is asked to:

- Note the revenue and capital position at month 3 and the actions being taken to ensure plan is delivered, in the context of the wider system challenges.
- Note other progress updates.

		Month 3		
Income & Expenditure Budget Position	**Budget Annual £'000**	**Budget YTD £'000**	**Actual YTD £'000**	**Variance YTD £'000**
Income:				
Patient Care Income	212,872	53,218	52,988	(230)
Other Income	31,261	7,815	9,885	2,069
Total Income	**244,134**	**61,033**	**62,872**	**1,839**
Expenditure:				
Pay Expenditure	(177,111)	(44,084)	(42,605)	1,478
Non Pay Expenditure	(67,023)	(16,949)	(20,495)	(3,546)
Total Expenditure	**(244,134)**	**(61,033)**	**(63,100)**	**(2,068)**
Surplus/ (Deficit)	**0**	**0**	**(229)**	**(229)**

The significant year to date variances are:

Income:

- Patient Care income is £0.2m behind plan as income has been deferred in line with slippage in expenditure as a result of lead times in recruitment.
- In Other Income, interest received is £0.2m ahead of budget as a result of the increase in the bank of England base rate.
- Additional income of £0.8m for the West Yorkshire Child and Adolescent Mental Health Provider Collaborative (WY CAMHS PC), has been profiled into the position to offset increased expenditure in exceptional packages of care.
- Commercial income is also £0.6m ahead of budget year to date due to significant increased activity and gain shares.

Pay

- Significant substantive vacancies have led to an underspend in establishment budgets of £7.9m. A task group focussed on reducing vacancies and transforming the workforce has also been established in quarter 1.
- Offsetting the overall underspend in Pay, the Trust has incurred £3.2m agency expenditure year to date, this is £1.0m above planned usage. The task group which will be working on agency cost reductions has now been set up as part of the efficiency planning process. Also, as a result of substantive vacancies, bank & overtime expenditure is £3.1m year to date.

Non-Pay

- Out of area placements (OAPs) expenditure has been a significant pressure in quarter 1 and is £1.0m above budget. £700k within acute adult services and £100k in Older Peoples Services. The actions to improve this position will be managed through the Patient Flow group set up to oversee the work of the acute care excellence programme. Activity in the West Yorkshire Adult Eating Disorder Provider Collaborative has also increased and the collaborative is £0.2m over budget in OAPs.
- Excess packages of care costs in the WY CAMHS PC has generated a £0.8m overspend within the collaborative that is offset with additional income profiled into the position.
- Year to date the unidentified cost improvement target generated £1.1m adverse variance

CAPITAL PROGRAMME - at 30 June 2023	Year to Date			
	Annual Plan £'000	YTD Plan £'000	Actual Spend £'000	YTD Variance £'000
Estates Operational				
Health & Safety /Fire/Accessibility/ Backlog	300	30	165	(135)
Security review	150	0		0
Cold water taps to bedrooms	100	100	25	75
Sub-Total	**550**	**130**	**191**	**(61)**
IT/Telecomms Operational				
IT Network Infrastructure	150	15	17	(2)
Server/Storage	30	0	0	(0)
Cyber security	50	0		0
Sub-Total	**230**	**15**	**17**	**(2)**
Estates Strategic Developments				
Newsam Centre (Doors)	75	25		25
Red Kite View	50	0		0
St Marys House, main house	1,080	500	369	131
Sustainibility & Green Plan	150	50		50
Seclusion Review	400	0		0
Safes	119	90		90
Sub-Total	**1,874**	**665**	**369**	**296**
IT Strategic Developments				
Integration System	50	0		0
Voice recognition	140	0		0
EPR developments	50	0		0
Electronic document management	277	0	19	(19)
EPMA Community model	100	0		0
Smartphones	60	10	38	(28)
Sub-Total	**677**	**10**	**56**	**(46)**
Contingency Schemes				
Contingency	305	30	16	14
2022/23 Completed Schemes			(8)	8
Sub-Total	**305**	**30**	**9**	**21**
PDC Funded Schemes				
Electronic document management (PDC)	922	100		100
MH UEC (PDC)	581	0		0
Sub-Total	**1,503**	**100**	**0**	**100**
New Leases				
Lease Cars	200	45	51	(6)
Leased Buildings	1,000	0		0
Sub-Total	**1,200**	**45**	**51**	**(6)**
Total Capital Spend	**6,339**	**895**	**693**	**202**
Disposals				
ICS	0	0	(2)	2
Leased	0	0		0
Sub-Total	**0**	**0**	**(2)**	**2**
Total NBV Disposed of	**0**	**0**	**(2)**	**2**

Capital Funding Source:

ICS Operational Capital	3,636	850	640	210
Public Dividend Capital (PDC)	1,503	100	0	100
IFRS16 Leased Assets	1,200	45	51	(6)
Total	**6,339**	**995**	**691**	**304**

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

AGENDA ITEM

11

PAPER TITLE:	Medical Director's Report
DATE OF MEETING:	27th July 2023
PRESENTED BY: (name and title)	Dr Chris Hosker. Medical Director
PREPARED BY: (name and title)	Dr Chris Hosker. Medical Director & Directorate SLT

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

EXECUTIVE SUMMARY

The purpose of this report is to inform the Board of Directors of the current state of the Medical Directorate and in doing so provide assurance that it is functioning in a way that promotes the success of the Trust, its patients, its staff and the wider public, while also managing any current risks that are positioned as potential barriers to that success.
The paper's scope therefore covers the key functions that sit within the Medical Directorate and provides an update of key work within each one.

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

RECOMMENDATION

That the Board of Directors considers the information contained within the report and remains assured that the medical directorate is providing its key functions in a way that is in line with successfully achieving the Trust's objectives.

MEETING OF THE BOARD OF DIRECTORS

27 July 2023

MEDICAL DIRECTOR'S REPORT

1. EXECUTIVE SUMMARY

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

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

2. DIRECTORATE OVERVIEW

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

Since the last report a significant amount of capacity within the directorate has had to be allocated to providing safe in- and out-of-hours cover to our clinical services during the periods of industrial action. The most recent period of action consisted of seven days of junior doctor and consultant action between the 13th and 21st July. Once again, I am hugely grateful to colleagues within all of our directorates who have worked tirelessly on a range of activities including directly covering gaps as well as working up complex contingency arrangements.

Despite the disruption, the Directorate has continued to provide leadership across key improvement projects including the ongoing clinical leadership development, the clinical outcomes project and a trustwide quality dashboard project. We have also continued to link across into other organisations in Leeds through the population boards, the Leeds Clinical Leads Forum, the Leeds Clinical Senate and Clinical Executive Group as well as beyond our ICB, through the establishment of a Lead provider status for and the creation of a perinatal provider collaborative.

3. CORE DIRECTORATE FUNCTIONS

3.1 Personnel and structure changes:

Medical Professional Development Centre /Andrew Sims Centre (ASC)

The Andrew Sims Centre (ASC) continues to manage some medical rotas. ,Renumeration has now been agreed by the Head of Operations and is being worked through with finance colleagues.

Medical Education Centre

Following a resignation, Claire Gardiner has successfully been appointed into a band 4 position and will support the junior doctors out of hours on-call rotas, creating more resilience within the structure.

The team have successfully met the deadline of NHSE code of practice ensuring that junior doctors rotating to the Trust in August, receive their on-call rotas and work-schedules within the required timeframe, despite a delay in receiving the information from NHSE.

Following the last board report, four periods of junior doctors' industrial action has taken place with the July being a total of five days to maintain rota cover. Planning has come with its challenges, but Dr Alex Bailey, Gemma Hudson (Medical Education Manager), Vickie Lovett (Head of Medical Development and Operations) and the administrative teams in the Medical Education Centre, Medical Directorate and Andrew Sims Centre have worked collectively managing the workload and administrative duties. We are hugely grateful for their efforts.

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

An event led by the Andrew Sims Centre to remember the late Professor Andrew Sims who passed away earlier this year brought together past and present medical directors, Royal College Presidents and Deans, and staff from across the region. The event was a huge success and as a result, ASC have been approached by external stakeholders to provide event management to similar larger events.

3.3 MEDICAL PROFESSIONAL LEADERSHIP

Medical staffing levels – vacancies, recruitment

In Q1, four Appointment Advisory Committees (AACs) have taken place with four substantive consultant appointments made. Two appointments were in working age liaison psychiatry with the others being in perinatal community and public health (doctor was a Trust appointed locum consultant). No applicants were received for the Forensic Posts at Newsam Centre, Learning Disabilities, WAA Adult Acute, WAA CMHT.

Consultant vacancies continue in the York Forensic service (3), Leeds Forensic service (2) Working Age Adult Inpatients (1), Eating Disorders Connect (3), Older Peoples IHTT (1), Learning Disabilities (2), West WAA CMHT (2). We have filled

a long-standing adult acute vacancy on W4 Newsam following an internal expression of interest (postholder starts in Q2) which creates a vacancy in the West ISS.

A successful round of Trust Doctor recruitment (core trainee level) has taken place and three appointments have been made. The appointments will release three agency juniors (two in adult acute inpatients and one in forensic) doctors in Q2.

There continues to be significant agency spend due to Consultant and SAS Doctor vacancies. Some of this is further influenced by regular requests for increased agency rates for both new posts and rate increase requests from current agency doctors. The spend is now overseen by the Executive led Agency Task and Finish Group.

Agency spend details.

As of the 30th June, there were 30 agency doctors booked within LYPFT. This is down from the 33 reported in the last report.

Work taking place.

The Medical Directorate continues to work with Medical Line Managers and Heads of Operations in the recruitment and selection of consultants. There continue to be recruitment hot spots in Eating Disorders, Forensic Inpatients, Learning Disability and Adult Acute services. There are also increasing difficulties now in Adult CMHT with posts routinely advertised month after month with no eligible applicants. As the Trust has frequently failed to recruit into these posts there has become a reliance on the use of agency cover where the cost is significantly higher.

We continue to meet regularly and routinely with HTs rotating into the Trust to discuss consultant opportunities available to them in LYPFT. In addition, in March 23 we held an event "From Higher Trainee to Consultant: Your Career in our Hands". At the event, the Head of Medical Development and Operations along with a HT, led a focus group to understand from the HT perspective what makes them apply to a Trust along with attractions/actions/suggestions of what LYPFT might consider for future consultant recruitment. There were a number of recurring themes which are being built into our processes within Medical Education, Andrew Sims Centre and the Medical Directorate. Feedback around pay was a strong theme with the following comments included:

- "Negotiate a financial package, money matters and the culture is you can't ask but other Trusts do it"
- "What is the take home pay, this needs to be more transparent as off putting because HT salary take home pay is more"

What we have done so far....

The Medical Directorate has been proactive with initiatives to improve recruitment over the past 18 months with the following having been done:

- Updated all LYPFT job descriptions and adverts
- All job descriptions for substantive posts approved by the Royal College of Psychiatrists (this quality assures our posts)
- Introduced recruitment initiatives (relocation package £8,000 and financial recruitment and retention incentive of £6,000 for "hard to fill" posts)
- Piloted the use of novel advertising e.g. via One Black Bear recruitment, with no success
- Attended or had representation at international careers fairs (Canada, Dublin)
- Collaborative working with strategic resourcing manager to review funding to enable advertising of consultant vacancies on the Royal College website and to allow automatically repeated advertising when no applicants.
- Hosted Higher Trainee to Consultant LYPFT event.
- Attendance and high-level representation from LYPFT at other HT engagement events across the region
- Regular engagement with Trainee Engagement Forum in LYPFT
- Strong collaborative working with Medical Education team to link with HTs eligible to apply for consultant posts.
- Professional Lead has supervised a project on what factors influence choice of consultant post in final HT year.
- Individual conversations with interested regional/national/international consultants and Medical Director, CD and or Professional Lead, following up on contacts made.
- Advertising medical vacancies via the Andrew Sims Centre (ASC) website and using their social media platforms to advertise posts.

Key issues

We are aware of the trajectory of HTs completing training in 2023/4, which is aiding the work taking place along with the feedback from the HT conference and from individual conversations with potential applicants. As a result we are confident that remuneration is a key contributory factor in our recruitment difficulties and we have evidence that trainees have already / are opting for consultant posts with a higher starting salary in alternative Trusts (even though this is likely to be fixed for 5 years). The financial cost of agency doctors is amplified by us being unable to place trainee doctors with agency locums, meaning all other medical staff in training in that team are agency locums too.

As we felt that we had exhausted all options to enhance recruitment and remain unable to match our competitors we proposed to the executive team to match neighbouring Trusts with a minimum starting salary of £99,425 (point 5) of the consultant pay scale Medical and Dental Pay circular for all newly appointed consultants.

The proposal was approved, and work is now underway putting this in place.

Specialty Doctors

The task and finish group have identified clinical areas where a specialist grade post could be developed alongside looking at existing SAS doctors working towards becoming recognised for what they are doing now. Discussion around improving our offer for CESR (al alternative route to CCT and then consultant application) and for SAS doctors wishing to become AC approved have also taken place with actions underway.

Medical recruitment challenges and mitigation plans

Adult Acute Services	There are agency consultants who are covering consultant vacancies on the inpatient unit at Becklin Centre and ward 4 Newsam Centre. Ward 4 Newsam will have a substantive consultant in post from August 2023, creating a vacancy is West ISS due to an internal move. There are also 2 agency CTs covering trainee vacancies, these posts have been filled by Trust Doctors who will be starting in post in August 2023 and 2 agency Specialty Doctors.
Working Age (WAA) Community + Wellbeing Service	WAA South CMHT has one LTFT consultant vacancy (a retirement) and one LTFT consultant who was on a career break has now submitted their resignation. There continue to be two agency Specialty Doctors as recruitment to South CMHT has been unsuccessful. These posts will be included in the next recruitment round for August start. In March 2024 a further retirement is expected in South CMHT. There are ongoing discussion with a specific HT about this post. A retirement is expected in ENE CMHT too by the end of 2023. WAA West CMHT has two consultant vacancies, and agency consultants are in place covering the vacancies and these posts are back out to advert.
Eating Disorders + Rehab	Eating Disorders continues to be a vacancy hot spot. There is currently one agency consultant in post and two consultant vacancies are advertised with external medical agencies, but covered internally. The substantive consultant works on reduced hours and the AS acting RC has reduced hours too. It is anticipated that there will be an applicant for one of the Consultant posts by Dec 2023 (current HT).
Forensic services	York forensic based psychiatry is wholly provided by agency doctors overseen by the clinical and medical lead. The Leeds forensic service has two consultant vacancies, both of which are one of which are covered by agency locums plus a third agency consultant. These posts and job descriptions are being reviewed due to a service restructure.
Older Peoples Services	*Agency cover remains in place for the IHTT consultant. The Specialty Doctor vacancy was covered by one LTFT agency doctors. A new consultant (via internal move) has started in post in CMHT South. The new and additional East and North consultants start in August. There is an applicant in current recruitment round for the West post. *Once all these 4 are in post this will negate the need for designated medical input into the IHTT.

	The Mount inpatients have a vacancy on WD4 due to an internal move to the South CMHT - this is currently covered by an agency consultant.
Learning Disability	There are two consultant vacancies. The service is continuing to review the service and what is needed with regard to staffing levels. There is one agency locum consultant in place.
CAMHs Services	Red Kite View currently has one consultant vacancy which is covered by an agency consultant. At Mill Lodge the substantive consultant on a career break has resigned and the work is now covered by the consultant who was at Red Kite View who has now moved to Mill Lodge. The second substantive consultant, has requested a career break from August 2023 but will continue working 3 sessions in R&D. Arrangements are being made for cover.

Current state of medical line management

There is no change to the high number of vacancies for the medical line manager roles. As doctors are not applying for these roles, the line management structure is being reviewed to develop more attractive posts by creating areas of responsibility but is on hold due to the consultant industrial action.

Job planning status update

This work has been put on hold due to the consultant industrial action but is on the Medical Directorate workplan. Currently 46% of SAS and Consultants have completed and signed job plans; the remainder are either complete but not signed, in progress or overdue.

Clinical Excellence Awards

The 2023-24 Local Clinical Excellence Awards (LCEAs) scheme has been launched. Consultants have been invited to apply for LCEAs.

3.4 Medical Education

The Trust is fortunate to welcome Dr Rebecca Asquith as our Guardian for Safe Working Hours. Rebecca took over from Dr Ben Alderson on the 1st June 2023. Ben provides an excellent start for Rebecca with the Trust's low level exception reports and high junior doctor satisfaction in the Trust meeting their T&Cs. Dr Alderson has remained active in medical education by being appointed as Joint Training Programme Director for West Yorkshire Core Training in Psychiatry alongside Dr David Leung.

Dr Michael Farrall is the winner of the inaugural LYPFT 'Higher Trainee Teacher of the Year Award' announced 1st July 2023 with outstanding feedback in his undergraduate teaching sessions and in his pilot role as Higher Trainee Tutor in

MELM (Medical Education Leadership and Management Team). This HT tutor role is now fully embedded into MELM enabling a Trust career pathway in medical education from core training to consultant level.

I am delighted to announce that the Trust nominated Dr Ben Rutt, Core Trainee, for the University of Leeds Clinical Teaching Development Awards 2022-23. Ben was successful which is a tremendous achievement. Feedback from the adjudicators was that this was an 'exceptional application'. It was 'innovative and reflective with ample evidence' and it ranged 'across teaching, leadership and dissemination of good practice.' Ben is one of the two Trust Core Trainee Undergraduate Tutor's in MELM and will be continuing in this role for a second academic year 23-24.

Finally, the most recent challenges for MELM (Medical Education Leadership and Management Team) remains the past and up-and-coming Junior doctor industrial action (July 2023) and Higher Trainee mandated rotational date changes. MELM continues to work closely with the Industrial Action Planning Group and Industrial Tactical Group to ensure patient safety during Industrial action by co-ordinating necessary 'acting down' of our SAS and consultant workforce. Following a mandated HEE decision, MELM now has to co-ordinate annually new starter information, induction and annual rotas for all Foundation, Core Trainee and Higher Trainees to start the first Wednesday in August. Until 2023, Higher trainees rotated in October each year which enabled smooth transition on the Out of hours rotas, MELM workload planning and services and clinical supervisors' local inductions.

4. RESPONSIBLE OFFICER

The RO Annual Report has been tabled as a separate agenda item.

5. CLINICAL LEADERSHIP AND QUALITY OF CARE

Dr Mike Smith, consultant psychiatrist and Clinical Lead for ADHD services took the brave step of participating in a Panorama program regarding private care for ADHD. This was done with the full support of LYPFT and since airing has attracted a great deal of attention. We continue to work with partners to try and bring waiting times for our neurodiversity services down.

Work continues to progress the development of formal clinical leadership within the organisation. In 2022/23 this was identified as a Trust Quality Improvement Plan (QuIP). Objectives for improvement were identified and progress evidenced and documented through the Trust QuIP reporting process. Initially work focused on developing an evidence-based understanding on what high quality, good clinical leadership was. A literature review was completed and, through a series of focus group discussions, a number of frontline staff and teams, and people inhabiting a Clinical Lead role, shared with us their experiences and views on the skills, qualities and attributes of high quality, good clinical leaders. They also shared their ideas as to how these skills and attributes could be developed within the workforce.

The knowledge and understanding gained from this work were used to organise and deliver a Clinical Leadership Development Day for the current Clinical Leads. As well as sharing the outcomes of the above work and introducing a framework for the behaviors of top performing leaders, the day provided the opportunity for individual reflection, small and large group discussion, practical exercises and co-designing and co-producing a plan of action for taking the work forward into 2023 / 2024.

Through the collective discussions held on the Clinical Lead Development Day the following goals were agreed:

- To continue with the Clinical Lead support forums. The support forums take place virtually, on a monthly basis for one hour. The forum provides an unstructured space, where Clinical Leads and Clinical Directors meet to discuss, share, learn, problem solve and receive support from peers.

- To meet formally, face-to-face once a quarter (4 times per year). The focus of these sessions will be the continued development of formal clinical leadership. The terms of reference for these sessions will be co-designed and will center on creating formal opportunities to develop 6 top performing leadership behaviors and strengthening the role of Clinical Leads within the organisation.

Through the Trust Governance system and process it was agreed that the QuIP for supporting the development of clinical leadership for quality should continue into 2023/24. The 2023/ 23 QuIP goal is;

> ***As part of the Trust Collective Leadership development work, continue to support and develop formal clinical leadership using the outcomes from the Clinical Leads Development Day and the Corporate Leadership Council "6 top performing behaviors of leaders" as a development framework.***

6. MEDICINES SAFETY

The pharmacy service has been operating in business continuity due to staffing levels since July 2022. The service is carrying numerous vacancies as well as high levels of sickness and maternity leave.

Recruitment of GPhC registered staff (Pharmacists and Pharmacy Technicians) continues to prove challenging (and time-consuming), due to a national shortage of registered pharmacy professionals which is unlikely to resolve soon. The service has successfully recruited to new roles for non-registered staff recently (a Business/ Operations Manager and a dispensary co-ordinator for each of the two dispensaries). These new roles are starting to relieve registered staff of some of their operational tasks enabling them to focus on their professional roles. Although registered

pharmacists and technicians have been recruited there have been further resignations, meaning there's been no net increase in staffing levels.

Some of the staff on long term sick are starting to return to work, the phased return to work alongside the significant amounts of annual leave mean it will be several months until they are working their full hours.

With senior pharmacy staff currently providing frontline services there is very limited capacity to progress any new medicines governance or pharmacy service development work and the focus has been on maintaining high standards of medicines safety within the current parameters.

7. CLINICAL INFORMATION MANAGEMENT

There has been an ongoing focus on the delivery of the electronic document record system management for which the medical director is the SRO. There are 22 services due to go live in August 2023. The two pilot sites have already given very positive feedback about the product and its positive contribution to care. Once fully embedded, this will allow clinicians ready access to current and historical clinical documents with the aim of increasing efficiency and the accuracy of clinical decision making.

The digital change team have continued their focus on helping the CMHT through the pressures on their service. This has included making improvements to their referral processes and the launch of digital prescribing for community depots.

The senior informatics team are preparing for the recruitment of a new CIO to replace Bill Fawcett and (temporarily) Eva Braithwaite who heads our digital change team. The focus in the next reporting period will be on delivery of the patient portal into our testing environment, further updates to Caredirector and systems integration.

8. RESEARCH AND DEVELOPMENT

The following studies have opened between April- Jun 23.

- The MAGNET Study - Enhancing Medicines self-mAnaGemeNt in community dwelling people living with demenTia and family carers
- PGxEIP Qualitative Study: What are stakeholder views on the Implementation of Pharmacogenetic (PGx) Testing to support antipsychotic prescribing in Early Intervention in Psychosis (EIP) cohorts?
- Top Hat: Trial of Ondansetron as a Parkinson's HAllucinations Treatment
- Religious identities in healthcare groups
- Monitoring the Inter-Dose Interval for Long-acting Injectable Antipsychotics: pilot for the MIDILIA study

On the 30th June the Child Orientated Mental Health Innovation Collaborative (COMIC) that is part of LYPFT research department co-hosted an event on youth participatory methods with the University of Leeds. The event was oversubscribed and attracted attendees from across the region interested in developing methods to engage youth in research. Within the last quarter several groups or forums have been set up to support staff interested in research. The Leeds/Bradford Dementia research group brings together people interested in research about Dementia and aims to pool expertise in the region to ensure more funding and research in Dementia for the region. The Leeds AHP Research Leaders Forum focusses on building capacity and capability for AHPs in research across Leeds. Within the Trust the LYPFT Psychology Professions Research Special Interest Group has been created allowing those in the psychology profession with an interest in research to come together.

We have just relaunched Innovation the research magazine for the Trust. The content has been revised to ensure it is accessible and engaging for staff. We are doing a range of roadshows across the Trust to advertise Innovation. We will be handing out hard copies of the magazine and then encouraging staff to sign up for electronic copies or to look out for it in staff areas. Going forward the magazine will be produced 6 monthly.

COMIC have received funding from commissioners (£50,000) to do a piece of research on factors effecting inpatients admission for eating disorders. Recruitment for a Research Assistant to do this work is underway.

9. IMPROVEMENT AND KNOWLEDGE SERVICE

Our aim continues to be to build a culture within the Trust that uses knowledge and improvement to provide outstanding mental health and learning disability services. We do that by offering support, coaching, training and facilitate activities and projects to make changes that matter to our service users, carers, staff, partners, and the wider community.

Current Activity
The current activity (July 2023) that the Improvement & Knowledge Service is supporting is shown in the table below:

Service Line	Clinical Audit	Improvement Team
Adult Inpatients (n=14)	12	2
Children & Young People (n=9)	6	3
Community & Wellbeing (n=10)	7	3
Corporate & Other (n=20)	8	12
Eating Disorders, R&R and Gender (n=9)	4	5
Forensics (n=4)	4	0
Learning Disabilities (n=5)	5	0
Liaison & Perinatal (n=10)	5	5
Older People Services (n=28)	16	12
Regional & Specialist (n=4)	4	0

Table – Summary of the number of projects by service lines supported by the I&K Service

Developments
The library space has been closed to staff since the beginning of the pandemic and was finally given back to the Library & Knowledge Service in August 2022. In January 2023, fundings were granted to the Library & Knowledge Service to transform, with support from the Estate Department, the Library space into a Learning Centre containing hard books/journals, hot desks, a large meeting room (up to 12 people) and 2 small quiet rooms utilised for video call, phone

conversation or 1:1 meeting. The refurbishment work was completed in April 2023, and the new Library & Learning Centre was opened to the staff on the w/c 17th April (soft-launch) while the big opening was held on the 26th April.

During the big opening, a simple evaluation was conducted in order to collected feedback about the new space. A total of 50 people visited through the day the Library & Learning Centre. Of those, 20 staff felts impressed with the new facilities while 9 staff also left a comment as listed below:

- Good facilities for staff and students on placement
- Amazing, very friendly. Lovely space for staff. Thank you
- Love the Pod! Fab idea
- Great selection of books. Looking forward to using going forward
- Handy to know it's here for study/applications
- Very happy that this resource has now reopened with extra facilities than pre-pandemic
- Lovely place, friendly welcome, would love to make use of this sometime
- Very lovely and friendly staff. I am looking forward to using the library
- So impressive! Love the rooms

Clinical Audit & NICE

Each year the service is responsible to put together the Trust Clinical Audit Priority Programme for next financial year (2023/24). The Programme contains mainly national requirements, any audits requested by external organisation (i.e.,

CQC, ICS) and internal priorities under specific requirements (i.e. actions from incidents review, CQUINs, Accreditation) identified by services. The engagement process with services and managers started in December 2022 and draft programme was presented and agreed at the March TW CG meeting.

The programme has been presented and approved at the May Quality Committee meeting. In the next few months (July-September), 2 national audits and 1 study would be conducted within Older People Services:

1. POMH-UK Topic 22a: Use of anticholinergic (antimuscarinic) medicines in old age mental health services;
2. NCEPOD End of Life (study);
3. National audit of Dementia – spotlight Memory Service (re-audit).

The National Institute for Health and Care Excellent (NICE) published on the 7th September 2022, a new guidance on self-harm (assessment, management and preventing recurrence). The guideline covers assessment, management and preventing recurrence for children, young people and adults who have self-harmed. Under the request of the Quality Committee, relevance of the guidance was prioritised and sent out to the identified NICE Lead of each service on 27/09/2022. All information was collected and presented by the Improvement & Knowledge Service at the December (1st) Trustwide Clinical Governance for approval, as per Trust procedure (C-052).

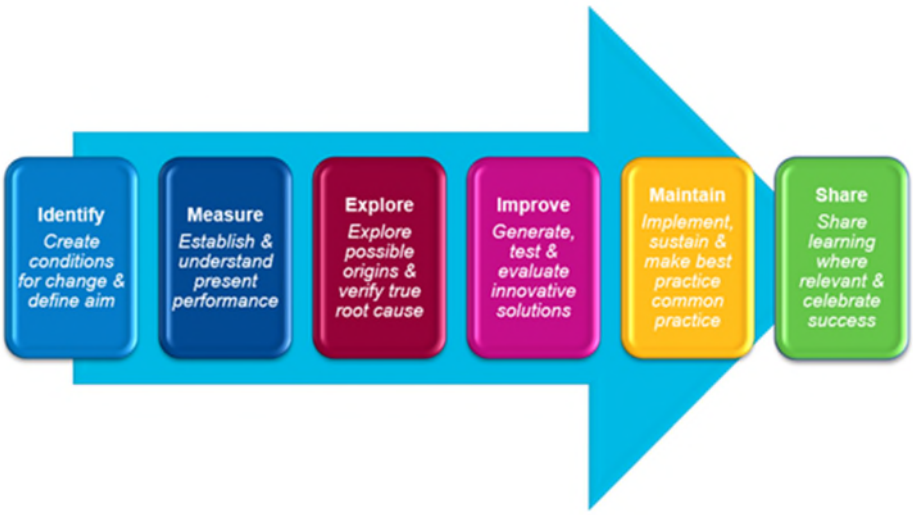
18 services declared the guidance as "Relevant" for their own service, while 3 services declared it as for "Information Practice". On the 2nd December 2022, an email with attached baseline assessment was sent out to those services that identified the guidance as relevant for completion (deadline: 2nd April 2023). Due to the current pressure on clinical services, the deadline was extended to the 30th June.

At the end of the extended deadline, 17 out of 18 baseline assessments have been completed. The findings of those assessments showed some common gaps within the clinical practice such as lack of specific training on self-harm and intervention for self-harm. Some services also identified that training should include harm minimisation while healthcare workers should be appropriately trained and supervised in the therapy, they are offering to people who self-harm.

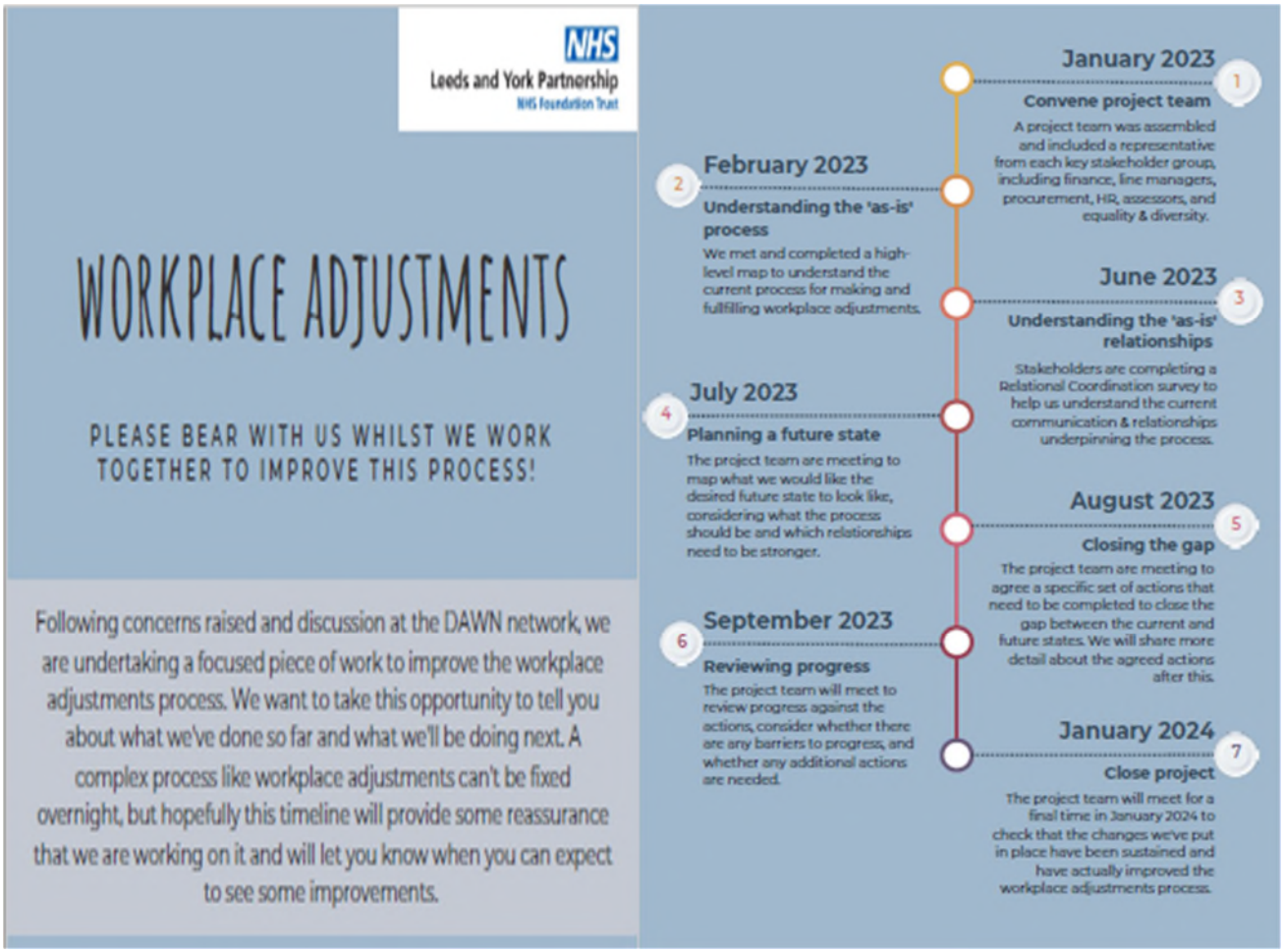
Continuous Improvement and People and Change

The Continuous Improvement and People and Change teams have been working hard over the past few months to concentrate on building improvement capability and capacity from within the team. We have recognised that the functions need to come together as one team to provide a more holistic approach to supporting teams and services to deliver improvement opportunities.

We have reviewed our Improvement approach to ensure we can use relational and process interventions in a synergistic way, adding elements such as the Learning, Culture and Leadership framework and Relational Coordination to enhance our existing offer.



One example of our updated approach in action is the current Workplace Adjustments Improvement Project where the team have come together to support the project with a mix of relational and process interventions.



This is the team's first improvement project utilising Relational Coordination alongside other more traditional process driven interventions and has been a great opportunity to apply and develop our skills and knowledge.

Compliments

Between May and June the service received a number of compliments for the support they provided to staff across the Trust. The below table contains examples of received emails with compliments:

Date	Type of project	By	Email
09/05/2023	Clinical Audit	Louise York	Helen.... you are an absolute STAR. This is amazing. I cannot thank you enough.!
15/05/2023	Clinical Audit / Other	Louise York	I have only been in LYPFT and this post for 7 months, but in my time I have found Helen and Fab so so helpful. I just wanted to send a nice email to praise them to feedback how responsive and rapid they are, how helpful they both have been, they have saved me so much time when doing projects and audits as they have designed tools for me to use and I could not be more appreciative
18/05/2023	Clinical Audit	Lucy Birchill	Great thanks so much for sending this and for all of your support with this project!
08/06/2023	NICE	Lyndsey Charles	Thank you Fabrizio, I really appreciate your email and for all the support that you have, and are giving Ben and the OPs service. Please know that you are greatly valued and appreciated
28/03/2023	Literature search	Eve Angstmann	Thank you so much for conducting this search, it will really support our planning going forward and it is equally as useful to know that evidence is limited. I will look at the literature found and share with my seniors. Thanks again, your team provide a very useful and valuable service.
15/05/2023	Literature search	Jude Paul	I can't thank you enough! That was really useful and made me aware of an important paper I hadn't stumbled across which has been key. Thank you for your help.
01/06/2023	Document delivery	Debbie-Faith Ebeye	Good morning and thank you very much for the resources. I've spent weeks on end trying to find the DPCCQ and you've just tracked it down so quickly. I really appreciate your assistance.
12/06/2023	Literature search	Louise York	Oh Heather this is absolutely fantastic you have given me so many more! Thank you this is fab and should be sufficient.
04/07/2023	Improvement Team	Gabriel Michael, Junior Doctor	Thank you for the guidance and the kind words!

Looking forward

As members of the IHI Health Improvement Alliance Europe (a coalition of leaders united for change, driven by collaboration, and focused on achieving health and health care results) and in partnership with NHS England's Experience of Care Team, we will co-host the November 2023 meeting in Leeds. This multi day meeting has the working

title of Improving Together – Partnering with People and Communities and is due to take place on the 14th & 15th November. The agendas for the days are currently being developed, and we look forward to showcasing some of the great work within the trust, across Leeds and nationally to the 40+ organisations who are part of the alliance.

