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 28 March 2024
Inspire@ room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR

A G E N D A

		LEAD
1	**Sharing stories – Perinatal Service – The importance of supporting and involving dads** (verbal)	
2	**Apologies for absence** (verbal)	**MM**
3	**Declarations of interests and any declarations of conflicts of interest in any agenda item** (enclosure)	**MM**
4	**Minutes of the meeting held on 25 January 2024** (enclosure)	**MM**
5	**Matters arising** (verbal)	**MM**
6	**Actions outstanding from the public meetings of the Board of Directors** (enclosure)	**MM**
7	**Chief Executive's report** (enclosure)	**SM**
8	**Report from the Chair of the Finance and Performance Committee held on 25 March 2024** (to follow)	**KW**
9	**Report from the Chief Operating Officer** (enclosure)	**JFA**
10	**Report from the Chief Financial Officer** (enclosure)	**DH**
11	**Staff Survey Results** (enclosure)	**DS**
12	**Report from the Chair of the Quality Committee for the meetings held on 8 February and 14 March 2024** (enclosure)	**FH**
13	**Report from Director of Nursing and Professions** (enclosure)	**NS**
14	**Integrated Patient Safety Report** (enclosure)	**NS**
15	**Safer Staffing Report** (enclosure)	**NS**
16	**Report from the Medical Director** (enclosure)	**CH**
17	**Guardian of Safe-working Hours Quarterly Report** (enclosure)	**CH**
18	**Report from the Chair of the Mental Health Legislation Committee for the meeting held on 6 February 2024** (enclosure)	**KK**
19	**Report from the Chair of the Workforce Committee for the meeting held on 15 February 2024** (enclosure)	**ZBS**

20	**Report from Director of People and Organisational Development** (enclosure)	**DS**
21	**Cyber Security Update Report** (enclosure)	**DH**
22	**Report from the Chair of the West Yorkshire Mental Health Committee in Common** (enclosure)	**MM**
23	**Board Assurance Q4 Update Report** (enclosure)	**SM**
24	**Annual Declaration of Interests** (enclosure)	**CE**
25	**Use of Trust Seal** (verbal)	**MM**
26	**Any other business**	**MM**

The next meeting of the Board will be held on Thursday 30 May 2024 at 9.30 am
Create@2 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	**Sector Representative** West Yorkshire Integrated Care Board	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.	**Deputy Lieutenant** West Yorkshire Lieutenancy	None.
Zoe Burns-Shore Non-executive Director	**Executive Director for Customer Delivery** Money and Pensions Service	None.	None	None	None.	None	None.	None

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Frances Healey Non-executive Director	None	None.	None	**Trustee** The National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	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
Kaneez Khan Non-executive Director	**Chief Executive Officer** Primrose Consultancy Yorkshire *Management Consultancy firm*	None	None	**Chair of the VCSE Voices Panel** West Yorkshire Health and Care Partnership	**Faith and Community Co-ordinator** Wellsprings Together *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

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Katy Wilburn Non-executive Director	**Non-executive Director** Thirteen Group *Housing Association*	None.	None.	None.	None.	None.	None.	None.
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**	**ZB-S**	**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 January 2024 at 9.30am in Inspire@ room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR

Board Members		**Apologies**
Mrs M McRae	Chair of the Trust	
Mrs Z Burns Shore	Non-Executive Director	
Mrs J Forster Adams	Chief Operating Officer	
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	
Ms K Khan MBE	Non-Executive Director	
Dr S Munro	Chief Executive	
Mr D Skinner	Director for People and Organisational Development	
Miss N Sanderson	Director of Nursing and Professions	
Miss K Wilburn	Non-Executive Director	
Mr M Wright	Non-Executive Director (Deputy Chair of the Trust)	

All members of the Board have full voting rights.

In attendance

Mrs C Edwards	Associate Director for Corporate Governance / Trust Board Secretary
Miss K McMann	Head of Corporate Governance
Mr R Cooper	Deputy Head of Corporate Governance
Ms R Darling	Advanced Lived Experience KUF Development Leads (for minute 24/001)
Ms Z Kendall	Advanced Lived Experience KUF Development Leads (for minute 24/001)
Mr J Scott	Service Manager, Personality Disorder and Neurodevelopmental Services (for minute 24/001)
Mrs R Pilling	Carer Coordinator, Patient and Carer Experience Team (for minute 24/001)

Three members of the public attended the meeting, including one governor.

		Action
	Mrs McRae opened the public meeting at 09.30am and welcomed everyone.	
24/001	**Sharing stories – Emerge Involvement Strategy** (agenda item 1) Mrs McRae welcomed Ms Darling, Ms Kendall, and Mr Scott to the meeting, noting they were attending to talk about the Emerge Involvement Strategy. Ms Kendall and Ms Darling noted their thanks for the opportunity to share the work and provided background to the Board regarding the innovative role and service at Emerge. There had been a request for the strategy to be developed to improve involvement in the service. Due to this, the focus was building a community of involvement, however they noted that people participation is the preferred term to empower service users.	

Ms Darling provided an overview of Emerge and the aim of the service which was to work effectively with service users. She informed the Board that her and Ms Kendall had lived experiences of personality disorder and access to services, and this was at the centre of the work with service users to develop the strategy.

Two filmed recordings were shown to the Board demonstrating the positive impact involvement had on service users and the impact this had on recovery.

The strategy was shared with the Board, and it was noted that consultation had led to a redrafted strategy being developed with the support of the leadership team. It was noted that the strategy was launched last year and included different platforms for engagement. As a result of an identified lack of working space where staff and service users could work in collaboration, the People Participation Panel was developed. The panel was held every six weeks and was attended by senior staff members and service users, and lived experience and non-lived experience were treated equally. Ms Kendall and Ms Darling informed the Board of the success of the meetings with good engagement that provided opportunities for discussing experiences. It was highlighted that there was a focus on ensuring all attendees were on an equal footing with no power imbalance, and the use of language was important to breakdown discussions to make them equitable.

The goals of the service were highlighted to the Board along with the focus on the use of the word community to ensure involvement.

Mr Scott added that learning to date had demonstrated that roles, labels, and authority are all important and need to be considered to counteract stigma. He added that the approach taken by the service was not replicated across other organisations and the vision for the future was to have more senior roles in this area. It was acknowledged that the use of the term ‘lived experience’ in job roles can be challenging however created opportunities for engagement and discussion to happen.

Mrs Forster Adams expressed her thanks to the team and noted that the work was central to the care services strategic plan, and there was a need to embed the approach across a spectrum of services. She acknowledged the ambition for people with lived experience to be in leadership teams and this was the direction of travel for the rest of care services, however it was not easy to undertake.

Mrs Burns-Shore noted personal experience of access to services and the importance of allowing service users to feel heard and remove the patronising element of care. Ms Kendall and Ms Darling added that their roles were important and their experience of trying to access services led to the decision to work in the service. They reiterated the importance of lived experience roles in demonstrating power and decision making opportunities to others.

Ms Khan thanked the team for the presentation and noted the recognition of the importance of using lived experience to reduce stigma attached to mental health within communities. The team added that labels are challenging, and stigma was hard, but these roles were instrumental in removing this. It was noted that the service had a successful training model to support this. Mrs

McRae added that lived experience was about more than the service but a wider societal issue too.

Miss Wilburn noted the powerful presentation provided and how the positive impact of the approach should be measured as it provided support for widening opportunities and support to others. Dr Hosker provided reassurance that engagement was at the centre of the service and evidence demonstrated this, therefore the focus was on sharing learning to other services. Mr Scott added that engagement tools were used to measure the impact however consideration should be given to a cultural piece regarding outcomes through different lenses to demonstrate the impact of collaboration at all levels.

Dr Munro expressed her thanks to the team and noted that she had attended a conference with a presentation regarding lived experience with a focus on tracking data and interventions and how to improve access. She highlighted that the presentation demonstrated that clinical outcomes do not always work for this model of care, and it was therefore important to consider how to raise the profile of this approach to influence national strategy conversations to consider different models of care and funding. A discussion took place regarding award opportunities to showcase the work and best practice within the service, and the Trust's Communication Team offered to support with this.

Dr Healey added that learning from practice was important, and the power balance point was important. She noted that the approach was aligned to national guidance and offered an opportunity for meaningful engagement. Dr Munro noted that further discussions would take place outside of the meeting to discuss opportunities for national policy influence. **SM**

Mrs McRae acknowledged that the use of lived experience was interesting and an area for consideration as there was experience amongst the Non-Executive Directors, but this was not acknowledged in titles. She raised whether there was a forum in the Trust to support co-production and share learning and experiences. Miss Sanderson confirmed that the Lived Experience Strategy Group was in place to support this, alongside the revised engagement strategy.

Mrs McRae noted that evaluation opportunities would be worth consideration and potential opportunities to link with universities to consider an academic research input to shape the national policies and approaches.

Mrs McRae thanked the team for attending and providing the presentation.

The Board **thanked** Ms Kendall, Ms Darling and Mr Scott for attending the Board and raising awareness of the involvement strategy and the important impact this had on the engagement and inclusion of service users.

24/002 **Apologies for absence** (agenda item 2)

Apologies were received from Mr Cleveland Henry, Non-Executive Director.

24/003 **Declaration of interests for directors and any declared conflicts of interest in respect of the agenda items** (agenda item 3)

The Board noted that no Board member had a change in declaration and no member declared a conflict of interest in any agenda item.

24/004 **Minutes of the previous meeting held on 30 November 2023** (agenda item 4)

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

24/005 **Matters arising** (agenda item 5)

Mrs Burns-Shore noted a matter arising relating to a government financial support scheme and it was agreed that this would be discussed later in the meeting.

24/006 **Actions outstanding from the public meetings of the Board of Directors** (agenda item 6)

Mrs 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.

Mr Skinner updated that the action relating to EDI data within the report that had been previously presented was ongoing as progress had been affected by sickness within the team. It was noted that this will be progressed once staff return to work, and any concerns with this would be escalated to the Board.

In relation to the action regarding sponsorship process and funding, Mr Skinner and Dr Hosker confirmed that this was now resolved, and funding and process issues had been clarified.

Mrs McRae noted that the action relating to the Trustwide communication bulletin remained ongoing at the current time.

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

24/007 **Report from the Chief Executive** (agenda item 7)

Dr Munro presented her Chief Executive's report drawing particular attention to thanking teams for the challenges of the industrial action. She noted that a letter had been sent to thank organisations for the management of the industrial action process.

Details regarding the Newsam Centre progress and plans were noted within the report submitted to Board. She also noted that NHS Planning Guidance had not been received and an update would be discussed in the private Board meeting.

Dr Munro highlighted the case study from the communications team, and the link with the presentation from Emerge, and noted that the ethos and investment in the Emerge service should be acknowledged as it provided a unique service offer linked to community MH transformation.

She informed the Board that the Leeds Autism Diagnostic Service team had won Team of the Month, which acknowledged the service delivery despite pressures and demand, specifically their ability to improve and innovate within the resources available.

Mrs McRae acknowledged the work undertaken by the Leeds Autism Diagnostic Service team. Mrs Burns-Shore added that there had been excellent nominations for Team of the Month which is a positive position to be in.

Mrs McRae queried whether an update had been received regarding the staff vouchers discussed at the last Board meeting, and Dr Munro confirmed that there had been clarification in the national rules which meant treasury approval was no longer required. She informed the Board that the vouchers had been issued linked to a new platform for staff reward and recognition schemes. She highlighted that the level of engagement with the platform within 24 hours had been very good, and the opportunity within the platform to send thank you cards and engage with colleagues had been well received. Further communication was planned with staff to encourage interaction with the platform and access the voucher and benefits available.

Ms Khan joined the meeting.

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

24/008 **Report from the Chief Operating Officer** (agenda item 8)

Mrs Forster Adams presented her Chief Operating Officer's report, noting that the key points had been discussed at the Finance and Performance Committee, and were therefore contained in the Chair's report.

She noted the impact of industrial action and the commendation letter that had been received regarding the mitigation of impact. She informed Board that there had been other communication received that focused on recovery and access to services for patients following the industrial action. At the Finance and Performance Committee discussion had taken place noting that the scale of transformation required was small compared to other organisations but the focus for the Trust was on the memory assessment service. She confirmed that appointments had been reallocated and a comprehensive multi-disciplinary team approach was in place and recovery would be tracked.

A further discussion at Finance and Performance committee had taken place regarding flow and the impact on Out of Area Placements, and she reassured the Board that the Board Development session on 7 March 2024 would discuss the detail around this. She noted the recognition of effort across teams to support access to services.

She highlighted a discussion at the committee regarding performance information for treatment percentages in the early intervention in psychosis service and provided reassurance that this was tracked and monitored, and there was a recovery plan in place. She noted that a third sector organisation delivered the service, and a monitoring plan was in place.

Mrs Forster Adams provided an update regarding Red Kite View and a meeting that had been held due to staffing issues related to short term sickness. She informed the Board that a cap on admissions had been agreed with provider collaborative colleagues, and a review of the model of delivery would be undertaken to support service user access. Flexibility within the service had commenced and the focus for the next few months would be the short-term level of capped activity for the general ward. She noted that Mill Lodge had adapted their service to support access and had a day service in place for eating disorders, therefore it was appropriate for Red Kite View to consider adaptation to the service.

Mrs McRae acknowledged the developments of the service, and Mrs Forster Adams added that the provider collaborative allowed for a less fixed service model and supported the response to change.

Mrs Burns-Shore raised the change in government guidance for schools which would provide them with the ability to not acknowledge gender decisions for children which may impact on service delivery and increased access across mental health services. Dr Munro noted that further discussion regarding the Gender ID service would take place in the private Board meeting. Mrs McRae added that out of area funding would be part of the discussion at the Board Development Session in March 2024.

Mrs Forster Adams noted the high-level information provided nationally demonstrated that, on review, demand and patterns fluctuate, specifically that in winter there was normally a decrease in in-patient admissions with a shorter length of stay, however that had not been experienced this year. Work was underway to understand clinically what had driven that, and any pathway rationale for this.

Ms Khan noted that there may be a link with the cost of living impact for people, and Mrs McRae noted that this highlighted the importance of working in partnership, such as with the police, to tackle issues and support preventative work. Mrs Forster Adams noted that there was a willingness to respond however coordination of effort was crucial, and her report referenced the urgent response that had been provided by the Local Authority regarding discharges which had been very helpful.

Mr Wright highlighted that there had been an acknowledgement at the Finance and Performance Committee of becoming data blind and it was

therefore important to raise concerns when they were identified within the data. He noted that an escalation point had not been reached currently. Mrs Forster Adams added that there were different ways of managing responses for service requirements and agreed that work related to demand and pressure could become normalised and therefore it was important to keep this on the agenda.

Dr Healey highlighted to the Board that Out of Area Placement data had been published therefore it may be worth discussion with other Trusts about performance before the Board Development Session in March. Mrs Forster Adams confirmed that the data had been reviewed and learning was being shared across organisations but there would be ongoing opportunities to consider any additional steps to be taken. She added that Southwest Yorkshire data was comparable for the Trust.

Miss Wilburn added that there was a risk that crisis situations could become normalised such as the Out of Area Placements and industrial action, and reflection should be undertaken regarding the responses. Mrs Foster Adams acknowledged the point and added that NHS England had started to shift the recovery focus to recognise the impact for the population and service users which was significant as this was the primary concern for organisations.

Mrs McRae thanked Mrs Forster Adams for her comprehensive report.

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

24/009 **Chief Financial Officer's Report** (agenda item 9)

Mrs Hanwell presented her Chief Financial Officer's report which acknowledged the financial position for the Trust, and she informed the Board that there was confidence in achieving the required financial position. She noted the risk to the system as a whole regarding the financial position, and informed the Board that a peer review for the review of balance sheets was under discussion at the current time to ensure consistency and best practice approaches. This demonstrated the scale of the collective challenge and the ongoing requirement for collaboration in delivering the overall position.

Mrs Hanwell updated that with regards to the planning for the next financial year, the national planning guidance has not been provided yet, therefore there may be a risk regarding the achievement of timescales, however further information was awaited. She noted that the local position was positive with regards to planning for the next year, and the focus for Leeds Place was to ensure a balanced system.

She informed the Board that the current assessed scale of the financial challenge equated to an overall savings requirement in the region of 7%, however the Strategic Finance Executive Group (SFEG) had agreed to organisations committing to identify 5.5% efficiency savings. She confirmed that the organisation would aim to meet the national timetable, but anticipated

timescales may change, which may mean that they are not signed off in March 2024, and this may be pushed back slightly.

She updated that capital was an emerging major risk for the Yorkshire system and reminded the Board that resource allocation was system held, and the stretch was impacting on the demand for capital investment. Mrs Hanwell confirmed that she was leading on the approach to be developed for 2024/25, which was part of wider work on developing a clear capital infrastructure plan for the next 3 years to show capital requirements. The current challenge to be noted by the Board was the comparison of risk across Mental Health Trusts and Acute Trusts.

Mrs McRae noted the awaited update on planning guidance and thanked Mrs Hanwell for her report.

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

24/010 **Safer Staffing Report** (agenda item 10)

Miss Sanderson presented the Safer Staffing report acknowledging the length and detail within it. She noted the report set out the challenges for staffing and provided a high-level view of data. She highlighted the workforce challenges but acknowledged the mitigation of risks using appropriate skill mix to enable safe care. She noted that there were early signs of an improved picture across the last 6 months, and the reliance on bank staff was reducing. She confirmed that the use of increased numbers was often where staff were responding to increased levels of observations and short-term sickness which was not predictable.

Miss Sanderson noted that sickness remained above average, and work remained underway with staff health and wellbeing which was having a positive impact on staff. Band 5 vacancies remained a challenge due to numbers of those employed at this level, and she noted there was a continued focus on different opportunities for skill mix.

She highlighted that the increased investment in activity co-ordinators led to a positive impact on the delivery of care as it provided an increased ability to provide service users with activity support. Feedback received from service users on discharge noted the positive impact of this support.

She commented that the challenge for new registrants was to grow them into the leadership of the future, and this was supported through a focus on clinical supervision. Miss Sanderson noted that she had undertaken shifts recently and personally saw the compassionate care provided to service users.

Miss Wilburn thanked Miss Sanderson for her report and requested further detail on the increase in self-harm incidents. Miss Sanderson confirmed that the data was reviewed via the Quality Committee, and she provided assurance that it often related to a small number of patients. She noted that

peaks and troughs can be seen within the data and the self-harm strategy was under development to support this.

Mrs Burns-Shore questioned the high percentage of applicants that were not appointed and whether that was within expected range. Mr Skinner confirmed that it was usual within the NHS due to how people apply for roles, and a large number were then reduced at the shortlisting stage. He noted consideration was given to opportunities to filter applicants out to reduce the workload for staff.

Mrs Burns-Shore queried the detail within the 'have your say' data, and Miss Sanderson confirmed that there was a range of narrative responses and the impact of service users not wanting to be admitted could impact on their perception of experience. Dr Munro added that she had undertaken a recent visit to Ward 1 at The Mount and the feedback from this was positive. She noted that there had been one vacancy, but multiple interest was expressed which was positive, and feedback noted that the activity co-ordinators made a difference to service users and relatives. She noted that this provided assurance that where improvements were seen in data, this was reflected in narrative from staff. It was also noted that professional development and training supported the retention and recruitment figures.

Ms Khan commented that the number of Support Worker roles was positive given the reflection of previous community experiences. She highlighted that a 51% increase in students appointed was significant progress to be recognised. Miss Sanderson added that the links the workforce team had made with universities had supported an uptake in workforce.

Mr Wright noted that the exit interview compliance was positive and requested the themes to be reported as progressed. He confirmed that there had been a discussion at Finance and Performance Committee regarding the unusual trends in sickness which was at odds with the report and required exploration. He added that the responsive workforce team was a very good initiative regarding the provision of short notice support for teams, and further information as this progressed would be helpful to understand.

Mr Skinner confirmed that there was 100% compliance with exit interviews following the implemented changes. He added that the sickness figures may be impacted due to retrospective reporting. The responsive workforce success was linked to financial incentives for staff to support this to happen which allows for quick deployment. He noted that other Trusts had reviewed the Trust approach to replicate in their organisation.

Mrs McRae questioned the tracking of alternative roles and skill mix to address nursing vacancies to understand innovative changes. Miss Sanderson responded to note that most changes had been positive, and the key point was consideration of exclusivity of skills alongside training and development which can address the wider workforce changes to support the provision of care. Dr Munro added that some changes were now permanent changes in establishment due to the positive impact, and different approaches were used in different professions to provide the best response.

Dr Healey noted that the approach to multi-disciplinary working was sensible however the political element of roles was important to consider, therefore it would be helpful to understand alternative roles at a strategic level to understand the additionality they brought rather than the traditional allocation of roles. Dr Munro noted that the physician associate role was polarised currently which illustrated this in other spheres. Mr Skinner highlighted that this was reflective of historic discussions regarding registered and non-registered nurses which had now evolved. This led to discussion regarding patient perception and understanding of titles for staff within healthcare.

Mrs McRae noted that this linked back to discussions about vacancy management and consideration for appropriate amendments to how the workforce was provided. She thanked Miss Sanderson for her report.

The Board **received** the Safer Staffing report and **noted** the content.

24/011 **Operational Priorities Q3 Update Report** (agenda item 11)

Mrs Hanwell presented the operational priorities update report for quarter 3 and noted that the content had been discussed in detail at the Finance and Performance Committee. She acknowledged the scale of priorities and the reporting requirements for them. In the context of next year, she informed the Board that the number would be reduced to align to the Trust strategic plan. Mrs McRae added that the Board Strategic Discussion in February 2024 would focus on this.

Mr Wright noted that following the discussion at Finance and Performance Committee it was important to reduce the number of priorities on the list as important projects were slipping, and a smaller number of projects would reduce the risk of this happening.

The Board **received** and **noted** the content of the Operational Priorities Q3 report.

24/012 **Board Assurance Q3 Update Report** (agenda item 12)

Dr Munro presented the Board Assurance Framework update report and confirmed that the standalone PFI risk had been removed and absorbed into strategic risk 5 related to the estate. She informed the Boad that a refresh of the BAF and wider connectivity with the operational priorities and plans, would be undertaken in Quarter 1 of the next financial year. The Board agreed with this approach.

Dr Healey noted that an update to the controls listed within the strategic risks would be important to complete as this would reflect the work undertaken to mitigate the risks. Dr Munro acknowledged this and noted the interconnectivity with risk management to support live mapping of controls and risks. This would be part of the update process and therefore it was acknowledged that the document was not reflective of the current position.

Dr Healey noted that the Quality Committee have an agenda item for each meeting to consider if any of the discussions would impact on the reduction in strategic risks, and this may be of benefit for other committees to consider.

The Board **received** and **noted** the content of the Board Assurance Q3 Update Report.

24/013 **Quality Strategic Plan** (agenda item 13)

Dr Hosker provided the Board with an overview of the refresh of the Quality Strategic plan and noted the focus on ensuring all staff and services considered quality. The strategy document supported consideration of how quality was defined within the organisation. The Board agreed that the document was clearly presented with clear articulation of the objectives.

Dr Healey raised whether it would be helpful to include what can be done locally and what should be done strategically and collaboratively in relation to quality. Dr Hosker noted that discussions would take place to focus on how services and the Board implement and put the plan into action.

Mrs Burns-Shore asked for clarification regarding the plan's link to the overall trust values as there were multiple models and narrative across various documents, and the link to the values was key in supporting staff to consider how quality links to values of organisation. Dr Hosker noted that the organisational values link to the wheel diagram within the document, and consideration should be given as to where this fits with leadership values and discussions would support reinforcement of these links.

Mrs McRae noted that the discussions about improvement models would support the learning approach within the organisation.

The Board **received** and **approved** the Quality Strategic Plan.

24/014 **Violence and Aggression Strategy** (agenda item 14)

Mrs McRae welcomed Dr Frances Dodd, Associate Director of People Experience, to the Board to present the Violence and Aggression Strategy.

Dr Dodd highlighted key points relating to the strategy, noting that the approach had been more ambitious over the past year regarding reducing violence and aggression. She informed the Board that multiple consultation and engagement exercises had been undertaken. It was noted that the strategy also included sexual safety and domestic violence for workforce, and the EDI agenda regarding the Trust as an anti-hate organisation was included to recognise its importance. She also confirmed that the strategy links to the wider Trust People Plan.

She informed the Board that the Trust was not compliant with the self-assessment for violence and aggression standards, however there was an action plan in place and the strategy would support this to progress. Part of the standards was for updates to be presented to the Board on a six-monthly basis, and Dr Dodd confirmed that this would take place.

Dr Healey noted that the strategy related to reducing violence and aggression relating to staff and it would be helpful to link with the approach to reducing violence and aggression for patients. Dr Dodd acknowledged this and confirmed that this would be included. Miss Sanderson also noted that this was worthy of a future discussion to further consider links for staff and patient workstreams.

Mrs McRae queried the link with reporting compliance and incident data to ensure there was opportunity to reflect on, and monitor improvement as a result of the strategy, and Dr Dodd confirmed this would happen.

Mr Skinner acknowledged the work that had been undertaken to develop the strategy and the complexity of the work, and formally thanked Dr Dodd for the work to date. Dr Munro added that the strategy was an excellent document and the associated policies and procedures provided detail on how the links would be made. She welcomed the inclusion of sexual safety and EDI, which demonstrated the importance of linking the workstreams and integration across them which reflected a change in thinking.

The Board agreed to approve the violence and aggression strategy.

The Board **received** and **approved** the Violence and Aggression Strategy.

24/015 **Report from the Chair of the Workforce Committee for the meeting held on 5 December 2023** (agenda item 15)

Mrs Burns-Shore presented the Chair's report for the Workforce Committee and acknowledged that the meeting had been chaired by Ms Khan.

Mr Wright raised whether the proposed e-rostering follow up audit timescale of August 2024 was appropriate in order to deal with the issues the audit had identified. Mr Skinner confirmed that the majority of actions had been completed therefore the audit could take place sooner. Mrs Hanwell reiterated that the low or limited assurance audits were the focus for follow up audits, however evidence of progress would be used to support discussions with internal audit in order to provide assurance.

Mrs McRae thanked Mrs Burns-Shore for the update provided.

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

24/016

Report from the Chair of the Quality Committee for the meeting held on 11 January 2024 (agenda item 16)

Dr Healey presented the Chair's report and noted two points to specifically highlight. She discussed the safer staffing report and the data regarding staff and patient experience and the focus for future reports. She informed the Board that data presented to the Quality Committee would support discussions regarding national data and the local data for planned and actual staffing figures.

Ms Khan left the meeting.

Mrs Forster Adams noted that Dr Healey provided a helpful triangulation of data with the use of the Mental Health staffing tool (MHOST), however at times the tool suggested more staff were required therefore there was a requirement to balance the financial position for staffing and effective care and outcomes. She noted it was important to discuss this as was done at Quality Committee. Miss Sanderson added that the tool could not be used in isolation and should be considered alongside professional judgement.

Mrs McRae queried how the Board understood core recommendations regarding establishment needs and professional judgement of patient needs, and whether the establishment required amendment. Dr Munro confirmed that the information would be reviewed within the Safer Staffing Group and escalated if amendments were needed. Miss Sanderson added that previous amendments made to the workforce demonstrated how changes were made to reflect needs.

Dr Healey noted that the Quality Committee had received an update regarding the Quality Improvement Programmes which noted that they were generally rated as amber or yellow and the detail was contained in the report. Miss Sanderson added that the nature of service evolution meant that Quality Improvement Programmes would not be completed in entirety, but work would continue with ongoing monitoring at the Unified Clinical Governance Group.

Mrs McRae thanked Dr Healey for the Chair's report.

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

24/017 **Report from the Chair of the Finance and Performance Committee for the meeting held on 23 January 2024** (agenda item 17)

Miss Wilburn presented the Chair's report for the Workforce Committee and acknowledged that it had been completed by Mr Henry as he chaired the meeting.

She noted that many of the points had been discussed in other agenda items. She specifically highlighted the discussion at the committee meeting that the ADHD medication shortage was noted to be rectified in April 2024, and there

was acknowledgement of this on the long-term impact for service users treatment.

She highlighted to the Board the changes to personnel across Directors of Finance in other organisations and the potential impact for the Trust which would be monitored as it progressed.

Mrs McRae confirmed that there was capping not pausing of the admissions to Red Kite View as noted within the Chief Operating Officer's report. She asked whether the ADHD medication shortage would become an item for oversight at the Quality Committee and Miss Sanderson provided assurance that the Central Alerting System (CAS) would alert the Trust of any concerns, and this would then be taken through the established governance process for escalation as required.

Mrs Forster Adams added that the ADHD service had responded to the medication shortage and were monitoring any impact. She confirmed that the supplier issue had been rectified however the impact was related to recommencing medication for service users.

Mrs McRae thanked Miss Wilburn for the update detailed within the report.

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

24/018 **Report from the Chair of the Audit Committee for the meeting held on 16 January 2024** (agenda item 18)

Mr Wright presented the report from the Audit Committee and noted the assurance provided to Board.

He updated that there was one item to alert the Board to regarding challenges in completing Health and Safety team recruitment due to agency spend rules. Mrs Hanwell confirmed that revised guidance had been received and agency usage now included estates and health and safety personnel, therefore this would be reviewed to consider options for filling recruitment gaps. She added that some exemptions had been removed, however approval was still required but no longer prohibited. She informed the Board that the guidance had changed since the Audit Committee had taken place and the committee would continue to review the impact of the agency spend rules on certain services.

Mr Wright noted that the remainder of the Chair's report noted discussions that took place, including the agreement to defer four internal audits which allowed a focus on returns to clear the backlog in advance of the final Head of Internal Audit opinion.

Regarding the two limited assurance audits that had been reviewed at the Audit Committee, there was assurance that action plans were in place and progress was being made. He highlighted that the key point was pace of completion required to get a clear Head of Internal Audit opinion at year end.

	He noted that progress updates could be provided in order to demonstrate evidence and influence the final opinion. Mr Wright informed the Board that the Chair's report for the private Board would discuss some points in more detail.	
	The Board of Directors **received** the Chair's report from the Audit Committee and **noted** the matters reported on.	
24/019	**Appointment of Senior Independent Director** (agenda item 19) Mrs McRae presented the proposal for the appointment of the Senior Independent Director noting that Mr Henry had undertaken the role for two years. Mrs McRae noted that following consideration of the tenure of Non-Executive Directors on the Board, the proposal was for Mr Henry to undertake the role for a further 2 years with discussion after 12 months to consider a future appointment. The Board noted agreement with the proposal and Mrs McRae confirmed that it would be presented to the Council of Governors in February 2024 for final approval.	
	The Board **noted** and **approved** the proposal for the appointment of the Senior Independent Director.	
24/020	**Use of the Trust's seal** (agenda item 20)	
	It was noted the seal had not been used since the last meeting.	
24/021	**Any other business** (agenda item 21) Mrs Burns-Shore informed the Board of a government initiative called Breathing Space which was linked to debt relief, however there was extra legislation to be implemented for those with mental health concerns to get help with financial problems within mental health settings. She was therefore bringing this to the attention of the Board due to the potential impact within the Trust. She noted that once further information was available, she would review this further. Mrs Hanwell also agreed that she would gather further information from colleagues.	**ZBS/DH**
	The Board **noted** the additional item of other business.	
24/022	**Resolution to move to a private meeting of the Board of Directors** At the conclusion of business, the Chair closed the public meeting of the Board of Directors at 12:30 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

Cumulative Actions Report for the Public Board of Directors' Meeting

OPEN ACTIONS

AGENDA ITEM

6

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
Annual Equality Diversity and Inclusion (EDI) Workforce Race and Equality Standards (WRES) / Workforce Disability and Equality Standards (WDES) and Gender Pay Gap progress update (minute 23/110 - agenda item 12 – September 2023) The Board questioned the percentage point change as illustrated in the report and asked that this be clarified for the reader before it was published on the website. The Board also questioned if the data was being interpreted correctly in the narrative, and whether the ratios reported as being positive could also be seen as negative. Mr Skinner agreed to ask the team look at these issues.	**Darren Skinner**	Management action	**UPDATE:** Further analysis and consideration of how the data is presented and the associated narrative has been undertaken and the 2023 Workforce Race and Disability data identified significant overall progress against the metrics. Taking these comments into account, a revised update report, which outlines more of the context will be presented for this year's results and taken through our POD governance in May.

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 Director of Organisational Development and People (minute 23/139 - agenda item 14 – November 2023) Mr Oliver Tipper, Head of Communications, to review the format of the Trust wide newsletter and consider alternative options due to mailbox size issues	**Darren Skinner / Oliver Tipper**	January 2024	**UPDATE:** A review of the Trust's flagship internal communications bulletin 'Trustwide' has been progressing. Research carried out in January and February 2024 found that Trustwide is well read. Digital analytics showed an 82% open rate (number of staff opening the email) which compares very favourably to the industry average of 37% (UK public sector & government comms). Of the 167 staff who responded to our survey, around 80% rated Trustwide 1 or 2 out of 5, with a similar number saying they read it regularly. The Communications Team is leading the implementation of a new customer relationship management system called Tractivity. We plan to use this to create, send and evaluate the Trustwide bulletin from April onwards. Unfortunately we have encountered some issues with migrating staff data into the new system. However we hope to have these issues resolved so we can relaunch Trustwide in line with the launch of the Trust's brand refresh in Q1 of 2024/25.
Sharing Stories – Emerge Involvement Strategy (minute 24/001 - agenda item 21 – January 2024) Dr Munro to discuss opportunities to influence national policy related to the lived experience involvement approach.	**Sara Munro**	Management action	

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
Any Other Business (minute 24/021 - agenda item 21 – January 2024) Mrs Burns-Shore and Mrs Hanwell to provide further information regarding the Breathing Space initiative, and potential impact on the Trust, once it becomes available.	**Zoe Burns-Shore / Dawn Hanwell**	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 Chair of the Quality Committee for the meetings held on 14 September 2023 (minute 23/116 - agenda item 17 – September 2023) Dr Munro noted that once the impact of the changes within Datix for patient safety incident reporting had been assessed by the risk management Team an update could be brought back to the Board for wider assurance.	**Nichola Sanderson**	Date of Board meeting to be advised	**CLOSED** Any issue for escalation relating to the impact of changes within Datix for patient safety reporting will be escalated via the Executive Risk Management Group as per the established governance process.
Report from the Chief Operating Officer (minute 23/133 - agenda item 8 – November 2023) Amendment required on the Finance and Performance Committee Chair's report to correct 'internal to 'international' in relation to the ADHD medication issues	**Corporate Governance Team**	Management action	**COMPLETE** The amendment has been made to correct the document
Report from the Medical Director (minute 23/135 - agenda item 10 – November 2023) Dr Hosker and Mr Skinner to discuss the sponsorship recruitment process in order to provide clarity to the Board on implementation of the process and position.	**Chris Hosker / Darren Skinner**	January 2024	**COMPLETE** Recruitment process and funding arrangement confirmed.

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 23/133 - agenda item 8 – November 2023) Dr Hosker agreed to review the opportunity for research funding to review service changes.	**Chris Hosker**	Management action	**COMPLETE** R&D Clinical Lead updated there are 2 aspects to the proposed Mill Lodge Day Unit research opportunities: 1. Research to understand why some young people require inpatient treatment for eating disorders which will enable the day service to target identified treatment to needs. This project has commenced (acronym: EDIP) and has been funded by the commissioners. It has been live for 6 months and is on track to be completed within the 18 month time limit. Connected research at concept stage, but once conceptualised will need funding/ support. The aim will be focused on assessing the impact of the day service and analysing feedback from service users.
Report from the Director of Nursing and Professions (minute 23/137 - agenda item 12 – November 2023) Miss Sanderson to incorporate patient and carer experience into the Clinical Governance framework diagram.	**Nichola Sanderson**	Management action	**COMPLETE** Patient and carer experience has been incorporated into the Clinical Governance framework diagram
Report from the Director of Organisational Development and People (minute 23/139 - agenda item 14 – November 2023) The dates for the van visits to be circulated to the non-Executive Directors to support their attendance if available.	**Sara Munro / Clare Edwards**	Management action	**COMPLETE** The dates for the coffee van visits have been circulated to the Board for attendance where possible

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
Health and Safety Annual Report (minute 23/141 - agenda item 16 – November 2023) The Executive Team will discuss the approach to restrictive practice and violence and aggression workstreams to provide clarity on opportunities to align activity.	**Executive Directors**	Management action	**COMPLETE** Confirmation provided that the two workstreams for restrictive practice and violence and aggression are aligned and opportunities to connect activity are in place.
Health and Safety Annual Report (minute 23/141 - agenda item 16 – November 2023) A review of the incidents under the heading 'other' within the Health and Safety incident data to be completed to understand the detail.	**Dawn Hanwell**	January 2024	**COMPLETE** Following discussion at the Executive Risk Management Committee (ERMG), the incidents noted as 'other' have been reviewed and confirmation provided that recategorization takes place to ensure appropriate category allocation. The risk management team will review the use of 'other' as an incident sub-category in order to consider opportunity to amend the dop down list options. This will be overseen via ERMG.
Board Assurance Framework (minute 23/144 - agenda item 19 – November 2023) Dr Healey requested that the term 'quality including safety' be used in the BAF in order to ensure that they are not treated as separate items. It was noted that this would be amended as part of the update process.	**Executive Directors**	Management action	**CLOSED** The planned review of the management process for the Board Assurance Framework over Q4 23/24 will include the link with the STEEP framework approach and quality / safety to ensure appropriate terminology is utilised.

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 Chair of the Quality Committee for the meetings held on 10 October 2023 and 16 November 2023 (minute 23/146 - agenda items 21.1 and 21.2 – November 2023) Dr Munro agreed that the Executive Team would consider the work programme required to resolve the issue of outcome measures, considering the various requirements of services.	**Executive Directors**	Management action	**COMPLETE** This will be included in the Trust objective and priority setting for 2024/25
Report from the Chair of the Quality Committee for the meetings held on 10 October 2023 and 16 November 2023 (minute 23/146 - agenda items 21.1 and 21.2 – November 2023) It was agreed that a future Board Strategic Discussion regarding operational priorities and objectives will also include data required to support this.	**Clare Edwards**	Management action	**COMPLETE** This has been incorporated in the work programme for the Board Strategic Discussions in 2024/25

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:	28 March 2024
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

28 March 2024

CHIEF EXECUTIVES 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

Since the last public board meeting the Trust has successfully managed a period of industrial action by Junior doctors which took place between 7am on Saturday 24 February 2024 until 11:59pm on Wednesday 28 February 2024. Thanks again to teamwork, good planning, coordinating and robust oversight arrangements, disruption was kept to a minimum.

At the time of writing there are no further episodes of industrial action planned. The BMA has rejected a pay offer for specialist, associate specialist and specialty (SAS) doctors in England, following a majority no vote in a membership referendum. SAS doctors have a current mandate for strike action, but none announced yet. The BMA have just confirmed the outcome of a ballot with junior doctors which gives them a mandate for further industrial action for the next 6 months. They have however recommended consultant members accept a new pay deal put forward by the government.

We don't yet know what and when the pay offer for agenda for change staff will be announced for 2024/2025.

Staff Engagement

I just wanted to briefly acknowledge the excellent progress we have made in our staff feedback through the annual ***NHS staff survey***. The board will be having a more detailed report on this during the meeting including areas to celebrate and how we will continue to use intention planning to support our teams to make even more improvements in the year ahead. A key part of our approach to valuing staff is through our ***Spotlight platform*** which continues to roll out and of course the ***Mr Coffee Van*** who has been doing the rounds again during March. These small gestures are hugely appreciated by staff and thanks to all the team who behind the scenes make this happen.

We will also be holding our next workshop on ***Collective leadership*** on the 26th March 2024. We have been able to demonstrate areas where we have made progress as a leadership community over the past 12 months using the measure of relational coordination. This year we will build on this by showcasing the benefits of direct application of the leadership skills to the day-to-day business of the organisation of which we already have many excellent examples. We know the

year ahead will be challenging given the wider political and socio-economic context which affects demand for services and the capacity to meet that demand. Bringing to bear our collective leadership community will be essential to deliver the safest care within the budget we have allocated to us and this will frame the session on the 26th.

Research Forum
Our research team hosted another successful conference on the 14th March in Leeds which myself and Frances Healey were able to join. There were attendees from a wide range of organisations and different professional roles which helped generate some great discussions on research and the impact it has. A very strong theme in the presentations was on co-production with service users from the outset of deciding if a topic is worth investigating and if so, how best to go about it. Huge thanks to Sarah Cooper and her team.

Annual apprenticeships event
We are holding our second in person event to showcase and celebrate the impact of our apprenticeship scheme on the 22nd March 2024. 30 colleagues have successfully completed their apprenticeship in the last 12 months and we have 95 currently in training.

Service Visits
It has been great to get out on some service visits over the past two months. The Chair and I carried out a joint visit to the mother and baby unit at the Mount. The team there are incredibly cohesive, and patient/family centred, and they were able to share the longer-term plans for the service once it becomes part of a provider collaborative.

At the Mount and Becklin Centre it was great to hear direct from a couple of ward managers about the success they have had with recruitment and the benefits this brings in being able to focus on team and practice development. The specialist dementia ward at the mount have invested in new roles to support meaningful activity and are restarting the work on dementia care mapping and recently reestablished regular support meetings for carers and families. As you would expect a key discussion point at the Becklin was the work being on patent flow and for the wards ensuring effective care and treatment in the right timescales followed by timely and safe discharge. I won't repeat here the work the board is aware of through the deep dive. The team will be more than willing to provide update reports to future board meetings.

Our response to the BRAP Report 'Too hot to handle'.
"Too Hot to Handle" is a report from the charity BRAP published on 5 February 2024 which explores the impact of racism within the NHS. This report brings together learning from various significant tribunal cases and responses from 1,327 people who answered the BRAP survey. All relaying their experiences of raising allegations of racism within their respective organisations across the NHS.

In response to the report our chairs of the Workforce Race Equality Network (Maxine Brook and Mahesh Patel) along with our Head of People Experience (Francess Dodd) drafted a response which openly acknowledge the findings of the report and set out where we are making progress as a Trust and where we know we still have more to do. This was shared as an open letter and feedback has so far been positive for this being published. We are liaising with Maxine, Mahesh and Frances to arrange a further discussion at a future board session.

2. Our Partnerships, National and Local

Update on NHS Planning Guidance for 2024/25

At the time of writing the formal planning guidance for the NHS for 2024/25 has still not been published due to ongoing negotiations regarding key performance metrics. However, the draft guidance has been used to develop plans by the NHS organisations and ICB in West Yorkshire.

NHS spending was confirmed in the spring budget as follows:

• The one per cent increase in public sector spending will remain.
• A £3.4 billion fully funded NHS productivity plan focused on digital transformation, to help fund productivity growth by 2030, including:
  - expanding the use of AI for quicker cancer diagnosis.
  - an improved NHS app to allow patients to confirm and modify appointments.
  - a new app for NHS staff to allow for easier e-rostering; and
  - a plan for all hospitals to use the electronic patient record.
• £2.5 billion in additional funding to support reducing waiting times.

Life sciences: There will be £45 million of new investment in life sciences, including funding for research into cancer, dementia and epilepsy.

The financial challenges for the next year are significant. We have significant cost pressures/overspends in a small number of areas which will be the priority focus for addressing this year to enable us to achieve a balanced financial plan. This will run alongside improving efficiency in how we use our resources across the trust to ensure we can live within the resources allocated to us. This will be discussed further in the finance report from the CFO and in the private board meeting.

West Yorkshire Integrated Care Board Updates

The public board meeting of the ICB was held on the 19th March 2024 in Calderdale. The meeting covered the usual updates on performance, finance and planning and workforce alongside updates from each place ICB committees. The deep dive/in focus session was on the acute sector this time led by the West Yorkshire Association of Acute Trusts. Future meetings will now only be held once a quarter (reduced from bimonthly) based on learning and feedback on the first 18 months of the board's existence.

One of the ICB non-executive lay members Becky Maltby has announced she is stepping down from the Board in June after serving for 2 years. Recruitment is getting underway to appoint a new member with a lead on quality for the board.

NHSE Chair Visit to West Yorkshire

The Chair of NHSE, Richard Meddings, visited West Yorkshire on the 19th and 20th February 2024, visiting LTHT, CHFT and GPs as well as joining us at the private meeting of the ICB board. Key messages included prioritising a small number of issues to tackle in the midst of a large number of statutory objectives, and we discussed priorities and challenges and the need to focus on innovation, technology and transformation as can never keep up with demand.

COVID-19 Inquiry

Last month, the Chair of the UK Covid-19 Inquiry, Baroness Hallett, set out plans for the public hearings in the following three investigations from autumn 2024 until spring 2025.

- Module 3 which will investigate the impact of the pandemic on healthcare systems.
- Module 4 which will examine vaccines, therapeutics, and anti-viral treatment across the UK.
- Module 5 which will explore pandemic procurement across the UK.

Dates for Module 6 public hearings, examining the care sector across the UK, will be announced later this year. Six investigations are currently underway examining a wide range of the UK's pandemic experience. These include investigations looking at the impact on healthcare, the care sector and the procurement and distribution of key equipment and supplies including Personal protective equipment (PPE).

Supporting the Inquiry's legal investigations is Every Story Matters, the Inquiry's UK-wide listening exercise, which will provide evidence about the human impact of the pandemic on the UK population. The Inquiry will also deliver a bespoke and targeted research project, hearing directly from children and young people most affected by the pandemic to help inform its investigations.

Neuro Diversity Summit

We held our second West Yorkshire Neurodiversity Summit in February 2024. The focus was to build on the 'vision to 2028' that participants had articulated in December 2023 and identify the actions that partners could take to support people waiting before referral and to 'wait well' once referred for an Autism or attention deficit hyperactivity disorder (ADHD) assessment. Once again, we had great representation from people with lived experience and health & care professionals including many colleagues from our Trust. A broad range of potential actions were identified, and it is important now to prioritise these so that a small number of deliverable actions are taken forwards. Feedback will be given to those who attended both summits and actions agreed via the WY Mental Health, Learning Disability & Autism Partnership Board before being reported into ICB committees.

Leeds Academic Health Partnership

'An independent analysis of Leeds' research and innovation in health and care' was commissioned by the LAHP and the report has now been published – entitled *Pursuing Excellence.* A copy will be shared with board members for information. The report sets out the key strengths of the city in the health and innovation sector, being the third strongest European city for health technology. It also sets out areas where we should focus our energies to have greater impact in this field. The board is considering the findings and next steps under the direction of the new chair Professor Phil Wood, CEO of Leeds Teaching Hospitals.

National Mental Health Strategy

The long term plan for mental health is coming to an end and there has been extensive engagement led by the NHSE mental health team on the future priorities for NHS funded services for mental health. A draft strategy is in development and hopefully will be published in the summer. However, we are sighted on the key themes which are in line with our local and ICB priorities.

- Consolidating the implementation of the long-term plan commitments
- Improving flow to eliminate the use of out of area placements.
- Delivering on the quality improvement programme for all inpatient mental health services

- Improving access to services and reducing waiting times
- Expanding the offer of talking therapies and individual placement support to enable people to remain/return to paid employment.

It was pleasing to hear from the national team and regional team that when looking at progress in delivering the long-term plan ambitions for this year the West Yorkshire ICB is in the top 5 nationally. This reflects the great partnership work across all mental health providers in West Yorkshire and the work of our programme board and team led by Keir Shillaker.

3. Reasons to be Proud

OLDER PEOPLES SERVICES – ARTLINK PROJECT

Rebecca Wharton, Practice Development & Senior Lead Occupational Therapist: "The project between Artlink and the older people's inpatient wards at the Mount has been a fantastic project to be involved in and oversee."

Team/Staff

- **Congratulations to Amy Pratt, Principal Dietetic Practitioner**, who has recently obtained a distinction in the University of Central Lancashire masters level module in Leadership for Allied Health Professionals, for which she successfully applied for funding from the British Dietetic Association.

- Amy says: “This was an opportunity to critically engage with the challenges and opportunities of leadership specifically as an AHP. We’re not typically the largest or loudest voice in any given room, yet have a unique perspective that shapes care for the better – so developing our leadership skills and understanding the drivers we can mobilise for change is so important”. Fellow AHPs in or aspiring to leadership positions can contact the AHP lead for their service to discuss development opportunities

Team/Staff

- **Celebrating five years of the Nursing Associate role at LYPFT** - It's five years since the first Nursing Associates qualified, and our very own Adrian Walker was one of the first.
- Nursing Associates first joined the NMC register in 2019 and the role was initially developed to bridge the gap between Health Support Workers and Registered Nurses.
- The role has developed during these five years and the number of Trainee Nursing Associates (TNA) and Registered Nursing Associates (RNA) is quickly growing too. We currently have 28 TNAs and 34 RNAs in the trust. Despite this a lot of people are still unaware of the RNA's role and capabilities.

WARD 5 ALBUM LAUNCH

- **"Sometimes Falling Up"** is the culmination of a creative project with mental health inpatients in our Ward 5 Complex (Locked) Rehabilitation at the Newsam Centre to introduce song writing as a means of improving mental wellbeing and aiding recovery.
- Janette Hynes MBE, Senior Occupational Therapist on the ward and Jonathan Parker, Project Support Worker from Creative Frame CIC worked with service users on the project.
- ***"Unlocking creativity through projects like this can have such a transformative effect."*** - Richard Carroll, Head of Operations for Regional Eating Disorder, Rehabilitation and Gender Services.

Wellbeing Roadshow

- The Health and Wellbeing Team went on the road to select sites, providing information about the range of services available to keep you physically, mentally, and financially fit.
- The Hands at Work team were there to give a free massage.
- Staff had a chance to win some prizes!

Feedback

- “I’ve been struggling with back pain this week. I came for a back massage today, which I enjoyed thoroughly. The lady giving me the massage was very good and helpful, giving me advice on exercises that would help with my condition. – Thanks very much!”

North West Gambling Service Launch

Launch of the North West Gambling Service Liverpool Clinic

- The new clinic covers Merseyside, the Wirral, and Cheshire, providing treatment for gambling problems, those with mental & physical health conditions & those who may be at risk of suicide.

- There has been a surge in suicidal gambling addicts turning up at NHS clinics. Dr Gaskell, a consultant psychologist, says that gambling does not just harm a minority of so-called weak and vulnerable people. The majority are younger men, working and in a relationship, who gamble online. He stressed: “Football has a major gambling problem. Our clinics have many football fans.”

OpCOURAGE Celebration

Andrew Sims Centre and Leeds and York Partnership NHS Foundation Trust supported Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust in the successful running of a celebration event to mark the first year of OpCOURAGE North on Wednesday 13 March 2023 .

TEAM OF THE MONTH JANUARY SPECIALISED SUPPORTED LIVING

Team at 156, Austhorpe Road

Nomination:
“The team support an individual service user who has hoarding behaviours. The individual decided to have her bedroom emptied, and the team went above and beyond to help plan the process. They took steps to prepare to complete the work and support the service user needed during this time/strategies she would need when she returned to her bedroom. "

Judges:
“It's great to see a team supporting a service user in an encouraging and person -centred way – both directly and by supporting them to address their underlying anxiety. Such a great outcome as well.”

“This is a wonderful example of a team working together to put the service user at the heart of everything they do – demonstrating such kindness, compassion and patience – thank you so much.”

TEAM OF THE MONTH FEBRUARY
RESUSCITATION AND PHYSICAL HEALTH EMERGENCIES

Nomination:
"The team has been amazing, going above and beyond to support the various clinical services that have had incidents/issues. While ensuring a high level of training for all staff attending courses with minimal cancellations, they have all been amazing, exceptionally well led by Katie Baldwinson, who acted up into my post, and excellently supported by Julie Thornton, the HESS Lead."

Judges:
"Great to see a team supporting a service user in such an encouraging and person-centred way – both directly and by supporting them to address their underlying anxiety. Such a great outcome as well"

"This is such a wonderful example of a team working together to put the service user at the heart of everything they do – demonstrating such kindness, compassion and patience – thank you all so much".

Research Heroes

We are recognised and rewarded

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

Thank you for making a difference!

- This month we take the opportunity to celebrate the staff who have contributed to the delivery of the UK MINDS project within the trust over the past six months. The success of this project at LYPFT is truly a result of a team effort, and we would like to thank everyone involved along the way.

Email: research.lypft@nhs.net

R&D

Research & Development

UK MINDS is a nationwide research project that aims to collect information about people's environment, lifestyle, and biology and is a collaboration between the National Centre for Mental Health (NCMH) and Akrivia Health.

The project aims to push forward understanding of why some people experience problems with their mental and cognitive health.

THANK YOU

Admin:

- We would first like to recognise those staff who have enabled the smooth running of the project, Sinead Audsley, Crystal Romain-Hooper and Zara Brining for all their help behind the scenes.
- CMHT Administrator, Caroline has gone above and beyond in supporting the various needs and challenges of the project..

Memory Nurses:

- The memory nurse team are always a huge support in referring service users to research, and the UK Minds project benefitted greatly from their enthusiasm and willingness.

Clozapine staff:

- Ongoing support from the trust's clozapine staff has been incredibly valuable to the project, as they helped research staff with competency sign -off and welcomed us to attend clinics to approach eligible participants.

Aspire:

- We would also like to acknowledge the Aspire team for their contribution to UK Minds recruitment.

Dr Sara Munro
Chief Executive Officer
21 March 2024

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:	28 March 2024
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

This report sets out the key management, development, and delivery issues across LYPFT Care Services. It aims to summarise and highlight the most significant service delivery issues we are facing.

This month the report includes:

- **Service delivery and key performance escalations.** The most significant risks and challenges faced by our service managers and leadership teams, continue to be sustained demand within our acute in-patient service and workforce supply across all areas but particularly within our Children and Young Peoples in-patient service at Red Kite View. (Appendix A contains the agreed Board level dataset for performance and service delivery).

- **Service development**. In summary, the Community Mental Health Transformation rollout has been launched. Considerable work is in train to ensure that we maximise the impact and realise the ambition of community transformation and there are key decisions on how remaining resources can be used to best effect. Work continues to develop our Care Services priority areas of development and improvement for 2024/25, in line with the Care Services Strategic Plan, the operational and financial planning cycle.

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 Trust Board is asked to consider the content of this report and highlight any concerns, further intelligence or additional assurance required.

MEETING OF THE BOARD OF DIRECTORS

March 2024

Chief Operating Officer: Trust Board Report

1. INTRODUCTION

This report sets out the key management, development, and delivery issues across LYPFT Care Services. It aims to summarise and highlight the most significant service delivery issues we are facing.

This month the report includes:

- **EPRR Update Report**. The paper describes current areas of work by the EPRR team and areas where support by senior operational and corporate staff is required to further arrangements to make the Trust more resilient. In particular regarding business continuity progress and attendance at training events and exercises. 2024/25 is set to be a challenging 12 months with major pieces of work around EPRR improvement plans and EPRR portfolio training and with continuing uncertainty around further industrial action.

- **Service delivery and key performance escalations.** The most significant risks and challenges faced by our service managers and leadership teams, continue to be sustained demand within our acute in-patient service and workforce supply across all areas but particularly within our Children and Young Peoples in-patient service at Red Kite View. (Appendix A contains the agreed Board level dataset for performance and service delivery).

- **Service development**. In summary, the Community Mental Health Transformation rollout has been launched. Considerable work is in train to ensure that we maximise the impact and realise the ambition of community

transformation and there are key decisions on how remaining resources can be used to best effect. Work continues to develop our Care Services priority areas of development and improvement for 2024/25, in line with the Care Services Strategic Plan, the operational and financial planning cycle.