10. MENTAL HEALTH LEGISLATION COMPLIANCE

The Mental Health Legislation team continue to provide compulsory and bespoke training to individuals and teams, with compliance figures remaining stable despite the trust wide staffing challenges and the ongoing problems previously highlighted with the Learn system.

The team continue to monitor training data and have noted a decrease in compliance in the recent Quarter, the team continue to engage with teams to offer bespoke training.

Top Level by Requirement Title

KEY: 0-74% 75-84% 85-100%

Report database last refreshed on 01/07/2023 at 01:59:13

Requirement	Number compliant	Number non-	Total Headcount	Compliance
Mental Capacity Act and DoLS Level 2	856	167	1023	84%
Mental Health Act (Inpatient) Level 2	286	90	376	76%
Mental Health Legislation Awareness Level 1	1361	197	1558	87%
Overall:	2503	454	2957	85%

Following revision of the metal capacity assessment form, the best interest recording form has now been updated and is progressing towards implementation with the CareDirector team, the decision form has been revised and includes accompanying guidance for staff. The MHL team will continue to complete qualitative audits to review the quality of assessment and recording of mental capacity and best interest decision recording. Bespoke training has been requested by medical staff, this is being developed in collaboration with an external provider and aims to be delivered at the October meeting of the SMC.

Recruitment to the Mental Health Act Managers panel remains ongoing.

The team is working collaboratively with colleagues to develop sexual safety training.

The MHA urgent treatment audit undertaken in April 2022 recommended that the audit be repeated and expanded to include the MHA consent to treatment provisions requiring certification either by the patient's responsible clinician or a second opinion appointed doctor. The audit has now concluded and has identified several recommendations which have been shared with the medicine's safety council and MHL Operational Steering Group.

11. CONCLUSION

This extensive report provides an overview of the major pieces of work being conducted within the medical directorate and the areas of work that required ongoing focus and support.

12. RECOMMENDATION

The Board are asked to consider the information contained within this report on the key functions of the medical directorate and to be assured that the work being conducted is commensurate with the challenges being faced and in line with the wider Trust strategy

Dr Christian Hosker

Medical Director

19th July 2023

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM

12

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	**Guardian of Safe Working Annual Report**
DATE OF MEETING:	27 July 2023
PRESENTED BY: (name and title)	Dr J B Alderson, Consultant in Old Age Psychiatry, Guardian of Safe Working Hours
PREPARED BY: (name and title)	Dr J B Alderson. Consultant in Old Age Psychiatry, Guardian of Safe Working Hours

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

EXECUTIVE SUMMARY

On 1st February 2017 Leeds and York Partnership Foundation Trust (LYPFT) transitioned all the doctors in training on to the 2016 Junior Doctor Contract.
There are a number of vacancies within both the CT1-3 and ST4-7 and these produce a number of vacant out of hours shifts. The majority of these have been filled using internal locums.

There has been a total of 114 exception reports since the contract was implemented in February 2017. 25 of these are within the reference period of this report. There have been no reports raising concerns regarding patient safety in this period.

There is a Trust strategic workforce plan in place to address recruitment and retention of staff. We continue to work with our junior doctors and their clinical supervisors to ensure patient safety and effective training.

Dr Alderson was pointed to role of Guardian on December 1 2019, taking over from Dr Cashman who had been in post since the introduction of the 2016 contract. Dr Alderson has left the post from 31 5 2023 and Dr Asquith has taken up the role of Guardian from 01 06 2023.

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

RECOMMENDATION

The Board of Directors are asked:

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

Leeds and York Partnership NHS
NHS Foundation Trust

GUARDIAN OF SAFE WORKING ANNUAL REPORT

April 2021 to March 2023

1. Executive Summary

On 1st February 2017 Leeds and York Partnership Foundation Trust (LYPFT) transitioned all the doctors in training on to the 2016 Junior Doctor Contract.

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2. Introduction

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)

The report is for the period from 1st April 2021 and 31st March 2023. It covers:

- staff vacancies and locum usage
- exception reports
- work schedule reviews

3. Background

There are currently 65 whole time equivalent posts funded via the medical tariff for Doctors in training in LYPFT. Less than full time trainees (LTFT) can be allocated to Trusts on a supernumerary basis i.e., additional to the agreed training scheme posts.

LYPFT is lead employer for the Leeds and Wakefield Psychiatry core training scheme. The two hosting Trusts within this scheme are South West Yorkshire Partnerships Foundation Trust (SWYPFT) and Leeds Community Health Trust (LCH). SWYPFT run their own on call whereas LCH participate in the LYPFT on call rotas. There are 39 Core Trainees (CT) posts allocated to LYPFT. Four of these are allocated on to LCH on the rotas for out of hours working. Rotas for LYPFT and LCH core training are coordinated through LYPFT. The Psychiatry Resident On Call (PROC) rota is staffed by the CT's.

LYPFT is the employer of psychiatry Higher Trainees (HT) allocated to placements within the Trust. There are 30 training posts allocated to Leeds based placements and 1 York based placement.

York services are a hybrid arrangement with LYPFT being the employer of CAMHS HT (ST4-7) and Tees Esk and Wear Valley NHS Foundation Trust (TEWV) the lead employer for the CTs allocated to CAMHS and Forensic services. All York based trainees participate in the York locality rotas.

Leeds Teaching Hospitals Trust (LTHT) is the lead employer for the Foundation Training Scheme. LYPFT hosted 18 Foundation Trainees including six that participate in the LYPFT PROC rota. This number increased to 20 in August 2022. 1 FY2 Doctor was appointed as an Academic Clinical Fellow in 2021/2022 but there was no Academic Clinical Fellow in 2022/2023.

The current head count of doctors in training working in the Trust is 89. There are 94 posts with 5 vacancies, not including NIHR pots. A summary table is included in appendix A.

The LYPFT Guardian of Safe Working (GSW) was appointed in November 2016 and is responsible for the directly employed trainees. This requires the GSW to liaise with the hosting organisations with reciprocal liaison with the other Trusts' trainees hosted in LYPFT and not directly employed as exceptions occurring as part of work within other Trusts is reviewed and addressed within that Trust. For example, if a CT employed by LYPFT working in SWYPFT reports an exception this can be received by LYPFT but addressed by SWYPFT.

When there are vacant training places the Trust recruits junior grade doctors on temporary contracts. With the implementation of the 2016 contract these posts are called Trust doctors. These doctors are also employed under the junior doctors 2016 contract as agreed with the Local Negotiating Committee. There are currently 3 doctors employed within the Trust under this mechanism.

4. Vacancies and Rota Gaps

4.1 Current Vacancies

Individual services are responsible for addressing gaps in daytime cover if there is no trainee using a risk assessment approach. The options available to meet service needs are establishing specialty doctors posts or booking of an agency locum if the need is short term, or recruitment to specialty doctor post is unsuccessful.

The CT vacancy at the end of March 2023 is zero as the 5 vacant posts have all been filled. The vacancies shown in the appendix were filled with trust doctors funded through service budget as agency doctors due to the mechanism of funding from HEE.

4.2 Rota Gaps

In 2021/22 there have been a total of 544 rota gaps, 318 on the CT rota and 226 on the HT rota. The monthly breakdown of rota gaps has been provided in each of the quarterly reports.

In 2021/22 212 shifts (67% of rota gaps) of the CT rota gaps were covered by internal locums, with 22 shifts (10% of the rota gaps) covered by agency locums. A total of 85 (40%) were left uncovered. This is a significant change in the number of unfilled shifts and reflects 2 concurrent issues at this time. The biggest factor to consider in this period was the impact of COVID-19. The nature of restrictions at this time meant there were many situations where doctors were unavailable at short notice, and due to isolation period length, there was no opportunity for people to provide cover when they were not permitted to come into work. The second issue is that the opening of Red Kite View in January 2022 increased the cohort of night on call CT's by 1 doctor per shift. This increase in the number of doctors required, combined with the restrictions relating to COVID at that time, are the 2 primary drivers for the data presented above.

In 2021/22 220 shifts (97% of rota gaps) of the HT rota gaps were covered by internal locums, with 2 shifts (0.8% of the rota gaps) covered by agency locums. 4 shifts (1.7% of the rota gaps) were left uncovered.

In 2023/23 there have been a total of 337 rota gaps, 226 on the CT rota and 111 on the HT rota. The monthly breakdown of rota gaps has been provided in each of the quarterly reports.

In 2022/23 189 shifts (84% of rota gaps) of the CT rota gaps were covered by internal locums, with 4 shifts (1.8% of the rota gaps) covered by agency locums. A total of 23 (10%) were left uncovered. This is a significant decrease compared to 2021/23 and reflects the relaxations of COVID restrictions through the course of this time frame.

In 2022/23 111 shifts (100% of rota gaps) of the HT rota gaps were covered by internal locums.

Detailed figures for rota gaps are provided in Appendix B of this report.

4.3 Cover for Rota Gaps

The medical education team's approach to providing cover for rota gaps for patient safety reasons is in the first instance to agree internal cover by doctors already working on the rota. This is known as an internal locum shift.

If the gap is still not covered, there are a number of doctors who have worked on the LYPFT rotas or are working in a medical post within the Trust that does not include an on-call commitment, who are approached. These would also be known as internal locum shifts.

In the event that the shift has still not been covered, then medical locum agencies would be contacted to fill the shift. The medical education team work with four preferred suppliers in the first instance with a view to working with the same doctors as much as possible. If the preferred suppliers are not able to fill the shift the request would go to all the agency contacts that are on the Procurement Framework Agreement. All agency bookings are recorded to facilitate knowing the doctors who have worked on the rota before. The majority of these shifts are booked at capped rates.

If the shift remains uncovered, then the rota may be authorized to run on reduced staffing by the Director of Postgraduate Medical Education – Operational Lead. In this scenario the medical education team communicates this to the doctors of all grades on the rota, on-call senior manager and switchboard for the date affected to make them aware of the reduced cover. This issue has been pertinent during the COVID pandemic but is relaxing due to national and local actions to reduce the impact of COVID on healthcare services. As a result, all doctors on the on-call rotas are informed of the possible need to 'act down' if there was a staffing crisis. There has been no sustained period where this was necessary and no HTs were asked to act down to the CT rota over this period. The Director of Postgraduate Medical Education – Operational Lead has now ensured that in situation where a shift cannot be filled the Doctors who are working that shift are renumerated with an equal proportion of the locum agency fee that would have been spent were the shift to be filled.

5. Exception Reports

There have been 25 Exception Reports (ERs) over the past 2 years. 8 in 2021/22 and 17 in 2022/23. These are detailed in the quarterly reports and are provided in Appendix C. One ER was labelled as an immediate safety concern but this was an error made by the inputting Doctor and there have been no immediate safety concerns raised in this 2 year period.

The ER's in this reporting period have been related to a number of different reasons. There have been no significant recurrent issues that have led to repeat ER's from individual doctors or individual placements. Time of in lieu was accepted by in the majority of situations but some Doctors preferred to be paid for the additional hours they had worked. No safety concerns were raised related to any exception reports.

6. Work Schedules

Work schedules are prepared by the doctors in training with their clinical supervisors at the beginning of each placement. MEC communicate with the doctors to ensure these are understood and need completing at the start of each placement. Where forms are not returned then a reminder is sent from MEC and if this does not result in a return then MEC inform the Guardian who contacts the trainee and their clinical supervisor.

7. Fines

There have been no breaches in junior doctors working hours resulting in a financial penalty for the Trust.

8. Junior Doctors Forum

The JDF has met on four occasions in both 2021/22 and 2023/23. JDF was chaired by Dr Alderson throughout this period.

In addition to discussing rota gaps and exception reports junior doctors have used the forum to highlight areas of concern.

In 2021/22 these included:

- continued recognition that the junior doctors were working with great effort to support the on-call rota's and the running of clinical services in order to maintain patient safety as the pandemic progressed. The number of rota gaps was affected by COVID and the national track/test system as well as the Omicron variant spike having a significant impact on availability of Doctors
- the opening of Red Kite View and the satisfaction with the rota design and implementation which included the addition of a third night doctor on the first-tier on-call

- the HT's explored the options of rota changes they had developed and reviewed a proposal for HT's working in Leeds to spend 6 months of each 'side' of the rota (alternate from West to East, and vice-versa, at the 6 months mid-point of their October-October rotation)

In 2022/23

- the enaction of the trainee-developed strategy whereby HT's spend 6 months of each 'side' of the rota (alternate from West to East, and vice-versa, at the 6 months mid-point of their October-October rotation) which began in October 2022
- the review of internal locum rates for LYPFT doctors
- the Guardian explaining their change in role and being assured by the BMA that there was no conflict in moving to the Clinical Lead for Older People's Services and continuing as Guardian
- acknowledgement of the BMA balloting doctors and issuing rate card guidance. The BMA representative was clear to explain that disputes were not with LYPFT but were aimed at the Government and subsequent analysis of the first period of junior doctor industrial action did not demonstrate any increase in exception reports

9. Issues Arising

9.1 Engaging Junior Doctors

I have continued to attend induction to introduce myself to new starters in LYPFT as the GSW. JDF has not been postponed or cancelled over this 2 years period. All JDF meetings have had representation from both CT and HT grades; either as in-person attendance or by written feed-in. JDF has been held on Zoom throughout this period of the report in-line with the requests from the training grade Doctors. I have facilitated hybrid meetings throughout 2022/2023 to enable anyone who wishes to attend in person to do so. The representatives have not felt drop-in sessions wit the GSW have been needed due to the regular contact that the DME and Director of Postgraduate Medical Education – Operational Lead.

I have continued to encourage attendance at the JDF by junior doctors. I have continued to share my email address with trainees who can contact me directly for support or to raise concerns. Through this method I have learnt of some issues that were not exception reported as they did not meet the threshold, but we were able to liaise with the Director of Postgraduate Medical Education – Operational Lead and address issues that were arising.

It is important that as a Trust we must continue to support a culture of reporting variance from the work schedule. Relative to our partners in Leeds, and across the HEEYH Guardian network, LYPFT continues to have a relatively small number of exception reports. The figures are broadly consistent with those of other local mental health trusts based on verbal reports at the Guardian regional network events. I have maintained my encouragement to junior doctors to use ER as it is a crucial mechanism within their contract to ensure they are working safely for patients.

9.2 Recruitment

National recruitment in Core Psychiatry Training continues to improve. This is reflected locally in our CT recruitment.

LYPFT have a number of strategies in place aimed at increasing recruitment targeted at both medical students and Foundation Trainees. These include the ongoing engagement with undergraduate teaching through the University of Leeds and increased visibility throughout the Foundation Training Programme teaching sessions.

The CTs are encouraged to participate in the medical student teaching programme by having protected time to deliver this to students from years 2 – 4. This provides a valuable experience for both CTs and medical students.

The Trust have a named Foundation Year tutor to enhance trainees experience within the speciality, as well as a designated teaching programme for the FYs placed within the Trust.

10. Summary

There have been relatively few ER's risen during this period and there continues to be scope to further encourage ER with the junior doctors. I have led on this through increased engagement using remote tools and virtual meetings to support this strategy.

Rota gaps continue to be a challenging issue. There are many reasons for rota gaps and these have increased during the pandemic, although there has been a return to pre-pandemic levels over recent months. The national challenge of encouraging more doctors to train in psychiatry, particularly as HTs, has not completely resolved and in tis period we have seen the impact of individual factors such as unplanned leave for sickness and contact tracing / self-isolation. MEC have worked extremely hard to minimise impact of rota gaps and have covered the vast majority of rota gaps from the internal locum pool of doctors.

Given that there have been no patient safety concerns from ER it is clear that the rota patterns enable the junior doctors to deliver safe patient care.

As I leave this post as Guardian I welcome my colleague Dr Asquith to the role and wish to share my confidence in their ability to build on the work undertaken by myself and Dr Cashman since 2016. I want to thank the many people who have supported me in this role in this report and request they extend the value contributions they have given to me to Dr Asquith as they come into post.

11. Recommendations

The Board of Directors are asked:

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

Dr J B Alderson
GMC 6166755
Guardian of Safe Working Hours

Appendix A

Grade of Dr	LYPFT lead employer	LTHT lead employer	LCH allocation	York placement
CT Psychiatry	39 + 2 NIHR posts			
HT Psychiatry	30			1
GP Trainee		4 (*Includes 1 Innovative GP - does not cover on-calls 50:50 split between GP & LYPFT)		
FY Dr		20*		

* 13 FY1 Doctors, 6 FY2 Doctors and 1 FY2 ACF post

Appendix B

Quarter 1 2021/2022

Rota Gaps		April		May		June	
		CT	HT	CT	HT	CT	HT
	Gaps	16	19	25	18	28	26
	Internal Cover	16	19	23	18	16	26
	Agency cover	0	0	2	0	10	0
	Unfilled	0	0	0	0	2	0
Fill Rate		100%	100%	100%	100%	93%	100%

Quarter 2 2021/2022

Rota Gaps		July		August		September	
		CT	HT	CT	HT	CT	HT
	Gaps	51	26	19	23	22	17
	Internal Cover	38	25	10	22	9	17
	Agency cover	7	0	0	0	2	0
	Unfilled	6	1	9	1	11	0
Fill Rate		88%	96%	52%	95%	50%	100%

Quarter 3 2021/2022

Rota Gaps		October		November		December	
		CT	HT	CT	HT	CT	HT
	Gaps	26	18	39	15	40	18
	Internal Cover	18	18	24	14	16	17
	Agency cover	1	0	0	0	0	0
	Unfilled	8	0	15	1	24	1
Fill Rate		70%	100%	62%	93%	40%	94%

Quarter 4 2021/2022

Rota Gaps		January		February		March	
		CT	HT	CT	HT	CT	HT
	Gaps	25	19	6	14	21	13
	Internal Cover	21	19	5	13	16	12
	Agency cover	0	0	0	1	0	1
	Unfilled	4	0	1	0	5	0
Fill Rate		84%	100%	83%	100%	76%	100%

Quarter 1 2022/2023

Rota Gaps		April		May		June	
		CT	HT	CT	HT	CT	HT
	Gaps	9	5	19	8	15	10
	Internal Cover	9	5	18	8	13	10
	Agency cover	0	0	0	0	0	0
	Unfilled	0	0	1	0	2	0
Fill Rate		100%	100%	95%	100%	87%	100%

Quarter 2 2022/2023

Rota Gaps		July		August		September	
		CT	HT	CT	HT	CT	HT
	Gaps	9	7	7	5	22	5
	Internal Cover	9	7	2	5	19	5
	Agency cover	0	0	0	0	0	0
	Unfilled	0	0	5	0	3	0
Fill Rate		100%	100%	29%	100%	86%	100%

Quarter 3 2022/2023

Rota Gaps		October		November		December	
		CT	HT	CT	HT	CT	HT
	Gaps	9	6	31	11	37	17
	Internal Cover	9	6	27	11	29	17
	Agency cover	0	0	2	0	0	0
	Unfilled	0	0	2	0	8	0
Fill Rate		100%	100%	94%	100%	78%	100%

Quarter 4 2022/2023

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%

Appendix C

Exception Reports (ER) 21/22	
Reference period of report	01/04/21 - 31/03/22
Total number of exception reports received	11
Number relating to immediate patient safety issues	0
Number relating to hours of working	7
Number relating to pattern of work	0
Number relating to educational opportunities	3
Number relating to service support available to the doctor	1

ER outcomes: resolutions 21/22	
Total number of exceptions where TOIL was granted	6
Total number of overtime payments	4
Total number of work schedule reviews	1
Total number of reports resulting in no action	1
Total number of organisation changes	0
Compensation	0
Unresolved	2
Total number of resolutions	**12**
Total resolved exceptions	**11**

Exception Reports (ER) 22/23	
Reference period of report	01/04/22 - 31/03/23
Total number of exception reports received	17
Number relating to immediate patient safety issues	1
Number relating to hours of working	11
Number relating to pattern of work	0
Number relating to educational opportunities	4
Number relating to service support available to the doctor	2

ER outcomes: resolutions 22/23	
Total number of exceptions where TOIL was granted	13
Total number of overtime payments	2
Total number of work schedule reviews	0
Total number of reports resulting in no action	2
Total number of organisation changes	0
Compensation	0
Unresolved	0
Total number of resolutions	**17**
Total resolved exceptions	**18**

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
13

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Responsible Officer and Medical Revalidation Annual Report 1 April 2022 to 31 March 2023
DATE OF MEETING:	27 July 2023
PRESENTED BY: (name and title)	Wendy Neil, Responsible Officer
PREPARED BY: (name and title)	Vickie Lovett, Head of Medical Development and Operations

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

EXECUTIVE SUMMARY

This annual report has been produced using A Framework of Quality Assurance for Responsible Officers and Revalidation (FQA) (NHSE Medical Revalidation Programme, February 2023). It covers the work of the Responsible Officer and members of the Medical Directorate from 1 April 2022 and 31 March 2023 and covers the following key areas:

- General
- Effective Appraisal
- Appraisal Data
- Recommendations to the General Medical Council
- Medical Governance
- Employment Checks
- Summary of Contents and overall conclusion

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

RECOMMENDATION
The Board is asked to; 1. to read and agree that this report provides assurance that there the key requirements for compliance with regulations and key national guidance required of LYPFT as a designated body are met 2. Agree this should be signed by the Chair on p18, the Statement of Compliance, on behalf of the Trust to enable the report's submission to NHS England

Classification: Official

Publication reference: PR1844

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

Contents

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

a) help the designated body in its pursuit of quality improvement,
b) provide the necessary assurance to the higher-level responsible officer,
c) act as evidence for CQC inspections.

Designated Body Annual Board Report

Section 1 – General:

The board of Leeds and York Partnership NHS Foundation Trust can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year:
Maintain the current Responsible Officer arrangements.
Comments:
Nil
Action for next year:
Maintain.

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes
Action from last year:
To embed and continue to evaluate the efficacy of the new structures within the Medical Directorate
Comments:
In continuing to maintain high standards of medical appraisal and revalidation to protect patients, support professional development and improve quality within LYPFT, investment was made in the development of our medical revalidation and appraisal medical structure in 2022. This resulted in the appointment of a new Consultant Appraisal Lead, appointment to the new role of an SAS Appraisal Lead who are now embedded in their roles and an increase in the number of trained medical appraisers, particularly SAS doctors.
A review of the remuneration of medical appraisers (implemented in line with NHS England Medical Appraisal Logistics Handbook 2015) has taken place, benchmarked against other Designated Bodies in the region and other additional work undertaken by doctors in the Trust. It has identified that the Trust's approach of remunerating appraisers 1 Programmed Activity (PA) upon completion of an individual doctor's appraisal results in inequalities between consultant and SAS appraisers who carry out the same work but are not remunerated equally.

Action for next year:

To work with colleagues in Finance to ensure that all medical appraisers are remunerated fairly for the necessary work that they carry out and that there are no pay inequalities specifically for SAS doctors.

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year:

Maintain

Comments:

The Revalidation team ensure that the designated body list of doctors is accurate. Monthly 'leaver and starter' reports continue to be used to update the GMC Connect portal and updates are provided to the GMP Assurance Group. Additional checks are made at time of junior doctor rotation from or to training grades to ensure the doctors' prescribed connection is correct.

Action for next year:

Maintain.

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year:

Complete the process for review and ratification of the 'Medical Appraisal' procedure and ensure appropriate dissemination to key stakeholders.

Comments:

The 'Medical Appraisal' procedure has been updated and was ratified at the Trust's Policy and Procedure Group on 20 October 2022.

The updated 'Managing Concerns about Medical Colleagues' (Maintaining High Professional Standards) which was ratified in March 2022 has been identified as requiring a further review with particular reference to areas of responsibility for members of the Trust.

Action for next year:

Complete the update to, and ratify, the 'Managing Concerns about Medical Colleagues' (Maintaining High Professional Standards) procedure. The Medical Appraisal procedure is due to be reviewed routinely again in 2025 unless local or national changes necessitate earlier review.

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year

Complete peer review and implement any identified recommendations.

Comments:

A peer review was undertaken with South West Yorkshire Foundation Trust on 6th December 2022. It concluded that "The LYPFT Appraisal and Revalidation team has robust processes in place and are able to manage the workload between them. There are regular opportunities in place for the team to identify any issues that arise in order to maintain good practice". The review identified areas of learning, specifically around supporting information for doctors with regards to risk management and with the provision of appraiser refresher training and an action plan has been developed to act upon this feedback.

Action for next year:

To reflect on and action feedback from the peer review including i) ensuring that the data provided by risk management for medical appraisal are meaningful and relevant and ii) reviewing appraiser training provision to include refresher training for existing appraisers.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year:

Maintain.

Comments:

Directly employed locum doctors continue to be managed as per substantive doctors and are supported in their CPD, appraisal, revalidation and governance. Agency locum doctors' appraisal and revalidation responsibilities lie with their designated bodies with relevant supporting information (e.g. compliments, complaints or incidents, involvement in governance activity and CPD) provided on request.

Action for next year:

Maintain.

Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Action from last year:

Undertake work with the Chief Clinical Information Officer (CCIO) and medical staff to explore how the data available from Care Director and other information sources can be used as supporting information for the doctor's appraisal.

Comments:

The guidance for supporting information for private practice and minimum dataset requirements has been updated and shared in a series of presentations to Consultants and SAS doctors. This has also included the new appraisal format MAG22 and the resulting changes to the L2P form in anticipation of it going live on 1st April 2023. Relevant supporting information is now uploaded onto the doctors' electronic appraisal record by the Medical Appraisal administrator.

Action for next year:

Appraisal team to undertake work with the Trust risk department to explore ways to improve accuracy and accessibility of SUI/coroners information and complaints /compliments.

The Good Practice Guidelines for Appraisal (RCPsych, Feb 2010) recommends that doctors undertake at least 1 audit of record keeping in each revalidation cycle. To support this a case note audit will be piloted in April 2023 and rolled out as an annual Trustwide audit in 2023/24

7. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year:

Work to continue with the relevant reporting teams to ensure that each doctor has access to meaningful activity data which is representative of their scope of work

Comments:

Despite improvements over the past year there remain areas where the quality of data provided for medical appraisals requires improvement so as to enable meaningful reflection during the appraisal process. The introduction of a minimum data set will go some way towards addressing this and, where supporting information is missing, this is picked up in the review process.

Action for next year:

Appraisal team to continue to work constructively with the Trust risk and other departments to improve the accuracy and accessibility of data.

8. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year:

To complete the process for review and ratification of the Medical Appraisal procedure.

Comments:

The procedure was updated and ratified at the Trust's Policy and Procedure Group 20th October 2022.

Action for next year:

Maintain.

9. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year:

To complete training for all newly appointed appraisers and consider further recruitment rounds as required.

Comments:

A review of the necessary number of trained appraisers has been completed and two rounds of recruitment have taken place in the past year resulting in seven new appraisers successfully appointed. There are currently the required 25 trained appraisers in the Trust.

Action for next year:

To continue to review the necessary number of appointed and trained appraisers and promote opportunities to recruit new appraisers as/when necessary.

To review the training requirements for new and established appraisers and implement changes as required.

10. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[1] or equivalent).

Action from last year:

Maintain.

Comments:

The AMD for Medical Appraisal and Revalidation and the Responsible Officer have continued to attend the NHSE RO and Medical Appraisal Leads networks and specific Mental Health RO and Medical Appraisal Leads networks and have fed back key developments to the GMP Assurance Group.

Quarterly Appraiser Development Forums (ADF) have continued to run via zoom to offer on-going support and development to the Trust's medical appraisers incorporating, where appropriate, information from regional and national networks. Appraisers are now additionally offered 1:1 feedback and reflection meetings regarding their performance as appraisers with either the AMD for Medical Appraisal, the Consultant Appraisal lead or the SAS Appraisal lead using a standardised template.

Action for next year:

The AMD for Medical Appraisal and Revalidation, the Responsible Officer and SAS/Consultant Appraisal leads to maintain their participation in NHSE and Mental Health appraisal networks.

The structure and content of the ADFs to be reviewed following feedback from appraisers with a view to considering reducing the duration of ADFs to 1hr but adding an annual half-day refresher (each to be eligible for CPD points).

[1] http://www.england.nhs.uk/revalidation/ro/app-syst/

11. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year:

Quality assurance of appraisal systems and processes to continue to be undertaken annually and results discussed at GMP Assurance Group meeting.

Comments:

The appraisal system is Quality assured on three fronts, i) each appraisee is asked for feedback after their appraisal, this is automatically generated by L2P system after the appraisal is completed, ii) each appraiser receives 1:1 feedback each appraisal year from an appraisal lead, with discussions had with respect to feedback received and any CPD or training requirements iii) the Appraisal document for completed appraisals is qualitatively reviewed by appraisal leads and feedback given to appraiser and appraisees.

Action for next year:

Quality Assurance to continue to be undertaken annually and results discussed at GMP Assurance Group meeting.

Opportunities to be pursued to further develop the Trust's appraisal system in collaboration with providers (L2P) and in accordance with national guidelines.

Opportunities to be pursued to pilot adaptations to the patient feedback process to ensure that it is meaningful for patients and doctors.

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation: Leeds and York Partnership NHS Foundation Trust	
Total number of doctors with a prescribed connection as at 31 March 2023	**121**
Total number of appraisals undertaken between 1 April 2022 and 31 March 2023	**121**
Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023	**0**
Total number of agreed exceptions	**0**

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year:

Maintain.

Comments:

No Fitness to Practise concerns were referred to the GMC during the period of this report.

Action for next year:

To retain close links between the Responsible Officer and the GMC Employer Liaison Adviser enabling timely discussions regarding, and referrals to, the GMC should concerns arise.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year:

Maintain.

Comments:

Revalidation recommendations are reviewed at each (monthly) GMP Assurance Group meeting and recommendations made thereafter to the GMC. The doctor is informed in writing by the RO within seven days once a revalidation recommendation has been submitted and approved. No late recommendations were made in 2022/23.

The Responsible Officer and AMD for Appraisal have continued to be actively involved in regional RO/Appraisal Lead networks to ensure local practice benchmarks favourably against regional practice.

Doctors under notice continue to be reviewed at each GMP Assurance group meeting which allows early identification of issues that may prevent a recommendation to revalidate and for a discussion to take place with the doctor on the actions needed to be able to revalidate. If deferral is to be recommended the doctor is informed of this in writing following previous discussions had as to the rationale for this and any necessary additional support required.

Action for next year:

Maintain.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year:

Implement GMC Appraiser Assurance Review as replacement for Excellence Quality Assurance tool. Work with the CCIO and medical workforce to explore how the data available from Care Director and other information sources can be used as supporting information for the doctor's appraisal.

Comments:

The process of Appraiser Assurance Review is now embedded into usual practice with individual feedback meetings taking place between the appraiser and the AMD for Appraisal/Consultant Appraisal Lead/SAS Appraisal Lead on an annual basis.

Clinical Governance for Doctors is overseen by the Trust Wide Clinical Governance Committee whose remit is to provide assurance that effective clinical governance arrangements are in place throughout the organisation (including wrt the performance of doctors)

Action for next year:

Maintain.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year:

To continue to support health and wellbeing discussions.

Comments:

Wellbeing assessments are mandated for all doctors and are undertaken by the doctors' medical line manager. The revised L2P appraisal system includes dedicated section for doctors to reflect on their wellbeing.

Mandatory training compliance is uploaded onto a doctor's appraisal document by the Appraisal team and job planning is completed on the same electronic system enabling easier sharing of information across the two

processes. Work remains ongoing to improve the quality and accessibility of data regarding complaints and significant incidents pertaining to doctors.

Action for next year:

Appraisal team to continue to work constructively with the Trust risk and other departments to improve the accuracy and accessibility of data.

Outcomes of conduct and performance concerns to be uploaded onto L2P by Appraisal Team as standard.

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year:
Arrange and deliver suitable updates for trained doctors, managers and workforce staff involved in investigating concerns about medical staff and supporting those staff.

Comments:
NHSE-approved training for the investigation of concerns regarding doctors was delivered in January 2023 resulting in the Trust now having 30 trained Medical Case Investigators and 10 trained Workforce staff. The Trust has agreed to work with NHSE as a pilot site to help develop MHPS update/refresher training.

The Trust's 'Managing Concerns about Medical Colleagues (Maintaining High Professional Standards)' policy has been ratified and will be further updated as required, a key addition to this policy being the presence of a Cultural Inclusion Ambassador in all Decision-Making Groups. All concerns regarding doctors are reviewed during the monthly GMP Assurance Group meetings.

Action for next year:
Consider opportunities to further develop the skills and competencies of staff in the assessment and management of concerns regarding doctors.

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and

outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.[2]

Action from last year:
Equality Impact assessment (EIA) to be undertaken in conjunction with the MWRES lead exploring the Trust's compliance with relevant MWRES indicators and presented to the Good Medical Practice Assurance group. Further action to address any areas of concern will then be undertaken as required.

Comments:
The EIA revealed that the Trust's medical workforce is in line with the ethnicity demographics of the region. Within the Appraisal team the appraisers and case investigators reflect the ethnicity of the Trust's medical workforce.

The pathway for receiving and responding to concerns regarding doctors is well established and is overseen by the Responsible Officer who is in regular liaison with the GMC and PPA to benchmark practice and gain advice as appropriate. A thematic analysis of concerns raised about doctors and investigated according to the Trust's policy did not reveal any areas of concern with respect to ethnicity or other protected characteristics.

Action for next year:
To continue to work with the MWRES lead to ensure the Trust responds fairly and appropriately when concerns are raised about doctors.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.[3]

Action from last year:

[2] This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.
[3] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

The Trust's Responsible Officer to continue to attend regional Responsible Officer meetings to further develop relationships and benchmark practice across the region.

Comments:

The Trust's Responsible Officer has attended all relevant regional meetings and has developed a network with other RO's enabling appropriate and effective transfer of information when concerns are raised.

Positive feedback has been received with respect to the timeliness of the information sharing and the efforts taken by the Trust to investigate the issues of concern where appropriate and provide support to the doctors. RO2RO transfer information is collected as routine for all doctors in anticipation of them leaving the Trust.

Action for next year:

To review the process by which information is requested and received from a doctor's previous designated body once they become connected to LYPFT.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year:

Maintain.

Comments:

Equality impact assessment (EIA) completed annually. Should concerns be raised about a doctor's practice, they are dealt with in accordance with the Trust's procedure, including being investigated by case investigators who have completed NHS Resolution-approved training.

Action for next year:

See section 3.4.4 regarding EIA.

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year:

To work with the Trust's recruitment manager to ensure effective and timely pre-employment checks of directly employed doctors is taking place. Impact of this to be re-audited and results presented to the GMP Assurance Group. To ensure that agency compliance continues to be met a review of the local working agency checklist to be undertaken with regards to references from previous Responsible Officers. A re-audit will be carried out and results presented to the GMP Assurance Group.

Comments:

The audit revealed that there was less than 100% compliance with all required pre-employment checks for doctors and, in some cases, the checks were only completed after significant delay. Work is ongoing with the recruitment team to address this with regular meetings now established between recruitment and the Medical Directorate.

Action for next year:

To reaudit compliance with necessary pre-employment background checks and develop action plan to improve areas of relative weakness.

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

- **General review of actions since last Board report**

All actions identified in the previous Board report have been completed. The recent peer review of practice was highly positive and drew particular attention both to the robustness of the processes in place to ensure high standards are maintained and to the opportunities for support and development provided to Appraisal and Revalidation team members and doctors alike.

- **Actions still outstanding**

Nil

- **Current Issues**

Nil

- **New Actions:**

To work with colleagues in Finance to ensure that all medical appraisers are remunerated fairly for the necessary work they carry out.

To work with the Trust's risk department to explore ways to improve the accuracy and accessibility of SUI/coroners information and information about complaints/compliments.

To develop and roll-out a Trustwide annual record keeping audit for doctors in accordance with RCPSych Good Practice Guidelines for Appraisal.

To review the training requirements for new and established appraisers and implement changes as required.

To pilot adaptations to the patient feedback process to ensure this is meaningful for patients and doctors.