Primarily, the main areas of concern are set out in the “Alert” section of the Service Delivery and Key Performance section of this report (Section 3 below). However, as a very high-level summary the most concerning issues include:

- The continued need for additional Out of Area inpatient capacity as a result of the ongoing demand and challenges with patient flow through our services (resulting in quality, operational and financial risks). A Board development session was held in March 2024 to outline the key issues and set out our plans for recovery.

- The ongoing challenges to the delivery of the service at Red Kite View in light of the staffing vacancies, particularly the more senior nursing vacancies on both wards.

- A lack of resolution of the pay dispute with medical staff (now including specialty doctors and special grade doctors – SAS doctors) with the ongoing uncertainty and risk of industrial action being triggered.

- Continued overspending across our Trust-wide inpatient services as a result of additional staffing, combined with medical staffing financial pressures, underfunding in the Specialist Supported Living Service and out of area placement costs resulting in a Care Services overspend equating to £8.5m year to date.

2. EPRR ACTIVITY

2.1 Incidents/ disruption

2.1.1 Industrial Action

The last phase of industrial action involving junior doctors ended on 28 February. The Trust adopted the same processes for managing this phase involving the tactical group developing mitigations and rota cover for out of hours and ensuring adequate in-hours pathway cover.

The Incident Coordination Group met daily during the weekday phase of action.

Impacts in terms of cancellation was low – 2 sessions declared. Across the ICB other organisations reported that they coped well with this period.

A debrief was held on 4 March 2024 looking at winter as well as industrial action response and planning. A debrief report will be produced in due course with actions monitored via EPRR Group.

2.2 Business Continuity

Following the EPRR assurance standards in September 2023, the EPRR has redesigned its approach to business continuity. This covers several elements:

- Initial work on prioritising activities and identifying critical activities – this is being facilitated via workshops with band 6 and 7 staff initially in care services.
- Redesign of templates in accordance with NHS England's Business Continuity plan templates.
- Rebase the number of plans required – in the past some gaps in cover / services without business continuity plans have been identified and hence this work will produce a list of all areas where plans are needed. All services, however small, which are covered by NHS Standard Contracts need a plan as this is required in service conditions.

- Development of two exemplar business continuity plans, community and inpatients, to assist staff drafting plans in the new format.
- Scheduling tabletop exercises to test new plans, give staff experience of managing an incident and those requiring portfolio experience of command the opportunity in these exercises to obtain that.

2.3 EPRR Portfolio training

The EPRR team has now rolled out an introduction to portfolios to both strategic and tactical levels. Four tactical sessions were held in January and February 2024. The strategic session was held in late November 2023.

The situation regarding this training is still not completely known as training requirements for the competencies in some areas have not been clarified by NHS England. However, a schedule of the latest position has been shared with staff that signposts or describes the available training for most of the competencies (9 for tactical, 11 for strategic).

EPRR leads are working collectively with the ICBs across the Yorkshire and Humber to identify sources of training for the areas where training availability is challenging.

Some training will be internally sourced/ obtainable:

- Writing a strategic/ tactical plan
- Chairing a strategic/ tactical meeting
- Performing as a strategic or tactical lead in an incident or exercise
- Incident coordination/ control room awareness

The EPRR team will support the above and will ensure that, as soon as training is identified by NHS England or the work done collaboratively with ICBs, those required to do portfolios are alerted.

2.4 EPRR Assurance action plan development

The EPRR assurance review identified considerable areas where work is needed to fully meet standards. An indicative plan was developed in November 2023. However, given changes to the understanding of requirements, work at an ICB level on sharing best practice and uncertainty regarding future arrangements, this plan will need redrafting and may need periodic updates throughout 2024. A revised plan will go to April's EPRR Group and then onto the Finance and Performance Committee.

2.5 Working collaboratively

Collaborative working is a vital part of EPRR work and the EPRR team has been carrying out work across the region with colleagues. The Low and Medium Secure decant plan is an example of this work and this is currently being signed off by all MH Trusts in the Yorkshire and Humber Region.

A Memorandum of Understanding (MoU) has been developed for EPRR support in an emergency recognising that for long duration events needing a physical Incident Coordination Group the host organisation's EPRR staff along with other attendees will need to be stood down and replacement staff brought in. Additionally, this MoU builds on current custom and practice and defines arrangements where organisations without an EPRR lead can obtain cover from other parties to the MoU.

3 SERVICE DELIVERY AND KEY PERFORMANCE ESCALATIONS

As highlighted in previous reports, we continue to have sustained demand for admissions into our Acute Service, with increasing lengths of stay and increased delayed transfers of care, resulting in high levels of out of area placements. Improving capacity and flow continue to be a key priority for the organisation (from a quality, safety, and efficiency perspective).

Significant planning has been undertaken in the months leading up to the winter period and recently we have stepped down our Enhanced Winter Coordination Group as we transition out of the winter period. We have recently had to step up our

Incident Coordination Group to respond to further industrial action taken by Junior doctors over a 5-day period. Preparation and planning for events of this nature has resulted in a robust and comprehensive response that has meant minimal disruption to our service users even when pressures have been experienced in other parts of the system.

The work we were doing to understand variations in sickness absence concluded that there were no unusual of significantly different patterns over the course of the winter period. Workforce performance now forms an integral part of the Quality, Delivery and Performance (QDaP) process and can identify trends that may impact on service delivery to ensure services are able to manage these effectively.

3.1 Alert

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

3.1.1 Acute Service Line – Inpatient Capacity

the Out of Area position for the Adult Acute Service has deteriorated since last reported. Bed occupancy within LYPFT remains consistent at 100%, with the Length of Stay (LoS) increasing and delayed bed days being contributing factors to the position. Whilst work had been progressing, with many staff in all of our services working hard to improve flow, The Trust Board and Executive Team have supported a dedicated programme approach to improving flow and reducing the need for inappropriate out of area placements. Laura McDonagh, (Head of Operations for Acute Services and Improving Flow Programme Lead), has been identified to undertake this work. Laura is being supported by Dr Jamie Pick as Clinical Lead for the programme and providing clinical oversight and input to our acute services both in, and out of area. Laura is working alongside the Head of Programme Management to define the workstreams and plan which have started in earnest. We had agreed a recovery trajectory which has been shared with Trust Board colleagues in a focused Board development session.

Recovery Trajectory as at 7th March 2024.

	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Active OAPs	40	36	30	27	27	26	24	24	24	22	22	21

Key points

- We have rescoped our Inpatient Flow Programme of work and initiated the following workstreams:
- Re-engineer and enact changes that enable improved management of capacity and flow across LYPFT
  - Implement capacity and flow team efficiencies
  - Improve out of area placement oversight processes
  - Senior clinical support becomes standard practice within our wards
- Purposeful admissions and interventions across the inpatient pathway
  - Ensure people are only admitted with a clear plan
  - Implement Oasis evaluation recommendations
- Proactive discharge planning and support
  - Interface/processes with external partners e.g. Adult Social Care, Housing
  - Reducing internal delays

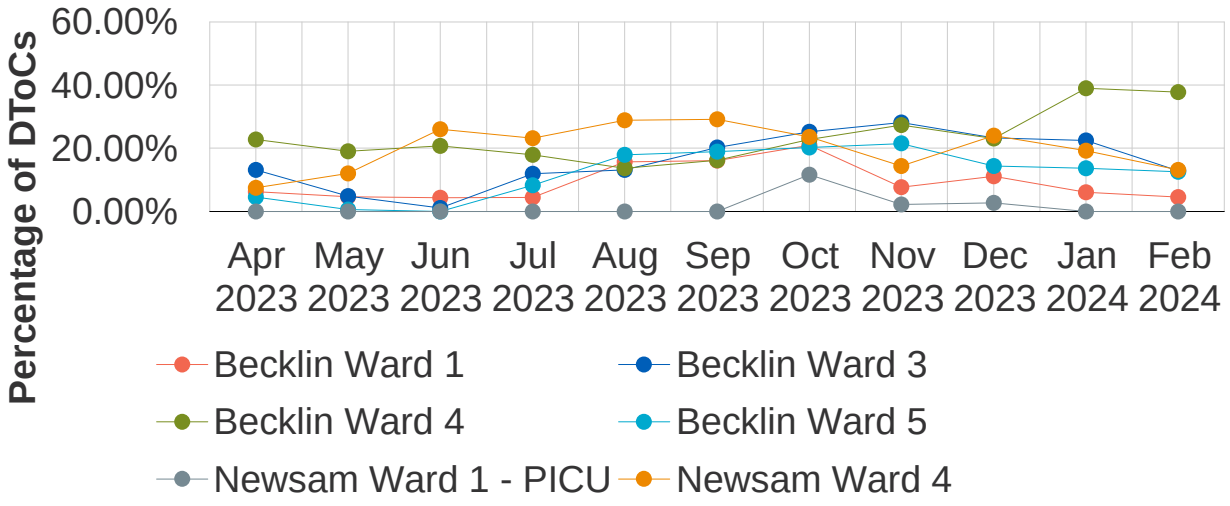
We continue to see a sustained pressure for inpatient Acute admissions, with the number of out of area admissions increasing to over 40 over the past month. As of the 1 March 2024 the number was at 43 in total, as detailed in table 1 below.

Table 1

Position at	Current OOA placements
Male Acute	18
Male PICU	3
Female Acute	17
Female PICU	5
TOTAL	43

The level of delayed transfers of care remains consistent, which is impacting on our ability to respond to the sustained levels of demand, see graph 1. The number has slightly reduced to 21, one of whom is in and out of area placement, across most our in-patient service. The most significant improvement has been seen within our female wards with this number reducing to 5. However, we have seen a significant increase in our male in-patient wards with approximately 70% of people waiting for suitable accommodation. The service continues to link housing providers and the Local Authority to expediate the discharge for these service users.

Graph 1



3.1.2 Children and Young Peoples Services: Red Kite View Staffing

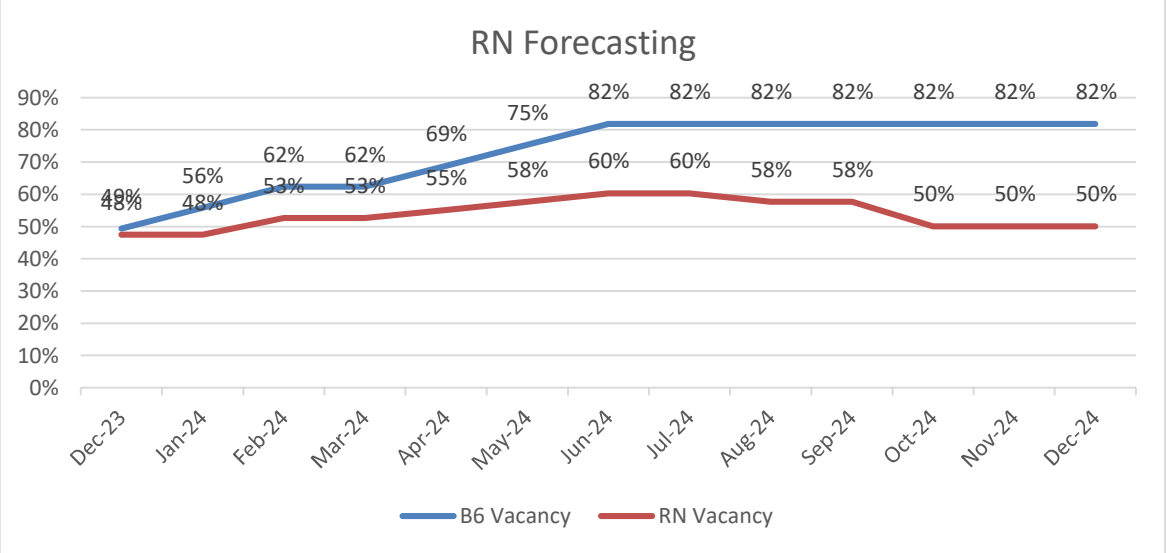
Red Kite View continues to face significant registered nursing vacancies with an increased number of Band 6 nurses leaving the service. This will result in a reduction of senior nurses working across the wards, offering the level of supervision and leadership that is required for our junior members of staff, as detailed in table 2. Other senior staff, Team Managers, Practice Development Lead, Occupational Therapists and Social Workers have all responded by covering shifts where there are gaps in leadership. We are working through the reasons for staff leaving and are developing a strategic plan to respond to this, including requests for mutual aid from partner organisations and the possibility of temporary deployment from within LYPFT.

Table 2

RKV B6 Nurse Forecast														
	Establish't	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Lapwing (PICU)	6	2.8	2.8	2.8	2.8	2.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8
Skylark (GAU)	9.4	5	4	3	3	2	2	1	1	1	1	1	1	1

We are anticipating an improvement in the Band 5 Nurse establishment over the next year, however, as is detailed in the graph below our band 6 nursing position shows a deteriorating picture at present. No specific themes are emerging, and the work outlined above will be shared in the immediate future.

Graph 3



We continue to use a higher percentage of temporary staff to ensure we maintain safe staffing levels. Wherever possible we work with bank staff who are familiar with the service, the environment and our service users. Whilst it is a challenge and creates additional work for established staff, and less stability when using a higher percentage of temporary staff, we have found that is has not significantly impacted on the care of the young people.

We have agreed a capped occupancy on GAU (General Adolescent Unit) in response to the staffing challenges. Additionally, our operating model means that we undertake an assessment of case-mix and a maximum number of young people requiring nasogastric feeds. This has resulted in unmet admission demand, meaning we are supporting a small number of young people who require Children and Young People's Mental Health Tier 4 support, being treated out of area and in paediatric units. Detailed information is presented and scrutinised in the West Yorkshire Provider Collaborative Board. West Yorkshire system partners have concerns about the issues faced at RKV and consequently we are meeting at executive level with colleagues to discuss further.

More encouragingly, the provider collaborative has set out where we can change our model, particularly looking at the potential for a West Yorkshire eating disorder

pathway and supporting service which will potentially be taken forward through the West Yorkshire Mental Health, Learning Disability and Autism Collaborative.

At a Tier 4 level, we are developing plans to redesign how we are able to respond to the changing needs of the population and considering how we deliver the service via other means, i.e. day service provision. This work is in the early stages of development, and we anticipate we will have a more detailed plan by June 2024.

3.1.3 Liaison and Perinatal Services: Development of appropriate assessment space and ALPS office space in Leeds Teaching Hospitals

In partnership with LTHT we are progressing expanding the ALPs office accommodation on the St James Hospital site. The service continues to meet with the project team in LTHT to progress identifying further possible solutions. In December the Same Day Emergency Care (SDEC) facility successfully opened and included a high-risk assessment room and also additional dual-purpose cubicles. Work to scope the enhancement of the existing high risk assessment room in the St James A&E department, mirroring the agreed specification, is to begin in 2024/25.

3.1.4 CONNECT Adult Eating Disorder Service: Community vacancies.

The Connect Community service has a number of vacancies including Psychology and Dietetics, resulting in potential increased waits for treatment. The service has plans to cover these vacancies to reduce this impact, whilst also reviewing the delivery model to ensure disruption is kept to a minimum and manage the flow through the service.

3.2 Advise

3.2.1 Community and Wellbeing Service: Transformation

The vision for transformation is to ensure that people access the right care and support at their earliest point of need and have wide ranging support closer to home so they can live as healthy and fulfilling lives as possible in their community.

This will be achieved by testing our new model of care against the following key performance indicators:

Outcome	We will know we have achieved it if…
Accessing high quality support	The community mental health system across West Yorkshire is transformed so people and their communities can access high quality community based mental health support
Supporting care options	People and their communities understand the options for support and can access what they need, when they need it and services which will work with them to agree the best options
Providing innovative, effective, and evidence-based care	People and their communities work in partnership with a responsive workforce that provides innovative, effective, and evidence-based care that places the individual at the centre of decision making.
Partnership working	All partners work in a seamless way to provide people and their communities with the personalised care they need as one health and care system.

Robust evaluation measures have been devised that will collect both quantitative and qualitative data sets using a range of identified metrics. We will also evaluate how staff practice has changed by conducting a range of differing evaluation methods (case studies of staff, semi structured interviews, personal reflections). There are discussions ongoing through the CMH Transformation board regarding the correct medical staffing establishment for the new hubs and the financial options to support this. A review of transformation funding is proposed to consider risk mitigations.

3.2.2 Community & Wellbeing Service: Care Coordinator allocation

Our CMHT's have been operating waiting lists for allocations for Care Coordinators from our Acute inpatient and Crisis services due to reduced staffing as a result of staff moves and absence. This is resulting in delays to discharge planning. We have seen most delays in the South Locality with 12 of the 13 referrals made in one week being to this locality. The longest wait for the allocation for a Care Coordinator to this locality

has been 5-7 days. The management team is monitoring through weekly reports for referrals and allocations with a view to significant improvement as a priority.

3.2.3 Children and Young Peoples Services: Mill Lodge Day Service (Willow View)

Estates work for Willow View has been slightly delayed due to some internal fittings still being required, but we anticipate the estates work will be completed as planned for the go live date in April, with the team currently completing snagging lists. The readiness assessment is being completed with the project team, with any delays currently being mitigated. Contractors have worked incredibly well with the service to minimise disruption and meet the needs of the service during works. Staffing remains a concern in regard to some key posts, namely dietetic and psychology (including family therapy). The service is still planning to launch on 8th April 2024, however doing so in a staged way. Initially 2 young people will step down from Mill Lodge to facilitate discharge, this is due to a dietetic plan and formulations being in place for these young people. The service will offer step down beds for those within Mill Lodge, and as Dietetic and Psychology staff are recruited, the service will begin to accept referrals from community partners. Dietetic posts have recently been successfully recruited into.

3.2.4 Forensic Services: Seclusion facilities

We continue with work to address challenges with regard to having sufficient and appropriate seclusion facilities across the low secure service (LSU) footprint. Two of the three seclusion facilities are currently occupied supporting the segregation of service users who do not have an onward pathway from LSU, but require to be cared for away from the general population of the ward. This results in very limited and stretched capacity to admit service uses who may require this level of intervention.

Plans have been in development for a considerable length of time for the development of a new facility on the Newsam site but have now been approved. The capital needed for this scheme has increased by approximately £200k, and the impact on our broader capital plans is being worked through by the Finance Team. Work will commence on the seclusion suite by the end of March 2024 which will

cause some minor disruption to the LSU service and PICU whilst the work is underway. All teams have been involved in the planning of the works starting and are able to manage any disruptions caused.

The seclusion suite at Clifton House remains a concern and changes to practice have had to be put in place so the facility can be used only for very short periods of time. It currently fails to meet the minimum standards which would allow it to be used optimally. The business case for the reprovision of the seclusion facility for Westerdale has been approved through the Estates Strategy Sterring Group (ESG), which also sets out the need to change the configuration and use of other wards as an enabling scheme. This is currently at the design stage and the service is meeting with the architects during March. We have explored the potential for a capital allocation through the Humber and North Yorkshire Provider Collaborative, however, it has been confirmed that whilst the need for this work is fully supported, no capital is available via this route. This will now be considered in our work through the executive led Estates Strategy Steering Group.

3.2.5 Learning Disabilities Services: Specialist Supported Living Service (SSLS)

The SSLS continue to run with a number of voids (unoccupied tenancies) resulting in financial pressures due to the service only being funded for occupied tenancies. Discussions regarding these significant cost pressures have been undertaken with Leeds City Council and have highlighted these pressures, which have been escalated to executive level previously. The Chief Financial Officer and Chief Operating Officer have been in numerous discussions (with agreed actions) with colleagues from the Local Authority and ICB.

It has been agreed that as a matter of urgency Chief Officers will regroup to ensure that we can address this now long standing and significant issue, particularly focusing on our integrated work with partners on the transforming care agenda, ensuring that people with learning disabilities can be supported appropriately in local and appropriate settings.

Alongside this we are working internally to determine how best we continue to operate the service effectively whilst aiming to reduce the financial gap and growing risk.

3.2.6 Older Peoples Service: Emerging Issues with Transfer of Care to Bradford Services

We have previously reported the lack of capacity in care settings in the Leeds system for people being transferred and discharged from our Older Adult inpatient care. This results in a primary discharge route being to Bradford where the care home sector provides the ongoing support many of our service users need. More recently, it has emerged that colleagues in Bradford District Care Trust (BDCT) have some concerns about the transfer of care to their services for ongoing support into Care Homes. Our Clinical Lead and Head of Operations are connecting with colleagues to explore this further, and they will be supported in the discussions with a view to ensuring that pathways and care provided continue to be patient centred and supportive of individual needs.

3.2.7 Gender Service

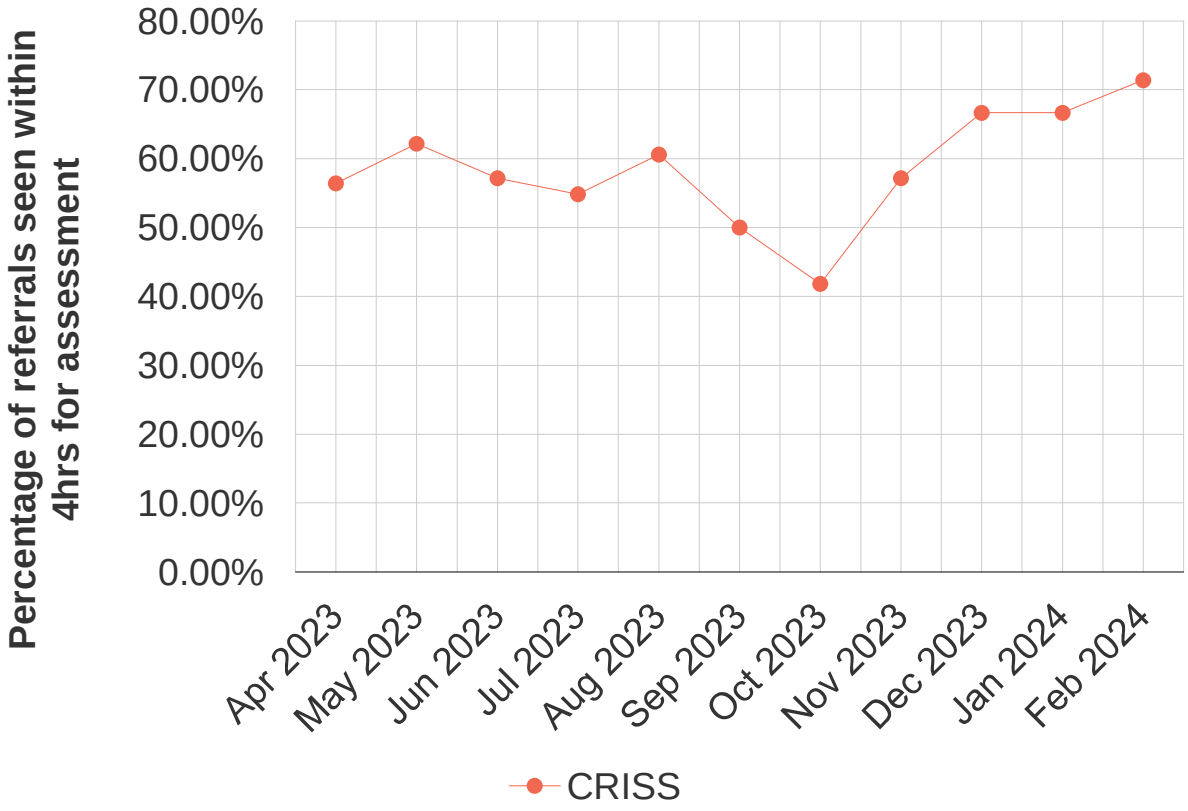
The business case to recruit staffing from the children's Gender Identity Development Service (GIDS) has been agreed by the Trust and NHS England. We have now agreed a recruitment process and resolved differences with banding levels. We have begun informal engagement with our existing staff to identify and work on concerns and queries. We have also begun to informally engage GIDS staff at risk who may be interested in working within the adult service. The timescale is challenging, with staff employment potentially coming to an end on the 28 March 2024. Whilst the early meetings with the staff from GIDS appeared positive, as of the 15 March no staff from the GIDS service have applied for the posts within LYPFT. The Trust continues the discussions with NHSE with regard to next steps and the future of the GIDS staff.

3.3 Assure

3.3.1 Adult Acute Services: CRISS Assessment with 4 hours

We have seen an improvement in the referrals seen for assessment within 4 hours, see graph 4. There is a recognition that there is still some work to do in this area to achieve the target of 90% but they are confident that they can do so.

Graph 4



3.3.2 Forensic Service: Attain Review Action Plan

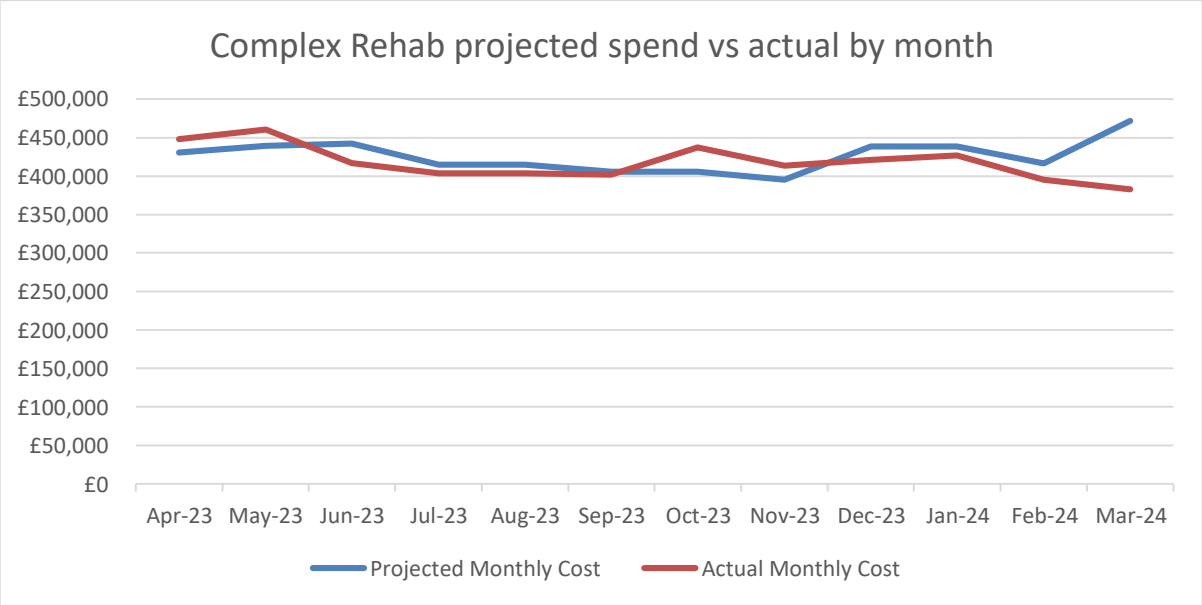
We continue to make progress following the agreed improvements resulting from the Attain review across our service. Discussions have included how other action plans the service has, such as provider collaborative quality surveillance reports, quality review actions, CQC MHA recommendations, can align so that we achieve maximum benefit. We are working with teams to create ways of making it easier for all teams to be aware, understand and be involved with the Attain action plan and develop further a shared strength-based approach to improvements. We are delighted to

welcome a new Clinical Lead, Patti Boden, to the Service and a very experienced Matron, Hannah Wilkinson, who is transferring from our Acute inpatient service.

3.3.4 Complex Rehabilitation: Out of Area Placements

Complex Rehabilitation out of area placements continue to present a financial risk to the organisation, however we continue to achieve our month-on-month reduction in spend on placements, see graph 5. We have reduced the number of service users in Complex Rehab OAPs to 24, primarily due to discharges. The Complex Emotional Needs pathway of CREST has now gone live, and the team is currently working with this cohort of service users in the development of their pathways back into the local area.

Graph 5



3.3.5 Neuro-developmental Service: ADHD

As Board members have been made aware, there has been an international shortage of the medication Lisdexamfetamine, which is widely used within the service and within Primary Care. There has been an improvement in the global supplies of the medication, as a result of this and the lower than anticipated level of support being requested to support Primary Care colleagues, the service announced that it would be moving out of business continuity on the 14 February. We continue

to work with the ICB office and the GP Confederation to consider future modelling provision with closer work with primary care.

4 SERVICE DEVELOPMENT

4.1 Commissioning Framework for Mental health Inpatient Services

NHS England launched the commissioning framework for inpatient mental health services early in 2024. This forms part of the overall Inpatient Quality Transformation Programme developed by NHS England. The Framework sets out the standards expected across inpatient services to support commissioners and providers in the commissioning and provision of services. The framework is supported with specific guides for adult and older people services, learning disabilities and rehabilitation inpatient beds. The framework for Children and Young People is due to be published and will follow a similar process. Secure Services are not included at present.

A service led assessment against these standards is underway which will be reviewed and submitted to the ICB as part of our West Yorkshire Mental Health Learning Disability and Autism Collaborative.

We acknowledge and welcome this long-awaited focus on improving and transforming inpatient care, coordinated and led through NHS England. Future updates will be shared in due course.

4.2 Positive Practice Visit to Leeds

In March 2024 we welcomed colleagues who lead the Positive Practice in Mental Health Network. They enable our service staff and leaders to collaborate with others across England so that we can build networks of good practice in specialties. They will be actively involved in the Crisis Transformation and Improvement programme across Leeds, led by the Deputy Director of Service Development, Alison Kenyon.

4.3 NHS 111 and Mental Health Crisis Update

The NHS Long-Term Plan sets an ambition for more comprehensive crisis pathways in every area, which are able to meet the continuum of needs and preferences for accessing crisis care, whether it be in communities, people's homes, emergency departments, inpatient services or transport by ambulance.

As well as increasing capacity and improving models of traditional NHS crisis care services, implementation of these ambitions will include a central role for NHS-funded voluntary sector services in providing complementary and alternative models of crisis care. NHS services will also work alongside other system partners including local authorities, police, and ambulance services to deliver comprehensive and accessible local crisis care pathways.

As part of the Long-Term Plan, NHS England aims to simplify access to urgent mental health support. By 2023/24, anyone seeking urgent mental health support in England will be able to do so via the simple universal 3-digit 111 number. This will place England as a world leader being one of the first countries to set such ambitious plans for accessing mental health care through a universal 3-digit number.

As a result of this the NHS 111 ask, and the Interactive voice response, will locate to the West Yorkshire Mental Health Helpline to manage those referrals and flow that are not crisis, to relevant service lines using the current online referral form process.

The change requires the technical amendments to the National Interactive Voice Response system that is used by the IUC NHS 111, in order to link callers who dial 111 and select the option mental health crisis, into existing local mental health crisis/support lines' telephony platforms.

To access crisis mental health support via NHS 111 the caller will have to make a number of selections to ensure they are connected to the right local mental health helpline on the IVR system. This will be dependent on age, location and time of

day [due to the proposed model of connecting multiple crisis line providers to the IVR and also complexities with the geography and not being able to rely on geolocation] in West Yorkshire. The call will then be connected to the relevant helpline/crisis team telephony platform where it will be managed in the same way as currently exists if an individual had called the mental health helpline directly.

The challenge for LYPFT, will be to ensure that those who do not need an immediate crisis response, will have a timely referral to the correct pathway/ appropriate service.

Service Lines collaboration

- CAMHS - No Impact, has access to own pathways.
- Forensics - No Impact, internal transfer process.
- EDROGS - No Impact, access to own referral pathways.
- Liaison – No Impact has own referral pathways.
- OPS - Engaged in process.
- Specialist – Engaged in process.
- Learning Disabilities – Engaged in process.
- Adult – Crisis pathway managed.
- Community and Wellbeing - Engaged in process.

Following consultation with our service lines, and in collaboration with the Mental Health Helpline, the adult triage script and the decision-making matrix has now been agreed. Additionally, we are incorporating a robust supervision strategy where services meet once a week to ensure pathways have been followed and to discuss any issues that have arisen during the previous week. This will help foster positive relationships, but also safeguard from any potential issues and or concerns.

LYPFT have agreed the local pathways and routes through to crisis care and Appendix 1 sets out the West Yorkshire IVR call handling algorithm. The system is

expected to go live in April 2024, but we will start a one-week tester from Monday the 25 March before the full launch of the service across the region.

4.4 Improving Mental Health Rehabilitation Services: The Complex Psychosis Pathway

We have agreed a proposal to develop a full business case for a Complex Psychosis Pathway with the people who use our service and with our staff. This results from a comprehensive review of the Rehabilitation and Recovery Services and the Assertive Outreach Team recommendations where we agreed that we would develop:

- a complex psychosis pathway in Leeds which encompasses all place-based rehabilitation and assertive outreach services including Asket Croft, Asket House, Assertive Outreach Team, Newsam Ward 5 and the Recovery Centre.
- a complex psychosis pathway that supports community transformation, has clear links and interfaces with the wider inpatient and community mental health services.
- a complex psychosis pathway that works closely with Leeds City Council and social care providers to enable innovation and collaboration, for example enabling the re-commissioning of ICB investment into specialist supported housing for complex mental health needs and the development of independent tenancies.
- a service, clinical and workforce model based on current local needs and national best practice guidance.

The vision is to shift the focus from long and sometimes inappropriate stays in hospital to community and home-based services that are joined up, easier to access and more cost effective. Over time these improvements in community services in Leeds will reduce the reliance on inpatient services because more people will be able to recover from the comfort of their own homes, with no compromise on quality. This will be an important piece of work, led by people who use our services alongside leaders, and updates will be provided in line with the Care Services Strategic Plan.

5 SUMMARY

We continue to manage and lead a response to a range of challenges in the delivery of consistent and sustainable high-quality care for all people needing our support through a whole system approach. The report highlights the most significant service delivery and development challenges we face but importantly sets out where service delivery has stabilised or where improvements have been made in Care Services.

Joanna Forster Adams
Chief Operating Officer

Contributors:

Mark Dodd, Deputy Director of Operations
Alison Kenyon, Deputy Director of Service Development
Andrew Jackson, EPRR Lead and Corporate Manager

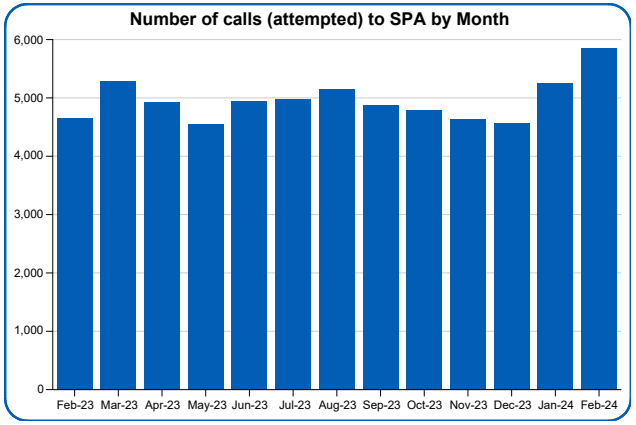
Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Dec 2023	Jan 2024	Feb 2024
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	32.7%	34.5%	38.8%
Percentage of ALPS referrals responded to within 1 hour	-	84.9%	80.3%	76.9%
Percentage of S136 referrals assessed within 3 hours of arrival	-	11.6%	30.0%	8.6%
Number of S136 referrals assessed	-	43	40	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	90.0%	66.7%	66.7%	77.8%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	93.4%	85.8%	90.4%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	42.9%	51.8%	46.5%
Percentage of CRISS caseload where source of referral was acute inpatients	-	12.3%	10.8%	6.8%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	**Target**	**Dec 2023**	**Jan 2024**	**Feb 2024**
Gender Identity Service: Number on waiting list	-	5,358	5,494	5,626
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	-	154.82	140.49	212.08
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	95.7%	73.9%	75.0%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	13.6%	-	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	52.9%	-	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	85.7%	-	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	-	96.6%	-	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	830	894	-	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	11.1%	-	-
Services: Our acute patient journey	**Target**	**Dec 2023**	**Jan 2024**	**Feb 2024**
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	98.9%	95.2%	96.0%
Crisis Assessment Unit (CAU) length of stay at discharge	-	42.33	18.67	45.14
Liaison In-Reach: attempted assessment within 24 hours	90.0%	83.2%	92.0%	81.6%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	99.5%	100.6%	99.2%
Becklin Ward 1 (Female)	-	99.9%	103.4%	100.6%
Becklin Ward 3 (Male)	-	99.3%	99.9%	100.0%
Becklin Ward 4 (Male)	-	99.9%	100.3%	100.2%
Becklin Ward 5 (Female)	-	98.8%	99.9%	97.2%
Newsam Ward 4 (Male)	-	99.8%	99.7%	98.2%
Older adult (total)	-	99.2%	97.3%	99.8%
The Mount Ward 1 (Male Dementia)	-	98.8%	99.5%	99.3%
The Mount Ward 2 (Female Dementia)	-	99.4%	96.8%	106.4%

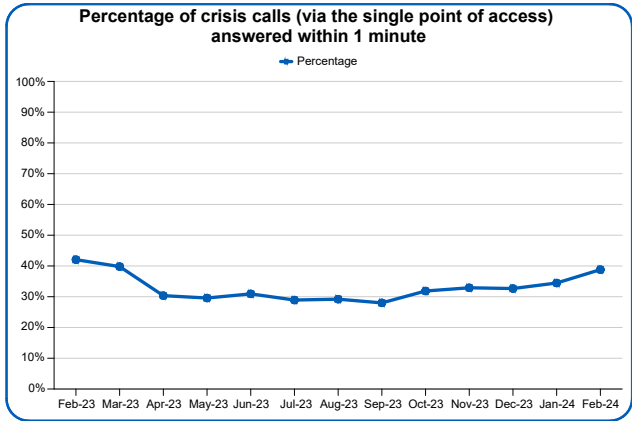
Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Dec 2023	Jan 2024	Feb 2024
The Mount Ward 3 (Male)	-	98.7%	95.8%	94.5%
The Mount Ward 4 (Female)	-	99.7%	97.7%	100.5%
Percentage of delayed transfers of care	-	11.4%	11.1%	11.9%
Total: Number of out of area placements beginning in month	-	20	24	29
Total: Total number of bed days out of area (new and existing placements from previous months)	140	860	1,065	1,124
Acute: Number of out of area placements beginning in month	-	18	18	22
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	723	896	933
PICU: Number of out of area placements beginning in month	-	2	6	7
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	137	169	191
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)	-	0	0	0
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	80.0%	77.8%	-	-
Services: Our Community Care	**Target**	**Dec 2023**	**Jan 2024**	**Feb 2024**
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	81.7%	70.4%	68.1%
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	80.0%	85.2%	74.7%	77.6%
Number of service users in community mental health team care (caseload)	-	3,305	3,275	3,284
Percentage of referrals seen within 15 days by a community mental health team	80.0%	79.0%	71.5%	84.6%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	62.3%	72.3%	71.6%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	49.6%	38.3%	39.6%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	6.2%	68.2%	63.6%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	62.3%	-	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	65.8%	-	-
Services: Clinical Record Keeping	**Target**	**Dec 2023**	**Jan 2024**	**Feb 2024**
Percentage of service users with NHS Number recorded	-	99.2%	99.1%	99.3%
Percentage of service users with ethnicity recorded	-	82.1%	82.1%	81.7%
Percentage of service users with sexual orientation recorded	-	47.9%	47.8%	47.6%
Services: Clinical Record Keeping - DQMI	**Target**	**Sep 2023**	**Oct 2023**	**Nov 2023**
DQMI (MHSDS) % Quality %	95.0%	92.3%	92.4%	92.4%

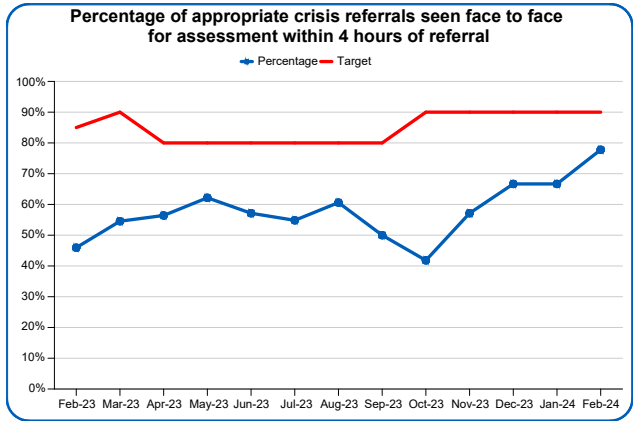
Services: Access & Responsiveness: Our Response in a crisis



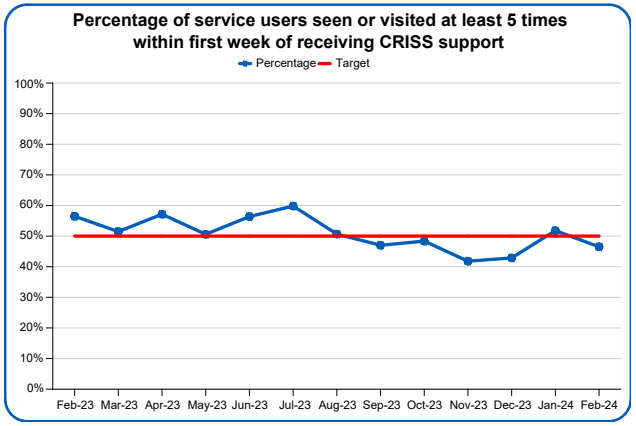
Number of calls : February 5,862



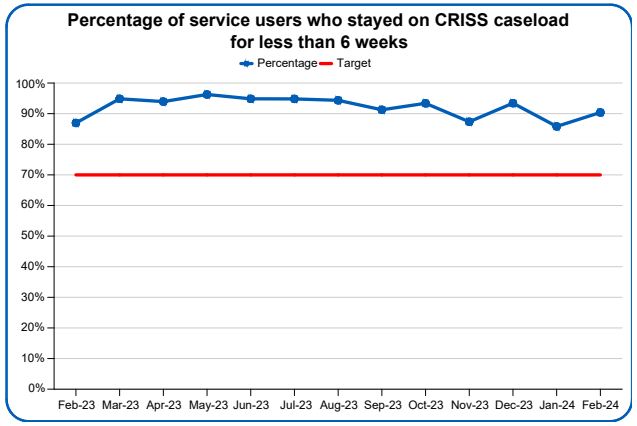
Local target - within 1 minute: February 38.8%



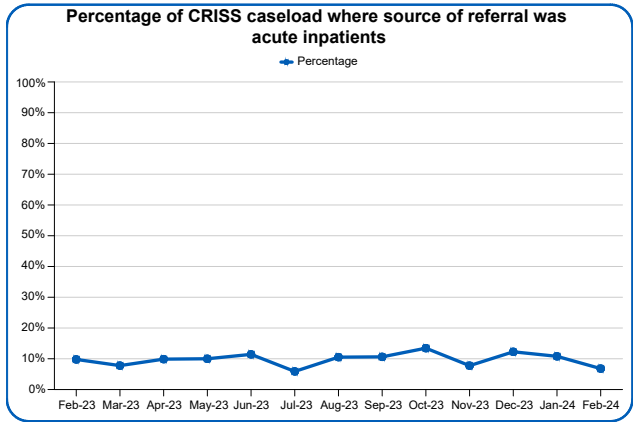
Contactual Target 90%: February 77.8%



Contractual Target 50%: February 46.5%

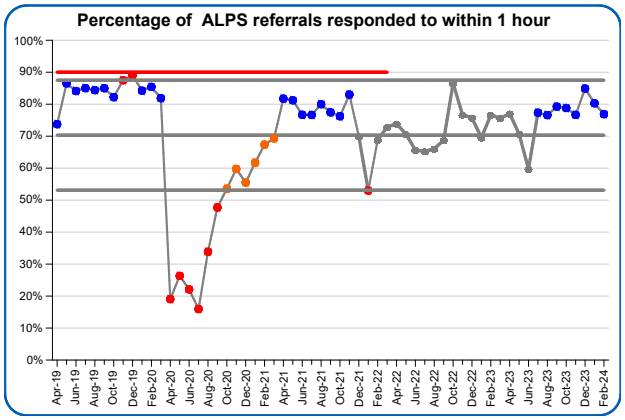


Contractual Target 70%: February 90.4%

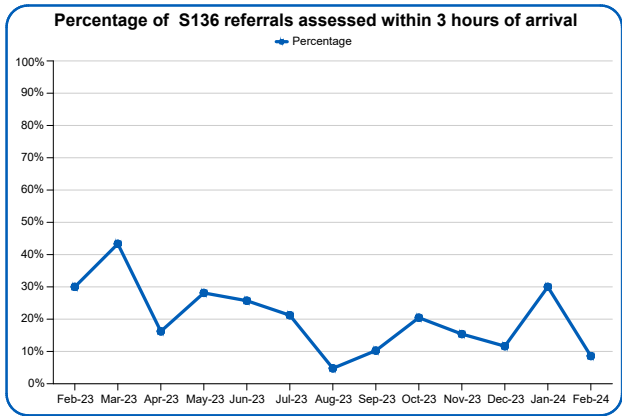


Contractual Target tba: February 6.8%

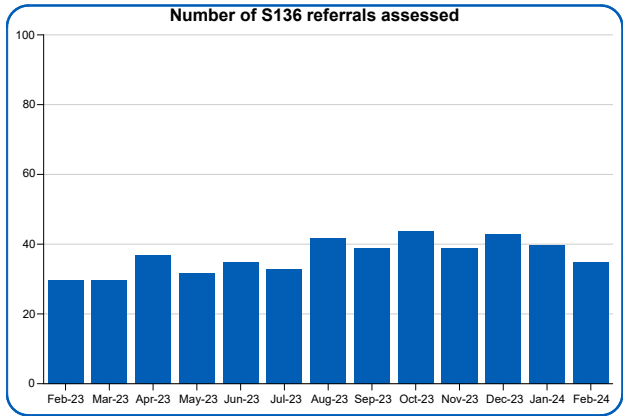
Services: Access & Responsiveness: Our Response in a crisis (continued)



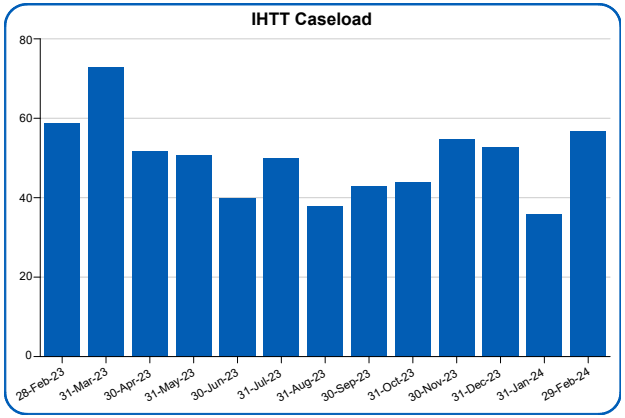
Contractual Target : February 76.9%



Contractual Target : February 8.6%

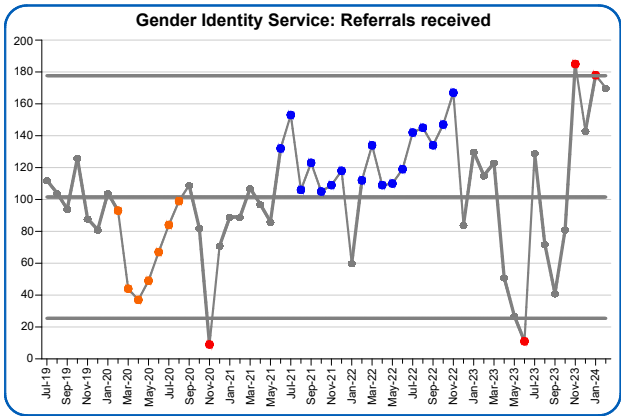


Total referrals assessed: February 35

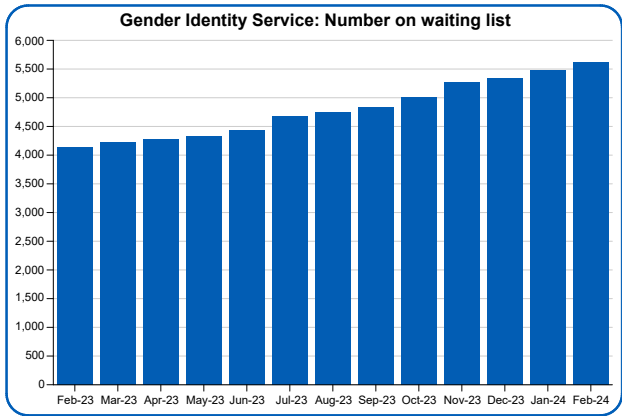


Caseload: February 57

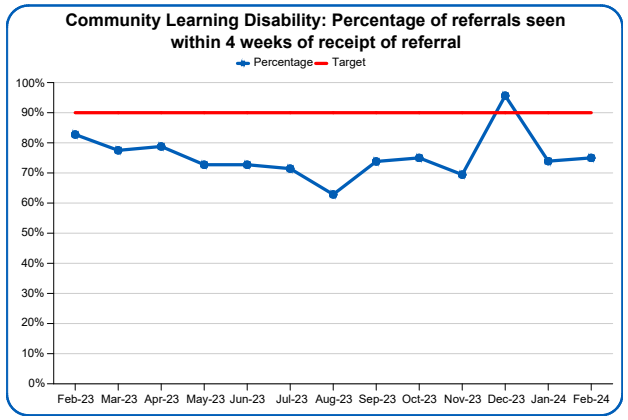
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services



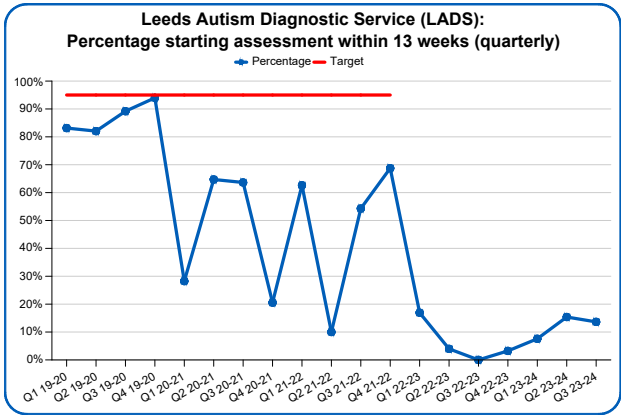
Total referrals: February 170



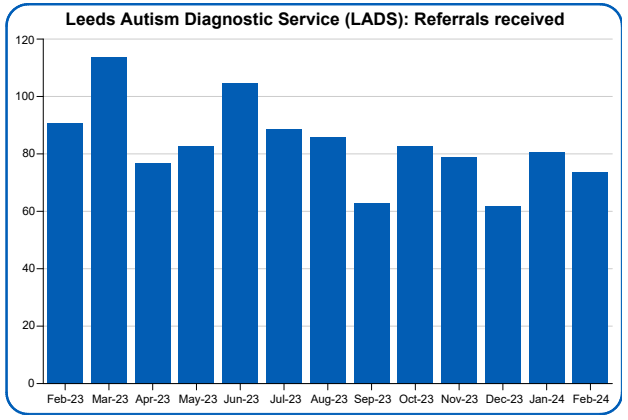
Number on waiting list: February 5,626



Contractual Target 90%: February 75.0%

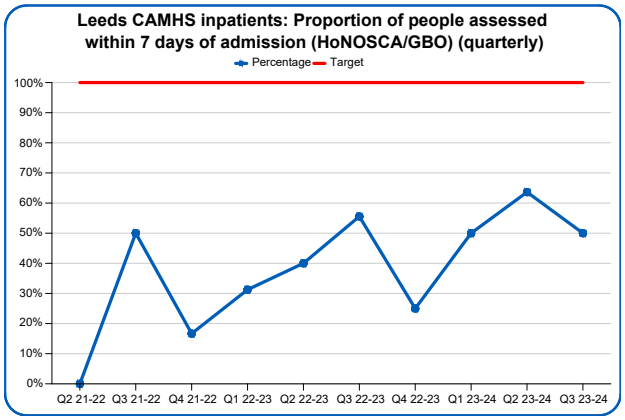


Contractual Target : Q3 13.6%

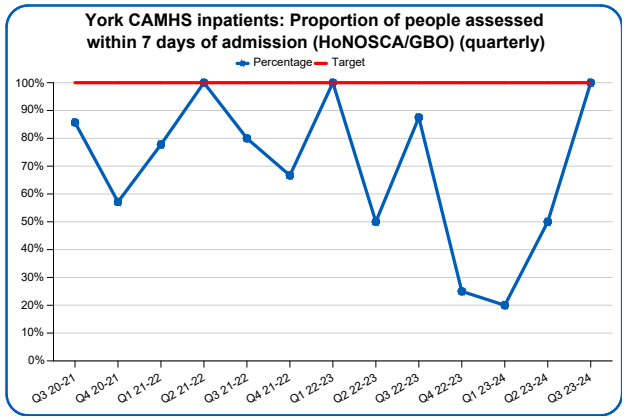


Local measure: February 74

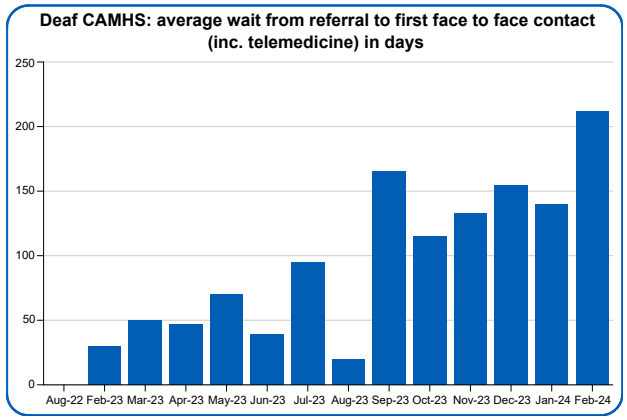
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services (continued)