To complete the update to the Trust's Managing Concerns about Medical Colleagues (MHSPS) policy.

To work with NHSE as a pilot site for the development and delivery of MHPS update/refresher training.

To work with the Trust's recruitment team to improve compliance with necessary pre-employment background checks.

Overall conclusion:

Despite the ongoing pressures within the system work has continued in the past 12 months to ensure that the high standards of medical appraisal have been maintained within the Trust.

The embedding of the roles of SAS and consultant lead and the appointment of 7 new appraisers has ensured that 100% of all doctors with a prescribed connection to the Trust had their appraisal with the designated timescale and that there were 0 late recommendations for revalidation made to the GMC. The new process of Appraiser Assurance review using triangulated data from appraisee feedback, standardised review of appraisal outputs and 1:1 meetings between the appraiser and the AMD/Consultant/SAS Appraisal lead has ensured the quality of appraisal meetings has been maintained, and the forthcoming roll out of a new L2P format for appraisal (due April 2023) will have an enhanced emphasis on wellbeing and reflection ensuring appraisal conversations remain supportive and developmental.

Work will be undertaken in the next year to improve the areas of relative weakness with respect to data provided for supporting information for appraisal, primarily with respect to risks and complaints/compliments. Another priority area for 2023/24 will be the addressing of remuneration inequalities for medical appraisers with a review benchmarking the current process against that employed by other Designated Bodies in the region, and custom and practice in the Trust regarding other remunerated work undertaken by doctors, identifying issues in the current appraisal remuneration process.

No concerns have been raised about doctors which have required escalation to the GMC in the last year and further NHSE-approved training provided in 2022/23 has ensured that we

have sufficient numbers of trained case investigators to undertake investigations should concerns be raised about doctors in the Trust. A thematic analysis undertaken jointly with the Trust's MWRES lead of the investigations conducted 2017-2022 revealed data broadly reflective of the Trust's demographics with respect to ethnicity, gender and other protected characteristics, and the inclusion of a Cultural Inclusion Ambassador within all Decision Making Groups was highlighted as an area of good practice in the recent peer review.

The Trust's Managing Concerns about Medical Colleagues policy remains subject to ongoing review to ensure that it is fit for purpose and close links remain between the RO, the GMC and NHS Resolution so as to ensure timely discussions are had regarding any issues of concern regarding doctors. A priority for the forthcoming year will be to improve the accuracy and timeliness of pre-employment checks for doctors joining LYPFT.

Section 7 – Statement of Compliance:

The Board of Leeds and York Partnership NHS Foundation Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body:

Leeds and York Partnership NHS Foundation Trust

Name: _ _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _ _

Date: _ _ _ _ _ _ _ _ _ _ _

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Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
14

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Director of Nursing, Quality and Professions report
DATE OF MEETING:	27 July 2023
PRESENTED BY: (name and title)	Nichola Sanderson, Director of Nursing and Professions/ Director for Infection Control and Prevention
PREPARED BY: (name and title)	Nichola Sanderson, Director of Nursing, Professions / Director for Infection Control and Prevention and members of the Nursing, Quality and Professions Directorate and members of the Nursing and Professions directorate

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

EXECUTIVE SUMMARY

The purpose of this report is to provide a quarterly update to Trust board members in relation to progress across the Director of Nursing, Professions and Quality and Director for Infection Prevention and Control portfolios and areas of responsibility.

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

RECOMMENDATION

Board members are asked to note the contents of this report and continue to be assured of the breadth of work, mitigation of risk, progress and oversight across this Directorate and its portfolios.

Meeting of the Trust Board of Directors

27 July 2023

Director of Nursing, Quality and Professions Quarterly Report

This paper provides an update and overview of action taken and plans for the next 12 months. It details the short to medium position and outlines the longer-term ambitions for next year. The paper is divided into key headings, Patients and Carers, Professions and Performance for clarity.

Patients/Carers

1. The Mental Health Optimal Staffing Tool (MHOST)

The Mental Health Optimal Staffing Tool (MHOST) was created, with the support of Health Education England, in recognition that there was no published, evidenced based mental health workforce tool. The tool describes how fluctuating service user acuity can affect the number of registered staff required to provide service user care. It uses a set of care level indicators on a scale of 1-5 which measure the dependency/acuity of service users in different settings.

The MHOST tool was paused during the pandemic and as a result has been refreshed to represent the changes in patient care post pandemic. Training was initially delivered on-line in November 2022 with Matrons, Ward Managers and Charge Nurses attending a second follow up face to face training in April 2023 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 service users 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 enact the implementation plan with the first data collection period taking place in September 2023 to provide an evidence base for safe staffing decisions.

The tool is not used in isolation, as professional judgment needs to be applied to make the tool viable, along with quality indicators to support any decision making. The safer staffing group have been working with informatics to initiate quality indicator dashboards aligned to each inpatient ward/service to reflect incident data, as recommended by the National Quality Board. This includes Falls, pressure ulcers, medication errors, self-harm and violence and aggression. Further work over the next 3 months will take place with clinical services to further strengthen the triangulation of data and add additional measures, thus creating safer staffing dashboards. This will include service user and carer feedback, staff feedback, completion of key clinical procedures and harm during health care. The use of benchmarking staffing data will also be used.
Data collection will take places for x 28 days during September and March and the results will be shared with clinical services, who will be supported by the Professional Leads for Nursing, to work collaboratively to influence establishment setting using all the information as described.

The information across our inpatient services will be shared through our 6-month safer staffing report with the first paper being circulated in January 2024.

2. Closed Culture Panorama Work

Since the Panorama documentary there are several work streams that are in progress to monitor and evaluate the safety of our inpatient areas, including the Positive and Safe Working Group and Peer to Peer Review. The Positive and Safe (PaS) Working Group are providing oversight for the closed culture action plan. We have begun engaging our service user and carer reducing restrictive practice reference group with this work to ensure our service users and carers can recognise what good care should look like and how to spot and challenge a toxic/closed culture, this includes the group producing a service users and carers use of force information leaflet, commencing work on an information video on use of blanket restrictions and working with our PMVA team to develop a strategy for working towards co-produced PMVA training.

The seclusion oversight group has developed a standing agenda item to provide monthly in-depth scrutiny of seclusion data; this includes seclusion over 24hrs, seclusion away from home ward and repeated episodes involving one service user. Within the WYICS we are attending one another's seclusion oversight meetings to compare approaches. The business intelligence lead from the WY Provider Collaborative Commissioning Hub is also attending these meetings to help generate a

consistent approach to reporting, they attended LYPFT's seclusion oversight meeting in May 20 23.
We have started sharing some of the learning from individual Trusts (i.e., the SWYPFT work on electronic seclusion reporting and will share the formal evaluation on these so others can consider whether to proceed down a similar route).

There continues to be joint training and development programmes with the British Institute of Human Rights. Staff's two-part workshops are now completed, planning has commenced for policy development workshop and human rights practice leads sessions.
Some elements of the action plan which are longer term initiatives will be incorporated within the PaS reducing restrictive practice 2023-25 action plan.

This includes:

- Engagement in a study to evaluate several aspects of Body Worn Cameras and Oxevision in England, as a control group. This will initiate local discussion regarding the suitability of the use of body cams in our inpatient services.
- Development of a training programme pilot for non-restrictive, conflict incident management and de-escalation skills using simulation training, reflective practice, including learning lessons reviews.

Following attendance at the NHS England Quality and Safety of Mental Health, Learning Disability and Autism Inpatient services, some of the themes considered for the next 12 months include how can we further support frontline staff, so they are able to prioritise patient contact and engagement over task-based activities. Improvements in transition of care across all pathways, to enhance patient safety and quality of care. Of note is the disproportionate blanket restrictions of patients with a learning disability or autism (admission to MH inpatient services has increased by 88% since 2015). A plan of work will be developed to embed the NHSE McGowen draft code of practice, once this is agreed and published to ensure we provide reasonable adjustments.

Ward staff have robust relationships with advocacy, which enhances a consistent presence within our inpatient wards. Areas for further development are an increase in peer support workers across all our inpatient sites. The reviews are completed by a brought representation across the trust,

which provides a wealth of different experiences and subsequent learning. There is an established approach for peer-to-peer reviews across the trust in collaboration with the WYICS. As a result, we have agreed to extend the peer-to-peer reviews with BDFT and SWYFT to improve learning and quality/safety of patient care. On reflection we need to do further work on the understanding of learning identified and how this is embedded to improve and impact positively on patient care, cares experience and staff morale.

Throughout the report there is reference to several opportunities we have taken to work collaboratively with the ICS to enhance patient, carers, and staff experiences and to improve patient safety. We are working in collaboration with colleagues across the ICS led by the Mental Health and Learning Disability Alliance Collaborative to develop a tool for Peer Reviews. This will focus more specifically around 'closed cultures' with an 'it could happen to us' approach. This will offer an external lens with neighboring colleagues forming the review team and carrying out the review. LYPFT will be the first organisation to experience this which is expected to take place in September.
We have also asked colleagues across the ICS to work with us to develop and support a Well Led review which will be relocated across each organisation. The planning will commence with the DDoN's from LYFPT SWYPFT and BDCFT who are meeting 18 July.

3. Therapeutic Engagement

Observations and engagement are often used within mental health inpatient settings as an intervention to support a person's care, safety, and wellbeing. Observation and engagement is a key clinical intervention involving assessment, care planning, risk management, clinical review and evaluation. However, despite this, there are no current national guidance around how observation and engagement should be carried out and inconsistences in policy and practice are evident. National workstreams have now been set up to focus on developing such guidance which our Professional Leads for Nursing have been contributing to and sharing our current practice to influence national decision making.

An audit of our current observation and engagement practice is also currently underway to evidence adherence to procedure and any areas of practice for development. The audit includes.

- Why, when, and how observations are carried out and all aspects of decision making from initiating observations, escalating/de-escalating levels of observations and ending observations.
- Compliance with training requirements for those undertaking observations.
- standards of record keeping regarding the recording of observation levels and decision making.
- Effective handover structures that include the background, reason, and rationale for why a patient is subject to a level of observation and plans to reduce levels.

Audit data will be shared locally with inpatient wards and services through our positive and Safe Group and Safer Staffing group in August/September to enable action plans to be developed to support improving practice in this area.

4. Patient Safety Incident Response Framework (PSIRF):

We are currently working through the implementation milestones set out by NHS England and are concluding the second milestone related to Diagnostic and Recovery. As part of this work, we have mapped our current processes against the required standards for PSIRF and developed a plan to address areas where improvement is required to support the transition to new ways of working. This will be taken to the PSIRF oversight group to monitor progress against actions.

We have commenced the third milestone covering Governance and Quality Monitoring. As an organisation we are required to define the oversight structures that will be required once we have implemented PSIRF. Commissioners will no longer be providing oversight in the same way as they currently do and will not routinely receive patient safety incident investigation reports to review. We are working with our ICB and Provider Collaborative colleagues to ensure that we have in place appropriate mechanisms to provide assurance in respect of our new processes.

The Patient Safety Team are currently mapping out the training requirements that will be required within the organisation both from an incident management and oversight perspective. We will consider who are the key people within the organisation that will require training and how this can be delivered. Training for lead investigators is currently through HSIB or via one of the companies that sit on NHS England's Training Provider Framework. The primary benefits to this work will be

improved management of incidents at a direct care level and enhance the quality of investigations and identification of learning.

Learning From Patient Safety Events (LFPSE) will replace the existing reporting of patient safety incidents via the National Reporting and Learning System (NRLS) and serious incidents that we report through the Strategic Executive Information System (StEIS). We have met the required actions for the test site that was due for completion by 31 March 2023. The next steps are to update the Trust Incident Reporting form to align with the mandated taxonomy, by 30 September 2023, in line with NHS England reporting requirements. This will include a process to inform staff of any changes in the way we currently report patient safety incidents.

5. Infection Prevention and Control

The team continues to support staff in the management of covid infection prevention and outbreak management. Since January 2023 there have been 7 outbreaks of covid, one flu outbreak and two gastroenteritis outbreaks across inpatient services. All outbreaks are supported by frequent meetings between the IPC team and ward staff. In addition, the Director of Infection Prevention and Control continues to have daily oversight of all outbreaks and positive cases across the organisation.

The Trust procedures for covid-19 testing and PPE (mask wearing) changed on 12th June. These changes bring the Trust into line with national guidance. Staff are no longer asked to test routinely, and service users are tested only when symptomatic, or when there is a clinical reason for this as determined by IPC. Mask wearing is no longer mandated unless providing direct care for a service user who has a suspected or confirmed infection or in an outbreak area. The emphasis now for staff is a focus on not attending work when ill and being vigilant for symptoms across both service user and staff groups. The change has been welcomed across services, particularly those working in areas where the impact on communication has been higher during the pandemic such as autism and learning disability services.

Professions

6. Clinical Supervision:

The Professional Leads for Nursing and Professional Nurse Advocates continue to progress the proposal to increase compliance of clinical supervision by offering a variety of clinical supervision models which are more responsive, and flexible to meet the needs of the nursing workforce. In addition, Restorative Clinical Supervision groups will be delivered by a Professional Nurse Advocate who will be available to access in the clinical areas during the pilot stage. The role of the Professional Nurse Advocate (PNA) has now increased with 7 Nursing colleagues completing the PNA programme across LYFT to support clinician well-being The PNA facilitates a restorative model of clinical supervision which is recognised to support reflective practice that can help build practitioners' resilience by focusing on the clinician's experience, aiming to sustain their wellbeing and their motivation at work alongside improved service user outcomes. PNA's are currently facilitating restorative supervision to their own colleagues and to teams, in nursing (and other professions) which we have now recognised within Nursing clinical supervision and in turn has supported the increase in compliance with clinical supervision. The models include a significant shift in how supervision can be delivered, moving away from a traditional approach to a more imaginative, responsive model. The aim is to evaluate options and whether there is an increase in compliance, improvement in staff wellbeing and positive impacts on the quality of care delivered.

A pilot was completed over three months. Compliance was significantly low in the area identified to carry out the pilot. Time was afforded to engaging with the team to support the understanding of the benefits of clinical supervision to patient care and the wellbeing of colleagues prior to the commencement of the roll out and ensuring there was an understanding of the framework and how this should be applied. The pilot has now been completed with a formal evaluation taking place. Significant results have been evident with compliance rates shifting from 16% to above the trust target at 86%.

7. Workforce

We have welcomed three international mental health nurses into the Trust, of which two of them are working in adult inpatient services and one is at Mill Lodge. There are five nurses progressing through pre-employment checks. Following the good response rate yielded by the direct

advertisement and the subsequent enquiries we have received from potential applicants; our current plan is to go back out to advert to fulfil our commitment of recruiting 10 nurses this financial year.

Global Health Partnerships continue to work with West Yorkshire ICB, at a recent meeting with University of Leeds and Leeds Beckett University early discussions took place in developing a Certificate in Mental Health Course being written to be delivered to nurses in Kerala prior to traveling to UK.

The National Preceptorship Framework for Nursing was launched in October 2022 to standardise the support that newly qualified practitioners are receiving at the beginning of their career. The framework includes a core set of standards that constitute a minimum requirement for preceptorship programmes. The framework also includes a gold standard for organisations wanting to further develop their preceptorship programmes. There was also an introduction of the National Preceptorship Interim Quality Mark (IQM) which organisations meeting the gold standard will be assessed for and is valid for two years until renewal.

Our existing preceptorship programme meets the core standard of the Framework and are presently working towards meeting the required criteria for the gold standard before submitting our application for the IQM. The IQM will be used on Trust documentation and promotional materials, the aim of which will be to attract new practitioners to the Trust and ensuring that they progress and remain in the organisation through their career.

The NHS long term workforce plan was published at the end of June. Most of the plans build upon work already started, however there are a few areas where there will be change in direction, or significantly greater emphasis. The main themes are what you would expect, including recruitment, ongoing development/upskilling of the workforce and retention. One change in direction is that there will be less reliance on international recruitment and a greater focus on growing our own workforce. This will mean a significant increase in training places for all professions. Much of this increase will come via apprenticeships, especially for nurses. Currently 9% go through an apprenticeship route and this is anticipated to increase to 30% for mental health nurses and 42% for learning disability nurses. A barrier to increasing apprenticeships is salary costs. There is mention of increased support for this, but with no detail given, so it is difficult to identify the implications of this at this time but is likely to be significant.

There will also be an aim to increase nursing associate training by 40% which historically has mainly been through apprenticeships. For all forms of nurse training there will be greater flexibility in placement provision, with a reduced number of hours and greater use of simulation and more diverse placements generally. This will take pressure of the current existing placement options. New roles will continue to be supported and greater number of different psychological professions will be trained and supported. The implications of the increased need for mentorship and preceptorship is unknown at this time, but likely to be significant.

To support retention of staff there is a greater emphasis on flexible working options, and career development. There is a commitment to continue the CPD funding for Nurses and AHP's. There is also an emphasis on supporting roles that can be more diverse across pathways, including occupational therapists and dual qualified nurses such as combined paediatric and mental health nurses. There will be more mental health practitioners and ARRS roles in general practice. There will also be increased support to develop a greater number of advanced practice, multi-professional approved clinicians and consultant roles. This will require us to think more flexibly about how we use our workforce and the roles they take on to enable us to retain them in our organisation.

All these initiatives will support the longer-term nursing and professions workforce and are consistent with our owns plans. However, in the short term it will be increasingly challenging to support the release and funding of staff to train and develop and require us to be more creative in the use of our workforce to be successful.

Procedure / Performance

8. CQC and Regulation update

An introductory meeting was held in May with the new CQC relationship team to support the transition from our existing CQC relationship teams in preparation for the implementation of the new CQC single assessment framework. Engagement meetings will continue monthly in the same format to review any outstanding enquiries, including information in relation to serious incidents and complaints and we will continue to invite clinical services to participate in sharing information about their service. A more standardised and extended quarterly meeting will also continue.

The Regulation team produced their first edition of a quarterly CQC newsletter which was shared across the organisation and cascaded through the clinical governance structure. The newsletter is to enable colleagues across the trust to keep abreast of information and changes relating to the CQC and any improvement project the regulation team and focusing on. The newsletter also draws on the findings and themes in the Safety and Quality Peer Revies and MHA Reviews with the intention of supporting organisational learning through the sharing of information and working collectively to address any potential systemic challenges.

The Regulation team have attended an external CQC training course to support awareness on how we can prepare for an inspection under the new framework and further develop plans to support our transition to the new single assessment framework. Updates on the introduction of the framework are discussed as a standard agenda item on the relationship meetings. Work has commenced reviewing the Quality and Safe Peer Review process and toolkit to reflect and align to the new framework. However, this will not be introduced until clearer guidance on the roll out date is received which is currently expected at the end of 2023. A staff handbook has been developed focussed on “Getting Prepared for the CQC inspection” which has been disseminated to all services. The team are attending local meetings to discuss our CQC readiness projects including audit of 2019 actions and identify any additional work needed to embed and sustain actions.

As mentioned earlier in this paper Peer to Peer Reviews continue to take place aligned to the annual review schedule. Each visit provides focus on an identified ward/service from within a specified service line. The toolkit, which has been developed to support the reviews, reflects the 5 key questions (Safe, Effective, Responsive, Caring and Well Led) and incorporates the CQC Key Lines of Enquiry (KLOE’s). A promotional video for staff to explain the purpose of the review visits and encourage staff to volunteer to be part of a review team remains available. Themes and trends from the reviews are being collated and shared through Unified Clinical Governance to support organisational learning with the potential to developing actions collectively and share good practice.

9. Self-harm/Suicide prevention

A review of the Ligature Anchor Point Risk Assessment has been carried out in anticipation of the dissemination of the national guidance and the move away from numeric rating tools which had

been adopted by most organisations. The reviewed procedure has been drafted which has been both renamed and seen a significant change in scope. This procedure has been updated using guidance from Oxford Healthcare Improvement which was developed through a National Steering Group.
The procedure will be renamed the Suicide Prevention Environmental Survey and Risk Assessment Procedure and while still ensuring robust guidance for ligature risk, it will also incorporate other items within the built environment that may present a risk.
The draft procedure has been presented and shared with members of the Positive and Safe Group and the Clinical Environments and Fire Group. There have been comments received through this process which will support further improvements to the draft version.
As the new procedure involves a significant change to the documentation of the environmental risk assessment, an initial test has been conducted on one of the Acute Inpatient wards at the Becklin Centre. This test was beneficial to consider how the procedure works in practice and support further improvements to the procedure. The Trust will be using this test of the process to provide feedback on recording templates to Oxford Healthcare Improvement (OHI) later this month.
Further improvements to the procedure will be made over the coming weeks based on learning from testing and any further comments received from services. National testing of templates, sign off and final circulation of guidance is awaited from OHI.
A roll out plan of the procedure is currently being developed with the support of colleagues from Estates and Facilities to support clinical services full implementation by October 2023.

A proposal outlining LYPFT plans in line with NICE Guidance on Self-harm: assessment, management and preventing occurrence, was presented at Quality Committee on the 6th of June 2023. This paper outlined initial plans for introducing a Self-Harm Strategy including a Self-Harm Procedure and training for colleagues. The overarching aim is to bring together several workstreams and standalone procedures and guidance under one overarching strategy and support services to meet the recommendations set out within the NICE Guidance.
Baseline assessments have been requested from all services who declared the NICE Guidance as relevant, the Improvement and Knowledge service are collating responses. An early understanding of the assessments completed has identified a gap relating to staff training for self-harm.

It has been agreed that the Trusts Risk Assessment Task and Finish Group will incorporate the Self Harm Strategy development and implementation. A core group has been identified to begin the work in advance of the next meeting of the Risk Assessment Task and Finish Group. Due to

staffing pressures and deployment into the Trusts Community Mental Health Services the task and finish group has been paused until September 2023 however ‘the core group’ has enabled momentum to continue in commencing this work.

The core group will aim to complete the following milestones in advance of the group meeting in September:

- Stakeholder mapping to understand involvement requirements.
- A gap analysis of the Risk Assessment Task and Finish Group.
- A review of the terms of reference of the Risk Assessment Task and Finish Group, working closely with the core members of the Suicide Prevention Group to align appropriately and ensure effective structures are in place.
- Develop a draft strategy to share at the Task and Finish Group meeting along with a draft Terms of reference.

The long-term plan of producing a procedure and a training package aims to be in place by September 2025 in line with the requirements from

Nichola Sanderson
Director of Nursing, and Professions
27 July 2023

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
15

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Safer Staffing Report
DATE OF MEETING:	27 July 2023
PRESENTED BY: (name and title)	Nichola Sanderson, Executive Director of Nursing, Professions and Quality / Director of Infection Prevention and Control
PREPARED BY: (name and title)	Linda Rose, Head of Nursing and Patient Experience Alison Quarry, Professional Lead Nurse Jennifer Connelly, Professional Lead Nurse Julie Poxton Professional Lead Nurse Cassie Good, Head of Strategic Resourcing and Talent Development Adele Sowden, E-Rostering Team Manager.

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

EXECUTIVE SUMMARY

Leeds and York Partnership NHS Foundation Trust (LYPFT) provides inpatient care across 28 wards (Red Kite View is split into the General adolescent unit and PICU).

This report is the six-monthly update and draws on the requirements of the National Quality Board's (NQB) Safer Staffing expectations. It contains a high-level overview of data and analysis providing Trust Board members with information on the position of all wards staffing against safer staffing levels for the retrospective periods from the 1st November 2022 to the 30th April 2023.

The exception reports identify x8 Registered Nurse breaches across this period. They occurred at Asket Croft x1; Riverfields x3; Bluebell x1; Ward 22 Newsam(A&T) x2 and 3 Woodland Square x1 (*N.B. Ward 2 Newsam (f) had a 2-hour breach during this period that was picked up through the escalation system but not recorded on staffing compliance chart.)

The previous six-month safer staffing report (1st May 2022 to 31st October 2022) detailed an extensive review of the CMHT staffing and workforce pressures and the associated impact on quality. This paper also provides a brief update of the current position.

Appendix B includes a range of metrics across each service line relevant to aspects of patient safety, clinical effectiveness and in turn patient experience. The metrics will be used in future reports to support clinical service establishment reviews. MHOST data collection will be stepped back up in the next six month review.

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

RECOMMENDATION
The Board is asked to: • Note and discuss the content of this report. • Be assured that there is clear governance in place to mitigate challenges remaining in the system.

Meeting of the Board of Directors

27 July 2023

LYPFT 6 Month Safe Staffing Review Paper

(Data period 1st November 2022 to the 30th April 2023)

1.0 Introduction

Leeds and York Partnership NHS Foundation Trust provides inpatient care across 28 Mental health and Learning disability wards. Ensuring that NHS organisations have the right staff, with the right skills in place, has been a key trust board requirement since the NHS National Quality Board issued guidance in 2016.

The purpose of this report is to inform the Trust Board and the public of the latest position in relation to staffing those wards and the wider workforce plan to provide assurance that the standards required to deliver safe and effective care are being met.

This paper focuses on our approach to ensuring that during the period from the **1st November 2023 to the 30th April 2023**, mitigation was in place to ensure that levels of staffing, reflected the acuity and dependency needs of inpatients across the 28 wards in a safe and supportive way.

Mitigation includes maximising recruitment and retention opportunities to ensure we have the right staff with the right skills to deliver care.

2.0 The Mental Health Optimal Staffing Tool (MHOST)

The Mental Health Optimal Staffing Tool (MHOST) was created, with the support of Health Education England, in recognition that there was no published, evidenced based mental health workforce tool which could be used in mental health hospitals. It has been developed alongside clinical leaders and workforce staff in mental health trusts and rigorously tested and validated. The tool is free of charge to all NHS trusts in England and LYPFT started to test its use in 2019 when we became licensed to use it.

The tool, (which cannot be used in isolation as professional judgement has to be applied to make it viable) describes how fluctuating service user acuity can affect the number of nursing staff required to provide service user care. It uses a set of care level indicators on a scale of 1-5 which measure the dependency/acuity of service users in different settings. These are routinely used by ward leads at LYPFT to record service user acuity and dependency on a daily basis.

Once the data has been recorded, the toolkit incorporates the skill mix (derived from the budgeted establishment) and the financial headroom (24%) applicable to the ward and then issues a recommended nursing and healthcare support worker staffing level per ward measured as Care Hours per Patient Day (CHPPD) and Full-time equivalents (FTE).

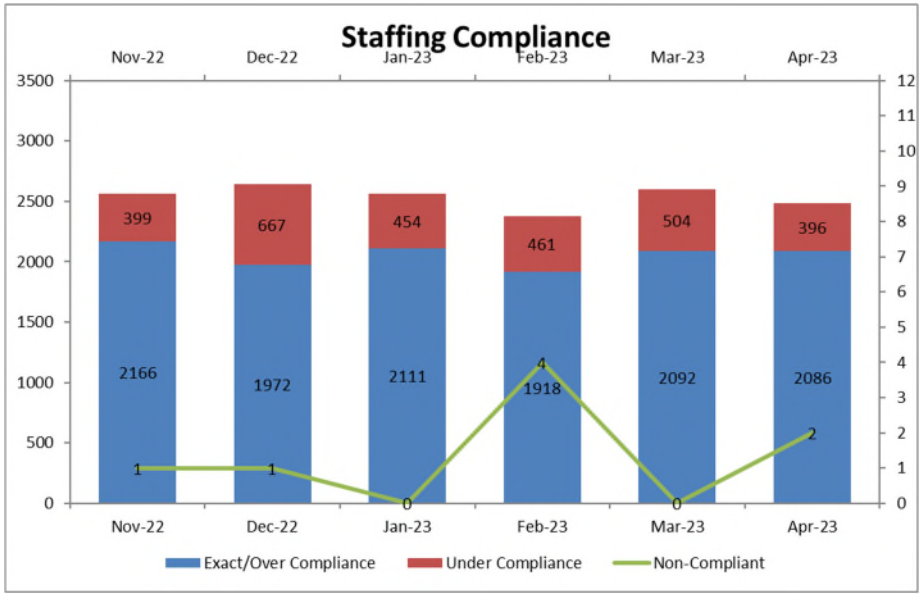
Training on the use of the MHOST tool was first delivered in LYPFT in 2018/2019 but since this time, significant changes in leadership and teams has occurred alongside the decision to pause data collection during the pandemic. A refresh of the training

was therefore required, and this has now been delivered by NHSE to ensure competence in using the tool and in turn its validity and reliability.

Following on from the online training competed in September 2022, 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 service users 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 enact the implementation plan with the first data collection period taking place in October 2023 to provide an evidence base for safe staffing decisions.

The further aim is for the MHOST data collection to become an automated process facilitated through the implementation of Allocate Software's Safecare system and the integration of this platform with our electronic patient system, Care Director. The Safecare system is a platform on which wards will capture daily acuity/activity data relating to service users. This platform can be configured to process the acuity data using one of the many mental health multiplier toolkits and allow real time interventions and resource coordinating through the senior management teams. Although it likely that the initial data collection will be completed manually as part of the implementation schedule, the Trust will be reviewing the available opportunity to integrate the systems to allow service users and staffing data to be reported through a single data warehouse in preparation for future 6 monthly data collections.

3.0 Review of staffing activity from 1st November 2022 to 30th April October 2023



The staffing compliance data above tells us whether the wards met the **planned** numbers of staffing during a shift. However, the **planned** staffing numbers, do not necessarily reflect the staffing **need** on any given duty as this may fluctuate dependent upon the current service user group. Planned numbers are based on the whole-time equivalent (wte) number of staffing posts (establishment) the inpatient wards are funded to deliver care and treatment.

During this period a total of **15,234** shifts were required to ensure safer staffing in inpatient areas. This is a **2.47%** decrease from the previous 6-month reporting period.

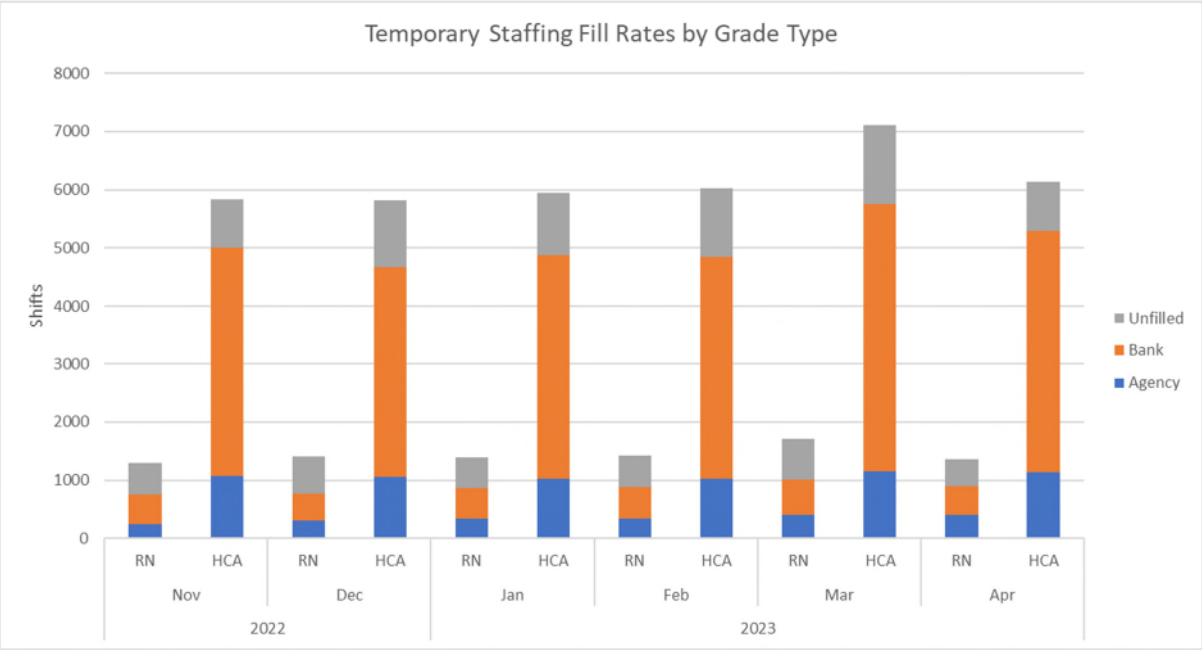
- ⇓ **12,345 (81.03%)** of the required shifts met/ exceeded planned staffing numbers. The previous 6-month reporting period had a compliance rate of **83%.**

⇑ **2881 (18.91%)** of the required shifts did not meet planned staffing numbers. The previous 6-month reporting period had a compliance rate of **16.89%**.

⇓ **8 (0.052%)** of the required shifts breached safer staffing numbers. The previous 6-month reporting period had a compliance rate of **(0.07%)**

Whilst the data above demonstrates the increase in the number of shifts where we were unable to meet planned staffing numbers, there was a slight improvement in the number of shifts where a ward was left without a registered nurse on duty (breaches).

4.0 Bank and agency staffing



Most substantive staff unavailability is attributable to vacancies and sickness absence. The above chart demonstrates the significant contribution Bank and Agency temporary staffing make to care delivery to mitigate unavailability. The temporary staffing report above, counts the actual number of shifts worked by headcount, which is different from the staffing compliance chart which shows the number of shifts that had the right number of staff.

- A combined total of **44,233** additional shifts were requested during this period.
- **8,402** Registered Nurse additional shifts were requested. These were filled by Bank RN's (**34.7%**) and Agency RN's (**23.7%)**

- **41%** of shifts requested for Registered nurses remained unfilled.
- **35,831** Health support worker additional shifts were requested. These were filled by Bank HSW's (**64.1%**) and Agency HSW's (**17.9%**).
- **17.8%** of shifts requested for Health support workers remained unfilled.

Good workforce planning includes access to a temporary workforce to manage vacancies and other unavailability and to have nursing staff available to be responsive to service user's needs. This enables flex in staffing capacity as demand fluctuates. The high number of vacant shifts which have been reliant on bank and agency to fill has exceeded this resource for both registered and unregistered staff as demonstrated above. This has been significantly impacted by the high number of RN vacancies which additional HSW shifts have been created to backfill when no RN has been available. When the proportion of temporary staff becomes too great, this can potentially impact on the quality of care provided as temporary staff are less likely to know the service and service users well, and therefore less able to effectively meet the needs of service users.

However, a number of these shifts have been carried out by substantive staff working additional duties or bank staff who work regularly in a preferred clinical area and therefore are familiar with both the patient group and service. In turn, this offers continuity of care and a level of mitigation that reduces any negative impact on the quality of care provided.

4.1 The Responsive Workforce Team

Fluctuating activity, acuity changes, staffing unavailability and seasonal pressures are part of the standard operational demands. The Responsive Workforce Team (RWT) was created in order to improve the way our services respond to these challenges, improve quality and consistency of care whilst reducing our dependency on external agencies.

The Responsive Workforce Team comprises a group of registered and unregistered bank staff who are substantively employed by LYPFT on fixed term contracts and are deployed peripatetically to respond to short-notice service needs.

The primary function of the Responsive Workforce Team is to provide short-term cover for hard to fill posts, by a team of highly skilled, internally trained, peripatetic workers to avoid staff shortages and inflated agency costs. The deployment of the responsive workforce team is more planned and managed than the use of Bank staff, and (unlike Bank staff) the responsive workforce staff waive the ability to self-select the location of work and the shifts worked.

Projection data is proactively analysed including vacancies, sickness and unavailability (e.g., Maternity leave) and this data combined with operational insight, provides a projection at 1, 2 and 4 weeks on all issues affecting the potential ability to meet safe staffing.

LYPFT currently have 17 Health care support workers (HSWs) working as part of the Responsive Workforce Team. 14 RWT colleagues are placed across 10 inpatient wards with a further x3 placed in other services. We do not currently have any RNs currently recruited to this team despite ongoing attempts and the RWT incentives being applied reflecting the general challenges of recruiting to RN posts.

5.0 Breach exception reports- No Registered Nurse on Duty.

Though substantive staffing was supported as described above by Bank and Agency, there were a total of 8 breaches (the number of shifts where no Registered Nurses were on duty) throughout this period.