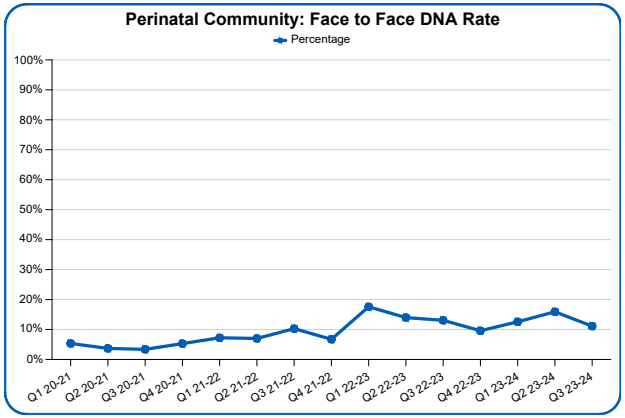
Contractual Target 100%: Q3 50.0%



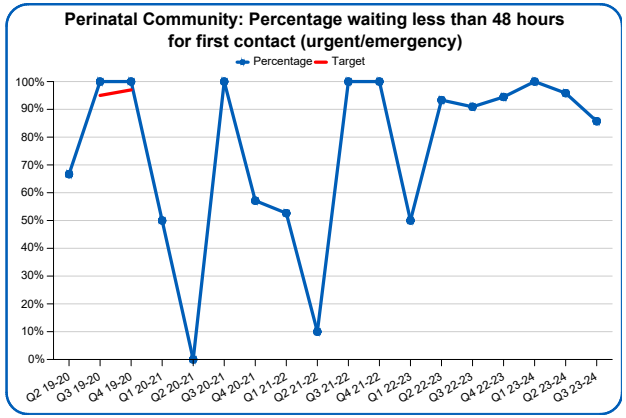
Contractual Target 100%: Q3 100.0%



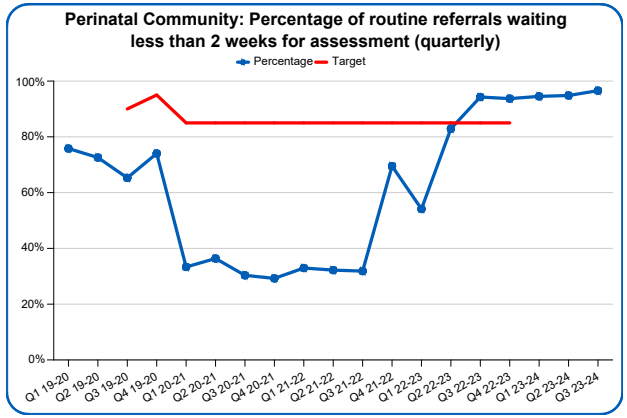
Local measure: February 212



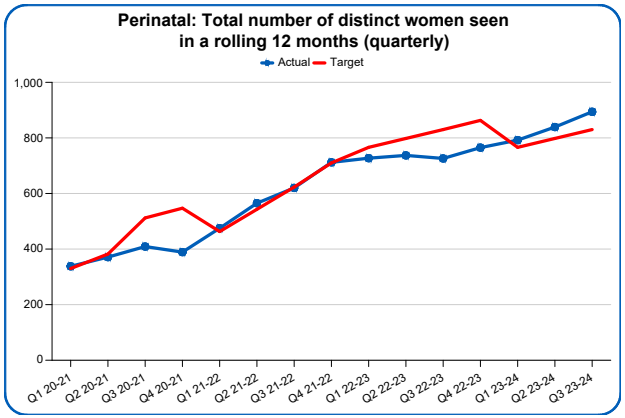
Contractual measure: Q3 11.1%



Contractual Target tba: Q3 85.7%

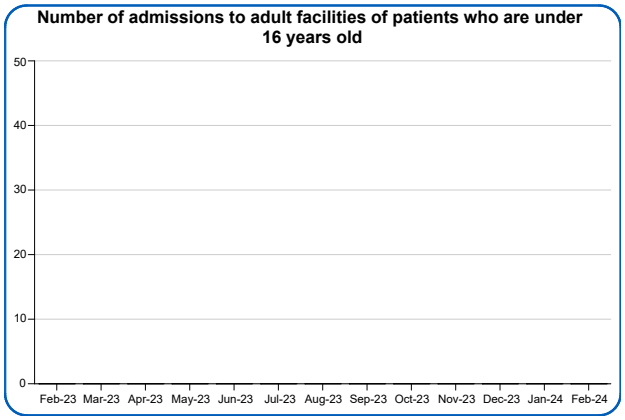


Contractual Target : Q3 96.6%

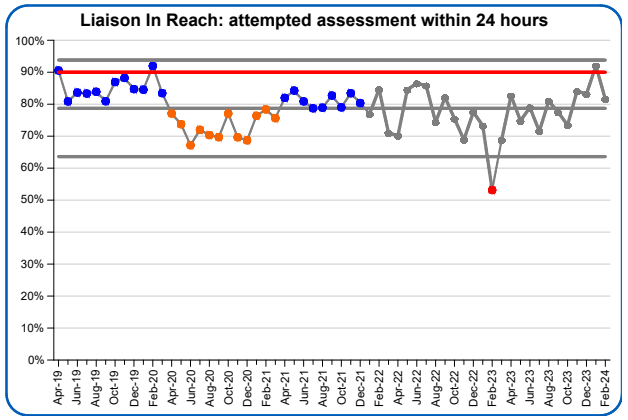


Local measure 830: Q3 894

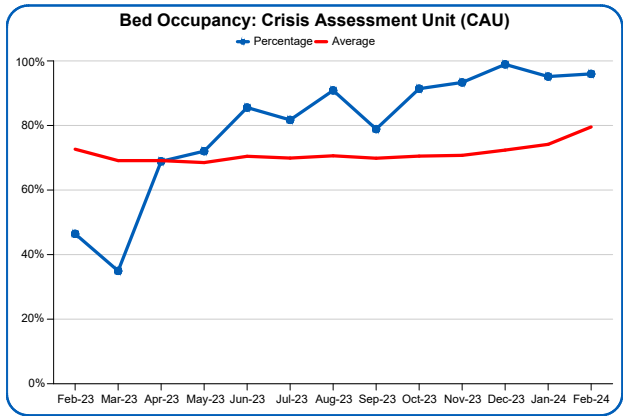
Services: Our acute patient journey



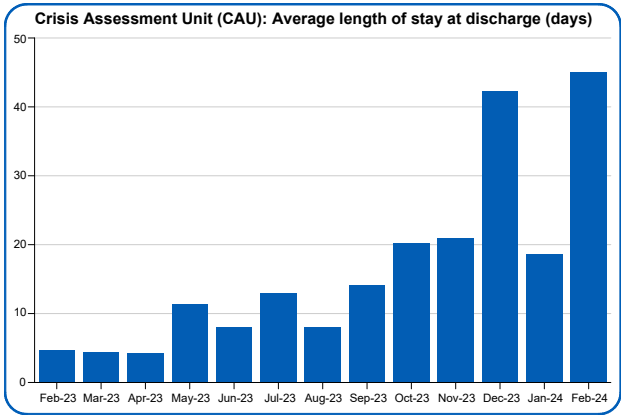
National (NOF) No target : February 0



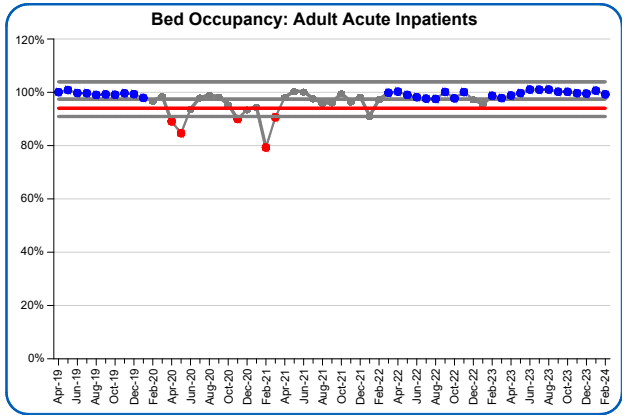
Contractual Target 90%: February 81.6%



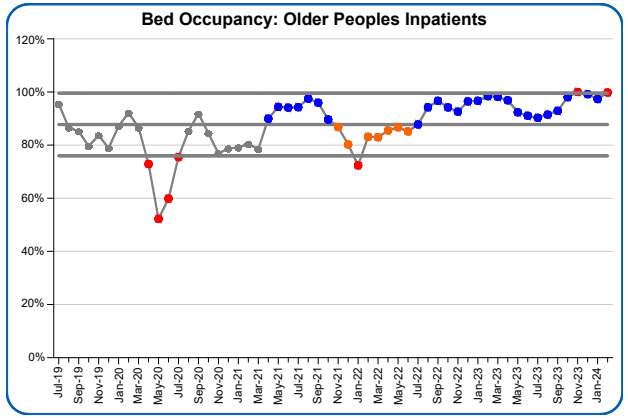
Local measure: February 96.0%



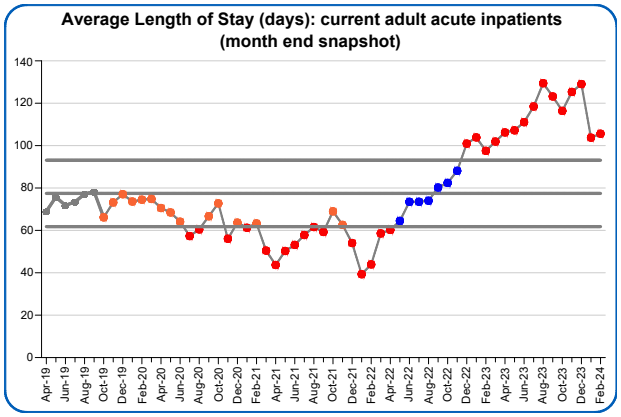
Local measure: February 45 days



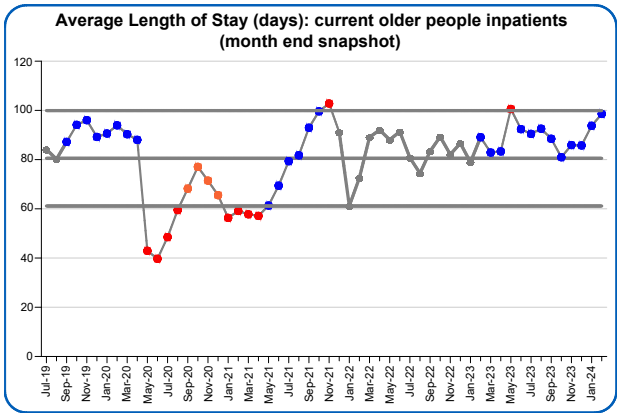
Contractual Target 94%: February 99.2%



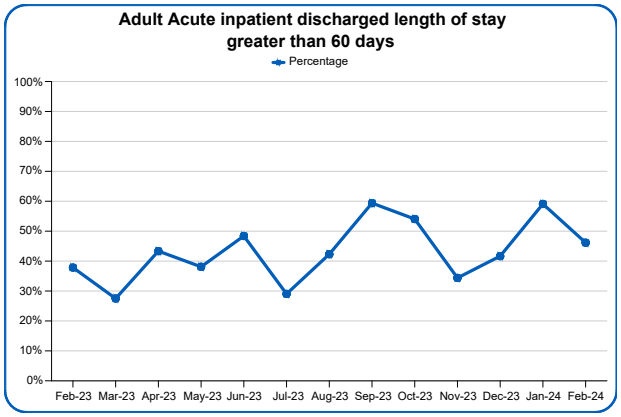
Local measure and target : February 99.8%



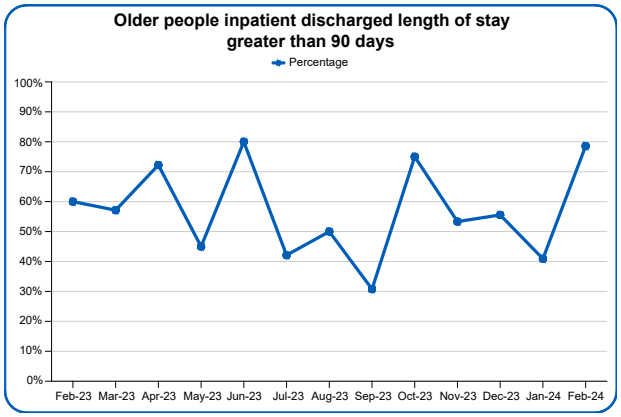
Local tracking measure: February 106 days



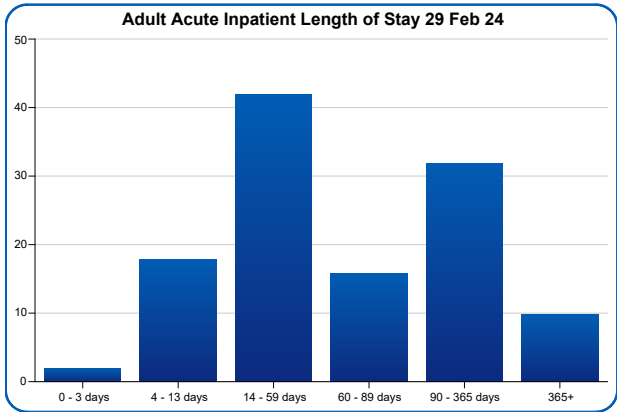
Local tracking measure: February 99 days



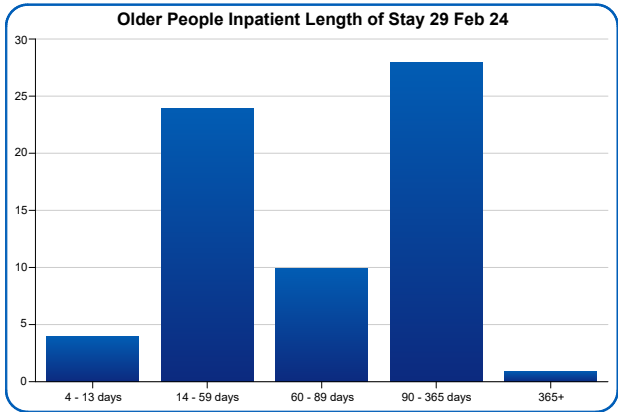
National (LTP): February 46.2%



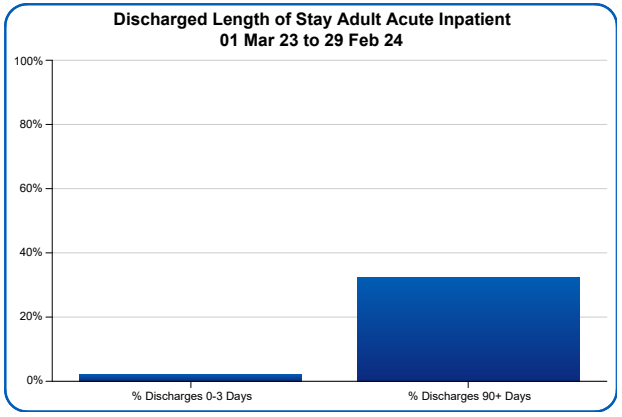
National (LTP): February 78.6%



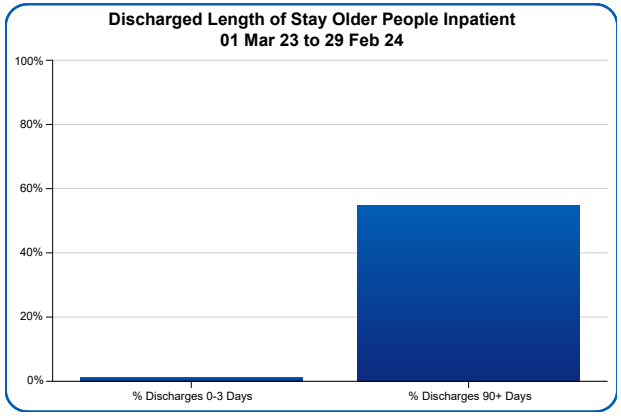
Local activity: 42 people with LOS 90+ days



Local activity: 29 people with LOS 90+ days

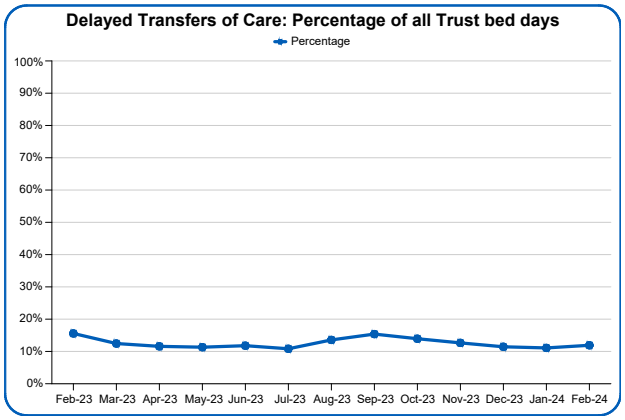


Local activity: % discharged LOS 90+ days = 32.7%

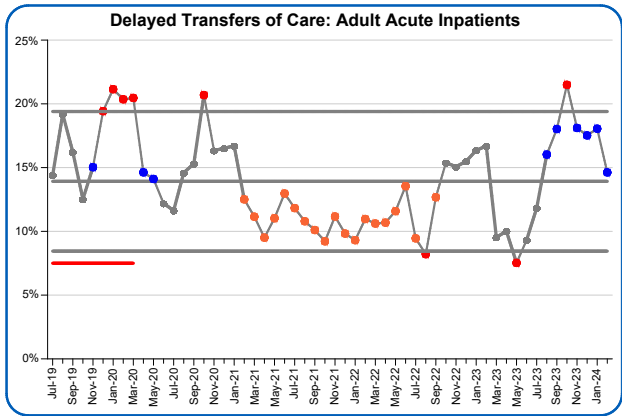


Local activity: % discharged LOS 90+ days = 55.0%

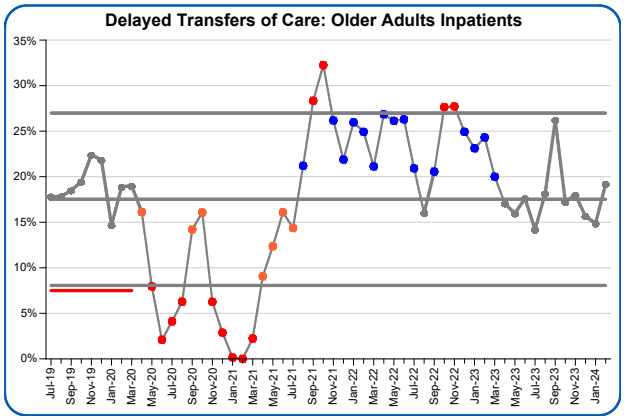
Services: Our acute patient journey (continued)



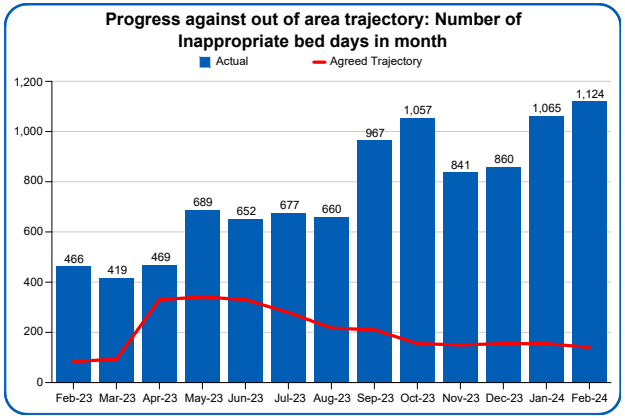
Local tracking measure: February 11.9%



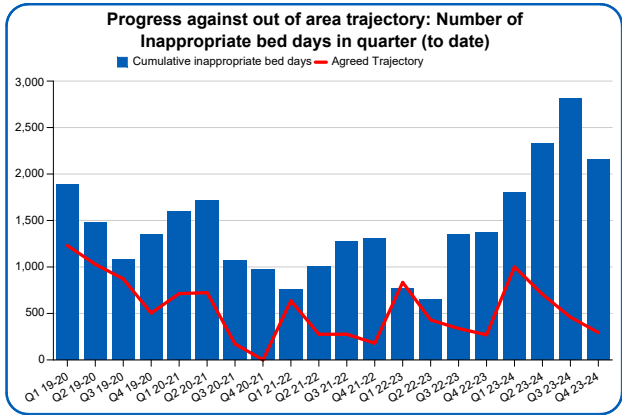
Local tracking measure: February 14.6%



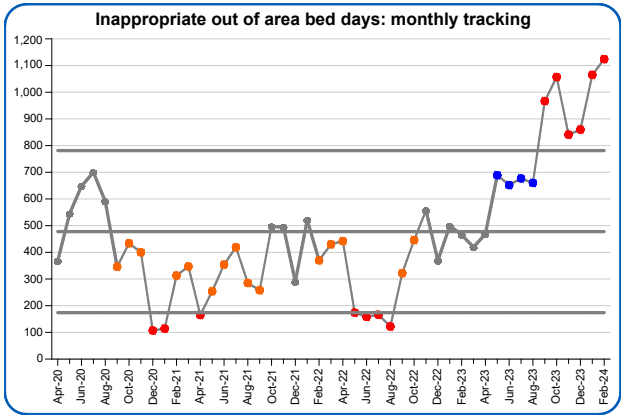
Local tracking measure: February 19.2%



Nationally agreed trajectory (140): February 1,124 bed days



Nationally agreed trajectory (Q4: 295): Q4 2,166 bed days

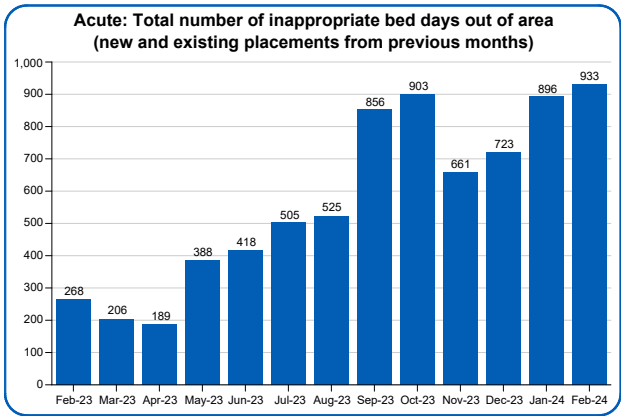


Local tracking measure: February 1,124 bed days

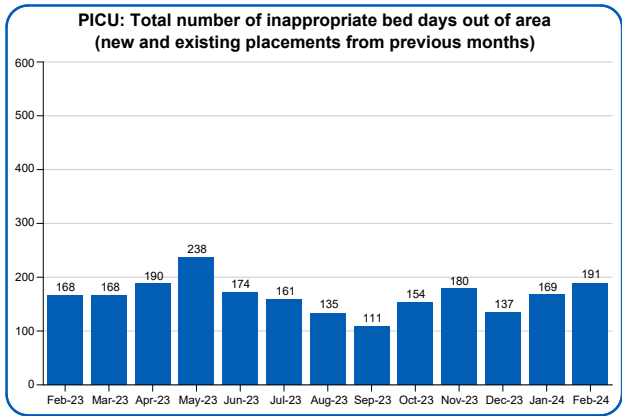
SPC Chart Key

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

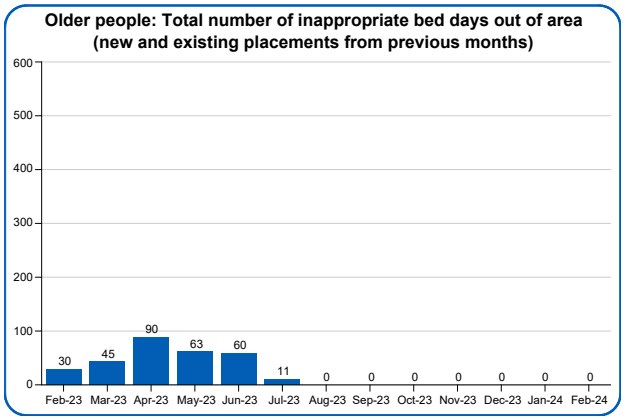
Services: Our acute patient journey (continued)



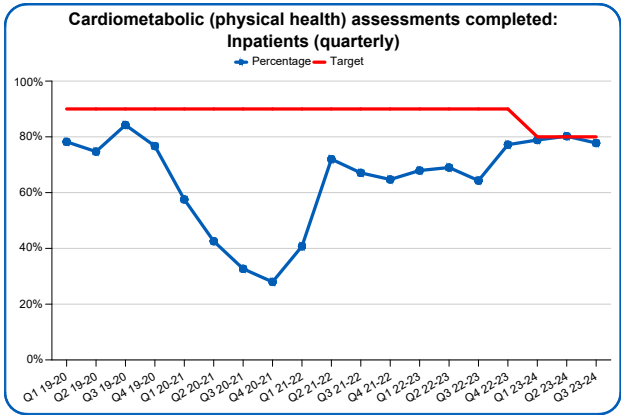
Nationally agreed trajectory (): February 933 days



Nationally agreed trajectory (): February 191 days

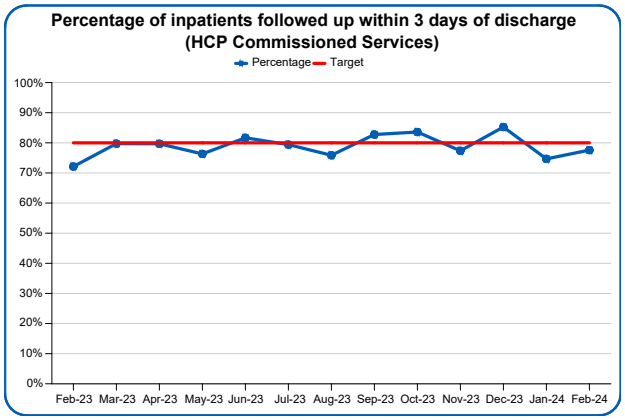


Local measure : February 0 days

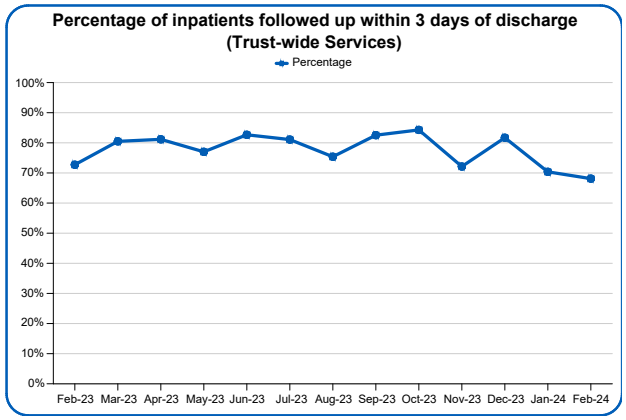


Contractual target 80%: Q3 77.8%

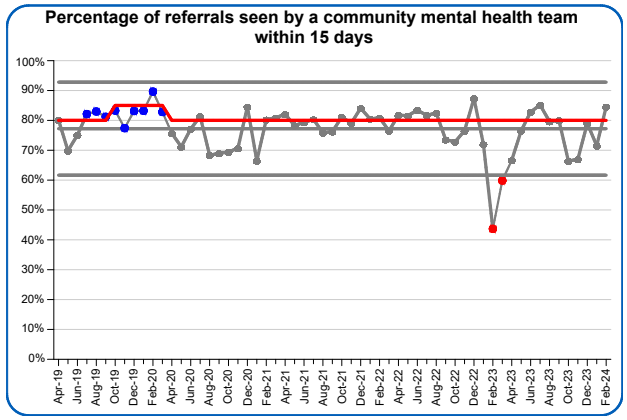
Services: Our community care



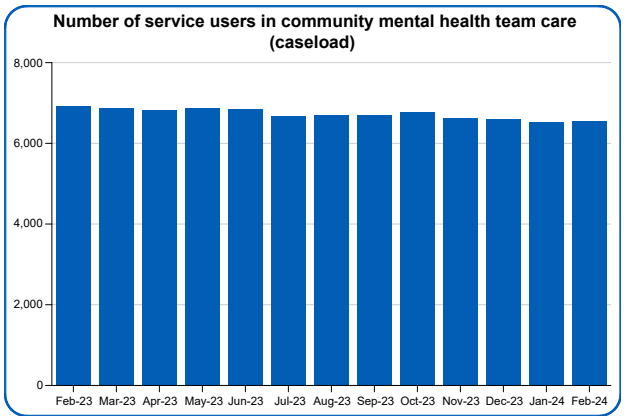
Contractual target 80%: February 77.6%



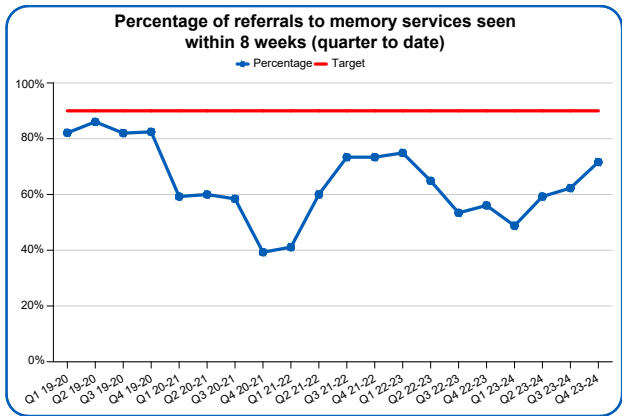
Local Tracking Measure 80%: February 68.1%



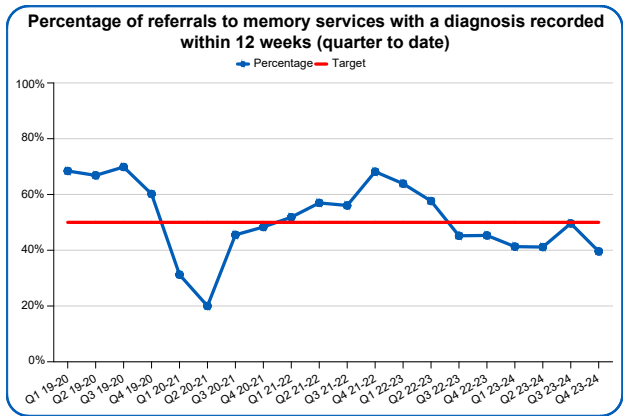
Contractual target 80%: February 84.6%



Local measure : February 3,275



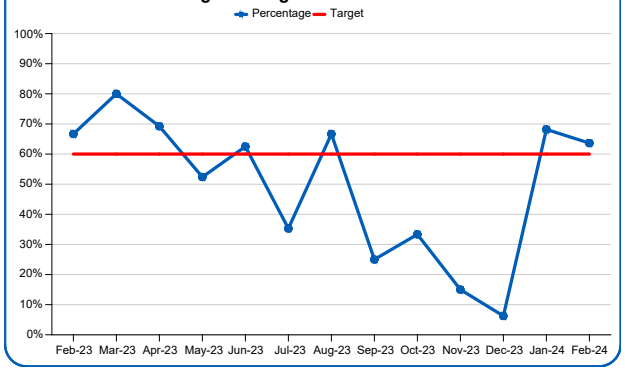
Contractual target 90%: Q4 23-24 71.6%



Contractual target 50%: Q4 23-24 39.6%

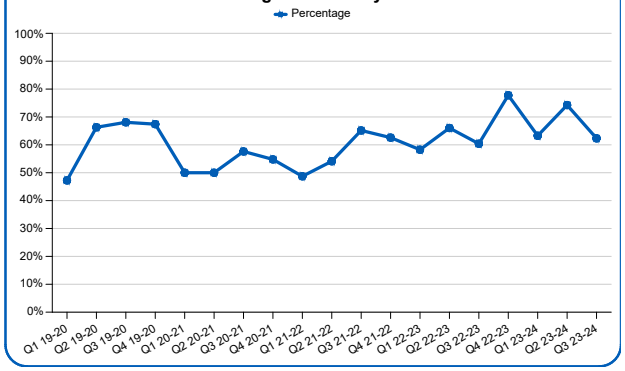
Services: Our community care (continued)

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



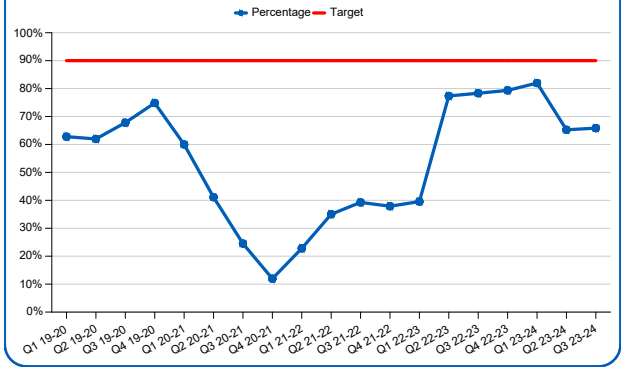
Contractual target 60%: February 63.6%

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



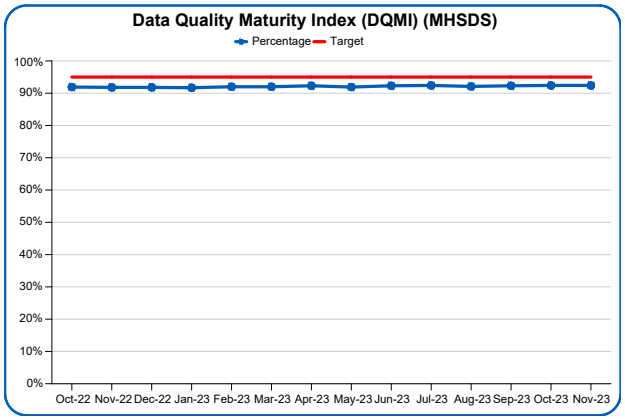
Contractual target tbc: Q3 62.3%

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

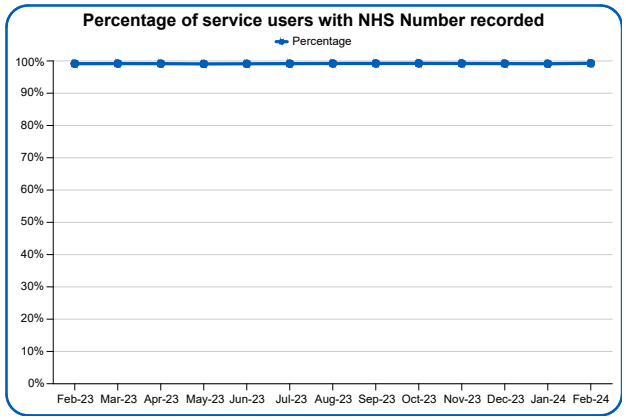


Contractual target 90%: Q3 65.8%

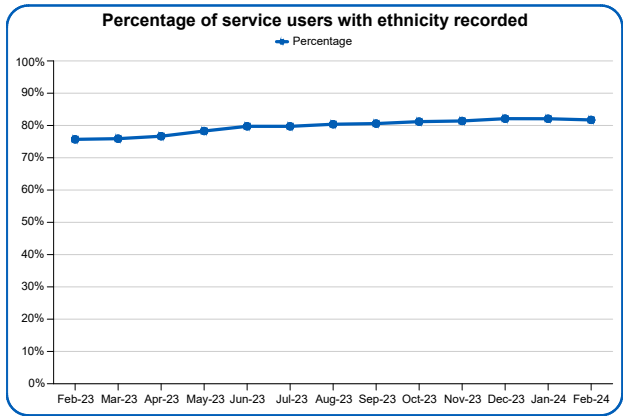
Services: Clinical Record Keeping



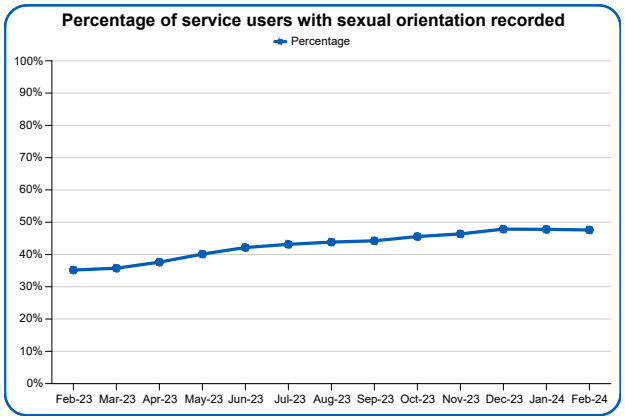
CQUIN / NHSOF Target 95%: November 92.4%



Local measure: February 99.3%



Local measure: February 81.7%



Local measure: February 47.6%

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM

10

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Chief Financial Officer Report - Month 11
DATE OF MEETING:	28 March 2024
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

At month 11 the Trust has a £524k overspend against a breakeven budget. Overall, the revenue financial position is deteriorating. This is largely driven by the sustained high levels of OAPs, agency and high inpatient staffing levels. The position is offset by a range of non-recurrent benefits, but this level of flexibility is reducing and will not be available in 24/25. Progress against the four thematic efficiency areas remains a key focus. It is recognised that there needs to be an improvement in the delivery of productivity and efficiency into 24/25 as the recurrent benefits in year have not been realised at the scale originally aimed for.

The Trust's capital planning and expenditure position remains robust in the context of the wider system and the Trust has benefited (and should continue to benefit) from national funding in addition to the operational capital. There are wider system challenges for capital planning going forward.

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 11 and the actions being taken to ensure plan is delivered, in the context of the wider system challenges and work to achieve financial balance.

MEETING OF THE BOARD OF DIRECTORS

28 MARCH 2024

CHIEF FINANCIAL OFFICER REPORT

1 Introduction

This report provides an overview of financial performance at month 11 and assessment of achievement of outturn position for 23/24-year end.

2 Year to date Income and Expenditure Performance 2023/24

The Trust reported a cumulative deficit of £524k at month 11 as detailed in Appendix A. This is compared to a £5k deficit position reported at month 10, and reflects a growing deterioration of the expenditure run rate, against a static income position.

The reported position includes the release of additional non-recurrent flexibilities and other mitigations, which have supported the position, and excluding these the operational in month deficit was £1.9m. A key one-off benefit which has been included in month 11 position is £0.9m gain (underspend) from the Adult Secure provider collaborative risk share arrangement.

The on-going key risks to highlight are: -

- Agency expenditure is £11.2m year to date, representing 7% of the total pay bill (ICB in aggregate has a target of no more than 3.7%). Despite ongoing efforts in this area, agency spend remains high, consistent with last year showing no real overall reduction. High-cost medical locums remains the biggest pressure, but plans are in place to reduce this substantially over the coming months.
- Out of Area Placements (OAPs) continue to increase, and expenditure has risen significantly in month due to these sustained higher numbers but also due to unaccrued expenditure for additional observations being recognised in month (these are additional charges in addition to the standard bed day priced paid to our external providers). Overall spend year to date on working age adults and PICU is £8.9m, against a non-recurrent budget of £2.8m. The Board has been sighted on the programme of work being undertaken to address this key clinical and financial risk.
- Inpatient wards also continue to significantly overspend due to additional use of bank and agency over establishments. Year to date all wards were overspends total £3.1m, excluding medical staffing. A review of use of additional staffing on wards is being undertaken, this links to the agency workplan.

- The Specialist Supported Living contract reports a year to date £0.7m deficit and is worsening year on year. This is linked to underfunding on pay awards and the contractual mechanism where voids (tenant vacancies) are not paid for. A review of this model is underway working with our Local Authority commissioners.

Whilst our ongoing efficiency thematic workplans continue (Agency, Patient Flow, Workforce and Productivity) this year has been extremely challenging with limited overall impact achieved. The revenue financial position is predominantly underpinned and supported by fortuitous mitigations. Predominantly substantive vacancies, slippage on development reserves, commercial income including significantly high levels of interest receivable (due to cash balance and interest rates). These non-recurrent benefits continue to offset the significant pressures in the position, but this is clearly not a sustainable situation going forward. We will continue the efficiency themes into 24/25 as they are integral to our plan, but we will be reviewing some of our approaches and will need to accelerate the pace in some areas.

3 Revenue Forecast

Despite the deterioration in the expenditure run rate position, the Trust is still aiming to deliver its forecast position, by use of the fortuitous and one-off mitigations noted above. The overall surplus will be delivered by the unwinding of the CPC redundancy provision, as agreed and reported to the ICB. The use of significant in year flexibility has implications for the assessed underlying position into 24/25, which is considered in a separate report on next year's revenue planning.

4 Capital Expenditure

At month 11 overall capital expenditure is £3.5m, which is £1.5m behind plan (details in Appendix B).

The operational capital envelope at month 11 is £0.3m ahead of plan, which is mainly due to the timing of expenditure on backlog and sustainability schemes and expenditure on the Electronic Document Management Scheme. The is phasing and the Trust continues to forecast within the ICS capital envelope for 23/24.

Public Dividend Capital (PDC) capital expenditure is £0.6m behind plan due to the timing of funds being released centrally. We had previously reported a risk on the specific Mental Health Urgent and Emergency Care capital but have agreed a plan with partners for its utilisation to support place-based services. An issue remains with the business case for development of 6 additional inpatient perinatal beds at the Mount, the regional NHSE have asked that the funds be slipped to 24/25 when we will deliver the scheme however this confirmation form the national team is yet to be received. As we have received verbal confirmation we are proceeding at risk at this stage.

Expenditure for IFRS16 Leases is £0.5m behind plan at M11. The Trusts requirements in relation to leases remains forecast at £0.6m, which is £0.6m less than plan (£1.2m) as previously reported. This funding has to date been held centrally; however, IFRS 16 funding is now part of ICS allocations, to be managed collectively across West Yorkshire.

5 ICB Financial Position

5.1 Revenue

Due to the actions taken in earlier in the year and the additional funds received into the system to mitigate the industrial action, the year-to-date ICB position has improved to a £23.5m deficit against a £5.6m deficit plan, £17.9m worse than plan. The ICB is now forecast a breakeven position by the end of the financial year.

Within the breakeven forecast position the West Yorkshire ICB forecast a £25.4m surplus. As ICB's do not need to post surplus positions the proposal of how this surplus is distributed to places has been considered. It is agreed at place that organisations with the lowest cash reserves will receive this one-off transaction and correspondingly improve their income and expenditure position. In Leeds we have agreed Leeds Teaching Trust will receive this.

5.2 Capital

Year to date, ICB Capital expenditure against the operational capital plan in £29.9m behind, this is a similar position to that reported in 2022/23 at this stage of the year. In planning, providers were allowed to 'over plan' by 5% against the control total allocation to recognise there may be potential slippage in the year. The total plan with the 5% included is £167.5m, however, all providers recognise that delivery ultimately must be against the allocation of £159.5m. All these values exclude any impact of IFRS16.

IFRS16 capital expenditure has to date been outside the operational capital envelope. Treatment for this year has changed from being centrally managed to each ICB receiving an allocation to manage within. This was based on 22/23 outturn and immediately resulted in a significant risk/shortfall in West Yorkshire; however, a review of forecasts and opportunities identified at regional level continue to mitigate the risk for 23/24. This remains an area of significant concern for future years given the allocations are anticipated to be significantly less than needs based plans.

6 Conclusion

Overall, the revenue financial position is deteriorating. This is largely driven by the sustained high levels of OAPs, agency and high inpatient staffing levels. The position is offset by a range of non-recurrent benefits, but this level of flexibility is reducing and will not be available in 24/25. Progress against the four thematic efficiency areas remains a key focus. It is recognised that there needs to be an improvement in the delivery of productivity and efficiency into 24/25 as the recurrent benefits in year have not been realised at the scale originally aimed for.

The Trusts capital planning and expenditure position remains robust in the context of the wider system and the Trust has benefited (and should continue to benefit) from national funding in addition to the operational capital. There are wider system challenges for capital planning going forward.

7 Recommendation

The Board is asked to:

- Note the revenue and capital position at month 11 and the actions being taken to ensure plan is delivered, in the context of the wider system challenges and work to achieve financial balance.

Jonathan Saxton
Deputy Director of Finance
21 March 2024

Income & Expenditure Budget Position	Budget Annual £'000	Month 11 Budget YTD £'000	Actual YTD £'000	Variance YTD £'000
Income:				
Patient Care Income	214,988	197,072	200,215	3,143
Other Income	31,657	29,019	32,684	3,665
Total Income	**246,646**	**226,091**	**232,898**	**6,807**
Expenditure:				
Pay Expenditure	(179,683)	(164,649)	(159,929)	4,720
Non Pay Expenditure	(66,963)	(61,442)	(73,493)	(12,051)
Total Expenditure	**(246,646)**	**(226,091)**	**(233,422)**	**(7,331)**
Surplus/ (Deficit)	**0**	**0**	**(524)**	**(524)**

Key – Underspend / (overspend)

The significant year to date variances are:

Income:

- Patient Care income is £3.1m better than budget. This is partly due to the £0.9m Adult gain share being received in month and as a result of timing; income has been received earlier in the year than expected for small projects.
- In Other Income, interest received is £1.3m ahead of budget as a result of the increase in the bank of England base rate.
- Additional income of £0.4m for the West Yorkshire Adult Easting Disorder Provider Collaborative has been profiled into the position as part of involving the risk share agreement.
- Additional £1.2m Education and Training income has also been received offsetting in-year expenditure
- Commercial income is also £0.7m 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 £27.8m. Actions to reduce the vacancy position are being managed through the Reducing Vacancy group. In February there was an increase of 181WTE substantive staff since April.
- Offsetting the overall underspend in Pay, the Trust has incurred £11.2m agency expenditure year to date, this is £0.4m higher than this point last year. Also, as a result of substantive vacancies, bank & overtime expenditure is £12.3m year to date.

Non-Pay

- Out of area placements (OAPs) expenditure is a significant pressure and is £6.1m above budget (£6.3m WAA, partially offset with a £0.1m underspend in Complex Rehab, older People is on budget). 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 maintained at £0.6m over budget due to OAPs

- Excess packages of care costs in the WY CAMHS PC has contributed towards a £0.8m overspend within the collaborative that is offset with additional income profiled into the position.
- Premises costs are £1.0m over budget due to combination of minor works and patient damage,
- Year to date the unidentified cost improvement target generated £1.6m adverse variance
- Finance interest is also £1.2m better than budget.

Appendix B

CAPITAL PROGRAMME - at 29 February 2024	Year to Date			
	Annual Plan £'000	YTD Plan £'000	Actual Spend £'000	YTD Variance £'000
ICS Operational Capital				
Estates Operational				
Health & Safety /Fire/Accessibility/ Backlog	300	270		270
Security review	150	150		150
Cold water taps to bedrooms	100	100	87	13
Sub-Total	**550**	**520**	**87**	**433**
IT/Telecomms Operational				
IT Network Infrastructure	150	150	18	132
Server/Storage	30	30	13	17
Cyber security	50	50		50
Sub-Total	**230**	**230**	**31**	**199**
Estates Strategic Developments				
Newsam Centre (Doors)	75	75	25	50
Red Kite View	50	50		50
St Marys House, main house	1,080	1,080	1,941	(861)
Sustainibility & Green Plan	150	100		100
Seclusion Review	400	300	51	249
Safes	119	119	67	52
Sub-Total	**1,874**	**1,724**	**2,084**	**(360)**
IT Strategic Developments				
Integration System	50	50		50
Voice recognition	140	140		140
EPR developments	50	25		25
Electronic document management	277	217	(60)	277
EPMA Community model	100	50		50
Smartphones	60	60	47	13
Sub-Total	**677**	**542**	**(13)**	**555**
Contingency Schemes				
Contingency	305	270	685	(415)
2022/23 Completed Schemes			101	(101)
Sub-Total	**305**	**270**	**786**	**(516)**
Disposals				
ICS	0	0	(10)	10
Sub-Total	**0**	**0**	**(10)**	**10**
Total ICS Operational Capital	**3,636**	**3,286**	**2,965**	**321**
PDC Funded Schemes				
Electronic document management (PDC)	922	600	349	251
MH UEC (PDC)	581	381		381
Total PDC Funded Schemes	**1,503**	**981**	**349**	**632**
IFRS16 Leased Assets				
Lease Cars	200	180	136	44
Leased Buildings	1,000	500	41	459
Sub-Total	**1,200**	**680**	**177**	**503**
Disposals				
Leased	0	0	(6)	6
Sub-Total	**0**	**0**	**(6)**	**6**
Total IFRS16 Leased Assets	**1,200**	**680**	**171**	**509**
Total Capital Spend	**6,339**	**4,947**	**3,485**	**1,462**
Capital Funding Source:				
ICS Operational Capital	3,636	3,286	2,965	321
Public Dividend Capital (PDC)	1,503	981	349	632
IFRS16 Leased Assets	1,200	680	171	509
Total	**6,339**	**4,947**	**3,485**	**1,462**

MEETING OF THE BOARD OF DIRECTORS

28 MARCH 2024

2023 NHS Staff Survey and Bank Staff Survey Results

1 Executive Summary

This paper provides the Board of Directors with a high-level summary of the results and outcomes of the 2023 National Staff Survey for both Substantive and Bank Staff. We are seeing the best results for substantive staff since 2018. Bank staff continue to have a worse experience working at our Trust than our substantive staff and this trend is worsening.

The paper examines, where possible, how the Trust's results compare to previous years for substantive and bank staff, across the seven People Promise elements and the Engagement and Morale themes. It highlights any emerging themes, where we have made improvements or seen deterioration and shares our plans for ensuring these results are incorporated into local and Trust-wide plans to drive improvements in how it feels to work at our Trust.

2 Introduction

The purpose of this report is to provide a summary of the key outcomes of the 2023 survey results provided by the National Co-Ordination Centre (NCC) for the Leeds and York Partnership NHS Foundation Trust (LYPFT). This report looks at:

- NHS National Staff Survey Results for substantive staff (weighted data)
- Bank Staff Survey Results for bank staff (unweighted data)

For NCC to make reasonable comparisons between organisations and to account for Trust size when calculating national results, the NHS Staff Survey data is weighted and the results in this report, for substantive staff, are from that 'weighted data'.

3 Background

The 2023 LYPFT NHS (Substantive) Staff Survey and Bank Staff Survey ran from 27 September–24 November 2024. The Trust's official sample size was 3,126 (substantive) and 652 (bank) which is a full census of all staff in post on 1 September 2022. This is consistent with the approach we have taken in previous years.

Once again, we deployed a Task & Finish Group to support the delivery of the Staff Survey. A significant Engagement and Communications campaign was conducted to engage managers and staff across the Trust, including a toolkit for all line managers, regular news stories about the importance of completing the survey, weekly team manager response rate updates and features in Trustwide. In 2023 our response rates were:

- 50.2% of substantive staff (1569 responses) which was +6.2% higher than the previous year.
- 27% of bank staff (131 responses) which was +12% higher than the previous year.

We believe the new Engagement plan and increased involvement with service leadership helped to stem the declining response rates from previous years, for both substantive and bank staff.

4 2023 NHS Staff Survey Results

4.1. People Promise Theme Overview (substantive staff)

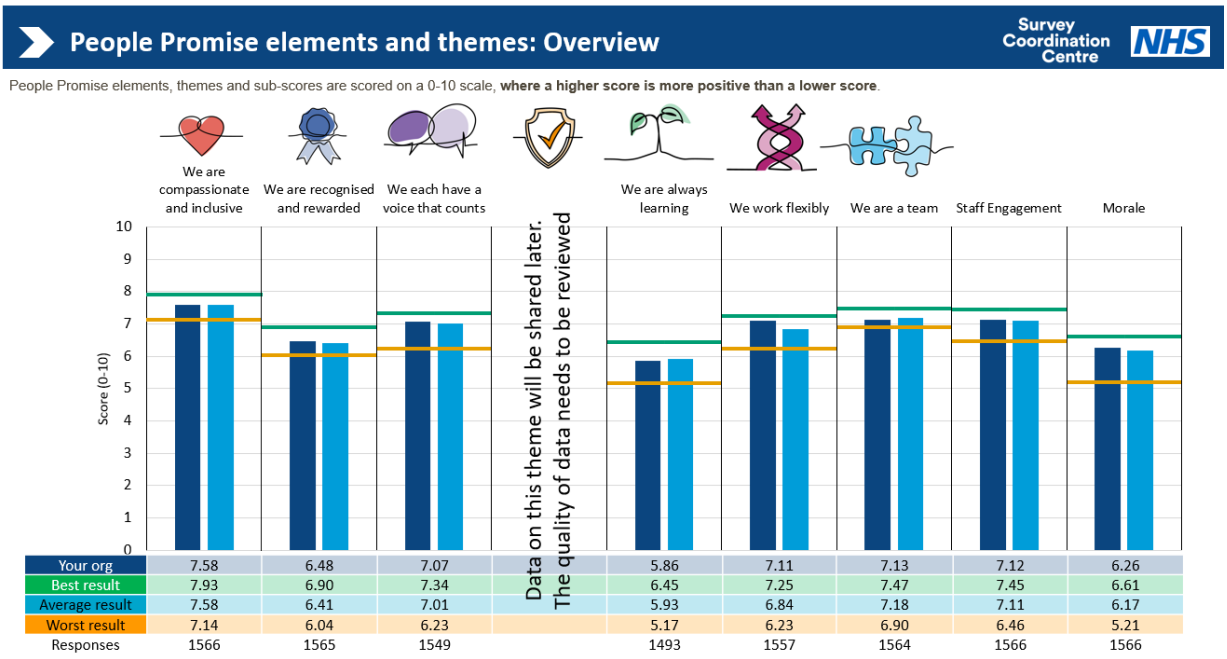


Fig 1: 2023 NHS (Substantive) Staff Survey - People Promise theme results.

Due to a data processing error at a national level we cannot report on the We are safe and healthy theme at this time. So this report only concentrates on eight key themes currently.

Across the eight key themes for substantive staff, in comparison to our sector, we are:

- We are above the sector average in five themes: Recognised & Rewarded, Having a voice that counts, Flexible Working, Staff Engagement and Morale.
- We are below the sector average in two themes ‘we are always learning’, and ‘we are a team’. It’s worth noting that whilst ‘we are always learning’ is behind the sector, we have

made significant changes here on last year's results (up from 5.54 to 5.86). Regarding 'we are a team' this had declined by 0.02.

- We are the same as the average sector score in Compassionate & Inclusive

4.2. People Promise Theme Overview (bank versus substantive staff)

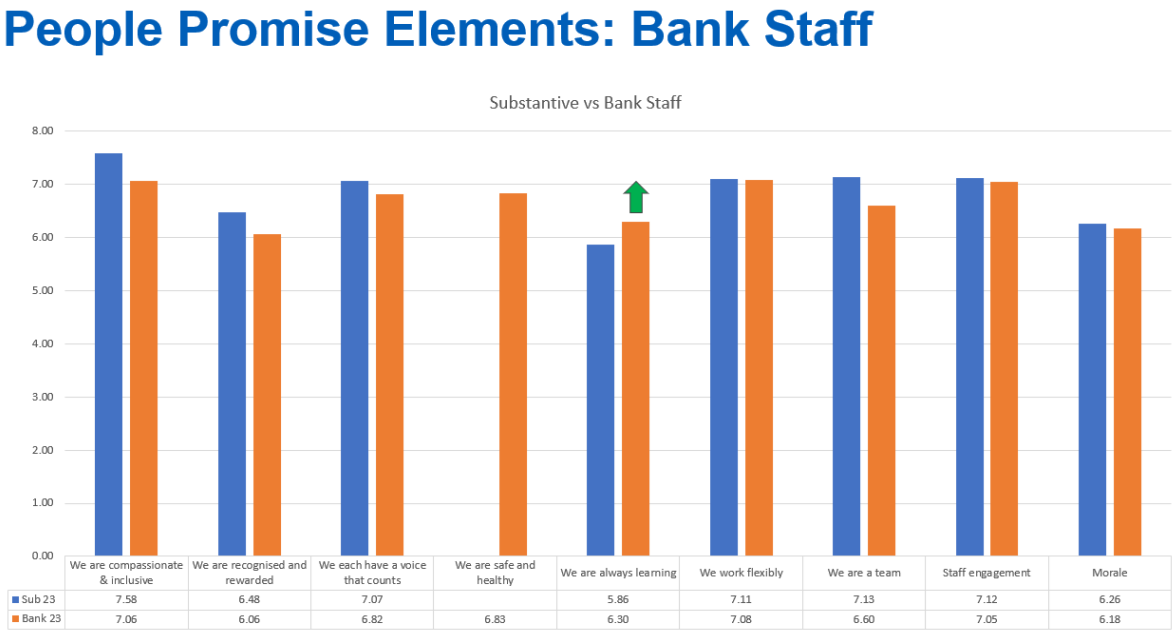


Figure 2: People Promise theme results – Substantive vs Bank Staff 2023

Comparing our bank staff (unweighted data) to our substantive staff (weighted data) across the nine key themes indicates that they are:

- outperforming in the 'We Are Always Learning' theme, however this is not directly comparable as Bank Staff are not asked questions relating to Appraisals.
- Underperforming against Substantive Staff in all other themes

4.3. National Staff Survey all question results

Please refer to Appendix 1 to see the results for substantive and bank staff against all questions.

4.4. Areas where the Trust is performing well

Overall

- 90% of our substantive staff and 91% of bank staff feel trusted to do their job
- 85% of substantive staff and 88% of bank staff feel their role makes a difference to service users
- 81% of substantive staff and 90% of bank staff always know what their work responsibilities are.

Specifically, our substantive staff report feeling:

- that there is enough staff at our Trust for them to do their job properly (+8.5%)

- able to access the right learning and development opportunities (+7.5%)
- more of them have had an appraisal in the last 12 months (+7.8%) and more of them feeling supported to develop their potential (+5.6%)
- less emotionally exhausted (-6.1%) and less frustrated (-6.1%) by their work
- A reduction in bullying, harassment or abuse from service users/public (-4.8%).

Specifically, our bank staff report feeling:

- significant improvements working with colleagues, such as:
  - that more managers ask for their opinion before making decisions that affect their work (+8.8%); more managers are encouraging (+7.9%); more managers are taking an interest in their health and wellbeing (+5.6%) and more managers are working with them to come to an understanding of their problems (+5.0%)
- that they feel supported to develop their potential (+7.2%) and that there are more opportunities to develop their career at our Trust (+6.0%)
- that more of them feel secure when raising concerns about unsafe clinical practice (+5.0%).

4.5. Areas where the Trust has room for improvement

Overall

Bank staff continue to report worse experience working at our Trust than our substantive staff:

- Bank staff improved, year on year, in 37% of questions in comparison to 59% of questions for our substantive staff
- Bank staff declined, year on year, in 56% of questions in comparison to 20% of questions for substantive staff.
- 32% of bank staff and 9% of substantive staff are experiencing discrimination from service users, their carers/relatives or other members of the public
- 18% of substantive staff and 42% of bank staff are experiencing physical violence at work from service users, their carers/relatives or other members of the public
- 25% of substantive staff and 39% of bank staff are experiencing bullying, harassment or abuse from service users, their carers/relatives or other members of the public.

Specifically, our substantive staff report feeling:

- that only 25% of them felt their appraisal helped improve how they do their job, 31% felt that it left them feeling valued by the Trust and 38% felt it helped them agree clear objectives for their work.
- that only 37% of them feel there is enough staff at our Trust for them to do their job properly (favourably increased +8%)
- that only 49% of staff feel able to meet all the conflicting demands on their time.
- that only 62% of them would be happy with the standard of care provided by the Trust, if a friend or relative needed treatment (favourably increased +3%)

Specifically, our bank staff report feeling:

38% of them are involved in deciding on changes introduced into their work area, team or department and 48% of them can make improvements happen in their area of work (-12.8%)

- that their colleagues are kind and understanding to one another (-12.3%), treat each other with respect (-12.3%), show appreciation to one another (-8.4%) and feel valued in their team (-7.8%)
- more of them coming to work when ill (+11.3%)
- more of them experiencing discrimination at work from service users (+5.2%) and other from colleagues (+7.2%)
- more of them are experiencing bullying, harassment, and abuse from colleagues (+5.6%)

4.6. Workforce Race Equality Standards (WRES) – Summary

- In comparison to 2022, all four WRES Standard metrics have shown a favourable change, with two showing significant improvement.
- We are better than the national sector average in three metrics and below the sector average for bullying, harassment or abuse from service users/public

WRES Standard % Staff - ALL ETHNIC GROUPS	2021	2022	2023	YoY Ch		Sector Ave	Against Sector Ave
% experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	37.9%	35.8%	33.7%	-2.1%	Favourable	31.4%	Worse that sector ave
% experiencing harassment, bullying or abuse from staff in the last 12 months	22.8%	22.5%	17.1%	-5.5%	Significantly favourable	21.0%	Better than sector ave
% believing that the organisation provides equal opportunities for career progression or promotion.	42.7%	42.0%	51.9%	9.9%	Significantly favourable	50.5%	Better than sector ave
% experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months	13.8%	11.8%	10.2%	-1.6%	Favourable	13.9%	Better than sector ave

4.7. Workforce Disability Equality Standards (WDES) – Summary

- For staff with a 'physical or mental health conditions, or illnesses that have lasted, or are expected to last for 12 months or more', we have shown favourable changes in six of the seven metrics in comparison to 2022. With a significant favourable change in less staff feeling that they are experiencing bullying, harassment, or abuse from service users/public.
- We are better than the sector average in all WDES metrics for 2023.

WDES Standard % Staff with a Long-Term Condition (LTC) or illness	2021	2022	2023	YoY Ch		Sector Ave	Against Sector Ave
% with a LTC/illness, experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	31.2%	30.9%	25.7%	-5.2%	Significantly favourable	28.9%	Better than sector ave
% with a LTC/illness, experiencing harassment, bullying or abuse from managers in the last 12 months	12.2%	9.6%	8.7%	-0.9%	Favourable	11.9%	Better than sector ave
% with a LTC/illness, experiencing harassment, bullying or abuse from colleauges in the last 12 months	22.3%	19.7%	17.2%	-2.5%	Favourable	18.9%	Better than sector ave
% with a LTC/illness, saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	66.9%	59.4%	61.2%	1.8%	Favourable	59.9%	Better than sector ave
% with a LTC/illness, believing that the organisation provides equal opportunities for career progression or promotion.	50.0%	57.4%	59.3%	1.9%	Favourable	56.7%	Better than sector ave
% with a LTC/illness, who felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	17.0%	16.2%	14.9%	-1.4%	Favourable	19.4%	Better than sector ave
% with a LTC/illness, satisfied with the extent to which their organisation values their work	41.5%	49.9%	47.4%	-2.5%	Unfavourable	45.4%	Better than sector ave
% with a LTC/illness, saying employer has made reasonable adjustment(s) to enable them to carry out their work.	n/a	83.5%	86.5%	3.0%	Favourable	79.3%	Better than sector ave

5 Sharing our results with staff

As with previous years, following the national publication date, our NHS Staff Survey results have been available via Echo for all staff to access, with a full reporting suite at Trust, Service and Team level data, with year-on-year comparisons, where available.

6 Plans for working with Services and Teams on Intention Planning

We have already started to present results, at the service level, to our senior leadership teams and are asking for them to complete Service-Level Intention Plans. We will during March and April 2024 roll these presentations out to these service sub-directorates and teams. We will be sharing Service-level intention plans with these smaller teams to help them in developing their local intention plans on issues that matter most to their staff.

Comparing response rate data for 2023 against 2022,
we again can conclusively say that those teams,
who did an Intention Plans in 2022, are more likely to have seen an increase in their response rates than those without an Intention Plan.

93% of teams with an intention plan increased their response rate,
compared to 68% of teams without.

Intention planning is driving engagement with our staff and helping to increase our response rates.

The Bank Staff Survey Results will be presented to our Bank Workforce Managers for onward discussion and bespoke Intention Planning with our Bank Workforce via the Bank Forum.

9. Conclusion

We were delighted to see increases in our response rates for both Substantive and Bank Staff this year.

Substantive Staff

- Substantive staff results show the most favourable results since 2018, with 59% of questions for our substantive staff showing year-on-year improvements.
- We are above the sector average in five themes: Recognised & Rewarded, Having a voice that counts, Flexible Working, Staff Engagement and Morale.
- We are seeing significant improvements in two themes in comparison to last year; ‘We are always learning’ and ‘Morale’
- We are seeing improvements in all WRES metrics
- We are seeing improvements in seven of the eight WDES metrics.

Bank staff

- Bank staff continue to report a worse experience working at our Trust than our substantive staff and this trend has worsened over the last four years of surveying our staff. We currently cannot compare our bank staff to a national sector average as that data is not yet available from NHS England.
- Bank Staff are underperforming against Substantive Staff in all other themes except the 'We are always learning' but because the appraisal questions are not asked of our bank staff this data is not strictly comparable.
- We are seeing only 37% of questions showing year-on-year improvements for this staff group.
- Bank staff declined, year on year, in 56% of questions in comparison to 20% of questions for substantive staff.

10 Recommendation

The Board of Directors is asked to:

- Receive and note the high-level report for the 2023 National Staff Survey results
- Confirm they will support our plan to give our people a voice, by listening, acting on feedback and involving them in decision-making, by continuing to strongly advocate, with service leaders and managers, the importance of committing to service and local intention planning for teams.
- Agree to support our plan to share these results with relevant governance and steering groups so that this data can be used as part of planning for improvements in these strategic areas.

Tracey Needham
Head of People Engagement
12 March 2024.

See Board Data Appendix Attached for data to questions.

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM

MEETING OF THE PUBLIC BOARD OF DIRECTORS

PAPER TITLE:	**2024 Staff Survey Results for Substantive and Bank Staff**
DATE OF MEETING:	**28 March 2024**
PRESENTED BY: (name and title)	**Darren Skinner** Director of People and OD
PREPARED BY: (name and title)	**Tracey Needham** Head of People Engagement

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

EXECUTIVE SUMMARY

This paper provides the Board of Directors with a high-level summary of the results and outcomes of the 2023 National Staff Survey for both Substantive and Bank Staff. We are seeing the best results for substantive staff since 2018. Bank staff continue to have a worse experience working at our Trust than our substantive staff and this trend is worsening.

The paper examines, where possible, how the Trust's results compare to previous years for substantive and bank staff, across the seven People Promise elements and the Engagement and Morale themes. It highlights any emerging themes, where we have made improvements or seen deterioration and shares our plans for ensuring these results are incorporated into local and Trust-wide plans to drive improvements in how it feels to work at our Trust.

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

RECOMMENDATION

The Board of Directors is asked to:

- Receive and note the high-level report for the 2023 National Staff Survey results.
- Confirm they will support our plan to give our people a voice, by listening, acting on feedback and involving them in decision-making, by continuing to strongly advocate, with service leaders and managers, the importance of committing to service and local intention planning for teams.
- Agree to support our plan to share these results with relevant governance and steering groups so that this data can be used as part of planning for improvements in these strategic areas.

Note: Total No. of RAG may no longer be represented visually in table due to Q changes

For percentage scores (%):
Unfavourable/favourable differences of 5% or more highlighted **red**/green. Unfavourable differences between 3% and 5% highlighted in amber.

For scale scores (0.0 to 10.0):
Unfavourable/favourable differences of 5.0 or more highlighted **red**/green. Unfavourable differences between 3.0 and 4.99 highlighted in amber

*LB *LB = Measures where a lower score is better in italics and idenified with an asterisk (*).

*1 *1 Questions appear twice in reporting deck so RAG Colour Coded but not counted twice

	Subs. 2018	Subs. 2019	Subs. 2020	Subs. 2021	Subs 2022	Subs 2023	Subs YoY	Bank 2019	Bank 2020	Bank 2021	Bank 2022	Bank 2023	Bank YoY
	0	0	2	6	2	0	-2		10	13	21	22	1
	1	3	1	6	5	1	-4		12	5	6	11	5
	16	2	5	0	1	10	9		15	4	14	8	-6

	Subs. 2018	Subs. 2019	Subs. 2020	Subs. 2021	Subs 2022	Subs 2023	Subs YoY	Bank 2019	Bank 2020	Bank 2021	Bank 2022	Bank 2023	Bank YoY
Number of respondents	1420	1410	1311	1384	1322	1569	247	129	125	106	95	131	36
Response Rate	58.1%	54.5%	47%	47%	44%	50%	6%	26%	25%	22%	15%	27%	12%

National Staff Survey 2023
Leeds and York Partnership NHS Foundation Trust
Substantive staff is heat mapped against previous year using 'Weighted Data'
Bank staff 'Unweighted Data' is heat mapped against previous year using 'Unweighted Data'

		Substantive Staff - 2018 Weighted Data	Substantive Staff - 2019 Weighted Data	Substantive Staff - 2020 Weighted Data	Substantive Staff - 2021 Weighted Data	Substantive Staff - 2022 Weighted Data	Substantive Staff - 2023 Weighted Data	Substantive YoY Difference 2022 vs 2023	Bank Staff - 2019 Unweighted Data	Bank Staff - 2020 Unweighted Data	Bank Staff - 2021 Unweighted Data	Bank Staff - 2022 Unweighted Data	Bank Staff - 2023 Unweighted Data	Bank YoY Difference 2022 vs 2023
Promise 1: We are compassionate and inclusive		**Subs. 2018**	**Subs. 2019**	**Subs. 2020**	**Subs. 2021**	**Subs 2022**	**Subs 2023**	**Subs YoY**	**Bank 2019**	**Bank 2020**	**Bank 2021**	**Bank 2022**	**Bank 2023**	**Bank YoY**
Sub	***Bank***	***Sub Score P1.1: Compassionate culture***												
Q6a	Q8a	I feel that my role makes a difference to patients/service users. (Agree/Strongly Agree)	87.1%	84.7%	86.2%	83.3%	83.6%	84.8%	1.2%	96.0%	94.0%	82.0%	90.8%	88.1%	-2.7%
Q25a	Q30a	Care of patients / service users is my organisation's top priority. (Agree/Strongly Agree)	77.3%	77.5%	80.2%	78.5%	78.7%	78.5%	-0.2%	93.0%	89.0%	85.0%	85.6%	84.0%	-1.6%
Q25b	Q30b	My organisation acts on concerns raised by patients/service users. (Agree/Strongly Agree)	73.2%	72.4%	75.0%	74.5%	72.5%	73.3%	0.8%	84.0%	83.0%	80.0%	83.5%	81.7%	-1.8%
Q25c	Q30c	I would recommend my organisation as a place to work. (Agree/Strongly Agree)	65.7%	66.6%	71.2%	65.4%	63.8%	67.4%	3.6%	83.0%	82.0%	81.0%	79.3%	74.6%	-4.7%
Q25d	Q30d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. (Agree/Strongly Agree)	64.1%	64.2%	67.3%	63.5%	58.6%	62.0%	3.4%	77.0%	78.0%	72.0%	73.6%	69.5%	-4.1%
Total Sub Score P1.1: Compassionate culture					**7.20**	**7.10**	**7.23**	**0.13**			**6.90**	**7.85**	**7.70**	**-0.15**
Sub	***Bank***	***Sub Score P1.2: Compassionate leadership***	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**YoY**	**2019**	**2020**	**2021**	**2022**	**2023**	**YoY**
Q9f	Q14f	My immediate manager…works together with me to come to an understanding of problems. (Agree/Strongly Agree)				78.1%	77.5%	79.2%	1.7%			64.0%	56.7%	61.7%	5.0%
Q9g	Q14g	My immediate manager…is interested in listening to me when I describe challenges I face. (Agree/Strongly Agree)				81.3%	80.8%	81.4%	0.5%			68.0%	63.3%	62.0%	-1.3%
Q9h	Q14h	My immediate manager…cares about my concerns. (Agree/Strongly Agree)				80.4%	80.7%	80.2%	-0.5%			68.0%	57.1%	60.9%	3.8%
Q9i	Q14i	My immediate manager…takes effective action to help me with any problems I face. (Agree/Strongly Agree)				74.5%	75.0%	76.6%	1.6%			69.0%	56.7%	58.1%	1.4%
Total Sub Score P1.2: Compassionate leadership						**7.60**	**7.60**	**7.60**	**0.00**			**5.80**	**6.74**	**6.59**	**-0.16**
Sub	***Bank***	***Sub Score P1.3: Diversity and equality***	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**YoY**	**2019**	**2020**	**2021**	**2022**	**2023**	**YoY**
Q15	Q20	My organisations acts fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age. (Yes)	57.8%	58.7%	57.3%	56.0%	58.7%	59.5%	0.8%	76.0%	48.0%	50.0%	54.8%	56.3%	1.5%
*LB	*Q16a*	*Q21a*	*In the last 12 months I have personally experienced discrimination at work from…patients/service users, their relatives or other members of the public. (Yes)*	*10.0%*	*8.3%*	*9.1%*	*8.9%*	*8.9%*	*8.6%*	*-0.3%*	*28.0%*	*27.0%*	*21.0%*	*26.9%*	*32.1%*	*5.2%*
*LB	*Q16b*	*Q21b*	*In the last 12 months I have personally experienced discrimination at work from…manager/team leader or other colleagues. (Yes)*	*5.4%*	*6.2%*	*6.5%*	*6.9%*	*6.1%*	*6.1%*	*-0.1%*	*13.0%*	*13.0%*	*14.0%*	*9.0%*	*16.2%*	*7.2%*
Q21	Q26	I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc). (Agree/Strongly Agree)				72.1%	75.2%	75.3%	0.1%			77.0%	75.5%	71.8%	-3.7%
Total Sub Score P1.3: Diversity and equality						**8.20**	**8.30**	**8.33**	**0.03**			**6.80**	**7.36**	**7.36**	**0.00**
Sub	***Bank***	***Sub Score P1.4: Inclusion***	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**YoY**	**2019**	**2020**	**2021**	**2022**	**2023**	**YoY**
Q7h	Q11f	I feel valued in my team. (Agree/Strongly Agree)				72.1%	76.2%	75.4%	-0.8%			69.0%	76.3%	68.5%	-7.8%
Q7i	Q11g	I feel a strong personal attachment to my team. (Agree/Strongly Agree)				62.4%	67.3%	65.1%	-2.2%			50.0%	54.3%	52.3%	-2.0%
Q8b	Q12b	The people I work with are understanding and kind to one another. (Agree/Strongly Agree)				75.5%	78.4%	76.9%	-1.6%			67.0%	73.1%	60.8%	-12.3%
Q8c	Q12c	The people I work with are polite and treat each other with respect. (Agree/Strongly Agree)				77.9%	79.7%	79.2%	-0.5%			74.0%	73.4%	61.1%	-12.3%
Total Sub Score P1.4: Inclusion						**7.00**	**7.20**	**7.16**	**-0.04**			**5.90**	**7.04**	**6.60**	**-0.45**
PROMISE 1: We are compassionate and inclusive Theme Score						**7.50**	**7.56**	**7.58**	**0.02**			**6.10**	**7.25**	**7.06**	**-0.19**
Promise 2: We are recognised and rewarded		**Subs. 2018**	**Subs. 2019**	**Subs. 2020**	**Subs. 2021**	**Subs 2022**	**Subs 2023**	**Subs YoY**	**Bank 2019**	**Bank 2020**	**Bank 2021**	**Bank 2022**	**Bank 2023**	**Bank YoY**
Sub	***Bank***	***We are recognised and rewarded***												
Q4a	Q6a	I am satisfied with…the recognition I get for good work. (Statisfied/V.Satisfied)	63.8%	66.6%	67.3%	62.2%	63.3%	64.3%	1.0%	61.0%	66.0%	62.0%	56.5%	55.0%	-1.5%
Q4b	Q6b	I am satisfied with…the extent to which the organisation values my work. (Statisfied/V.Satisfied)	49.6%	51.6%	51.1%	50.3%	52.4%	53.5%	1.1%	60.0%	58.0%	58.0%	57.0%	51.5%	-5.5%
Q4c	Q6c	I am satisfied with…my level of pay. (Statisfied/V.Satisfied)	38.8%	41.2%	42.3%	40.6%	33.4%	37.5%	4.1%	34.0%	39.0%	36.0%	28.7%	31.3%	2.6%
Q8d	Q12d	The people I work with show appreciation to one another. (Agree/Strongly Agree)				72.5%	74.0%	74.6%	0.6%			67.0%	69.9%	61.5%	-8.4%
Q9e	Q14e	My immediate managers…values my work. (Agree/Strongly Agree)	80.0%	82.3%	82.1%	80.8%	81.0%	80.4%	-0.6%	71.0%	81.0%	75.0%	64.8%	68.3%	3.5%
PROMISE 2: We are recognised and rewarded Theme Score						**6.40**	**6.36**	**6.48**	**0.12**			**5.60**	**6.25**	**6.06**	**-0.19**
Promise 3: We each have a voice that counts		**Subs. 2018**	**Subs. 2019**	**Subs. 2020**	**Subs. 2021**	**Subs 2022**	**Subs 2023**	**Subs YoY**	**Bank 2019**	**Bank 2020**	**Bank 2021**	**Bank 2022**	**Bank 2023**	**Bank YoY**
Sub	***Bank***	***Sub Score P3.1: Autonomy and control***												
Q3a	Q5a	I always know what my work responsibilities are. (Agree/Strongly Agree)	83.0%	81.9%	82.5%	81.0%	82.6%	81.2%	-1.4%	94.0%	89.0%	89.0%	87.2%	90.0%	2.8%
Q3b	Q5b	I am trusted to do my job. (Agree/Strongly Agree)	90.6%	90.3%	91.4%	91.2%	92.1%	89.6%	-2.5%	94.0%	93.0%	90.0%	94.6%	90.7%	-3.9%
Q3c	Q5c	There are frequent opportunities for me to show initiative in my role. (Agree/Strongly Agree)	78.7%	79.1%	78.5%	76.5%	78.8%	79.9%	1.1%	75.0%	78.0%	71.0%	72.8%	71.5%	-1.3%
Q3d	Q5d	I am able to make suggestions to improve the work of my team/dept. (Agree/Strongly Agree)	81.2%	81.2%	81.0%	78.3%	79.5%	81.2%	1.7%	69.0%	66.0%	64.0%	62.0%	58.5%	-3.5%
Q3e	Q5e	I am involved in deciding on changes introduced that affect my work area/team/dept. (Agree/Strongly Agree)	58.8%	61.6%	59.6%	57.7%	60.5%	60.3%	-0.2%	30.0%	34.0%	28.0%	39.8%	37.7%	-2.1%
Q3f	Q5f	I am able to make improvements happen in my area of work. (Agree/Strongly Agree)	62.0%	62.1%	65.1%	61.1%	63.3%	64.0%	0.6%	46.0%	48.0%	43.0%	56.5%	43.8%	-12.8%
Q5b	Q7b	I have a choice in deciding how to do my work. (Often/Always)	61.6%	63.0%	63.7%	62.5%	64.9%	67.6%	2.7%	46.0%	41.0%	40.0%	37.6%	40.3%	2.7%
Total Sub Score P3.1: Autonomy and control						**7.20**	**7.30**	**7.31**	**0.01**			**5.90**	**6.70**	**6.65**	**-0.04**
Sub	***Bank***	***Sub Score P3.2: Raising concerns***	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**YoY**	**2019**	**2020**	**2021**	**2022**	**2023**	**YoY**
Q20a	Q25a	I would feel secure raising concerns about unsafe clinical practice. (Agree/Strongly Agree)	72.6%	72.5%	74.0%	78.0%	76.6%	78.0%	1.4%	73.0%	70.0%	74.0%	68.1%	73.1%	5.0%
Q20b	Q25b	I am confident that my organisation would address my concern. (Agree/Strongly Agree)	58.5%	59.3%	62.0%	63.4%	60.2%	61.8%	1.6%	67.0%	63.0%	71.0%	62.8%	63.8%	1.0%
Q25e	Q30e	I feel safe to speak up about anything that concerns me in this organisation. (Agree/Strongly Agree)			72.4%	68.6%	70.8%	69.9%	-0.9%		74.0%	76.0%	68.5%	69.2%	0.7%
Q25f	Q30f	If I spoke up about something that concerned me I am confident my organisation would address my concern. (Agree/Strongly Agree)				56.4%	57.8%	56.2%	-1.7%			66.0%	60.9%	64.3%	3.4%
Total Sub Score P3.2: Raising concerns						**6.80**	**6.80**	**6.84**	**0.04**			**6.30**	**6.71**	**6.98**	**0.27**
PROMISE 3: We each have a voice that counts Theme Score						**7.00**	**7.03**	**7.07**	**0.04**			**7.00**	**6.71**	**6.82**	**0.11**

Note: Total No. of RAG may no longer be represented visually in table due to Q changes

For percentage scores (%):
Unfavourable/favourable differences of 5% or more highlighted red/green. Unfavourable differences between 3% and 5% highlighted in amber.

For scale scores (0.0 to 10.0):
Unfavourable/favourable differences of 5.0 or more highlighted red/green. Unfavourable differences between 3.0 and 4.99 highlighted in amber

*LB = Measures where a lower score is better in italics and idenified with an asterisk (*).

*1 Questions appear twice in reporting deck so RAG Colour Coded but not counted twice

	Subs. 2018	Subs. 2019	Subs. 2020	Subs. 2021	Subs 2022	Subs 2023	Subs YoY YoY	Bank 2019	Bank 2020	Bank 2021	Bank 2022	Bank 2023	Bank YoY YoY
	0	0	2	6	2	0	-2		10	13	21	22	1
	1	3	1	6	5	1	-4		12	5	6	11	5
	16	2	5	0	1	10	9		15	4	14	8	-6
Number of respondents	1420	1410	1311	1384	1322	1569	247	129	125	106	95	131	36
Response Rate	58.1%	54.5%	47%	47%	44%	50%	6%	26%	25%	22%	15%	27%	12%

National Staff Survey 2023
Leeds and York Partnership NHS Foundation Trust
Substantive staff is heat mapped against previous year using 'Weighted Data'
Bank staff 'Unweighted Data' is heat mapped against previous year using 'Unweighted Data'

			Substantive Staff - 2018 Weighted Data	Substantive Staff - 2019 Weighted Data	Substantive Staff - 2020 Weighted Data	Substantive Staff - 2021 Weighted Data	Substantive Staff - 2022 Weighted Data	Substantive Staff - 2023 Weighted Data	Substantive YoY Difference 2022 vs 2023	Bank Staff - 2019 Unweighted Data	Bank Staff - 2020 Unweighted Data	Bank Staff - 2021 Unweighted Data	Bank Staff - 2022 Unweighted Data	Bank Staff - 2023 Unweighted Data	Bank YoY Difference 2022 vs 2023
Promise 4: We are safe and healthy			**Subs. 2018**	**Subs. 2019**	**Subs. 2020**	**Subs. 2021**	**Subs 2022**	**Subs 2023**	**Subs YoY YoY**	**Bank 2019**	**Bank 2020**	**Bank 2021**	**Bank 2022**	**Bank 2023**	**Bank YoY YoY**
Sub	*Bank*	***Sub Score P4:1 Health and safety climate***													
Q3g	Q5g	I am able to meet all the conflicting demands on my time at work. (Agree/Strongly Agree)	48.7%	48.9%	47.9%	44.9%	44.1%	48.3%	4.2%	59.0%	69.0%	64.0%	62.4%	60.9%	-1.5%
Q3h	Q5h	I have adequate materials, supplies and equipment to do my work. (Agree/Strongly Agree)	65.3%	65.3%	68.3%	65.9%	61.3%	65.6%	4.3%	73.0%	78.0%	74.0%	77.2%	66.9%	-10.3%
Q3i	Q5i	There are enough staff at this organisation for me to do my job properly. (Agree/Strongly Agree)	37.6%	39.1%	41.7%	30.7%	28.0%	36.5%	8.5%	41.0%	57.0%	42.0%	44.1%	46.9%	2.8%
Q5a	Q7a	I never/rarely have unrealistic time pressures (Never/Rarely).	29.0%	31.6%	30.6%	29.4%	31.4%	32.6%	1.2%	34.0%	43.0%	45.0%	45.7%	*43.1%*	-2.6%
Q11a	Q16a	My organisation takes positive action on health and well-being. (Agree/Strongly Agree)	35.9%	35.7%	41.3%	64.0%	65.1%	68.1%	3.0%	48.0%	52.0%	75.0%	69.1%	65.9%	-3.2%
Q13d	Q18d	The last time you experienced physical violence at work, did you or a colleague report it. (% Staff or Colleague who reported it and excludes DN/NA)	94.4%	92.3%	90.9%	94.5%	92.1%	tbc	#VALUE!	85.0%	84.0%	91.0%	97.1%	96.1%	-1.0%
Q14d	Q19d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it. (% Staff or Colleague who reported it and excludes DN/NA)	61.5%	59.0%	64.6%	63.2%	64.1%	61.8%	-2.3%	74.0%	65.0%	64.0%	62.9%	62.3%	-0.6%
Total Sub Score P4.1: Health and safety climate						**5.80**	**5.70**	**tbc**	**#VALUE!**			**5.90**	**6.75**	**6.67**	**-0.08**
	Sub	*Bank*	***Sub Score P4:2 Burnout***	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**YoY**	**2019**	**2020**	**2021**	**2022**	**2023**	**YoY**
*LB	*Q12a*	*Q17a*	*How often, if at all, do you find your work emotionally exhausting? (Often/Always)*				*36.0%*	*38.1%*	*32.0%*	*-6.1%*			*18.0%*	*12.8%*	*15.3%*	*2.5%*
*LB	*Q12b*	*Q17b*	*How often, if at all, do you feel burnt out because of your work? (Often/Always)*				*27.8%*	*28.1%*	*24.3%*	*-3.8%*			*13.0%*	*7.5%*	*6.9%*	*-0.6%*
*LB	*Q12c*	*Q17c*	*How often, if at all, does your work frustrate you? (Often/Always)*				*34.3%*	*37.9%*	*31.8%*	*-6.1%*			*18.0%*	*7.6%*	*10.9%*	*3.3%*
*LB	*Q12d*	*Q17d*	*How often, if at all, are you exhausted at the thought of another day/shift at work? (Often/Always)*				*26.3%*	*25.5%*	*22.1%*	*-3.4%*			*11.0%*	*8.6%*	*10.0%*	*1.4%*
*LB	*Q12e*	*Q17e*	*How often, if at all, do you feel worn out at the end of your working day/shift? (Often/Always)*				*39.6%*	*39.6%*	*35.7%*	*-3.9%*			*21.0%*	*17.4%*	*13.8%*	*-3.6%*
*LB	*Q12f*	*Q17f*	*How often, if at all, do you feel that every working hour is tiring for you? (Often/Always)*				*16.1%*	*15.1%*	*13.9%*	*-1.2%*			*11.0%*	*3.2%*	*7.6%*	*4.4%*
*LB	*Q12g*	*Q17g*	*How often, if at all, do you not have enough energy for family and friends during leisure time? (Often/Always)*				*27.2%*	*27.8%*	*25.2%*	*-2.6%*			*17.0%*	*7.5%*	*17.6%*	*10.1%*
Total Sub Score P4.2: Burnout							**5.20**	**5.10**	**5.37**	**0.27**			**5.40**	**6.53**	**6.15**	**-0.37**
	Sub	*Bank*	***Sub Score P4:3 Negative experiences***	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**YoY**	**2019**	**2020**	**2021**	**2022**	**2023**	**YoY**
*LB	*Q11b*	*Q16b*	*In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? (Yes)*	*20.5%*	*21.9%*	*29.1%*	*26.8%*	*26.6%*	*22.5%*	*-4.1%*	*13.0%*	*19.0%*	*21.0%*	*23.9%*	*23.1%*	*-0.8%*
*LB	*Q11c*	*Q16c*	*During the last 12 months have you felt unwell as a result of work related stress? (Yes)*	*39.8%*	*37.4%*	*45.3%*	*44.3%*	*44.7%*	*40.2%*	*-4.5%*	*12.0%*	*20.0%*	*25.0%*	*23.7%*	*23.7%*	*0.0%*
*LB	*Q11d*	*Q16d*	*In the last three months have you ever come to work despite not feeling well enough to perform your duties? (Yes)*	*51.3%*	*52.1%*	*43.1%*	*51.4%*	*54.4%*	*51.7%*	*-2.7%*	*22.0%*	*11.0%*	*23.0%*	*18.5%*	*29.8%*	*11.3%*
*LB	*Q13a*	*Q18a*	*In the last 12 months how many times have you personally experienced physical violence at work from...Patients / service users, their relatives or other members of the public (% staff saying they experienced at least one incident)*	*22.2%*	*21.6%*	*19.2%*	*17.7%*	*19.3%*	*tbc*	*#VALUE!*	*37.0%*	*41.0%*	*38.0%*	*39.4%*	*41.5%*	*2.1%*
*LB	*Q13b*	*Q18b*	*In the last 12 months how many times have you personally experienced physical violence at work from...managers. (% staff saying they experienced at least one incident)*	*0.1%*	*0.1%*	*0.3%*	*0.4%*	*0.2%*	*tbc*	*#VALUE!*	*0.0%*	*2.0%*	*1.0%*	*1.1%*	*7.0%*	*5.9%*
*LB	*Q13c*	*Q18c*	*In the last 12 months how many times have you personally experienced physical violence at work from...other colleagues. (% staff saying they experienced at least one incident)*	*1.0%*	*0.8%*	*0.7%*	*1.1%*	*0.8%*	*tbc*	*#VALUE!*	*3.0%*	*4.0%*	*5.0%*	*4.3%*	*10.9%*	*6.6%*
*LB	*Q14a*	*Q19a*	*In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...Patients / service users, their relatives or other members of the public. (% staff saying they experienced at least one incident)*	*29.8%*	*29.1%*	*27.3%*	*28.5%*	*29.1%*	*24.4%*	*-4.8%*	*39.0%*	*39.0%*	*42.0%*	*37.2%*	*38.9%*	*1.7%*
*LB	*Q14b*	*Q19b*	*In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...managers. (% staff saying they experienced at least one incident).*	*7.6%*	*8.0%*	*7.2%*	*8.0%*	*6.2%*	*6.0%*	*-0.2%*	*3.0%*	*6.0%*	*13.0%*	*4.4%*	*7.0%*	*2.6%*
*LB	*Q14c*	*Q19c*	*In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...other colleagues. (% staff saying they experienced at least one incident).*	*15.5%*	*14.4%*	*13.8%*	*13.9%*	*14.1%*	*12.0%*	*-2.1%*	*18.0%*	*16.0%*	*21.0%*	*17.8%*	*23.4%*	*5.6%*
Total Sub Score P4.3: Negative experiences							**7.90**	**7.80**	**tbc**	**#VALUE!**			**6.90**	**8.10**	**7.69**	**-0.41**
PROMISE 4: We are safe and healthy Theme Score							**6.30**	**6.20**	**tbc**	**#VALUE!**			**6.00**	**7.13**	**6.83**	**-0.30**
Promise 5: We are always learning			**Subs. 2018**	**Subs. 2019**	**Subs. 2020**	**Subs. 2021**	**Subs 2022**	**Subs 2023**	**Subs YoY YoY**	**Bank 2019**	**Bank 2020**	**Bank 2021**	**Bank 2022**	**Bank 2023**	**Bank YoY YoY**
Sub	*Bank*	***Sub Score P5.1: Development***													
Q24a	Q29a	This organisation offers me challenging work (Agree/Strongly Agree)				72.9%	76.1%	76.9%	0.8%			52.0%	47.8%	48.1%	0.3%
Q24b	Q29b	There are opportunities for me to develop my career in this organisation. (Agree/Strongly Agree)				56.6%	57.2%	59.4%	2.2%			55.0%	50.5%	56.5%	6.0%
Q24c	Q29c	I have opportunities to improve my knowledge and skills. (Agree/Strongly Agree)				73.6%	75.1%	79.1%	4.0%			66.0%	64.8%	67.2%	2.4%
Q24d	Q29d	I feel supported to develop my potential. (Agree/Strongly Agree)				60.4%	61.2%	66.8%	5.6%			54.0%	42.4%	49.6%	7.2%
Q24e	Q29e	I am able to access the right learning and development opportunities when I need to. (Agree/Strongly Agree)				61.7%	61.1%	68.6%	7.5%			61.0%	57.6%	56.5%	-1.1%
Total Sub Score P5.1: Development						**6.60**	**6.70**	**6.89**	**0.19**			**5.50**	**6.19**	**6.30**	**0.11**
	Sub	*Bank*	***Sub Score P5.2: Appraisals***	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**YoY**	**2019**	**2020**	**2021**	**2022**	**2023**	**YoY**
Q23a	Q28		In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review. (Yes)	86.8%	86.6%	Not asked	78.1%	75.9%	83.7%	7.8%				29.7%	29.2%	-0.4%
Q23b	na		It helped me to improve how I do my job. (Yes/definitely)	25.2%	28.2%	Not asked	21.6%	23.3%	24.7%	1.4%						
Q23c	na		It helped me agree clear objectives for my work. (Yes/definitely)	39.6%	41.5%	Not asked	35.0%	37.8%	37.0%	-0.8%						
Q23d	na		It left me feeling that my work is valued by my organisation. (Yes/definitely)	31.8%	30.9%	Not asked	29.4%	29.3%	31.1%	1.8%						
Total Sub Score P5.2: Appraisals							**4.40**	**4.40**	**4.83**	**0.43**			**0.00**	**0.00**	**0.00**	**0.00**
PROMISE 5: We are always learning Theme Score							**5.50**	**5.54**	**5.86**	**0.32**			**5.50**	**6.19**	**6.30**	**0.11**
Promise 6: We work flexibly			**Subs. 2018**	**Subs. 2019**	**Subs. 2020**	**Subs. 2021**	**Subs 2022**	**Subs 2023**	**Subs YoY YoY**	**Bank 2019**	**Bank 2020**	**Bank 2021**	**Bank 2022**	**Bank 2023**	**Bank YoY YoY**
Sub	*Bank*	***Sub Score P6.1: Support for work-life balance***													
Q6b	Q8b	My organisation is committed to helping me balance my work and home life. (Agree/Strongly Agree)				55.6%	58.6%	63.6%	5.0%			64.0%	61.3%	61.1%	-0.2%
Q6c	Q8c	I achieve a good balance between my work life and my home life. (Agree/Strongly Agree)				58.7%	59.7%	63.7%	4.0%			86.0%	78.7%	80.0%	1.3%
Q6d	na	I can approach my immediate manager to talk openly about flexible working. (Agree/Strongly Agree)				80.5%	82.5%	82.5%	0.0%			72.0%			
Total Sub Score P6.1: Support for work-life balance						**6.70**	**6.80**	**6.96**	**0.16**			**6.40**	**6.92**	**7.08**	**0.15**
	Sub	*Bank*	***Sub Score P6.2: Flexible working***	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**YoY**	**2019**	**2020**	**2021**	**2022**	**2023**	**YoY**
Q4d	na		I am satisfied with...the opportunities for flexible working patterns. (Satisfied/V.Satisfied)	66.9%	66.3%	72.6%	68.7%	70.3%	72.4%	2.1%	80.0%	83.0%	80.0%			
Total Sub Score P6.2: Flexible working							**7.00**	**7.10**	**7.25**	**0.15**			**6.80**			
PROMISE 6: We work flexibly Theme Score							**6.90**	**6.98**	**7.11**	**0.13**			**6.60**	**6.92**	**7.08**	**0.15**

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Unfavourable/favourable differences of 5.0 or more highlighted **red**/green. Unfavourable differences between 3.0 and 4.99 highlighted in amber

*LB = Measures where a lower score is better in italics and idenified with an asterisk (*).

*1 Questions appear twice in reporting deck so RAG Colour Coded but not counted twice

	Subs. 2018	Subs. 2019	Subs. 2020	Subs. 2021	Subs 2022	Subs 2023	Subs YoY YoY	Bank 2019	Bank 2020	Bank 2021	Bank 2022	Bank 2023	Bank YoY YoY
	0	0	2	6	2	0	-2		10	13	21	22	1
	1	3	1	6	5	1	-4		12	5	6	11	5
	16	2	5	0	1	10	9		15	4	14	8	-6

	Subs. 2018	Subs. 2019	Subs. 2020	Subs. 2021	Subs 2022	Subs 2023	Subs YoY YoY	Bank 2019	Bank 2020	Bank 2021	Bank 2022	Bank 2023	Bank YoY YoY
Number of respondents	1420	1410	1311	1384	1322	1569	247	129	125	106	95	131	36
Response Rate	58.1%	54.5%	47%	47%	44%	50%	6%	26%	25%	22%	15%	27%	12%

National Staff Survey 2023
Leeds and York Partnership NHS Foundation Trust
Substantive staff is heat mapped against previous year using 'Weighted Data'
Bank staff 'Unweighted Data' is heat mapped against previous year using 'Unweighted Data'

Promise 7: We are a team			Substantive Staff - 2018 Weighted Data	Substantive Staff - 2019 Weighted Data	Substantive Staff - 2020 Weighted Data	Substantive Staff - 2021 Weighted Data	Substantive Staff - 2022 Weighted Data	Substantive Staff - 2023 Weighted Data	Substantive YoY Difference 2022 vs 2023	Bank Staff - 2019 Unweighted Data	Bank Staff - 2020 Unweighted Data	Bank Staff - 2021 Unweighted Data	Bank Staff - 2022 Unweighted Data	Bank Staff - 2023 Unweighted Data	Bank YoY Difference 2022 vs 2023
Sub	Bank	Sub Score P7.1: Team working	Subs. 2018	Subs. 2019	Subs. 2020	Subs. 2021	Subs 2022	Subs 2023	Subs YoY YoY	Bank 2019	Bank 2020	Bank 2021	Bank 2022	Bank 2023	Bank YoY YoY
Q7a	na	The team I work in has a set of shared objectives. (Agree/Strongly Agree)	72.3%	76.0%	75.0%	73.7%	74.1%	74.3%	0.2%	70.0%	68.0%	70.0%			
Q7b	na	The team I work in often meets to discuss the team's effectiveness. (Agree/Strongly Agree)	66.9%	68.4%	68.7%	66.2%	68.0%	70.1%	2.1%	58.0%	55.0%	54.0%			
Q7c	Q11a	I receive the respect I deserve from my colleagues at work. (Agree/Strongly Agree)	75.7%	76.5%	75.9%	73.9%	77.4%	75.9%	-1.5%	75.0%	74.0%	75.0%	80.9%	70.0%	-10.9%
Q7d	Q11b	Team members understand each other's roles. (Agree/Strongly Agree)				67.0%	68.2%	65.5%	-2.8%			71.0%	77.4%	65.4%	-12.0%
Q7e	Q11c	I enjoy working with the colleagues in my team. (Agree/Strongly Agree)				81.4%	85.7%	83.4%	-2.3%			77.0%	79.6%	72.3%	-7.3%
Q7f	Q11d	I enjoy working with the colleagues in my team. (Agree/Strongly Agree)				61.0%	64.8%	68.0%	3.2%			58.0%	57.6%	51.5%	-6.1%
Q7g	Q11e	In my team disagreements are dealt with constructively. (Agree/Strongly Agree)				61.3%	61.9%	61.1%	-0.8%			56.0%	52.7%	55.8%	3.1%
Q8a	Q12a	Teams within this organisation work well together to achieve their objectives. (Agree/Strongly Agree)				52.1%	50.8%	53.4%	2.6%			67.0%	71.0%	67.2%	-3.8%
Total Sub Score P7.1: Team working						**6.70**	**6.80**	**6.85**	**0.05**			**5.90**	**7.03**	**6.77**	**-0.27**

Sub	Bank	Sub Score P7.2: Line management	2018	2019	2020	2021	2022	2023	YoY	2019	2020	2021	2022	2023	YoY
Q9a	Q14a	My immediate manager…encourages me at work. (Agree/Strongly Agree)	79.4%	80.5%	81.5%	80.5%	81.0%	80.4%	-0.6%	63.0%	64.0%	66.0%	54.3%	62.2%	7.9%
Q9b	Q14b	My immediate manager…gives me clear feedback on my work. (Agree/Strongly Agree)	70.1%	73.8%	74.0%	73.1%	72.1%	74.3%	2.2%	54.0%	53.0%	56.0%	53.3%	55.8%	2.5%
Q9c	Q14c	My immediate manager…asks for my opinion before making decisions that affect my work. (Agree/Strongly Agree)	65.5%	69.5%	68.8%	69.9%	72.0%	69.1%	-2.9%	39.0%	45.0%	53.0%	38.5%	47.3%	8.8%
Q9d	Q14d	My immediate manager…takes a positive interest in my health and well-being. (Agree/Strongly Agree)	77.5%	79.7%	81.5%	81.8%	79.9%	81.7%	1.8%	62.0%	69.0%	66.0%	54.9%	60.5%	5.6%
Total Sub Score P7.2: Line management						**7.40**	**7.50**	**7.43**	**-0.07**			**5.60**	**6.17**	**6.44**	**0.27**
PROMISE 7: We are a team Theme Score						**7.10**	**7.15**	**7.13**	**-0.02**			**5.70**	**6.60**	**6.60**	**0.00**

The following measures (previously 'themes') will also continue to be reported:

Measure: Staff Engagement			Subs. 2018	Subs. 2019	Subs. 2020	Subs. 2021	Subs 2022	Subs 2023	Subs YoY YoY	Bank 2019	Bank 2020	Bank 2021	Bank 2022	Bank 2023	Bank YoY YoY
Sub	Bank	Sub Score E.1: Motivation													
Q2a	Q4a	I look forward to going to work. (Often/Always)	59.9%	58.0%	60.4%	54.0%	54.5%	55.9%	1.4%	80.0%	78.0%	70.0%	72.2%	66.4%	-5.8%
Q2b	Q4b	I am enthusiastic about my job. (Often/Always)	73.3%	74.0%	74.4%	69.2%	68.3%	68.8%	0.5%	85.0%	91.0%	79.0%	74.7%	72.7%	-2.0%
Q2c	Q4c	Time passes quickly when I am working. (Often/Always)	72.3%	73.4%	75.0%	72.0%	72.5%	72.5%	0.0%	67.0%	68.0%	67.0%	62.1%	53.7%	-8.4%
Total Sub Score E1: Motivation						**7.00**	**7.00**	**7.00**	**0.00**			**6.80**	**7.65**	**7.24**	**-0.42**

Sub	Bank	Sub Score E.2: Involvement	2018	2019	2020	2021	2022	2023	YoY	2019	2020	2021	2022	2023	YoY
*1 Q3c	Q5c	There are frequent opportunities for me to show initiative in my role. (Agree/Strongly Agree)	78.7%	79.1%	78.5%	76.5%	78.8%	79.9%	1.1%	75.0%	78.0%	71.0%	72.8%	71.5%	-1.3%
*1 Q3d	Q5d	I am able to make suggestions to improve the work of my team/dept. (Bank 'Work we do') (Agree/Strongly Agree)	81.2%	81.2%	81.0%	78.3%	79.5%	81.2%	1.7%	69.0%	66.0%	64.0%	62.0%	58.5%	-3.5%
*1 Q3f	Q5f	I am able to make improvements happen in my area of work. (Agree/Strongly Agree)	62.1%	62.1%	65.0%	61.1%	63.3%	64.0%	0.6%	46.0%	48.0%	43.0%	56.5%	43.8%	-12.8%
Total Sub Score E2: Involvement						**7.10**	**7.20**	**7.32**	**0.12**			**5.80**	**6.61**	**6.44**	**-0.17**

Sub	Bank	Sub Score E.3: Advocacy	2018	2019	2020	2021	2022	2023	YoY	2019	2020	2021	2022	2023	YoY
*1 Q23a	Q27a	Care of patients/service users is my organisation's top priority. (Agree/Strongly Agree)	77.3%	77.5%	80.2%	78.5%	78.7%	78.5%	-0.2%	93.0%	89.0%	85.0%	85.9%	84.0%	-1.9%
*1 Q23c	Q27c	I would recommend my organisation as a place to work. (Agree/Strongly Agree)	65.7%	66.6%	71.2%	65.4%	63.8%	67.4%	3.6%	83.0%	82.0%	81.0%	79.3%	74.6%	-4.7%
*1 Q23d	Q27d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. (Agree/Strongly Agree)	64.1%	64.2%	67.3%	63.5%	58.6%	62.0%	3.4%	77.0%	78.0%	72.0%	73.6%	69.5%	-4.1%
Total Sub Score E3: Advocacy						**6.90**	**6.80**	**7.04**	**0.24**			**6.80**	**7.70**	**7.49**	**-0.21**
Staff Engagement: Engagement Theme Score			**7.1**	**7.1**	**7.2**	**7.00**	**7.00**	**7.12**	**0.12**	**7.5**	**7.40**	**6.40**	**7.33**	**7.05**	**-0.28**

Measure: Morale			Subs. 2018	Subs. 2019	Subs. 2020	Subs. 2021	Subs 2022	Subs 2023	Subs YoY YoY	Bank 2019	Bank 2020	Bank 2021	Bank 2022	Bank 2023	Bank YoY YoY
Sub	Bank	Sub Score M1: Thinking about leaving													
*LB Q24a	na	*I often think about leaving this organisation. (Agree/Strongly Agree)*	*29.1%*	*25.9%*	*24.9%*	*28.8%*	*31.2%*	*26.8%*	*-4.4%*	*16.0%*	*10.0%*	*12.0%*			
*LB Q24b	na	*I will probably look for a job at a new organisation in the next 12 mths. (Agree/Strongly Agree)*	*22.8%*	*21.1%*	*19.6%*	*21.9%*	*24.0%*	*21.0%*	*-3.0%*	*11.0%*	*9.0%*	*10.0%*			
*LB Q24c	na	*As soon as I can find another job, I will leave this organisation. (Agree/Strongly Agree)*	*14.7%*	*12.4%*	*12.2%*	*13.8%*	*14.4%*	*12.6%*	*-1.8%*	*6.0%*	*10.0%*	*3.0%*			
Total Sub Score M1: Thinking about leaving						**6.20**	**6.10**	**6.35**	**0.25**			**6.30**			

Sub	Bank	Sub Score M2: Work pressure	2018	2019	2020	2021	2022	2023	YoY	2019	2020	2021	2022	2023	YoY
*1 Q3g	Q5g	I am able to meet all the conflicting demands on my time at work. (Agree/Strongly Agree)	48.7%	48.9%	47.9%	44.9%	44.1%	48.3%	4.2%	59.0%	69.0%	64.0%	62.4%	60.9%	-1.5%
*1 Q3h	Q5h	I have adequate materials, supplies and equipment to do my work. (Agree/Strongly Agree)	65.3%	65.3%	68.3%	65.9%	61.3%	65.6%	4.3%	73.0%	78.0%	77.0%	77.2%	66.9%	-10.3%
*1 Q3i	Q5i	There are enough staff at this organisation for me to do my job properly. (Agree/Strongly Agree)	37.6%	39.1%	41.7%	30.7%	28.0%	36.5%	8.5%	41.0%	57.0%	42.0%	44.1%	46.9%	2.8%
Total Sub Score M2: Work pressure						**5.40**	**5.20**	**5.67**	**0.47**			**5.70**	**6.37**	**6.46**	**0.09**

Sub	Bank	Sub Score M3: Stressors (HSE index)	2018	2019	2020	2021	2022	2023	YoY	2019	2020	2021	2022	2023	YoY
*1 Q3a	Q5a	I always know what my work responsibilities are. (Agree/Strongly Agree)	83.0%	81.9%	82.5%	81.0%	82.6%	81.2%	-1.4%	94.0%	89.0%	89.0%	87.2%	90.0%	2.8%
*1 Q3e	Q5e	I am involved in deciding on changes introduced that affect my work area/team/dept. (Agree/Strongly Agree)	58.8%	61.1%	59.6%	57.7%	60.5%	60.3%	-0.2%	30.0%	34.0%	28.0%	39.8%	37.7%	-2.1%
*1 Q5a	Q7a	I (never/rarely) have unrealistic time pressures. (never/rarely)	29.0%	31.6%	30.6%	29.4%	31.4%	32.6%	1.2%	34.0%	43.0%	45.0%	45.7%	*43.1%*	-2.6%
*1 *Q5b*	*Q7b*	I have a choice in deciding how to do my work. (Often/Always)	61.6%	63.0%	63.7%	62.5%	64.9%	67.6%	2.7%	46.0%	41.0%	40.0%	37.6%	40.3%	2.7%
Q5c	Q7c	Relationships at work are (Never/Rarely) strained. (Never/Rarely)	48.9%	52.6%	54.0%	50.9%	52.4%	54.3%	1.9%	*43.0%*	*40.0%*	*45.0%*	*57.6%*	*51.9%*	*-5.7%*
*1 *Q7c*	*Q10d*	I receive the respect I deserve from my colleagues at work. (Agree/Strongly Agree)	75.7%	76.5%	75.9%	73.9%	77.4%	75.9%	-1.5%	75.0%	74.0%	75.0%	80.9%	70.0%	-10.9%
*1 *Q9a*	*Q13a*	My immediate manager…encourages me at work. (Agree/Strongly Agree)	79.4%	80.5%	81.5%	80.5%	81.0%	80.4%	-0.6%	63.0%	64.0%	66.0%	54.3%	62.2%	7.9%
Total Sub Score M3: Stressors (HSE index)						**6.60**	**6.70**	**6.77**	**0.07**			**5.60**	**6.47**	**6.44**	**-0.04**
Morale: Morale Theme Score			**6.30**	**6.50**	**6.50**	**6.10**	**6.02**	**6.26**	**0.24**	**6.6**	**6.70**	**5.90**	**6.13**	**6.18**	**0.04**

New Questions for 2023 - Not yet sure if linked to a theme			2018	2019	2020	2021	2022	2023	YoY	2019	2020	2021	2022	2023	YoY
*LB *Q17a*	*Q22a*	*In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault… From patients/service users, their relatives or other members of the public. (% staff saying they experienced at least one incident).*						*9.5%*	*currently NA*					16.2%	*currently NA*
*LB *Q17b*	*Q22b*	*In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault… From staff/colleagues. (% staff saying they experienced at least one incident).*						*4.0%*	*currently NA*					4.6%	*currently NA*
Q22	Q27	I can eat nutritious and affordable food while I am working. Please note, this could be food you buy or prepare yourself. (Often/Always).						55.7%	*currently NA*					53.4%	*currently NA*

AGENDA ITEM

12

Chair's Report

Name of the meeting being reported on:	Quality Committee
Date your meeting took place:	8 February 2024
Name of meeting reporting to:	Board of Directors – 28 March 2024

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 strategic risks one and two on the Board Assurance Framework 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 report which provided a summary of the approach taken by the Trust to develop its efficiency and productivity programme and detailed the schemes that had been through a quality impact assessment process. The committee welcomed the report and praised the thoroughness of the quality impact assessment that had been undertaken, whilst suggesting changes were made to the report to more clearly reflect the process outcomes.

- The committee received a report which outlined the findings and recommendations from an observation and engagement audit that had been completed across 28 inpatient areas in the Trust between June 2023 and August 2023. It was assured the work being undertaken to address the issues identified by the audit and suggested that feedback on observations should be collected from service users.

- The committee discussed a report which outlined the changes that had been made to the CQC's approach to regulation and inspection and noted the information provided. The committee also received an update on CQC peer reviews and was assured on the work that was taking place to ensure the Trust met CQC requirements.

- The committee received a report which provided data from Q3 for PALS activity, the concerns and complaints handling process, compliments, claims, central alert system, incidents, serious incidents and inquests. It agreed that the Trust had good systems for understanding quality issues raised through these sources and working to improve them and discussed further potential improvements to the report.

Issues to advise the Board on:

- The committee received and discussed a report which outlined the progress made, nationally and locally, towards the implementation of the National Partnership Agreement: Right Care, Right Person. It recognised the breadth of engagement across system partners and the potential for positive benefits. It expressed concern that no timescales or additional funding had been attached to the implementation of RCRP. It also expressed concern at the potential risks identified within the report, which included colleagues in other services not fully understanding RCRP and its application and potential gaps in system service delivery. It agreed that, due to public interest and the complexity of this work, it would advise the board of this discussion.

Items to be referred to other Board sub-committees:

Workforce Committee - The committee received a report which outlined the findings and recommendations from an observation and engagement audit that had been completed between June and August 2023 across 28 inpatient areas in the Trust. It was agreed that this report should be shared with the Workforce Committee following the discussion around temporary staff being allocated a high percentage of observations.

Report completed by:	Dr Frances Healey, February 2024

AGENDA ITEM

12

Chair's Report

Name of the meeting being reported on:	Quality Committee
Date your meeting took place:	14 March 2024
Name of meeting reporting to:	Board of Directors – 28 March 2024

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 had sight of strategic risks one and two on the Board Assurance Framework 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 the Draft Strategic Internal Audit Plan 2024/25 and was assured that it addressed the appropriate risk areas.
- The committee received the Clinical Audit Priority Plan for 2023/24 and was assured on the priority topics for 2024/25.
- The committee reviewed a presentation which provided the highlights of the Learning Disability Annual Quality Report, focusing on how the service had defined STEEEP (Safe, Timely, Effective, Efficient, Equitable and Patient Centred) dimensions to enable the conditions for high quality care to flourish. It was assured that the service had good systems in place for understanding its quality issues and to drive improvements.
- The committee received a report which provided a summary of the learning from deaths within the Trust between October 2023 and December 2023. It was assured on the work ongoing within the Trust to improve mortality reporting and recording and the learning across the organisation.
- The committee received a report which outlined how services use data within clinical governance to identify themes and trends in relation to incidents, patient safety investigations, complaints, and PALS and how this information is used to drive improvements in the care delivered by the Trust. It discussed the information provided and explored how reports that provide a thematic, triangulated view of a quality challenge could be developed.