5.1 Recovery and Rehabilitation (Asket House -covered by Asket Croft)

This breach occurred following a late notification of sickness absence on the 5th November 2022 (Night duty). The staffing escalation procedure was followed however all the attempts to fill the duty were unsuccessful. It was agreed with the on-call manager that the RN from Asket Croft would be required to take charge across both units. This included administering medication and holding the medication keys for both clinical areas. There were no incidents recorded that were a consequence of having only one RN take charge across both Asket units.

The vacancy rate remains low across both Asket House and Asket Croft. At the end of the data period Asket Croft had no RN vacancies and a 7% OT vacancy rate. Asket House had a 5% RN vacancy rate. Improved capacity in the R&R service requires colleagues in these teams to work as a service and a unit, in addition to supporting deployment across other inpatient wards. This can on occasion create some anxiety for staff deployed to clinical areas where they are less familiar. They are supported through the leadership team to access regular clinical supervision to reduce the impact on their wellbeing.

Asket House had an overall sickness absence rate average of 4% for the data period which is below the trusts target of 4.9%. However, Asket Croft reported additional challenges through sickness absence of 12% in March/April. This was predominantly long-term sickness attributed to the absences of RNs and 30% of those absences were stress/mental health related. Unavailability was further exacerbated by periods of short-term absences within the team and wellbeing support is being provided.

Annual leave unavailability has varied between 8-18% for most months within the data period, however, in February for Asket House, and March for Asket Croft, other unavailability impacted by high sickness levels brought the total unavailability rate to 27%-50%. This

required a higher rate of bank and agency use; however, the temporary staff used, regularly work across the unit and are familiar with the clinical area, providing continuity to the care delivered.

No complaints were received during this period for either unit.

There was an increase in the number of reported incidents in March and April across both Asket units which were of low harm and related to verbal aggression and medication related incidents and correlates with higher levels of non-regular staff.

Clinical supervision rates have remained variable throughout the data period, though both units exceeded the compliance target of 85% in February and March 2023.

5.2 Forensic Service (Clifton House, York)

Riverfields

There were x3 breaches on Riverfields, dated on the 9th of December 2022, and the 16th and 17th February 2023.

Each breach occurred on the night shift following late notifications of sickness absence; the staffing escalation procedure was followed in each case, though the on-call manager was unsuccessful in attempts to fill the vacant RN duties at short notice.

In mitigation, the number of substantive HSWs from the service were increased on each occasion and the RN on Westerdale held the medication keys for both Westerdale and Riverfields. The RN also 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. Incident reports were completed to reflect the breach in RN cover; however, no other incidents were recorded during these duties.

Bluebell

This breach occurred on the 29th April 2023 during the night shift. There was no Registered Nurse on duty from 21:30 until 0200hrs following a cancellation by an Agency RN and despite the staffing escalation procedure being followed the service received a further two late absences. The duty manager was informed, and RN cover was identified, however due to the geographical location of the service this had taken longer than usual to enact. The RN from Westerdale held the medicine keys and provided cover until the redeployed RN arrived.

There is currently a 17% vacancy rate at Clifton House which includes x 4 B6 RN's and x5 B5 RNs across the 3 inpatient wards. The staff turnover rate remains below trust target at 6% against a 10% target. 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 therefore worked additional hours on a voluntary basis to support the outstanding daytime duties and provide continuity of care.

The service has an 8% sickness rate, however no themes in reasons for absence has been identified. 29% of this staff group are absent due to stress/mental health; however, this has not been identified as work-related stress.

The ongoing recruitment drive has seen an increased focus towards the local York Universities and the service is working closely with LYPFT's Practice Learning and Development Team to increase opportunities for Student RNs. A HSW has also been

successfully supported to complete their Nursing Associate training and will commence in a Registered Nursing Associate role in June 2023.

4 preceptee RNs are predicted to join the service in October and interviews have been scheduled in June to recruit to the Band 6 RN posts. Positively, this has attracted a number of applicants.

A total of 4 complaints have been received by the service in the data period. However, do not appear to directly correlate with staffing challenges.

Clinical supervision rates have remained variable throughout the data period with initial compliance in November at 82% however this reduced to 56% during April against the trust target of 85%.

The number of incidents reported fluctuated across the 6-month period with the highest number reported per month being 89 in January and the lowest being 19 during April. No serious incidents were reported; however, Bluebell Ward does reflect the 5th highest clinical areas for the number of incident reported across our inpatient wards at present.

5.3 Forensic service (Newsam Centre, Leeds)

Ward 2 Newsam (f) had a 2-hour breach on the 13th of January 2023 from 22:00 to midnight. This breach was not recorded in staffing activity but was picked up through the escalation system. It occurred as an Agency nurse had been booked to pick up the vacant shift, but the alternate plan put in place for an RN from Ward 5 Newsam to provide cover if the agency could not confirm was not escalated in a timely way. The duty CTM was subsequently alerted to the issue at midnight and cover was then provided by Ward 4 Newsam. The duty CTM also spoke with staff on ward 2 (f) to establish the detail of the error and clarified that the late

shift RN had administered medication prior to leaving and had handed the medicine keys over to the RN on Ward 2 (m). No Incidents were recorded during this duty.

Ward 2 (Assessment and Treatment)

Two breaches occurred 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.

There were 0 breaches on Ward 3 during this period.

The vacancy rate ranges from 19.2% to 30.4% across the wards whilst staff turnover sits at between 2.84% and 7.41%- the latter being ward 2 (A&T).

There have been 2 new CTMs commence in post on ward 2 A&T and ward 3, and an acting CTM covering long term absence on ward 2(F).

Recruitment has remained challenging and despite attempts to recruit to Band 5 RN posts this has been unsuccessful. The service however has x4 Preceptee Nurses joining the service in the coming months and have been able to recruit x3 external candidates to the B6 RN posts. 11 of the 19 HSW posts have been filled and the remaining posts are currently in the recruitment process with a high number of applicants.

Sickness absence ranges from 7.39% to 10.25% and up to 22.84% of this staff group are absent due to stress/mental health. All absences are being managed under the Employee Absence procedure and appropriate support being provided.

Ward teams have access to a Wellbeing offer provided by the Trust Wellbeing team, with wards allocated a “buddy” who they can approach for additional support for individuals or teams, and access to debrief facilitation.

The service received 2 complaints during the data period.

There were 64 incidents reported across the 3 wards during this period. Ward 2 (A&T) reported x36 and Ward 2 (f) reported x19. The majority were severity 1.

Clinical supervision has demonstrated some improvement at 76-80% across the service.

5.4 Learning Disability Unit (2 and 3 Woodlands Square)

3 Woodland Square

A breach occurred during the night duty on the 12th April 2023 due to short-term sickness absence related to covid which was not raised until near the start of the duty. As the service could not locate cover from within their own team, bank or agency; The RN from 2 Woodlands Square covered both wards and the Registered Nursing Associate (Band 4) on duty on 3 Woodlands Square was able to administer medication.

During April Woodland Square had 7 vacancies (19%) across the 2 inpatient areas which included 3.56 WTE RN posts. There is a current identified gap in senior OT provision within the service which had previously been occupied to a temporary Band 5 OT following re-purposing of a RN vacancy. The service proposes to change the OT position within the service to a permanent band 6 position which will allow the delivery of specialist interventions and provide stability in OT provision going forward.

The service is therefore currently completing a skill mix review proposal and aligning current band 5 vacancy monies with the intention introducing a Band 6 OT and in addition the service also intends to create a band 4 NA position. The proposal will be shared through the safer staffing and if this proposal is successful this would reduce the Band 5 RN vacancy to 1.56 WTE which is currently out to advert.

Other unavailability included a sickness absence rate of 3.43% during March and 3.67% during April against the trust target of 4.9%, This included 26% of that staff group absent because of stress/mental health reason, none of this work-related stress.

Turnover increased in Woodlands 2 during March reaching 8.33% but remained below the trust target of 10%, Woodlands 3 remains low during this period at 0%.

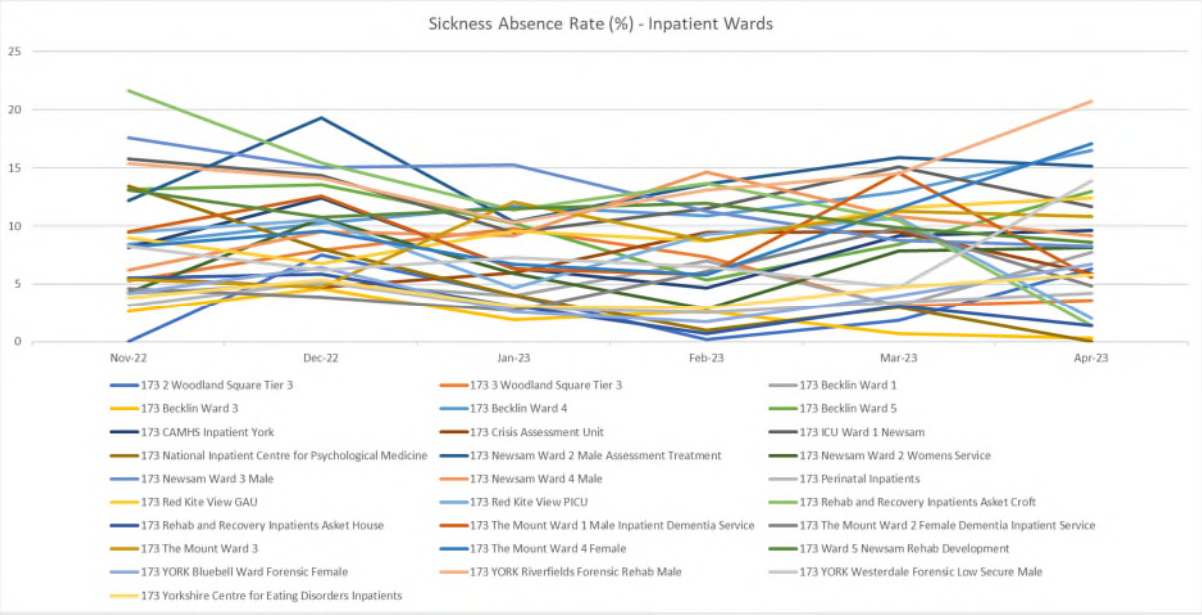
No complaints have been received by the service In March and April.

Clinical supervision rates have remained slightly below the trust wide target of 85%, with March compliance being 82.35% and April 79.17%.

There were 7 incidents recorded in March and 11 incidents in April, this data is similar to the rates in previous months. During this 6-month period, incident categories relating to quality and safety have also remained stable. There were 2 fall related incidents, 5 violence/aggression incidents and 3 medication related incidents.

6.0 Inpatient sickness absence unavailability by team

The following chart demonstrates the sickness absence rates across the data period 1st November 2022 to 30th April 2023.



Sickness absence like vacancies is another type of unavailability.

Nov	Dec	Jan	Feb	Mar	Apr
8.51%	9.31%	7.24%	7.15%	8.38%	8.25%

During this period sickness absence across all inpatient services on average, ranged from 7.15% to a peak of 9.31%.

The Trust target for sickness absence is 4.9% and the above graphs demonstrate that a significant proportion of inpatient services exceeded this target. Individuals who have tested positive for Covid-19 are included in sickness absence data and account for a proportion of overall sickness absence. Workforce pressure is also known to be a contributory factor impacting on wellbeing and subsequent higher than usual sickness absence rates.

Across all service areas, the combination of vacancies and sickness absence conflicts staffing capacity and the wellbeing of colleagues remains a significant factor to support the reduction of absences, retention, and the ability to deliver high quality care.

The Trust has made considerable progress in supporting colleagues with health and wellbeing needs. This includes the introduction of various absence support pathways such as guidance and support for colleagues with Cancer, Mental Health conditions and Long Covid.

Significant work progressed also includes the monthly facilitation of a menopause support group and the introduction of a Critical Incident Staff Support Pathway (CrISSP) in January 2022. This is led by the People wellbeing Lead who responds to all critical incidents that are recorded as high-level harm; and together with trained facilitators across the organisation has supported over four

hundred colleagues requiring such support. To further support the full CrISSP pathway and ensure local teams are provided with more immediate wellbeing support following an incident, joint Team Leader and peer Practitioner training is being rolled out in the coming months.

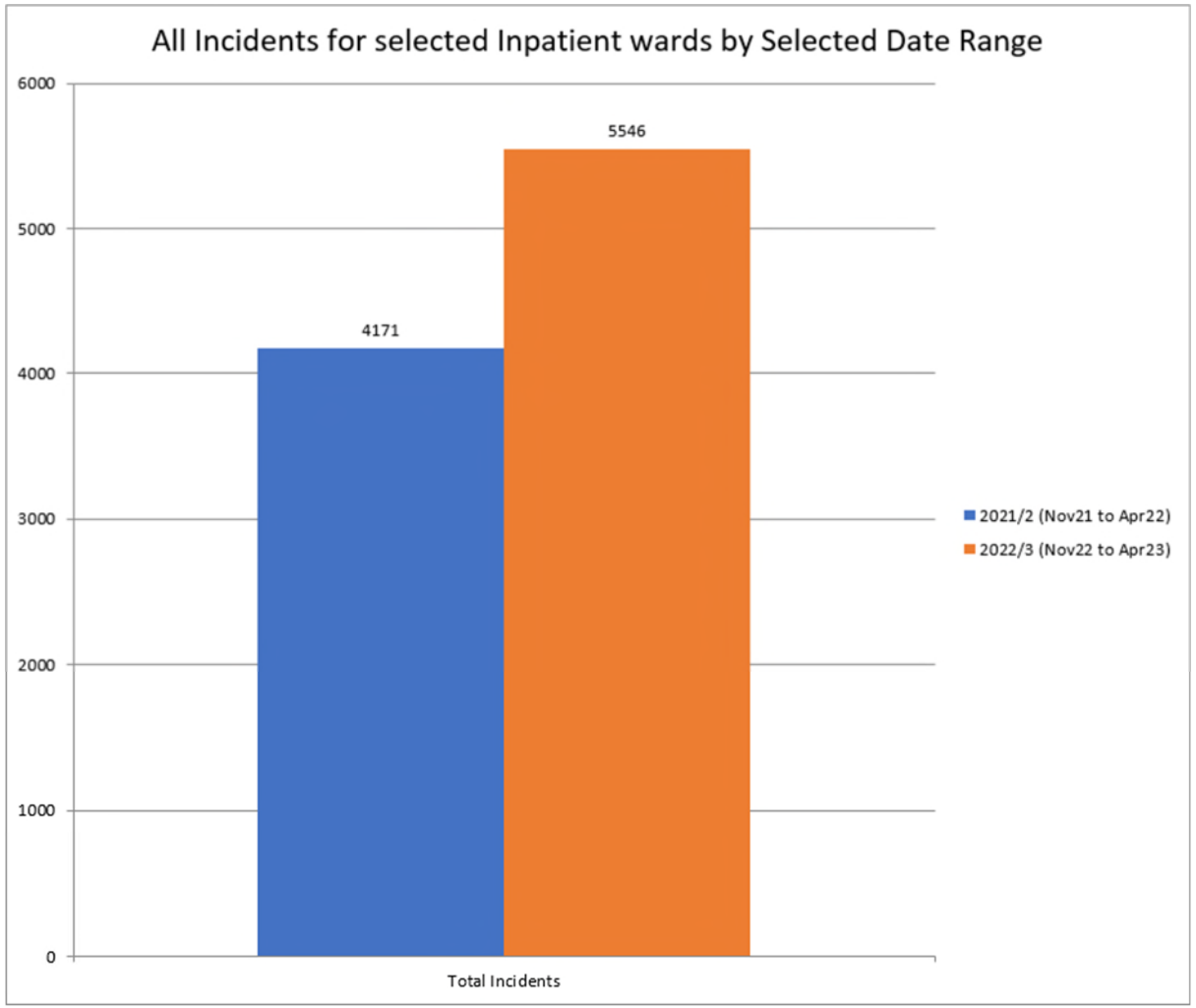
Four wellbeing buddies have been visiting four different acute wards monthly to offer wellbeing support to colleagues and managers. Due to the success of this pilot, the project is now being rolled-out to support colleagues in three forensics wards at the Newsam Centre, and discussions have also started to roll it out to colleagues working in the CYPMH wards in Red Kite View.

A series of 'Wellbeing Roadshows' are taking place throughout May and June.

7.0 Incident data

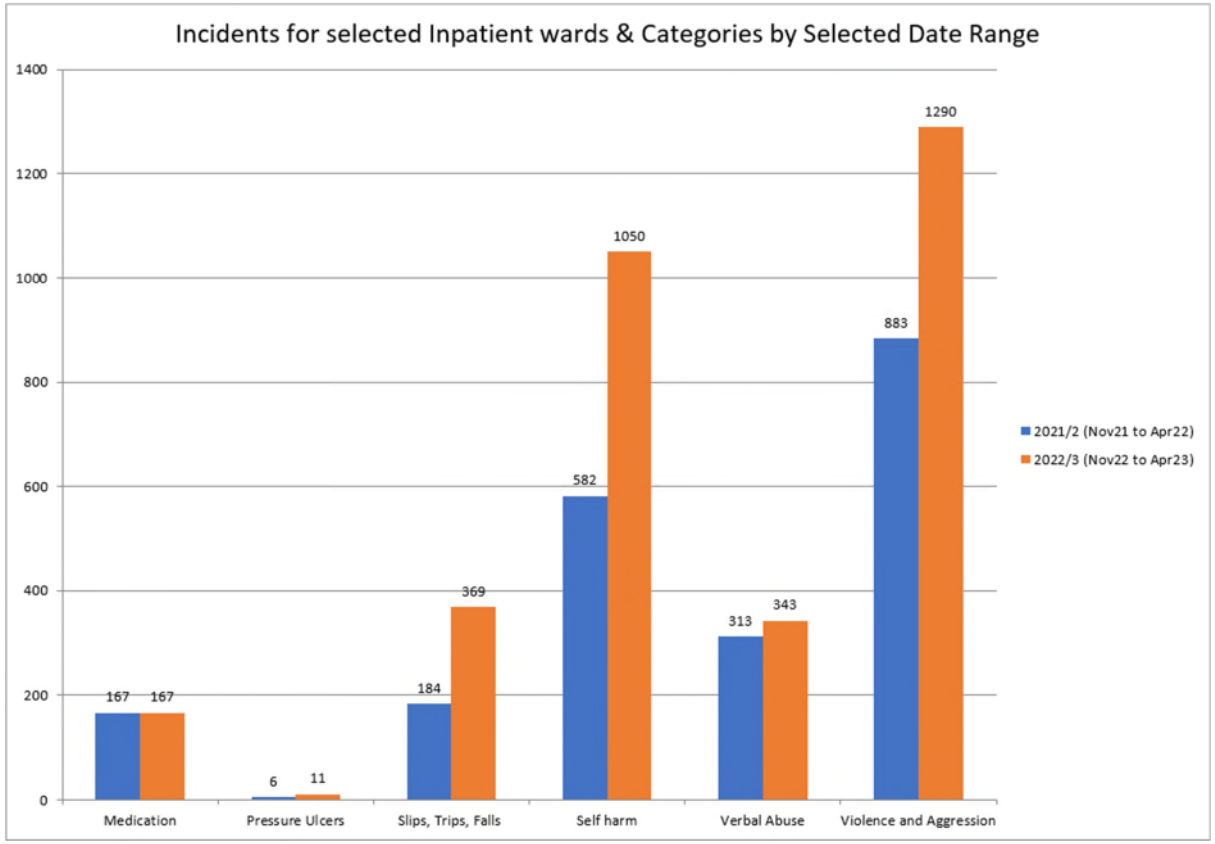
7.1 Total number of Incidents

The comparison chart below demonstrates the total number of incidents reported for the data period November 2023 to April 2023 against the same dates for 2021 to 2022. The chart highlights that there was an increase of 1375 in the overall number of incidents reported across the 28 inpatient wards in comparison to the same data period for the previous year. However, it is of note that Red Kite View was not fully operational in the 2021/22 data period with an additional 996 incidents reported in 2023/23 data period when both wards were opened and to capacity and therefore accounting for a significant proportion of the increase.


All Incidents for selected Inpatient wards by Selected Date Range
6000
5000
4000
3000
2000
1000
0
4171
5546
Total Incidents
2021/2 (Nov21 to Apr22)
2022/3 (Nov22 to Apr23)

7.2 Total Number of incidents by category

The comparison chart below demonstrates identified categories of incidents relating to quality and safety that were reported for the data period November 2022 to April 2023 against the same dates for 2021 to 2022. The chart highlights an increase in all categories except for medication incidents. Again, it should be noted that RKV were not fully operational during the first data collection period. The breakdown of incident categories for RKV are detailed below.



The below table identifies the number of incidents related to Red Kite View.

RKV's Contribution in Main Reports	2021/2	2022/3
All Incidents	419	1415
Selected Category Breakdown		
Medication	28	31
Pressure Ulcers	0	0
Slips, Trips, Falls	6	8
Self-harm	117	446
Verbal Abuse	20	44
Violence and Aggression	108	354

8.0 Service Line Quality indicators

The number of incidents experienced and reported is impacted by many variables; however, there is a wealth of evidence which suggests a relationship between the number of RNs and service user safety with evidence suggesting nursing workforce and staffing levels and clinical service user outcomes are correlated.

The safer staffing group have been working together to identify a series of quality indicators which can be used to triangulate workforce information recommended in the guidance produced by the CNO of England and the National Quality Board in which to support the review of safer staffing levels. (**See appendix B**)

The data details a range of metrics across each inpatient service relevant to aspects of patient safety, clinical effectiveness and in turn service user experience and will be used to support clinical service establishment reviews alongside care hours per patient day (CHPPD)/and or MHOST data, to understand how staff capacity may affect the quality of care. The metrics include Clinical supervision, complaints and incidents.

It is of note that CHPPD/MHOST should not be viewed in isolation and, even alongside this suggested suite of measures, does not give a complete view of quality.

9.0 General recruitment and vacancy management

9.1 Vacancies

Vacancy management identifies how the organisation effectively manages its vacancies and workforce size.

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

				22-23 AP08	22-23 AP09	22-23 AP10	22-23 AP11	22-23 AP12	23-24 AP01
Code	Area	Post	Period	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
5269	Inpatients	Band 5 Nurse	Funded	259.45	259.45	259.45	259.45	259.45	238.52
			In Post	148.14	146.7	149.26	147.86	146.66	143.7
			Vacancy	-111.31	-112.75	-110.19	-111.59	-112.79	-94.82
			Percentage	42.90%	43.46%	42.47%	43.01%	43.47%	39.75%
			Period						
5268	Inpatients	Band 6 Nurse	Funded	113.62	113.62	113.62	113.62	113.62	120.5
			In Post	97.59	92.79	94.79	95.79	97.99	98.95
			Vacancy	-16.03	-20.83	-18.83	-17.83	-15.63	-21.55
			Percentage	14.11%	18.33%	16.57%	15.69%	13.76%	17.88%
			Period						
5672	Inpatients	Healthcare Asst Band 3	Funded	348.3	348.3	348.3	348.3	348.3	352.47
			In Post	331.93	329.56	329.31	323.77	327.18	324.57
			Vacancy	-16.37	-18.74	-18.99	-24.53	-21.12	-27.9
			Percentage	4.70%	5.38%	5.45%	7.04%	6.06%	7.92%

Band 5 RN vacancies remain the most challenging role to recruit with a vacancy rate ranging from 39-42% (94-112 WTE posts). Although April 2023 evidenced a slight reduction in vacancy rate this is attributed to a reduction in Band 5 RN post as opposed to an increase in fill rate.

This can be explained through a number of changes to skill mix and repurposing of Band 5 RN posts across inpatient services.

Nursing and AHP recruitment activity across inpatients wards 1/11/22 – 1/4/23

Role	No of vacancy adverts	Advertised WTE	Appointed WTE	Change in appointed WTE vacancies since 1st November 2022

Band 5 Nursing (Non Preceptee)	49	53.2	8.6	11.4 decrease
Band 6 Nursing	28	44.4	18.0	7.8 decrease
Band 5 Practitioners/ AHP Roles	7	8.0	1.0	6.0 decrease
Band 6 Practitioners/ AHP Roles	6	6.0	3.0	44.0 decrease
Healthcare Support Worker	27	46.98	25.98	10.02 decrease
Total	**117**	**158.58**	**56.58**	**79.22**

Nursing profession specific care hours available to service user on a shift-by-shift basis are therefore significantly reduced.

As the most challenging role to recruit to, Band 5 vacancies is highly dependent upon new registrants graduating from Universities in September and October each year.

Additional Band 5 vacancies are also created as a result of the current Band 5 Nursing Workforce moving into Band 6 opportunities within the Trust. There are, however, a number of Band 5 staff that move to other organisations to gain promotion where internal applications fail.

9.2 Recruitment and pipeline data

For the reporting period 1st November 2022 to 1st April 2023 there were 354 recruitment episodes for inpatient services raised for 802.13wte. Within these episodes, this resulted in 1578 applications, 601 applicants interviewed, 272 conditional offers and 152 new colleagues starting.

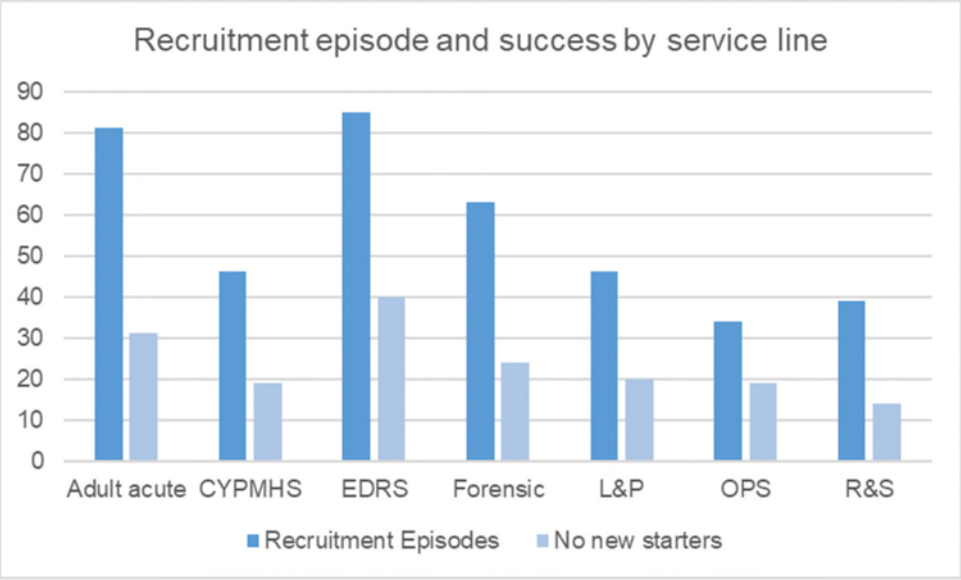
This is 292 (41%) episodes less than the same months in 21/22, however it should be noted that in November to April 21/22 Red Kite View raised 93 (14%) of these recruitment episodes.

The Recruitment Team have worked closely with clinical operations and Recruiting Managers to ensure recruitment training compliance following being stood back up post covid in Jan 2023. A full audit of 3-year training compliance is underway.

Service level agreements (SLA's) are being maintained with time to hire (conditional to unconditional) currently at 22 days which sits well below the SLA of 27 days.

Recruitment incentives across hard to fill roles in the trust remain active and the team continues to work closely with colleagues in the communications department to provide boosted social media adverts and Job of the Week. This is in addition to creating service specific recruitment plans for areas of the Trust experiencing high recruitment challenges which require bespoke marketing campaigns. An audit of recruitment incentives is currently underway to analyse best, and ROI (return on investment) which incentives work best for professional groups.

Recruitment episodes and fulfilment success



9.3 Preceptees

LYPFT has an established relationship with the University of Leeds, (UofL) and Leeds Beckett University (LBU). Working in partnership to recruit newly qualified Mental Health (MH) and Learning Disabilities (LD) Nurses to our well-respected preceptorship programme on a guaranteed employment scheme if students complete their placements within the Trust.

This is evaluated by a career conversation with the Practice Learning and Development team (PLDT), the students are then allocated to a service/ward by a preferencing exercise.

This agreement saw on average 38 (over the last 3 years) preceptees join the Trust on a yearly basis for 70 preceptee vacancies.

2022/2023, the number of student nurses from UofL and LBU was significantly less than the number of vacancies (70). Previous years - 2022 = 43 candidates, 2021 = 40 candidates, (pre-pandemic significantly higher numbers). Estimated number of newly qualified nurses/candidates for 2023 = UofL,12 + LBU,22 = 34 candidates for the preceptorship programme.

This identified that there was a shortfall of c40 candidates for 2023 preceptorship programme which could have negative ramifications for services.

On consultation between the PLDT and Recruitment Team it was decided that this process of 3rd year recruitment was also not fair and equitable to all the other student nurses graduating across Yorkshire and the wider UK. Especially for individuals who may reside in Leeds or York and studied elsewhere wanting to come home or looking to move to Leeds or York due to the cost-of-living crisis seeking more affordable post-graduation living.

It was therefore decided to complete the standard 3rd year recruitment for Leeds students, and following this, complete a new Out of Area (OOA) recruitment campaign for all universities across the country. This was done in 3 cohorts due to the volume of applicants.

PLDT and Recruitment worked in collaboration,

- Listed all the MH and LD nursing courses in the UK – (degree and Masters)
- New generic Preceptorship 6-month vacancy.
- Promoted vacancy on all the relevant university careers sites.
- Additional promotion and marketing recruitment events/careers fairs
- Free, live, online webinar to provide support with interview technique promoted via Uni's.
- Student service preferences requested.
- Interview decisions and feedback

Results

- 32 Leeds Students appointed as part of long-standing agreement.
- 33 OOA students appointed under new scheme.
- **65 preceptees in total for September 2023 = 51% increase on 2022.**

9.4 International Recruitment

We have now welcomed three international nurses into the Trust.

As part of additional non-recurrent funding for 2023/2024 and 2024/2025 we have invested in internal resources to continue to grow our IR programme over the next 2 years, we are currently working with internal and external stakeholders to review established systems and processes which will help the international recruits' transition into the country and ensure robust pre-employment checks and a supportive pastoral package are embedded. This funding has enabled an infrastructure to allow us to explore new recruitment opportunities including new agency relationships and direct adverts, of which for the nursing recruitment we have seen promising appetite, however the recruitment process is yet to conclude to enable reporting on success / job offers. The pastoral package is also expanding, further supported by the 'Stay and Thrive' funding which is allowing us to introduce reciprocal mentoring and an annual calendar of cultural transition events.

We continue to work closely with our mental health collaborative partners from the Yorkshire and Humber region together with colleagues from NHS England in looking at national INR priorities, measuring progress against plans and timescales, identifying risks,

and formulating plans to mitigate/avoid risks. This has enabled good decision making whilst maintaining consistency and equity across the regional providers.

9.5 NHSE/I Health Care Support Worker Programme

We have worked consistently and proactively to reduce our overall Health Support Worker vacancy levels as members of the NHSE HCSW programme and are in the process of developing a HCSW Strategy to focus on:

- Responding to increased demand for HCSWs, supporting the delivery of the ambitions laid out in the Elective Recovery Plan, the Long-Term Plan and winter surge planning.
- Reducing reliance on temporary staffing, therefore increasing quality of care and driving efficiencies.
- Supporting a diverse and inclusive workforce by widening access to the HCSW role.

The National programme has four strategic objectives, as follows which will form the structure of the strategy:

- Attraction
- Innovative Recruitment
- Learning and Development
- Recognition and Value

Work on the programme to date has included the creation of promotional recruitment materials such as a virtual tour, as well as regular recruitment campaigns supported via Indeed, Heart Radio campaigns and regional / place-based collaboration. Specific focus has been placed on the Supported Living Service where the majority of our HCSW vacancies are held.

Focussed effort has directly contributed to a core reduction in our overall Health Support Worker vacancy levels to **circa 71** FTE vacancies in May 2023. The caveat with this vacancy number is that new establishment has been added to the budget at the start of the 2023/24 financial year which has therefore increased the vacancy factor until we are able to recruit to those posts. This is currently underway.

9.6 Apprenticeship Strategy / Central Backfill

The Apprenticeship Strategy is now clearly defined in line with the Strategic Workforce Plan and is supplemented by a robust implementation plan, which launched in March 2023. There are four main areas of focus which aim to increase the number of Apprenticeships offered and maximise the use of Apprenticeship Levy.

- Maintain and improve working relationships with internal stakeholders and collaborative partners at place and regionally.
- An effective communication strategy to inform and engage internal stakeholders and external candidates.
- Improved governance to increase completion rates, reduce withdrawals and enhance data collection and evaluation.
- Closer links with recruitment and workforce planning projects to effectively target resources and engagement.

In order to bolster the talent pipeline to nursing roles, centralised funding to cover the cost of 20% ‘off the job’ time for Nursing and AHP Apprenticeships was approved in February 2023. This will enable services to offer Apprenticeships without the associated backfill costs. Funding is available for 10 Trainee Nursing Associates, 10 Transfers to Nursing (top-ups), 6 AHP and 2 MSc in Nursing apprenticeships. This will be managed centrally and is in addition to any Apprenticeships that services choose to self-fund.

9.7 Retention Initiatives

Initiatives to support nursing retention through access to development and career progression opportunities include the launch in January 2023 of the Talent Development Framework. The main elements include:

Personal Development Reviews which now incorporate a career conversation, supporting colleagues to identify their aspirations and any steps they will make to achieve them. A Career Conversation toolkit has been produced to support managers and individuals in preparing for and providing a framework to guide this conversation. A Career Progression Framework has been launched which details progression routes for all the professions from entry level through to Director level posts. This document is designed to support the career conversation process and to help colleagues identify the wide variety of roles available to them along with the routes, qualifications and experience required to get there.

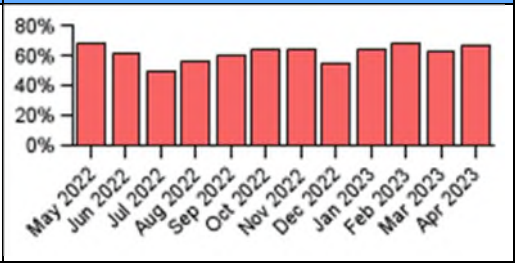
Improving access to Development – An updated Supported Study leave procedure was launched in Jan 23 which includes one process and form for all non-medical colleagues to apply for study leave and work is in progress to create a Development Hub on the new Staffnet platform, providing clear signposting for all staff on development options for both clinical and non-clinical skills and development.

Clear processes for the introduction and use of Development Roles and Internal Transfers are in the final stages of sign off, providing supportive frameworks enabling colleagues to widen their experience by normalising internal sideways moves and development roles which support an individual for a defined period, to train and develop into an identified ‘end role’.

Flexible Working is acknowledged by NHS England as a key step in improving work life balance and helping to prevent the loss of skilled and valued staff. The Trust has established a Flexible working group in May 23, with the remit of understanding the barriers services are encountering and establishing an action plan outlining the possibilities and options to creating and embracing a flexible working organisational culture.

10.0 CLINICAL SUPERVSION

The below graph details trust wide compliance rate for clinical supervision.

Indicator	Target	Feb 2023	Mar 2023	Apr 2023	Trend
Clinical Supervision	85.00%	67.83%	62.80%	67.19%	

Effective clinical supervision supports both staff well-being and improves the quality of care delivered to service users. It was evident that significant challenges were being experienced in meeting LYPFT's supervision requirements within the workforce with particular emphasis and concern on Nursing staff compliance. Monthly one- hour clinical supervision meetings as set out in the Clinical Supervision procedure were often not felt to be of significant value and cohesive to the needs of nurses working in fast pace clinical settings.

A workstream to explore the identified challenges for Nursing colleagues was therefore developed affording a variety of options for nursing staff to engage in clinical supervision in a way that is responsive to the changing clinical demands, and which best meets their professional development needs.

The role of the Professional Nurse Advocate (PNA) has now increased with 7 Nursing colleagues completing the PNA programme across LYFT in order to support clinician well-being. The programme was launched toward the end of the third wave of COVID-19

which was seen as a critical point of recovery for our workforce. The PNA facilitates a restorative model of clinical supervision which is recognised to support reflective practice that can help build practitioners' resilience by focusing on the clinician's experience, aiming to sustain their wellbeing and their motivation at work alongside improved service user outcomes. PNA's are currently facilitating restorative supervision to their own colleagues and to teams, in nursing (and other professions) which in turn supports the increased compliance with clinical supervision.

This introduction of additional and more flexible approaches to clinical supervision is currently being piloted across one of the acute inpatient wards for a 3-month period. Compliance was significantly low in this area and positive results are now being observed with compliance rates currently above the trust target at 86%.

11.0 Working Age Adult and Older Peoples Services Community Mental Health Teams update.

The six-month safer staffing report (1st May 2022 to 31st October 2022) detailed an extensive review of the CMHT staffing and workforce pressures and the associated impact on quality. The paper went on to describe the current workstreams in place to support recruitment and retention initiatives and the quality improvement work. The below provides a brief update of the current position.

11.1 Working Age Adult (WAA)

The WAA CMHT is no longer in business continuity, however, remains on the Trust's risk register as an extreme risk regarding workforce vacancies and the associated clinical impact. There are currently 46.0 WTE Vacancies across the whole of the WAA CMHT with significant challenges in recruiting Occupational Therapists evident.
Current OT vacancies include x3 WTE band 6 OTs and x15 WTE Band 5 developmental OT vacancies.

A focussed recruitment drive for Occupational Therapists including legacy mentors and developmental band 5 OTs resulted in only shortlisting 1 suitably qualified candidate. Recruitment has been more successful for newly qualified registered practitioners, with x7 preceptee RN and x2 Assessed and Year in Employment (ASYE) social workers due to commence employment within the service in the next few months.

The service has also been successful in recruiting practitioners from third sector organisations, with 9 Community Link and 8 North Point practitioners currently in post. There remains x1 vacancy which is currently out for recruitment. A key factor in overcoming staffing challenges has included partnerships with Touchstone Community Support Service and Community Links to develop Recovery and Key Worker roles.

The sickness absence rate in WAA CMHT is 8.27% of which 50.87% is related to stress/mental health. This has been identified as a combination of personal and work-related stress. This remains similar to the sickness rate six months previous with a rate of 7.28% of which 51.89% was related to stress/mental health. Human Resources and the Health and Wellbeing service are supporting the CMHT with ongoing sickness reviews and offering support to individual team members as required. The service also

remains dedicated to improving staff well-being with a commitment to improving clinical supervision engagement and offer alongside wellbeing reviews.

The short-term plan to mitigate the workforce risk was agreed through the temporary re-deployment of colleagues across the organisation for a period of 3-6 months. This was to support the stabilisation of the service while work was being progressed to recruit to new posts consisting of registered and non-registered staff. The current number of professionals redeployed to the CMHT is 19.19 WTE and this period of redeployment is scheduled to end in August 2023.

Redeployed staff have been key to creating a clear difference in responsibility for those delivering recovery focussed care, and those offering assessments and brief interventions. Care Coordinators no longer perform the role of triage and assessment, this has reduced their workload pressure with reported improvements in staff well-being. Creation of a waiting list for care coordination allocation has supported in the reduction of caseload sizes for practitioners to optimum numbers, this should in turn improve staff wellbeing and retention. The overall service caseload size has reduced to 2456 in April 2023 from 2786 in November 2022.

11.2 Older Peoples Service (OPS) CMHT

The OPS CMHT remains on the trust's risk register as a reflection of significant registered professional vacancies and unavailability, which is more prominent in the West OPS CMHT. This is primarily due to a combination of maternity leave and sickness absence. There are currently 4.7 WTE vacancies across the service with a turnover of 7.4%. This continues to impact on both caseload sizes and the ability to assess new referrals within the 15-day target. In recent months the OPS CMHT has paid staff

from other OPS services overtime to cover duty work and assessments, to help mitigate against the staffing pressures. There is 1 preceptee RN due to commence employment in OPS CMHT in September 2023.

The sickness absence rate within the service is 6.96% with 22.57% of this sickness absence being related to stress/mental health. This remains similar to the sickness absence rate six months previous with a rate of 6.16% of which 29.01% was related to stress/mental health. This has been identified as a combination of personal and work-related stress. Human Resources, Occupational Health and the Health and the Wellbeing service continues to offer support to individuals currently on or at risk of a sickness related absence. The service also remains committed to improving staff well-being with the development of well-being spaces for clinicians and the attendance of the People Engagement team at governance meetings to share information on well-being initiatives available in the trust.

A workstream being introduced in OPS CMHT by the Clinical Improvements Team will look at both the admission and discharge pathway. The aim of the workstream is to improve the capacity and flow within the service and ensure consistency and equity of service provision. Additionally, this will promote effective communication and relationships with internal and external organisations. The overall service caseload size has reduced to 984 in April 2023 from 1006 in November 2022.

Clear staffing governance across CMHT’s supported by Professional Leads and Operational Leadership was a recommendation identified in the previous safer staffing report and albeit not a mandated requirement to report externally as with inpatient safer staffing data, the importance of having oversight and understanding of current workforce challenges and developments is clear.

Safer staffing will be added as a standing agenda item to governance meetings which already exist in WAA and OPS CMHT and through this structure workforce data and the impacts of this will be examined. This will allow all professional groups in attendance to contribute to the delivery of safer staffing within community services.

Work has commenced to evaluate workstreams that have been developed to improve the efficiency of the service. The service governance forums will hold responsibility for monitoring and evaluating the outcomes.

12.0 Summary

This paper sets out the shared local and national workforce challenges for our inpatient services and the continuous and assertive efforts required to ensure that patients receive the highest quality care despite sustained pressures resulting from long standing workforce supply.

It is through working collectively with our Nursing, AHP and Psychological therapy strategies for recruitment and retention, that we continue to progress workstreams in support of aspirational career pathways for staff and explore ways for clinical services to work differently across the multi professional spectrum. A number of solutions are being progressed which include the introduction of new roles alongside continuing with more traditional recruitment strategies. This ensures that staff are supported to deliver the right care and treatment at the right time, enabling the best outcomes for service users and families.

Inpatient services have seen an overall increase in the number of unfilled duties across the organisation which are not meeting the planned establishment. The backfilling of RN duties with HSWs offers some assurances that safe staffing numbers are being reached however the impact of not having the required skill mix on duty suggests service user care will be affected. The use of

bank and agency staff remains high however this resource at times has also been exhausted. The use of the Responsive Workforce Team to flex to the predicted needs of clinical services has evidently had a positive impact in providing a consistency to the care needs of service users as opposed to the usual bank and agency booking process.

Deployment of staff across services continues to be essential and despite all efforts eight RN breaches (no Registered Nurse on duty) were recorded.

Whist RN vacancies remain high and recruiting to Band 5 vacancies is known to be highly dependent on new registrants graduating from Leeds and York Universities in September and October each year. Though there is little prospect of sufficient nurses coming out of training over the next 3 years to improve the national or local shortfall, we have managed to facilitate some success this year by extending the offer of posts outside of our usual catchment area. This has resulted in 65 out of 70 Preceptee Band 5 vacancies being filled. A 51% increase on the previous year.

Nursing career pathways to ‘grow our own’ have also been increased alongside the recruitment of International Nurses to further support the vacancy gaps.

Retention remains an ongoing priority with significant workstreams to support our current workforce and recognising the lag between recruitment and attrition.

Staffing pressures have additionally been mitigated with 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, non-clinical staff training as assistant support workers and Ward managers going into the clinical numbers.

For our staff, we know that low numbers of substantive staff translate into leadership challenges in the clinical areas as less experienced staff are faced with many challenging clinical scenarios and experienced staff have too little capacity to provide the standard of support we would aspire to provide. In turn for nurses, this can translate into a poor uptake of clinical supervision which is evidenced to improve service user care and staff experience and wellbeing and ongoing work is positively underway to address and mitigate this.

For our service users, the impact on quality is being addressed through the work of the Safer staffing steering group and the quality indicators alongside the MHOST and professional decision making will ensure robust oversight and appropriate interventions.

In addition, there is also a clear focus on staff wellbeing, and this must continue as a means of supporting the retention of existing and newly recruited staff.

13.0 Recommendation

The Quality Committee is asked to:

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

Authors: Linda Rose, Head of Nursing and Patient Experience; Alison Quarry, Professional Lead Nurse; Jennifer Connelly, Professional Lead Nurse, Julie Poxton Professional Lead Nurse, Cassie Good, Head of Strategic Resourcing and Talent Development and Adele Sowden, E-Rostering Team Manager.

APPENDIX A

Safer Staffing: Inpatient Services April 23

Fill rate indicator return

Staffing: Nursing, Care Staff and AHPs

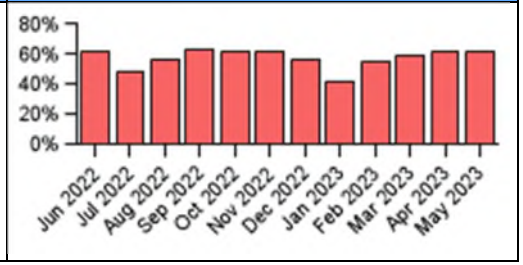
Ward name	Cumulative count	Care Hours Per Patient Day (CHPPD)							Day				Night				Allied Health	
		Registered	Non-registe	Registered	Non-registe	Registered	Non-registe	Overall	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill
WardName	PatientCo	CHPPD_RI	CHPPD_NI	CHPPD_RI	CHPPD_NI	CHPPD_R/	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	75	13.3	9.2	0.0	0.1	0.0	0.0	22.7	92%	94%	-	-	100%	100%	-	100%	-	-
3 WOODLAND SQUARE	99	8.5	17.0	1.5	1.4	0.0	0.0	28.5	71%	185%	100%	100%	97%	142%	100%	100%	-	-
ASKET CROFT	564	1.6	2.6	0.0	0.0	0.6	0.0	4.9	112%	96%	-	-	100%	100%	-	-	100%	-
ASKET HOUSE	473	1.7	2.1	0.0	0.0	0.8	0.0	4.6	112%	87%	-	-	100%	111%	-	-	100%	-
BECKLIN CAU	124	9.5	17.0	1.0	0.0	0.0	0.0	27.5	90%	111%	100%	-	96%	116%	-	-	100%	-
BECKLIN WARD 1	658	1.9	7.0	0.1	0.0	0.0	0.0	9.0	63%	332%	100%	-	78%	308%	-	-	-	-
BECKLIN WARD 3	660	2.1	2.8	0.2	0.2	0.3	0.2	5.8	72%	183%	100%	100%	88%	141%	100%	100%	100%	100%
BECKLIN WARD 4	637	1.9	4.7	0.2	0.0	0.4	0.2	7.4	61%	273%	100%	-	80%	239%	100%	-	100%	100%
BECKLIN WARD 5	660	2.1	3.8	0.0	0.0	0.0	0.2	6.1	78%	162%	-	100%	87%	163%	-	-	-	100%
MOTHER AND BABY AT THE MOUNT	228	6.4	5.8	0.1	0.0	0.0	0.0	12.3	102%	50%	100%	-	87%	106%	100%	-	-	-
NEWSAM WARD 1 PICU	255	5.1	16.3	0.0	0.0	0.8	0.3	22.4	72%	140%	-	-	73%	186%	-	-	100%	100%
NEWSAM WARD 2 FORENSIC	347	2.8	11.8	0.0	0.0	0.3	0.2	15.2	84%	343%	-	-	100%	304%	-	-	100%	100%
NEWSAM WARD 2 WOMENS SERVICES	287	3.5	12.8	0.0	0.0	0.4	0.4	17.2	79%	346%	-	-	117%	279%	-	-	100%	100%
NEWSAM WARD 3	403	2.3	5.6	0.0	0.0	0.5	0.2	8.6	89%	192%	-	-	100%	160%	-	-	100%	100%
NEWSAM WARD 4	616	2.3	3.5	0.0	0.1	0.0	0.0	5.9	71%	232%	-	100%	93%	130%	-	-	-	-
NEWSAM WARD 5	462	2.3	4.5	0.0	0.0	0.8	0.3	7.9	86%	100%	-	-	64%	137%	-	-	100%	100%
NEWSAM WARD 6 EDU	280	4.8	11.5	0.0	0.0	1.2	0.0	17.5	126%	298%	-	-	69%	231%	-	-	100%	100%
NICPM LGI	105	11.6	7.6	0.0	0.0	2.5	0.0	21.6	89%	55%	-	-	88%	110%	-	-	100%	-
RED KITE VIEW GAU	284	4.9	14.2	0.5	0.0	0.2	0.0	19.8	74%	118%	100%	-	84%	141%	100%	-	100%	-
RED KITE VIEW PICU	63	14.2	50.7	0.0	0.0	0.0	0.0	64.9	61%	87%	-	-	85%	115%	-	-	-	-
THE MOUNT WARD 1 NEW (MALE)	410	3.5	13.2	0.0	0.0	0.0	0.0	16.7	127%	194%	-	-	81%	302%	-	-	-	-
THE MOUNT WARD 2 NEW (FEMALE)	419	2.8	17.2	0.6	0.3	0.0	0.0	20.9	92%	391%	100%	100%	67%	368%	100%	-	-	-
THE MOUNT WARD 3A	586	2.0	5.8	0.2	0.0	0.0	0.0	8.0	70%	204%	100%	-	77%	215%	100%	-	-	-
THE MOUNT WARD 4A	619	1.9	8.7	0.0	0.0	0.0	0.0	10.6	76%	319%	-	100%	68%	388%	-	-	-	-
YORK - BLUEBELL	237	3.8	9.6	0.6	0.0	0.6	0.5	15.2	77%	82%	100%	-	102%	118%	-	-	100%	100%
YORK - MILL LODGE	246	4.8	8.0	0.5	0.0	1.9	0.8	16.1	67%	113%	100%	-	76%	134%	-	-	100%	100%
YORK - RIVERFIELDS	150	4.7	8.9	0.0	0.0	0.9	0.0	14.5	48%	136%	-	-	100%	107%	-	-	100%	-
YORK - WESTERDALE	240	4.5	13.7	0.0	0.5	0.3	0.3	19.2	52%	211%	-	100%	107%	174%	-	-	100%	100%

Appendix B

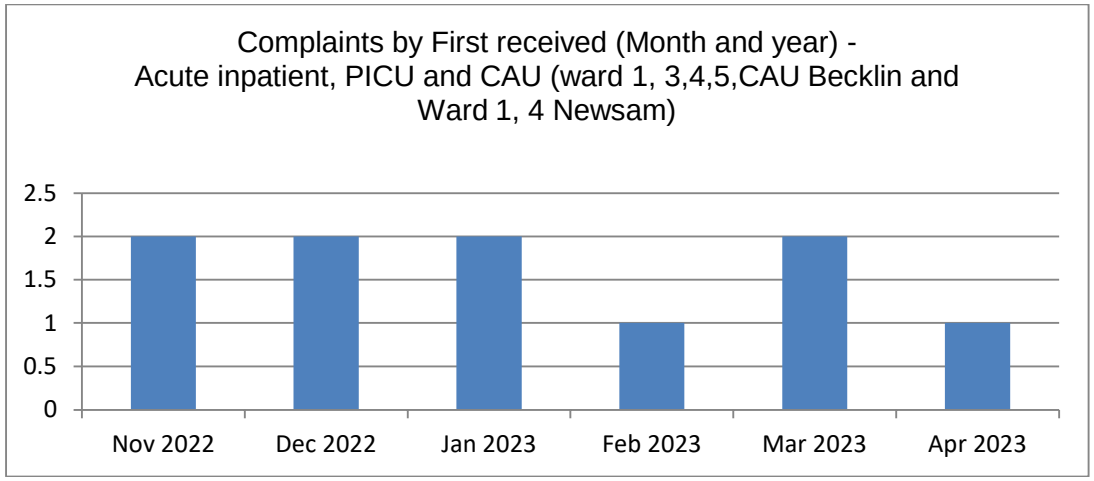
Service Line Quality indicators

Acute inpatient, PICU and CAU (ward 1, 3,4,5, CAU Becklin and Ward 1, 4 Newsam)

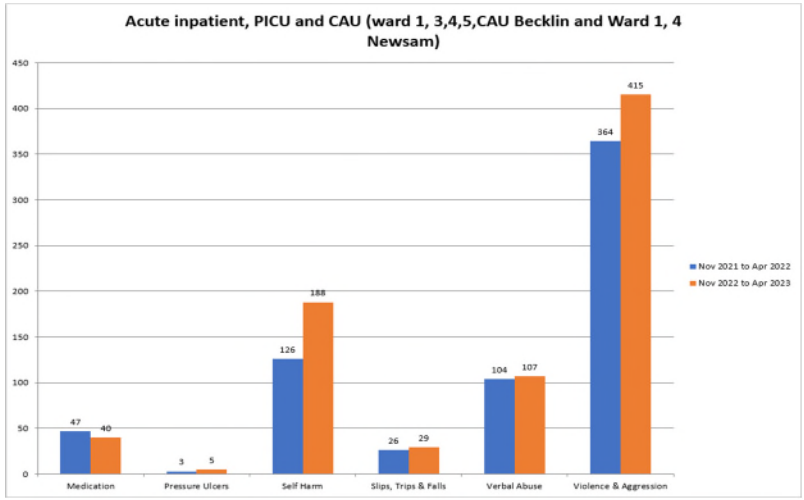
Clinical Supervision

Indicator	Target	Mar 2023	Apr 2023	May 2023	Trend
Clinical Supervision	**85.00%**	**58.33%**	**61.21%**	**61.21%**	

Complaints

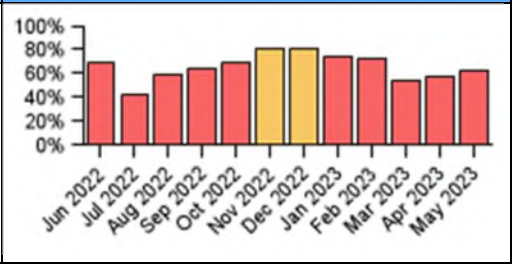


Incidents



Forensic York (Riverfields, Westerdale and Bluebell)

Clinical Supervision

Indicator	Target	Mar 2023	Apr 2023	May 2023	Trend
Clinical Supervision	85.00%	54.28%	57.58%	62.69%	

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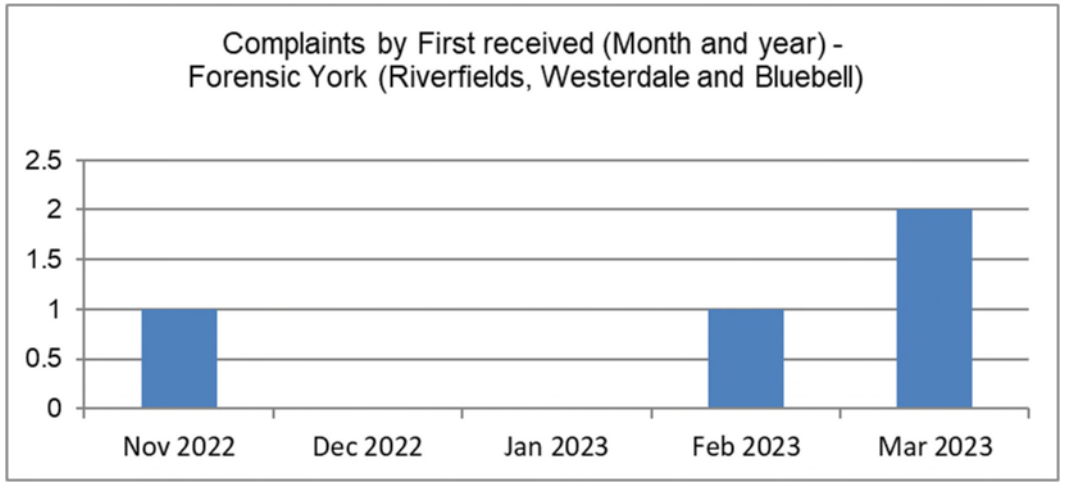
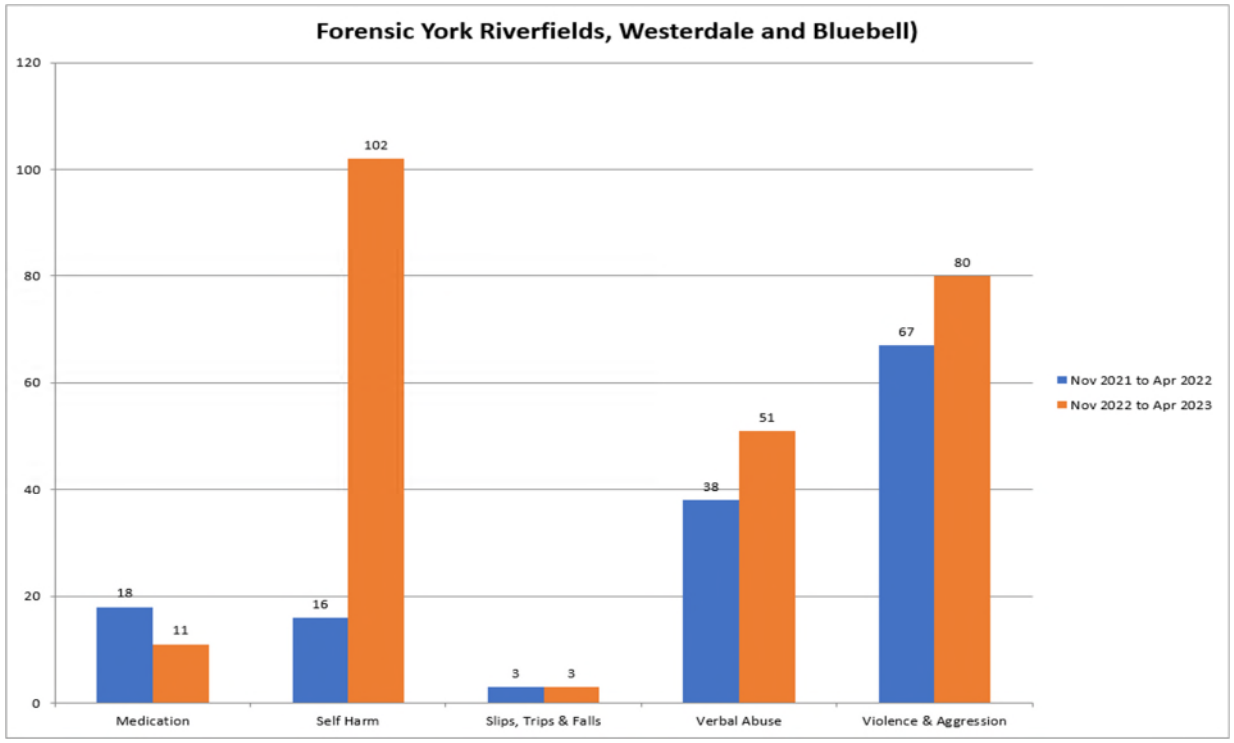
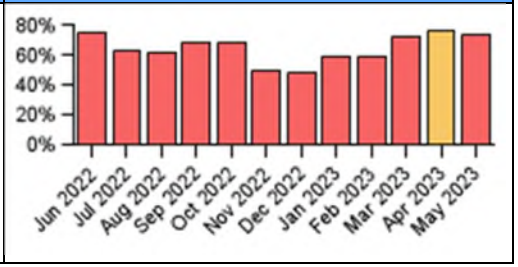


Incidents


Forensic York Riverfields, Westerdale and Bluebell)
120
100
80
60
40
20
0
18
11
16
102
3
3
38
51
67
80
Medication
Self Harm
Slips, Trips & Falls
Verbal Abuse
Violence & Aggression
Nov 2021 to Apr 2022
Nov 2022 to Apr 2023

Forensic Leeds Forensic wards 2 (F), 2(A&T) and 3)

Clinical Supervision

Indicator	Target	Mar 2023	Apr 2023	May 2023	Trend
Clinical Supervision	85.00%	72.37%	76.06%	73.91%	

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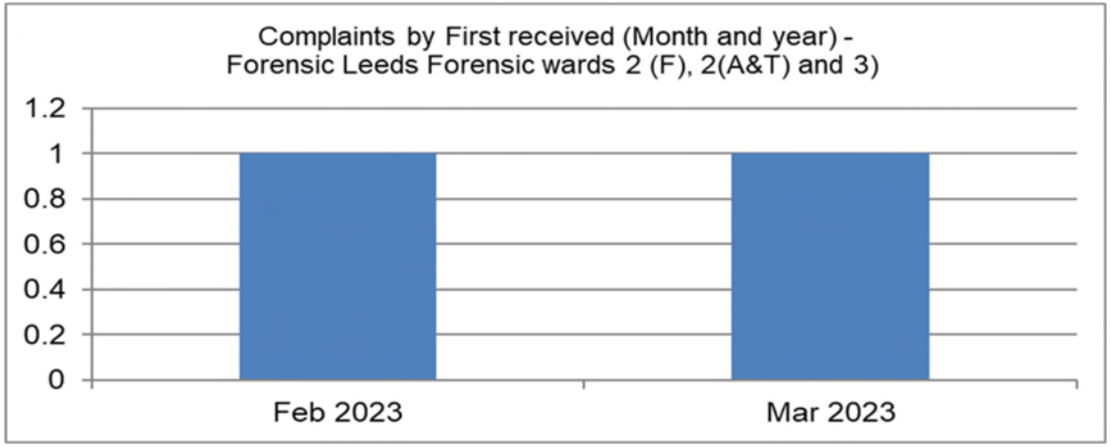
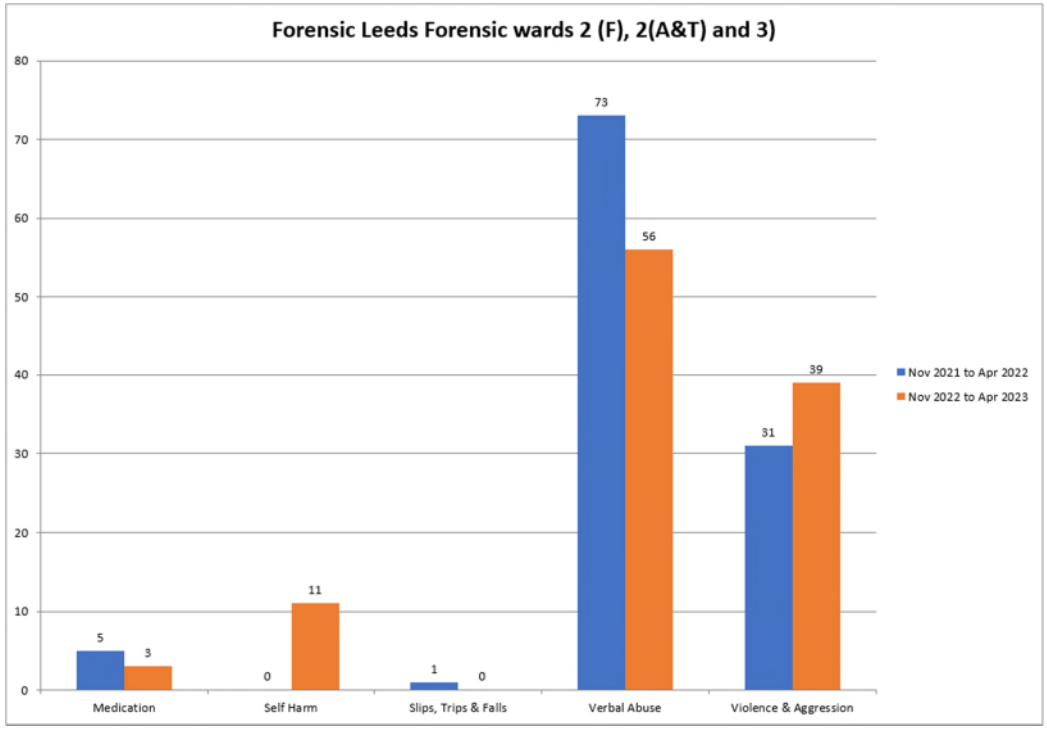
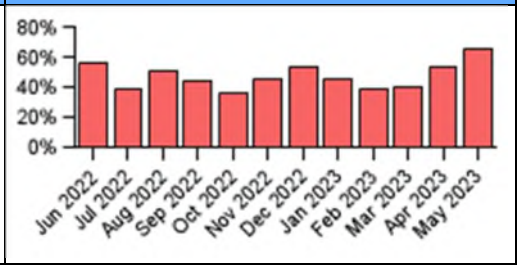


Incidents

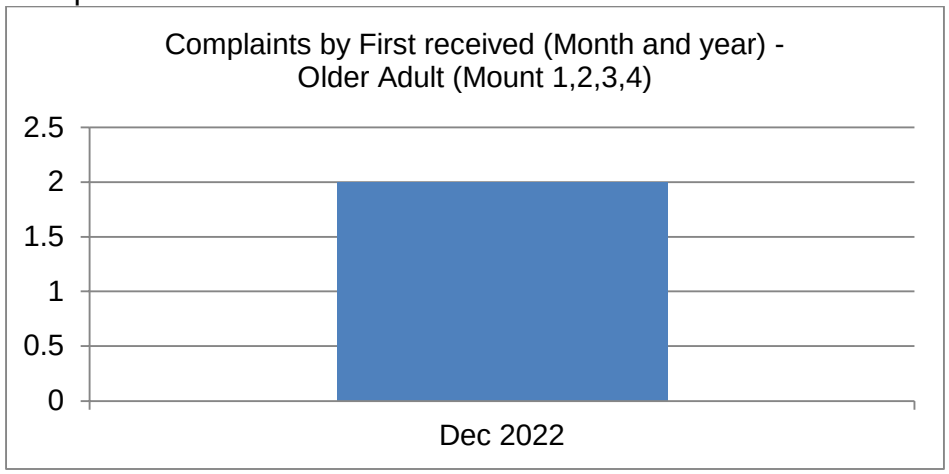

Forensic Leeds Forensic wards 2 (F), 2(A&T) and 3)
80
70
60
50
40
30
20
10
0
5
3
0
11
1
0
73
56
31
39
Medication
Self Harm
Slips, Trips & Falls
Verbal Abuse
Violence & Aggression
Nov 2021 to Apr 2022
Nov 2022 to Apr 2023

Older Adult (Mount 1,2,3,4)

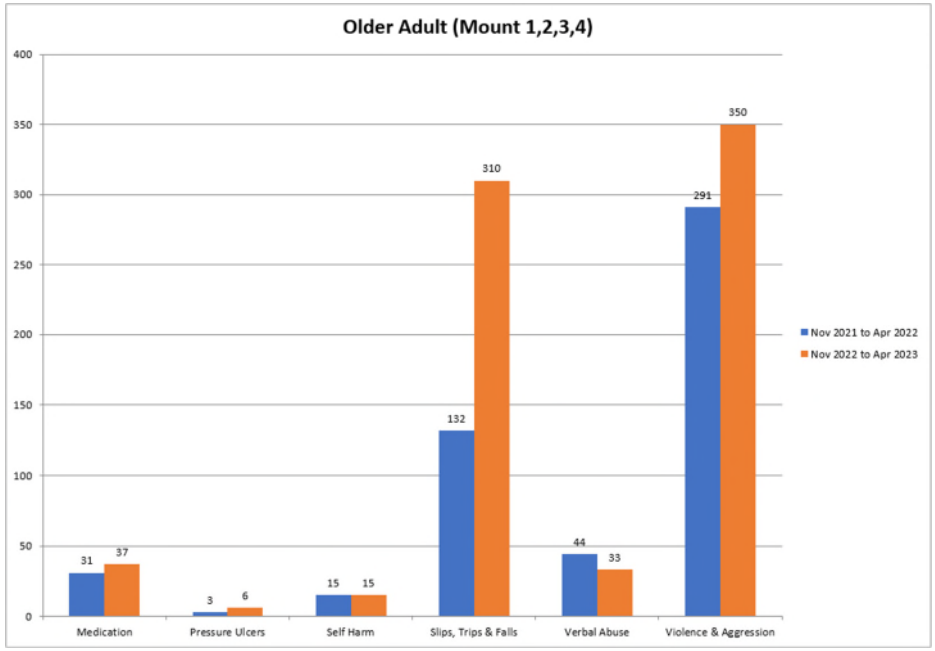
Clinical Supervision

Indicator	Target	Mar 2023	Apr 2023	May 2023	Trend
Clinical Supervision	85.00%	40.18%	52.78%	65.74%	

Complaints

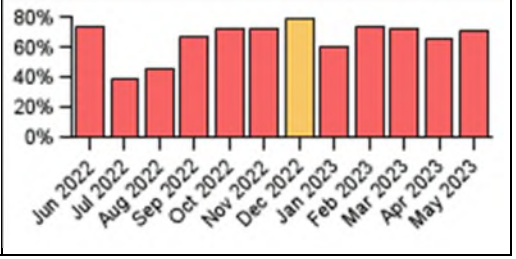


Incidents

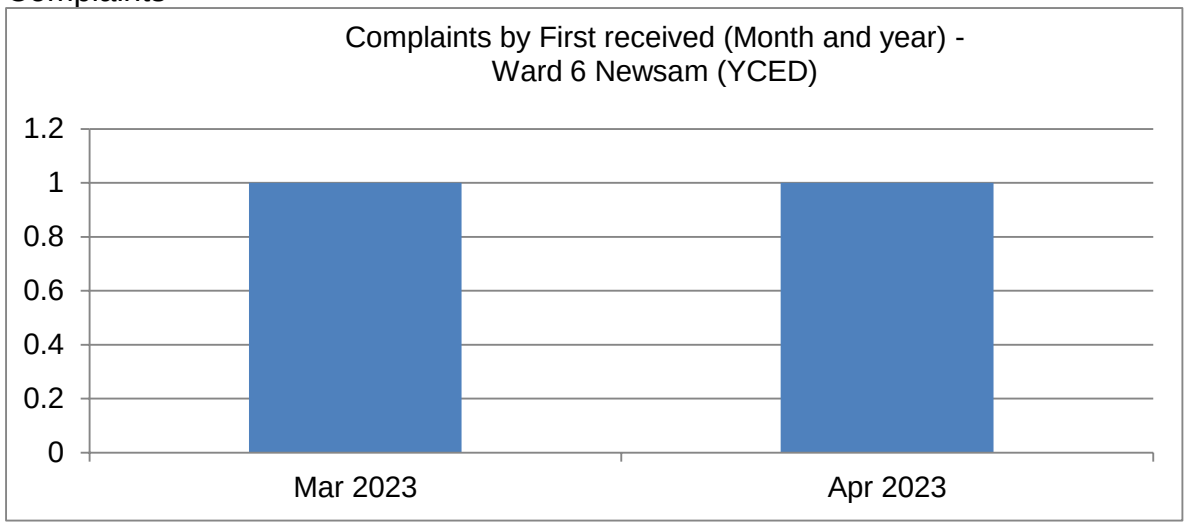

Older Adult (Mount 1,2,3,4)
400
350
300
250
200
150
100
50
0
31
37
3
6
15
15
132
310
44
33
291
350
Medication
Pressure Ulcers
Self Harm
Slips, Trips & Falls
Verbal Abuse
Violence & Aggression
Nov 2021 to Apr 2022
Nov 2022 to Apr 2023

Ward 6 Newsam (YCED)