• The committee received an update on the production of the 2023/24 Quality Account. It reviewed the document and explored how it could be further developed.	
Issues to advise the Board on: No issues to advise the Board on.	
Items to be referred to other Board sub-committees: The committee did not refer any items to other Board sub-committees.	
Report completed by:	Dr Frances Healey, March 2024

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:	Director of Nursing and Professions report
DATE OF MEETING:	28 March 2024
PRESENTED BY: (name and title)	Nichola Sanderson, Director of Nursing and Professions
PREPARED BY: (name and title)	Nichola Sanderson, Director of Nursing and Professions 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 Directorate of Nursing and Professions. The Directorate continues to progress a number of workstreams and projects, working with operational and clinical colleagues to improve quality and safety for patients and staff. Over the last few months significant progress has been made with regards safer staffing, moving to a model of wider MDT involvement.

The team have been participating in Culture of Care work alongside our partners at SYWFT and BDCFT to develop a peer to peer review agenda. This collaboration will enhance quality and safety of care and is an exciting project which will be rolled out further across the organisations in the future.

Work within the Chaplaincy Service is ongoing and we are seeing positive improvement in how the service works as multi-faith service within the Trust. The investment of faith boxes for each inpatient area enables patients to access relevant materials.

We continue to move towards the implementation of PSIRF, with the new policy out for consultation and a plan to implement at the end of May.

Overall the Directorate is driving change for patients and staff and is positively progressing.

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
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

27th March 2024

Director of Nursing, Quality and Professions Quarterly Report

This paper provides an update and overview of progress with the Nursing and Professions Directorate, which centres around the continued ambition to provide safe, effective, high-quality care to all who are involved in LYPFT and the wider ICS. The paper continues to focus on 3 key elements of Patient and Carers, Patient Safety and Professions and Performance. This report does include some repetition to previous board reports to provide the history behind some of the ongoing workstreams and projects as they develop and progress.

Patients and Carers

Patient Experience

Our work is guided by the Trust's 'Patient and Carer Experience and Involvement Strategy' launched in April 2020. Our year 3 review provided an oversight of the exciting and proactive work by all involved including:

- The Service User Network has an increasing number of participants month on month, and positively the forum is seeing an increase in participants from diverse backgrounds alongside an increase in participants from a health care background, which helps to support a cultural shift and reduction in stigma attached to mental ill health.

- A celebrated co-designed project called 'Bigger, Better Labels' began when people with learning disabilities asked for medication labels and information that better met their needs. They have co-designed the 'Ask Pharmacy' posters which have been displayed around the Trust. The campaign is led by the Patient Experience Team, the Learning Disability Involvement Team, and Pharmacy Service colleagues. The campaign is intended to encourage service users and carers to ask pharmacy staff questions, such as asking for larger labels to be printed, easy read instructions or help with opening containers etc which will support our service users to manage their own medication more effectively.

Lived Experience Partners have been actively involved in supporting the Community Mental Health Transformation through the advisory group, working collectively to provide assurance and accountability for the Transformation Involvement Plan. As we see transformation 'go live' the involvement of the partners will become business as usual, and involvement and updates will be absorbed into the Service User Network meetings and any identified workstreams.

Our Lived Experience Partners have also continued to be central to delivering our Reducing Restrictive Practice (RRP) agenda, through the development of a Reducing Restrictive Practice Service User and Carer Group. This group has a membership that includes service users and carers of service users, with lived experience of being subjected to restrictive interventions within our inpatient services, and staff members. The group continues to develop and grow in skills and confidence to lead on projects, this includes co-producing LYPFT's new Blanket Restrictions Procedure, enabling the experience of people accessing our inpatient services to be central to our approach to reducing the use of blanket restrictions. To support the practical application of the procedure, service user and carer information posters for display in inpatient areas have been produced. Next steps include co-producing a training video resource for colleagues on the management and reduction of the use of blanket restrictions.

The group have produced a service user and carer information leaflet explaining how restrictive practice may impact on their experience whilst in our inpatient service, this is a requirement as part of our responsibilities under the Mental Health Units (Use of Force) Act 2018, it is anticipated this information leaflet can support difficult conversations between service users, their carers and care givers and support people to challenge care decisions that disproportionately restrict their human rights.

The group have also worked with our Prevention and Management of Violence and Aggression (PMVA) training team to produce training resources that explore the experience of being subjected to physical restraint and provide guidance for staff in what interventions would be helpful to proactively support people during a crisis that would avoid use of restrictive interventions.

Our Lead Chaplain has implemented work to support the Trust with an important cultural shift, as we move from a mono-faith to a multi-faith model of Chaplaincy and Pastoral care. This has included focused experience groups to promote and develop the use of the faith rooms and support the establishment of multi-faith pastoral needs and room usage for each site as well as the creation of faith boxes for each of our inpatient wards to enable service users from different faith communities to access items such as holy books, prayer books, prayer mats, prayer guides etc, that may bring comfort and support to them during their stay on a ward.

Safer Staffing Initiatives

The development of the bi-monthly Safer Staffing Board has commenced to provide a broader assurance in relation to the direct impact for patients in clinical areas demonstrating sub-optimal staffing levels. The safer staffing report will continue to be adapted over the next few months and the Board will see a change in focus moving to describe the impact of our staffing levels using the Trust's singular definition of quality demonstrating through the STEEEP Framework, supporting our commitment to making healthcare safer, timely effective, efficient equitable and patient centred.

The Safer Staffing Group is working with inpatient services and operational colleagues to enact the implementation plan utilising the data collected in September 2023 and the second throughout March 2024. The data gathered from January and March will form part of a wider project that provides an evidence base for safe staffing decisions and establishment reviews, in line with the 24/25 priorities. The project will focus on

decision making for increased staffing establishments beyond the current set establishments. This will include professional judgment, supporting the move away from safer staffing being predominantly made up of Nursing and Health Support Worker colleagues. This is a shift in culture to how the wider Multidisciplinary Team can contribute to collectively provide safe and effective care.

Culture of Care

At the regional Director/Deputy Director of Nursing Steering Group, it was agreed that each of the Trusts in the West Yorkshire Mental Health Learning Disability and Autism Services Provider Collaborative (LYPFT, SWYPFT, BDCFT) work more closely on the quality assurance agenda. Developing processes to identify, action and improve the culture of care within each of our services.

Leads from each organisation, supported by the ICS Senior Inpatient Oversight Lead for the Mental Health Learning Disability & Autism Program, developed a framework detailing a collaborative peer review process to be adopted by the Trusts. This framework flows through three subsections:

- Section A – data that could be drawn from existing Trust systems.
- Section B – the considerations needed within a pre-visit discussion to help identify particular areas of focus before a service visit takes place.
- Section C – the Key Lines of Enquiry to be addressed on a service visit.

This collaborative approach is not intended to duplicate or replace local processes, but to add another ‘fresh pair of eyes’ to challenge local thinking and provide clear benchmarking of what is working well across the collaborative to support learning and improvement.

The first collaborative review went ahead on 12 December 2023 at Ward 2, the Mount. Colleagues from Bradford District Care Trust led the review assisted by South West Yorkshire Foundation Trust.

The sharing of the outcome of the visit will take place at the Director/Deputy Director of Nursing Steering Group and the Secondary Care Pathway Forum in April 2024. The next collaborative peer review will take place at Bradford District Care Trust which will be led by LYPFT. Once all of the providers have had the opportunity to be part of the collaborative peer review process, a thematic review of recommendations will be carried across the three organisations within the West Yorkshire Mental Health Learning Disability and Autism Services Provider Collaborative to identify any shared learning.

In 2022, the Mental Health Learning Disability and Autism Inpatient Quality Transformation Programme was established following a recent number of high-profile cases where failings in quality were evident to support cultural change and a new bold, reimagined model of care for the future across all NHS funded Mental Health, Learning Disability and Autism Inpatient settings. All providers of NHS commissioned Mental Health Inpatient Services were given the opportunity to sign up to National Implementation Support Offer – Culture Change Programme spanning over 2.5 years

which will provide a focus on the need to improve the current quality of care provided to ensure safe, therapeutic, compassionate, and equality-focused inpatient care, that values lived experience.

LYPFT have now signed up to the programme which is planned to commence in April 2024 and have nominated the four wards as per requirement to commence the quality improvement work and implementation of cultural care standards. Each organisation will also be offered cross-organisational quality improvement support and executive leadership support. Organisations will be supported by the national delivery partners to set up the required teams and ward-to-board infrastructure to support and oversee the programme. It is expected that during the 2.5 year programme the organisation will be supported to sustain the changes which teams have implemented and seen success from and to scale it up across all other wards.

The information is currently being shared through our governance structures and clinical areas are currently mapping themselves against the developed cultural standards to provide a baseline for any change ideas in preparation for the launch of the programme.

Synergi Update

Remembering What's Forgotten is a hybrid exhibition co-founded by Synergi Leeds and Words of Colour, which will draw upon 50 years of unsung community initiatives, allyship and knowledge to reimagine a more inclusive and equitable mental health system guided by racial justice. The exhibition is funded by LYPFT and will feature creative and heritage methods and contributions from across the city www.rememberingwhatsforgotten.co.uk

Patient Safety

The Patient Safety Team are preparing for the implementation of the PSIRF in May 2024. Over the last 3 months the Trust has been working through several tasks to prepare for the transition. In line with PSIRF the Patient Safety Team have been delivering training to staff on how to conduct an After-Action Review (AAR) and offering Level 1 and Level 2 Patient Safety Training across the Trust.

The PSIRF Oversight Group reviewed resources for the Staff Toolkit and received feedback on the PSIRF Learning Response Flowchart. The PSIRF Plan and Policy has now been drafted and circulated for consultation, with the aim of it being ratified at the Policy And Procedures meeting in May.

The Patient Safety Partner (PSP) role has continued to develop, a workshop was held in February supported by our lived experience partners. The purpose of the day was to provide an opportunity to get to know those individuals interested in the role and spend time together with the Patient Safety Team members to learn about each other's experiences, skills and understand why they are interested in the role. The launch of the first Patient Safety Newsletter has taken place. This went out in the Trustwide communication. The newsletter introduced the Patient Safety Team, PSIRF, training, and the support available within the Patient Safety Team. The PSP's will be invited to join influential groups across the Trust, such as sexual safety, self-harm, suicide prevention, and safety planning.

The Patient Safety Partner role can be service users, carers, family members or other lay people, including NHS staff from another organisation. The partner role will evolve over time. The primary focus is to be a voice for the service users and community who access and utilise our services. The partners will support the Trust to ensure patient safety is at the forefront of all that we do. This will include attending governance meetings, looking at safety, risk and quality, reviewing documents, including policies, investigations and reports.

The Patient Safety Team meet with Commissioner and Provide Collaborative colleagues to ensure that they are sighted on the progress and given the opportunity to provide input into how LYPFT develop and implement PSIRF.

LYPFT transitioned to Learning from Patient Safety Events (LFPSE) on the 16th October 2023. It is a national requirement for NHS organisations to transition to this new framework as eventually the NRLS and StEIS systems will be decommissioned. The LFPSE is a live system which means that once a patient safety related Datix is submitted by the reporter, this will be immediately available to NHS England to review. There are some complexities within Datix as to how we record psychological harm. This is a system wide issue, and we are working with Datix and other organisations to address this. This has been entered onto the risk register.

Sexual Safety

The initial phase of our Sexual Safety Training was conducted for Leads during the Sexual Safety Leads Development Day on 17th January 2024. This comprehensive event featured sessions covering an Introduction to Sexual Safety Standards and Insights obtained from Safeguarding Supervision, and a presentation by our colleagues at South-West Yorkshire Partnership Foundation Trust (SWYPFT), offering perspectives on their approach to Sexual Safety. Participants engaged in discussions on the characteristics of a sexually safe service, analysed case studies to refine decision-making processes, determined expected actions and outcomes from incidents, and explored strategies for crafting effective ward charters. The positive reception of the day's activities was evidenced by attendees leaving with actionable items to implement within their respective teams or services.

The Sexual Safety Training program for all staff has been finalised and is currently being uploaded onto the Trust's LEARN platform as a high priority e-training package. An interim presentation will be accessible on LEARN for staff, ensuring that their engagement is recorded, whilst the complete e-learning package is being uploaded. The training encompasses various topics such as understanding sexual safety, policy adherence, reporting procedures for sexual safety incidents, risk assessment protocols, responding to allegations from service-users and staff, maintaining professional boundaries and conduct, providing well-being support, and integrating trauma-informed care principles alongside considerations of capacity and consent.

A review of Sexual Safety reporting categories on Datix has been conducted due to inconsistent categorisation of incidents, particularly evident among the wards involved in the pilot program. Revised reporting categories will be implemented on 1st April 2024, ensuring uniform categorisation.

SWYPFT collaborated with LYPFT to conduct an audit focusing on the management of sexual safety incidents occurring between 2022 and 2023. The objective was to assess improvements in incident management comparing the two-year period. The audit entailed a thorough review of incidents and associated care records, including care plans and relevant risk assessments.

The audit revealed some improvements in incident management, exemplified by instances of high-quality reporting, well documented care records, and comprehensive risk assessments. Areas for improvement were identified, notably in ensuring consistent and timely reporting and handling of incidents, as well as addressing gaps in documentation. These findings are being shared with the Sexual Safety Group to identify actionable steps with Sexual Safety Leads and other group members.

Professions and Performance

Workforce

The Legacy Mentor role is a new national post designed to support professional staff in the early stages of their careers, particularly those who have recently qualified and have completed Preceptorship. The role complements the existing preceptorship and development programmes by creating an additional layer of support for those individuals who may request or require it. The offer is also extended to those outside of this stage in their career who have requested this support. Reasons for self-referral include having positive career conversation, to support with stress, reduction in motivation as well as developing skills such as delegation, leadership and carrying out challenging conversations. Referral by others have included support for confidence building, well-being and to have coaching type conversations particularly following difficult situations or incidents. The vision for this role over the 12 month funding commitment is to establish a support and development system that benefits individuals on a professional and personal level and assures a higher level of retention within the Trust. We will do this by supporting people to retain staff and to stay well and in the right roles for them.

The Practice Learning Development Team have been awarded the National Preceptorship for Nursing Quality Mark for their preceptorship programme, which is a 2 year award and recognises the high-quality preceptorship programme that the Trust offers to new graduates.

The Practice Learning And Development Team also have two Clinical Educators supporting students in practice who have been offering virtual placements, inductions, support clinics and skill days. Skill days has proven extremely popular and has been oversubscribed. They have also aligned with the Care Certificate workstream as it is currently completing a focused piece of work at The Mount, Older Adult Inpatient setting, working alongside Health Care Support Workers supporting them to achieve the skills required of the Care Certificate. The Mount was selected due to the relatively high number of newly recruited Health Care Support Workers recruited within a short timescale. The impact of this role will be reviewed in April.

Clinical services have had 48 career conversations with 3rd year mental health nursing students from University of Leeds and Leeds Beckett University, along with career

conversations with 6 registered nursing associates and 6 transfer to nursing graduates who have recently complete the apprenticeship courses. This means will be welcoming 60 preceptees in the Autum of 2024.

Approximately 30 Health Support Workers attended the Second Health Support Worker Conference on the 12th March 2024, setting out the aims and achievements of the wider NHS Health Support Worker Project. Our colleagues in the Andrew Sims Centre (our in-house conference organisers) are collating the feedback.

Psychological Professional Leads have led on the completion of a Governed Psychological Therapies guidance document, outlining the training, continued professional development, supervision requirements and competencies to deliver NICE recommended psychological therapies. As a Psychological Professions' Group, we are committed to playing our part in trying to address health inequalities. Within Working Age Adult Services new approaches and adaptations, in relation to neurodiversity, functional neurological difficulties and culturally adapted therapies are starting to be piloted.

At the public board meeting in November 2023 Board members will remember the great presentation we received from Simon and colleagues from the User Involvement Recovery Centre and all the positive work they have been doing in the development of training for Wellness Recovery Action Plans (WRAP) for staff. Following this the Nursing Directorate was able to release some non-recurrent CPD funding to the Recovery Centre to deliver additional WRAP workshops, this included the appointment of a Recovery College Coordinator post. It has enabled an additional 2 days of WRAP courses for LYPFT staff. To date 5 cohorts of 2 day WRAP training has been delivered to staff (73 health and care staff). The funding has enabled further training in February/March alongside the opportunity to train up to 11 WRAP co-facilitators to support the course delivery. This 5 day training was solely for LYPFT staff. Feedback from the completed sessions has been very positive.

Self-Harm and Suicide Prevention

In December 2023 the new Suicide Prevention Environmental Survey and Risk Assessment Procedure (C-0057) was ratified. This is an update to the Trusts Ligature Anchor Point Assessment Procedure. The updated procedure continues to focus on ligature anchor points but also incorporates the risk assessment, management and mitigation of other environmental risks relating to risk of self-harm and suicide. The procedure aims to identify risks, remove these where possible and mitigate residual risk through individualised risk assessment, care planning and the therapeutic environment and engagement.

The organisation had been involved in a national piece of work alongside other Mental Health Trusts, NHS England and the CQC, related to the way in which ligature anchor point assessments are carried out and documented. This national ligature harm minimisation guidance has now been published by the Care Quality Committee, EbEs and nursing academics. It was in response to the national piece of work that LYPFT reviewed and updated the procedure.

A pilot took place on one of the Male Acute Wards at the Becklin Centre during the summer. This provided the Trust with an opportunity to review the procedure further and provide feedback to the national team. Services were given the opportunity to comment on the initial draft and their feedback has been received. The amended procedure was further tested in December 2023 and the roll out commenced starting in January 2024 across Inpatient Services. All assessments have taken place, with the final outstanding assessments being completed during March 2024. Members of the Nursing Directorate were present to support the first assessment within each service along with Matrons/Operational Managers, Ward Managers and Facilities and Estates colleagues who completed the assessments together.

In April 2024, services will be brought together to understand any themes, common challenges and identify where there may be any requirements for Trustwide changes to the environment which may result in a cost in the organisation. As the implementation has progressed, it has identified that there may be benefit in further collaboration between the owners of the Suicide Prevention Environmental Survey and Risk Assessment Procedure, Clinical Services and Estates and Facilities colleagues to support future decision making for changes to inpatient environments. This consideration will be reviewed further following the April meeting to review all completed assessments. Suicide Prevention Environmental Surveys will be completed on an annual basis, or in line with changes within the environment.

The organisation had been involved in a national piece of work alongside other Mental Health Trusts and NHS England and the CQC which followed from the national work carried out on ligature assessments and aims to produce guidance on carrying out observation and engagement and a consistent language is to be adopted. The draft guidance is expected to be completed in the summer. The completion of this work should in turn inform future reviews of LYPFT's procedure.

Following an audit of compliance with the Trusts procedure for Observation and Engagement which was completed in 2023, an audit report has been finalised including recommendations and actions with responsibility held in the Nursing Directorate.

Findings have been shared across the appropriate governance groups and inpatient services are developing their own actions in response to this. Findings will also be shared with both the Bank Forum and the Workforce Committee to discuss the high proportion of intensive observations carried out with our temporary staffing workforce.

Level 1 and Level 2 Therapeutic Observation and Engagement Training went live on the LEARN system in December 2023. A request to make this training priority training in inpatient services was submitted to the Compulsory Training Group.

The Trusts Procedure for the Observation and Engagement of People using the Services of Leeds and York Partnership NHS Foundation Trust is currently under review, with this due to be completed at the end of April 2024. Although the procedure has been updated, the work resulted in wider discussion relating to the reviewing of the use of the Functional Analysis Care Environments Risk Profile (FACE Risk Profile) and Safety Assessment and Management Plan (SAMP), within LYPFT, and bringing us in line with national guidance. It is important to note that NCISH state that no one

tool is better than another however, the group aims to move away from the use of a risk assessment ‘tool’, and instead shifting the emphasis on the clinical process of risk assessment, underpinned by training, and using a template that supports clinicians to document their findings in a structured but streamlined way.

The Risk Assessment and Safety Planning Project Group continue to meet and make good progress since being re-established in November 2023, with good attendance on each occasion across a variety of clinical and corporate services. The group has been introduced to the background of the project, and work has begun to consider and refine the new risk assessment proposal. The group have considered what a successful and fit for purpose risk assessment looks like, and how this could be measured.

In addition, two face-to-face workshops were held in February with attendance of 70 colleagues from across the organisation. The purpose of these was to further engage with clinical colleagues about the proposed changes and provide an opportunity for colleagues to contribute to the co-design and co-creation of our new risk assessment. Collaboration across the ICB continues to take place and to learn from partners and share areas of good practice. We welcomed a colleague from SWYFT who presented their experience and learning from implementing a similar change and moving away from risk stratification and introducing a risk template. Feedback and suggestions have been collated and are being reviewed. The risk assessment template continues to be refined in an iterative process; however, it is hoped that a final version will be ready to go through appropriate governance within the next couple of months. An approach to implementation is being considered but needs further defining and agreement.

The Project Group has also begun discussions about changes needed to the Clinical Risk Assessment and Management Procedure (C-0011) which is due for review by April 2024, and the use of safety planning within the organisation. It is planned to create a Service User / Carer Reference Group alongside the Self-Harm and Suicide Prevention Group. The lived experience voice was incorporated through use of videos within the workshops. The Risk Assessment and Care Planning Development Lead continues to liaise with colleagues around the country to share learning. It is anticipated that further guidance from NHS England is due to be shared this spring.

Clinical Governance Continuous Improvement

Heads of Clinical Governance will commence work with the Improvement Team to review the quality metrics included in the Annual Quality Report and explore the possibility of these being embedded within a clinical governance dashboard to enable services to have ongoing discussions in relation to the quality of care. The Improvement Team will be delivering training to Clinical Leads and Clinical Directors across the organisation to equip them with the skills and knowledge to effectively review and interpret data to identify themes and trends and in turn achieve more effective learning. The Clinical Leads Forum will be used to commence this work, including how we can improve the quality of Tier 3 escalation reports to UCGG. The Heads of Clinical Governance are liaising with other Trusts to gain an insight into how they use data within Clinical Governance Meetings.

An audit of our clinical governance structure by Yorkshire Audit is currently underway. The audit will be reviewing how information (risk and issues) are being escalated from ward-to-board, ensure that there is an avenue for all areas of the organisation to escalate risks and issues, reviewing the terms of reference for each clinical governance, and reviewing the Clinical Governance Framework. The audit is scheduled to finish in June 2024, with a draft report expected in July 2024.

Physical Health In Reach Team

The Trust smokefree agenda continues to build momentum, our leaders have signed the 'Smokefree Pledge' to show their support. We recently celebrated no smoking day with a timetable of events across the Trust to raise awareness. The Smokefree Team are working hard to continue to build relationships with staff and service users to understand the challenges which may be encountered during admission and create solutions.

A smokefree leaflet has been produced in collaboration with service users and staff to provide information regarding the aims of a smokefree Trust, as well as treatment and support available during an admission or whilst visiting the sites. This will be circulated to all community settings and is available on admission. A project is underway to improve and design new signage around the Trust to promote the Trust as a vape friendly site. In line with government restrictions regarding disposable vapes the Trust is actively preparing to move away from disposable vapes.

The Physical Health In Reach Team has undergone a period of restructure and bench marking against similar organisations nationally. The Team continues to build relationships across the Trust and with local and national partners to enrich the quality of physical health care delivered in line with national training. As part of building physical health competencies for staff, the Team have supported events such as Preceptorships Skills Workshops focusing on wound care, delivered a Physical Health Session to 2nd Year mental health students, and attended a Health Support Worker Away Day.

The team are also working on a few projects:

- Working in collaboration with NHSE to establish and embed routine screening for Hep C within the Forensic Units.
- In line with national guidance, we are reviewing how we manage and maintain all medical devices within our Trust across inpatients and community settings.

A Train The Trainer proposal for Naso-Gastric Tube Insertion for bespoke relevant clinical areas, where the use of naso-gastric feeding tubes is essential to care. This is currently under consideration with an option appraisal. The preference is to use the Connect Model utilising the skills of an experienced Nurse Consultant to deliver the training. This would provide a robust, detailed training model.

Infection Prevention and Control

Amongst other projects the IPC Team are now working towards the mobilisation of the Spring Covid-19 vaccination campaign. This campaign will be directed to a small

cohort of our service user population due to JVCI recommendations. The target population is:

- Adults aged 75 years and over.
- Residents in a Care Home for older adults
- Individuals aged 6 months and over who are immunosuppressed.

Conclusion

The Board is asked to receive the findings of this report and acknowledge that whilst we continue to have challenges, it is important to recognise the commitment to continue to strive and develop the best and safest care and clinical safety.

The Nursing Professions Directorate is making significant progress in terms of key projects such as safer staffing, self-harm reduction and progressing with patient safety. The peer-to-peer work described in this paper is of specific note, as this is something that can evolve and further enhance quality and safety of care alongside staff development.

Nichola Sanderson
Director of Nursing, and Professions
March 2024

BRIEFING FOR BOARD OF DIRECTORS/QUALITY COMMITTEE

Report Title:	Briefing Report to highlight: Critical Incidents and Serious Adverse Events Patient Complaints and Feedback
Executive Lead:	Nichola Sanderson, Director of Nursing & Professions
Report Date: **Prepared by:**	18th March 2024 Samantha Marshall, Head of Patient Experience, Complaints and Legal Services

For Approval	For Assurance	For Discussion	For Information
☐	☐	☒	☒

Executive summary

This briefing report is provided to the Board of Directors and Quality Committee to escalate agreed items. Those agreed as requiring to be specifically highlighted to the Board and Committee include the following (not exhaustive):

Critical Incidents and Serious Adverse Events

- *Any incident agreed as requiring a PSII (StEIS reportable under SI Framework)*
- *Any incident where death is due to a suspected homicide.*
- *Any incident where death was suspected to be due to suicide in an inpatient setting.*
- *Any incident where a patient has come to significant harm in an inpatient setting.*
- *Any AWOL incident for patients detained via MOJ.*

Patient Complaints and Feedback

- *Significant complaints that involve systemic issues, repeated concerns, or potential breaches of patient rights.*

Action Required of the Board and Quality Committee

Receive for information

Risk and assurance:	BAF 1. We deliver great care that is high quality and improves lives
Legal and regulatory context	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (legislation.gov.uk)

As this is the 1st report the data provided is for the period 01 January 2024 to 18 March 2024. Future reports will provide 1 months data only.

1. Critical Incidents and Serious Adverse Events

Ref (datix)	Service Line	Description	Investigation type
112610	Adult Acute Services	Suspected Overdose	Comprehensive
112049	Community & Wellbeing Services	Fall from height	Comprehensive
113344	Children & Young People Services	Ingestion of harmful object	Thematic Review - Trustwide and National

2. Patient Complaints and Feedback

Ref (datix)	Service Line	Summary of complaint details
6728	Forensic Services	Concerns relating to process/timescales for assessing/placing patient. LYPFT leading with input from Provider Collaborative and, if required, SWYFT.
6714	Connect, Gender & Rehabilitation Services	Concerns around the waiting times to access the Gender Identity Service.

END

Leeds and York Partnership NHS Foundation Trust

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

AGENDA ITEM

15

PAPER TITLE:	LYPFT 2 Month Safer Staffing Review Report
DATE OF MEETING:	28 March 2024
PRESENTED BY: (name and title)	Alison Quarry Deputy Director of Nursing
PREPARED BY: (name and title)	Miriam Blackburn, Professional Lead Nurse Jennifer Connelly, Professional Lead Nurse Adele Sowden, E-Rostering Team Manager

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

EXECUTIVE SUMMARY

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

The paper contains a high-level overview of data and analysis to provide the Board of Directors and the public with information on the position of Leeds and York Partnership Trust wards staffing against safer staffing levels for the 2 month period from the **1st December 2023 to the 31st January 2024.**

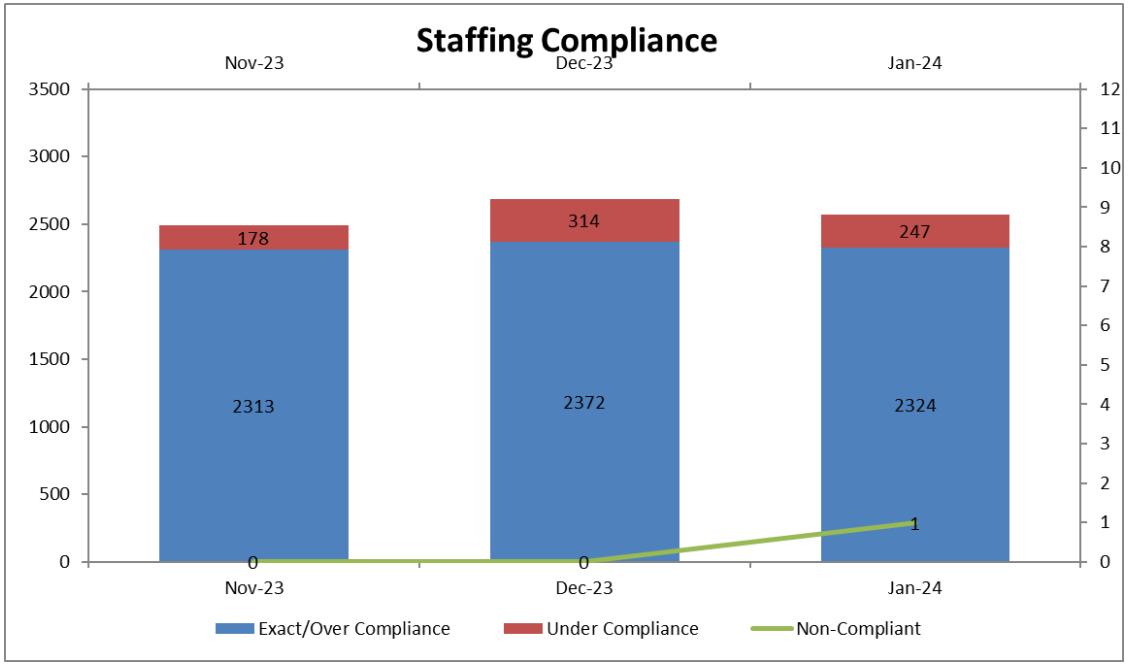
This report details that there was one clinical shift that had no Registered Nurse was on duty. The non-compliant shift occurred at 3 Woodland Square on the night of the 22nd January 2024.

The paper draws focus to 4 clinical areas where there is either significant Registered Nurse and Health Support Worker vacancies or are using significantly higher numbers of staff above the planned establishment and provides data to demonstrate the impact through a series of quality indicators outlining any mitigation or workstreams to support the current workforce challenges.

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

RECOMMENDATION
The Board is asked to: • Note the content of the 2 monthly report and the progress in relation to key work streams. • Be assured that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

Safer Staffing: Inpatient Services – Dec 23 and Jan 24



	Number of Shifts		
	November	**December**	**January**
Exact/Over Compliance	2313	2372	2324
Under Compliance	178	314	247
Non-Compliant	0	0	1

RISKS: Registered Nursing vacancies continue to be a major theme across the focussed areas highlighted by the Unify data (Appendix A).

MITIGATING FACTORS: Reduced Registered Nurse fill rates are being partially mitigated in many of our units by increasing Health Support Worker (HSW) duties through Bank and Agency staffing to reach minimum staffing numbers. Ongoing improvements to the recruitment strategy and a multi-professional approach to a review of establishments, continues to be progressed.

NARRATIVE ON DATA EXTRACTS REGARDING LYPFT STAFFING LEVELS ON X28 WARDS DURING DECEMBER 23 AND JANUARY 24: This is the whole time equivalent (WTE) number of staffing posts the Inpatient Wards are funded for to deliver planned level of care and interventions within their speciality by shift.

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

EXACT OR OVER COMPLIANT SHIFTS: The compliance data demonstrated an increase in the number of shifts which were staffed exactly as planned or staffed above the planned number of Registered Nurse (RN) and Health Support Worker (HSW) duties during the months of December 2023 and January 2024.

UNDER COMPLIANT SHIFTS: The compliance data demonstrates an increase in the number of shifts during the 2-month period that had fewer than the planned number of Registered Nurses and Health Support Workers on each shift. Where there are fewer than planned Registered Nurses on shift, it is usual for one or more extra Health Support Workers to back fill the vacant duty and ensure safe staffing levels where a Registered Nurse is not available to fill the shift.

*(Note this differs from the unify report in Appendix A which shows the total hours over the month rather than on a shift-by-shift basis).
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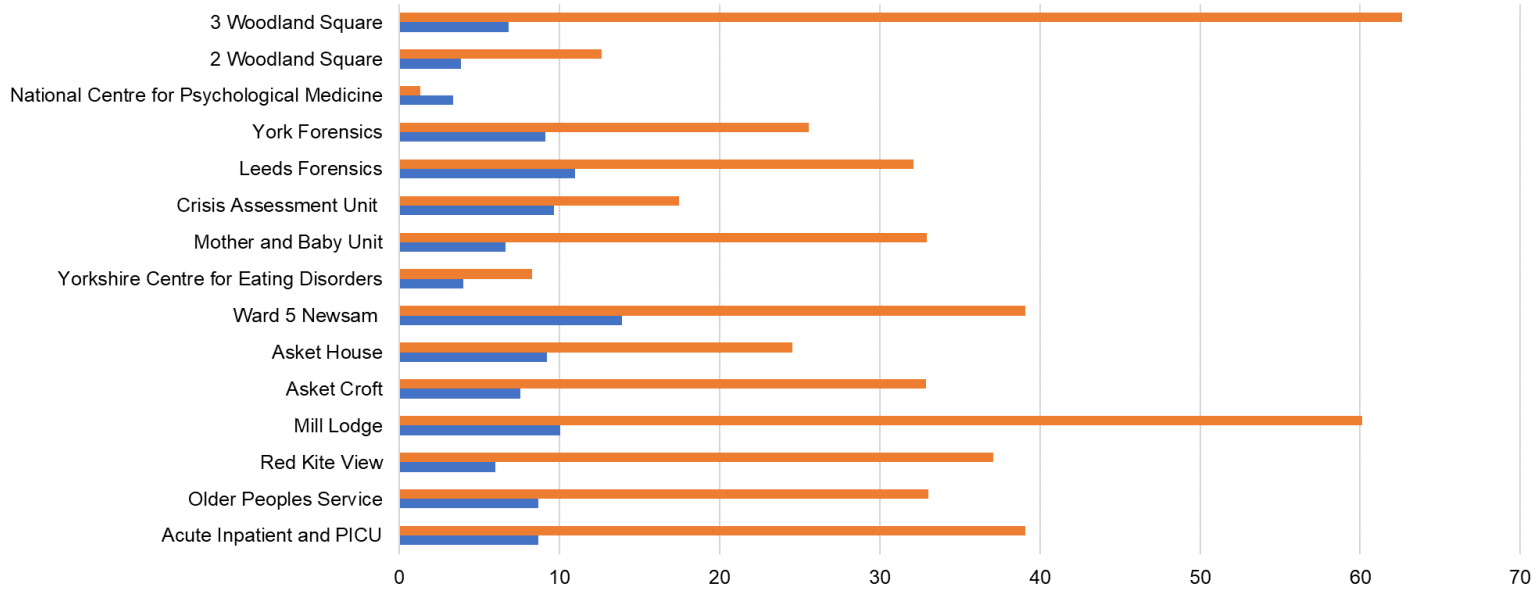
NON-COMPLIANT SHIFTS: This metric represents the number of shifts where no Registered Nurses were on duty. This occurred on one occasion in January 2024. The non-compliant shift occurred at 3 Woodland Square on the night of the 22 January 2024. The Registered Nurse in the service was deployed to 2 Woodlands Square and provided support throughout the duty and the Nursing Associate remained on Woodlands 3. The Nursing Associate administered medication and was responsible for shift co-ordination which falls within their existing roles and responsibilities.

SERVICE AREA UPDATES
Overview:

Sickness Absence
The below chart shows the sickness rate (%) for each Inpatient Service in January 2024 and of those periods of sickness, what percentage is related to stress/mental health as reported on the erostering system. Service lines have been reported together where possible and provide an average across the wards.

Across the services, Red Kite View, YCED, NICPM and 2 Woodland Square have reported sickness levels below the Trust target of 6%. Stress/Mental Health sickness absence accounts for all absence related to stress/mental health and is not only work-related stress.



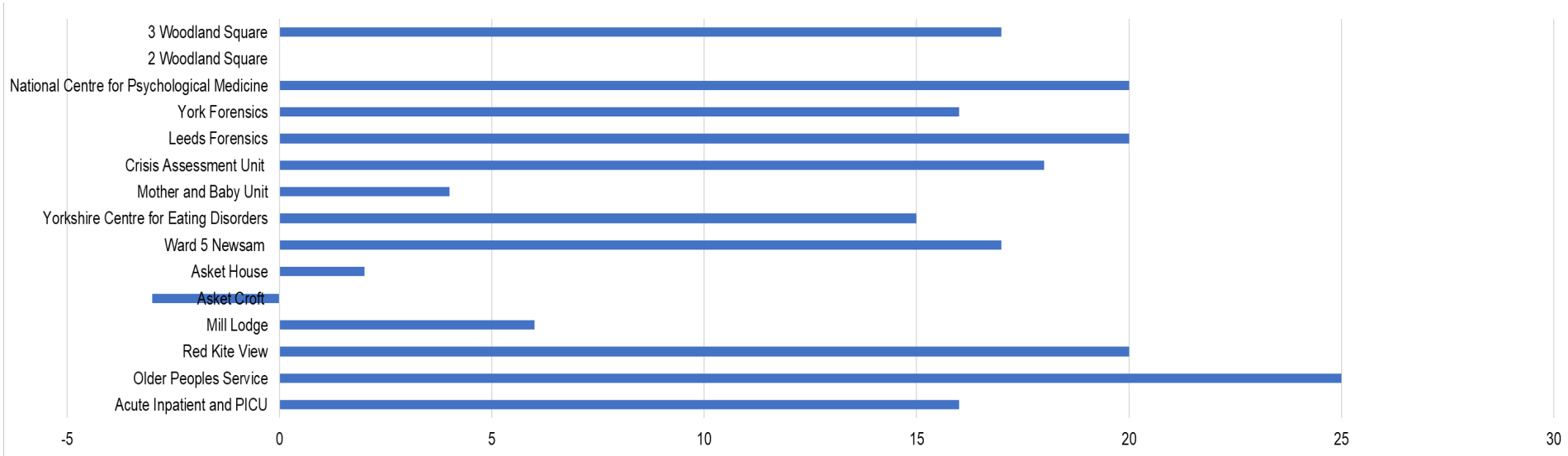
	Acute Inpatient and PICU	Older Peoples Service	Red Kite View	Mill Lodge	Asket Croft	Asket House	Ward 5 Newsam	Yorkshire Centre for Eating Disorders	Mother and Baby Unit	Crisis Assessment Unit	Leeds Forensics	York Forensics	National Centre for Psychological Medicine	2 Woodland Square	3 Woodland Square
Stress/MH %	39.07	33.05	37.11	60.14	32.9	24.54	39.09	8.29	32.96	17.47	32.11	25.55	1.3	12.66	62.63
Sickness %	8.7	8.68	5.98	10.06	7.55	9.21	13.92	4.02	6.62	9.65	10.97	9.1	3.36	3.84	6.81

Vacancies

Below indicates the % vacancy rate across each service as reported on ECHO in January 2024. This is across the MDT and not solely related to Registered Nurses and Health Support Workers which are traditionally viewed in the Safer Staffing figures.

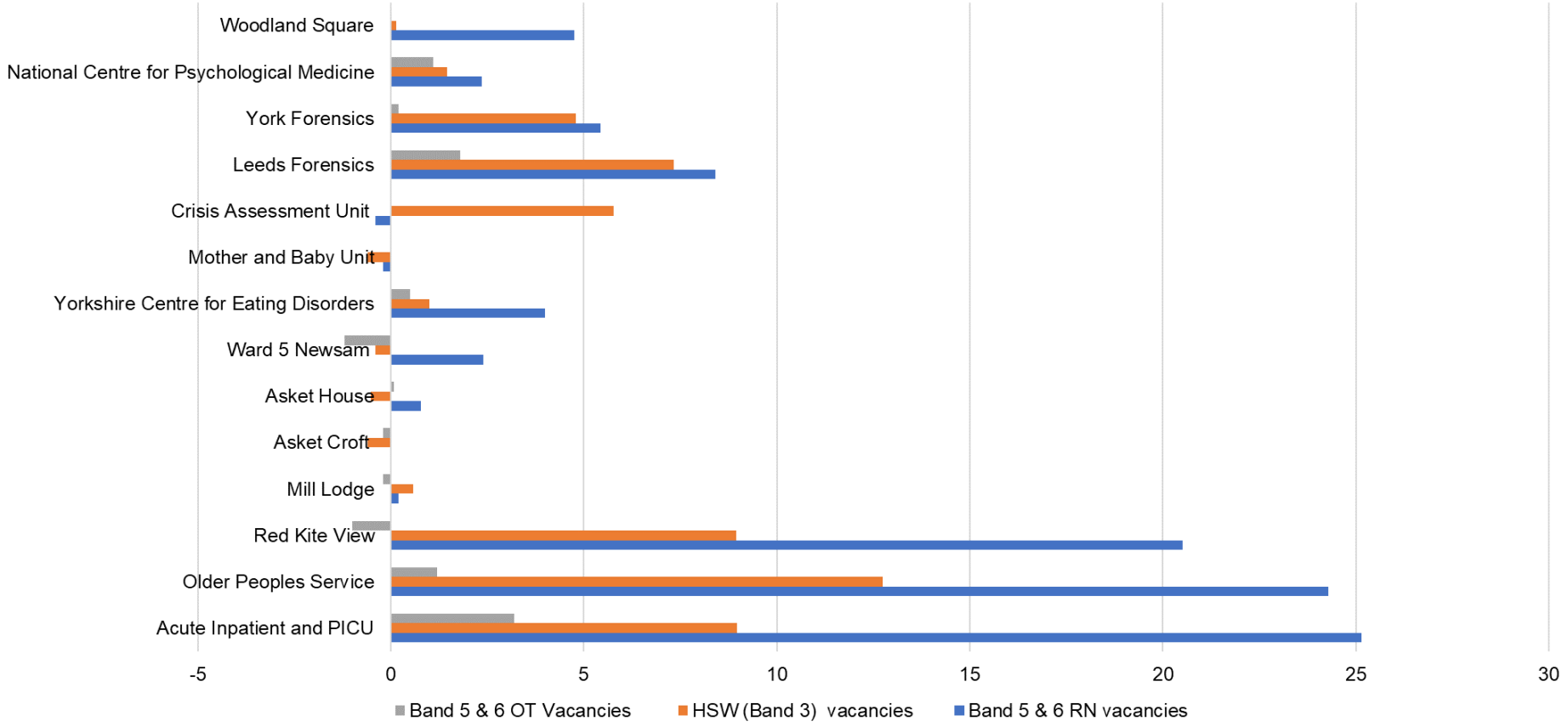
Although Registered Nurses and Health Support Workers are those reported in the establishment figures, it is important to recognise the ranges of roles within the MDT for providing safe and effective care in our ward environments and this is not captured in the unify data.

Many services also have Band 3 TNAs, Band 4 NAs and Band 4 HSWs as part of the establishment. A number of Band 4s throughout the Trust were awaiting their registration confirmation to move to a Band 5 position.

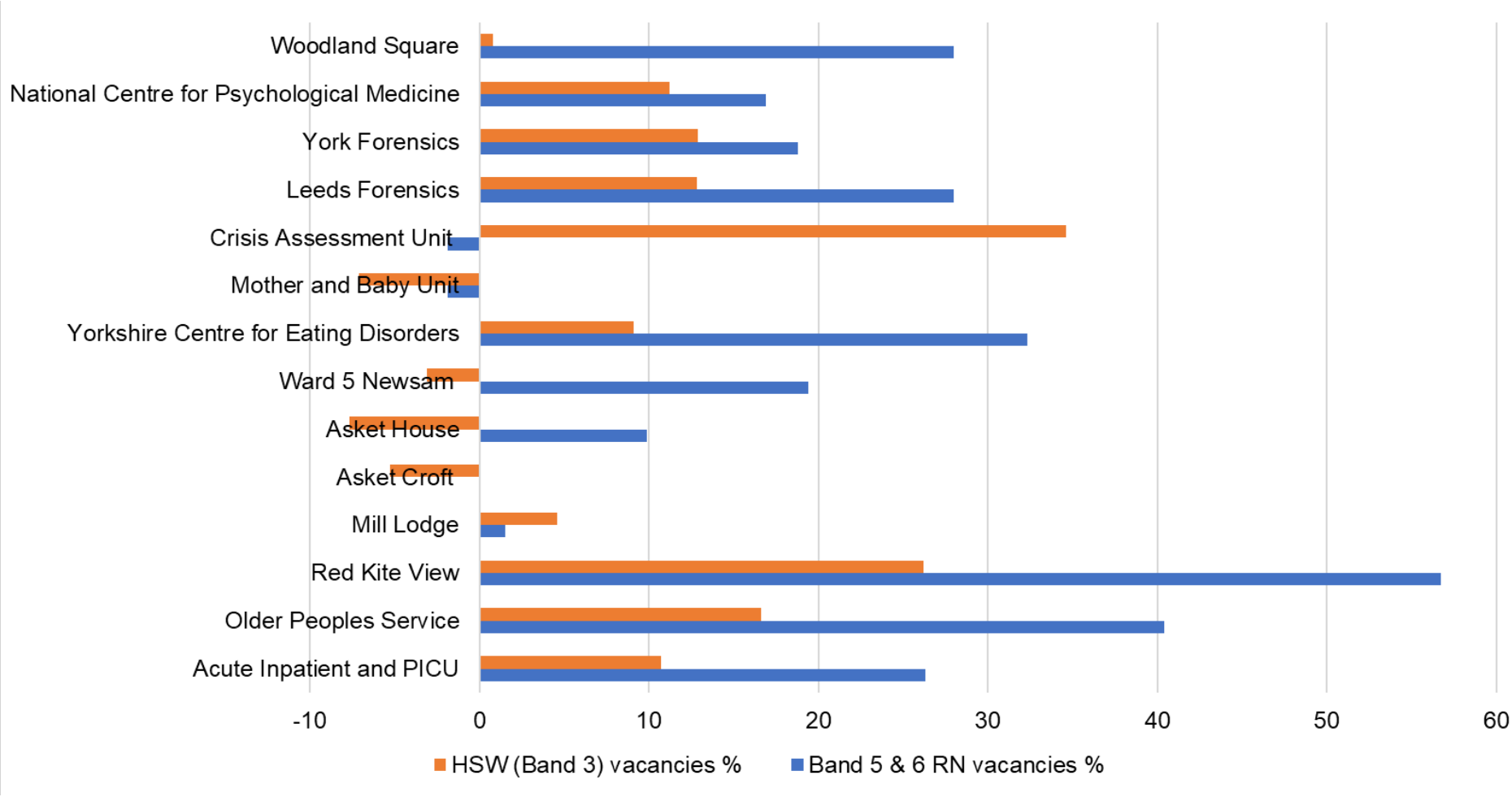


	Acute Inpatient and PICU	Older Peoples Service	Red Kite View	Mill Lodge	Asket Croft	Asket House	Ward 5 Newsam	Yorkshire Centre for Eating Disorders	Mother and Baby Unit	Crisis Assessment Unit	Leeds Forensics	York Forensics	National Centre for Psychological Medicine	2 Woodland Square	3 Woodland Square
Series1	16	25	20	6	-3	2	17	15	4	18	20	16	20	0	17

The below chart shows the vacancy rates for Registered Nurses, Band 3 Health Support Workers and Occupational Therapists (WTE) across services. This information is a snapshot and taken from the finance data using budgeted establishment for these roles and the vacancy information.



Due to the differing services covered, the chart below has been included to show the vacancies for Registered Nurses and Health Support Workers by percentage. This shows that despite Acute Inpatient Services having the higher number of Registered Nurse vacancies, Red Kite View has the highest percentage Registered Nurse vacancy.



For this paper, there will be a focus on 4 clinical areas where there is either significant Registered Nurse and Health Support Worker vacancies or are using significantly higher numbers of staff above the planned establishment and provides data to demonstrate the impact through a series of quality indicators outlining any mitigation or workstreams to support the current workforce challenges.

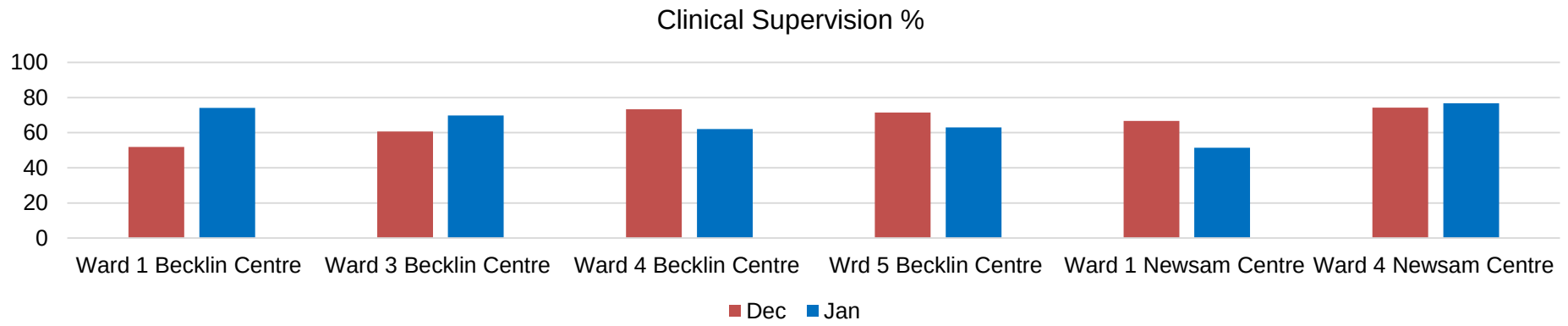
Have Your Say and complaints data for the reporting period can be found in the appendices, this information gives some indication of the reported patient experience within services.

Working Age Adult (Becklin Wards 1,3,4 and 5, Newsam Ward 1 (PICU) and 4

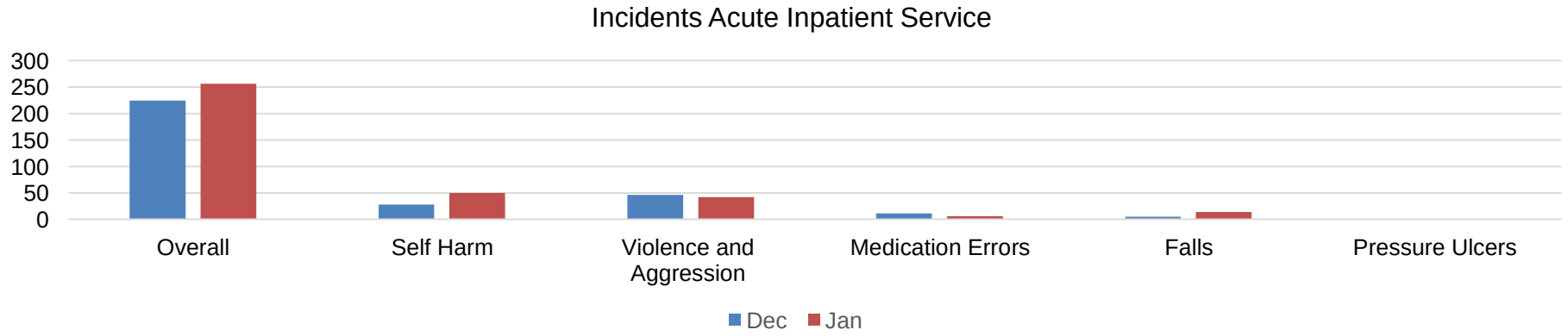
The overall vacancy rate across the Acute Inpatient and PICU Service continues to reduce and staff turnover is below our Trust target at 5.06% however the service still maintains many Registered Nurse vacancies as demonstrated by the data. A combination of bank/agency use and the creation of additional new roles within the service, such as Activity Coordinators has reduced the impact on the service. The creation of Activity Coordinators and Occupational Therapy Assistants across all wards has enabled the service to consistently increase the offer of activities and group work to service users.

The requirement for additional staffing above the planned establishment has been required within the Female Acute Wards who have experienced the need to use enhanced levels of observation and engagement and escort status to support patient care. This correlates with a higher number of incidents being reported in the Female Acute Wards during the data collection period with the highest proportion of these being self-harm incidents.

The chart below shows the recorded clinical supervision levels for all of the Working Age Adult Wards for December 2023 and January 2024. There are fluctuations on each ward within the timeframe which may be in relation to individual ward challenges. Each clinical area has not met the Trust target during the reporting period and more investigation would be required to understand the factors that have influenced this.



Below are the incident figures for the reporting period across the Acute Inpatient Service, with a focus on those incidents reviewed as part of the safer staffing information in LYPFT. It is expected that there is a correlation between the number of incidents and staffing figures which is a current piece of work being carried out by the Safer Staffing Steering Group.



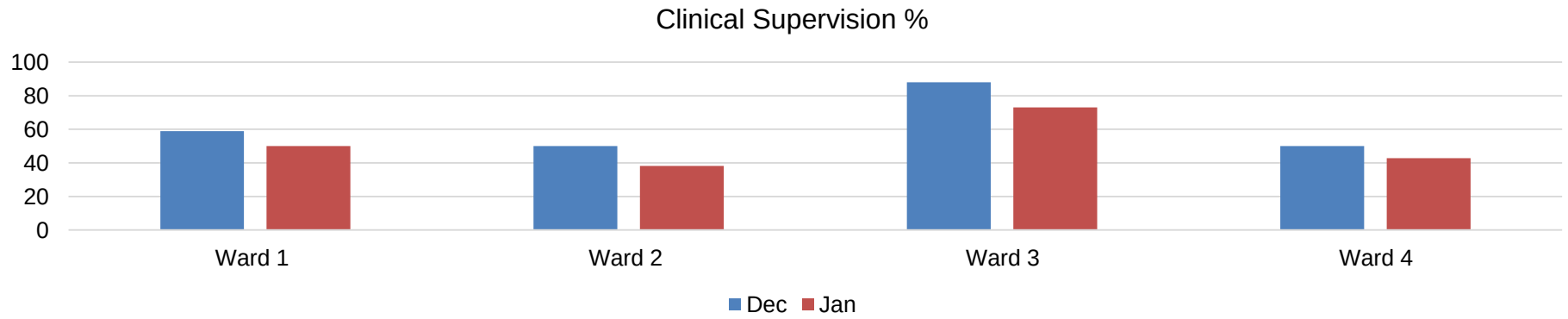
Alongside the data outlined above, complaints and Have Your Say feedback is reviewed. This is due to the potential impact of staffing on patient experience. During the reporting period the Acute Inpatient Service received 5 complaints. They also received 45 responses via Have Your Say, 55.6% of these reporting that their care was either “Good” or “Very Good” and a further 31% reporting their care was “OK”.

Older Peoples Services (Mount Wards 1, 2, 3 and 4)

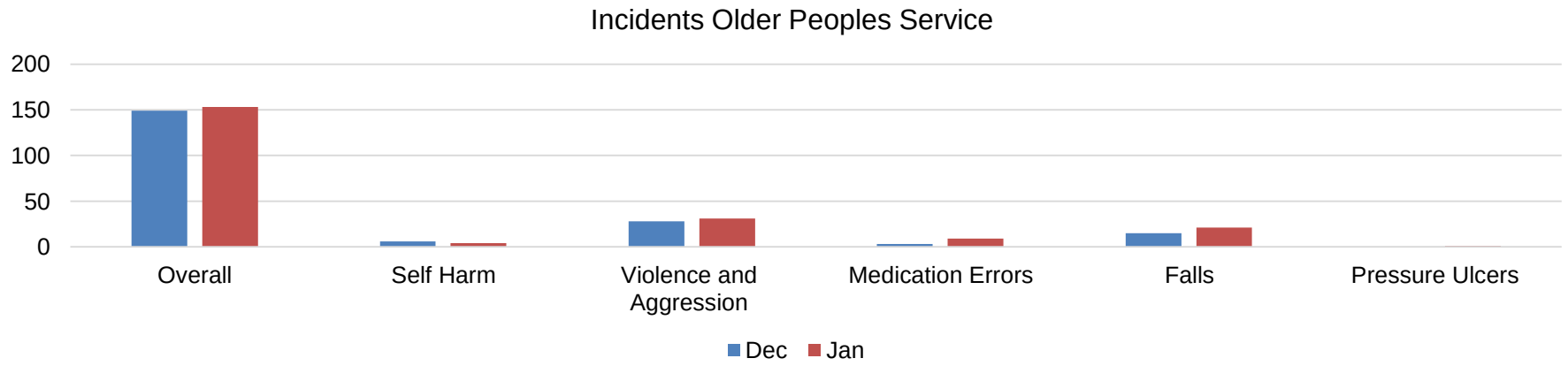
The Older Peoples Service has seen some successful recruitment of Health Support Workers which will support the reduction of Health Support Worker vacancies. The use of bank and agency along with substantive staff working additional bank shifts has enabled the service to provide more consistent care. The clinical area has used numbers above the establishment to meet the care needs of the service uses on the ward.

The Older Peoples Service also had 11 staff in Band 4 positions across the wards in the last week of January, both NA and AP roles supporting the service users as part of the establishment, which is not reflected in the vacancy data for Registered Nurses and Health Support Workers, though increasing the shifts filled within the establishment. The team also includes AHPs in the ward environment delivering profession specific interventions, and supporting the care and support of the service users on the ward. The inclusion of AHPs and how we capture this within our data is currently being addressed through the Safer Staffing Steering Group which will be followed by the inclusion of Band 4 positions. This will shift the thinking away from safer staffing being made up of traditional nursing roles and toward a more MDT approach.

The chart below shows the Clinical Supervision data for the Older Peoples Inpatient Service across the reporting period. There has been a reduction in recorded supervision in January across all 4 of the wards.



The following table shows the number of incidents in the Older Peoples Service during the reporting period, with the breakdown of those incidents reviewed as part of safer staffing. This shows a similar numbers of incidents over the 2 month period with a small increase in January.



There were no complaints received within the Older Peoples Inpatient Service during the reporting period. There were 24 responses to Have Your Say and of these, 75% reported their care was wither “Good” or “Very Good” with a further 12.5% responding “Don’t Know”.

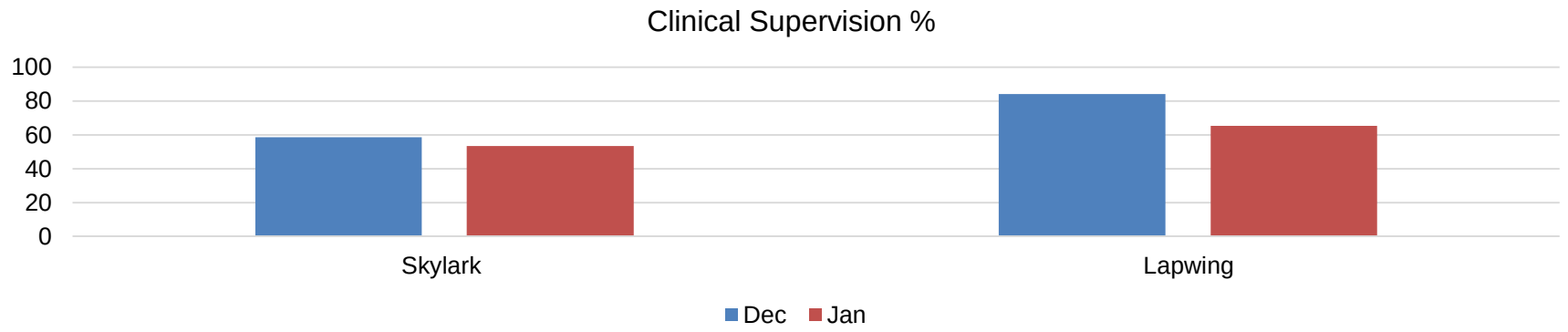
Red Kite View (Skylark and Lapwing)

The high percentage of vacancies which has been compounded by sickness has required the Multidisciplinary Team and Leadership Team to support some shifts to reach safe staffing numbers. This had enabled continuity of care however it is likely that this will in turn impact on the delivery of profession specific interventions and therefore an impact assessment is being carried out.

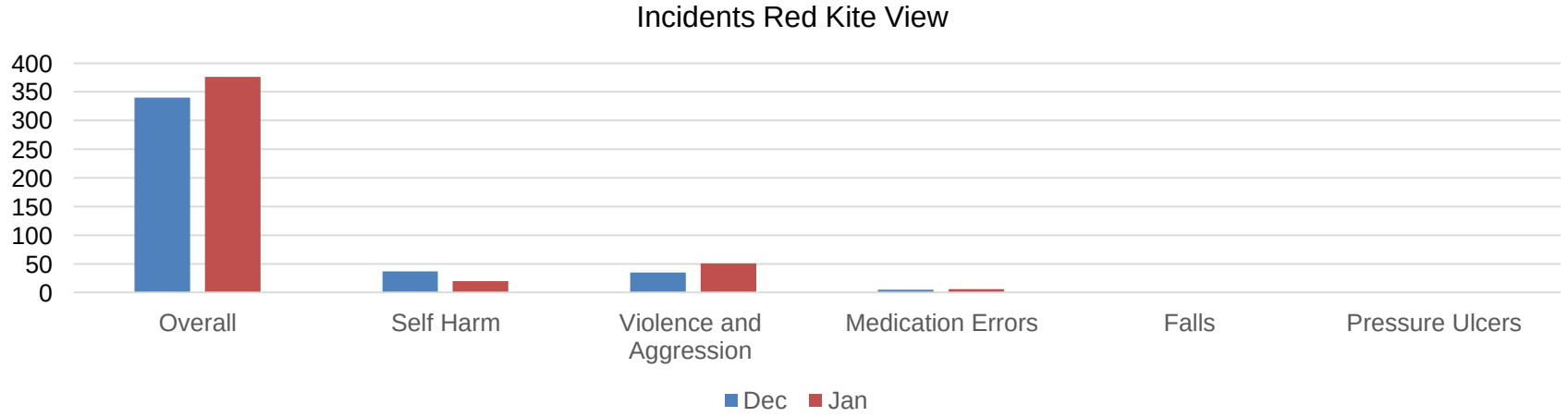
Bank and agency staff are also being utilised and block bookings are being made where possible to support consistency.

Admissions to the unit are being risk assessed to ensure the needs of the young person’s needs can be safely met prior to admission. This is particularly relevant to any young person requiring nasogastric feeding which is a nurse specific clinical intervention.

Below are the supervision rates for Red Kite View in the reporting period. This shows a reduction in compliance between December and January on both wards.



The table below shows the number of incidents across Red Kite View for the reporting period. This period of time had a higher number of incidents than previous months and has since seen a reduction. There was a reduction in self-harm within the service during the 2 month period.



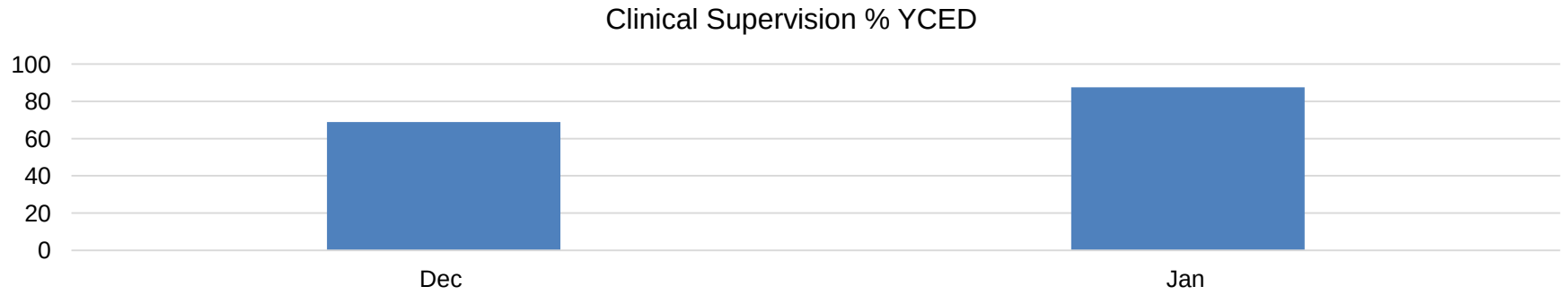
Red Kite View received one complaint in January. Two Have Your Say responses were received, one stating that care received was “Good” and one response of “Don’t Know”.

Newsam Ward 6 Yorkshire Centre for Eating Disorders (YCED)

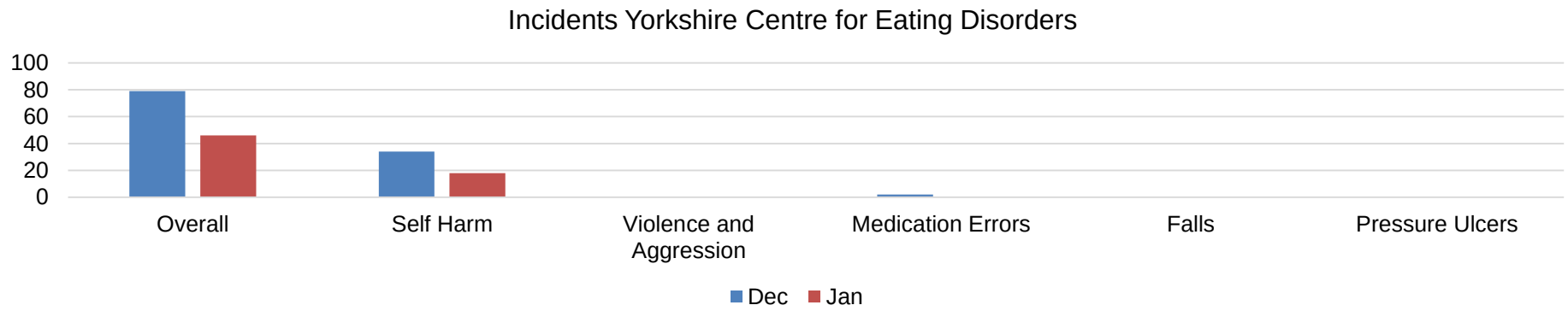
The data in Appendix A shows that this area is working above its establishment by a significant proportion throughout the reporting period. This is due to the current clinical need on the ward including the use of Nasogastric feeding and high levels of observation and engagement. A review of the clinical model for YCED is currently taking place following prolonged increased acuity and dependency of those being admitted to the unit and this in turn included a review of the staffing establishment to ensure the model reflects the needs of the patient group.

Due to the current clinical need, additional staff have been required above the establishment and these are filled through bank and agency use, some of these staff work regular shifts on the ward which supports continuity of care and building therapeutic relationships. A low fill rate from bank and agency at times has meant that support from other clinical areas has been required along with substantive staff picking up additional shifts.

Despite ongoing challenges relating to staffing and increased acuity, YCED were above the Trust target of 85% compliance with clinical supervision in January 2024 prioritising the need to ensure colleagues had a protected space for reflection.



Below is the incident data for the reporting period which shows a significant decrease in incidents overall and incidents of self-harm. The ward has been working over its establishment to support the acuity on the ward, the fill rate indicators in Appendix A shows an increase between December and January, correlating with increased supervision and reduced incidents. During this time period they also did not receive any complaints and of the 16 Have Your Say responses received, 87.5% report their care as being “Good” or “Very Good”. However, it is important to recognise that there are a range of factors which may influence the data.



Summary

Several of our inpatient services have seen improvement in their overall vacancies and recruitment, particularly as a result of our Preceptee Nurses commencing in post. However ongoing workforce challenges in a small number of services remain high and therefore vacancies continue to be featured on the risk register. Focus on wellbeing also remains a priority particularly in clinical areas with increased sickness absence.

The need for additional staffing above the planned establishment has also been required particularly to support enhanced observations in several of our services.

Staffing pressures are currently mitigated through the combination of bank/agency usage including the Responsive Workforce Team and in our high-risk areas the need for those roles that usually sit outside of safer staffing numbers such as Practice Development Nurses and Occupational Therapists to work as part of the clinical numbers. Several clinical teams have also successfully created new roles within the service to complement the existing workforce.

There are several workstreams underway through the Safer Staffing Steering Group to address the need to shift our thinking and approach regarding safer staffing away from traditional roles of Registered Nurses and Health Support Workers toward a more MDT approach ensuring the extended and new roles in ward teams sit and are utilised as part of the clinical duty and increase the quality of care delivered to our services users.

Recommendations:

The Board is asked to:

- Discuss and note the content of the report.
- Be assured of the arrangements in place to monitor, support and mitigate the impact of reduced staffing levels and skill mix in relation to quality and safety in inpatient settings.

APPENDIX A

Safer Staffing: Inpatient Services December 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-registered	Registered	Non-registered	Registered	Non-registered	Overall	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill
WardName	PatientCo	CHPPD_RN	CHPPD_NR	CHPPD_RN	CHPPD_NR	CHPPD_RA	CHPPD_NR	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	88	10.8	11.6	0.0	0.0	0.0	0.0	22.3	81%	172%	-	-	94%	116%	-	-	-	-
3 WOODLAND SQUARE	99	9.4	19.8	0.0	0.0	0.0	0.0	29.2	79%	162%	-	-	79%	123%	-	-	-	-
ASKET CROFT	539	1.7	2.8	0.0	0.0	0.0	0.8	5.2	84%	96%	-	-	116%	92%	-	-	-	100%
ASKET HOUSE	479	1.8	1.9	0.0	0.0	0.0	0.5	4.2	114%	76%	-	-	100%	100%	-	-	-	100%
BECKLIN CAU	184	7.6	15.3	0.0	0.0	0.0	0.0	22.9	101%	153%	-	-	100%	120%	-	-	-	-
BECKLIN WARD 1	681	2.0	5.8	0.0	0.0	0.0	0.4	8.2	64%	268%	-	-	81%	235%	-	-	-	100%
BECKLIN WARD 3	677	2.2	3.2	0.0	0.0	0.0	0.5	5.9	77%	165%	-	-	84%	142%	-	-	-	100%
BECKLIN WARD 4	681	2.5	3.5	0.0	0.0	0.0	0.3	6.4	92%	173%	-	-	94%	167%	-	-	-	100%
BECKLIN WARD 5	674	2.3	7.8	0.0	0.0	0.0	0.2	10.3	84%	357%	-	-	90%	346%	-	-	-	100%
MOTHER AND BABY AT THE MOUNT	167	8.1	9.2	0.0	0.0	0.0	0.0	17.3	94%	61%	-	-	76%	108%	-	-	-	-
NEWSAM WARD 1 PICU	369	4.6	10.6	0.0	0.0	0.0	0.5	15.7	94%	134%	-	-	94%	159%	-	-	-	100%
NEWSAM WARD 2 FORENSIC	354	3.2	14.8	0.0	0.0	0.0	0.3	18.3	103%	207%	-	-	106%	245%	-	-	-	100%
NEWSAM WARD 2 WOMENS SERVICES	217	4.7	17.9	0.0	0.0	0.0	1.1	23.6	83%	374%	-	-	100%	259%	-	-	-	100%
NEWSAM WARD 3	389	2.7	6.8	0.0	0.0	0.0	0.5	10.0	113%	162%	-	-	113%	118%	-	-	-	100%
NEWSAM WARD 4	650	2.5	4.4	0.0	0.0	0.0	0.3	7.3	93%	277%	-	-	97%	174%	-	-	-	100%
NEWSAM WARD 5	526	2.3	4.3	0.0	0.0	0.0	1.2	7.8	96%	116%	-	-	72%	131%	-	-	-	100%
NEWSAM WARD 6 EDU	329	3.6	16.7	0.0	0.0	0.0	1.4	21.7	109%	712%	-	-	57%	361%	-	-	-	100%
NICPM LGI	267	5.9	2.8	0.0	0.0	0.0	1.2	10.0	134%	53%	-	-	95%	94%	-	-	-	100%
RED KITE VIEW GAU	213	7.4	29.7	0.0	0.0	0.0	0.0	37.1	80%	184%	-	-	93%	201%	-	-	-	-
RED KITE VIEW PICU	145	9.2	26.9	0.0	0.0	0.0	0.0	36.2	61%	138%	-	-	91%	119%	-	-	-	-
THE MOUNT WARD 1 NEW (MALE)	429	3.7	12.4	0.0	0.0	0.0	0.0	16.0	146%	155%	-	-	91%	249%	-	-	-	-
THE MOUNT WARD 2 NEW (FEMALE)	462	3.1	14.7	0.0	0.0	0.0	0.0	17.8	83%	204%	-	-	95%	295%	-	-	-	-
THE MOUNT WARD 3A	612	2.4	4.4	0.0	0.0	0.0	0.0	6.7	83%	131%	-	-	100%	138%	-	-	-	-
THE MOUNT WARD 4A	649	2.3	5.6	0.0	0.0	0.0	0.0	7.9	88%	166%	-	-	100%	192%	-	-	-	-
YORK - BLUEBELL	279	4.5	7.9	0.0	0.0	0.0	0.8	13.3	163%	86%	-	-	103%	98%	-	-	-	100%
YORK - MILL LODGE	229	5.8	11.8	0.0	0.0	0.0	3.0	20.6	63%	137%	-	-	64%	167%	-	-	-	100%
YORK - RIVERFIELDS	186	4.3	8.2	0.0	0.0	0.0	0.5	12.9	69%	171%	-	-	100%	103%	-	-	-	100%
YORK - WESTERDALE	186	6.0	14.2	0.0	0.0	0.0	0.5	20.6	70%	163%	-	-	103%	102%	-	-	-	100%

APPENDIX A

Safer Staffing: Inpatient Services January 24

Fill rate indicator return

Staffing: Nursing, Care Staff and AHPs

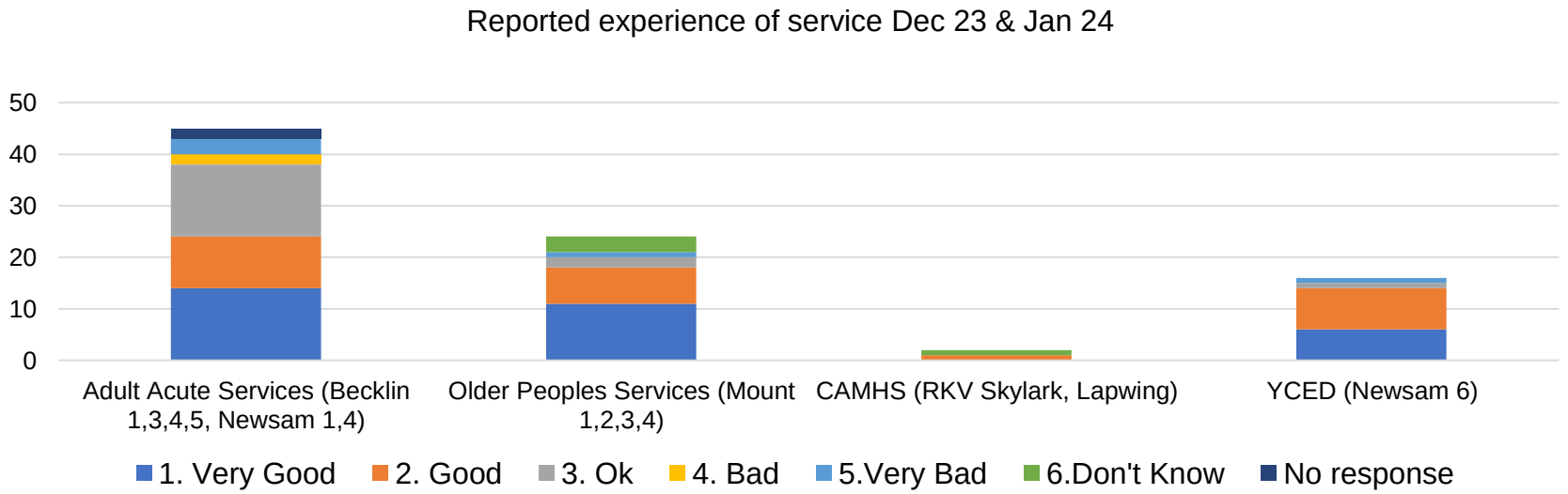
Ward name	Cumulative count	Care Hours Per Patient Day (CHPPD)							Day				Night				Allied Health	
		Registered	Non-registe	Registered	Non-registe	Registered	Non-registe	Overall	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill	Average fill
WardName	PatientCo	CHPPD_RI	CHPPD_NI	CHPPD_RI	CHPPD_NI	CHPPD_RA	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	85	10.9	10.5	0.0	0.0	0.0	0.0	21.4	82%	136%	-	-	87%	97%	-	-	-	-
3 WOODLAND SQUARE	100	9.0	21.0	0.0	0.0	0.0	0.0	30.0	73%	168%	-	-	48%	137%	-	-	-	-
ASKET CROFT	566	1.6	2.7	0.0	0.0	0.0	0.8	5.1	85%	93%	-	-	106%	103%	-	-	-	100%
ASKET HOUSE	442	2.0	1.9	0.0	0.0	0.0	0.4	4.3	125%	66%	-	-	100%	100%	-	-	-	100%
BECKLIN CAU	177	7.6	15.5	0.0	0.0	0.0	0.0	23.0	93%	140%	-	-	94%	119%	-	-	-	-
BECKLIN WARD 1	705	2.1	5.4	0.0	0.0	0.0	0.4	7.8	76%	224%	-	-	89%	265%	-	-	-	100%
BECKLIN WARD 3	681	2.0	3.6	0.0	0.0	0.0	0.7	6.3	71%	189%	-	-	80%	166%	-	-	-	100%
BECKLIN WARD 4	679	2.5	4.3	0.0	0.0	0.0	0.4	7.1	89%	217%	-	-	97%	207%	-	-	-	100%
BECKLIN WARD 5	681	2.4	8.2	0.0	0.0	0.0	0.2	10.8	88%	429%	-	-	90%	387%	-	-	-	100%
MOTHER AND BABY AT THE MOUNT	238	5.7	9.2	0.0	0.0	0.0	0.0	15.0	100%	83%	-	-	70%	173%	-	-	-	-
NEWSAM WARD 1 PICU	366	4.4	12.4	0.0	0.0	0.0	0.4	17.2	91%	141%	-	-	82%	211%	-	-	-	100%
NEWSAM WARD 2 FORENSIC	318	3.6	16.0	0.0	0.0	0.0	0.4	20.0	109%	212%	-	-	100%	222%	-	-	-	100%
NEWSAM WARD 2 WOMENS SERVICES	229	5.3	14.3	0.0	0.0	0.0	1.0	20.6	113%	202%	-	-	100%	173%	-	-	-	100%
NEWSAM WARD 3	425	2.4	5.3	0.0	0.0	0.0	0.5	8.2	109%	153%	-	-	100%	121%	-	-	-	100%
NEWSAM WARD 4	649	2.6	4.4	0.0	0.0	0.0	0.3	7.4	102%	244%	-	-	103%	195%	-	-	-	100%
NEWSAM WARD 5	984	1.3	2.4	0.0	0.0	0.0	0.7	4.4	105%	101%	-	-	63%	145%	-	-	-	100%
NEWSAM WARD 6 EDU	365	3.1	15.8	0.0	0.0	0.0	1.6	20.5	89%	871%	-	-	62%	364%	-	-	-	100%
NICPM LGI	466	3.4	1.8	0.0	0.0	0.0	0.9	6.1	138%	57%	-	-	95%	113%	-	-	-	100%
RED KITE VIEW GAU	276	6.0	20.2	0.0	0.0	0.0	0.0	26.2	88%	147%	-	-	99%	175%	-	-	-	-
RED KITE VIEW PICU	159	8.3	24.1	0.0	0.0	0.0	0.0	32.4	56%	133%	-	-	101%	108%	-	-	-	-
THE MOUNT WARD 1 NEW (MALE)	432	3.9	12.0	0.0	0.0	0.0	0.0	15.9	160%	148%	-	-	107%	245%	-	-	-	-
THE MOUNT WARD 2 NEW (FEMALE)	450	3.4	16.5	0.0	0.0	0.0	0.0	19.9	83%	239%	-	-	100%	327%	-	-	-	-
THE MOUNT WARD 3A	594	2.5	5.8	0.0	0.0	0.0	0.0	8.3	78%	171%	-	-	105%	189%	-	-	-	-
THE MOUNT WARD 4A	636	2.3	5.5	0.0	0.0	0.0	0.0	7.8	81%	184%	-	-	98%	181%	-	-	-	-
YORK - BLUEBELL	279	4.8	7.5	0.0	0.0	0.0	1.0	13.3	141%	80%	-	-	120%	96%	-	-	-	100%
YORK - MILL LODGE	217	5.8	13.3	0.0	0.0	0.0	2.5	21.7	65%	156%	-	-	63%	175%	-	-	-	100%
YORK - RIVERFIELDS	162	5.4	8.7	0.0	0.0	0.0	0.8	14.9	67%	147%	-	-	128%	100%	-	-	-	100%
YORK - WESTERDALE	186	6.8	14.0	0.0	0.0	0.0	0.6	21.5	82%	148%	-	-	110%	112%	-	-	-	100%

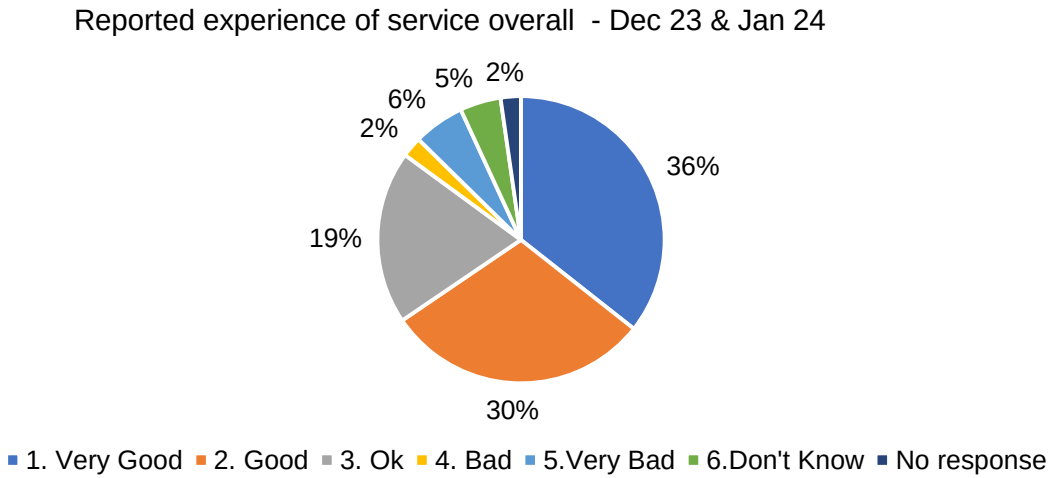
*** Allied health professionals refers only to Occupational therapists that are included in the ward establishment**

Have Your Say

Have Your Say feedback is an important indicator for the quality of care being provided as it gives us direct feedback from the people we provide care to. Across the wards within this report who have received Have Your Say feedback, 66% reported that their care was “good” or “very good” and 8% reporting this as “bad” or “very bad”.

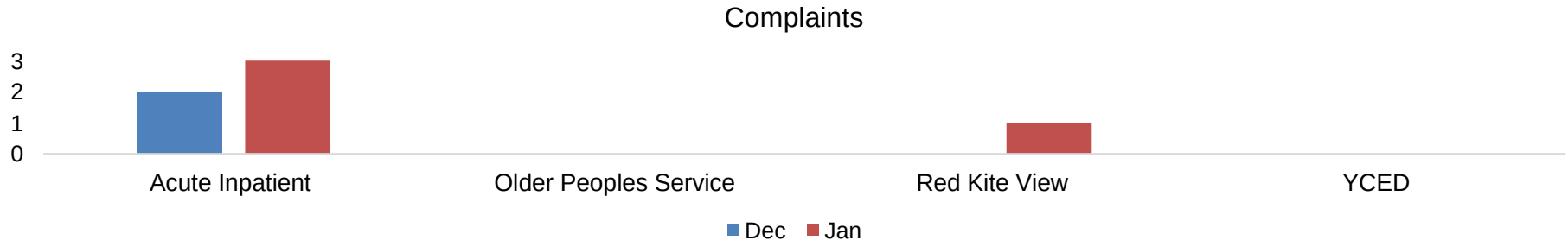
A high proportion of service users report good care. It would be expected that increased consistency in the staff teams would continue to see increasing reports of good care. Patient feedback is an important aspect to review when considering establishment reviews.





Complaints

Below are the number of complaints received during the reporting period for the 4 clinical areas that are the focus of this report.



LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

AGENDA ITEM

16

PAPER TITLE:	Medical Director's Report
DATE OF MEETING:	28 March 2024
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.

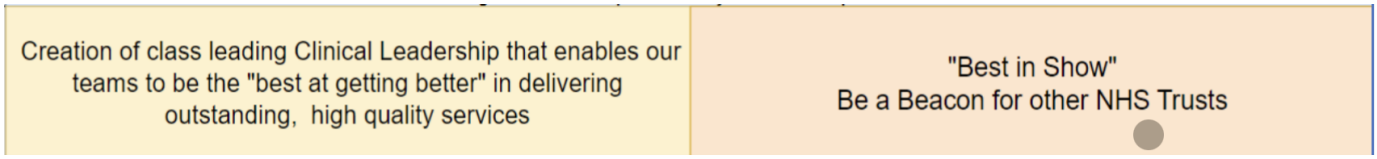
1. EXECUTIVE SUMMARY

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, our patients, our 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

To focus our collective efforts, we have continued to focus on two high level areas, while also contributing more widely to objectives held inside and outside of the directorate. The Quality Strategic Plan was refreshed and approved in January 2024 and we have been working hard to embed the principles that sit within it across the organisation, particularly at the front line of clinical delivery.



There has been a lot to celebrate since the last report. Our academic contribution has continued to grow and support research and research careers. We have hosted a very recent learning from deaths event which was incredibly powerful and combined expert by experience views with those drawn from across academic, public health and safety investigation focused bodies. We have completed the successful implementation of Mediviewer which has revolutionised how we access historical paper-based case records. We have continued to grow our clinical leadership capacity via a flourishing clinical leads community with much improved processes around development, induction and recruitment into these important roles. We have also concluded a local clinical excellence award round, which was one of only a very small number that was run through a competitive process nationally.

3. CORE DIRECTORATE FUNCTIONS

3.1 Medical Directorate Administrative Teams

The administrative teams across the Medical Directorate specifically Medical Education and Andrew Sims Centre continue to support the workload planning for the tenth round of junior doctor's industrial action. The Medical Education team especially, have worked incredibly hard in populating data for the Incident Co-ordination Group during industrial action and thereafter, providing pay information to colleagues at LTHT payroll. All of which, has been managed with reduced staffing levels due to various absences whilst also planning for the February junior doctor's rotation.

There has been one band 3 resignation in Medical Education which has been recruited and Jemma Woodhead is currently going through pre-employment checks.

3.2 MEDICAL PROFESSIONAL LEADERSHIP

Medical staffing levels – vacancies, recruitment

During Q3, one Appointment Advisory Committee (AAC) took place with one substantive consultant appointment made into Older Peoples' services. We have successfully recruited a forensic consultant who will be working at Clifton House starting in Q1. The RKV consultant post was advertised in Q4 and a

substantive appointment has been made. Following an internal expression of interest, one consultant moved internally from West ISS to Ward 4 Newsam Centre. A Trust locum consultant appointment has been made for South ISS and start date is being arranged. This post became available as the substantive consultant has temporarily moved to the West ISS post. In Q4 a GP with strong experience in Learning Disabilities was recruited to work in the learning disability service. This new GP post will strengthen the physical health expertise in the LD service and broaden our multi-professional offer.

Consultant vacancies continue in the York Forensic service (2), Leeds Forensic service (3) Working Age Adult Female Inpatients (1), Eating Disorders Connect (1), Learning Disabilities (1), West WAA CMHT (2), South CMHT (1), West ISS (1).

There continues to be significant agency spending due to consultant vacancies. Agency rates continue to increase, and this is reflected within our current agency bookings.

Agency spend details

As of Q3 there were 22 agency doctors (all levels) booked within LYPFT, this is a reduction of 8 doctors since the last Medical Directorate report in Q1.

There continues however to be significant agency spending due to consultant vacancies. Agency rates continue to increase, and this is reflected within our current agency bookings. We are working with NoECPC to better understand the rates across Yorkshire and Humber in the hope that this intelligence can drive costs down.

Work taking place

The Medical Directorate continues to work with Medical Line Managers and Heads of Operations in the recruitment and selection of consultants. The most consistently problematic areas to recruit into are Forensic Inpatients in Leeds and Adult CMHT, with one long term vacancy also in each of Eating Disorders, Community LD and Acute Adult Female Inpatients. These posts have routinely been advertised month after month with no credible applicants. We are however seeing increasing numbers of doctors approaching the end of their training meaning that there is increased confidence that posts will start to be successfully recruited to.

We have developed a collaborative working approach with colleagues in Medical Education in reducing the number of agency core trainee and SAS doctors. There have been several core trainees that have finished training who have expressed an interested in SAS roles in the Trust who have taken up posts in Q4 where there have been long term agency doctors. In addition, we have also reduced the number of agency core trainees by appointing Trust Doctors. Currently only 3 SAS doctor posts are vacant and filled by agency doctors and we are seeking to recruit educational speciality doctors into these posts in August 2024.

Discussions continue to take place between higher trainees (HTs) and the Professional Lead who meets regularly and routinely with HTs rotating into the Trust to discuss career opportunities, providing information about consultant opportunities available to them in LYPFT.

Specialty Doctors

The task and finish group have identified clinical areas where a specialist grade post could be developed (such as in CREST) alongside looking at existing SAS doctors working towards becoming recognised for what they are doing now.

We have been successful following a bid which was submitted to HEE regarding an investment opportunity for non-recurrent funding extended to SAS doctors to recruit an existing consultant or Specialty Doctor into the role of CESR Tutor. The post will support the development, implementation, oversight, and review of a

designated CESR pathway for SAS doctors working in LYPFT. The job description has been approved with the Joint Local Negotiating Committee and will be advertised.

Higher trainees

We continue to work through the trajectory of HTs completing training in 2024/5, that aids the work taking place along with the feedback from the HT conference in 2023 and from individual conversations with potential applicants.

LYPFT is hosting the second HT conference in Q4 with the emphasis being the recruitment process, support for new consultants, job planning and consultant opportunities.

Medical recruitment challenges and mitigation plans

Adult Acute Services	There continues to be agency consultant cover on WD1 Becklin Centre. The 2 agency CTs covering trainee vacancies on WD1, have been filled by Trust employed Doctors who started in post in Q2. There has been an expression of interest for the SAS doctor post on WD1, from a SAS doctor who we recruited via international recruitment and is being pursed for the substantive post. There has been an internal move to cover the consultant vacancy in WISS from the SISS consultant creating a gap in SISS. A Trust locum consultant has been appointed and a start date is being agreed.
Working Age (WAA) Community + Wellbeing Service	WAA South CMHT has one consultant vacancy. (One agency SAS will remain in South CMHT) There is also a planned consultant retirement in South CMHT and an agency consultant is starting in Q4. There is an agency consultant in ENE CMHT due to a retirement. WAA West CMHT continues to have two consultant vacancies, these posts are covered by agency locum consultants. A review of the medical workforce in WAA CMHT as part of the Transformation has led to the approval for 5.4 WTE additional new Consultant posts which will be advertised for soon.
Eating Disorders + Rehab	Eating Disorders continues to be difficult to recruit to post. There remains one agency consultant in post. One substantive consultant works on reduced hours and is on a career break until Sept 2024 and the AS acting RC has reduced clinical hours further too to take up a leadership role. Until Dec 2024. We successfully recruited to one of the Consultant posts through an AAC panel who started in Q4.
Forensic services	York forensic based psychiatry remains largely provided by agency doctors overseen by the clinical and medical lead. A substantive consultant will be starting in Q4 and a MPAC has started too on one of the wards. Forensics in Leeds especially (3 vacancies) continues to remain a hot spot for medical recruitment challenges. The Leeds forensic service has three consultant vacancies, all of which are covered by agency locums. These posts and job descriptions have been reviewed recently and updated posts are being advertised now.
Older Peoples Services	The Mount inpatients have recruited a substantive consultant who is starting in Q4. There will be a vacancy in South CMHT in Q1 due to a consultant resignation.
Learning Disability	There remains one consultant vacancy, after the service reviewed the medical staffing requirements. There is one agency locum consultant in place. A GP with a special interest and experience has been recruited into the LD service.

CAMHs Services	Red Kite View has appointed a substantive consultant who is the agency doctor covering. There is a delay in agreeing a start date which is currently being worked through. At Mill Lodge, there is now only one substantive consultant the second substantive consultant, requested a career break from August 2023, but is due to return in June 2024. An agency doctor is in post to cover the career break clinical sessions.
Specialist Services	The substantive consultant in Forward Leeds has resigned and will be leaving in Q1. This will leave two consultant vacancies one of which is covered by agency.

Current state of medical line management

The draft line management structure has been developed, creating areas of responsibility for a small number of medical line managers.

Job planning status update

Continues to be on the Medical Directorate workplan. Currently 51% 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

There were 23 applications for the 2023-24 Local Clinical Excellence Awards (LCEAs) where 18 applications were successful and were awarded a LCEA. In respect of those who were successful in being awarded a LCEA, there were positive findings. More females were successful in being awarded a LCEA than males, those individuals who were successful from a BME background were equally representative of the total consultant workforce at LYPFT. Consultants who work less than full time however remain underrepresented (11% being successful as compared to 26% of the Consultant workforce. One consultant has received a National Clinical Impact Award at level 1.

3.3 Medical Education

In line with the medical strategy succession planning and being employer of choice, we have achieved excellent internal recruitments into regional training programme director (TPD) roles as of 1st January 2024. All have been home grown via our medical educational pathway. Dr Elizabeth Cashman has been appointed as TPD for Higher Training in Old Age Psychiatry for East, North and West Yorkshire; Dr Lackson Mzizi as TPD for General Adult Psychiatry for East, North and West Yorkshire and Drs Luthra and Cooper as Joint TPDs for higher training in Psychotherapy for East, North and West Yorkshire. They are all supported by the LYPFT medical education administrative team.

The Trust has been successful in a bid for new tariff funded higher trainee numbers from August 2024 to enable a supply chain for our consultant workforce. NHS education and training have agreed to additional higher trainees in old age psychiatry, general adult psychiatry and CAMHS for LYPFT.

The Trust partially funded two academic clinical fellows (ACF) in core training back in 2019 and now has 3 posts all fully funded from NHIR. I am delighted to announce that our second NHIR funded ACF Dr Dan Romeu has been successful in his PhD application. It is another great example of joint working between University of Leeds, R&D, MELM (Medical Education Leadership and Management Team) and our clinical services.

Recurrent medical industrial action remains a challenge for MELM. 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 backfilling of the junior doctor and consultant workforce.

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

The Andrew Sims Centre (ASC) have had a management and leadership structure change in the last quarter. Dr Zumer Jawaid became the Director of CPD in November 2023, and manages the responsibilities formerly provided by Dr Sumir Punnoose, AMD for CPD. The ASC supports the administration process of the Consultant and SAS Doctors medical study leave, working closely with the Director of CPD. This process has recently expanded to also include the Foundation Year 3 medical study leave, adding an additional financial responsibility onto the budget.

The ASC have continued to build their professional business relationships with Trusts and organisations to provide high quality CPD training. Recent highlights have included a series of launches to promote the new NHS North West Gambling Service in Preston, Blackpool and Liverpool which was featured on ITV Granada and BBC North West Tonight.

ASC are also hosting a Stakeholder Awareness & Engagement Celebration event for Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. This event is held for 200 delegates and includes VIP guests such as Lord Lieutenant of West Yorkshire, to celebrate the new service that OpCourage North of England offers.

ASC are promoting their services to other Trusts organisation and delegates and will be exhibiting at the NHS ConfedExpo 2024 at Manchester in June. This offers the opportunity to network with other providers and increase awareness to other organisations in the UK with the aim of building strong business relationships.

As of 29th February 2024 (Month 11), ASC's overall position is a £37k shortfall. ASC have a new Finance Manager who offers financial advice on a regular basis and is reviewing the business model with the ASC management. ASC prices for events and courses have increased in line with the current financial climate but remain competitive. An example of cost increases is the ticket prices for Mental Health Law courses rising due to the additional financial responsibility of having a legal input for each course (a mandatory requirement from the North of England Approvals panel (NEAP)).

ASC have a planned away day on 19th April 2024 to discuss strategic planning for the centre, team development and marketing. There is a plan to focus on expanding the marketing reach in attempt to promote the courses and increase awareness to potential delegates.

3.5 RESPONSIBLE OFFICER

Appraisal and revalidation

In the last quarter (Q3) 35 medical appraisals were undertaken and 3 recommendations for revalidation (required every 5 years) were submitted and approved by the GMC. There was one missed appraisal due to absence which has been rescheduled for Q4.

A business case to review and standardise the remuneration of appraisers was submitted for approval at the Trust's Financial Planning Group on 21 November 2023 and approved. The new rate of remuneration will be implemented in Q1.

Managing concerns about medical staff

The current version of the Managing Concerns About Medical Colleagues (Maintaining High Professional Standards) policy is being reviewed in conjunction with colleagues in the Workforce Directorate and following

feedback from JLNC. The expectation is that this review will be completed, and the updated version ratified for use by Q4.

Since the last report there have been two new concerns raised about doctors in the Trust. The first reached the threshold for formal investigation which has since been completed and the issue is now being progressed through the Trust's disciplinary procedure. The second was investigated through a preliminary investigation and has concluded with locally agreed actions for the doctor.

The GMC have advised that they have opened an investigation into a doctor currently working in the Trust. No restrictions have been placed on their practice during the investigation and the doctor is being provided with necessary support. The GMC have also advised that they have closed an investigation into a doctor who previously worked in the Trust with no case to answer and an investigation remains ongoing into another doctor who previously worked in the Trust with a hearing date expected in April 2024. They have advised there are no patient safety concerns relating to when the doctor was in the employ of LYPFT. The GMC have also advised of an investigation they are currently undertaking into an agency doctor who is currently working in the Trust which they have referred to the Medical Practitioners Tribunal. They have advised that there are no restrictions to this doctor's practice pending the Tribunal which is expected to take place in September 2024.

3.6 SAS Advocate

The second SAS away day with a focus on wellbeing went ahead on 1st March 2024. The morning session consisted of a session about identifying our Core Values and how re-centring our work and personal life around these values can enhance our wellbeing. It was led by a Future Leaders Fellow and was a useful and enlightening session. The afternoon consisted of a challenge-style activity which offered a fun opportunity for team building. We are awaiting formal feedback from the attendees.

There are regular meetings with the SAS development group (Peter Niblock, SAS Tutor; Julie Robinson, Professional Lead for Psychiatry; Vickie Lovett, Head of Medical Development and Operations and Nadadhur Dasararthi, SAS representative). Current key areas of work include:

- Input into creation of a job description for a Specialist role in the CREST team- this will be the first role specifically created for this grade in the Trust – the job description will shortly be submitted to the Royal College of Psychiatrists for approval prior to advertising. It is hoped that once a specialist is appointed that this could provide the impetus for the Trust to establish these roles more widely. We are also aiming to create a policy for re-introduction of progression through moving from Specialty doctor to Specialist status for those SAS doctors who meet the required criteria and where a service need is established.
- Working toward introduction of a Trust pathway to support Specialty doctors to attain AC approval and CESR – a bid made to secure funding for the project was successful and the next stage is to appoint a CESR tutor once the policy is ratified by HR. Initially 2-3 SAS doctors will be asked to apply to the program and thereafter regular evaluation of impact will be ensured.
- Ensuring compliance with the BMA SAS Charter: checks to be completed again soon once new Charter is released.
- Planning in process to improve the mentoring offer to SAS doctors in LYPFT including recruitment and training of more SAS doctors as peer-mentors- in initial planning phase.

4 CLINICAL LEADERSHIP AND QUALITY OF CARE

Clinical Leadership and Clinical Lead Development:

Two Clinical Lead Development sessions have taken place since the previous report. The first of these two sessions took place on the 23rd of November 2023. The focus of this session was, through a range of

workshop activities and group discussions, to develop a shared understanding of the role and primary task of the Clinical Lead within LYPFT.

Feedback from participants indicated that the event provided a valuable opportunity for Clinical Leads to work together and that this helped to foster a growing sense of a clinical leadership community and commitment to development.

The second session took place on the 8th of February 2024. Using the work carried out within the previous session, this event focussed on refining the primary task statement, exploring how the primary tasks are carried out by Clinical Leaders within service lines and within the Clinical Lead Community, and to use this information to begin to set priorities for future work.

Central to the work of both sessions was the Trust's Quality Strategic plan (QSP). The QSP was formally presented within the event and a copy of the Board ratified plan was shared with all the Clinical Leads. The activities of both workshop sessions referenced the QSP and group-based exercises encouraged Clinical Leads to explore their role in implementing the plan within their service lines.

Work continues to strengthen the Clinical Lead community. Two Clinical Lead Co-production Cafés have been planned for March. The first co-production event will focus on developing terms of reference for the monthly Clinical Lead Support Forum. Through this work it is hoped that the function and purpose of the forum will be clarified, and that discussions will identify improvement ideas that will ensure that the forum space continues to have meaning and purpose to the Clinical Lead community. The second, planned co-production café event will focus on developing a Clinical Lead Induction Pack aimed at supporting newly recruited Clinical Leads at the start of their journey in the role.

A further co-production café is being planned for April. The focus of this event will be on developing a Trust wide Clinical Lead communication plan. The aim of this work is to co-design a plan for improving Trust Wide communication and engagement with Clinical Leads and the work of the clinical lead community. It is hoped that this work will support partnership working, provide a shared understanding of the Clinical Leads role, increase awareness of the work that the Clinical Leads community are involved in, and inspire others to consider their own clinical leadership career journey.

Work is currently being undertaken to pilot an Innovation Clinic within the National Deaf CAMHS service. The purpose of the Innovation Clinic is to encourage and support creativity and innovation at a service level which is aimed at improving service user experience and service user health outcomes. Following evaluation, learning from the pilot will be shared with the Clinical Lead community and across the Trust with the hope that Innovation Clinics will be established across service lines.

Work has been completed to document guidelines for how to meaningfully involve people with lived experience as equal partners within the recruitment process for Clinical Leads. These guidelines have been co-designed by people with lived experience, the Patient Experience Team, and Clinical Director. These guidelines have been documented and embedded within the Clinical Leads recruitment process. Final amendments are being made to the Clinical Leads Recruitment Process document. Once completed the work will be taken through the Trust Workforce Governance process for challenge, review, and assurance to enable ratification for use within Trust practice and procedures.

Projects

Clinical Supervision

Responsibility for management and oversight of clinical supervision has been returned to the nursing directorate with Dr Sharon Prince now taking on these responsibilities.

Outcome Measures

Having recently taken on responsibility for outcome measures for LYPFT, the following update:

1. There is a lack of shared understanding of what clinical outcomes measures and patient satisfaction outcomes are. This will be addressed in time.
2. Outcome measures are currently recorded on Care Director. This functionality works well. However, some services hold patient satisfaction outcomes in separate data storage places and thus are not reflected on Care Director, skewing the accuracy of outcome data held.
3. The patient portal, which is anticipated to significantly contribute positively to high numbers of accurate data regarding outcome measures, will be delayed due to changes in provision of Care Director by its supplier, Advance.
4. Discussions are taking place regarding alternative patient portal platforms, such as PCMIS, an platform which has been effectively used by some NHS Talking Therapies Services.
5. A survey has been designed, with support from the Clinical Effectiveness & Knowledge team. The aim is to understand why some services achieve very high numbers of paired outcomes whilst others don't.
6. It has been proposed that current state of outcome measures be reported monthly at the TWCG meeting.
7. A presentation of current state will be made at the TWCG meeting in May/June.

5 MEDICINES SAFETY

The pharmacy service remains in business continuity due to carrying numerous front line and management vacancies as well as sickness absence/ maternity leaves.

Recruitment of GPhC registered staff (Pharmacists and Pharmacy Technicians) continues to prove challenging (and time-consuming), due to a national shortage of registered pharmacy professionals which is unlikely to resolve in the near future.

There are 3 vacancies within the Senior pharmacy team of 7 staff, currently in the process of recruiting to the Chief Technician and Deputy Chief Pharmacist and Medicines Safety Officer posts. Most of the routine Medicines Governance work and any pharmacy service development work remains paused and unlikely to be resumed until the end of the year.

6 CLINICAL INFORMATION MANAGEMENT

Mediviewer. This substantial programme of work is approaching completion. It has made all our paper records for active patients searchable and accessible. Added to this, are the content of our legacy Paris system and recent documents uploaded to Caredirector. This has freed up estate across the Trust and we are evaluating the wider realised benefits.

CareDirector / Advanced. Following notification from Advanced that they will not be renewing our contract to use CareDirector at the end of the contractual term, we are working to understand the impact of this on our work programme. While nothing will change over the short / medium term, we need to ensure that our plans (around patient portal, for example) are still fit for purpose

Review of Forms and Workflows. This work continues at pace and aims to rapidly review forms and workflows within CareDirector to ensure that they are being utilised and are built in the most efficient way. We are piloting a Section 17 leave process and have recently delivered a streamlined process for recording unpredictable activity. It is early days, but so far feedback for these have been positive.

Testing strategy and tool kit. This review of our approach to testing has resulted in a raft of recommendations that we are now turning into an implementation plan. This work will help us test our systems faster and more robustly

Pharmacy systems. We are upgrading the underlying database of drugs (FDB). This will be useful test of our new testing processes and improve the understanding of roles and responsibilities across our teams and the pharmacy team. This will be followed by a significant upgrade of the electronic prescribing product later this year, giving more community functionality.

7 RESEARCH AND DEVELOPMENT

A further seven research studies were opened in the last quarter. This included SCEPRE a randomised, controlled feasibility to support smoking cessation and prevent relapse to tobacco use following a smoke free mental health stay. We continue to recruit well to a range of complex interventional studies we have open and are commonly the top recruiting sites for these studies.

We continue to support students on our hybrid student placement. This gives student nurses the opportunity to learn about research as an integrated part of their clinical placement. This was developed in LYPFT and is now being piloted across 4 sites nationally.

Child Orientated Mental Health Innovation Collaborative (COMIC) part of LYPFT R&D has been commissioned by the National Deaf CamHS service to complete an evaluation of their new 18-25 service. COMIC continue to host master's student from Maastricht University.

We have been selected as a site for a commercial study for Dementia. This is a great achievement and will allow us to broaden the opportunities we can offer service user with Dementia in the Trust. There is still a challenge in getting everything in place for the study when it opens in the Autum. We will need clinic space to accommodate appointments something we currently find difficult to obtain meaning we sometimes have to delay service users starting a study. The stricter requirement of the commercial study means for this study we need to find another solution to this challenge. We have previously explored the option of an NIHR Estates grant but found we didn't fit the requirements. This is a broader risk to the growth of the R&D department.

Dan Romieu, one of our Academic Clinical Fellows (ACF) has been awarded a NIHR PhD Fellowship. This is a huge achievement for Dan and demonstrate the continued success of the ACF programme. Dan is the second trainee to be awarded.

The latest edition of Innovation was released in January.

8 IMPROVEMENT AND KNOWLEDGE SERVICE

Team – Capacity

The clinical audit projects are supported by 2 facilitators with help of the Senior Improvement Manager (responsible mainly for Corporate local projects and National Audits). The team is already working at full capacity and if one member of the team were to be off for a long period of time, we would not be able to maintain the level of support that is provided to the project leads. There are processes in place within the

team to ensure continuity on the way projects and requests are supported and prioritised. However, this means that other pieces of work non-related specifically to clinical audit must be put on hold.

At the end of January 2024, we have managed to recruit someone for the new role of Senior Clinical Effectiveness and Improvement Facilitator (band 6 - subject to banding panel). This new post will help to support the Senior Improvement Manager, be responsible of the NICE process within the Trust and managing the Clinical Effectiveness Team (starting date agreed was the 1st March). Whilst this role becomes established there continues to only be one staff member (Senior Improvement Manager) responsible to co-ordinate compliance with NICE guidance across the Trust. This is a serious risk as no-one in the Trust has knowledge and expertise on how to support the NICE process across services and how to monitor and report activities on completion of baseline assessment. This is included in the Trust risk register.

The Library & Knowledge Services team is working at full capacity. The team is preparing for one Librarian to commence maternity leave in the next few weeks. The Library and Knowledge Services Manager can support staff to undertake other tasks when the team is experiencing staff absence. The team is utilising an extension to literature search due dates from 15 working days to 20 working days where appropriate, and with communication with requestors. Additionally, the team is part of a larger system across Leeds's health libraries; support can be provided by other library services within the partnership during periods of high pressure. This support is reciprocal across the Leeds Libraries for Health.

The Improvement team were joined by our third Improvement Lead, Liz Melsom, in February, bringing us back to full capacity (excluding Sarah who will return from maternity leave in April). The team also met this month to agree an updated action plan to continue progression of our development plans and team standard processes. This will give us a clearer picture of our capacity and ability to manage demand. Along with the development of link roles into services we anticipate that this will enable us to support service lines to strategically align improvement opportunities, focusing on the projects that would benefit most from our support and building capacity within teams. We are currently able to support all incoming requests, but as new opportunities arise or priorities appear, such as inpatient flow/out of area placements, we will be able to better support services to priorities their improvement opportunities effectively without over-stretching our team or the services capacity.

Team Compliments
The below table shows list of compliments received by the team in January 2024.

Date	Type of project	By	Email
07/02/2024	Clinical Audit	Caitlin Collins	This is great, thanks so much for sending this across. Thank you for your support
08/02/2024	Clinical Audit	Dr Ben Alderson, Clinical Lead	All looks good to me. You have done so much work on this Fab, I hope everyone has recognised that. I want to personally say "thank you" for all your work on this, I believe it will really help OPS develop better quality , more meaningful, person-centred care plan
08/02/2024	Clinical Audit	Abby Boden, Head of Governance	Thank you for sharing and all your hard work with pulling this together
08/02/2024	Clinical Audit	Jennifer Beiley, Clinical Lead	Thank you for you for pulling this piece of work together
14/02/2024	Others	Louise York, Practitioner Nurse	You are amazing thank you!

23/02/2024	NICE	Caroline Dale, LD Support Service Secretary	Fab by name Fab by nature. That's amazing. Thank you so much.
07/02/2024	Library and Knowledge Services	Grace Chugg, Advanced Speech and Language Therapist	Thank you! I appreciate the effort – no worries if it is not possible.
08/02/2024	Library and Knowledge Services	Pamela Turpin, Research Fellow Research & Development	Just realised I didn't say thank you. Thanks Life saver
13/02/2024	Library and Knowledge Services	Laura Drage, Leeds Autism Diagnostic Service (LADS)	Thank you for so quickly responding to my last email request for an article.
13/02/2024	Library and Knowledge Services	Louise Bergin, Consultant Clinical Psychologist and OPS Psychology & Therapy Lead	Thank you very much. Super helpful as always!
21/02/2024	Library and Knowledge Services	Katie Splevins, Principal Clinical Psychologist	Wow! That was quick. Thank you
27/02/2024	Library and Knowledge Services	Errol Murray, Perinatal Partners Peer Supporter	The service that I have received from the library staff and her colleagues in the Mental Health Library has been outstanding. The team is always engaged and supportive, they are ready to seek out materials for me, and even to order books for our library is once borrowed from elsewhere is needed on a more permanent basis. Facilities are really well maintained, and with refreshments available in the library it makes work easier to avoid start/stop practices. I am always greeted with a smile and feel welcomed into the environment.
02/02/2024	Improvement Team	Steve Taylor, Digital Change	"I never thought about that take on process mapping, so I'm absolutely stealing that, thank you so much".
06/02/2024	Improvement Team	Zoe Gazard, Principal Clinical Psychologist	"I just wanted to say thanks so much for yesterday's team development session, its generated quite a few conversations about things in the service that we appreciate and want to potentially change/improve. Thank you for your time yesterday and with the write up as well"
19/02/2024	Improvement Team	Nick Mant, HoOps CYPS	I am sure I have missed some opportunities where support would have been great, and having done some work with Rebecca I can say she is a real asset!