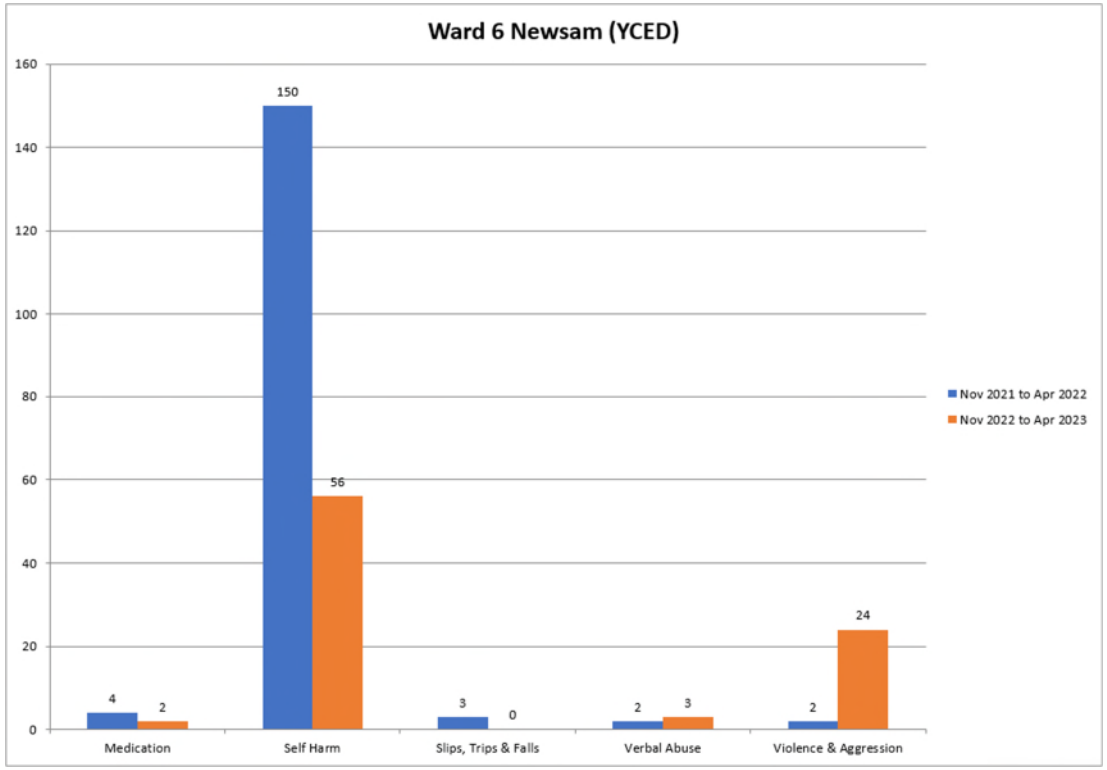
Clinical Supervision

Indicator	Target	Mar 2023	Apr 2023	May 2023	Trend
Clinical Supervision	85.00%	72.41%	65.52%	71.43%	

Complaints

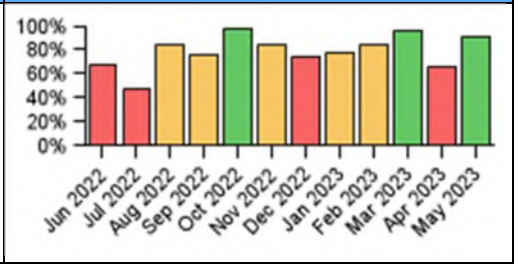


Incidents


Ward 6 Newsam (YCED)
160
140
120
100
80
60
40
20
0
150
56
4
2
3
0
2
3
2
24
Medication
Self Harm
Slips, Trips & Falls
Verbal Abuse
Violence & Aggression
Nov 2021 to Apr 2022
Nov 2022 to Apr 2023

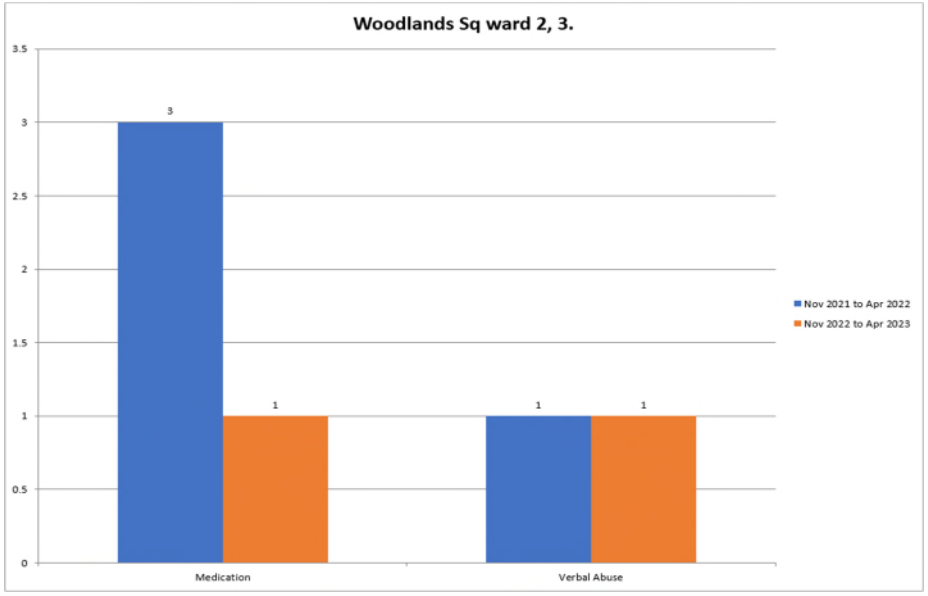
2 and 3 Woodland Square

Clinical Supervision

Indicator	Target	Mar 2023	Apr 2023	May 2023	Trend
Clinical Supervision	85.00%	96.43%	65.52%	90.32%	

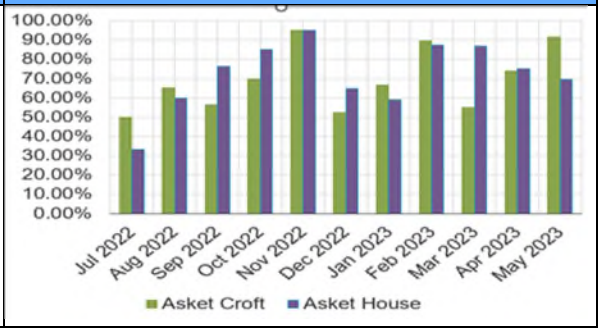
Complaints - *None*

Incidents

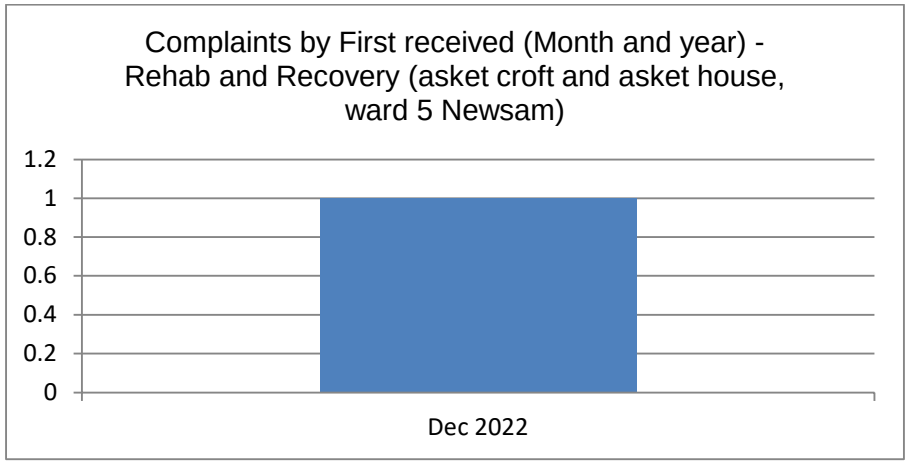


Rehab and Recovery (Asket croft and Asket house, ward 5 Newsam)

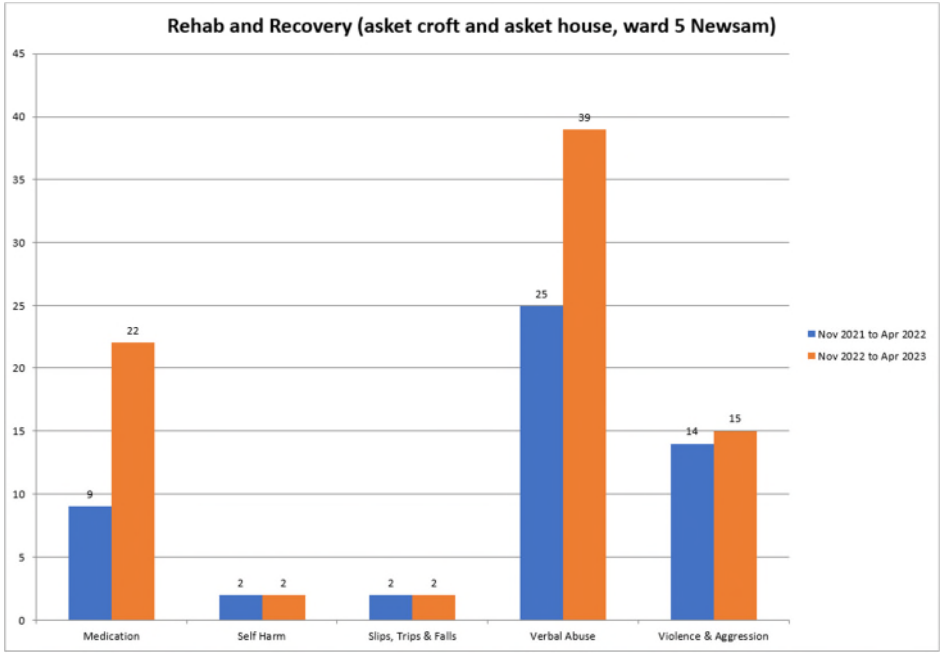
Clinical Supervision

Indicator	Target	Mar 2023	Apr 2023	May 2023	Trend
Clinical Supervision	85.00%	70.98%	74.45%	80.61%	

Complaints



Incidents


Rehab and Recovery (asket croft and asket house, ward 5 Newsam)
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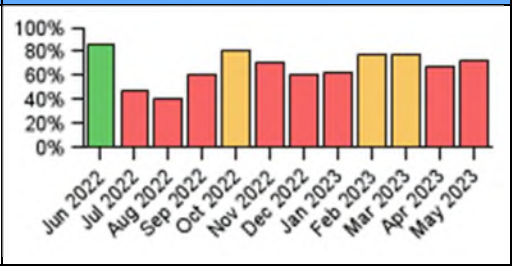
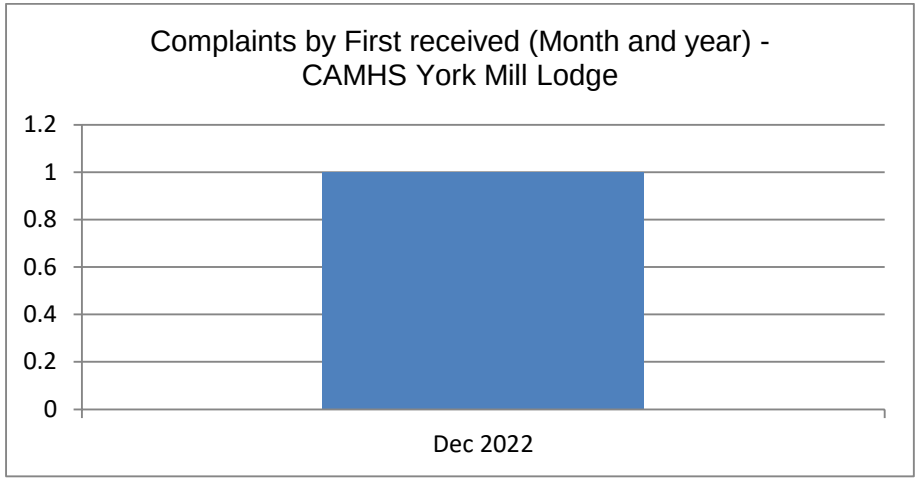
Medication
Self Harm
Slips, Trips & Falls
Verbal Abuse
Violence & Aggression
Nov 2021 to Apr 2022
Nov 2022 to Apr 2023

CAMHS York Mill Lodge

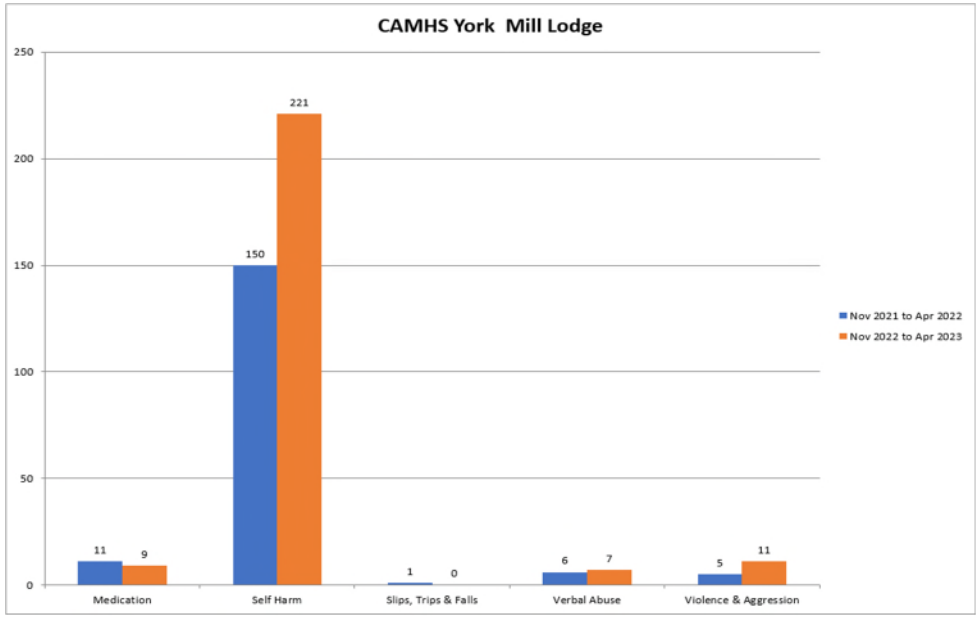
Clinical Supervision

Indicator	Target	Mar 2023	Apr 2023	May 2023	Trend
Clinical Supervision	85.00%	77.78%	67.65%	72.22%	

Complaints



Incidents


CAMHS York Mill Lodge
250
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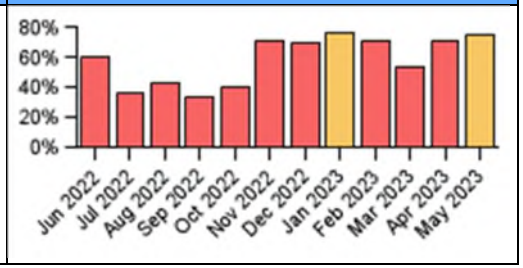
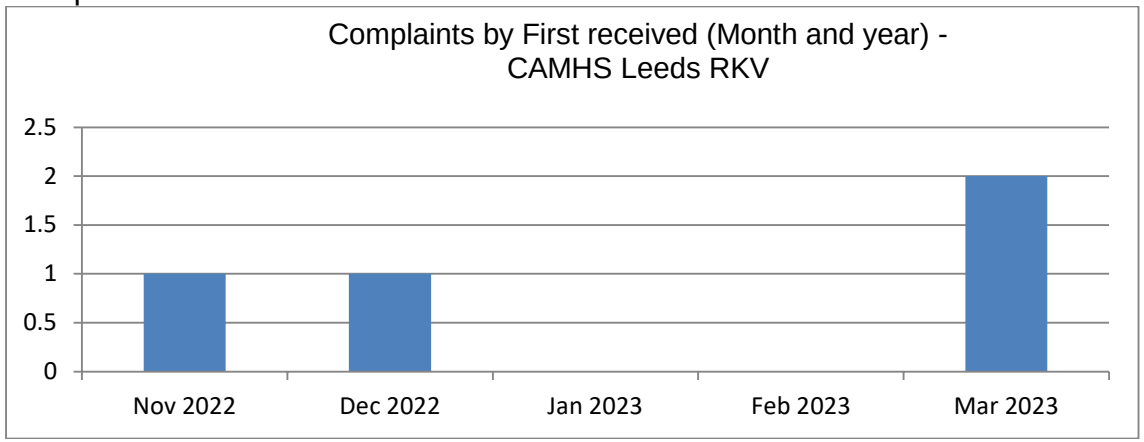
Medication
Self Harm
Slips, Trips & Falls
Verbal Abuse
Violence & Aggression
Nov 2021 to Apr 2022
Nov 2022 to Apr 2023

CAMHS Leeds Red Kite View

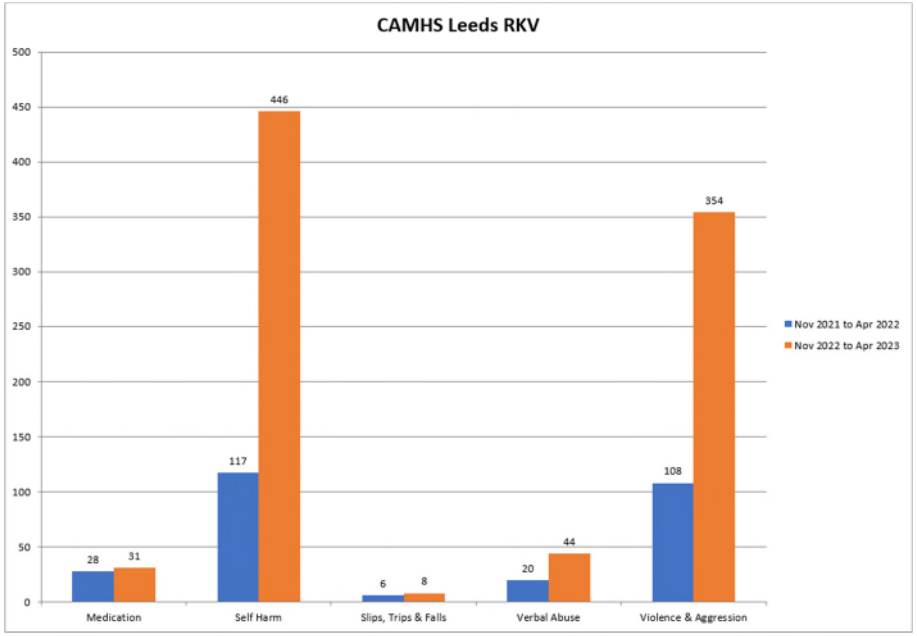
Clinical Supervision

Indicator	Target	Mar 2023	Apr 2023	May 2023	Trend
Clinical Supervision	85.00%	53.33%	71.43%	75.38%	

Complaints

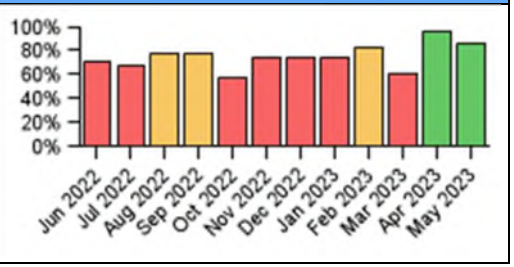


Incidents



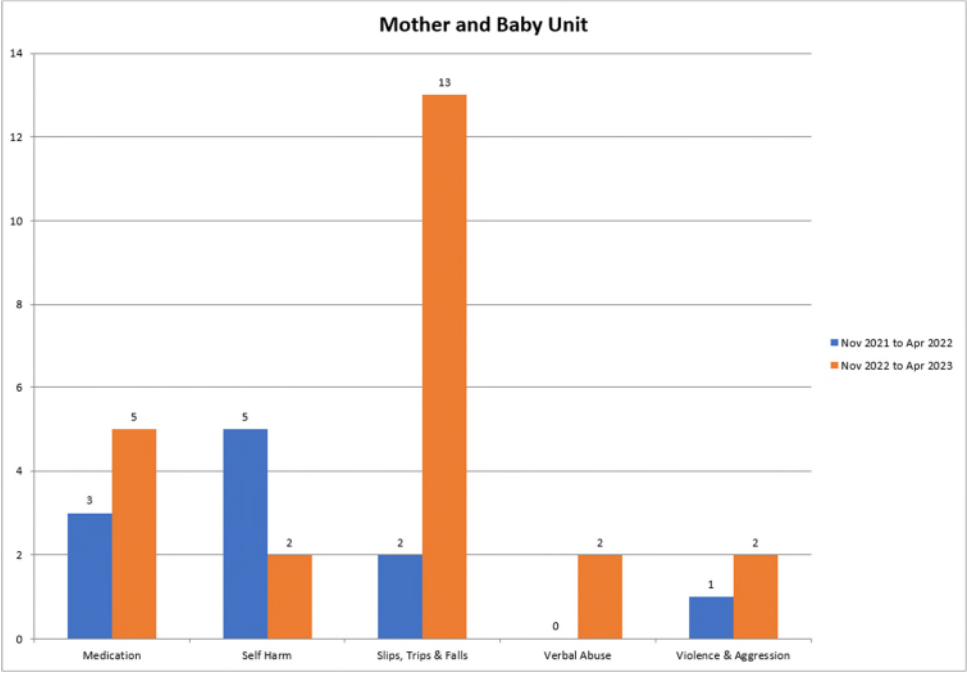
Mother and Baby Unit

Clinical Supervision

Indicator	Target	Mar 2023	Apr 2023	May 2023	Trend
Clinical Supervision	85.00%	60.71%	96.43%	85.71%	

Complaints – *None*

Incidents



Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM

16

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Director of People and OD Quarterly Report
DATE OF MEETING:	27 July 2023
PRESENTED BY: (name and title)	Darren Skinner (Director of People and OD)
PREPARED BY: (name and title)	Darren Skinner (Director of People and OD) Holly Tetley (Associate Director of Employment) Frances Dodd (Associate Director of People Experience) Fiona Sherburn (Associate Director for People Resourcing & OD) Angela Earnshaw (Associate Director for People Resourcing & OD) Andrew McNichol (Head of People Analytics and Temporary Staffing)

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

EXECUTIVE SUMMARY

This report of the Director of People and Organisational Development for the Board of Directors at Leeds and York Partnership NHS Foundation Trust, sets out the detail of work undertaken by the directorate during the last quarter (April 2023 – July 2023) and the detail around issues pertaining to our organisational workforce situation and the work undertaken to mitigate and address our workforce issues.

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

RECOMMENDATION

The Board is asked to note the contents of this report.

MEETING OF THE BOARD OF DIRECTORS

27 July 2023

Director of People and Organisational Development Quarterly Report

Executive Summary

This report of the Director of People and Organisational Development for the Board of Directors at Leeds and York Partnership NHS Foundation Trust, sets out the detail of work undertaken by the directorate during the first quarter of 2023 (April 2023 – July 2023) and the detail around issues pertaining to our organisational workforce situation and the work undertaken to mitigate, address and support our workforce and workforce issues.

Introduction

The first quarter of the year has seen significant challenges for the organisation in terms of workforce particularly in respect of national recruitment and retention issues, pay disputes between the government and various trade unions and significant system financial pressures and cost saving and efficiency measures required, all impacting on the work of the People and Organisational Development team. The long-awaited *NHS Long Term Workforce Plan* was published at the end of June 2023, and like many other organisations, we are working through the plan and aligning the detail to work that we are already undertaking, or need to consider and develop as part of *Our People Plan*. The format of this report is set out by each function within the directorate, the key achievements in the first quarter, as well as challenges and priorities going forward.

At the request of The Board a copy of the latest Our People Plan dashboard on its progress is included at the end of this report.

The organisation have received **Gold Award 2023** status in the Employer Recognition Scheme as part of the Armed Forces Covenant in line with the NHS commitment to the Armed Forces Covenant, the Trust has been granted the 2023 ERS Gold Award and is committed to ensuring the armed forces community is never disadvantaged compared to other patients. We also train staff who work with veterans on veteran-specific culture or needs and as an employer supporting the armed forces.

We are delighted that the team have been shortlisted in the CIPD Awards for *Best Health and Wellbeing Initiative Public/Third Sector* taking place on 21 September 2023 in London. Our nomination included examples of our Critical Incident Staff Support Pathway, Menopause Group and our response and support around Cost-of-Living Initiatives and Support.

People Experience Team

The People Experience Team comprise of People Engagement, Health, and Wellbeing (including Critical Incident Staff Support Pathway (CrISSP)), Equality, Diversity and Inclusion, and Communications.

People Engagement

As part of Our People Plan strategy to embed reward and recognition in our organisation and to create a culture of our colleagues feeling valued, we have undertaken two distinct engagement activities in the first quarter.

- In April 2023 the team delivered a second successful initiative with *Mr Coffee* targeting around 3000 frontline staff on all major sites providing a free hot drink and cake, as well as providing hampers for regional staff and teams.
- Between June and July 2023, the team launched our *Big Thank You Festival*, a month-long celebration for staff to host local events with their teams celebrating NHS75, where we have had 120 teams reaching out to request funding to hold their own celebration event for staff which will have involved over 3200 colleagues. As well as a physical event on 30 June *The Big Thank You Carnival*, our first for three years, which was an outstanding success and we have received a huge amount of positive feedback from across all services.

The team face some challenges as we move in to the second quarter, from early August 2023 our People Engagement Lead, Lucy Heffron, is moving to a secondment with the ICB. We have recruited a 12-month fixed-term replacement, due to start during August, but this will have an impact on capacity in the team until our new colleague is inducted into the team. Capacity continues to be challenging, the team is delivering trust-wide, high-impact, key initiatives that are really making a difference to staff, across both People Engagement and Health and Wellbeing, which take considerable planning and preparation from a small team. In line with Our People Plan strategy of giving our people a voice, listening, acting on feedback and involvement in decision-making, we are now embarking on planning and preparation for the launch of National Staff Survey 2023 in September which will significantly utilise team capacity. Again, in line with our People Plan reward and recognition strategy we are continuing to work on developing an employee journey map, that can help us identify areas where we reward and recognise our staff and can use this to help develop a strategy from April 2024 onwards. The planning and development of a communications and engagement strategy for the Collective Leadership project, which is becoming a key project for 2023. The team are actively engaged in the work on planning and development of the Culture Dashboard.

Health and Wellbeing

The Health and Wellbeing team have delivered a series of *Wellbeing Roadshows* throughout May and June, at 10 different LYPFT sites. The Head of Wellbeing and People Engagement and Wellbeing Lead were at every roadshow, and the Associate Director of People Experience, and People Wellbeing Lead went to multiple Trust sites. Alongside the Wellbeing team, the HR and Occupational Health teams were also on site to answer questions; along with *Hands on at Work*, an external massage company, and a Wellbeing Practitioner from the SWYFT

Occupation Health team, who carried out physical health checks. Feedback from colleagues has been extremely positive, with some people sharing their experience of accessing different avenues of support, such as the Employee Assistance Programme. There was also the opportunity for colleagues to speak to our trust Physiotherapist and discuss how to access fast-track support for work related stress and musculoskeletal issues. There were requests from multiple sites to arrange more on-site physical health checks and massages. These are both things which have been arranged within the last 12-months, but the request has been for them to be more frequent.
Over the last three months, there have been 120 attendees to the monthly Menopause Support Group. Two of these groups were facilitated by experts in the field, Dr. Ella Russell, and Dr. Claire Macaulay. The group were also stakeholders in the development of the new HR menopause support pathway. The organisation has achieved a completion rate of 90% for Wellbeing Assessments, and they are now embedded as part of the annual Personal Development Review process.

Engaging with ward-based colleagues with ward-based colleagues is always challenging and has been in the first quarter as a result of the current staffing situation within the trust. Taking the support directly to colleagues with the *Wellbeing Roadshows* has helped with increasing engagement, and the future plan is to embed the *Wellbeing Champions*, who will offer an on-site connection to the Head of Wellbeing and is able to share any new/relevant wellbeing support with colleagues in a timelier way. The Wellbeing Buddy project also helps with ward-based engagement, but as the project is still small (in terms of only having four buddies), this will need to grow to be more beneficial when it comes to engaging with colleagues. The annual wellbeing budget of £10,000 is small for a staffing group of 3,500 and additional spend requires business cases to be approved for additional funding, so we hope to review and increase this budget as part of zero-based budgeting in the next financial year. Our Head of Wellbeing will be leaving the trust on 21 September 2023. The role has been advertised, and interviews will be held at the beginning of August. Key priorities for the next quarter will be around ensuring the wellbeing offer is in a strong position to hand over to new Head of Wellbeing and embedding the Wellbeing Champions.

Critical Incident Staff Support Pathway

CrISSP has delivered ongoing support of the pathway and our current data shows that 97 sessions have been delivered, supporting 442 colleagues in these sessions. The delivery of team leader and peer practitioner training to support the pathway has been undertaken with eight sessions being completed training 62 colleagues.

There have been challenged incorporating and embedding ward buddy support into forensic inpatient services and capacity to provide this offer more widely. Key priorities for the next quarter include support to Red Kite View with ward buddies, and further delivery of peer practitioner and team leader training, as well as involvement in a regional evaluation project on CrISSP.

Equality, Diversity, and Inclusion

The team have submitted the data in line with reporting requirements for our Workforce Race and Disability Equality Standards in May 2023. This data identified overall significant progress, with improvements in 79% of the workplace and career experience metric areas, compared to our 2022 results. Stakeholder engagement work has been undertaken in relation to the development of a Workplace Adjustment Pathway, involving the EDI and Improvement Teams

to reduce equipment purchase delays and improve staff and manager experience. A revised core system and communication process has been developed and improvement action implementation will commence from September 2023. Delivery of our second Reciprocal Mentoring programme and development of a proposed future ongoing Trust-wide model has been undertaken. A task group was established in May 2023 to inform the future model, with focus on equality groups within nursing and AHP professions, including our international recruits. Impact will be evaluated related to both workplace culture and people engagement, central to Our People Plan ambitions. The team have also had a focus on bullying and harassment with a focus on hate crime, in collaboration with our staff networks to develop a consistent approach and process to support staff, managers and wider teams. A steering group was established in June 2023 and the mapping of current activity has been undertaken, with an Improvement plan to be identified by August 2023 with the steering group and discussed through the Violence Prevention Group. Engagement and planning to inform *Staff Network* forward plans and priorities has been undertaken to inform and support the effective growth of our EDI staff networks as an essential source of knowledge and peer support. Key priorities over the next quarter include the ongoing expansion of the Cultural Inclusion Ambassador programme is challenging. The programme is comprised of staff volunteers who are externally trained and participate as members of decision-making groups within our disciplinary process. Staff capacity, particularly for clinical staff to undertake the role is a key challenge and potential risk. This is being escalated for further discussion via our workforce governance. The team continue to focus on our Trust wide values based and inclusive recruitment workstream programme of work which are key priorities.

Communications

The Communications team have been involved in and contributed to a number of key areas of work during the first quarter of the year. Big Thank You Festival, NHS75 and Windrush 75 celebrations have been significant pieces of work for the communications team. Achievements include driving uptake of the cash offer for staff to hold local events, driving 100% ticket sales for the Carnival event on 30 June, and leading the curation of a special event to coincide with the Annual General Meeting on 25 July. Communications took a lead role in producing and promoting staff stories as part of the NHS75 celebrations and organised a special all staff huddle to mark the day on 5 July. The team also supported the Workforce Race Equality Network (WREN) network to celebrate the anniversary of the arrival of the Windrush generation. The team is leading the refresh and relaunch of our Brand refresh projects (including brand proposition statements, visual identity, tone of voice etc.). This is now aligned to the Values-based Recruitment project being led by our Recruitment and Resourcing colleagues. Due for implementation in quarter two and three. The BBC Panorama documentary on ADHD private practice saw the team supporting Dr Mike Smith to play a leading role in the BBC Panorama documentary about ADHD private practice which was aired in May. This included media training, research, on site filming, briefing stakeholders, arranging media interviews following broadcast and managing intensive follow up activity. The team have supported the Emergency Preparedness, Resilience and Response (EPRR) with unprecedented and ongoing industrial action. This has included attending industrial action planning and incident command group meetings, and leading on communications for staff, service users and carers, stakeholders, and the public. The team have also been communicating key messages on the pay deal, including responding to negative feedback particularly from bank staff. Other EPRR activity has included supporting the Heatwave response group to share messages to staff and supporting a major IT outage which knocked out our critical IT systems in May. Awareness Campaigns – new approach for 2023/24 is being developed to supporting awareness campaigns. During this

period the team has supported several campaigns including, Maternal Mental Health Awareness Week, Volunteers Week, and Leeds Learning Disability Week.

Organisational Development and Resourcing

The Organisational Development and Resourcing team comprise of Recruitment and Resourcing, Organisational Development and Health Education Support Service (HESS).

Recruitment and Resourcing

During the first quarter of the year, the Resourcing and Recruitment team have successfully brought in-house International Recruitment, where we have previously used a partner service with varying results. The first direct advertising campaign for Registered Mental Health Nurses yielded 81 applications (although most of these were speculative applications), with five RMN conditional offers being made. A second direct advertising campaign is running throughout July 2023. The team have also piloted a focused two-week recruitment campaign involving nine inpatient service areas covering nursing, allied health professionals and healthcare support workers which has led to 14 conditional offers of employment with an additional two rounds of interviews planned in July. The team have also developed a Trust-wide talent management framework to ensure robust processes are in place for succession planning and nurturing talent across the organisation. This has linked to system developments and a new Personal Development Review process. The impact of this will be evaluated at the end of 2023. The team have also supported a range of senior appointments including the Deputy Director of Nursing, Quality and Professions, Non-Executive Directors, and the Freedom to Speak Up Guardian.

Key challenges that are facing the team include Personal Development Review compliance with rates remaining in the region of 68% against a target of 85%. A clear recovery plan has been established and is underway to help the Trust achieve its target. We have advised that all managers and supervisors have an objective set for their teams to have completed statutory and mandatory training in their own PDR. Registered Mental Health Nurse International Recruitment supply remains a challenge. In light of this the organisation is exploring alternative pathways to support Registered General Nurses into mental health as well as exploring increasing the number of Nursing Associates. Limited engagement from services for the DBS update service project has resulted in slow progress to date. Heads of Operations are now being alerted to outstanding DBS updates via the monthly recruitment reports, and this is starting to see a positive increase in engagement and completion rates.

Over the next three months the Recruitment and Resourcing team will focus on the following priorities to achieve the workforce objectives within Our People Plan. This will include the approval and launch of a *Widening Participation Strategy and Implementation Plan,* piloting *Values-based Recruitment* within the Recovery and Rehabilitation Service for healthcare support workers and to assess its impact in terms of attracting and retaining high quality recruits to the Trust. This project is also developing a streamlined application form and job description for health care support workers. Our Recruitment and Selection Training will be revised to include values based and inclusive recruitment training for all appointing managers. The team also aims to increase Personal Development Review compliance, by providing ongoing support sessions, facilitated workshops, and targeted engagement with line managers.
The team will progress the flexible working approach for the organisation following recommendations from the Flexible Working Group and outputs of the Citywide Flexible Working group, including flexible retirement options as well as a review of the NHS Long Term

Workforce Plan and update the Trust workforce priorities in line with this which will inform the Strategic Workforce Plan 2021-2024 review. *Growing Our Own* priorities will focus on the launch of an organisational approach to development roles, recruitment to centrally backfilled Healthcare Support Worker Apprenticeship posts and re-establish the volunteer to career pathway / workstream.

Organisational Development

The Organisational Development team have developed a range of bespoke team development during the first quarter, supporting Procurement and Logistics with diagnostic and planning resulting in recommendations focusing on leadership team development, management processes and wider team development and customer focus. The Pharmacy team have been supported with team development using the *Affina Team Journey*. OD support has been provided and is being developed around team coaching for the CMHT recovery and transformation to support the team's development and performance. The organisation *360 Manager Programme* has been developed further and the workshops have proved successful for increased demand in additional sessions being offered with a waiting list, and peer support sessions are now in place. The team have completed the development of a clear evaluation framework to provide a consistent approach for key pieces of work that require evaluation i.e., Mary Seacole programme, Coaching Service and 360 Manager Programme. The OD consultancy approach has been further developed, with a clear OD consultancy methodology in place and the development of key metrics to support the work.

A workshop to support *Collective Leadership* was held in May and two further workshops will be held in September and November 2023, with a focus on supporting the organisation's top leaders to develop the skills and confidence to work collectively. The work is being jointly led by the organisation's Director of Improvement and Associate Director for People Resourcing and OD, supported by a wider steering group drawn from representatives from the continuous improvement and OD teams. This year's implementation plan will focus on using the face-to-face workshops to utilise *relational co-ordination methodology* to support the cohort to work and lead collectively. In addition, a programme of development to support individual leaders to develop collective leadership skills and related competencies is also being developed and will be launched later in 2023. A key aim is to ensure that collective leadership development is embedded in all Trust leadership development interventions. Regular updates on progress against project aims will be reported in October and March annually via the POD Governance Group and Workforce Committee.

The key challenges for the year ahead centre around organisational readiness to engage with key pieces of work and managing expectations around new team development requests in line with the capacity of the OD team. Priorities for the coming months include the development of a triage process to support OD consultancy work and to ensure that work is being led by the appropriate service (OD, HR, or Service Improvement). The team also continues to develop and roll out the 360 Manager – *Managing a Service* offer.