28/02/2024	Improvement Team	Andrea Cain, CTM Gambling	Your support with our service is really valued & it will help us to continue to strive towards improving delivery whilst maintaining high standards. I found the work you did with us to be very interesting & stimulating & I'm excited to learn more about how these approaches can be further embedded into my role to support the service.
28/02/2024	Improvement Team	Amanda Naylor, Service Manager OpCourage & Forward Leeds	I just wanted to let you know what a fantastic support Rebecca has been with both the Forward Leeds and OpCourage Annual Quality reports – her assistance and guidance has been invaluable – thank you!

Team Projects
The below table summarises the number of projects by service lines:

Service Line	Clinical Audit	Improvement
Adult Acute	12	6
Children & Young People	9	2
Community & Wellbeing	10	5
Corporate & Other	14	4
Eating Disorders, R&R and Gender	1	4
Forensics	4	0
Learning Disabilities	2	2
Liaison & Perinatal	4	3
Older People Services	12	8
Regional & Specialist	5	0

Improvement and Knowledge Newsletter
Our Improvement and Knowledge Service Newsletter continues to provide updates on our latest projects on our latest projects, new support requests received and even national projects. We share updates on our processes and approaches, feedback received from those involved in improvement and audit projects and updates from our Library and Knowledge team.

Read our latest newsletter here:

http://staffnet2/supportservices/ContinuousImprovement/Pages/Improvement%20and%20Knowledge%20Newsletters.aspx
or you can select to read one of the previous issues.

9 MENTAL HEALTH LEGISLATION COMPLIANCE

Training

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. We have increased our provision of training and have removed the cap in the number of staff attending online sessions. Although this requires more staff from the legislation team to facilitate the sessions, it enables greater flexibility for clinical staff to attend the training at a time that suits them. Additionally, we have recommenced face to face sessions for initial MHA and MCA training to ensure staff are provided with every opportunity to attend sessions.

Requirement	Number compliant	Number non-compliant	Total Headcount	Compliance status
Mental Capacity Act and DoLS Level 2	962	183	1145	84%
Mental Health Act (Inpatient) Level 2	303	87	390	78%
Mental Health Legislation Awareness Level 1	1452	277	1729	84%
Overall:	**2717**	**547**	**3264**	**83%**

Mental Health Act Managers (MHAMs)

We are committed to ensuring that those carrying out this role reflect the diverse communities of our patient groups and will continue to actively recruit to achieve this. We have recruited 18 new MHAMs over the last quarter, to cover the vacant positions of MHAMs who have reached the end of their tenure with the trust. We provide regular training for MHAMs to ensure that they are equipped for their role and hold a quarterly managers forum which is well attended.
The Employment Appeal Tribunal (EAT) has considered the employment status of MHAMs In *Lancashire and South Cumbria NHS Foundation Trust v Moon.* The EAT upheld the Employment Tribunal's decision on the employment status of a MHAM in an NHS Foundation Trust, finding that the MHAM was engaged by the Trust under 'worker status'. This judgement has significant implications for our Trust and we are working closely with our Human Resource colleagues to explore the actions we need to take.

10 CONCLUSIONS

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

11 RECOMMENDATIONS

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

March 2024

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:	Guardian of Safe Working Quarterly Report Quarter 3: 1st October 2023 to 31st December 2023
DATE OF MEETING:	28 March 2024
PRESENTED BY: (name and title)	Dr Chris Hosker, Medical Director
PREPARED BY: (name and title)	Dr Rebecca Asquith, Guardian of Safe Working House

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.	**x**
SO3	We use our resources to deliver effective and sustainable services.	

EXECUTIVE SUMMARY

The purpose of this report is to give assurance to the board that doctors in training are safely rostered and that their working hours are compliant with the Junior doctors contract 2016 and in accordance with Junior doctors terms and conditions of service (TCS). Key points to note are:

- There have been 12 exception reports and 0 patient safety issues recorded in this period. No fines have been issued. An increase in reporting in Q3 has been from Foundation Doctors. Liaison with LTHT counterparts, as the Lead Employer, is ongoing in this regard.
- Junior Doctors Forum met in October 2023. Junior doctor industrial action has continued during this reporting period, with no related patient safety 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 of Directors are asked:

i. To agree that this reports provides an assurance level for the systems in place to support the working arrangements of the 2016 Contract and TCS for the junior doctors working in the Trust and that they are meeting their objective of maintaining safe services

ii. To provide constructive challenge where improvement could be identified within this system.

MEETING OF THE BOARD OF DIRECTORS

28 March 2024

Guardian of Safe Working Hours Report

Quarter 3 1st October 2023 to 31st December 2023

1 Executive Summary

The purpose of this quarterly report is to give assurance to the board that doctors in training are safely rostered and that their working hours are compliant with the Junior doctors contract 2016 and in accordance with Junior doctors terms and conditions of service (TCS). The report includes the data from 01.10.2023 to 31.12.2023.

2 Quarter 3 Overview

Vacancies		As in previous reports, and continuing from August 2023, there are 39 Core trainees and 2 NIHR posts. A number of 'FY3s' were recruited from August 2023 to fill Doctors in Training and service gaps.					
		As of August 2023 there are 31 established higher training posts, plus one psychotherapy post borrowed from Forensics. There is one vacancy in Intellectual Disability.					
Rota Gaps		October		November		December	
		CT	HT	CT	HT	CT	HT
	Gaps	19	6	31	7	11	9
	Internal Cover	19	6	29	7	10	9
	Agency cover	0	0	0	0	0	0
	Unfilled	0	0	2	0	1	0
Fill Rate		100%	100%	93.5%	100%	91%	100%
Reasons for Rota Gaps		Reasons for rota gaps include sickness, vacant shifts (through recruitment gaps), other unplanned leave, statutory leave, Less Than Full Time working, and being off rota. Figures do not include numbers for those taking part					

	in Industrial Action (IA) as consultant cover was arranged to maintain the Out of Hours Rota during these times.
Exception reports (ER)	12 exception reports have been submitted in this reporting period. This is a significantly larger number than usually experienced and is related to the submission of 11 ERs by FY2s placed at The Mount. FYs are expected to report via the LTHT GOSWs, as their lead employer, however these ERs have been discussed within LYPFT to ensure appropriate action ensues. The submissions relate to missed educational opportunities a result of lower than usual junior medical cover at The Mount. No patient safety concerns were evident in the ERs. No breaches were identified that require action by GOSW. However, it has become apparent that the Work Schedules issued to Foundation Doctors by LTHT are not adequate for this placement and does not permit the ability to conduct a work schedule review if needed. This has been escalated to the Foundation Programme Lead, Dr Jamie Richardson, who has been liaising with LTHT counterparts and GOSW to arrange a review of the Work Schedules for foundation doctors as a matter of urgency. The remaining ER was submitted by a CT in relation to working one hour over the shift duration due to the clocks changing. This was resolved by TOIL / payment for the affected doctors whilst an agreement was concluded with the Junior Doctors Committee and Higher Training Committee via the Junior Doctors Forum. This agreed that, moving forwards, payment or TOIL would not be offered.
Fines	None
Patient Safety Issues	None
Junior Doctor Forum (JDF)	The meeting held in the Q3 reporting period took place on 27th October 2023. • There were 3 exception reports (as noted in the Q2 report) discussed. None of these related to patient safety incidents. The CT's were satisfied with the agreed resolutions. • Pay issues affecting HTs, arising from increased numbers on the rota impacting overall pay and a delay in this being represented on the Work Schedules, had been rectified by MEC

	• Following BMA ballot of junior doctors, periods of Industrial Action (IA) have taken place. No ER's relate to planned industrial action. • Discussions continue with Less Than Full Time (LTFT) trainees about allocation of on call shifts on non-working days. A further JDF meeting was held outside of this reporting period, on 19th January 2024, and will be included in the Q4 report.

3 Conclusion

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

4 Recommendations

The Board of Directors are asked:

i. To agree that this reports provides an assurance level for the systems in place to support the working arrangements of the 2016 TCS for the junior doctors are working in the Trust and that they are meeting their objective of maintaining safe services

ii. To provide constructive challenge where improvement could be identified within this system

Dr Rebecca Asquith
GMC 7151560
Guardian of Safe Working Hours

Chair's Report

AGENDA ITEM

18

Name of the meeting being reported on:	Mental Health Legislation Committee
Date your meeting took place:	Tuesday 6 February 2024
Name of meeting reporting to:	Board of Directors (28 March 2024)

Key discussion points and matters to be escalated:

Issues to which the Board needs to be alerted:

- The Committee discussed a legal precedent established based on a case at a neighbouring Trust which had determined that Mental Health Act assessments or renewals and Community Treatment Order extensions which had been based on remote assessments were unlawful. The Committee noted that this had impacted a small number of service users at the Trust, and that the Trust was in the process of conducting a Duty of Candour process to address the impacted service users.

Issues to advise the Board on:

- The Committee noted that a solution for recording the outcomes of Menal Health Legislation Tribunal Hearing outcomes had been developed with the Digital Change Team. This would enable patient demographic data such as ethnicity, and outcome of the hearing to be recorded and compiled in the Mental Health Legislation Activity reports received by the Committee going forward.

- The Committee heard that a working group had been established to monitor any issues which may emerge from the implementation of the "Right Care, Right Person" operational model employed by local police forces.

- The Committee discussed the new Provider Selection Regime. It noted that this process had the potential to make it easier for existing health providers to be re-awarded contracts to continue the provision of their services, and that this had the potential for less innovation to emerge from this sector, in particular, from an equality of health outcome perspective. The Committee agreed to monitor this developing area.

- The Committee discussed the overrepresentation of BME Groups in the Community Treatment Order patient population. It noted that work was being conducted by the

Integrated Care Board to examine data for diverging health outcomes which may lead to the introduction of preventative health strategies. The Committee discussed innovative work being conducted in this area elsewhere in the country, such as the use of assertive outreach teams to introduce community-based interventions for a small number of service users who had previously been detained repeatedly under the Mental Health Act.

- The Committee received the Representation at Mental Health Act Managers Hearings report and noted that no Independent Mental Health Advocate (IMHA) had attended a Hearing in Quarter 2 2023. It noted that improvements in recording service user's preferences on whether they wanted an IMHA to attend their hearing had been made, and that this area would be reassessed based on the data available for Quarter 1 2024 to more accurately determine whether the lack of IMHA attendance at Hearings was due to service user preferences, or other factors.

Things on which the Board is to be assured:

- The Committee received the Mental Health Legislation Activity Report for Quarter 2 2023/24 and was assured that the plans in place were sufficient to ensure ongoing compliance with all mental health legislation.

- The Committee was reassured that service users had access to IMHA support in other in-patient settings, including pre and post Mental Health Act Managers Hearings. It was also assured that this area was being actively investigated by the Trust.

- The Committee received an update on the progress and development of the Draft Internal Audit Plan 2024/25. It was agreed that the Committee would collaborate with the internal audit team to better define the scope and overall objectives of audits relevant to the Committee's business.

- The Committee heard that Ward 3 at The Mount had received an inspection from the Care Quality Commission as part of a Mental Health Act review and that the outcomes of this inspection were very positive, in particular, positive feedback received from service users and their families. The Committee commended colleagues for their hard-work and commitment to achieve this outcome.

Items to be referred to other Board sub-committees:

- The Committee received the Restrictive Interventions Annual Report 2022-23 which had previously been received by the Quality Committee for assurance at its 16 November 2023 meeting. It was agreed that this report would now additionally be received for assurance by the Mental Health Legislation Committee as part of its regular cycle of business. It was agreed that additional work would be conducted by the Chair of the Mental Health Legislation Committee and the Chair of the Quality Committee to determine which aspects of the report fell under each different Committee's purview to ensure that each Committee could be assured by the contents of the report without duplicating work across the two Committees.

Report completed by:	Kaneez Khan – March 2024

Chair's Report

AGENDA ITEM

19

Name of the meeting being reported on:	Workforce Committee
Date your meeting took place:	15 February 2024
Name of meeting reporting to:	Board of Directors – 28 March 2024

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 received the Wellbeing Guardian Report and an update on the outcomes from the 2023 Staff Survey questions that asked staff whether they had been the target of unwanted behaviour of a sexual nature in the workplace from service users, members of the public or colleagues. It noted that the figures were higher for bank staff than substantive staff and suggested that there was more work to do regarding the health and wellbeing offer for bank staff.

Things on which the Board is to be assured:

- The Committee received the Workforce Performance Report. It was pleased to see an improved position in relation to nursing vacancies, appraisals and clinical supervision and recognised the efforts that had gone into making these improvements.

- The Committee reviewed strategic risk three on the Board Assurance Framework so that it could be mindful of its responsibility to assure that the risk was being adequately controlled through the course of the meeting.

- The Committee reviewed a paper which summarised the work undertaken to ensure the Trust provides high quality learning environments for all learners across the organisation. It was assured that the Trust had robust mechanisms in place to support all learners and educators in the Trust and assure the quality of its clinical learning environments.

• The Committee reviewed the Draft Strategic Internal Audit Plan 2024/25 and was assured that it addressed the appropriate risk areas.	
Items to be referred to other Board sub-committees: • No items to be referred to other Board sub-committees.	
Report completed by:	Zoe Burns-Shore February 2024

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
20

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Report from Director of People and Organisational Development
DATE OF MEETING:	28 March 2024
PRESENTED BY: (name and title)	Darren Skinner (Director of People and Organisational Development)
PREPARED BY: (name and title)	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

The purpose of this report is to provide the Board with an overview of the key workforce data and demographics linked to Our People Plan and to highlight the plans in place to support performance in the context of Our People Plan.

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
	N/A	

RECOMMENDATION

The Board is asked to note the contents of this report

Leeds and York Partnership
NHS Foundation Trust

MEETING OF THE BOARD OF DIRECTORS

28 March 2024

Report from the
Director of People and Organisational Development

Introduction

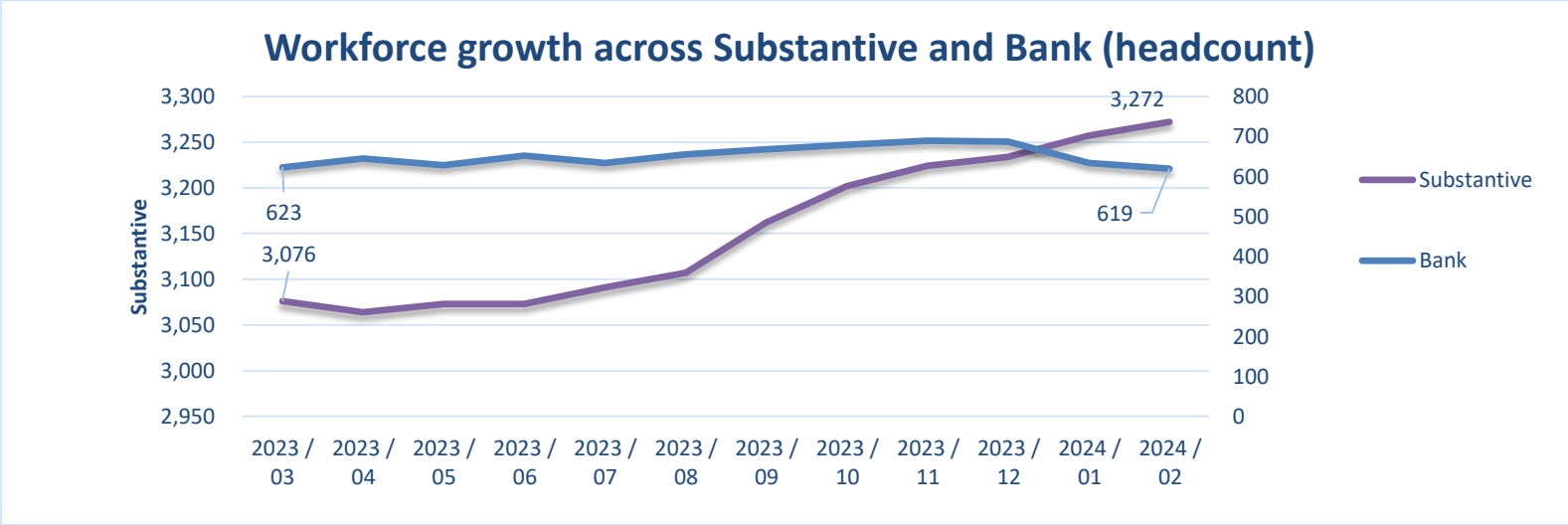
The purpose of this report is to provide the Board with an overview of the key workforce data and demographics linked to Our People Plan and to highlight the plans in place to support performance in the context of Our People Plan.

The summary of key points highlighted in this report are:

- The age and ethnicity profile of our workforce is representative of the local population and our service users.
- The Trust sickness absence rate is currently at 6.04%, and this is an increase of 0.04% for the same period 12 months ago.
- The rolling 12-month sickness absence rate as at February 2024 is 6.04% and has the second highest sickness rates in the region using benchmark data.
- The top five reasons for sickness absence over the last 12 months account for over 74% of all sickness withing the organisation.
- Personal Development Review (PDR) compliance has remained at 86% (above 85% target)
- Clinical Supervision compliance continues to increase and is at a year-end high of 75%
- Compulsory Training compliance has been stable over the year with an average of 85% compliance.

1.1 - Our People

1.2 - Our People Growth: 23/24



	Staff in Post Q4		
Staff Group	**Substantive (hc)**	**Substantive (fte)**	**Bank**
Add Prof Scientific and Technic	262	227.77	12
Additional Clinical Services	891	805.65	413
Administrative and Clerical	813	739.03	64
Allied Health Professionals	199	179.62	6
Estates and Ancillary	62	53.53	0
Medical and Dental	206	194.56	27
Nursing and Midwifery Registered	838	783.94	90
Students	11	10.47	2
Grand Total	**3,282.00**	**2,994.56**	**677**

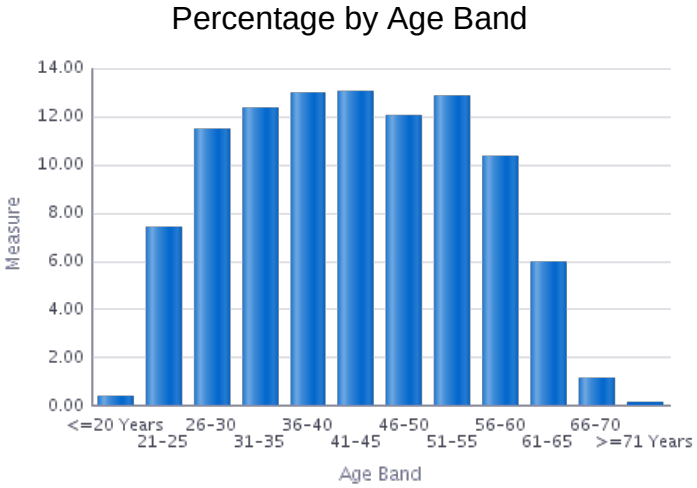
Our people ambitions
Growing for the future

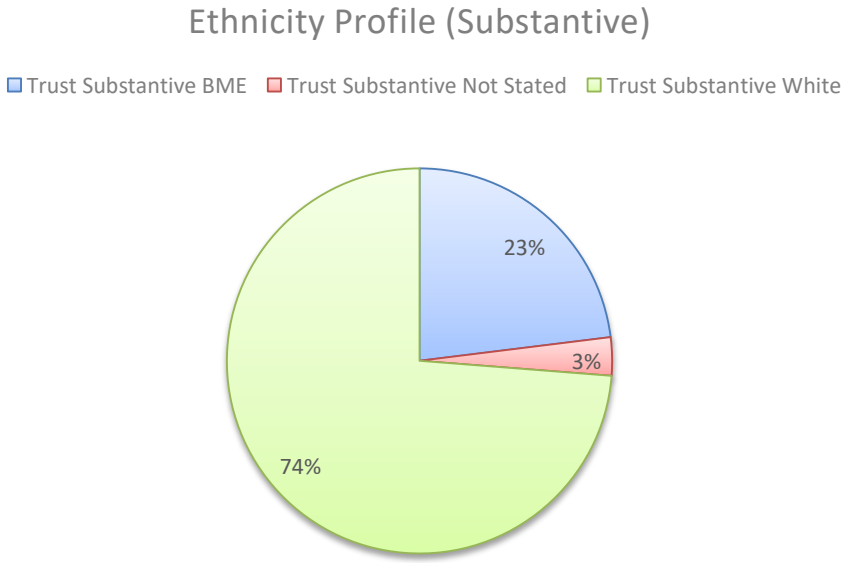
Commitment: Deliver effective workforce planning processes which focus on recruitment and retention, new roles, skills mixing and future supply pathways to ensure a fit for purpose workforce for now and the future.

- The substantive workforce has grown by 196 people in the fiscal year 23/24 whilst the Bank workforce has remained static.
- In the final quarter of the year the Trust headcount has increased by 38.
- The distribution of the workforce across the staff groups is shown on the left and the Bank numbers recruited to each staff group represents the distribution of the workforce.

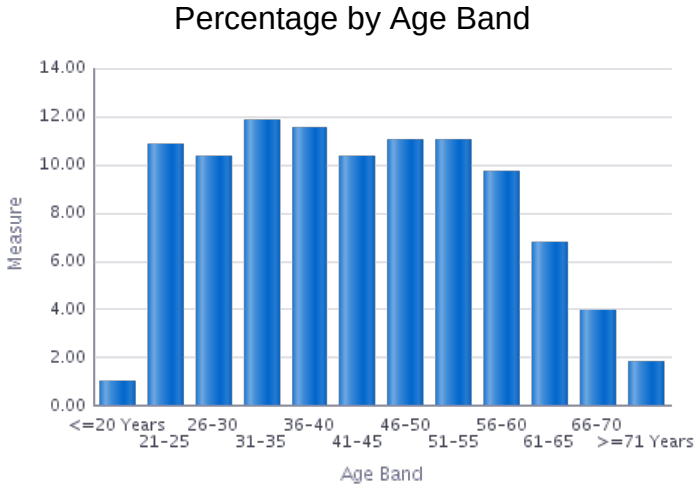
1.2 Our People Profile

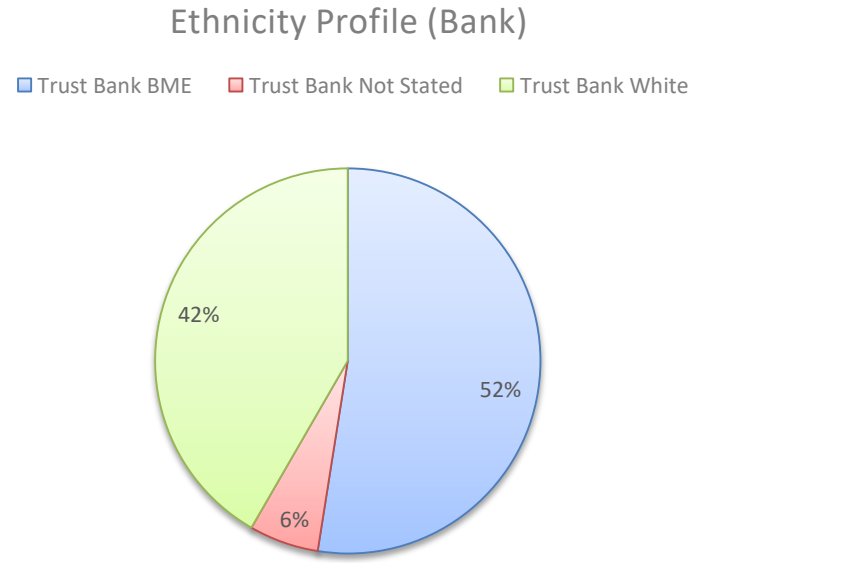
Our People – Substantive

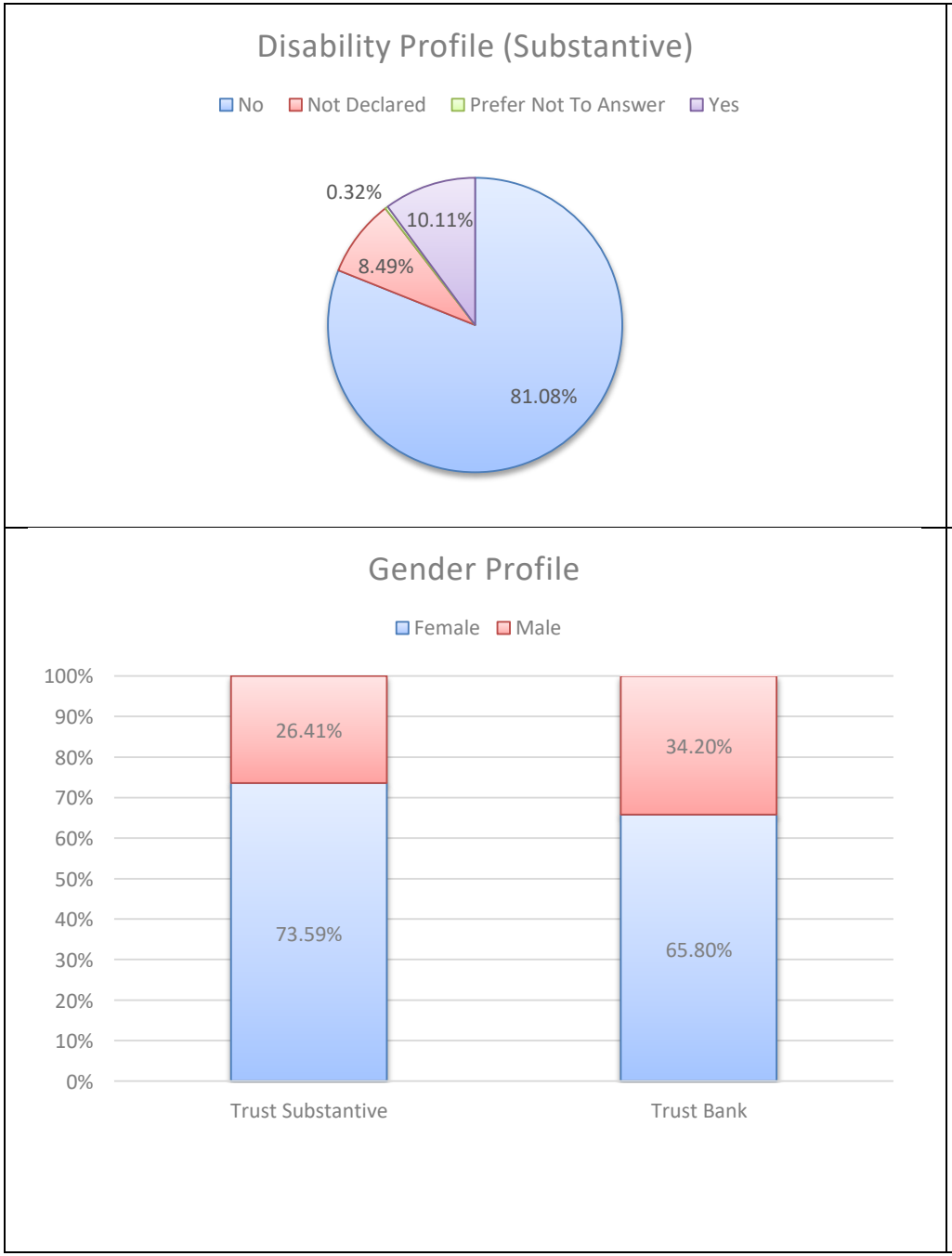


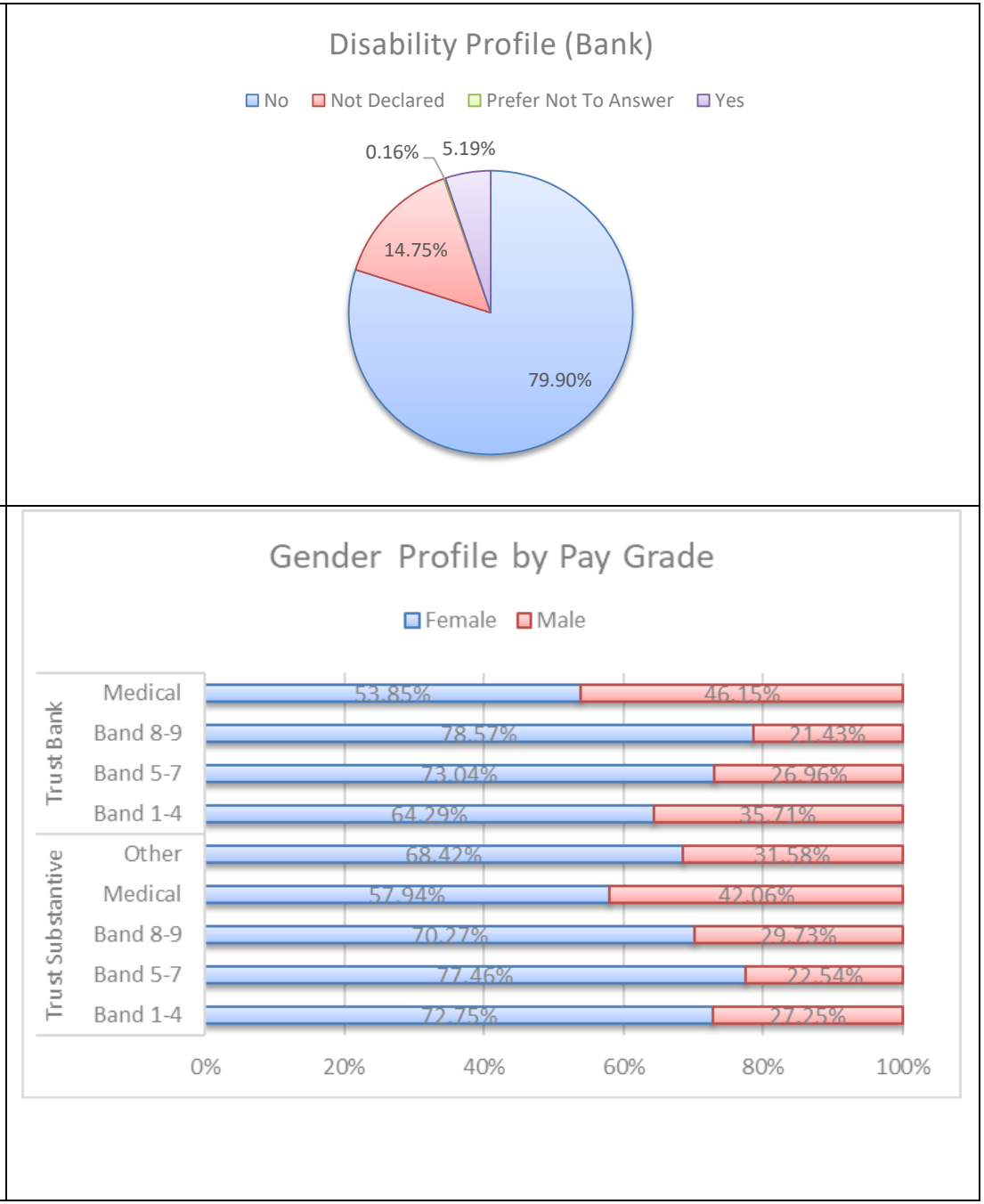


Our People - Bank





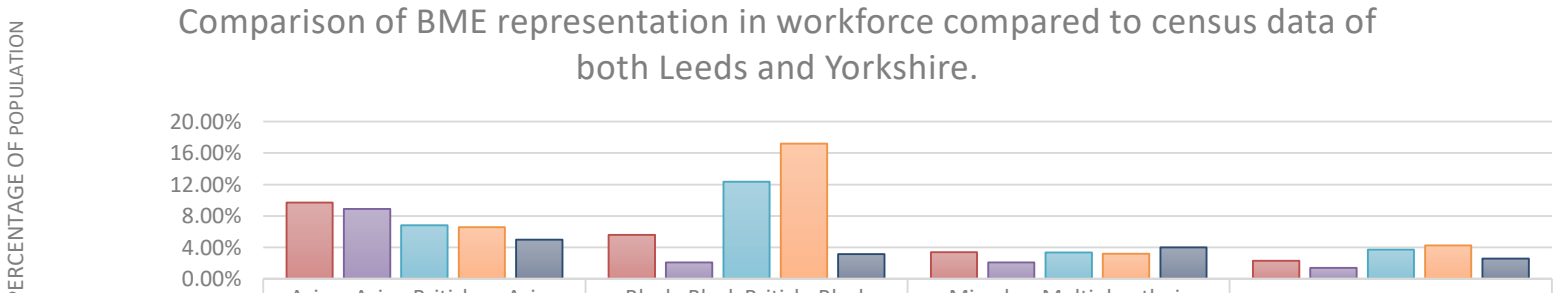

Disability Profile (Substantive)
No
Not Declared
Prefer Not To Answer
Yes
0.32%
10.11%
8.49%
81.08%


Disability Profile (Bank)
No
Not Declared
Prefer Not To Answer
Yes
0.16%
5.19%
14.75%
79.90%

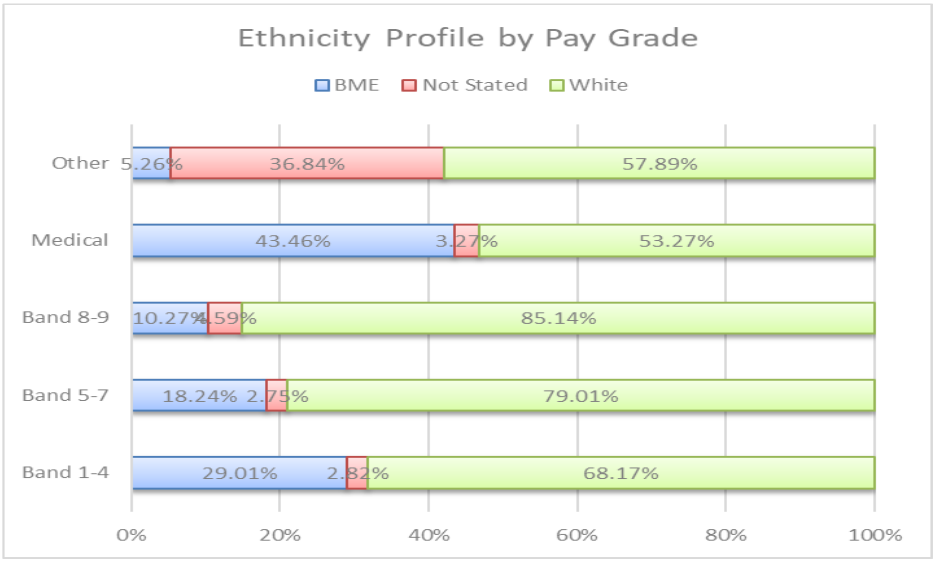
Gender Profile
Female
Male
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
26.41%
73.59%
34.20%
65.80%
Trust Substantive
Trust Bank

Gender Profile by Pay Grade
Female
Male
Trust Bank
Medical
Band 8-9
Band 5-7
Band 1-4
Trust Substantive
Other
Medical
Band 8-9
Band 5-7
Band 1-4
53.85%
46.15%
78.57%
21.43%
73.04%
26.96%
64.29%
35.71%
68.42%
31.58%
57.94%
42.06%
70.27%
29.73%
77.46%
22.54%
72.75%
27.25%
0%
20%
40%
60%
80%
100%

1.3 Our People Representation



	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic groups
2021 Leeds Census	9.70%	5.60%	3.40%	2.30%
2021 Y&H census	8.90%	2.10%	2.10%	1.40%
LYPFT 2024	6.82%	12.34%	3.35%	3.73%
LYPFT (+Bank)	6.57%	17.16%	3.21%	4.23%
Patient Demographic	4.96%	3.16%	4.00%	2.57%



Our people ambitions
Belonging in the NHS

Commitment: Improve the experience of those people with a protected characteristic as identified by the Equality Act

To implement the NHS EDI Improvement plan with the following six high impact areas:

Action 1: Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

Action 2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

Action 3: Develop and implement an improvement plan to eliminate pay gaps. Implement "Mend the Gap" review for medical staff and effective flexible working options. Analyse data to understand pay gaps by protected characteristics and develop an improvement plan.

Action 4: Develop and implement an improvement plan to address health inequalities within the workforce.

Key Points

- The age and ethnicity profile of our workforce is broadly representative of the local population even when considered against the patient ethnicity profile which reflects the impacts of health inequality of the broader Leeds and York census population.

Ethnicity:

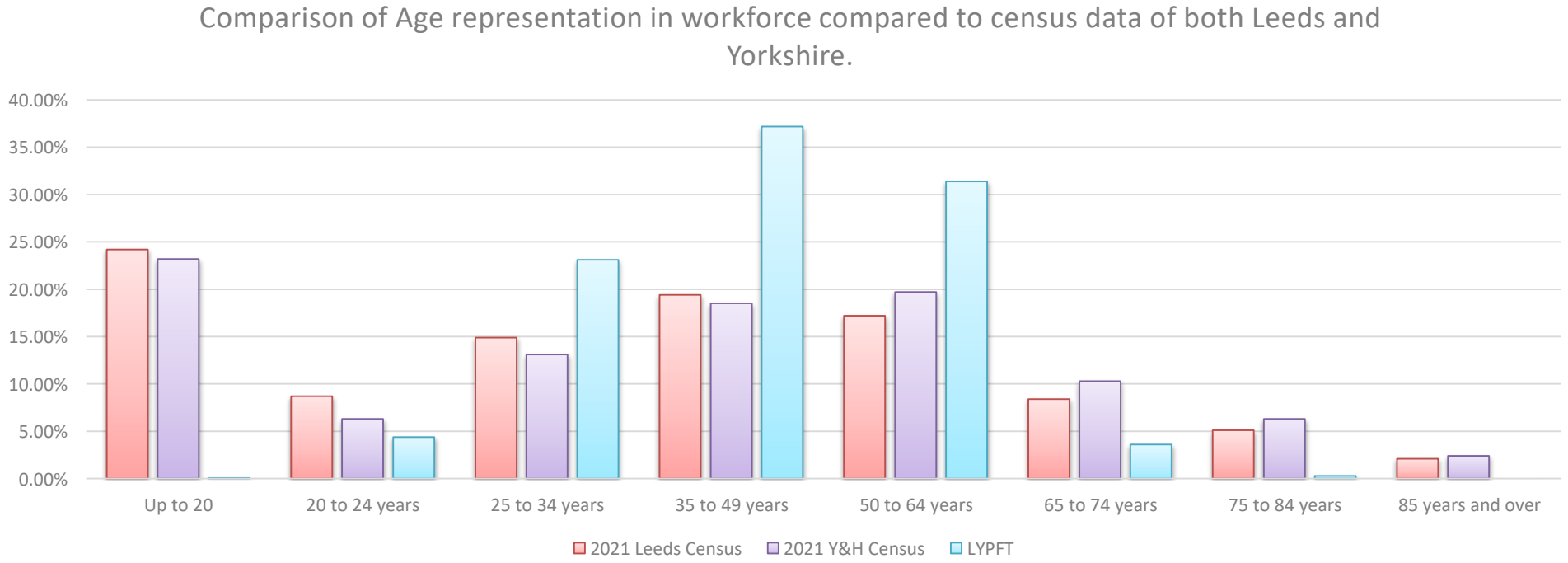
- The Trust Asian representation is circa 3% lower than the ONS data for the city and 2% lower than the region.

Age:

- The Trust has a high proportion of employees who are aged between 35 and 64 (approximately 60%) and is under-represented in the lower age banding.

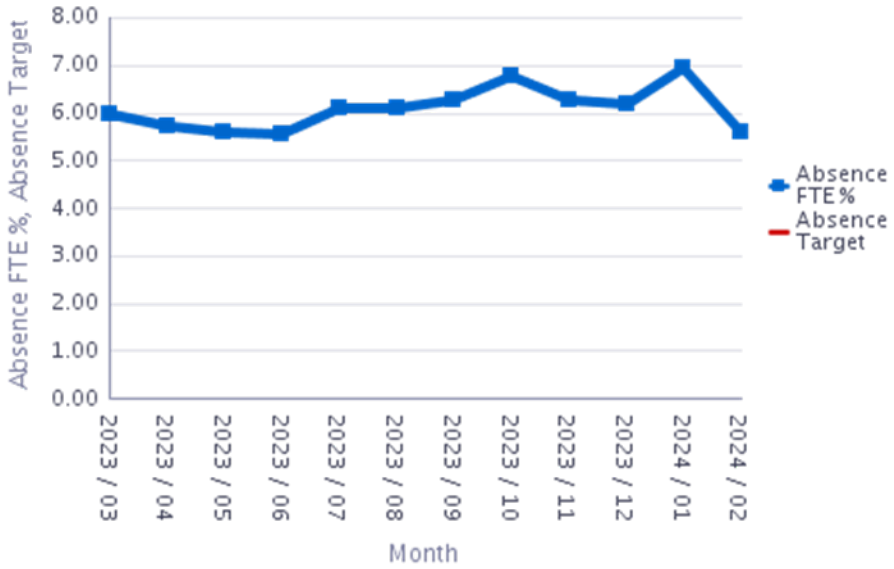
Action 5: Implement a comprehensive induction, onboarding, and development programme for internationally recruited staff. - onboarding, development opportunities

Action 6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur. Review data by protected characteristic and set reduction targets. Review disciplinary and employee relations processes - for inconsistency and develop improvement plan. Ensure polices and processes for domestic abuse and sexual safety and support available.



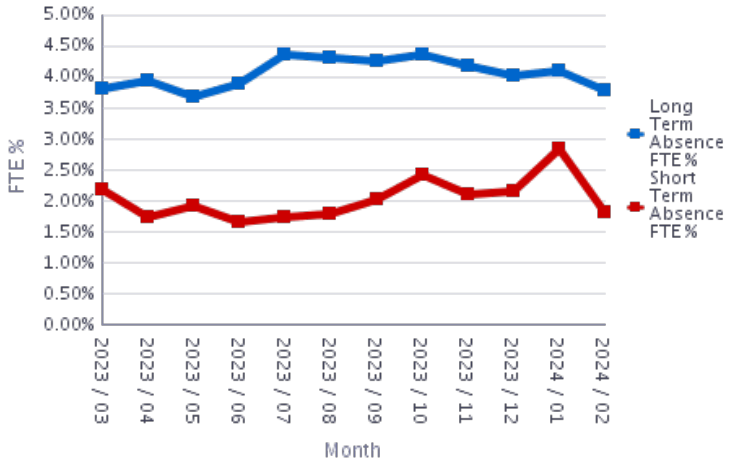
1.4 Our People – Absence

Absence FTE %	Absence Days	Absence FTE	Available FTE
6.11%	72,169	64,059.49	1,048,761.66

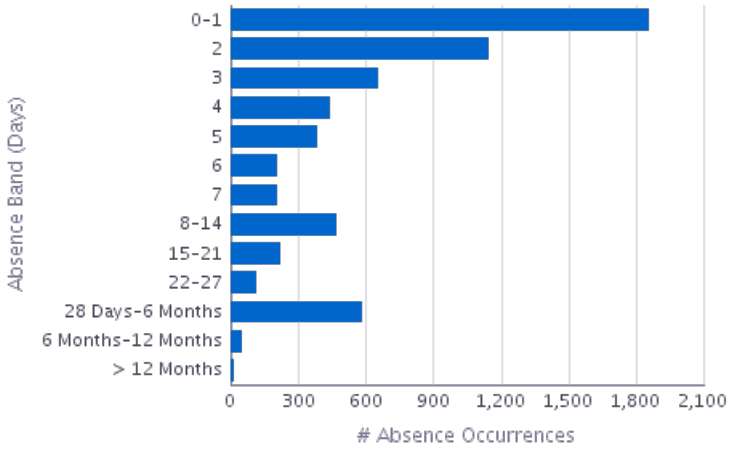


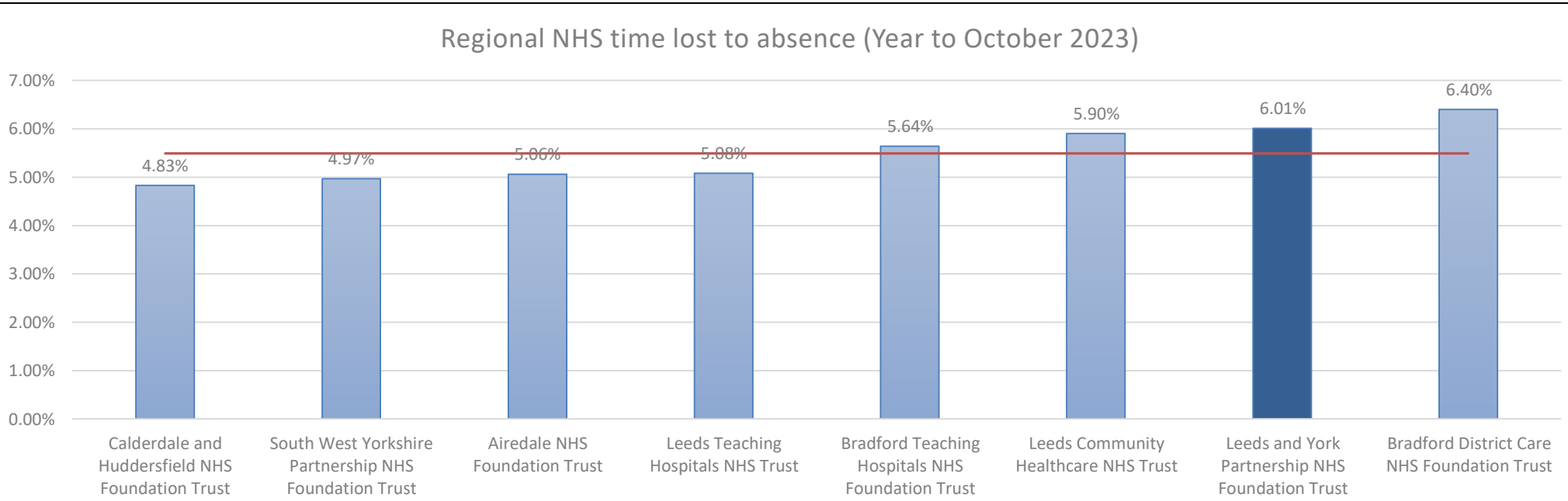
Service Level	Absence Occurrences	LT Absence Occurrences	ST Absence Occurrences
Adult Acute Services	1,090	107	983
Corporate Services	904	122	782
Older Peoples Services	730	90	640
Learning Disability Services	733	95	638
Forensic Services	608	73	535
Eating Disorders and Rehabilitation and Gender Services	561	75	486
Children and Young People's Services	509	54	455
Liaison and Perinatal Services	467	44	423
Community and Wellbeing Services	441	71	370
Regional and Specialist Services	224	20	204
Care Services Other	42	5	37
Northern School of C & A Psychotherapy	26	7	19
Junior Doctors Primary Care Trust	4	0	4
WY MHLDA Programme Team	4	0	4
Chief Operating Officer	2	0	2
Grand Total	**6,345**	**763**	**5582**

Absence Long-Short Term



Absence by length





Our people ambitions
Looking after our people

Ensure our people have equal access to and use a full range of well-being support – physical, psychological, financial, and social.

- Continue to develop the Wellbeing and Attendance Policy to reflect a person-centred approach to enabling work. This includes reviewing the wellbeing pathway documents e.g., Anxiety, Stress and Depression and developing the absence improvement group with a focus on wellbeing.

- Evaluate the current Wellbeing and Attendance Policy, to include any forthcoming changes to employment law and best

Key Points

- The Trust sickness absence rate for this period is 6.04**%** This is an **increase** from 6% at the same period last year.

- The rolling 12-month sickness absence rate is 6.04% (Feb 24) and the Trust remains one of the top 2 Trust in the region with the highest sickness rates.

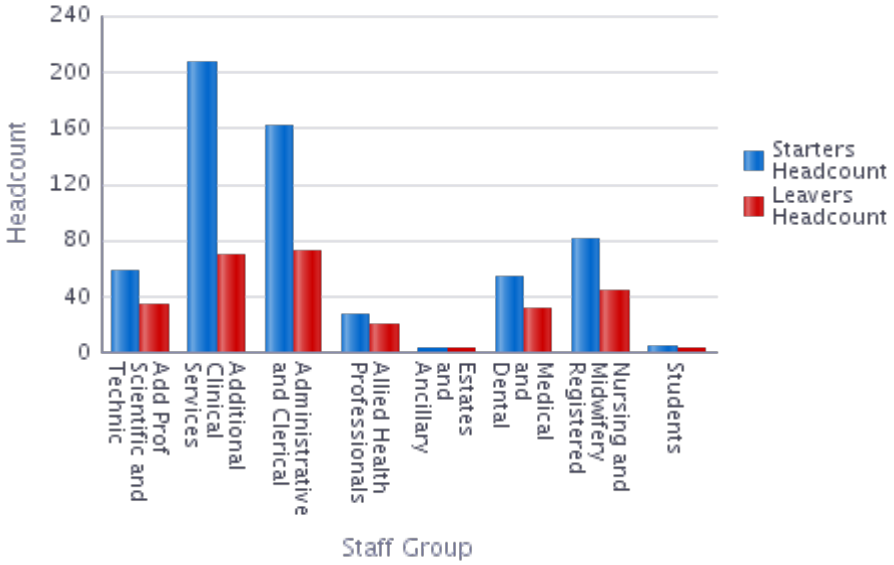
- The **top five reasons** for sickness absence over the last 12 months account for over 74**% of all sickness** within the Trust.

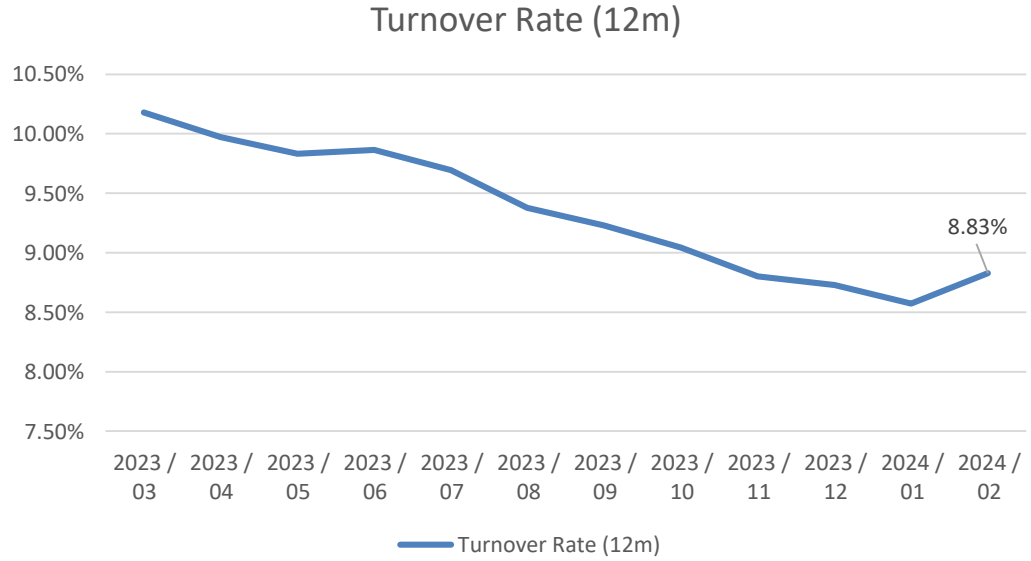
Absence Reason	Headcount	Abs Occurrences	Abs Days	%
S10 Anxiety/stress/depression/other psychiatric illnesses	595	833	26,510	36.5
S13 Cold, Cough, Flu - Influenza	1226	1,664	7,120	9.8
S12 Other musculoskeletal problems	250	328	6,060	8.3
S25 Gastrointestinal problems	790	1,040	6,049	8.3
S27 Infectious diseases	449	493	4,678	6.4
S15 Chest & respiratory problems	272	310	3,580	4.9

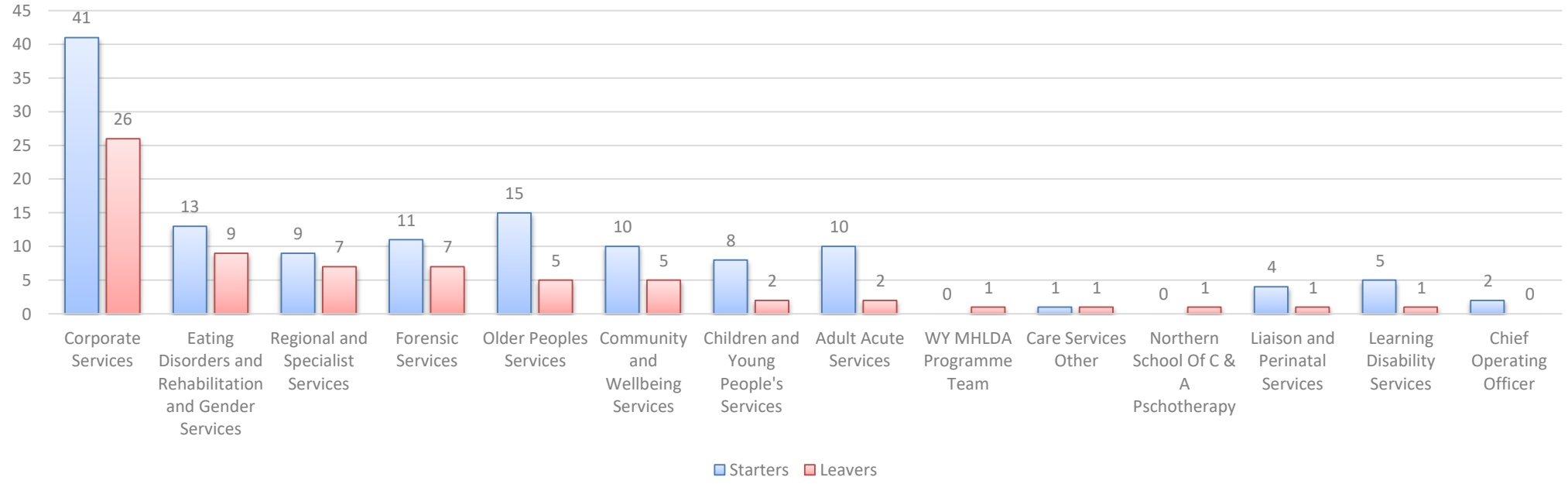
practice and further embed a holistic, people-centred approach to wellbeing.

- Update Wellbeing Toolkit and training for managers to reflect any changes.

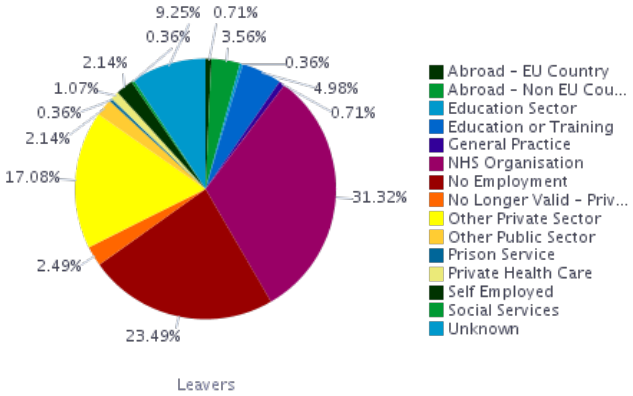
1.5 Our People – Retention



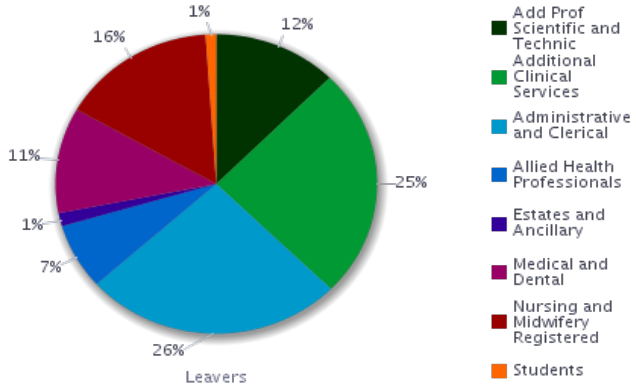




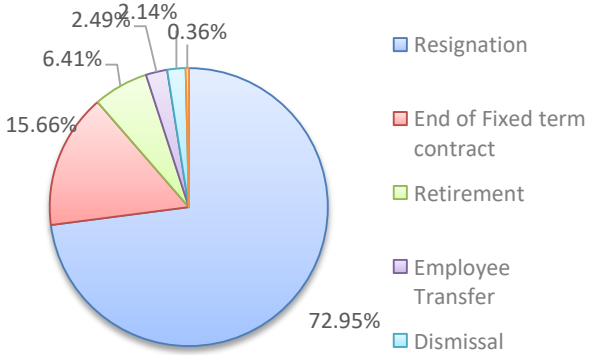
Leaver Destination



Leavers by Staff Group



Leavers by Reason



Our people ambitions
Growing for the future

Develop and implement an innovative approach to talent development, embedding the right culture and improving retention through delivery of our retention strategy.

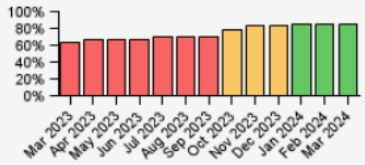
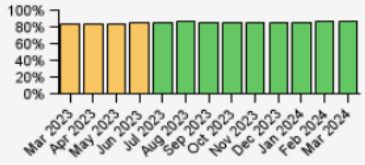
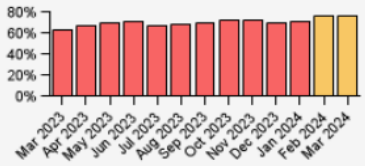
- Pilot the new Succession Planning approach with EMT/SMT
- Launch the new career development programme, using a variety of workshop sessions.
- Analysis of the data from the exit interview pilot to develop strategies to improve retention.
- Ongoing communication and cascade of the launch of Development Roles
- Launch the Stay Conversation approach.

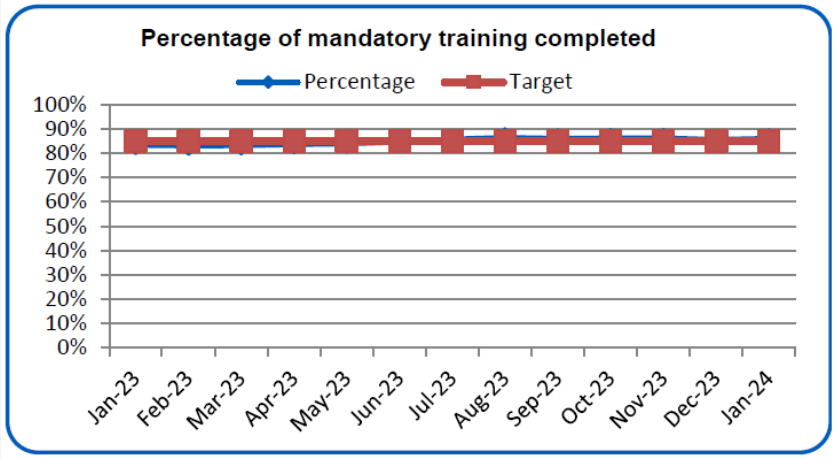
Increase the opportunities for flexible working across the Trust, including flexible retirement options.

- Develop an engagement strategy to support and champion a cultural shift around flexible working.
- Launch clear communications of Flexible Retirement options and process for colleagues to follow when considering routes.
- Revise Flexible working procedure to include application process.
- Provide workshops and supporting guidance to improve managers confidence in managing flexible working requests including the incorporation into the manager 360 module.

1.6 Our People – Learning and Development

Leeds and York Partnership NHS Foundation Trust

Indicator	Target	Dec 2023	Jan 2024	Feb 2024	Trend
Appraisals	85.00%	83.23%	85.79%	85.54%	
Compulsory Training	85.00%	85.60%	86.04%	86.92%	
Clinical Supervision	85.00%	69.62%	71.34%	75.44%	



Requirement	Service	Number compliant	Number non-compliant	Total Headcount	Compliance status
Annual Appraisal	Adult Acute Services	240	62	302	79%
	Care Services Other	30	1	31	97%
	Chief Operating Officer	3	1	4	75%
	Children and Young People's Services	94	21	115	82%
	Community and Wellbeing Services	178	29	207	86%
	Corporate Services	496	81	577	86%
	Eating Disorders and Rehabilitation and Gender Services	194	26	220	88%
	Forensic Services	162	19	181	90%
	Junior Doctors Primary Care Trust	3		3	100%
	Learning Disability Services	248	67	315	79%
	Liaison and Perinatal Services	150	28	178	84%
	Older Peoples Services	267	17	284	94%
	Regional and Specialist Services	109	13	122	89%
	Trust Board - Executive Directors	6		6	100%

Trust Board - Non-Executive Directors	5		5	100%	

Requirement	User Field 02	Number compliant	Number non-compliant	Total Headcount	Compliance status
Clinical Supervision	Adult Acute Services	171	119	290	59%
	Care Services Other	5	3	8	63%
	Children and Young People's Services	100	21	121	83%
	Community and Wellbeing Services	119	38	157	76%
	Corporate Services	15	1	16	94%
	Eating Disorders and Rehabilitation and Gender Services	160	47	207	77%
	Forensic Services	142	39	181	78%
	Learning Disability Services	108	17	125	86%
	Liaison and Perinatal Services	128	23	151	85%
	Older Peoples Services	195	69	264	74%
	Regional and Specialist Services	102	22	124	82%

Our people ambitions
New ways of working and delivering care

Provide accessible and intuitive software solutions to support People and OD initiatives.

1. Implement the Core Skills Training Framework (CSTF) learning interface (ESR and Learn) to allow transfer of compulsory training between Trusts.

1.Use systems data (PDR/LNA/Career conversations) to assess quality and to inform support interventions to guide improvements to people development.

Key Points

PDR

- PDR compliance has remained at 86% above a target of 85%.
- All but five services are at or above the 85% target.

Clinical Supervision

- Clinical Supervision compliance continues to increase finishing at a year high of 75.44% With all but three services within 10% of target.

Compulsory Training

- Compliance has been stable over the 13-month period averaging 85.0% with small but successive increases between February and August, with a small decrease in performance in September linked to a new element of training being added. Compliance broadly recovered in October and November and maintained into January with 86.0% of staff having in-date mandatory training, exceeding the 85% target for the seventh month running. The Trust is currently preparing for the Oliver McGowan

	training and will be expanding the requirement for the broader Learning Disability and Autism training in the coming weeks.

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
21

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Cyber Security Update
DATE OF MEETING:	28 March 2024
PRESENTED BY: (name and title)	Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive
PREPARED BY: (name and title)	Ian Hogan, Chief Information Officer

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

EXECUTIVE SUMMARY

Cyber Security Dashboard (enclosure)

- Privileged Access Management system implemented for most servers in the trust. Further work required on a small number of servers as they are moved into cloud services, planned completion June 2024.
- 2nd Phishing exercise being planned for Spring 2024.
- Penetration Test scheduled to be completed Spring 2024.
- Cyber awareness training for executives and non-executives underway.
- Cyber strategy under review, including policy review and gap analysis with external consultancy (in progress).
- Live Cyber Event incident response successfully undertaken with EPRR, debrief and associated actions/updates being ratified.
- Updates to actions from the 2023/24 DSP Toolkit audit continue to be addressed as planned, prior to the commencement of the next audit in Spring 2024.
- Procurement and planning for implementation and configuration of additional IT network security (network segmentation) and for vulnerability scanning for "The internet of Things" device types (e.g. CCTV cameras) underway.
- Software management and patching solution under review.

The Trust maintains a robust position and continues to invest in the appropriate technologies to improve our cyber defenses.

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 Trust position in relation to its cyber defences.

National Cyber Security Centre

NHS Leeds and York Partnership NHS Foundation Trust

10 steps to Cyber Security

Home and mobile working

- Agile working policy is complete
- Protect data in forms of encryption at rest and in transit.
- MFA rollout complete for remote Global Protect VPN users.

Managing user Privileges

- The number of privileged (admin) accounts has been reduced.
- Privileged Access Management procured and deployed to all servers. Further work is required and nearing completion for May/June 24.

Network security

- Azure cloud DMZ to be created by March 24
- IT Health upgrade
- Defending the perimeter of the network from, unauthorised access and malicious content.
- Cisco Duo MFA has been rolled across all Global Protect remote users to support the hybrid workforce and connect securely

Incident Management

- Cyber Desktop and Cyber Exercise complete Oct 23.
- Create a new cyber incident response plan (CIRP) 1st Draft Feb 24
- Providing specialist training in cyber incident and disaster recovery TBC.

Cyber Awareness & Training

- Network & IT policies created covering acceptable and secure use of systems.
- DSP mandatory training includes cyber security training.
- Executives received phishing cyber awareness training on Jan/Feb 24. NED's Feb/March 24.
- Next Phishing exercise to be planned shortly – Spring 24 - TBC

Secure configuration

- IT Health, MDE, and Windows Update are all fully functional and reporting
- Password management system procured and deployed.
- Patching - Tanium Proof of Concept is currently underway

Malware prevention

- Anti-malware defenses have been implemented across client devices.
- Advanced Threat Protection (ATP) is active across Windows 10 devices.
- Windows Defender Endpoint (MDE) is active across Windows 10 devices.
- Windows 7 complete, server 2008 complete in Nov 23

Removable media controls

- Policy created to cover media controls including Data Loss Prevention (DLP).

Monitoring

- IT Health upgrade complete
- CareCERT reporting for NHSE critical incidents.
- Establish Supply chain security
- Pentera PEN Testing and vulnerability software operational – liaising with NHSE
- Establish new software for Security Information Event Management (SIEM) logging

West Yorkshire
Health and Care Partnership
Mental Health, Learning Disabilities & Autism

Escalation and Assurance Report

Report from: West Yorkshire (WY) Integrated Care System (ICS) Mental Health, Learning Disability & Autism (MHLDA) Committee-in-Common
Date of the meeting: 31/01/2024

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert/Action:
• No items
Advise:
• The CinC has approved the decision to postpone the Y&H Perinatal Mental Health Provider Collaborative's go live date from April 2024 to July 2024. This adjustment aims to enhance the reliability of the Mother and Baby Unit and establish clearer financial processes. • The CinC support a long transition (under MoU) from NHSE commissioning to WY CH in October 2024 for the the Y&H Perinatal Mental Health Provider Collaborative. • The CinC recognise that the MHLDA core team workload is exceeding its current capacity and resources, there will be narrowing of priorities which will be shared through various governance routes.
Assure:
• The CinC meeting group have approved the ToR following recommendations highlighted within the meeting, the agreement mechanism of the ToR is to be agreed at CinC then recommended to Trust boards • The draft Responsibility Agreement will be produced into a final document which will highlight how MHLDA provides support, governance arrangements and stakeholders. This agreement will also include detailed funding arrangements and the process for establishing priorities and assurance principles. • Collaborative peer review with the quality teams has taken place as part of the safe and wellbeing reviews, the reviews have been reported as a helpful exercise for the pilot which is being evaluated now. • A follow-up Neurodiversity Summit is scheduled with the event focused on assessing the current situation and determining the appropriate steps to move forward. • The soft launch of the Collaborative Bank has been well received with a good level of sign-up with the formal launch imminent.

Report completed by: Keir Shillaker, WY MHLDA Programme Director **Date:** 08/02/2024

Distribution: Chairs and Company Secretaries of Bradford District Care NHS Foundation Trust, Leeds Community Healthcare NHS Trust, Leeds & York Partnership NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust.

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM

23

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Board Assurance Q4 Update Report
DATE OF MEETING:	28 March 2024
PRESENTED BY: (name and title)	Sara Munro, Chief Executive
PREPARED BY: (name and title)	Clare Edwards, Associate Director for Corporate Governance

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

EXECUTIVE SUMMARY

Overall responsibility for the BAF sits with the Chief Executive and this is administered by the Associate Director for Corporate Governance who has a co-ordinating role in respect of the information, and for ensuring the document moves through its governance pathway effectively and provides check and challenge to the content.

As previously noted, due to the agreement of the Trust's strategic objectives and priorities for the coming year in Q4 2023/24, a comprehensive review of the BAF will take place in Q1 2024/25 to ensure that it is reflective of the associated high-level risks aligned to the objectives. As an interim update, all controls have been updated for each of the strategic risks to ensure that this reflects recent mitigation action. This has been completed for all strategic risks, along with an update to contributory risks scores for the end of Q3 2023/24.

The Board is reminded that the BAF is presented here for assurance on its completeness as of March 2024.

The BAF is presented to those Board sub-committees named as an assurance receiver, in order for them to be assured of the completeness of the detail and that they are sufficiently and appropriately assured in relation to the risks, and that any gaps are being sufficiently managed and mitigated.

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

RECOMMENDATION

The Board is asked to:

- Receive the BAF and to be assured of its completeness, including risk scoring and mitigating actions.
- Note the updated controls for the current strategic risks.
- Acknowledged the comprehensive review that will take place in Q1 of 2024/25 aligned to the organisational priorities and objectives.

BOARD ASSURANCE FRAMEWORK OVERVIEW											
Strategic Objective	**Risk appetite**	**Strategic Risk**	**Quarterly Assurance Rating**				**Changes in strategic risk score**	**Executive Lead**	**Assuring Committee**	**Current Risk Score**	**Change**
			Q3	**Q4**	**Q1**	**Q2**					
1. We deliver great care that is high quality and improves lives	**The board would not take risks that either compromise our quality ons. It is classed as 'high' in relation to that openness but the board is with the core regulatory and legislative frameworks within which it has a licence to operate.**	**(SR1) (Risk 636) If there is a breakdown of quality including safety assurance processes, we risk not being able to maintain standards of safe practice, meeting population health needs and compliance with regulatory requirements.**	Partial (remains same)	Partial (remains same)	Partial (remains same)	Partial (remains same)	SR1 - (November 2023) The risk score for SR1 remains the same. This recognises the risk is well controlled and has robust governance arrangements in place. In relation to staffing, workforce issues are specifically picked up in SR3, but it should be noted that any issues around safe staffing as a consequence of those workforce issues have robust reporting arrangements.	Nichola Sanderson (Director of Nursing, Professions and Quality)	Quality Committee	**12**	➔
		#REF!	Partial (remains same)	Partial (remains same)	Partial (remains same)	Partial (remains same)	SR2 - (November 2023) The score for this risk has remained the same. to reflect the interconnectivity there is with the workforce risk / issues and the ability to make quality improvements within a workforce that has its current challenges.	#REF!	#REF!	**#REF!**	➔
		SR8. (Risk 1111) There is a risk we fail to understand, plan and deliver services that meet the health needs of the population we serve.	Partial (remains same)	Partial (remains same)	Partial (remains same)	Partial (remains same)	SR8 - (November 2023) It was agreed this risk score will stay the same because we are as far ahead as we can be with the work and the systems processes and procedures needed at this point are in place and effective.	Joanna Forster Adams (Chief Operating Officer)	Finance and Performance Committee	**12**	➔
2. We provide a rewarding and supporting place to work		**#REF!**	Partial (remains same)	Partial (remains same)	Partial (remains same)	Partial (remains same)	SR3 - (November 2023) the risk score for SR3 has remained the same the scale of the workifrce risk and the direct impact this is having on the ability to provide current services has not changed since the last review of the BAF.	#REF!	#REF!	**#REF!**	➔

3. We use our resources to deliver effective and sustainable services	**ave a risk appetite which is 'open' to considering all potential options and solutic compliance with its duty of care to staff and patients or compromise compliance**	**SR4. (Risk 619) There is a risk that a lack of financial sustainability results in the destabilisation of the organisation and an inability to meet our objectives.**	Partial(remains same)	Partial (remains same)	Partial (remains same)	Partial (remains same)	SR4 - (November 2023) the score for this risk has been increased to refelct the uncertainty around CIPs both at a system and Trust level, noting this will likely impact service delivery.	Dawn Hanwell (Chief Financial Officer)	Finance and Performance Committee	**12**	↑
		#REF!	Partial (remains same)	Partial (remains same)	Partial (remains same)	Partial (remains same)	SR5 - (November 2023) the score for SR5 remains the same. There is a regional workshop to look at the impact of national capital regime and how the West ICS will be impacted by this. When the outcome of the workshop is known and the impact on the Trust's estate is evaluated there will be a further review of the risk score.	#REF!	#REF!	**12**	→
		SR6. (Risk 635) As a result of insecure, inadequate and poorly utilised digital technologies there is a risk the quality and continuity of services is compromised.	Partial (remains same)	Partial (remains same)	Partial (remains same)	Partial (remains same)	SR6 - (November 2023) there is an acknowledgement that there have a number if incidents and this may impact on the risk score. However; we awaiting the outcome of a debrief on the incident to determine if there are any gaps in our controls which might impact on the scoring of this risk.	Dawn Hanwell (Chief Finance Officer)	Finance and Performance Committee	**8**	→

Strategic Objective	1. We deliver great care that is high quality and improves lives			Risk appetite	3 - Open ('High')
Strategic Risk		**Initial Risk Score**	**4**	**Committee**	Quality Committee
(SR1) (Risk 636) If there is a breakdown of quality including safety assurance processes, we risk not being able to maintain standards of safe practice, meeting population health needs and compliance with regulatory requirements.		**Current Risk Score**	**12**	**Executive lead**	Nichola Sanderson (Director of Nursing, Professions and Quality)

Assurance rating (quarterly) (limited, partial, significant)	Q4 (end March 2023)	Q1 (end June 2023)	Q2 (end September 2023)	Q3 (end December 2023)
	Partial	Partial	Partial	Partial

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	**Description**	**Risk Lead / responsible director**	**Overseeing group**	**Q4 (end March 2023)**	**Q1 (end June 2023)**	**Q2 (end September 2023)**	**Q3 (end December 2023)**
1077	There is a risk that not all tier 3 escalations to Unified Clinical Governance Group UCGG and outcomes fed back to services are all conducted consistently, leading to the communication and feedback loop being effected. This includes the submission of escalation forms within the repository by Clinical Leads.	Heads of CG	Unified Clinical Governance Group	4	4	4	4

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principal risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
SR1	Governance structures in place which sets out where Quality, safety, compliance and performance are discussed and assurance is received and provided	The LYPFT Clinical Governance Framework is in place across Tier 3 clinical services and Tier 1 TWCG, which is utilised through the terms of reference and agendas for meetings. An escalation/reporting process and feedback loop between clinical services, Unified Clinical Governance, TWCG, and Quality Committee are in place forming the 'ward to board' structure. This includes escalations to other relevant committees, as required. The monthly Unified Clinical Governance meeting has representation from 9 operational service lines, Clinical Directors, Heads of Clinical Governance and Professional Leads. A monthly 'patient story' agenda item also ensures the service user voice is included within the meeting, which also links the Triangle of Care agenda and other workstreams from the Trust's Involvement Team. A Clinical goverence toolkit has also been produced and is shared with all new NEDs as part of their induction pack .In addition there is executive oversight of the reporting arrangements through the executive led groups with assurance reports to the board sub committees which will identify any risks to quality, safety, compliance or performance impacting on regulatory requirements. Further work is underway with evaluating the effectiveness of current arrangements and 'ward to board' structure, along with integrating clinical, operational, and corporate governance structures.	Feb-24
SR1	Peer review process embedded to review services compliance with CQC fundemental standards of care and regulations.	Quality and safety peer reviews embedded and CQC Steering Group established in January 2024 with an aim to have oversight of action plans from peer reviews. Quality and safety peer review reports shared with services and reviewed through tier 3 CG any areas of concerns are escalated to TWCG and Quality Committee. Presentation delivered at UCGG and tier 3 meetings outlining the CQC new regulatory approach. Webinar planned for April 2024 to disseminate more widely to clinical teams. Actions from CQC MHA reviews included in quality and safety peer reviews to ensure actions have been completed with any area of concern discussed with the Head of MHA legislation.	Feb-24
SR1	Annual process in place for reporting on the controls in place in relation to risk to compliance incorporating the Annual Governance Statement Compliance with the provider Licence	The Annual Governance Statement was signed off by the Audit Committee, the Auditors and the Chief Executive for 2021/22. Self certification were signed off by the board for 2021/221 which also highlighted if there were any risks to compliance for 2021/22 and how these would be addressed. The Board has also confirmed compliance with all standards of the Provider licence and the self certification and this has been published on the Trust Website	Jun-22

SR1	System and processes in place to review patient safety incidents and ensure learning is identified. Implementation of Patient Safety Incident Response Framework.	Process in place to review patient safety incidents (LIMM). Oversight of investigation reports via QAG and TIRG and process for disseminating learning through clinical governance structures. Quarterly learning from deaths paper produced to identify themes and trends. Transitioning to the Patient Safety Incident Response Framework with an aim to embed this in April 2024. PSIRF oversight group established to ensure the implementation of the Patient Safety Incident Response Framework including development of a PID, rolling out of training and development of patient safety incident response plan and policy.	Feb-24

Significant gaps in control / assurance		**Actions**	**Deadline**
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
SR1	Establishement of the ICB and changes to system working since July 22	Terms of Reference considered as part of system groups and expectations and internal and external reporting structures are being agreed with relevant representation across partner organisations	Dec-23
SR1	Ongoing risk to patient safety through self harm and suicide	The Trusts is currently in the process of moving away from the current risk assessment tool and risk stratification and toward an emphasis on the clinical process of risk assessment, to be underpinned by training, with a template that supports clinicians to document their findings in a structured but streamlined way. The organisation will continue to use the current tool until this work has been fully developed and an implementation plan in place. Risk assessment and safety planning training continued to be delivered. The development of a suicide prevention plan and Self-Harm Strategy is currently being developed across the organisation. Within the Suicide Prevention and Self-Harm Group there is due to be a review and refresh of the LYPFT Suicide Prevention Plan and the '10 ways to improve safety' toolkit from NCISH. Further actions include the introduction of a Self-Harm Strategy and associated work, including training for staff in line with the NICE Guidance. Interim guidance regarding the management of self harm has been developed including headbanging and ingestion. The implementation of the new ligature procedure focuses on other risks in addition to ligature risk related to self-harm and suicide within the inpatient environments across the organisation. The procedure aims to identify risks, remove these where possible and mitigate residual risk through individualised risk assessment, care planning and the therapeutic environment and engagement. These are currently been implemented across the inpatient service.	Sep-25
SR1	Ongoing risk of closed cultures developing across inpatient services which can impact on the quality of care delivered.	culture of care standards have been developed through NHSE as part of a wider cultural transformation programme which the trust are in the process of entering. Previous benchmarking data was collated following the 'it could happen here' work which identified some gaps with peer workers/lived experience involvement in inpatient areas. Locally Quality and Safe Peer reviews are carried out which will support to identify areas of improvement and data does support identifying closed cultures however these are not carried out across all services due to capacity and resource. Collaborative peers review have also commenced across the ICS however are in the infancy. other data sources are collated however further work to triangulate is requited to identify red flags such as complaints. FTSU, student feedback.	Mar-25

Strategic Objective	1. We deliver great care that is high quality and improves lives			Risk appetite	3 - Open ('High')
Strategic Risk		Initial Risk Score	9	Committee	Quality Committee
SR2. (Risk 829) There is a risk that we fail to make the improvements outlined in the Quality Strategic Plan and that this has an impact on how we understand and act on the care of those who use our services.		Current Risk Score	12	Executive lead	Chris Hosker (Medical Director)

Assurance rating (quarterly) (limited, partial, significant)	Q4 (end March 2023)	Q1 (end June 2023)	Q2 (end September 2023)	Q3 (end December 2023)
	Partial	Partial	Partial	Partial

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q4 (end March 2023)	Q1 (end June 2023)	Q2 (end September 2023)	Q3 (end December 2023)
	There are no contributory risks on the risk register						

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principal risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
SR2	Quality Strategic Plan	The Quality Strategic Plan was refreshed for 2023 and has been approved at Board. The 5 core areas remain unchanged and oversight of progress is through the QuIK group reporting on to TWCG and QC..	Sep-22
SR2	The IHI 'Safe Effective Reliable Care Framework' has been adopted and adapted for the organisation	This was set out in the Strategic Quality Plan which was reviewed by the Trustwide Clinical Governance Group, the Quality Committee and the Board	Sep-18
SR2	Improvement methodology adopted and adapted for the organisation	IHI methodology has been adopted and in line with the Quality Strategic Plan, the conditions that support quality and a consistent definition of quality (STEEEP) is being embedded across the Trust.	Mar-19
SR2	"The culture of innovation and improvement needs to be developed" The revised Service Annual Reports	The revised Service Annual Reports template was supported by the Clinical Directors, Medical director, Clinical Governance and signed off at TWCG. As of Jan 23, all new Service Annual Reports will be based on the revisesd template and services will continue to be offered support when completing them.	Feb-23

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
SR2	The establishment of a multi-disciplinary group to support change (from local teams to organisational wide priorities)	To continue to develop the relationship between specific support services for example Continuous Improvement Team, Informatics and Organisational Development Team.	ongoing
SR2	The culture of innovation and improvement needs to be developed	This is linked to the work around collective leadership, the rollout of the revised Service Annual Reports (supported via the QuIK group) and the building improvement capactiy and capability programme.	ongoing

Strategic Objective	2. We provide a rewarding and supporting place to work			Risk appetite	3 - Open ('High')
Strategic Risk		Initial Risk Score	12	Committee	Workforce Committee
SR3. (Risk 1109)There is a risk that we fail to deliver a culture and environment that recruits, retains, and attends to the wellbeing of staff to enable them to be their best and deliver quality services now and in the future.		Current Risk Score	16	Executive lead	**Darren Skinner** (Director of HR)

Assurance rating (quarterly) (limited, partial, significant)	Q4 (end March 2023)	Q1 (end June 2023)	Q2 (end September 2023)	Q3 (end December 2023)
	Partial	Partial	Partial	Partial

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q4 (end March 2023)	Q1 (end June 2023)	Q2 (end September 2023)	Q3 (end December 2023)
1099	Disruption of service delivery due to the impact of the workforce taking industrial action over pay and conditions of employment.	Holly Tetley / Darren Skinner	People and Organisational Development Group	16	12	6	6

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principal risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
SR3	Trust wide workforce plan in place, supported by service level plans. This is reviewed annually and linked to the business plan. Key Workforce matrices are in place with a Trust wide Retention plan and Apprenticeship Strategy/ implementation plan. Systemwide work underway to support join recruitment and selection events and share learning.	HEE review of workforce plans, Recruitment and Retention Group monitor plans which are overseen by the Workforce Committee. Workforce planning KPIs form part of the People Plan dashboard which are reviewed at Workforce Committee and appropriate sub groups. Refresh of plans will take place in early 2024.	Apr-24
SR3	Clear policy in place to support new PDR process along with a Career Conversation Toolkit for staff and managers. PDR compliance is monitored and reported to Workforce Committee . PDR compliance task and finish group in place with clear actions that are monitored and reviewed monthly. Compliance reports sent monthly to services.	Compliance discussed at Workforce Committee and its sub groups. Monitoring of compliance at the task and finish group with remedial action taken as necessary. Compliance rates are increasing and at Nov 2023 stood at 81 percent - slightly below Trust target of 85 perent.	Apr-24
SR3	Comprehensive Trust wide Leadership and Management programme in place, with access to Leadership Academy programmes such as Mary Seacole. Collective Leadership phase two programme in place which includes coaching, bespoke workshops and peer support. Monitoring of attendance overseen by Workforce Committee and its sub groups.	Monitoring by Workforce Committee and Talent and OD group using the People Plan dashboard.	Apr-24
SR3	The Trust has a well-established in-house Bank workforce of both bank only and substantive staff with a bank contract. On-going recruitment plan in place. Neutral vendor arrangement in place with a collective of 10 agencies which is overseen by the Workforce Alliance framework as our tier 1 provider. Access is also available to registered suppliers as a tier 2 option.	Fill rates are monitored reports to safter staffing and recruitment and retention groups.	Feb-23
SR3	Workforce plan in place to address business critical services during strike action. Strong relationships with trade union colleagues to understand appetite for strike action.	EPPR Team fully aware and plans in place. Monitoring by JNCC, JLNC and People Employment Team.	Feb-23
SR3	Cost of Living Task and Finish group established to review and propose supportive measures to address challenges associated with the cost of living increases.	EMT oversee and approve support measures as these are developed and implemented. Recently meeting approved 11 recommendations (05/11/22).	Feb-23

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
SR3	SupplySide of staff is a national risk along with demongraphic challenges linked to retirements.	International Recruitment to help mitigate national supply issues. Further upskilling on new roles to support services and fill vacancies. Widening participation plans to support skill shortages	Apr-24
SR3 Claire - I think we can delete this action given	Staff /management engagement in the importance of appraisals is low. Capacity issues impacting on compliance issues. New PDR system has appeared to have negatively impacted on compliance rates.	Line manager training on the importance of high quality PDRs. Training and support on moving to a new PDR system.	Apr-24

SR3	Capacity to release staff to attend development programmes	Engagement with services on the importance of leadership and management development. Blended approach being offered along with a development hub to ensure leaners can access development opportunities in a flexible manner.	Apr-24
SR3	Temporary staffing availability and inclusive cultures on the wards.	The temporary staffing register provides temporary workers the ability to choose the shifts and wards on which they wish to work.Engagement with managers about supporting bank staff to integrate into their team/service. Bank Staff Survey, Bank Forums and Bank Staff Awards to support the engagement of bank workers. Train the trainer programme for Cultural Inclusion training which will be targeted at teams/services to address issues around culture/equality/diversity and inclusion.	Apr-24

Strategic Objective	3. We use our resources to deliver effective and sustainable services			Risk appetite	
				3 - Open ('High')	
Strategic Risk			Initial Risk Score	8	Committee	Finance and Performance Committee
SR4. (Risk 619) There is a risk that a lack of financial sustainability results in the destabilisation of the organisation and an inability to meet our objectives.			Current Risk Score	8	Executive lead	Dawn Hanwell (Chief Financial Officer)

Assurance rating (quarterly) (limited, partial, significant)	Q4 (end March 2023)	Q1 (end June 2023)	Q2 (end September 2023)	Q3 (end December 2023)
	Partial	Partial	Partial	Partial

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q4 (end March 2023)	Q1 (end June 2023)	Q2 (end September 2023)	Q3 (end December 2023)
649	Provider Collaborative Risks: CAMHS tier 4 (Red Kite View) revenue gap and Provider Collaboratives risks for CAMHS and Adult Eating Disorders as Lead provider and risk share implications associated with other Provider Collaboratives in development (WY Secure and HC&V CAMHS and Secure Provider Collaboratives). Risk impact relates to spend on out of area placements above baseline funding levels. In addition, similar risk linked to HC&V provider collaboratives for CAMHS and Adult Secure.	Jonathan Saxton / Dawn Hanwell	Finance & Performance Committee	9	9	9	9
650	Protecting MHIS investment for MH services in this challenging Financial Environment	Jonathan Saxton / Dawn Hanwell	Finance & Performance Committee	5	5	5	6
651	Failure to achieve ongoing CIP requirements and demonstrate efficient and effective care will lead to a deterioration in the financial position.	Jonathan Saxton / Dawn Hanwell	Finance & Performance Committee	9	9	12	6
653	Failure to maintain existing services and attract new services in competitive/ tendering processes	Jonathan Saxton / Dawn Hanwell	Finance & Performance Committee	9	9	9	6
731	Increasing agency spend could cause a deterioration in the Trusts regulatory Finance Score.	Jonathan Saxton / Dawn Hanwell	Financial Planning Group	9	9	9	9
834	The Trust is vulnerable to fraud by inadequate systems and processes or those in a position to bypass controls. The risk is both internal and external and involves intent to evade detection	Gerard Enright / Dawn Hanwell	Audit Committee	5	5	5	5
869	LYPFT planned financial position relies on non-core income from CPC and non-recurrent interest receivable to break-even	Jonathan Saxton / Dawn Hanwell	Finance & Performance Committee	9	9	9	9
949	Changes to the capital funding regime may impact on the ability to secure sufficient capital (CDEL) allocations to deliver our long term capital planning objectives, including reprovision of PFI. Capital resources are allocated to each ICS to help address ICS priorities, there is a risk that LYPFT capital requests may not be prioritised in the context of the other ICS priorities. The operational methodology used for allocating capital resources between organisations may not benefit LYPFT, and be lower than historic planned levels. The Health & Social Care bill introduced a requirement to manage within capital allocations, however there is a risk that other system partners do not.	Jonathan Saxton / Dawn Hanwell	Financial Planning Group	12	12	12	12
1147	Failure to re-negotiation of the SSL contract to ensure that is is financially viable	Jonathan Saxton / Dawn Hanwell	Finance & Performance Committee	N/A	N/A	12	12
1148	Out of Area Placement expenditure increasing threatening the financial sustainability of the Trust	Jonathan Saxton / Dawn Hanwell	Finance & Performance Committee	N/A	N/A	12	12

1149	Inflationary pressures not being funded through tariff uplift	Jonathan Saxton / Dawn Hanwell	Finance & Performance Committee	N/A	N/A	9	9
1150	Not recruiting to vacant Finance roles and operating with limited capacity	Jonathan Saxton / Dawn Hanwell	Finance & Performance Committee	N/A	N/A	12	12

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principal risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
1	The Deputy Director of Finance attends quarterly Finance and Contracting Provider Collaborative meetings where any financial risks and the financial consequence associated are discussed	Signed Risk and gain share's for all Provider Collaboratives. Finance reports are produced for each Provider Collaborative and any impact on the Risk and gain share is reported to F&P	Feb-24
2	Financial planning for Leeds Place is discussed in the Leeds Strategic Finance Executive Group, the CE, CFO & COO hold membership to this group. This includes distribution of any system growth funding eg MHIS	Updates of the discussions and decisions made in the group are reported to FPG and F&P	Feb-24
3	The Trust has restarted the Cost Imporvement Programme to deliver the efficiencies required to meet agreed financial trajectories, assist productivity and improve outcomes and the experience for our service users.	The Trust is focussing on 4 key areas: 1.Reducing agency spend 2.Reducing out of area pressures (complex rehab and adult acute) 3.Reducing our vacancy position by looking at opportunities to redesign within existing establishment 4.Exploring all opportunities/categories to improve productivity and efficiency	Feb-24
4	Robust budgetary control framework and budget holder training in place	Financial training is provided to all budget managers. A log of all traiing is kept within the Finance and updated regularly. The internal audit of the budgetary and accounting control framework has provided significant assurance. Budget Managers also have the opportunity to attend Finance Skills Development courses to enhance knowledge.	Feb-24
5	Consistent achievement of organisational plans in the context of system control targets.	Accounts audited at the end of 22/23 to verify the financial outturn. Monthly reporting in 23/24 provides assurance that the Trust is on track to achieve the LYPFT element of the system control target.	Feb-24
6	Participate in capital planning forum across the ICS	Longer term capital requirements under review and development of 5 year capital plan as part of ICS capital regime. CFO engaged in ICS capital working group and ICS Capital Board to influence strategic approach to capital planning and allocations.	Feb-24
7	Tender opportunities are reviewed by Financial Planning Group on a case by case basis along with considerations of whether to bid or not bid on any given tender. (led and including executive directors)	Operational metrics are presented to the Financial Planning Group for assurance in respect of tender opportunities. Follow-up audit carried out and significant assurance provided.	Feb-24
8	The Trust has a Policy for people to adhere to reduce the chnace of fraus within the Trust.	This policy is regularly updated to ensure still relevant. The Trust also has a fraud lead and regular updates on potential fraudulent activity from Audit Yorkshire. All Finance staff are required to attend a fruas awareness course annually.	Feb-24

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
SR4	There isn't an approved medium term financial forecast (MTFF) detailing how the Trust will get back to a recurrent underlying breakeven position	Develop a MTFF detaiing the cost improvement target required to a achieve a recurrent underlying break even position, outlining how the Trust will mitigate future inflationary pressures.	Oct-24
SR4	The SSL contract has a increasing deficit	Re-negotiate the contract with LCC	Oct-24

Strategic Objective	3. We use our resources to deliver effective and sustainable services			Risk appetite	3 - Open ('High')
Strategic Risk		Initial Risk Score	8	Committee	Finance and Performance Committee
SR5. (Risk 615) Due to an inability to provide adequate working and care environments we risk being unable to deliver safe and effective services.		Current Risk Score	12	Executive lead	Dawn Hanwell (Chief Financial Officer)

Assurance rating (quarterly) (limited, partial, significant)	Q4 (end March 2023)	Q1 (end June 2023)	Q2 (end September 2023)	Q3 (end December 2023)
	Partial	Partial	Partial	Partial

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q4 (end March 2023)	Q1 (end June 2023)	Q2 (end September 2023)	Q3 (end December 2023)
9	The majority of operational estate is not under the direct ownership/control of the Trust and is managed through contract/lease arrangements with third parties.(NHS Property services and Equitix). There is risk of unacceptable delays in executing identified environmental changes and also responsiveness to maintenance requests if these contracts are not robustly managed and process are not clearly understood by all parties involved (3 way relationships exist with sub contracting arrangements between property owners, maintenance providers and Trust staff)	Jonathan Campbell / Dawn Hanwell	Estates Steering Group	6	6	6	6
125	The estate is not being used in an agile manner due to it being inflexible	Jonathan Campbell / Dawn Hanwell	Estates Steering Group	6	6	6	6
128	Delay in rolling out clinical strategy to which the SEP is aligned may result in delays or the provision of interim solutions, resulting in abortive costs	Jonothan Campbell / Dawn Hanwell	Estates Steering Group	4	4	4	4
1008	Sustainability -The Trust is unable to meet the NHS Carbon Neutral requirements by 2040 and to implement a sustainable culture within the organisation	Jonathan Campbell / Dawn Hanwell	Estates Steering Group	12	12	12	12
1010	The trust is unable to maintain the condition of all our properties to Category B standard (as defined by NHSI/E) through financial constraints, inability to access areas to undertake improvements or changes to operational practice	Jonathan Campbell / Dawn Hanwell	Estates Steering Group	9	9	9	9
1151	All doors in South Wing are not anti barricade. There are ligature risks in rooms and staircase. Doors can be locked from inside, staff do not have keys to open. CCTV does not cover main entrance.	Victoria Waddinton / Joanna Forster Adams	Estates Steering Group / Clincial Envionrments Group	N/A	N/A	15	15
1168	No onsite alarm system at CMHT bases to ensure safety for staff and service users during clinical visits. Bases affected:- Aire Court, St Marys Hospital (Holly House), St Marys House - South Wing and North wing and *Millfield House*	Caroline Gattie / Joanna Forster Adams	Estates Steering Group / Clincial Envionrments Group	N/A	12	12	12

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principal risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
SR5	Surveys, Audits of the Physical environment	6 facet survey/ Premises assurance Model (PAM)/ Patient Led Assessment iof the care envirnment (PLACE)/ Estates Return Information Collection (ERIC)/ Internal Audit	Jul-22
SR5	Sustainability programmes and improvmenets	Sustainability working groups established , Sustainability team established	Sep-22
SR5	Dedicated backlog maintenance within capital budget	Capital planning documentation	Jul-22
SR5	Policy and procedures to manage the estate	Polies, procedures and standard operating procedures	Jul-24
SR5	Care Services Strategic Plan	Board approved	Sep-22

SR5	Discussions with IPA (Infrastructure & Projects Authority) regarding PFI demise	Regular dialogue with the IPA managed through the PFI Expiry Health Check process. Action plan integrated into the PFI Concession Group Work Plan.	Ongoing
SR5	Risk Assessments in place and regularly reviewed regarding lone working	Care Services to regularly review Risk Assessments	Ongoing

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
SR5	Healthcare Planning Exercise / Discussions with NHSE/ IPA	SOC developed , Ongoing meetings	Mar-23

Strategic Objective	3. We use our resources to deliver effective and sustainable services	Risk appetite	3 - Open ('High')		
Strategic Risk		Initial Risk Score	12	Committee	Finance and Performance Committee
SR6. (Risk 635) As a result of insecure, inadequate and poorly utilised digital technologies there is a risk the quality and continuity of services is compromised.		Current Risk Score	8	Executive lead	Dawn Hanwell (Chief Finance Officer)

Assurance rating (quarterly) (limited, partial, significant)	Q4 (end March 2023)	Q1 (end June 2023)	Q2 (end September 2023)	Q3 (end December 2023)
	Partial	Partial	Partial	Partial

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q4 (end March 2023)	Q1 (end June 2023)	Q2 (end September 2023)	Q3 (end December 2023)
8	Failure to derive maximum clinical and business benefits from digital technologies	Bill Fawcett / Dawn Hanwell	Information Steering Group	6	6	6	6
105	The danger of a cyber-attack to the Trust's ICT infrastructure through malicious hacking or system virus infection.	Bill Fawcett / Dawn Hanwell	Information Steering Group	12	12	12	12
1143	Allocate Software host the Trusts Healthroster, Temporary Staffing, E-Rota (Jnr Drs), Expenses and "Loop" software solutions. Allocate have an engineering data processing centre in North Macedonia which they utilise for processing tier 3 systems errors and data queries. North Macedonia is not in the EEA therefore is not an accepted as a country by the ICO for processing personal data.	Andrew McNichol / Darren Skinner	People and OD Group	N/A	N/A	3	3

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principal risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
SR6	Monthly calls between Procurement and the ICT department led by the CIO	The Procurement team have a processes in place to ensure all requisitions are scrutinised and processed within Trust policy and best practice. Junior Buyers raising orders are trained to check category codes (E Class) and ensure that descriptions on purchase orders are clear, they know to query any orders for cloud software, website maintenance and telephony with IT directly to ensure that what is being ordered is in line with current Trust policies. The e class Category codes ensure an additional level of approval prior to budgetary approval. This technical approval is used to ensure that relevant IT colleagues have sight of requisitions prior to budgetary approval as well as providing procurement additional assurance that any requisitions they receive to process are known and approved by IT. Category codes that carry a technical approval also mean that buyers can return requisitions that have not been raised with the correct category. All orders over £5k will escalate to the category lead for additional checks and approval. Weekly Junior Buyers meetings are held to provide a forum for discussion around workloads and to flag any issues that have been raised in the	Feb-24
SR6	Introduction of Clinical Change Team	The introduction of Trust's 'digital change leads' in 2020 is now a permanent element of the mitigation to the risk around cultural and staff ability and aptitude preventing the optimum and appropriate use of technology. The clinical change team continbue to be a driving force in digital system adoption across the Trust, including process changes and system reviews.	Feb-24
SR6	CareCert's alerts are received from NHS Digital on a weekly basis to key stakeholders within Informatics. These alerts are reviewed and actioned regularly within the teams in accordance to national defined timescales.	The monitoring of these alerts are overseen by the Information Governance Group (IGG) on a monthly basis and the CIO oversees the process. A new Cyber monitoring system has been installed to provide detailed reporting on vulnerabilities. Trust acknowledgement of High Priority CareCert's recorded with the National Cyber Operations Centre on national portal within 24 hours. Support to address issues resolving available from regional Cyber leads and National Cyber Operations Centre.	Feb-24
SR6	The ICT infrastructure has firewalls, intrusion prevention, virus protection software and e-mail protection systems that are continually updated to prevent attack. A working programme to improve our awareness and response to threats is in place. Alerts received from NHS Digital are closely monitored, actioned on a regular basis.	Penetration testing was be conducted by an independent accredited organisation (SEC-1 LTD) Nov 2022. This included internal and external testing of the infrastructure to highlight any serious issues or vulnerabilities . Internal audit also provided significant assurance on the IT security and housekeeping arrangements The ICT infrastructure has firewalls, intrusion prevention, virus protection software and e-mail protection systems that are continually updated to prevent attack. A Phishing exercise was conducted in November 2022 and April 2023, a further one is planned for Spring 24. A working programme to improve our awareness and response to threats is in place. Board level training provided on Cyber Q3 2023 Trust acknowledgment of High Priority CareCert's recorded with the National Cyber Operations Centre on national portal within 24 hours. Support to address issues resolving available from regional Cyber leads and National Cyber Operations Centre.. This reports into Information Governance Group (IGG). Data security and protection toolkit audit, in particular information security which includes patching updating of systems malware cyber security etc. Quarterly targeted communications planned to reaffirm Cyber learning and knoledege r: spanning attacks and themes such as bogus invoices, seasonal events etc. Deployment of two factor authentication to support off site access and	Feb-24
SR6	Data security and protection toolkit audit	Internal audit of data security and protection toolkit provided moderate risk rating but high assurance. The pennetration test has now been completed and this rating has been revised upwards. The DSP toolkit completed in June 2023 takes account of the test and concludes high assurance and moderate risk which has been presented to the Trust Board.	Feb-24
SR6	Cyber Security audit	DSP Toolkit audit on data security and protection provided significant assurance in August 2022. The next Cyber Security Audit is scheduled to take place in Q4 of 2023/24.	Aug-23
SR6	Requirement to test the Trusts defences against a cyber attack	Annual Penetration test exercise to be undertaken across the Trust in Q4 23/24 to expose weaknesses in the Trusts cyber defences with follow up action programme to address areas of concern.	Feb-24
	Data security and protection Toolkit in particular Information security	DSP Toolkit audit on data security and protection provided significant assurance in June 2023. Submission for 2024 underway, on plan and overseen by IG Group. Information Security section of DSPT (10) requires conformation and evidence of patching, updating of systems, malware, cyber security process and polices etc.	Feb-24
SR6	Procurement review all web site expenditure with IT prior to giving approval to purchase.	Procurement and IT meet monthly to assess all technology procurements over £10K for the Trust.	Feb-24

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
SR6	Cultural and staff ability and aptitude was preventing optimum and appropriate use of technology	Work with staff through Digital Change Team and Thrive by Design and OD team to understand the barriers to using technology and provide the necessary help and support. Thrive by Design implementation of digital inclusion programme. Engage with Digital Leeds and ICB regarding support around digital literacy.	Jul-24
SR6	Requirement to improve knowledge of staff of the dangers of a cyber attack on the Trust	Deliver cyber communications plan with target on delivering messages and exsamples of phishing relating to key annual milestones, relegious festiviles, significant holidays, return to school etc.	Dec-24

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Strategic Objective	1. We deliver great care that is high quality and improves lives			Risk appetite	3 - Open ('High')
Strategic Risk		Initial Risk Score	12	Committee	Finance and Performance Committee
SR8. (Risk 1111) There is a risk we fail to understand, plan and deliver services that meet the health needs of the population we serve.		Current Risk Score	12	Executive lead	Joanna Forster Adams (Chief Operating Officer)

Assurance rating (quarterly) (limited, partial, significant)	Q4 (end March 2023)	Q1 (end June 2023)	Q2 (end September 2023)	Q3 (end December 2023)
	Partial	Partial	Partial	Partial

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q4 (end March 2023)	Q1 (end June 2023)	Q2 (end September 2023)	Q3 (end December 2023)
TBC	There a number of services which have long waits to access assessment and treatment, delaying diagnosis and treatment and not meeting a number of populations groups health needs. Services include Gender, ADHD, LADS, CFS, MAS	Mark Dodd: Deputy Director of Service Delivery	Care Services Delivery and Development Group	16	16	16	16
TBC	Lack of (or inadequate use of) public health intelligence to inform resource allocation.	Carl Money (Head of Performance) and Alison Kenyon (Deputy Director of Service Development)	Care Services Delivery and Development Group	12	12	12	12
TBC	Community Transformation Programme is not realised within timescales	Jamie Pick (Clinical Director)	Community Transformation Board	9	9	12	12
TBC	There are a number of services who due to workforce challenges (vacancies and absence) are not able to deliver the expected capacity or quality of care impacting on recovery rates and clinical outcomes for service users. These include CMHT's, Forensics, LD Psychology	Mark Dodd: Deputy Director of Service Delivery	Care Services Delivery and Development Group	16	16	12	9
TBC	People who have an SMI are more likely to smoke, be overweight, abuse addictive substances, be unable to work, be in the lower socioeconomic groups and die earlier than the general population, therefore we may not provide services to people with SMIs to assist with leading healthy lifestyles.	Joanna Forster Adams (Chief Operating Officer)/Nichola Sanderson (Director of Nursing and Professions)	Care Services Delivery and Development Group	16	16	16	12

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principal risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
SR8	Robust performance monitoring and actions to address waiting times	Information from QDAP Reports provided at the Care Service Delivery and Development Group with summarised performance reporting through Chief Operating Officer Report.	Jan-24
SR8	People Plan implementation	Workforce Committee Performance reports and updates on delivery of the People Plan	Dec-23
SR8	Monitoring of the ethnic mix of detained patients. Reduction in Restrictive Practices inequalities work led by Wendy Tangen. Engagement with the Synergi programme, WREN, health inequalities	ICB MH Population Board and LYPFT MHL Committee	Nov-23
SR8	Participate as partners in the Population Health Boards of the Leeds Office of the ICB to influence the prioritisation of the mental wellbeing of the population and improve the health inequalities and disadvantages people with an SMI experience	Addressing Health Inequalities through the Care Services Delivery and Development Group	Dec-23
SR8	Community Transformation Programme infrastructure established with Executive level involvement and oversight/progress reports to Trust Board.	Updates provided to the Board through the Chief Operating Officer's report. Routine oversight through the Care Services Delivery and Development Group	Jan-24
SR8	Annual Service Quality Reports	Update reports to the Quality Committee	Jan-24

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
SR8	Analytics regularly reviewed in Care Services Delivery and Development Group in relation to population health needs,	Establishment of a set of data and information which informs decision making in respect of service development	Mar-24
SR8	Systematised ways of working at Service level to understand their populations and measure performance of achieving health care needs,	Head of Performance and Deputy Director of Operations to enhance the format of QDAP process to ensure that this is development and embedded as business as usual.	Mar-24
SR8	Care Service Strategic Plan implementation programme under development with measures to be established to measure compliance.	Performance reports to he devised and reported into the Care Services Delivery and development Group	Apr-24
SR8	There is an annual plan relating to Addressing Health Inequalities through Services Delivery - this needs to be developed into a strategy for the Organisation which steers progress.	Chief Operating Officer to develop the infrastructure to enable this. Head of Health Equity commenced in role.	Sep-24

NHS
Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
24

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Board of Directors' annual declarations
DATE OF MEETING:	28 March 2024
PRESENTED BY: (name and title)	Clare Edwards, Associate Director for Corporate Governance
PREPARED BY: (name and title)	Kerry McMann, Head of Corporate Governance

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

EXECUTIVE SUMMARY

At least annually, all members of the Board of Directors are required to complete a declaration of interest form and a fit and proper person declaration. For Non-executive Directors (NEDs) only, a declaration of independence is required. This is in line with NHS England's Code of Governance for NHS Provider Trusts.

This paper shows the declared interests for directors and that all have declared themselves to be fit and proper. For the declarations made by the NEDs in relation to their independence, a matrix of these is attached.

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

RECOMMENDATION

The Board is asked to note:

- The declared interests
- That all directors have declared themselves to be fit and proper
- That all NEDs have made a declaration of independence

Declaration of Interests for members of the Board of Directors

Name	Directorships, including Non-executive Directorships, held in other organisations (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information 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	**Sector Representative** West Yorkshire Integrated Care Board	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.	**Deputy Lieutenant** West Yorkshire Lieutenancy	None.
Zoe Burns-Shore Non-executive Director	**Executive Director for Customer Delivery** Money and Pensions Service	None.	None	None	None.	None	None.	None
Frances Healey Non-executive Director	None	None.	None	**Trustee** The National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	None	None	**Visiting Professor** University of Leeds **Advisory Role and Peer Reviewer** Research studies and potential research studies related to patient safety	None

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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
Kaneez Khan Non-executive Director	**Chief Executive Officer** Primrose Consultancy Yorkshire *Management Consultancy firm*	None	None	**Chair of the VCSE Voices Panel** West Yorkshire Health and Care Partnership	**Faith and Community Co-ordinator** Wellsprings Together *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
Katy Wilburn Non-executive Director	**Non-executive Director** Thirteen Group *Housing Association*	None.	None.	None.	None.	None.	None.	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**	**ZBS**	**FH**	**CHe**	**KK**	**MM**	**KW**	**MW**
a)	Are they a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) have not been discharged?	No	No	No	No	No	No	No	No	No	No	No	No	No
b)	Are they a person who has made a composition or arrangement with, or granted a trust deed for, any creditors and not been discharged in respect of it?	No	No	No	No	No	No	No	No	No	No	No	No	No
c)	Are they a person who within the preceding five years has been convicted of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) being imposed on you?	No	No	No	No	No	No	No	No	No	No	No	No	No
d)	Are they subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986?	No	No	No	No	No	No	No	No	No	No	No	No	No
e)	Do they meet all the criteria for being a fit and proper person as defined in the Social Care Act 2008 (Regulated Activities) Regulations 2008.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Annual Declaration of Non-executive Director Independence

The Code of Governance for NHS Provider Trusts requires the Board to determine to what extent non-executive directors are independent in character and judgement and whether there are relationships or circumstances which are likely to affect or could appear to affect their judgement.

Name	Has been an employee of the Trust within the last two years.	Has, or has had within the last two years, a material business relationship with the Trust directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the Trust.	Has received or receives additional remuneration from the Trust apart from a director's fee, participates in the Trust performance-related pay scheme, or is a member of the Trust's pension scheme.	Has close family ties with any of the Trust's advisers, directors or senior employees.	Holds cross-directorships or has significant links with other directors through involvement in other companies or bodies.	Has served on the Board for more than six years from the date of their first appointment.	Any other reason you wish to declare. This should include any political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)
Merran McRae Chair	No	No	No	No	No	No	None.
Zoe Burns-Shore Non-executive Chair	No	No	No	No	No	No	None.
Frances Healey Non-executive Director	No	No	No	No	No	No.	None.
Cleveland Henry Non-executive Director	No	No	No	No	No	No.	None.
Kaneez Khan Non-executive Director	No	No	No	No	No	No.	None.
Katy Wilburn Non-executive Director	No	No	No	No	No	No	None.

Name	Has been an employee of the Trust within the last two years.	Has, or has had within the last two years, a material business relationship with the Trust directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the Trust.	Has received or receives additional remuneration from the Trust apart from a director's fee, participates in the Trust performance-related pay scheme, or is a member of the Trust's pension scheme.	Has close family ties with any of the Trust's advisers, directors or senior employees.	Holds cross-directorships or has significant links with other directors through involvement in other companies or bodies.	Has served on the Board for more than six years from the date of their first appointment.	Any other reason you wish to declare. This should include any political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)
Martin Wright Non-executive Director	No	No	No	No	No	Yes, Martin was first appointed on 20 January 2018. In May 2023 the Council of Governors agreed to extend Martin's term of office by a further three years to 19 January 2027, at which point Martin will have served nine years on the Board since the date of his first appointment. This decision was in line with the Code of Governance for NHS Provider Trusts, which states Chairs or NEDs should not remain in post beyond nine years from the date of their first appointment to the board of directors.	None.