Health Education Support Service

The HESS team are responsible for delivering training in the areas of Prevention and Management of Violence and Aggression (PMVA), Resuscitation and Physical Health Emergencies, and Manual Handling.

The *Restraint Reduction Network Training Standards* have been written to focus on ensuring training promotes human rights and supports cultural change necessary to reduce reliance on restrictive practices. The PMVA team, led by Ange MacDonald and supported by Jan Smith have successful gained Trust accreditation of these standards which is a CQC requirement. The team have also successfully completed the CT Recovery plan.

People Employment

During the first quarter, the People Employment team have successful delivered, in partnership with an external provider, Medical Staffing Training to circa 20 HR, recruitment team and Medical Education colleagues. The team have also launched the 2023/24 Local Clinical Excellence Awards Scheme in partnership with the Medical Directorate and the Local Negotiating Committee. The scheme has moved away from the 'equal distribution approach' and recognition is given to outstanding performance over and above an individual's role within the Trust (applications opened 3 July 2023). This work has been praised by our BMA regional representative and shared with other organisations as a model of best practice. Work has continued and progressed on Civility and Respect, and a presentation was delivered to our Workforce Committee on the programme of work. This included a highlight on the continuation of the six services under review from a Civility and Respect perspective. This work is lead in partnership between the HRBP and OD function. The team has worked with and introduced a new Pharmacy On-Call arrangement following an organisational change process. The new arrangements were agreed and implemented within the three-month timeframe agreed. Quarterly Workforce Plan Reviews continue, led by the HRBP function, which enable services to identify key gaps, areas for workforce transformation and new roles. The information is also fed into the Trust-level Workforce Plan. An example of this work includes the introduction of talent planning for the SLT in Community & Wellbeing services to address the aging population and retirement planning. The team led the TUPE transfer into LYPFT of the MHDLA service from BDCFT and WYICB. The process included a series of joint consultation meetings with the affected colleagues and union representatives to ensure they were kept informed, and their wellbeing was supported. Key stakeholders such as payroll, pensions, IT, finance, communications, and HR worked collectively to ensure the transfer occurred within the given timescales and was a smooth transition.

The team have supported the workforce challenges from the Integrated Veterans Mental Health Service, Op Courage, to help enable the go-live from 1 April 2023. Work has continued with senior managers between the People Employment function and the Senior Operational Care Services Team with the aim of developing better Relational Co-ordination between the two teams. One of the actions from this was a facilitated session on the better use of the new Disciplinary Policy, supported with legal advice from Mills and Reeve which highlighted some key discrepancies in approach. Further support and workforce leadership has been provided to community services, including the WAA CMHT Recovery programme which resulted in the service coming out of business continuity, and continued workforce leadership to the CMHT Transformation programme with the design of a learning needs analysis, with all partners across the city. Agile working is now embedded across the organisation – NHS providers are currently scoping out a working at home option and we are monitoring the progress of this work. In April the team led the delivery of a HPMA webinar focusing on International Recruitment, with keynote speakers. There was a significant number of attendees from across the country (218) who gained information, shared knowledge, and gave positive feedback. The team have been a key contributor to the work that has been shortlisted for the CIPD award for Best Health and Wellbeing Initiative Public Sector, showcasing the positive support for Cost-of-Living provisions and resources across the organisation.

The team successfully defended a long-running legal claim of unfair dismissal and whistleblowing detriment which involved nine witnesses from the Trust. The Employment Tribunal judged the case to be without merit and was therefore dismissed. The team are also providing leadership support for the preparations ahead of a successful TUPE transfer of staff from the Crown Commercial Services (CCS) to the Trust as a result of winning the contract for service. The transfer was planned for 5 July 2023, with the contract being awarded at the start of April. The team have finalised the transition of all absence cases to be managed in line with the new Wellbeing and Absence Policy, providing the effective, people centred management of absence in the Trust.

The key challenges for the team have been around capacity of the team to deliver the objectives within the People Plan in addition to the business-as-usual priorities. The capacity of the operational HR function has seen significant absence and turnover in the last three months, particularly at HR Advisor level, where it was identified that for a significant period of time within the last three months a third of the team were absent. The team have supported an external review commissioned to diagnose the cultural challenges faced by the Forensics services. The review has looked at the working environment to enable all colleagues to thrive. Findings have now been shared with the Forensics Leadership team with the intention of working collectively to take planned steps to address the issues.

The ‘go live’ date for implementation of the first pilot site as part of the CMHT Transformation has been delayed by four weeks to October 2023, which will impact on the ability to deliver. This will be additionally challenging as the Workforce Lead has secured alternative employment outside of the programme. Industrial Action has significantly impacted on the ability to deliver business-as-usual. The team have had oversight of the planning and preparation for industrial action, including development of FAQs and guidance, representation at all planning and tactical groups and discussion with staff-side leads as part of good partnership working.

Key priorities for the coming months include a review of the Bullying and Harassment and Grievance policies with an aim of completing the review with a proposal to have an early resolution approach by the end of 2023 and a launch in early 2024. The team will be finalising the review of the Trust Performance Policy in partnership with staff side colleagues and management representation. Support is required for implementation of the 2023 LCEA scheme, and agreement on the preferred approach for 2024/25 LCEA arrangements following the launch of the 2023 scheme.

Management of Change for in the areas of CRISS/CAU, Street Triage, Pharmacy Technicians Weekend Working, skill mix proposal for Adult Acute Inpatient Wards is planned and workforce support to enable the standing down of the NSCAP Clinical Service which will include restructuring / repositioning of the NSCAP training function to make the service financially viable. The team will continue to progress action planning for the service level Civility and Respect reviews, to both inform service interventions, and a Trust wide approach. Workforce Planning reviews continue in line with Our People Plan roadmaps, and the newly launched NHS Long Term Workforce plan, the NHS People Promise and the EDI Improvement plan. The team will be continuing with engagement sessions with colleagues within Forensics which are being planned over the summer and will consist of interactive staff briefings as a result of the external review of the service. The team are also supporting the Finance team restructure, to strengthen capacity and clarifying roles (this work started in June).

People Analytics and Temporary Staffing

The People Analytics and Temporary Staffing team consists of the Temporary Staffing Team, Learning Management Team, E-Rostering Team, and the Workforce Information Team.

Temporary Staffing Team

The Temporary Staffing Team are responsible for the management and provision of the Staff Bank, as well as the day-to-day management and oversight of agency engagements (with the exception of medical locum agencies). During the first quarter, the team have led and delivered a review of the Bank Staff Handbook, which has been a significant piece of work with a number of important updates and changes following legal review. The team have undertaken significant work in managing and maintaining the compliance of rate caps in accordance with NHSE requirements despite high demand and nursing vacancies. A significant amount of engagement has been required with Bank Staff colleagues as a result of the Agenda for Change pay award and non-consolidated one-off payment for which Bank Staff were not eligible. The team have fulfilled 18,000 shift requests for Bank and Agency staff to fill gaps in staffing rotas, and onboard 40 new Bank Staff in June 2023.

The team have a number of challenges with an ever-increasing demand for temporary staff from services with 22,000 requests in the reporting period. The team have been challenged by agencies making direct contact with clinical areas (cold calling) and using subversive tactics in order to undermine the NHSE rate card and cluster contracts, and we are seeing an increasing appeal of agency working for newly qualified staff due to the hourly rates being offered.

The team are planning work on the delivery and implementation of the bullying and harassment action plan for Bank Staff and implementation of the Collaborative Bank due to launch in October 2023.

Learning Management Team

The Learning Management Group have successfully completed the Compulsory Training recovery plan for PMVA, Resuscitation and Manual Handling which has brough the organisation back to its normalised training schedules. A change in process has been successfully implemented for Compulsory Training allocation reviews and some course changes process. Implementation of CAMHS HSW Certificate reporting has been completed, this will become a mandated requirement nationally from April 2024.

In terms of challenges, the team continue to experience similar issues around engagement from managers in terms of new processes for allocating compulsory training, and inconsistency. There has also been a significant demand for specialist training portfolios and requests to expand existing training.

Priorities for the coming months centre around continuation and expansion of the team's work to automate the allocation of training to employee accounts and implementation of the Core Skills Training Framework Interface with ESR to enable training compliance mobility (training passport). The team are also planning significant partnership work with other organisations and Kallidus (provider of Learn and Perform Systems) to press for system improvements.

E-Rostering Team

The E-Rostering team have successfully centralised the calculation and management of annual leave entitlements and bank holiday management, which has previously been the responsibility of managers. This has resulted in the release of significant 'time to care' for managers as well as releasing savings of over £50,000 so far, where colleagues were allocated more leave in error than they were entitled to by managers. The team have also released over 5,000 Bank Holiday back in to rosters where incorrect sickness entitlements had been applied by managers. The team are also recommencing training on effective rosters through the *'Roster Partnership Scheme'* which will become a key tool in the work in terms of cost savings, efficiency, and productivity.

Over the coming months the team will be implementing 'Loop' which is a mobile application linked to *'Employee Online'* which will enable colleagues to easily view and change their personal details via their mobile phone and view their work rosters.

Workforce Information Team

The Workforce Information Team have successfully created and introduced workforce information dashboards in BI and trained relevant managers on how to access and utilise this data. The team also took part in an Internal Audit of the ESR system which received significant assurance.

Some of the challenges for the team have been around integration between different systems and maintaining data accuracy and data quality.

During the coming months, the team will be fully implementing the Core Skills Training Framework Interface to streamline training and reporting, as well as a significant piece of work to complete our self-assessment standards for ESR and to work towards the tender process required.

Conclusion

This report to The Board covers just some of the activity undertaken by the People and Organisational Development team as a whole which has been delivered in the first quarter of the year. The team play a pivotal role in the day-to-day running of the organisation and are a key enabler to the deliver of safe and effective service delivery.

Recommendation

The Board is asked to note the contents of this report.

Darren Skinner
Director of People and Organisational Development
17 July 2023

People Plan Performance Dashboard

Ambition	KPI	People Plan Commitment	Target	01/01/2022	01/07/2022	01/10/2022	01/12/2022	01/03/2023	Change	01/06/2023
Looking After Our People	People Promise 4 theme score - We are safe and healthy*	People Promise 4 (We are safe and healthy) Sub-scores contributing to this promise are: Unsafe experiences, Health & Safety climate	Top 25% Nationally or Over 6% score	6.30%	6.30 %	6.30%	6.30%	6.20%	-1.59%	6.20%
	Improve staff sickness levels (0.2% reduction year-on-year to 4%)	Improve staff sickness levels (0.2% reduction year-on-year to 4%)	5.90 %	5.59%	6.27 %	6.12%	6.33%	6.24%	-5.69%	5.97%
	Absence with Stress & Anxiety as reason	Not an indicator in the People Plan	N/A	36%	34%	33%	32%	32%	0.00%	32%
	Absence with MSK as reason	Not an indicator in the People Plan	N/A	10.40 %	11%	11%	11%	11%	0.00%	11%
	Compulsory Training compliance	Compliance with Compulsory Training	85%	85%	86%	84%	83%	83%	1.20%	84%
	Wellbeing Assessments compliance	Increase in wellbeing assessments being completed	85%	81%	88%	89%	90%	92%	2.22%	92%
Belonging in the NHS	People Promise 3 theme score - We each have a voice that counts*	People Promise 3 (We each have a voice that counts) Sub-scores contributing to this promise are: Autonomy and Control,	Top 25% Nationally or Over 7.1% score	7.00%	7.00 %	7.00%	7.00%	7.00%	0.00%	7.00%

		Raising Concerns								
	Appraisal Compliance	Increase Trust compliance with Appraisal	85%	69%	65%	69%	62%	64%	11.29%	69%
	Percentage of BAME Colleagues entering Disciplinary Process (WRES)*	Reduce the WRES metric the likelihood of BAME staff entering the formal disciplianry process when compared to white staff to a likelihood ratio of 1 or below, which evidences parity of outcome.	1.25 %	0.33%	0.33 %	0.33%	0.33%	0.32%	-3.03%	0.32%
	Percentage of colleagues reporting when they have experienced Bullying and Harassment*	Increase the number of colleagues **reporting** when they have personally experienced harrassment, bullying or abuse at work. Including from service users, members of the public, carers, managers and colleagues)	>64%	62%	62%	62%	62%	64%	3.39%	64%
	Percentage of Disabled Colleagues who are recorded as having a disability	Increase the percentage of Disabled staff sharing their Disability status within ESR (compared to those	6%	5.6%	5.70 %	6.10%	6.30%	6.71%	6.51%	6.71%

		who declare disability in Staff Survey)								
New ways of working and delivering care	Increase the number of staff reporting positive opportunities for flexible working*	Increase the opportunity for flexible and agile working - Staff Survey responses	75% (2 year progressive Target)	69%	69%	69%	69%	70%	1.88%	70%
	Clinical Supervision compliance	Increase Trust compliance with Clinical Supervision	85%	68%	54%	59%	66%	65%	6.06%	70%
Growing for the future	Vacancy Rate	Not an indicator in the People Plan	N/A	?	15%	15%	14%	14%	0.00%	14%
	Turnover Rate	Maintain health level in line with benchmark	8-10%	10.09%	11.20%	11.26%	10.66%	10.19%	-11.35%	9.45%
	Increase the Internal Bank workforce	10% Net Growth Annually	550	540	594	647	572	621	10.31%	631
	Monthly Fill Rates - RN	Increase and maintain monthly temporary staffing fill rates	80%	49%	51%	45%	53%	59%	11.32%	59%
	Monthly Fill Rates - HCA	Increase and maintain monthly temporary staffing fill rates	80%	74%	78%	75%	85%	80%	-5.88%	80%

*Data changes annually

User Key:		Objectives
		Meets or exceeds target
		Within 10% of target (relevant to 10% of target)
		Below 10% Target (relevant to 10% of target)

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
17

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Data Security and Protection Toolkit
DATE OF MEETING:	27 July 2023
PRESENTED BY: (name and title)	Dawn Hanwell, Chief Financial Officer
PREPARED BY: (name and title)	Carl Starbuck, Head of Information Governance

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

EXECUTIVE SUMMARY

Presenting the final scoring of this year's annual NHS Digital Data Security & Protection Toolkit return. This is the 5th return against the DSP Toolkit, which is based on the National Data Guardian's 10 data security standards as presented in the "Caldicott 3" report. NHS Digital maintained the June 30th reporting deadline originally established in recognition of COVID-related pressures.

Internal Audit carried out an appraisal of a subset of standards; aligned to the national Audit Framework mandated by NHS Digital.

- The audit returned a M**oderate Risk / High Assurance** outcome
- On the basis of the audit, the Trust claimed a **Standards Met** outcome on the Toolkit

Due to the ongoing changes to the Toolkit timeline & how this fits with the BoD annual order of business, this report is presented retrospectively.

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

RECOMMENDATION

To accept the assurance provided by this report, noting that this is already our final position and has been published on the DSP Toolkit website.

MEETING OF THE BOARD OF DIRECTORS

27th July 2023

Data Security and Protection Toolkit

1 Executive Summary

Presenting the final scoring of this year's annual NHS Digital Data Security & Protection Toolkit return. This is the 5th return against the DSP Toolkit, which is based on the National Data Guardian's 10 data security standards as presented in the "Caldicott 3" report.

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2. Data Security & Protection Toolkit v5 – 2022-2023

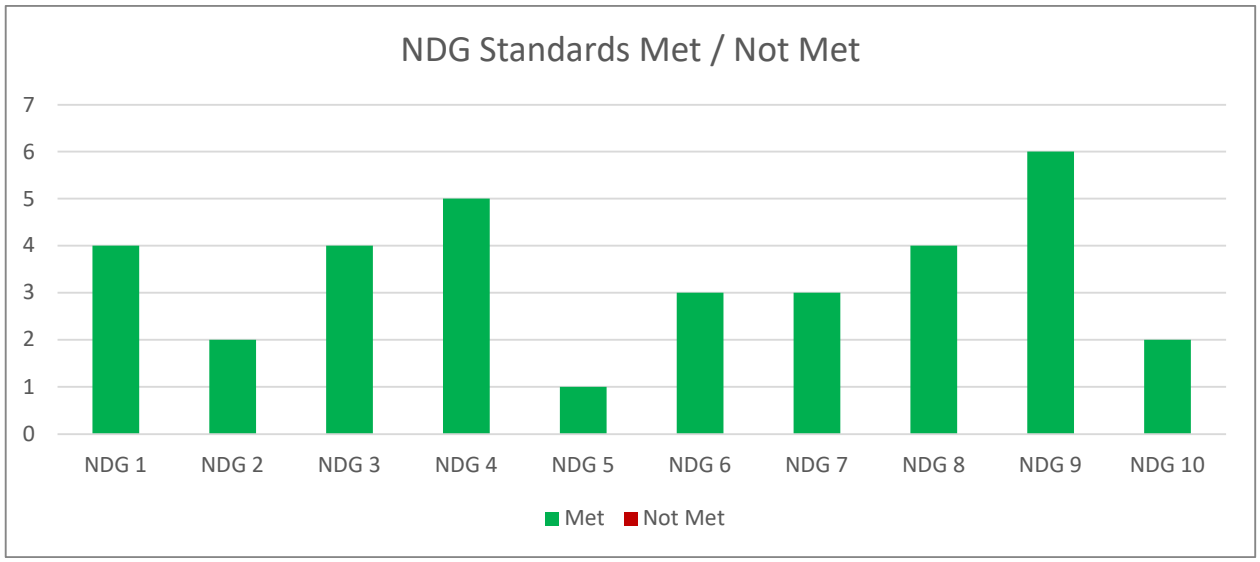
The DSP Toolkit v5 consists of 34 mandatory "Assertions" broken down into the following 10 domains:-

1 Personal Confidential Data (4)
2 Staff Responsibilities (2)
3 Training (4)
4 Managing Data Access (5)
5 Process Reviews (1)
6 Responding to Incidents (3)
7 Continuity Planning (3)
8 Unsupported Systems (4)
9 IT Protection (6)
10 Accountable Suppliers (2)

**figures in brackets denote the number of mandatory Assertions per domain.*

The 34 mandatory Assertions break down into 113 mandatory evidence items. Despite some changes from v4, there remains a heightened focus on cyber-security related issues, given the ongoing concerns in this area.

Each of the Assertions is passed to an appropriate subject matter expert (mainly in ICT & Information Governance, but also with some Procurement & HR input), to have them assemble an evidence base against the Assertion and then document our compliance on the DSP Toolkit website. All mandatory evidence items must be complete to mark the Assertion as "Met". As with the previous year's submission, only mandatory assertions have been targeted for compliance. At the close of the Toolkit in June, the Trust stated that all assertions have been met, with the reporting graphically represented as follows:-



Internal Audit's appraisal was reported to the Information Governance Group (22nd June 2023). The Internal Audit report is attached as Appendix A, which shows the recommendations arising out of the Audit, noting that 4 of the findings are outstanding actions rolled over from last year's report, with only 2 new recommendations arising out of this year's audit. Responsible Officers and timelines for completion will be allocated and progress tracked via the monthly IG Group meetings.

3 Conclusion

This concludes the summary of assurance provided against the NHS Digital Data Security & Protection Toolkit for 2022-2023.

4 Recommendation

To accept the assurance provided by this report, noting that this is already our final position & has been published on the DSP Toolkit website.

Appendix A - DSP Toolkit 2022-2023 Final Audit Report

13%20-%20Data%20Security%20and%20Pı

Carl Starbuck
Head of Information Governance / Data Protection Officer
6th July 2023

AUDIT YORKSHIRE
The journey to excellence

Data Security and Protection Toolkit Independent Assessment

Leeds and York Partnerships Foundation Trust LY20/2023

Contents

Report Author: Tina Robinson

Report Version: DRAFT
Report Date: 5 June 2023

Report Distribution

Executive sign-off	Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive
Distribution	Carl Starbuck, Head of Information Governance
	Hergy Galsinh, Head of Cyber Security and ICT Network Services
	Anne-Marie Field, Information Governance Support Officer
	Bill Fawcett, Chief Information Officer
	Russell Hornshaw, Head of Service Delivery
	Christian Hosker, Medical Director and Caldicott Guardian
	Cath Hill, Head of Corporate Governance (Final only)

1. Executive Summary

Introduction and background

Why data security and data protection issues require attention from Independent Assessors

Data and information are a critical business asset, fundamental to the continued delivery and operation of health and care services across the UK. The Health and Social Care sector must have confidence in the confidentiality, integrity and availability of their data assets. Any personal data collected, stored and processed by public bodies are also subject to specific legal and regulatory requirements. Data security and data protection related incidents are increasing in frequency and severity; with hacking, ransomware, cyber-fraud and accidental data losses all having been observed across the Health and Social Care sector.

The need to demonstrate an ability to defend against, block and withstand cyber-attacks was amplified by the introduction of the EU Directive on security of Network and Information Systems (NIS Directive) and the General Data Protection Regulation (GDPR), now both implemented in UK law. The NIS Regulations focus on Critical National Infrastructure and 'Operators of Essential Services'; the GDPR focuses on the processing of citizens' personal data. As such, it is essential that Health and Social Care sector organisations take proactive measures to defend themselves from cyber-attacks and evidence their ability to do so in line with regulatory and legal requirements.

An additional complexity arises with the move to integrate Health and Social Care, supported by large-scale data sharing between partners across the system. Organisations need to have mutual trust in each other's ability to keep data secure and also have a requirement to take assurance from each other's risk management and information assurance arrangements.

The Data Security and Protection (DSP) Toolkit is one of several mechanisms in place to support Health and Social Care organisations in their ongoing journey to manage data security and data protection risk. Completion of an annual DSP Toolkit online self-assessment enables organisations to measure their performance against the National Data Guardian's ten data security standards, as well as supporting compliance with legal and regulatory requirements (e.g. the GDPR and NIS Directive) and Department of Health and Social Care policy.

NHS Trusts and Integrated Care Boards, as Operators as Essential Services under the NIS Regulations, are required to undergo an independent assessment of their data security and protection control environments, and to upload a completed audit report as part of their year-end Toolkit submission.

The review was conducted in accordance with the national DSP audit framework, Strengthening Assurance, now in its fourth year of operation and updated for 2022-23.

Reporting period: 01 July 2022 to 30 June 2023.

System Objective

The objective of the Toolkit is to enable organisations to measure their performance against the National Data Guardian's ten data security standards.

Objectives & Scope

The objective of the review is threefold:

a) To provide to the Trust/ICB Board an overall Risk Rating and an Assurance Level in the veracity of its self-assessment
b) to understand and help address data security and data protection risk and identify opportunities for improvement
c) to satisfy the annual requirement for an independent assessment of the DSP Toolkit submission.

In order to meet this objective, the audit tested the sample of assertions selected by NHS Digital for assessment in the current year, focusing on the mandatory evidence questions. The results of the assessment are summarised below, in accordance with the Strengthening Assurance reporting requirements described at Appendix A. Further detail of the audit findings and recommendations are given in Section 2.

Audit assessment

Overall Assessment	**Risk Rating**	**Moderate**
	Assurance level	**High**

The output of our assessment denotes an overall risk rating across all 10 NDG Standards as 'Moderate', and an assurance level, based on the confidence of the Independent Assessor in the veracity of the self-assessment, as 'High'.

Derivation:

National Data Guardian Standard*	No of assertions assessed	Number rated Critical	Rated High	Rated Medium	Rated Low	Total Points	Overall Classification	Overall Risk Assessment	Overall Confidence in Submission
1. Personal Confidential Data	1 of 4	0	0	0	1	1	Low	Moderate	High
2. Staff Responsibilities	1 of 1	0	0	0	1	1	Low		
3. Training	1 of 4	0	0	0	1	1	Low		
4. Managing Data Access	2 of 5	0	0	1	1	4	Moderate		
5. Process Reviews	1 of 1	0	0	0	1	1	Low		
6. Responding to Incidents	1 of 3	0	0	0	1	1	Low		
7. Continuity Planning	2 of 3	0	0	1	1	4	Moderate		
8. Unsupported Systems	1 of 4	0	0	0	1	1	Low		
9. IT Protection	2 of 6	0	0	0	1	1	Low		
10. Accountable Suppliers	1 of 5	0	0	0	1	1	Low		
Total	**13**	**0**	**0**	**2**	**11**				

*See Appendix B for an expanded description of each Standard

Note: In accordance with NHS Digital guidance, each assertion is risk assessed and a score awarded based on likelihood and impact. Full detail of the assessment and scoring methodology is in Appendix A.

Summary of Findings

Internal Audit followed up the recommendations made in the previous LY01/2023 Data Security and Protection Toolkit audit to identify whether they had been fully implemented, within the specified timeframes. A total of 13 recommendations were made in the previous report, and the position at the time of review is summarised below:

- Seven recommendations have been fully implemented.
- One recommendation was considered to be no longer applicable.
- One recommendation has been partially implemented.
- Four recommendations have not yet been implemented.

The outputs of our assessment denote an 'Overall risk assessment across all 10 NDG Standards' as 'Moderate', and an 'Assurance level based on the confidence level of the Independent Assessor in the veracity of the self-assessment' as 'High'. The moderate risk assessment has been arrived at as two standards have not yet been fully met. However, the Trust's self-assessment against the Toolkit deviates only minimally from the findings in this review.

Examples of best practice included:

- Robust accountability and governance arrangements are in place for data protection and data security.
- Staff are supported in understanding their obligations under the National Data Guardian's Data Security Standards. Our testing has confirmed that senior leaders in the Trust have all completed appropriate training during the past 12 months.
- The Trust has invested heavily in password security software and fully implemented two new systems to improve the security of passwords for end users and its privileged users. The roll-out of multi-factor authentication is currently underway, which will further enhance password security features for the organisation.
- Robust controls are in place for staff to report known data security and protection issues. Our testing has identified that staff have a very good awareness of what a data security and protection issue is, and that near misses are regularly reported. Robust procedures are in place to review incidents recorded on Datix, and to monitor these to completion.
- The Trust uses proprietary and up to date firewalls and antimalware software and has security monitoring procedures in place. Penetration testing is carried out on an annual basis as a minimum.
- The Trust tests its data security and incident response capability on an annual basis as a minimum. Our testing has confirmed that outcomes from the test, and Action Plans are documented, and that actions for improvement identified are implemented within identified timescales.
- The Trust has implemented the Rubrik backup system, which as a standard creates immutable backups, which are offline. These backups are then replicated to an off-network storage account in Azure.

Direction of Travel

There has been no change to the risk rating for this audit report, but the Trust has taken steps in the past 12 months to improve its data security and protection controls. Key to this during 2022/23 has been the implementation of new password software across the Trust, as set out in our LY18/2023 Information Security and Housekeeping Final Audit Report, and implementation of the Rubrik backup system, which provides greater visibility of IT system and data recovery processes and has enhanced the security of backups that were previously held on site.

Section 2 of this report details six key findings and provides further context for the ratings above.

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1. User Activity Logging [4.2.3]

Finding	Moderate Risk
This recommendation has not been implemented – original target date 31 December 2022. *A Corporate Policy on User Access Logging should be documented, or incorporated into existing policy documentation, in line with best practice guidance.* The Trust should have a documented log retention policy that outlines its approach to storing the logs of authenticated users. This policy should include details on maintaining the integrity of the logs, offline backup for disaster recovery purposes, internet logs and mobile device/tablet logs. Discussions with the Head of Cyber Security and Networks established that the Trust does retain activity logs of authenticated users, firewalls and the internet. However, a Security Information and Event Management (SIEM) system has not yet been implemented by the Trust, so the retention of logs is dependent on the storage space available. It has therefore not been possible for the Trust to confirm that logs are retained for a period of 180 days, as required by the DSP Toolkit. For this reason, a Log Retention Policy has not yet been documented. We were advised that the Trust is currently taking a risk-based approach to securing its cyber security controls and is currently focussing on those areas where no controls are in place. During 2022/23, the Trust has implemented three new password security systems, which has been considered as a priority. Plans are not currently in place for a SIEM product to be implemented, as user activity logs are currently being maintained.	

Risk
The Trust is not able to effectively trouble shoot system performance and help alert and identify any anomalies that may indicate malicious activity that may have been initiated a number of months prior to an incident being detected.

Recommendations	Risk Rating
1. The IT Strategy should be updated to include consideration of implementing an activity logging solution, and to identify the areas of highest risk.	Moderate

	Management Response	Responsible Officer	Target Date
1.			

:

2. Managing Movers and Leavers [4.2.4]

Finding	Moderate Risk

This recommendation has not been implemented – original target date 30 June 2023.Procedures should be established to conduct an annual audit of user access rights for those Trust IT systems that contain or process personal identifiable data.

This recommendation has been partially implemented – original target date 30 June 2023.
The ICT New Starters and Leavers Procedure should be reviewed and updated, in line with best practice guidance and Trust expectations.

The Trust has procedures in place to manage user access accounts for new starters and leavers and disables access for leavers on receipt of information that they have left their role. In addition, procedures are in place to identify members of staff that have not logged into their user account within the last 90 days. Actions are taken to disable these user accounts as appropriate. However, it was noted that the Trust New Starters, Leavers Procedure has not been updated since 2017, and does not reflect the procedures currently in place.

The last audit of user accounts was undertaken as part of the process to clean up the Active Directory. As part of this process, checks were made between the data held on the payroll system, ESR, and the Active Directory. A number of anomalies were identified, which are being actively investigated and progressed by the Informatics Team.

As well having regular processes for dealing with starters, movers and changes, the Trust should hold an intermittent user account audit on an annual basis as a minimum, which should look at user lists and roles for each system and service, to verify that user access remains appropriate for the role that they undertake in the Trust.

This standard is not interested in how access works (i.e. username and password, smartcard or biometric), just who has access to the information in systems. Big Picture Guide 4, published by NHS Digital provides examples of the areas that should be covered in an audit, which include:

- Appropriateness of user access in IT systems that contain personal and confidential information, including identifying users who continue to have access to systems that are no longer appropriate following a change of role, or having left the Trust.
- Checking that users do not have access to shared drives that are no longer appropriate, and that all staff who need access to the information contained in these drives do so.

The Trust does not currently have procedures in place to include the examples provided above in their user access audits.

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Risk
Unauthorised access to Trust systems and data.

Recommendations		Risk Rating
2.	Procedures should be established to conduct an annual audit of user access rights for those Trust IT systems that contain or process personal identifiable data.	**Moderate**
3.	The ICT New Starters and Leavers Procedure should be reviewed and updated, in line with best practice guidance and Trust expectations.	**Low**

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Management Response		Responsible Officer	Target Date
2.			
3.			

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3. System/Infrastructure Implementation Process [4.5.4]

Finding	Low Risk
This recommendation has not been implemented – original target date 31 March 2023. *A system/infrastructure implementation procedure should be documented, which includes a requirement for default passwords to be changed as part of the implementation process.* To prevent their exploitation by an attacker, passwords for; system accounts, social media accounts and infrastructure components should be changed from their default values and replaced with secure passwords in line with the organisations password policy. We were advised that procedures are in place for all system accounts, social media accounts and infrastructure components to be changed from their default values and replaced with secure passwords. However, the procedures in place have not been documented. Passwords to system accounts are also controlled through the new Password Access Management (PAM), which ensures that secure passwords are in place.	

Risk
internal security measures do not protect the Trust from potential cyber-security attack via known default passwords. Unauthorised access to Trust systems and data.

Recommendations		Risk Rating
4.	A system/infrastructure implementation procedure should be documented, which includes a requirement for default passwords to be changed as part of the implementation process.	Low

.

Management Response		Responsible Officer	Target Date
4.			

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4. Data Security Incident Response Plan [7.3.1]

Finding	Moderate Risk
This recommendation has not been implemented – original target date 31 December 2024. *A Data Security Incident Response Plan should be documented, which includes reference to forensic readiness, preservation of evidence for investigation, root cause analysis, containment, eradication and prosecution purposes.* The Trust should have the technical capability to respond to a data security incident. This could include either in house digital forensic/incident response expertise, or through support from a third party. The Trust is able to leverage support and insight from health and social care bodies such as NHS Digital, bodies such as NCSC, NCA/NCCU and from insurers and the fourth parties they use, where applicable. The St Mary's House Incident Response Plan has been updated to identify how internal technical resources will be used in response to an incident involving a disaster at St Mary's House. However, documented procedures are not currently in place in relation to how the Trust would respond to a cyber security incident response in relation to forensic readiness, preservation of evidence for investigation, root cause analysis, containment, eradication and prosecution purposes. The Head of Cyber Security acknowledged that there is currently no contract in place with a specialist third party who would be able to provide support in the event of a major incident. Support for all NHS organisations is available from NHS England and the National Cyber Support Centre. However, in the event of a national major incident, there may be a delay in their response due to the number of calls for support they receive.	

Risk
The Trust is unable to recover its key systems from the impacts of a cyber-security incident

	Recommendations	Risk Rating
5.	The Trust should consider the risks of accepting that no external contracts are currently in place to support the Trust's cyber incident response, and the plans in place to remediate this.	**Moderate**
6.	A cyber security incident response Plan should be produced to consider the Trust's response to a cyber security incident, and how/whether third-party organisations would be involved in this response. The Plan should also include reference to forensic readiness, preservation of evidence for investigation, root cause analysis, containment, eradication and prosecution purposes.	**Moderate**

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	Management Response	Responsible Officer	Target Date
5.			

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Management Response		Responsible Officer	Target Date
6.			

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5. Backup Policy [7.3.4]

Finding	Low Risk
The Trust should have a backup policy/procedure (or similar) which includes details on how often the organisation backs up its most important data, and how long these backups are stored for. The procedure should also include the steps that would be taken if the organisation has to restore from backups. The Trust should also have documented Recovery Time Objectives (RTOs) and Recovery Point Objectives (RPOs) for its key IT systems, that have been agreed with the business. The Trust does not currently have a specific Backup Policy, as this is currently covered in the Information Security Policy and the Network Security Policies. Review of both policies has confirmed that they do not currently contain details about how often backups are undertaken, or how long backups are stored for. An overview of the steps that would be taken if the organisation has to restore from backups, but none of the procedures have been documented. Details of how often backups are taken is currently available in the Rubrik system, as automated backup schedules have been configured in the system. Management in IT acknowledged that RTO and RPO times have not been documented, or agreed with the business, as this would be different for each system, and reliant on the backup schedule. It is currently up to the Trust (Clinical Services) to determine the order of restoring systems in the event of a major incident.	

Risk
The Trust is unable to recover its key systems from the impacts of a cyber-security incident

	Recommendations	Risk Rating
7.	The Information Security and/or the Network Security Policies should be updated to include details about how often backups are undertaken, and how long they are stored for. Technical procedures for restoring systems and data from backups should also be documented.	Low

	Management Response	Responsible Officer	Target Date
7.			

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6. System Restore from Backup Testing [7.3.5]

Finding	Low Risk
The Trust should make backups of all the data required to effectively recover its key services. These backups are tested on a regular basis (at least annually). The backups referred to in this evidence item are to facilitate full system restores, not ad hoc file restoration requests. The Trust has provided a wealth of evidence to verify that it is backing up its data, and that it is able to restore individual files from backup. However, the DSP Toolkit requires that test restorations of full systems should take place on an annual basis, to provide assurance that the Trust can restore its systems within reasonable timescales, as planned. Discussions with the Head of Cyber Security and the Head of IT Service Delivery established that the Trust is currently in the process of implementing the new AVS system, where data will be held in the Cloud. We were advised that testing to verify that the Trust can restore data held in this system will be undertaken prior to 30 June 2023.	

Risk
The Trust is unable to recover its key systems and data from the impacts of a cyber-security incident

Recommendations		Risk Rating
8.	Full system restores from backup testing should be carried out on an annual basis as a minimum.	Low

Management Response		Responsible Officer	Target Date
8.			

Appendix A: Risk and Confidence Evaluation

How to determine the Evidence Text Risk Rating

The DSP Toolkit Independent Assessment Provider must calculate the risk rating for each in-scope DSP Toolkit evidence text assessed as part of their DSP Toolkit review. Once the Independent Assessment Provider has assigned a likelihood and impact rating to each in-scope and assessed DSP Toolkit evidence text, the following risk rating matrix can be used to allocate a risk rating. This rating reflects the risk of the organisation being unable to meet the control objective as a result of a control failing or the absence or ineffectiveness of a control. For example, if the DSP Toolkit Independent Assessment Provider assigned a Likelihood rating of '*40% - 60%*' and an impact rating of '*Moderate*', the risk rating for the individual evidence text would be 'Low'. The following matrix / 'look-up table' should be used to determine the Evidence Text risk ratings. Issues with a low impact and low likelihood rating should not be reported.

Table 3. Calculation of Evidence Text Risk Rating

<< Return to Risk and Confidence Evaluation workflow

	Impact rating				
Likelihood rating (in next 12 months)	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	Low	Low	Medium	High	Extreme
Likely	Low	Low	Medium	Medium	High
Moderate	Low	Low	Low	Medium	Medium
Unlikely	Very Low/ Insignificant	Low	Low	Low	Low
Rare	Very Low/ Insignificant	Very Low/ Insignificant	Low	Low	Low

How to determine the Assertion Level Risk Rating

The DSP Toolkit Independent Assessment Provider must then exercise professional judgement to assign a risk rating at the assertion level. The Independent Assessor leverages knowledge and subject matter expertise alongside observations made during the assessment to assign each assertion a risk rating of 'Critical', 'High', 'Medium' or 'Low' based on the evidence text ratings and the Independent Assessor's knowledge of the relative importance of the controls in question and the mitigating or compensating controls in place. The Independent Assessor then uses **Table 4** to assign a score for each assertion to be used in the calculation of NDG Standard level risk.

How to determine the National Data Guardian (NDG) Standard Risk Rating

The Independent Assessor will calculate an aggregate score and classification for each NDG Standard - i.e. the overall NDG Standard risk rating that will appear in the Executive Summary of the DSP Toolkit Independent Assessment Provider report. That is, the Executive Summary reporting will be at the NDG standard level; providing 10 'scores'; one for each standard. This guide also outlines how an overall risk rating score can be calculated. It is understood that this will be an expectation of key stakeholders to provide an overall risk rating though it should be noted and understood that abstracting scores to a high level and using aggregate or average scores can be very misleading as they can sometimes mask significant or critical issues at the lower levels; i.e. at the assertion level. For some NDG standards there may be multiple assertions in the scope of the independent assessment and for some NDG standards there may only be one assertion in scope. The NDG Standard risk rating is determined by calculating the mean of the total number of assertion level points per NDG Standard. For example, a DSP Toolkit Independent Assessment Provider who assessed 8 DSP Toolkit Assertions aligned to NDG Standard One, may rate 5 assertions as Critical, 2 as High and 1 as a Medium. Using Table 4 below, this gives the DSP Toolkit Independent Assessment Provider a total of 223 points (200 for Critical findings, 20 for High and 3 for Medium = 223 points). These figures should be divided by the number of assertions reviewed and rounded to the nearest one decimal place. In this instance 8 assertions will yield a mean points per assertion of 28 (233 ÷ 8 = 27.9 rounded to one decimal place). Table 5 should then be used to determine the overall NDG Standard Risk Rating, in this instance it would provide an 'Unsatisfactory' classification. This will be done for each NDG standard to support an overall risk rating.

Table 4. Points corresponding to Assertion Risk Ratings

Rating	Points for each Assertion
Critical	40
High	10
Medium	3
Low	1

Table 5. Calculation and Assignment of the NDG Standard Risk Ratings

<< Return to Risk and Confidence Evaluation workflow

Overall NDG Standard Risk Assurance Rating Classification		Rating Thresholds when only **1 assertion per NDG Standard** is in scope	Rating Thresholds when **2 or more assertions** are in scope for each NDG Standard. Mean score is to be used (Total points divided by the number of in-scope assertions)
●	Substantial	1 or less	1 or less
●	Moderate	Greater than 1, less than 10	Greater than 1, less than 4
●	Limited	Greater than/equal to 10, less than 40	Greater than/equal to 4, less than 5.9
●	Unsatisfactory	40 and above	5.9 and above

How to determine the Overall Risk Assurance Rating

Once the Independent Assessment Provider has calculated the risk assurance rating for each Standard the following principle can be used to allocate an overall risk assurance rating.

The DSP Toolkit Independent Assessment Provider should calculate the overall risk rating of the organisation's data security and protection control environment, for the in-scope assessments. Table 6 below allows the independent assessment provider to conduct this calculation.

Table 6. Determination of Overall Risk Assurance Rating

<< Return to Risk and Confidence Evaluation workflow

Overall risk rating across all in-scope standards	
Unsatisfactory	1 or more Standards is rated as 'Unsatisfactory'
Limited	No standards are rated as 'Unsatisfactory', but 2 or more are rated as 'Limited'
Moderate	There are no standards rated as 'Unsatisfactory', and 1 or none rated as 'Limited'. How ever, not all standards are rated as 'Substantial'.
Substantial	All of the standards are rated as 'Substantial'

How to determine the Overall Confidence-level in the veracity of the organisation's self-assessment / DSP Toolkit submission

Once the Independent Assessment Provider has completed the fieldwork and calculated the ratings for assertions, for each of the 10 NDG standards and the overall risk, the confidence-level in the veracity of the organisation's DSP Toolkit self-assessment submission should be determined by comparing the independent assessment findings against the latest DSP Toolkit submission. The following definitions should be used for aiding the decision of applying a confidence-level. It is noted that the evidence available to the Independent Assessor at the time of the assessment may differ or may have changed from the evidence in place at the time of the self-assessment. Furthermore, the self-assessment may not have much in the way of evidence. As such the Independent Assessor will need to take that into consideration when determining the confidence level and when writing the report and putting it into context. i.e. a like for like comparison may not be possible so the self-assessment and independent assessment may differ but not necessarily due to a lack of veracity or honesty in the self-assessment.

Table 7. Determination of confidence-level in the veracity of the organisation's self-assessment / DSP Toolkit submission

<< Return to Risk and Confidence Evaluation workflow

Level of deviation from the DSP Toolkit submission and assessment findings	Confidence-level
High level of deviation - the organisation's self-assessment against the Toolkit differs significantly from the Independent Assessment For example, the organisation has declared as "Standards Met" or "Standards Exceeded" but the independent assessment has found individual NDG standards as 'Unsatisfactory' and the overall rating is 'Unsatisfactory'.	Low
Medium level of deviation - the organisation's self-assessment against the Toolkit differs somewhat from the Independent Assessment For example, the Independent Assessor has exercised professional judgement in comparing the self-assessment to their independent assessment and there is a non-trivial deviation or discord betw een the tw o.	Medium
Low level of deviation- the organisation's self-assessment against the Toolkit does not differ / deviates only minimally from the Independent Assessment	High

Appendix B: The Ten National Data Guardian Standards

National Data Guardian Standard	Description
1. Personal Confidential Data	All staff ensure that personal confidential data is handled, stored and transmitted securely, whether in electronic or paper form. Personal confidential data is only shared for lawful and appropriate purposes.
2. Staff Responsibilities	All staff understand their responsibilities under the National Data Guardian's Data Security Standards, including their obligation to handle information responsibly and their personal accountability for deliberate or avoidable breaches.
3. Training	All staff complete appropriate annual data security training and pass a mandatory test, provided linked to the revised Information Governance Toolkit.
4. Managing Data Access	Personal confidential data is only accessible to staff who need it for their current role and access is removed as soon as it is no longer required. All access to personal confidential data on IT systems can be attributed to individuals.
5. Process Reviews	Processes are reviewed at least annually to identify and improve processes which have caused breaches or near misses, or which force staff to use workarounds which compromise data security.
6. Responding to Incidents	Cyber-attacks against services are identified and resisted and security advice is responded to. Action is taken immediately following a data breach or a near miss, with a report made to senior management within 12 hours of detection.
7. Continuity Planning	A continuity plan is in place to respond to threats to data security, including significant data breaches or near misses, and it is tested once a year as a minimum, with a report to senior management.
8. Unsupported Systems	No unsupported operating systems, software or internet browsers are used within the IT estate.
9. IT Protection	A strategy is in place for protecting IT systems from cyber threats which is based on a proven cyber security framework such as Cyber Essentials. This is reviewed at least annually
10. Accountable Suppliers	IT suppliers are held accountable via contracts for protecting the personal confidential data they process and meeting the National Data Guardian's Data Security Standards.

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
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LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Cyber Security Updates
DATE OF MEETING:	27 July 2023
PRESENTED BY: (name and title)	Bill Fawcett – Chief Information Officer
PREPARED BY: (name and title)	Bill Fawcett – Chief Information Officer Hergy Galsinh - Head of Network Services & Cyber Security

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

EXECUTIVE SUMMARY

12 Cyber Security Dashboard

- Deployment of password protection software completed.
- The Phishing exercise was conducted in July with results pending.
- Privileged Access Management System rollout progressing as planned for servers on-going and targeted to complete by September 2023.
- Multi-Factor Authentication System (Cisco Duo) scheduled to complete at the end of August 2023.
- Cyber policy review and gap analysis in progress to update the cyber strategy for the Trust with external consultancy (in progress).
- Next Cyber initiative mandated by NHSE is the Internet of Things (IoT/IoMT) system to monitor, detect and remediate any risk to compromise the Trust's network. Further information and proof of concept to commence in Autumn 2023.
- Cyber training for the Executives using MetaCompliance training and awareness solution to be provided.

The Trust maintains a robust position and continues to invest the appropriate technologies to improve our cyber defenses still further.

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

RECOMMENDATION
The Board of Directors is asked to: • Note the Trust position in relation to its cyber defences.

National Cyber Security Centre

Leeds and York Partnership NHS Foundation Trust

10 steps to Cyber Security

Home and mobile working

- Agile working policy is complete.
- Protect data in forms of encryption at rest and in transit.

Managing user Privileges

- Number of privileged (admin) accounts have been reduced.
- Privileged Access Management procured and planned completion by September 23

Network security

- New firewalls upgraded/Cloud firewall completed.
- New mandate to procure IoT Software
- Multi-Factor Authentication trial completed. Rollout started and end August 2023

Incident Management

(Plan your response to cyber incidents in advance)

- Establish and test incident and disaster recovery capability.
- Establish a new cyber incident response plan (new)

Engagement and Training

(Collaboratively build security that works for people within the organisation)

- Network & IT policies created covering acceptable and secure use of systems.
- DSPT mandatory training includes cyber security training. Cyber training S/W procured
- Phishing exercise completed and waiting report from NHSE. Full complete in July/Aug 2023

Secure configuration

- Password management system procured and deployed.
- Apply security patches however many devices are not connected to the network (hybrid working).
- Baseline build for devices has been completed.

Malware prevention

- Anti-malware defenses have been implemented across client devices.
- Advanced Threat protection (ATP) is active across Windows 10 devices.
- Windows Defender is active across Windows 10 devices outstanding.
- Windows 7 complete, server 2008 in progress.

Logging and Monitoring

- Establish strategy & policies
- CareCERT reporting to and from NHSE including critical incidents.
- Resources to monitor of critical systems On-going PEN Test software (new).
- Establish new software for security information logging.

Removable media controls

- Policy created to cover media controls including Data Loss Prevention (DLP).

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
19

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	2022-2023 EPRR Annual Report
DATE OF MEETING:	27 July 2023
PRESENTED BY: (name and title)	Joanna Forster Adams, Chief Operating Officer and Accountable Emergency Officer
PREPARED BY: (name and title)	Andrew Jackson, Resilience Lead and Corporate Business Manager

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

EXECUTIVE SUMMARY

The attached document is a revised version of a report that has previously been seen at the Finance and Procedures meeting. Changes to the National NHS England EPRR standards and required evidence were issued after the report went to that meeting requiring reporting in full to a public Board meeting and additional disclosures in the annual report. Therefore, the Resilience Lead amended the annual report accordingly.

In terms of highlights the report describes a significant amount of time involved in response to disruptions this year: the end of the pandemic, Heatwave response in summer 2022 electrical power vulnerabilities in winter 2022-23, and industrial action initially looking at indirect impacts from other bodies but by March 2023 there was a focus on planning for the direct impact of Junior doctors action.

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

RECOMMENDATION

The Board of Directors is asked to note the significant issues raised in this report and progress made and hence accept this report for the year 2022-2023.

MEETING OF THE BOARD OF DIRECTORS

27 July 2023

Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2022-2023

1. Executive Summary

Under NHS England EPRR core standards it is required that a report be issued to the Trust at least annually detailing the work done, incidents responded to and any other major issues affecting the organisations approach to EPRR in the past year. This report covers the year April 1, 2022, to 31 March 2023.

During the past year the threat of Covid has continued to be a factor affecting the Trust's EPRR team, though notably this has receded somewhat in the later part of 2022 and into 2023. Other disruptive issues have arisen, however. The industrial action occurring across the NHS and other organisations has been the principal feature of 2023 so far.

The Trust, faced with a challenging winter and the risk of industrial action created an advanced planning process of which the EPRR team were a part.

EPRR played a leading role on developing a more resilient position regarding threatened power disruption following NHS England identify a significant risk of this in October 2022.

Away from responding to ongoing disruptions work has been done on business continuity tabletop testing and development of EPRR plans and procedures. While there has been some progress, business continuity remains an issue in getting services to begin either revising plans or for new services developing their business continuity plans.

This report is an amended version that went to the Trust's Finance and Performance Committee in May 2023 is being sent to Board due to additional changes in NHS mandatory EPRR standard requirements for 2023 regarding disclosure in annual reports and formal consideration by organisation's Board of Directors.

2. Report for the year 2022-2023

Managing disruptions and incidents

2.1. Covid

Obligations regarding the response to the covid pandemic eased in 2022-2023 and there was no further escalation to a level 4 national incident. Arrangements for managing any residual issue

from covid – impacts on staffing and outbreaks - have been subsumed into business-as-usual systems.

National situation reporting is still being maintained for covid at the time of writing this report.

2.2. Heatwave 2022

The unprecedented in summer 2022 meant that a tactical group was set up chaired by the Resilience Lead. The principal aim was to mitigate as far as possible the impact of heat on our patients and staff in our buildings. The heatwave plan was activated in July 2022 and again in August 2022.

The Trust procured and distributed around 80 air cooling devices as well as desk top fans to services as well as bottled water.

Main lessons learned from the response were that:

- Limitations due to Infection Prevention and Control requirements on using bladed cooling devices and fans on wards during respiratory outbreaks meant these could not be used effectively and a more permanent air conditioning solution was the preferred route for investigation.
- Earlier planning was needed in future years as heatwave risk increased.
- Wards lacked freezers to store cold packs and iced drinks.

These issues have been picked up in 2023 heatwave planning arrangements.

2.3. Power resilience

In autumn 2022 NHS England raised the prospect of winter power disruption with Emergency Planners across the4 UK. This alert was based on confidential Business Department for Business, Energy & Industrial Strategy (BEIS) risk assessment indicating risks to UK energy supply because of:

- The Ukraine conflict and its impact on gas stores and oil reserves.
- The UKs current generator capacity as older and heavily polluting coal fired stations are phased out.
- Any prospect of significant cold and calm weather.

A tactical group chaired by the Resilience Lead was formed to mitigate the expected impacts of any power disruption on service provision. Work was done to procure power cells for our supported living service to enable medical equipment to be used if power was lost at any of the houses. The Trust ensured that all inpatient services had torches, checked their ward mobile phones and any areas had replacements issued if needed and the Trust procured over 100 portable LED rechargeable lights for inpatient areas to provide some lighting if back-up generators failed during any anticipated power cut.

A lesson identified was that although most inpatient sites have back-up generators, the Trust has two – Asket Croft/ House and Woodlands 2/3 where there is no inbuilt back-up generator. However, these units were configured for an external supply of power and the Trust leased two portable generators for the three months until the end of March 2023.

2.4. Industrial Action

This issue has had the biggest impact on the EPRR function since November 2022. The Trust has carried out extensive planning and risk assessment regarding all industrial action that could affect service provision. The Trust was not subject to direct industrial action via Unison, Unite, GMB and RCN action given none of these unions achieved a majority in support for action. However, other Leeds NHS bodies and the ambulance service were affected and therefore the Trust planned for any consequences that action elsewhere would have on services:

- Ensured out of hours staffing has sufficient staff with ELS/ILS training and arrange for ELS/ILS out of hours on call support to mitigate any ambulance response delays.
- Develop a process for Supported Living homes to manage any serious illness/ accident to their service users.
- Ensured that our interface services – Acute and In-reach Liaison Psychiatry and our Crisis Resolution Intensive Support Service - were properly and appropriately briefed and staffed regarding any additional demands from the acute hospital.

The BMA''s junior doctors' ballot did mean that strike action would occur at the Trust and hence planning stepped up to meet the challenges of the action from 13-15 March 2023. Work between the EPRR function, operational management, workforce, and medical education in a tactical group developed detailed plans for cover of out of hours, adequate daytime cover across services and escalation processes. This worked well and no serious issues arose from this industrial action.

Further industrial action occurred in April and beyond. In recognition of this Trust planning arrangements around industrial action are continuing into 2023-2024.

Debriefing the industrial action response has proven to be difficult given recurrent action but four distinct issues were identified by the team managing the Trust's response and these are being carried forward:

- Ensuring medical staff absence/leave is properly recorded on E-rostering. This would have greatly simplified checking on availability to provide cover.
- Review of on call and residential, out of hours rotas and composition based on feedback from those covering these shifts during industrial action periods. This has subsequently been upgraded to a full review of out of hours rotas and their inter-relationships.
- The Trusts Operating Pressures Escalation Levels (OPEL) system was recognised as inaccurate and not reflective of service pressures. This system provides data to external partners and the ICB and hence its serious inaccuracies have implications in how the Trust is seen by partners. Redevelopment of this system is being pursued by staff from the capacity team and informatics.
- An issue with some community based medical staff able to use the Trust's Electronic Prescribing and Medicines Administration (EPMA) system emerged because of rostering these staff to cover junior doctors shifts and were therefore reliant on paper scripts. Work is being taken on by the Pharmacy and Informatics team to ensure more staff can use the EPMA system.

Ongoing EPRR work including training and exercising

The EPRR function has pursued several other initiatives based on its plan in 2022-2023. These are summarised below.

2.5. Business Continuity Exercises and plan development

The status of service business continuity planning is monitored at every EPRR Group meeting and services are making progress with revising their plans. As part of this revisions is a tabletop exercising programme with each service to work through how their plans deal with a scenario about disruption. Where planning assumptions and responses are nor deemed adequate for mitigating impacts in the scenario or there are gaps in planning assumptions staff are asked to revise pans accordingly.

The EPRR team aim to use appropriate scenarios for different kinds of services and thus far three main scenarios have been used:

- Snow and cold weather with community teams
- Power outage with inpatient teams
- Cyber-attack with both community and inpatient teams

Work is still needed on business continuity planning particularly with some of our corporate services and the EPRR team has reached out to new heads of these departments to drive business continuity planning forward.

In terms of the key performance indicators for business continuity, the table below shows the current performance.

Area	Total number of plans identified	Total number of completed plans in place	Percentage
Care Services	50	27	54%
Corporate Services	25	14	56%

The acceptable standard for completed plans for 2023-2024 (affected by disruption by Covid and BMA industrial action) is 80%. This will rise to 95% in 2024-2025. Because of changes to services, changes to staff etc a completion rate higher than 95% is not viewed as achievable. Amongst the services without completed plans are many who are going through the process of producing plans or approving draft plans. It is likely compliance will improve with work underway during the remained of July, August and September.

2.6. Chemical decontamination exercise and training

The Trust has a responsibility to be able to offer improvised decontamination to individuals attending their premises following a deliberate or accidental release of chemical contamination under NHS England EPRR standards.

The Trust participated in exercise Galvanise, a city-wide Chemical incident exercise, on June 18, 2022. The main exercise was set at the Leeds General Infirmary and involved the simulated specialist decontamination of victims of a caustic substance attack in Millennium Square. Apart

from Leeds health organisations, the city council, West Yorkshire Police, Yorkshire Ambulance Service and West Yorkshire Fire and Rescue were also involved.

The Trust held a tabletop exercise at the Becklin centre simultaneously with Leeds Teaching Hospitals looking at how the Becklin centre would cope with self-presenting individuals who were contaminated. Some valuable lessons were identified by carrying out the tabletop including:

- Staff training in assessing risks from contaminated persons.
- Where the Trust would initiate decontamination given the risks to cross contamination of service users.
- Interaction with multi agency command and control
- Identification of decontamination of Trust working environments following an incident
- Use of lockdown to limit the risks to service users, staff, and visitors.

The EPRR team is rolling out training to nursing staff and reception staff based on the recommended improvised decontamination guidance from the national Ambulance Resilience Unit (NARU). Furthermore, a live exercise is being planned to be held at the Becklin Centre this summer.

2.7. Administering Principles of Health Command (PHC) Training and Portfolios

NHS England introduced new mandatory Principles of Health Command Training in summer 2022. This made it a requirement for all those staff with on call responsibilities or EPRR management responsibilities to attend either strategic or tactical Principles of Health Command training sessions. After a poor start, the Executive Team was asked to reiterate the message that the training was mandatory and subsequently numbers rose dramatically.

Over and above this PHC training requirement is a requirement for continuing development. This is measured against a portfolio of expected competencies/ knowledge and experience. The expectation is that all those deemed a commander in an incident will complete this portfolio identifying any gaps in knowledge or skills which can then be addressed with training, participation in exercises and development of procedures or formal courses. There has been a great deal of concern raised about this process and resultant workload across the West Yorkshire patch (and no doubt in other ICB areas) and EPRR leads and ICB staff are working through how to deliver this process in a consistent and efficient way.

2.8. Plan development and updates

Several EPRR plans have been updated in 2022-2023 – these were:

- The Trust's Business Continuity and EPRR policy
- The Trust's Incident Management Plan
- The Trust's On call procedure
- The Trust's Flood Plan
- The Trust's Evacuation Plan

Work has also commenced to develop a pandemic plan replacing the old pandemic influenza plan – this will enable two areas of partial compliance from the 2022 EPRR assurance assessments to be met.

2.9. Decision Loggists

The Trust has ensured it has a complement of trained decision Loggists in place for the first time since 2016. A small annual honorarium of £250 is paid to all those willing to attend the training and make a commitment to undertake at least one tabletop exercise / live exercise per year and the two EPRR and Loggist meetings.

The EPRR team are aiming to also attend a Loggist train the trainer session to enable the Trust to have the capability to train additional Loggists or carry out refresher training as required.

2.10. Full day IT live exercise planning

The risk of a cyber-attack has emerged as one of the most significant threats to the UK and hence to the NHS as well. State sponsored cyber-attacks are prevalent by several state actors as well as those actions carried out by criminals operating individually or as part of sophisticated gangs.

A live cyber exercise is, therefore, a prudent step in testing Trust resilience in this area. While smaller scale tests are required as part of the Data Security and Protection Toolkit assessment and have been carried out annually during Covid, a larger exercise was last done in Autumn 2019 and was viewed as successful.

Work commenced in 2022-2023 developing a live exercise for summer 2023 that will involve a multi-disciplinary approach – ICT staff, clinical staff, and other corporate teams- working together to minimise a simulated significant attack on the Trusts IT capabilities.

2.11. NHS England Core EPRR assurance

The Trust scored partial, compliance in 2022's NHS England Core EPRR standards assurance. The overall score was 87% with 48 standards fully compliant and 7 standards partially compliant.

A new process is in place for 2023 involving new or revised standards and new specification regarding compliance criteria. The draft declaration along with evidence files will be subject to ICB level assessment in October before either the level is accepted or is requested to be adjusted.

2.12. Look forward to the remainder of 2023-2024

As mentioned earlier, some significant work being planned with corporate teams, and in particular Estates and Procurement, in developing resilience and business continuity plans for these services.

The sustainability and the adaptation agenda are emerging as areas where EPRR will have some degree of involvement and initial meetings around this have already taken place. This has relevance for work done as part of planning for heatwave, flooding and cold weather which will feature in 2023-2024.

The portfolio work referred to in 2.6 will require significant work in 2024 in terms of assisting managers with training and completion of workbooks. In addition, NHS England's EPRR standards have been revised and the evidence regime has gone from suggested evidence for compliance to a significant increase in mandatory evidence. A process of independent evaluation

based on a pilot in the West Midlands in 2022 has also been introduced. Given EPRR staff only saw these new compliance items in late May 2023 there is a considerable challenge around 2023's EPRR assurance process.

3. Conclusion

Despite a challenging year due to ongoing and new national disruptions to service continuity the report highlights progress in developing EPRR processes, training staff and exercising plans. The main challenge sits with training – the NHS England requirements are significant and will need all staff with on call responsibilities to play their part in ensuring they develop their personal portfolios during the rest of 2023 and into 2024.

4. Recommendation

The Board of Directors is asked to note the significant issues raised in this report and progress made and hence accept this report for the year 2022-2023.

Andrew Jackson
Resilience Lead and Corporate Business Manager
6 July 2023

Chair's Report

AGENDA ITEM

20

Name of the meeting being reported on:	Audit Committee
Date your meeting took place:	18 July 2023
Name of meeting reporting to:	Board of Directors – 27 July 2023

Key discussion points and matters to be escalated:

Issues to which the Board needs to be alerted:

None.

Issues to advise the Board on:

- The Committee received and approved the Counter Fraud Plan for 2023/24.
- The Committee received the Health and Safety Annual Report for 2022/23. It agreed that the report was not in a satisfactory condition to be circulated for discussion at the July 2023 Board of Directors meeting, as it was missing key information on what work was being conducted to mitigate the risks and issues identified within the report. It agreed instead that the report would be amended and considered for approval ahead of the 28 September Board of Directors meeting.
- The Committee received four internal audit reports, three of which were returned with significant assurance and one of which was advisory only. It additionally agreed to defer three audit reports until later in the 2023/24 financial year in response to management requests received by Audit Yorkshire.
- The Committee agreed that the Board of Directors should consider and review its provider collaborative governance arrangements, and how assurances were reported across its governance structure including at Board Sub-Committee level. It recommended that this is considered as a topic at a future Board Workshop Discussion.
- The Committee received the Sponsorship, Hospitality, and Gift Registers for 2022/23. It agreed that additional clarity on the Trust's Hospitality, Sponsorship, and Gifts

Policy and Procedure would be sought so that the Committee could be assured that the Policy was appropriate, clear to understand, and adhered to across the Trust.

- Based on feedback received as part of the Annual Committee Effectiveness Questionnaire, the Committee recommends that the importance of succinct executive summaries of papers was re-emphasised across the Trust as a means of reducing the length of papers received including at Board Sub-Committee level.

Things on which the Board is to be assured:

- The Committee received and were assured by the contents of the Annual Counter Fraud Report for 2022/23.

- The Committee received and supported the Tender and Quotation Exception Reports for the first quarter of the 2023/24 financial year. It noted that only two tender waivers and three quotation waivers were signed in this period, which was a reduction in the number of exceptions typically received in a quarter.

- The Committee reviewed the responses to the Annual Committee Effectiveness Questionnaire. The Committee discussed the comments that had been provided and concluded it was working effectively, in accordance with its terms of reference and to best practice as set out in the HFMA Audit Committee Handbook.

Items to be referred to other Board sub-committees:

- The Committee noted that the ongoing issue regarding the use of electronic signatures being used to authorise forms across the Trust, including use in financial documents, would be discussed further at the Finance and Performance Committee through discussions raised at the Information Steering Group.

Report completed by:	Martin Wright, July 2023.

AGENDA ITEM

21

Chair's Report

Name of the meeting being reported on:	Quality Committee
Date your meeting took place:	6 June 2023
Name of meeting reporting to:	Board of Directors – 27 July 2023

Key discussion points and matters to be escalated:

Issues to which the Board needs to be alerted:

- No issues to which the Board needs to be alerted.

Things on which the Board is to be assured:

- The committee reviewed an extract from the Board Assurance Framework which detailed strategic risks one and two so that it could be mindful of its responsibilities to assure that these risks were being adequately controlled through the course of the meeting.

- The committee reviewed a proposal which recommended changes to the use of PPE across the Trust, noting that the proposal would be shared with the Executive Management Team on 7 June 2023 for approval. 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 any positive cases and outbreak management within the Trust.

- The committee received the 'Preparations for the CQC' internal audit report and discussed the findings. It received reassurance that all actions had been considered and would be taken forward and agreed that an update should be provided at a future meeting on the completion and the impact of the audit actions. The committee considered its role in oversight and assurance of regulation related activities, such as CQC, and agreed to update its terms of reference to include this.

- The committee received the Learning from Deaths Report which provided data from quarter 4. It noted that a total of 86 deaths had been subject to review, with three meeting the serious incident criteria in accordance with the NHS Serious Incident Framework and eight relating to service users with a disability. The committee agreed that it was assured on the work ongoing within the Trust to improve mortality review and the learning across the organisation.

- The committee received an update on the current position of the organisation in understanding any areas for improvement relating to the NICE guidance 'Self-Harm: Assessment, Management and Preventing Recurrence'. It was informed of plans to develop a Trustwide strategy and procedure for self-harm, along with training for staff. The committee agreed that it was assured

on the future plans relating to the understanding of the Trusts position in meeting the NICE recommendations relating to self-harm assessment, management and preventing recurrence. It noted that an update on this work would be provided at a future meeting.

- The committee discussed a report outlining the work completed by the Trust's Risk Assessment Task and Finish Group. It agreed that it was assured on the plans for improvement in relation to risk assessment in the Trust.

- The committee had a discussion to identify whether any existing reports presented elsewhere in the Trust could be used to expand the range of quality data available to the committee while the quality dashboard was being reviewed.

- The committee noted that the IT incident that had taken place at the end of May 2023 had been formally stood down on 28 May 2023. It was reassured that a debrief had taken place and that a report on the learning from the incident would be shared with the Finance and Performance Committee.

Issues to advise the Board on:

- Throughout its discussions the committee noted the number of different reports and action plans received by services and acknowledged that additional support may be needed to support the services in consolidating actions and recommendations.

Items to be referred to other Board sub-committees:

- The committee did not suggest any items to be referred to other Board sub-committees.

Report completed by:	Dr Frances Healey, June 2023

Chair's Report

AGENDA ITEM

22

Name of the meeting being reported on:	Workforce Committee
Date your meeting took place:	8 June 2023
Name of meeting reporting to:	Board of Directors – 27 July 2023

Key discussion points and matters to be escalated:

Issues to which the Board needs to be alerted:

- No issues to which the Board needs to be alerted.

Issues to advise the Board on:

- The Committee discussed benchmarking the Trust's stress and anxiety sickness absence with regional organisations and was informed that differences in data entry meant that reported figures from other trusts did not always offer a suitable benchmark. The Committee agreed to report this to the Board of Directors for further consideration of how the Trust influences accurate benchmarking at a West Yorkshire Health Integrated Care Board level.

- The Committee considered whether a pathway could be created for Trust staff to enable them to get priority access to specialist mental health services. It noted that support for staff was also offered through the Employment Assistance Programme and through Wellness Hubs, but that these did not currently provide specialist support. It was agreed that the Executive Directors should consider this in more detail and bring back a proposal to the Committee.

Things on which the Board is to be assured:

- The Committee reviewed Strategic Risk 3 of the Board Assurance Framework and suggested that it was updated with the outputs from the Board Strategic Discussion held in April 2023. It was also suggested that audit reports which were returned with limited assurance should be listed as potential gaps and audit reports which were returned with significant assurance should be listed against the controls.

- The Committee received assurance on progress with some of the Trust's key performance indicators: Personal Development Review completion was at 69% and clinical supervision compliance was at 70%. The Committee commended the work of the team on the positive progress with compliance in these areas.

- The Committee was pleased to note that 33 nursing preceptees had been recruited to the Trust from outside West Yorkshire as part of a dedicated out of area recruitment campaign. The Committee noted that the team would be requesting feedback from these recruits to better understand why they chose to join LYPFT so that this could be incorporated into future recruitment efforts.

- The Committee received an overview of Band 5 and 6 nursing retention from April 2021 to April 2023 and noted the significant work already underway to support career progression and the retention of band 5 and 6 nurses. The Committee also received a report which provided analysis of the Trust's admin vacancies by band, temporary staffing use, and highlighted opportunities to reduce bank and agency expenditure. The Committee supported the further work to be undertaken relating to recruitment and increased apprenticeship uptake, particularly for admin staff which had previously been an underdeveloped area. The Committee was also assured by the approach taken to date regarding agile and flexible working at the Trust and the positive impact this had on staff wellbeing and retention.

- The Committee received a review of the use of agency and locum staff within the organisation and the costs associated with this, alongside an update on the recruitment of medical staff. The Committee discussed acuity levels and safer staffing requirements and noted that the current level of acuity had been high for some time and was likely to continue and queried if a safer staffing rebasing exercise was required in light of the current circumstances. The Committee also discussed the pressure that service expansion put on staffing levels and recruitment and noted that this was due to be considered by the Efficiency and Productivity Group.

Items to be referred to other Board sub-committees:

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

Report completed by:	Helen Grantham July 2023

West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Leeds Committee of the WY ICB

Date of meeting: 5 July 2023

Report to: WY Integrated Care Board on 18 July 2023

Report completed by: Sam Ramsey, Head of Corporate Governance & Risk, ICB in Leeds on behalf of Rebecca Charlwood, Independent Chair, Leeds Committee of the WY ICB

Key escalation and discussion points from the meeting
Alert:
Financial Update at Month 2 (May) 2023/24 The committee received a report recapping on the earlier reporting financial positions and tracking the position to the final submission for 2022/23. Members were also updated on the financial position as at the end of Month 2 (May) against the final agreed plan for 2023/24. Members were advised that the ICB in Leeds needed to ensure it had a deliverable QIPP plan in place by early May 2023 to ensure that it would meet the initial QIPP target of £15.4m. It was noted that a QIPP Steering Group had been set up to engage with Population Boards to identify and implement schemes for 24-25 in advance of the next financial year. The committee recognised the financial challenges and the difficult decisions that had been taken.
Advise:
Place Lead Update The committee received the positive news that Leeds had declared itself a Marmot City and under the leadership of Public Health in Leeds City Council, would be working together to look at how to best address collectively the wider determinants of health and address the inequalities in health outcome. Members heard that this builds on the commitment Leeds has and supports the whole system and rising demand of services. Michael Marmot and his team joined Leeds for the launch event of this programme of work on June 12th. Two initial priorities would be taken forward in Leeds, Early Start and Housing and Health. Further positive news was received that Leeds Teaching Hospitals Trust (LTHT) has been given the green light by the national New Hospitals Programme. Members noted that this was an exciting programme for the people of Leeds and the surrounding region who use the hospital's services. **Risk Management Report** The committee received the updated risk register and noted reasonable assurance in respect of the effective management of the risks and the controls and assurances in place.

The committee noted Appendix 3 to the report, which had been produced across system partners of their highest scoring risks that they wanted the membership of the Leeds Committee to be sighted on. The top risks identified supported triangulation of risks and provided visibility of the risk profile across the Leeds Health and Care Partnership. Throughout discussions, the committee noted the risk and potential implications of the reductions relating to the West Yorkshire Operating Model. It was outlined that the risks rated as 'high' should be the most prevalent topics of discussion throughout the meeting and this would be considered when setting the agenda for each meeting.

Assure:

Peoples Voice

A 'People's Voice' item is heard at the beginning of each meeting, to hear a lived experience of health and care services as part of the 'We start with people' approach. An audio was played which presented a lived experience of a person with complex physical and mental health conditions. Members reflected on the three C's, compassion, coordination and communication and how as a Leeds Health & Care Partnership we can influence and make change through existing structures. The Chair reflected that the video encouraged rich and deep discussions.

Healthy Leeds Plan / Joint Forward Plan

The committee received the refreshed Healthy Leeds Plan, which outlines the health and care contribution towards delivering the Leeds Health and Wellbeing Strategy ambition that *Leeds will be a caring city for people of all ages, where people who are the poorest improve their health the fastest.* Members were advised that the Healthy Leeds Plan would also act as the Leeds contribution to the West Yorkshire Joint Forward Plan, capturing system priorities for the next 12 – 18 months within a single document. The committee commended the document, highlighting it was very well presented and were supportive of the shared goals. Members endorsed the Healthy Leeds Plan.